



**Home Office**

**IMMIGRATION AND NATIONALITY DIRECTORATE**

**Planning Better Outcomes and  
Support for Unaccompanied  
Asylum Seeking Children**

**Consultation Paper**

February 2007

## Contents

<b>Foreword</b>	<b>Liam Byrne MP, Minister of State for Immigration, Citizenship and Nationality</b> .....	<b>5</b>
<b>Chapter 1</b>	<b>Scope of the Paper</b> .....	<b>6</b>
<b>Chapter 2</b>	<b>Why Improvements Need To Be Made</b> .....	<b>8</b>
<b>Chapter 3</b>	<b>The Journey Through the Asylum and Support System</b> .....	<b>11</b>
	Sponsoring Key Messages in Countries of Origin .....	12
	Initial Assessments including Age Determination.....	12
	Transfer to Specialist Authorities.....	13
	Assessment of Need and Placement.....	14
	The Asylum Application.....	15
	Return to the Country of Origin.....	16
	Other Issues when the Young Person reaches 18.....	17
<b>Chapter 4</b>	<b>The Specialist Authority</b> .....	<b>20</b>
<b>Chapter 5</b>	<b>How to Comment</b> .....	<b>23</b>
<b>Annex A</b>	<b>Summary of Key Issues</b> .....	<b>24</b>
<b>Annex B</b>	<b>Confidentiality &amp; Disclaimer</b> .....	<b>25</b>

---

## Ministerial Foreword



Globalisation and mass migration have created unprecedented pressures on our borders and made it necessary to radically tighten our system of immigration control. At the same time, the Government has set the protection and well-being of children at the heart of our public services agenda.

Getting the right balance between the need to manage immigration effectively and the promotion of child welfare for those in the immigration process is a formidable challenge - as we are dealing with the lives and aspirations of young people. For one set of young people, unaccompanied asylum seeking children, it is especially important that we deal with that challenge sensitively. The Government's commitment to improving outcomes for children in care applies equally to this group. How can we provide good quality care and services to unaccompanied children seeking asylum but at the same time give clear messages that immigration decisions must be upheld - including a return to the country of origin if an asylum application is refused?

This paper raises pressing and complex issues for all of us engaged with immigration and child care processes. We need some imaginative solutions to the key problems it identifies. The paper therefore invites views on how we can together best meet the needs of these young people. The process of developing and implementing solutions will be collaborative and I look forward to receiving your responses to the matters raised in this consultation paper.

A handwritten signature in black ink that reads "Liam Byrne".

**Liam Byrne MP**

Minister of State for Immigration, Citizenship and Nationality

# Chapter 1

## Scope of the paper

This consultation paper deals with processes surrounding unaccompanied asylum seeking children, commonly referred to as 'UASC'. We accept that the term 'unaccompanied asylum seeking children' is not always helpful and are aware that some stakeholders prefer a different terminology (for example, 'unaccompanied children seeking asylum') to describe lone asylum seeking children. We have not ruled out a change. Given that it is now widely recognised and understood among key stakeholders, the description 'unaccompanied asylum seeking children' is used for the purposes of this paper.

2. An unaccompanied asylum seeking child is:

(i) an individual who is under 18 and applying for asylum in his/her own right;

and is

(ii) separated from both parents and not being cared for by an adult who by law or custom has responsibility to do so.

3. There are currently around 6,000 unaccompanied asylum seeking children supported by local authorities in the United Kingdom. The annual intake of new cases has remained static at around 3,000 for each of the past three years. This is in sharp contrast to the very steep decline in the overall asylum intake (down to 25,710 in 2005 from 49,405 in 2003).

4. The paper covers arrangements for this group of young asylum seekers throughout the United Kingdom. As the statutory and policy framework for child welfare differs between England, Scotland, Wales and Northern Ireland every effort is made to highlight where these different arrangements apply, but respondents will need to consider these territorial aspects when replying.

5. We concentrate, in the main, on the immigration and care arrangements for the young people while they are under 18. However, many of the issues affecting the group naturally continue after that time and this paper addresses issues that arise after young people reach 18.

6. Young asylum seekers, whether children in need or looked after children matter every bit as much as other young people in the context of meeting each and all of the five outcomes of the *Every Child Matters*<sup>1</sup> framework. We accept that many of the challenges local authorities and others face in providing good quality care and services to unaccompanied asylum seeking children are similar to those relating to other children. Recipients of this paper will also be aware of the issues highlighted in the recent Green Paper issued by the Department for Education and Skills (*Care Matters: Transforming the Lives of Children and Young People in Care*)<sup>2</sup>. Many of the proposals outlined in that paper, such as those related to placements and care planning, apply equally to unaccompanied asylum seeking children.

7. Unaccompanied asylum seeking children do however have some different and particular needs. For example, most enter the care system or seek children's services when they are, on average, considerably older than other children or young people. Additionally, they generally do not enter the care system for the same reasons as other children<sup>3</sup>. Their need for care and support from local authorities generally arises from separation from their family. The temporary nature (for most) of their stay in the United Kingdom and the speed with which some of them need to be prepared for return to their countries of origin also causes some very challenging issues in planning for their care.

8. It will be clear from reading this paper that the successful implementation of a number of our options for change, especially those aimed at

expanding the availability of care services outside the South East of England, will require new working arrangements between Central and Local Government and a range of other agencies in the private and voluntary sectors.

9. The options for change identified in this paper are, in the main, consistent with existing statutory arrangements. If responses to this consultation paper identify other options requiring legislative change they will be given full consideration.

<sup>1</sup> *The Every Child Matters framework relates to England. See also 'Getting It Right For Every Child' (Scotland) 'Rights for Action' (Wales)*

<sup>2</sup> *Care Matters: Transforming the Lives of Children and Young People in Care – DfES 9 October 2006*

