

# The Experiences and Needs of Refugee and Asylum Seeking Children in the UK: A Literature Review

National Evaluation of the Children's Fund  
University of Birmingham

Rachel Hek

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## Contents

<b>Section 1</b>	<b>Introduction – Overview, key terms, concepts and review strategy</b>	<b>1</b>
<b>Section 2</b>	<b>Background and context</b>	<b>5</b>
<b>Section 3</b>	<b>Immigration</b>	<b>16</b>
<b>Section 4</b>	<b>Health</b>	<b>21</b>
<b>Section 5</b>	<b>Education</b>	<b>29</b>
<b>Section 6</b>	<b>Family and Social Relationships</b>	<b>39</b>
<b>Section 7</b>	<b>Provision of Social Services</b>	<b>45</b>
<b>Section 8</b>	<b>Summary and gaps identified</b>	<b>55</b>
<b>References</b>		<b>61</b>



## **Section 1- Introduction**

### **Overview, key terms, concepts and review strategy.**

The aim of this review is to consider the published literature in relation to the experiences and needs of refugee children and young people in the UK over the last ten years. This is to provide an overview of the issues for this group of children and young people and the availability, accessibility and types of preventative services that attempt to meet their needs. It is hoped that this information can then be used by anyone who has an interest in the provision of services or who wishes to identify where there may be gaps in research or services to this group of children and young people.

Particular areas that will be considered are;

- Information about the views of children and young people on what they think is important in assisting them to settle and what they consider helpful and unhelpful in service provision.
- Information about the needs and experiences, both physical and emotional of refugee children and young people in the UK. These young people may live in a number of situations; with parents, relatives, friends, alone or be looked after by social services.
- Existing policy and practice guidance in relation to working with this group of children and young people

#### **1.1 Overview of each of the sections of the study**

This review is split into a number of sections. Section 2 will cover background issues; the reasons that young refugees come to the UK, demographic information and the legislative and policy contexts. Section's 3 to 7 will cover key issues in relation to the experiences and needs of young refugees as outlined below. Each section will contain young refugees' own perspectives in relation to their experiences and the key needs that they identify. It is important to look at material from studies that cover this area, as many young refugees have to remain silent about their experiences, wishes and feelings pre-exile, during journeys and on arrival in this country. It is only recently that the voices of young refugees have begun to be presented in literature and therefore can begin to be heard by practitioners and those involved in making policy. The information presented comes from specific studies where young refugees' actual words are put forward. Each sub-section will also consider other issues highlighted in literature and research relating to the needs of refugee and asylum seeking children.

The areas identified are generally recognised as relating to the needs of all children and young people. Many studies (GLA, 2004; Marriott, 2001; Richman, 1998a; Stanley, 2001; Stone, 2000) have found that refugee children and young people are often not seen as children first, but are dealt with as refugees. These studies point out that refugee children face the same issues as any other children, but that there are also specific and extra issues that they face that need to be taken into account when thinking about appropriate service provision. The needs of children are specified in legislation and practice documents such as The Children Act 1989, The UN Convention on the Rights of the Child 1989, The Framework for the Assessment of Children in Need and their Families (Department of Health, 2000) and the Looking After Children Materials (Department of Health, 1995a). The Framework for Assessment and the 'Looking after Children' Materials were developed as a systematic approach to establishing whether a child is in need, and what should then be provided to meet those needs. Both systems are concerned with the

developmental needs of the child, the capacity of parents/carers to respond appropriately to these needs and the impact of the wider environment on parenting capacity and the child. The Framework for Assessment makes particular reference to the needs of young separated refugees. The domain of parenting capacity may be more difficult to tackle with young refugees than other areas, because there may be either limited or no contact between young refugees and their families. Therefore to assess a child or young person's needs in respect of this area will require "flexibility and creativity" (Kidane 2001a). However importantly most of the areas of need identified in these documents, are also defined by young people themselves as significant to them (Kidane, 2001b; Marriott, 2001; Stanley, 2001; Wolde-Giyorgis et al, 1998).