<sup>3</sup> *64% because of abuse or neglect*

## Chapter 2

### Why Improvements need to be made

10. There are many features of the current arrangements for unaccompanied asylum seeking children that we should be proud of. Asylum applications are carefully considered and those with a well founded fear of persecution in their countries of origin are provided with the protection of the 1951 Refugee Convention. Great care is also taken to ensure that those unaccompanied asylum seeking children who are refused asylum are only forced to leave the United Kingdom if it is clear they can be reunited with a parent or adult guardian or that other reception arrangements are in place to receive them. Indeed, the difficulties in establishing reception arrangements to the appropriate standard tend to mean that the great majority are allowed to remain here until they reach adulthood.
11. Care and support arrangements also provide a high degree of safeguards. Unlike many other countries, unaccompanied asylum seeking children in the United Kingdom are supported under the same legislative arrangements as indigenous children, with the full apparatus of trained staff and care services available for their welfare.
12. These arrangements have served young people very well. However, we need to ask some hard questions. For those recognised as refugees, where permanence of stay is likely, there are relatively few problems. This is not the case for many. A young person who has been refused asylum can lose all access to welfare support immediately on reaching 18 or shortly afterwards. This is unsatisfactory, but it is not a solution to simply respect the person's wish to remain in the United Kingdom and continue to provide the full range of leaving care assistance and other support entitlements indefinitely. Indeed, the management of the young person's wishes and choices against what can realistically be provided is the chief challenge to creating a better long term solution for many of these young people. Preferences and expectations of individual young people can only be met to the extent that they fit with the requirements of immigration control.
13. A number of proposals for change are set out later in this paper that we believe are needed to address some of the weaknesses in the current system. In broad terms, we consider that these changes need to be consistent with the following themes:
  - (i) **Specialisation**
14. Many stakeholders have expressed the view that unaccompanied asylum seeking children need to be treated as a specialist group among young people receiving services and care from local authorities. We agree. The circumstances and experiences of this group of young people are different from others for the reasons explained in Chapter 1. Some of these young people are also likely to require additional and enhanced services. It should, for example, be part of the training of all who deal with this group, to be capable of recognising those that are suffering the effects of trauma and require specialist medical treatment.
15. Equally, there is a clear need to build on existing work to identify and provide appropriate safeguards for the victims of traffickers. This will include close liaison with the housing provider and special security measures to ensure that the young people do not fall into the hands of the traffickers again. The Home Office has already begun to establish better links between social workers and immigration officials. Police child protection officers have also been placed at some of the busiest of our ports and screening units. We need to develop these ways of joint working and put in place support systems that share information intelligently. We are already supporting the National Register for Unaccompanied Children (NRUC) to help improve and share information across local authorities. This work will help all agencies to recognise risks to children and to develop strategies to reduce those risks.

- (ii) **Consistency**

16. The type of service provision that will be appropriate for any young person depends on an assessment of individual needs. There is clear evidence of widely different approaches in the way local authorities cater for unaccompanied asylum seeking children. For example, there are different types of care placements, ranging from bed and breakfast hostels to specialist residential or foster care. We are also aware that, notwithstanding the statutory guidance on the issue<sup>4</sup>, there is considerable variation in its interpretation, in terms of whether authorities continue to support young people through either the provisions of section 17 or section 20<sup>5</sup> of the Children Act 1989.

- (iii) **More Rational Geographical Distribution**

17. Current arrangements by and large dictate that an unaccompanied asylum seeking child becomes the responsibility of a particular local authority for no other reason than the authority covers the area in which the child first arrived in the United Kingdom or otherwise first came to attention as being in need of support. This is the case regardless of whether the particular authority may be overstretched by the numbers it is already dealing with or lacks the necessary expertise and specialist infrastructure. In our view, the case for rationalising these unplanned arrangements, so as to ensure that the young people are only placed in areas where there are sufficient and adequate services available, or capable of being made available, is overwhelming.
18. One option for reform is to enter into new arrangements with selected authorities and other agencies, outside the main areas where most are presently concentrated. This would be predicated on the willingness of new authorities to accept

responsibility for greater numbers, developing extra capacity and expert infrastructure to achieve this. We also wish to ensure that local authorities who may currently have responsibility for only small numbers of these young people can transfer responsibility for their care to others where the specialist infrastructure and trained staff are in place.

#### What Happens at Present?

19. We do not believe that present arrangements are satisfactory. Some local authorities have developed good quality specialist services, but it is clear that others have not. This is unsurprising. A system that provides no degree of control over where the young people receive their services means that fluctuations in intake make it difficult for local authorities to invest in procurement strategies for accommodation and other services with any certainty that they will be used. Additionally, the spread of unaccompanied asylum seeking children over so many areas of the United Kingdom means other key services can be scarce or overstretched<sup>6</sup>. It is quite unrealistic, for example, to expect that legal representatives that specialise in asylum and child care issues can be located in all of these areas.
20. There are other difficulties caused by this uneven distribution. In areas where there are high numbers of UASC the young people may benefit from a well established service infrastructure, but the weight of numbers can drive up costs and have a detrimental effect on provision of services for other children and young people. These areas tend to be in the South East of England where the costs of services, especially housing, are already high. In other areas with lower numbers, care workers may lack the necessary expertise or support when faced with unfamiliar problems. The low numbers may also make it unrealistic to invest in the necessary infrastructure.

<sup>4</sup> *In England — Local Authority Circular: LAC 2003 (13). Dept of Health 2 June 2003*

<sup>5</sup> *See for example - Save the Children: Local Authority support to unaccompanied asylum seeking children - 2005*

<sup>6</sup> *There are currently over 130 local authorities throughout the United Kingdom supporting unaccompanied asylum seeking children.*

## Chapter 2

### Why Improvements need to be made (continued)

21. There is clearly scope to deliver some services and care planning for unaccompanied asylum seeking children differently. However, it is important that we achieve an acceptable level of consistency in the standards and delivery of services in all areas. Control over where these young people are located will help to facilitate this.

#### Questions for Consultation

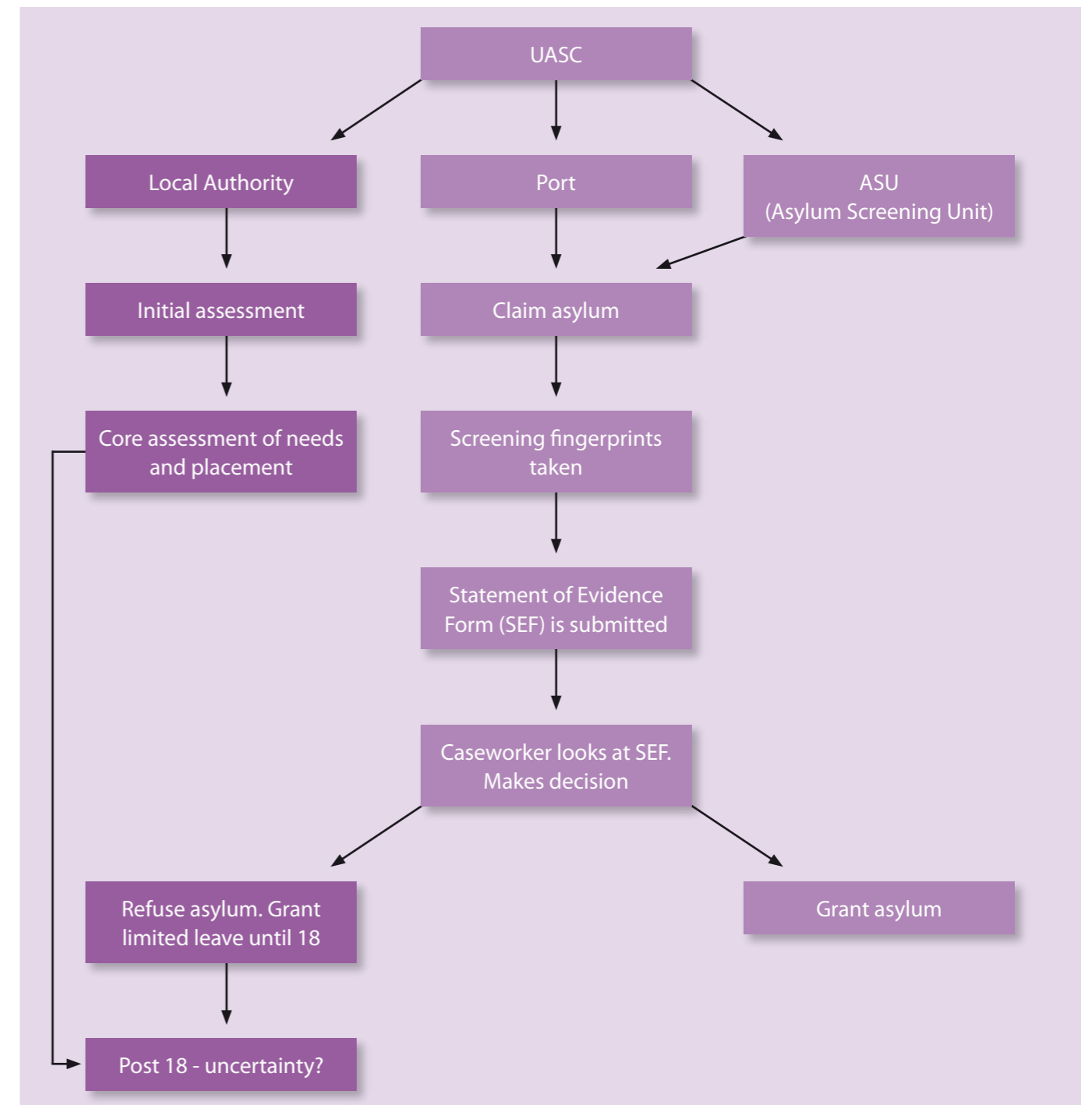
1. How might a system of placing young people with a limited number of authorities help to ensure consistency of service provision and aid specialist services?
2. What other factors need to be put in place to achieve improved delivery of services for unaccompanied asylum seeking children?

## Chapter 3

### The Journey through the Asylum and Support System

22. This chapter focuses on the unaccompanied asylum seeking child's journey through the asylum and support system. For many the current route through the end to end asylum and immigration process is confusing. We want to be

clearer about the journey of young people, how and where policy affects them at various stages and where policy is lacking or in need of change. A typical route for a young person under current arrangements is depicted below.





## Chapter 3

### The Journey through the Asylum and Support System (continued)

#### Pre-Arrival and Intake

##### Sponsoring Key Messages in Countries of Origin

23. We must safeguard the asylum system from abuse and do more to identify and deter those who are not in genuine need of asylum, while at the same time ensuring the best possible response to those with a well-founded fear of persecution in their country of origin. To help achieve this we will highlight, in the key countries where asylum seeking children tend to come from, the United Kingdom's rigorous asylum application process so that we dissuade children from travelling here needlessly. For example, the Foreign and Commonwealth Office Migration fund could be utilised to fund campaigns warning of the dangers of illegal migration. We will also work with other government departments, including the Department for International Development, to promote greater awareness with overseas Governments about child trafficking and smuggling.

##### Initial Assessments, including Age Determination

24. In determining eligibility to children's services local authorities must satisfy themselves that a young person is genuinely under 18. It is also essential that particular care services are accessed only by appropriate age groups. The authority must therefore satisfy itself that, even if individuals are accepted as being under 18, they are not older than they claim to be. For immigration purposes the Home Office also needs to make an assessment of age. In respect of asylum seekers this can be very difficult. Relatively few are able to provide documentary evidence of their age and many appear to be considerably older than they claim. There is no doubt that assessing age solely on physical appearance is unsatisfactory. A total of 2,425 asylum seekers claimed to be under 18 in 2005, but were initially deemed to be adults by immigration officials. A proportion of these decisions were however changed after more thorough assessments by social workers concluded that the individuals

were likely to be under 18. Nonetheless, the number of age dispute cases is illustrative of a serious level of abuse of the system.

25. We freely accept that we need to make significant improvements to age assessment procedures. Stakeholders frequently draw attention to the serious child protection issues that could arise as a consequence of decisions that lead to children being placed in accommodation designed for adults. However, it is equally wrong to place adults in accommodation designed for children. It is clearly not an option, therefore, for immigration officials to take all claims to be under 18 at face value and refer the individuals to local authority children's services.

26. Part of the solution to these difficulties is to ensure that decisions on age are only made following a full assessment by trained social workers. We are in the process of negotiating with local authorities whose areas include our main ports (Dover, Heathrow, Gatwick) and asylum screening units (Croydon and Liverpool) with the aim of providing specialist social work teams to work alongside immigration officials. A number of these teams are already in place. It is already our policy to rely on the assessment of the social worker (except in rare and unusual cases). The presence of social work teams helps facilitate timely and accurate decisions on age that offer absolute clarity about the path of the individual through the appropriate asylum and support systems.

27. A holistic approach to age assessment, with the final decision being made after taking account of several sources of information, is our preferred approach. We are aware that as part of this approach a number of local authorities sometimes supplement the range of information available to the social worker by commissioning dental x-ray examinations. The Home Office occasionally made use of x-rays to help determine age in the 1970s and early 1980s but discontinued the practice because it seemed at the time that they offered limited extra value

over other age assessment techniques. There were, of course, very few unaccompanied asylum seekers arriving in the United Kingdom in those years and the same pressures on immigration and support systems simply did not exist. Additionally, there does appear to have been more recent research that indicates x-ray analysis (of the teeth and collar and wrist bones) can be a more reliable means of determining age than was once thought. That is certainly the belief of some of our EU partners, who regularly use these techniques for immigration purposes. We have commissioned a review of the existing research and would naturally welcome any other contributions to the debate, particularly from medical professionals.

28. Although no medical procedures are able to assess age with absolute certainty, the evidence available does suggest that some procedures can assist in the resolution of a number of these cases. For example, there is broad consensus that analysis of dental development will give an assessment of age + or - 2 years for 95% of the population<sup>7</sup>. Some local authorities that have used dental analysis of this sort have reported cases where individuals have been shown to be at least 20 years old. These are not isolated examples.