The key areas referred to in this review are as follows;

- Immigration
- Health, both physical and emotional needs
- Education
- Family and social relationships
- Provision of social services

Section 8 will briefly summarise the main points arising from literature and attempt to identify where there are gaps in knowledge and services.

## 1.2 Key terms and concepts

This literature review will refer to 'refugee' children and young people. This will cover children and young people with (or whose parents have) recognised refugee status, or who are asylum seekers.

The terms 'refugee' and 'asylum-seeker' have specific legal meanings.

An asylum-seeker is a person who has crossed an international border in search of safety and applies to be given refugee status under the 1951 UN Convention.

A refugee is someone who has gained refugee status under the 1951 UN convention relating to the status of refugees.

There are four types of legal status that can be given;

1. **Indefinite Leave to Remain (ILR)** – a person is given refugee status and allowed to stay.

The following give only a temporary right to stay:

2. **Exceptional Leave to Remain (ELR)** - a person will be allowed to stay if sending them away would be inhumane or impractical. This status was stopped in April 2003, and has been covered by the following two categories.
3. **Humanitarian Protection** - a person will be allowed to stay if they face a real risk of danger if they returned home. This is reviewed on a three yearly basis, and after two renewals the person can apply for ILR
4. **Discretionary Leave to Remain** – a person will be allowed to stay if it is impractical for human rights, legal or practical reasons to return them to their own country. This will be reviewed on a three yearly basis, and after two renewals they can apply for ILR. DLR can be given for less than three years, e.g. where a child has been refused asylum and their

18<sup>th</sup> birthday is in less than three years they can be given leave to remain until their 18<sup>th</sup> birthday.

The term ‘unaccompanied’ will be used to mean a child under the age of 18 years of age who has been separated from both parents and is not cared for by an adult who, by law or custom, is responsible to do so (United Nations High Commissioner for Refugees 1997a).

The term ‘separated’ child or young person applies to children and young people who are separated from their parents. This can apply to unaccompanied children and young people, and to children and young people who enter the UK with other relatives or adults who then continue to look after them.

The terms ‘children’ and ‘young people’ will be used interchangeably and will refer to those under 18 years of age.

A child ‘in need’ is defined by the Children Act 1989;

*he/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision for him / her of services by a local authority"*

and

*his/her health or development is likely to be significantly impaired, or further impaired without the provision for him/her of such services;*

*Or he/she is disabled.” (Pt III, S17 (10))*

A child or young person who is referred to as ‘looked after’ is accommodated by a local authority under Section 20 of the Children Act 1989.

### **1.3 Review Strategy- parameters and criteria**

The purpose of this review is to consider published material for the last ten years (1994 – 2004) in relation to children and young people who are refugees, and relates to the UK only. Although the age range of the Children’s Fund is 5 – 13 years, young people begin to express concerns from as young as eight years old about the issues they are likely to face from 16 years onwards. Of particular concern is the fact they will legally be considered adults at 18 years (Stanley, 2001). It is therefore appropriate to consider issues that affect young people up to the age of 18 years.

The particular focus of the review is in relation to preventing the social exclusion of young refugees. Therefore material considered has concentrated on the views and experiences of children and young people, and on how they see the services that they use. The material reviewed was collated through searches of social science databases for relevant literature published in the last ten years. This was also built upon through the use of existing bibliographies. Other material regarding preventative initiatives was gained through the websites of government departments and voluntary organisations that work specifically with refugees, such as the Refugee Council, the Medical Foundation for Victims of Torture, and Save the Children.

The social science reference databases searched were ASSIA, CSA, Zetoc (Mimas), Social Services Abstracts, Sociological Abstracts, and CareData, using combinations of search terms relating to the research question, e.g. refugee\*, asylum seek\*, child\*, young people, UK, Britain; and by date.

The source material used consists of the following;

1. published research and literature in the area;
2. studies by local authorities;
3. studies by specific refugee organisations and voluntary sector groups.

## Section 2 – Background and Context

### 2.1 Background

There are different reasons why young refugees come to Britain. There are a number of studies detailing young refugees' stories (Candappa & Egharevba, 2000; Kidane, 2001b; Macaskill, 2002; Minority Rights Group, 1998). Some studies specifically include young people themselves talking about why they had to leave their countries, and about their pre-exile experiences: For example

*The speed with which things change is amazing and anyone who has no experience of war will not understand it. Until August 1998 everything was fine. School finished as usual but then they began to deport people and put Eritreans in prison. One night they came for my parents. Then we spent many months in hiding. Finally they caught my father then my brother and I had to leave. (Wellela 12 year old Eritrean girl) (Kidane, 2001b)*

*There was three of them, with guns. ... Then they took my uncle upstairs, and then my dad came out and they made my uncle run, and then they started shooting and there were bullets in him. He had no chance and my father just stood by because he was just scared. (15 year old young man from Somalia) (Hek & Sales, 2002)*

*My sister had a political problem. I was arrested by the police and beaten. I was arrested with my sister. We were set free and then left the country. (Wolde-Giyorgis, E.H et al, 1998)*

Many refugee children have watched family members being raped, tortured or murdered, or indeed have been severely abused themselves. One research study that considers data from lawyers and social workers, as well as some information from young people themselves, found that of 120 young unaccompanied asylum seekers who took part in the study a third, both male and female, reported that they had been raped (Thomas et al, 2004). Many have experienced the disappearance or imprisonment of family members. Most young refugees have experienced high levels of anxiety, had to flee from their homes, often on their own, and will have travelled through a number of countries. Many children and young people will also come to this country due to living in situations of serious poverty and deprivation, or as a result of trafficking for exploitation in the sex industry (Ayotte, 2000; Ayotte & Williamson, 2001; Rutter, 2003a; Somerset, 2004a, 2004b). Thomas et al (2004) found that a significant number of young people (approximately 10% of their study) were being exploited in the UK. One young person said;

*My parents were killed ... I was used like a servant and abused. I came to England when I was 13 to work, and I was passed among many families. They treat me very badly and I never went to school. (ibid 117)*

Young refugees may arrive in this country with parents, with other relatives or alone. Some of these children and young people live with parents who are unable to respond to them adequately due to their own emotional turmoil (Levenson & Sharma, 1999; McCallin, 1996). Others live with relatives whom they do not know, others are looked after by social services, and many older young people live alone (Stone, 2000). This means that young refugees have a wide range of needs, both emotional and physical. Their experiences need to be understood in order to assist these young people settle, regain a sense of stability and begin to develop new goals and aspirations within their new surroundings.

Children and young people entering Britain as refugees is not a new phenomenon; this has gone on over a number of generations with children coming to the UK from a variety of countries, leaving behind them situations such as war, abuse and economic hardship (Ayotte & Williamson, 2001). However the numbers of asylum seekers entering Britain rose significantly during the late 1980s as civil and military conflict, environmental devastation and the break down of state structures in Eastern Europe forced many people from their homes. From this time British governments have been implementing increasingly restrictive policies on asylum which have made it more difficult for refugees to gain entry to Britain, and reduced the rights of asylum seekers to social support and welfare provision (Joly, 1996). Successful asylum applications declined from 59 per cent in 1982 to less than ten per cent during the 1990s (Home Office, 2004a). Conditions of entry have dominated debate and policy making in 'Fortress Europe', and until recently Britain has had no formal policy or programme for the resettlement of refugees (Duke, Sales and Gregory, 1999). Refugees' needs have been met by inadequate mainstream services, ad hoc specialist services operating with constrained budgets or by refugee community organisations (ibid, 1999). Such organisations have often played an important role in providing practical and emotional support for newly arrived refugees, and have increasingly found themselves in the position of providing for basic needs (ibid, 1999). While a large proportion of refugees bring educational qualifications, skills and experience, there is high unemployment and poverty within refugee populations (Carey Wood et. al. 1995; Penrose, 2002).