29. Against this background and subject to the result of the research we have commissioned and the outcome of this consultation exercise, we intend to make greater use of dental development x-rays where there is a reasonable doubt about the claimed age. We will work closely with local authorities to agree how the necessary arrangements can be implemented. It will clearly be important that the individual (and any advisors) receives a full explanation of what the procedures will entail and why the examination has been offered and what it can indicate<sup>8</sup>. This process will also afford the advantages of a dental health check.

30. We are firmly of the view that an unreasonable refusal to undergo an x-ray examination should strongly inform the final decision on age, provided of course that other factors are given full consideration. We accept that there is a clear need to agree common standards and guidance and we will work with local authorities to achieve this. We will also continue with discussions we have initiated on this matter with medical professionals.

31. On the basis of current research and the relative ease with which they could be introduced, we believe the dental procedures described above are an effective medical aid to the process of age determination. We will consider how other x-ray techniques commonly used in some European countries, including x-ray of the collar and wrist bone, might also be applied in order to strengthen our systems of age determination.

#### Questions for Consultation

3. When a local authority decides to conduct an age assessment, should this take place before or after arranging the transfer to a specialist authority?
4. What might be a valid reason for refusal to undergo a dental x-ray or other medical examination to improve age assessment?

#### Providing Support During and After the Asylum Application Process

##### Transfer to Specialist Authorities

32. We need to put in place arrangements facilitating the young person's transfer to what we have described as a 'specialist authority' (see also Chapter 4). There already exist good models

<sup>7</sup> *The Health of Refugees Children Guidelines for Paediatricians: Royal College of Paediatrics and Child Health – November 1999*

<sup>8</sup> *All procedures will be consistent with Article 17 of the European Union Council Directive 2005/85/EC*

## Chapter 3

### The Journey through the Asylum and Support System (continued)

and arrangements for the safe transfer of unaccompanied asylum seeking children from one authority to another. Examples are the Safe Case Transfer Pilot that has involved the movement of some young people from Kent County Council to a number of authorities in the North-West of England and the London rota arrangements whereby young people who would normally be the responsibility of London Borough of Croydon are assigned to other local authorities. We need to build on these practices. It is notable that transfer generally took place after the full core assessment of the young person's needs in the Kent/North West model, but before that assessment under the London rota arrangements. We need to consider which option is the best.

33. We believe the great majority of these young people will be suitable for transfer to new specialist authorities. Their links to any particular area of the country will usually be non-existent because of the absence of parents or other adult relatives. Of course, we recognise that there will be specific cases where it would be appropriate for the initial authority (i.e. where the child first presents) to continue to take responsibility for providing care or services. We will ensure that guidelines are in place to achieve consistency.
34. There will be a key role for other agencies at the front end of the process described above. It will be necessary to ensure that unaccompanied asylum seeking children are advised about the decisions made in relation to them, particularly where they are to be relocated, as well as their entitlement to other services. Some of these functions are already carried out by the Refugee Council Children's Panel and will need to be reviewed, particularly as case transfer becomes the norm and the proportion placed outside the South East of England rises.

#### Assessment of Need and Placement

35. Accommodation and support arrangements depend on an assessment of need. That means any model for service provision must contain the flexibility to deal with individual circumstances. Nonetheless it is possible to make some general assumptions about the types of care and support that are appropriate to most unaccompanied asylum seeking children. For example, it is widely accepted that foster care is likely to be the appropriate option for those entering the care system when under 16 years old. The *Care Matters: Transforming the Lives of Children and Young People in Care* paper includes proposals to create specialist foster parents for unaccompanied asylum seeking children as part of wider plans to expand and improve fostering placements generally.
36. Other types of support services, shared housing for example, with varying levels of supervision and support, have been successfully trialled by many authorities. Subject to a proper assessment of need we consider this model is generally appropriate for the older age group; i.e. 16 and 17 year olds. The circumstances of unaccompanied asylum seeking children demand a different approach to indigenous children, particularly if they are expected to leave the United Kingdom when they turn 18. We would welcome views about whether there are circumstances in which those in foster care should be placed in more independent living arrangements on turning 16.
37. There is already extensive Association of Directors of Social Services (ADSS) guidance<sup>9</sup> to local authorities on accommodating unaccompanied asylum seeking children. However we wish to understand how this is being applied in practice. A number of authorities and other agencies have already shared their support models with us and we are keen for others to do the same.

#### Questions for Consultation

5. When should the assessment of longer term care needs take place (either before or after transfer)?
6. Should we generally encourage the move of those who have been fostered to other forms of support – in particular after they reach 16?

#### The Asylum Application

38. We accept that the process of determining asylum applications from unaccompanied asylum seeking children needs to be improved. Until recently, few were given the opportunity to detail their circumstances or reasons for seeking asylum beyond the relatively brief information obtained either at the screening stage, or in writing through the submission of a Statement of Evidence Form (SEF).
39. The table below shows the decisions made on applications since 2002, indicating the proportion granted asylum including humanitarian protection, granted limited leave to remain, or refused outright (i.e. refused asylum and not granted any form of leave).
40. As can be seen, the number granted refugee status or humanitarian protection is very low (170 out of 2835 in 2005). The great majority are granted limited leave to remain in the United Kingdom (usually until their 18th birthday). This cannot help the process of enabling effective planning for the young person's future.

41. The widespread use of limited leave, following a refusal to grant asylum or humanitarian protection, is to be re-assessed. Limited leave may remain appropriate for the younger age group where swift return to the country of origin has been assessed as unlikely (generally because of the lack of adequate reception arrangements in the country of origin). Shorter periods of limited leave or no granting of leave at all might be appropriate options for the post 16 age group, as for them the difficulties in enforcing or expecting return to the country of origin are much reduced. (Adults are expected to make their own arrangements on return to their countries of origin after being refused asylum). A further option which is being introduced as part of wider process changes brought forward through our New Asylum Model (NAM) is to time any grant of limited leave to expire when the young person reaches 17 and a half. This would allow time to ensure that any applications to extend limited leave can be concluded before the person turns 18. The implications of this change, particularly in the way it impacts upon entitlement to leaving care assistance from the local authority or other avenues of support from public funds, are addressed later in this paper.
42. We are already committed, through the more general changes identified in the New Asylum Model (NAM), to improving the quality and timeliness of the decision making process. The implementation of NAM is proceeding in accordance with the timetable for that programme and is not dependent on the result of this consultation exercise. That said, any improvements identified through this exercise can be accommodated in due course.