In 1999 responsibility for support was transferred from local authorities to a central body within the Home Office (National Asylum Support Service, NASS). Local authorities now provide support through contracts with NASS. Asylum seekers in the current support system have no choice about where they are accommodated and are dispersed around Britain. They may also be detained or forced to live in accommodation centres. These measures have separated asylum seekers from mainstream society, often excluding them from everyday activities, while making them visible and exposing them to racist abuse (Duke, Sales and Gregory, 1999). All of this has created an increasingly hostile environment making settlement and developing new goals difficult. Current legislation clearly has major implications for children's welfare, and will be discussed more fully below.

## **2.2 Demographics**

Most refugees come from the poorest countries in the world (UNCHR, 2002), as can be seen in the migrations of Afghan refugees to Pakistan, and Sudanese refugees to Chad and the Democratic Republic of Congo. It is estimated that there are approximately 17 million 'people of concern' to the UNHCR in the world (this total was at the lowest for a decade in 2003). This includes 9.7 million refugees, almost a million asylum seekers, and nearly 6 million internally displaced persons and others of concern (UNCHR, 2004). The UK accepts a small proportion of these people, for example in 1999 the UK ranked 9<sup>th</sup> in Europe for asylum applications (Council of Europe, 1999). In 2003 applications for asylum fell by 41% to 49,405, and alongside this 17,895 asylum seekers were 'removed' from the UK, 29% more than in 2002 (Home Office, 2004a). Applications have also fallen in the first two quarters of 2004 (Home Office, 2004b &c). In 2003, 20,975 people (adults and children) were accepted for permanent residence in the UK. This is less than half the number (45, 950) accepted for permanent residence in 2000 (Home Office, 2004a).

There is a lack of clarity and enormously differing estimates of how many refugee and asylum seeking children and young people live in the UK. This remains an ongoing area of concern for those working with young refugees, because these children can 'disappear' and therefore will not receive the services that they are entitled to, or in the worst case may be at risk of exploitation. These problems were highlighted in a study looking at educational and social services provision for young refugees in one area of the UK (Hamilton et al, 2003). Researchers found that in West

Sussex special arrangements were put in place to protect looked after children from trafficking as 66 children had 'gone missing' from placements. They also quote professionals;

*I quite often get these letters from the Home Office, with named children, giving an address; and these children never appear.* (ibid pg 11)

The official figures are based on those who apply for asylum; there is no overall data base that holds statistics on the accompanied and unaccompanied children in the UK. Accompanied asylum seeking and refugee children are seen as being in the care of parents and carers, and are not therefore recognised specifically in statistics, but are included in figures as dependents. As mentioned above, the Home Office (2004a) estimate that 110,700 individuals applied for asylum in 2002 and 60,045 in 2003. These figures include dependents, of which a percentage will be children. In 2003 the total number of dependents was 10,640, of which 81% were under 18 years of age. The figures do not detail numbers of children falling into the 5 – 13 year old age range that is specific to the Children's Fund.

The refugee council collects data on unaccompanied children referred to the children's panel of advisors. The London Asylum Seeker's Consortium also collates data regarding unaccompanied children, but this is only in relation to children supported by London boroughs. National asylum statistics suggest that the number of unaccompanied children applying for asylum rose by 27% between 2000 and 2001 to approximately 3500 (from 585 children in 1995). The Audit Commission (2000a), the London asylum seekers Consortium (2001) & Stone (2000) all suggested this number to be higher at 5,500, and the Department of Health (2002) estimated that there was likely to be approximately 13,000 children and young people who were refugees and asylum seekers in the UK, around half of these living with a parent or carer and half being unaccompanied. Information regarding unaccompanied children was collated in a study "Where are the Children" (BAAF & the Refugee Council, 2001) using information from the sources listed above. This study found that the information was unclear and that local authorities had vastly different approaches to how and if they kept any figures about unaccompanied children.