	2002	2003	2004	2005
<b>Total Decisions Made</b>	6990	3835	3440	2835
<b>Grants of Asylum</b>	625 9%	165 4%	105 3%	170 6%
<b>Refusal</b>	1575 23%	890 23%	830 24%	870 31%
<b>Limited Leave</b>	4790 68%	2780 73%	2505 73%	1795 63%

<sup>9</sup> Key Transitions for Unaccompanied Asylum Seeking Children: ADSS Asylum Task Force – October 2005



## Chapter 3

### The Journey through the Asylum and Support System (continued)

43. We recognise that we need to make a more informed asylum decision at an early stage so that we can plan for the young person's integration or return. Under NAM we expect that the great majority of unaccompanied asylum seeking children aged 12 or over will be interviewed about their asylum claim by specially trained staff. We are aware of the particular sensitivities around interviewing young people, particularly those who may have been traumatised because of persecution or exploitation. Some of the information obtained at the interview stage will be relevant to the issue of return if the asylum claim is rejected, for example if details of the whereabouts of parents or relatives emerges. We need to do more to facilitate reunion with families in these cases.

44. There will be a proportion of cases where although the asylum claim has been refused it is not possible to return the person into the care of a suitable relative or guardian in the country of origin. In these cases the option of establishing alternative reception arrangements needs to be addressed. Some stakeholders will already be aware of work in this area that has been pursued with various overseas Governments. This will continue.

45. Many unaccompanied asylum seeking children whose asylum claims are rejected are likely to remain in the United Kingdom until they are 18. It will be most important that those who work directly with young people, whose claims for asylum have been unsuccessful, communicate to them the fact that they will be returned to their country of origin once they become adults.

46. The Government recognises that meeting the needs and managing the expectations of unsuccessful asylum applicants poses significant challenges for local authorities and their partner organisations. A particular challenge is the development and delivery of care plans which are based on the young person leaving the United Kingdom. This issue is explicitly addressed in the

ADSS guidance material<sup>10</sup>. We will supplement this, as necessary, by publishing further guidance in conjunction with the DfES and the devolved administrations.

47. In order to facilitate clearer care planning we need better communication links between social workers, other care workers and immigration officials. The NAM reforms provide a mechanism to achieve this. A key feature of the new end-to-end approach, to be applied to all new asylum claims, is the appointment of a single case owner. This person will be responsible for dealing with all stages of the asylum process through to the completion of the case whether that be by the integration, voluntary return or enforced removal of the applicant. The case owner and the local authority social worker clearly have different roles, but it may be that they can share information and time key decisions to ensure they complement each other. Care planning must take fully into account the position of both the successful applicant and their need for effective integration and longer-term support, and the position of unsuccessful applicants who will be required to return to their country of origin.

#### Questions for Consultation

7. In what other ways can care planning be better aligned to immigration considerations?
8. What further guidance is needed on managing the needs and expectations of unaccompanied asylum seeking children whose asylum claims fail?

#### Return to the Country of Origin

48. We do not underestimate the difficult task care workers have in focussing care plans around the requirement that a young person will return to

their country of origin, but the alternatives are stark. Immigration status has a limited bearing on the young person's ability to access welfare support provision for as long as he or she is legally deemed to be a child. Assistance is available under the provision of the Children's Act 1989 with few limitations relating to immigration status. That is not the case when the young person turns 18, at which point there is likely to be no access to welfare support if the application for asylum or leave to remain has been finally refused. It is clearly far better that both immigration and care processes work in ways that avoid that eventuality, by prompt decision making and promotion of voluntary return, to include relevant re-integration assistance in the country of origin. If this offer of voluntary return is not accepted and integration into the United Kingdom is not an option, enforced return will be the norm.

49. We are committed to the principle that adequate reception arrangements are necessary prerequisites for any child to be returned to their home country. On that basis and within these parameters, we will continue to explore ways of returning, on an enforced basis, unsuccessful applicants who have not yet reached adulthood, to their country of origin.

50. It is the case that few unaccompanied asylum seeking children currently take advantage of the existing voluntary assisted return and reintegration packages. We will enhance and tailor these packages to their specific needs. Any package of assistance will focus heavily on employment, training and educational opportunities rather than specific cash incentives.

51. In many cases a package of opportunities in the country of origin should form the centrepiece of the young person's care plan (if he or she is a care leaver) rather than a contingency to be considered for the first time only after protracted efforts to stay in the United Kingdom fail. The young person's personal advisor needs to play a key role in this process. This role could be carried out most effectively by a specialist with

knowledge of the young person's country of origin.

52. Reducing the amount of resettlement assistance available to the young person in their country of origin over a set period might act as an inducement to the young person to return voluntarily. We would like to explore this approach.

#### Questions for Consultation

9. Should we develop new voluntary return packages for 16 and 17 year olds? If so, how could these be structured?
10. Might an enhanced, but reducing, package encourage take up of voluntary return? If so, at what points should the package be reduced?
11. What safeguards need to be put in place before children can be returned to their country of origin on an enforced basis?
12. Who is best placed to work with the young person on the plan of return?
13. Should the service be procured from specialists and, if so, who?
14. What are the challenges for integrating this voluntary return package within the care planning process for children whose asylum applications have been unsuccessful?

#### Other Issues when the Young Person Reaches 18

53. Funding towards the costs of supporting former unaccompanied asylum seeking children who remain eligible for local authority assistance after they turn 18 is currently provided by the Department for Education and Skills (DfES) for authorities in England, with different

<sup>10</sup> *Key Transitions for Unaccompanied Asylum Seeking Children: ADSS Asylum Task Force – October 2005*