There are statistics available relating to nationality of all applicants. In 2003 (Home Office, 2004a) the countries accounting for most applications were Somalia, Iraq, China, Zimbabwe and Iran. In the first two quarters of 2004 Pakistan and Turkey also appeared high in the list. For unaccompanied children the main countries of origin in 2003 were Somalia, Afghanistan, Iraq and Serbia & Montenegro. It must be remembered that these figures reflect particularly volatile situations, but overall the asylum figures reflect the fact that there are on-going human rights abuses, on-going conflicts and deprivation across many countries in the world, consequently the UK receives applications from over 50 countries (Home Office, 2004a).

The DfES Children in Need Statistics (2004a) for the year ending March 2003 estimate that approximately 12,500 children currently seeking asylum in the UK are in need, making up 6% of the overall figure for children in need in the UK. The biggest concentration of these children and young people is in London (8500) and the South-East (1800). The Home Office figure for unaccompanied children applying for asylum in 2003 was 3,180. This is noted as a drop of almost half on 2002 (6,200). Of these children 11% were under 14, 29% 14 and 15 years and 60% were 16 and 17 years. In 2003 15% of applications were refused (Home Office, 2004a). The figures for 'Looked After' children add to the picture. DfES Children Looked After statistics (2004b) for year ending March 2003 show that overall 83,200 children were looked after by local authorities. Of these children 2,400 were unaccompanied asylum seeking children, 1900 were boys (76%) and 600 girls (24%). One thousand two hundred (49%) of these young people were over 16 years. One thousand seven hundred (71%) young people were placed in London and 390 (16%) in the South-East. However it should be noted that not all unaccompanied young

people are looked after under Section 20 (provided with supported accommodation) of the Children Act 1989, but supported as children in need under Section 17 of the Act (given financial assistance to secure their own accommodation with little to no support). If unaccompanied young people are compared with other children in need under section 17 of the Children Act, 10% as compared with 2% live independently. There are also significant populations of unaccompanied young people in Birmingham, Manchester and Sheffield (Marriott, 2001; Humphries & Mynott, 2001; Hughes et al, 2004).

### **2.3 Legislation and policy context**

The 1951 Geneva Convention forms the basis for current international law governing the granting of refugee status. To be granted this status a person must have left his or her own country and be unable to return to it:

*Owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion.* (ibid, 1951)

The convention gives equal importance to the social rights of refugees within the country of asylum. These include residence rights, employment, social welfare, education and housing.

#### **2.3.1. UK Asylum and Immigration Legislation**

Since the late 1980s political and media attention has been focused on the issue of immigration and asylum. There has been an unprecedented amount of new asylum and immigration laws passed in the UK (1993, 1996, 1999, 2002, and impending legislation in 2004) and the three pieces of legislation in the 1990's were the first pieces of asylum legislation in the UK.

**The Asylum and Immigration (Appeals) Act 1993** removed the right of asylum seekers to secure social housing tenancies. It also meant that if asylum seekers had any access to a roof, however temporary, they were not housed. This led to increased mobility amongst asylum-seeking families and in turn continuity of access to education and healthcare services for children in these families became difficult and fragmented (Rutter, 1994; Power et al, 1998). Under this act all asylum seekers including children had to be fingerprinted.