## Chapter 3

### The Journey through the Asylum and Support System (continued)

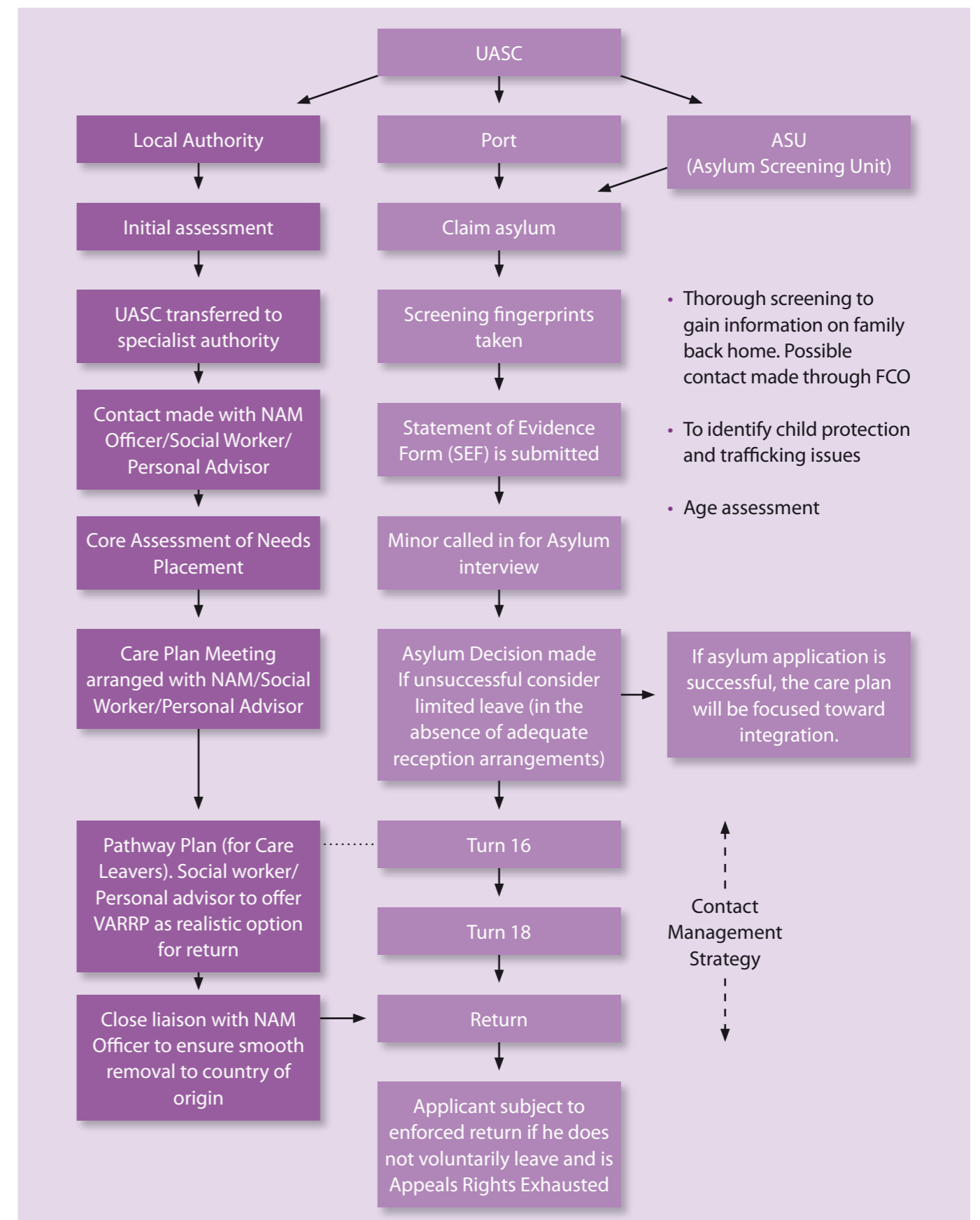
arrangements for Wales, Scotland and Northern Ireland. We are aware that some local authorities and their representative bodies have raised concerns about funding levels and recognise that concerns about post 18 funding levels could act as a disincentive to those who might otherwise be willing to become a specialist authority.

54. We firmly believe that the measures we are introducing will alleviate problems with excessive post 18 leaving care costs (caused by delays in determining the young person's immigration status). Changes to policy on granting limited leave to those whose asylum claims are refused will significantly reduce the pool of former unaccompanied asylum seeking children who have an entitlement to leaving care assistance – since the majority will have no access to that source of support, or indeed any other, because of the effect of Schedule 3 of the Nationality, Immigration and Asylum Act 2002. We realise that some of these young people could claim that their leaving care assistance will need to continue in order to avoid a breach of their human rights, on the basis that they would otherwise be destitute. However, the vast majority of failed asylum seekers can reasonably be expected to avoid the consequences of destitution by leaving the United Kingdom. Any package of voluntary return that is offered should mean that even fewer will be able to show any good reason why they cannot return to their countries of origin. Restrictions on the use of limited leave will also narrow the scope to make further applications and appeals post 18. This will mean that they are liable to enforced return immediately on turning 18. Steps will be taken to ensure this happens if the generous package of voluntary return on offer is not accepted.

55. The impact of Schedule 3 of the Nationality, Immigration and Asylum Act 2002 has caused some concerns to local authorities. The law has to be applied consistently and it is not an option to provide assistance to those who are not entitled to it. We recognise a need for clearer guidance in applying this legislation and will ensure this is published.

56. The measures described above can be implemented without changes to existing statutory arrangements. A more radical option, which some representatives of local authorities have told us they would prefer, would be to ensure all decisions on supporting asylum seekers who are adults are made by the Home Office. This would require primary legislation, since it would be necessary to remove former unaccompanied asylum seeking children from eligibility to leaving care assistance. Those in need of support, generally because of a temporary inability to return to their country of origin for practical reasons, could instead be provided with support under the provisions of Section 4 of the Immigration and Asylum Act 1999, or something similar to it. The implications of a change of this sort would need to be carefully assessed and we would welcome views from recipients on the merits of this option.

57. A typical route for a young person under these proposed new arrangements is set out aside:



# Chapter 4

## The Specialist Authority

### The Specialist Authority (criteria)

58. A specialist authority is likely to be outside the South East of England and to already have some experience of dealing with a reasonable number of unaccompanied asylum seeking children. It is not sensible at this stage to prescribe the other factors too tightly, as this will be the subject of further work by IND. However, the following criteria are likely to be relevant:

- (i) Support services that offer value for money.
- (ii) Access to the required range of health care facilities.
- (iii) Willingness to provide safe and secure arrangements for unaccompanied asylum seeking children, bearing in mind some may have complex needs having been, for example, victims of trafficking.
- (iv) Access to suitable educational services.
- (v) The availability of legal advice on immigration issues.