**The Asylum and Immigration Act, 1996** removed the right to cash benefits from 'in-country' asylum applicants and those appealing a negative decision. Following a successful legal challenge it was established that local authorities had a duty to provide care for the destitute under the National Assistance Act, 1948 and to children and families under the Children Act, 1989. Support under the former had to be 'in kind'. Asylum seekers were provided with emergency accommodation, usually of poor quality and often outside of London, making them isolated and often vulnerable to racial abuse and attack. Although families were meant to be given cash assistance by social services, they were often given vouchers for food exchangeable at supermarkets. This again marginalised asylum seeking children, young people and families as they could often not get access to religious or culturally appropriate foods in supermarkets, and were marked out by the vouchers often leading to racism (Sales & Hek, 2004). It was at this time that social services departments set up asylum teams due to the duties placed upon them by the Act. This Act also introduced restrictions on employment which in the main meant that asylum seekers could not work legally and increased poverty for children (Penrose, 2002).

**The Immigration and Asylum Act, 1999** set up the National Asylum Support Service (NASS) and the dispersal of asylum seekers to various parts of the UK. It removed any remaining benefit entitlement from asylum seekers, stopped asylum seekers working and brought in a new voucher system which stopped cash payments other than £10 per week. NASS also became responsible

for the allocation of housing following dispersal. Only one offer of housing would be made and there would be no choice of area. This applied to all new asylum seekers other than unaccompanied children. However many unaccompanied children face dispersal by another name when they are placed out of borough or county due to lack of adequate placements (Hamilton et al, 2003).

The effects of these changes for children were enormous. This Act also removed the obligation under the Children Act 1989 for local authorities to ensure that refugee and asylum seeking children had an adequate standard of living. This was again a move towards refugee children being seen in terms of their immigration status rather than as children with needs. Lynch and Cuninghame (2000) comment;

*This is the first time a specific group of children has had rights under the Children Act removed. This would appear to breach their rights under the UN convention on the Rights of the Child. (ibid, p.385)*

Children and their families are living on lower rates than income support, and are immediately identifiable as refugees due to the voucher scheme, often making them more vulnerable to both exploitation and racism. Dispersal policies caused a number of problems for young refugees and their families. Children experienced disruption to education, due to dispersal and difficulty obtaining school places (Dennis, 2002; Rutter, 2003a). Due to the isolation, lack of contact with friends, family and community and racism that families faced when dispersed many returned to London with no support or accommodation. If they refused dispersal they just received a subsistence package from NASS. This meant multiple moves, poverty, lack of access to services and the effects of these conditions on children are clearly undesirable (Dennis, 2002; Rutter, 2003a).

**The Nationality, Immigration and Asylum Act 2002** introduced further changes again making life more difficult for asylum seekers generally and having specific ramifications for children.

The Act brought in Induction Centres in which newly arrived asylum seekers must lodge their asylum application, and application for support from NASS. Seven days after this, children and their families could be treated in one of three ways:

1. Adults and children could be moved to a detention centre for removal from the UK, often having no idea how long they would be detained. This was despite the fact that the detention of children is clearly not in their 'best interests' and contrary to the Children Act 1989 and the UNCRC 1989. The number of children detained rose in 2004 (Refugee Council, 2003a; Community Care, 2004). In December 2003 official figures (Home Office, 2004a) showed that 10 children were detained, by June 2004 there were 60 children detained. There are many reasons that detention places children at risk (Jones, 1998; Mynott & Humphries, 2003; Refugee Council, 2003a), and these will be discussed in more detail in section 3 (Immigration).
2. Refugee children may be moved to the community to live with family or friends, and families in this position have to attend a reporting centre for checks to be made on them. Then they are dispersed as before, and receive support from NASS, although the length of time for this support is discretionary.
3. They may be moved to an accommodation centre where they have to stay until a decision has been reached on their application. During this time they will have basic needs provided, and receive a tiny amount of 'pocket money'.