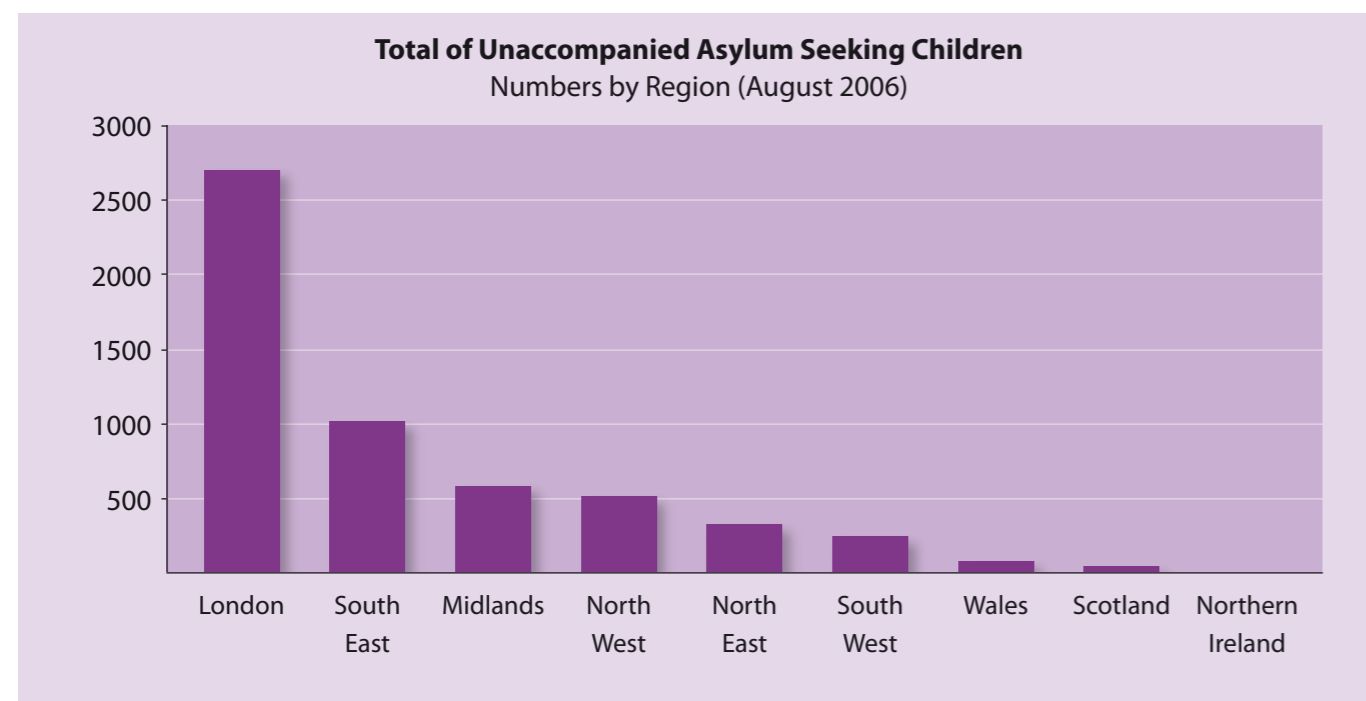
- (vi) The capacity of the voluntary sector to provide advice and assistance to unaccompanied asylum seeking children.
- (vii) Proximity to local immigration offices and the ability to establish joint working arrangements.
- (viii) Availability of interpreters and the existence of communities consistent with the ethnic profile of the young person.

#### Question for Consultation

15. Are these the right factors that need to be addressed in identifying specialist authorities and are there any others?

### Numbers of Unaccompanied Asylum Seeking Children in Specialist Authorities

59. We do not think it sensible that significant numbers, if any, of the existing group of unaccompanied asylum seeking children currently with various local authorities are transferred elsewhere. The table below depicts the current location of



unaccompanied asylum seeking children around the United Kingdom. We have assumed, for the purposes of this paper, that future levels of intake will remain at around the same levels as they have been in recent years (in the region of 3,000 new cases each year) - though that naturally is subject to a number of factors, including, for example, whether or not the enhanced age assessment techniques that we are planning to introduce will have a significant impact on numbers.

- 60. Our analysis suggests that there is at present a relatively stable population of around 6,000 of these young people in support at any one time, with the numbers turning 18 (and moving to different arrangements) being replaced by roughly the same number entering the system for the first time. Around the same number (i.e. those who have turned 18) are currently receiving leaving care support from local authorities.
- 61. We anticipate that specialist authorities will need to have the capacity collectively to handle around 6,000 unaccompanied asylum seeking children within two years of the start of the new arrangements. The geographical distribution of that number will depend on a range of factors, but it might make sense to work, in the first instance, towards there being a total of around 50-60 specialist authorities, each caring for around 100 unaccompanied asylum seeking children. If authorities have the capacity to care for larger numbers these estimates can be revised.
- 62. Within our suggested profile there are different arrangements that might be viable, for instance groups of authorities working together in their regions and sharing common services. This might be a model that maximises economies of scale.

#### Question for Consultation

16. Is 50-60 the right number of specialist authorities to begin with? Does this strike the right balance, if not, please state why not.

### Procurement and Commissioning of Services

- 63. The need to improve commissioning of children's services generally is considered in some detail in the Care Matters: Improving the Lives of Children in Care paper and many of the recommendations in it are equally applicable to this particular group. A regional model for commissioning common services and combining purchasing power is clearly an option. Equally, the proposal in the paper to allow local authorities to contract with new 'Social Work Practices' in order to obtain good quality services, may be a good way of obtaining specialist services - e.g. social workers and personal advisors who understand the international dimension of the group's needs and others who can advise on enhanced safeguards for the victims of trauma and traffickers.
- 64. Certain services, for example the Refugee Council Children's Panel, are already funded directly through grant agreements. Further work is necessary before we can be certain of our preferred options. We are very clear, however, that a carefully managed process that recognises the disciplines of the market place will be crucial to delivering quality accommodation and services at good value for money.

#### Questions for Consultation

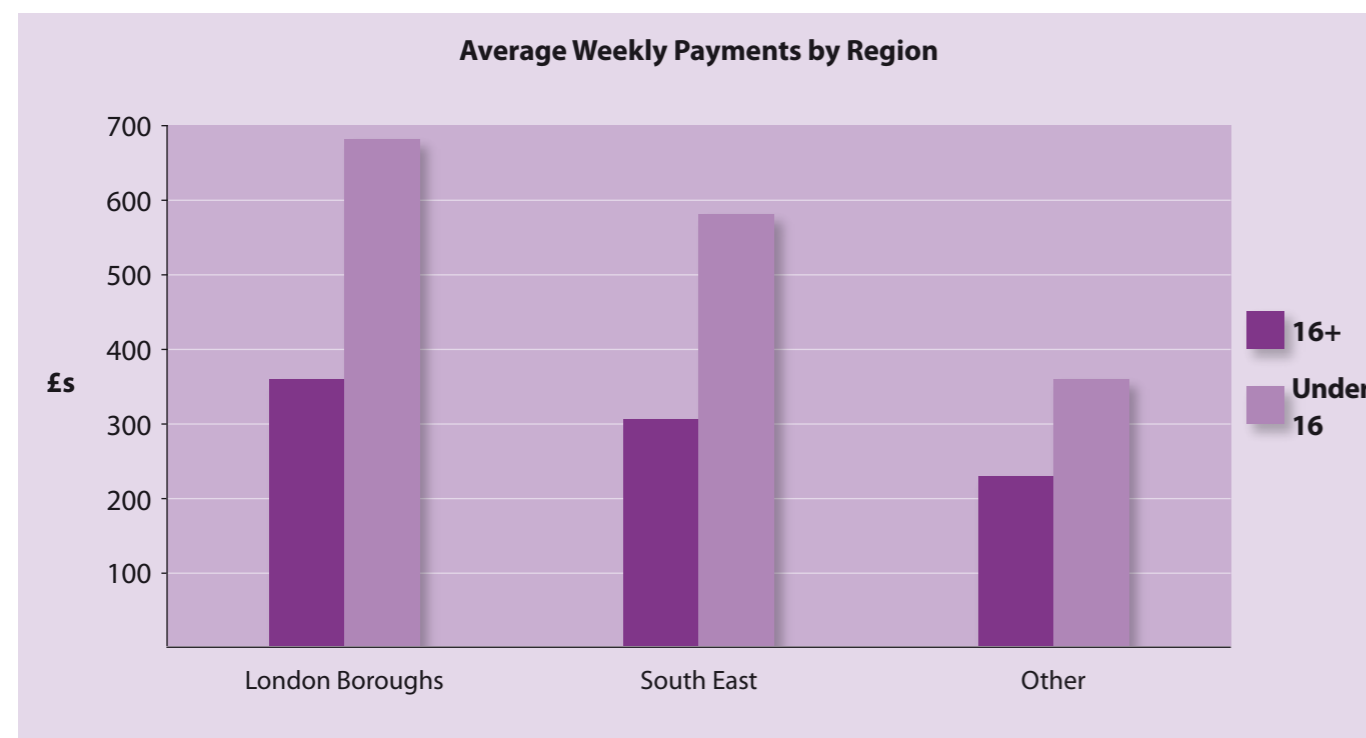
- 17. Should the Home Office facilitate the procurement of services in partnership with Local Authorities?
- 18. Should the Home Office leave the procurement of services to Local Authorities but provide a model service specification and benchmark costs at a regional level?
- 19. Would Local Government Associations have any role to play in the procurement of services?

## Chapter 4

### The Specialist Authority (continued)

#### Funding Arrangements

65. Any changes to the current support system need to demonstrate good value for money. The Immigration and Nationality Directorate (IND) currently spends over £140 million per year supporting unaccompanied asylum seeking children. This expenditure is the amount given to local authorities who directly provide the accommodation, support and care services. This cost goes to support some 6,000 unaccompanied children seeking asylum. This expenditure now seems high, given the age profile and services provided to this group of young people, and needs a comprehensive examination to ensure value for money is being achieved.
66. The table below shows that there is currently considerable geographical variance in costs, with London and the South East of England being the most expensive. The transfer of large numbers of unaccompanied asylum seeking children to other areas of the country that we are proposing should deliver significant cost savings. It may also help to reduce inflation in the London care market caused by the high demand for services.



## Chapter 5

### How to Comment

68. We are aware that more work is needed on the detail of the options being addressed. We are confident that the broad thrust of the changes we are proposing command a good deal of support. We have already shared many of our outline ideas with professionals working with young people in the course of a less formal consultation exercise conducted before the issue of this paper. Very few objected in principle to our thinking. What is clear is that the status quo cannot continue. We are determined to change it and seek the support of all stakeholders to make that happen.

If you wish to provide us with your views on this consultation paper, please either email us at: [UASC.Reform@homeoffice.gsi.gov.uk](mailto:UASC.Reform@homeoffice.gsi.gov.uk)

Or write to us at:  
FAO: Julia Kippin  
Unaccompanied Asylum Seeking Children Reform Programme  
Home Office – IND  
2nd Floor  
Block E  
Whitgift Centre  
Wellesley Road  
Croydon CR9 1AT

When answering specific questions as part of your response to this paper, it would be helpful if you could quote the number of the question.

Comments on the issues raised in this paper are required by 31 May 2007.

69. You should also contact the address above should you require a copy of this consultation document in any other format, e.g. Braille, Large Font, or Audio. A summary of the responses received will be published within 3 months of the closing date for this consultation, and will be made available on our website.

This consultation follows the Cabinet Office Code of Practice on Consultation - the criteria for which are set below.

#### The six consultation criteria

1. Consult widely throughout the process, allowing a minimum of 12 weeks for written consultation at least once during the development of the policy.
2. Be clear about what your proposals are, who may be affected, what questions are being asked and the timescale for responses.
3. Ensure that your consultation is clear, concise and widely accessible.
4. Give feedback regarding the responses received and how the consultation process influenced the policy.
5. Monitor your department's effectiveness at consultation, including through the use of a designated consultation co-ordinator.
6. Ensure your consultation follows better regulation best practice, including carrying out a Regulatory Impact Assessment if appropriate.

The full code of practice is available at: [www.cabinet-office.gov.uk/regulation/Consultation](http://www.cabinet-office.gov.uk/regulation/Consultation)

#### Consultation Coordinator

If you have any complaints or comments specifically about the consultation process **only**, you should contact the Home Office consultation coordinator Christopher Brain by email at: [christopher.brain2@homeoffice.gsi.gov.uk](mailto:christopher.brain2@homeoffice.gsi.gov.uk)

Alternatively, you may wish to write to:  
Christopher Brain  
Consultation Coordinator  
Performance and Delivery Unit  
Home Office  
3rd Floor Seacole  
2 Marsham Street  
London SW1P 4DF



## Annex A

### Summary of Key Issues

#### Pre-arrival and Intake

- Sponsoring key messages in countries of origin.
- Promoting greater awareness with overseas Governments about child trafficking and smuggling incidents.
- Using dental examination and other medical techniques to improve age assessments.

#### The Asylum Process and Child Pathway Planning

- New asylum case management procedures for unaccompanied asylum seeking children, including improving the quality and timeliness of decision making.
- Define and implement case transfer policy for unaccompanied asylum seeking children – mainly away from London and the South East.
- Develop specialist models of support for unaccompanied asylum seeking children.
- Amend limited leave policy.
- Improve child pathway planning.
- Consistency of service provision that represents value for money.
- Implement new funding arrangements.

#### Post asylum application issues

- Develop enhanced voluntary return packages for pre and post 18s.
- Effect return of those who have no legal basis to remain in the UK, including the development of reception arrangements in countries of origin so as to facilitate returns of pre 18s.
- New support arrangements for unaccompanied asylum seeking children when they turn 18.

## Annex B

### Responses: Confidentiality & Disclaimer

The information you send us may be passed to colleagues within the Home Office, the Government or related agencies.

Furthermore, information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).

**If you want the information that you provide to be treated as confidential**, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

Please ensure that your response is marked clearly if you wish your response and name to be kept confidential.

Confidential responses will be included in any statistical summary of numbers of comments received and views expressed.

The Department will process your personal data in accordance with the DPA - in the majority of circumstances this will mean that your personal data will not be disclosed to third parties.