A further change was the introduction of Section 55 of the Act. This allowed the Home Office to withdraw support for in-country applicants, who did not apply for asylum 'as soon as is reasonably practicable'. This meant that most in-country applicants were left destitute. Furthermore, although unaccompanied young people would not be affected by this, if they had entered the UK and not claimed asylum within 72 hours then this would apply retrospectively when they became eighteen. This would also mean that unaccompanied refugee young people who had been looked after under Section 20 of the Children Act 1989, or who had been supported as being 'in need' under Section S17 of the Act are treated differently to other Looked After young people, who would be more likely to receive support and services to assist them in the transition to adulthood (Glassman, 2004). The other group of young people that Section 55 particularly affects are those where there is an age dispute and who are already being treated as adults. Many refugee support, children's and homelessness organisations voiced concerns about this section of the Act and the Refugee Council (2004a) published a report detailing the levels of destitution this section had caused. In June 2004 the Home Office made a decision to re-instate basic levels of support even if a claim had not been made at port (Refugee Council, 2004b).

**The Asylum and Immigration (Treatment of Claimants, etc.) Act 2004** is the latest in a wave of legislation. This forthcoming legislation has already given rise to further concerns about the way people, including children are treated in the UK asylum process. The Refugee Council (2004c, 2004d) highlight a number of areas of concern in relation to children. The Asylum and Immigration Act, 2004 proposes the withdrawal of basic support for families. In the case of a family being placed in this position Section 9 of the proposed Act goes on to say;

*In the event of a child's welfare being compromised support under section 20 of the Children Act 1989 may be provided, but only to children under 18. Local authorities will not be able to provide accommodation and subsistence to any other members of the household. If necessary, children will be separated from their families.*

This proposal does not promote the 'best interests' of the child. It is widely accepted in general social work literature that separating children from their parents is not beneficial and should only be done in extreme circumstances (DoH, 2000; Howe et al, 1999; Howe, 1995; Packman 1989). This notion is also the foundation of the Children Act 1989, and the 2004 Asylum and Immigration Act severely undermines the principles of the Children Act marking out refugee children and young people as different and not subject to the same treatment as other children. Further proposals in the 2004 Act affect children and young people. Unaccompanied minors over the age of 10 years (8 years in Scotland) who enter the UK without immigration documentation can be prosecuted. Although guidance suggests that age and maturity should be taken into consideration, there is no guidance on age disputes. Similarly if a child 'fails to cooperate' with removal they can be prosecuted. At the same time the Act removes the right of asylum seekers to challenge unlawful decisions made on their cases, restricts the right to appeal on cases and increases removal powers so that asylum seekers can sent to 'safe third countries'. The Refugee Council feels that this breaches human rights and that the criteria for judging what is a safe third country are flawed, particularly in relation to women and children's rights .

All of this legislation has changed rights and entitlements for children, young people and families, and the changes have marked further steps in the social marginalisation of asylum seekers and refugees. Much of the debate in the media has been of a generally hostile nature towards asylum seekers and has sharply differentiated them from 'genuine refugees', portraying them as predominantly economic migrants and therefore to be treated with suspicion. The situation for refugee children and young people is dominated by immigration legislation. Grady (2004) points out that the general policy position in relation to children in the UK is one of

support and inclusion (DfES, 2004f), however for refugee and asylum seeking children and young people this is not the case. Although these children should be subject to the provisions of the Children Act 1989, and the UN Convention on the Rights of the Child 1989 immigration legislation consistently overrides this and excludes them from access to welfare services.

### 2.3.2 Legislation in relation to Children

**The 1989 UN Convention on the Rights of the Child** (developed out of the 1948 UN Universal Declaration of Human Rights) also specifically refers to children and young people who are seeking asylum or who are refugees. The following articles are of importance;

- Article 2 - The right to be protected from discrimination
- Article 3- The right to judgements by the judiciary, welfare agencies and government that are taken in the best interests of the child
- Article 10 - The right to family unity and reunion
- Article 12 - The right to express an opinion and have this taken into account
- Article 20 - Protection of children without families
- Article 22 - The right of asylum-seeking and refugee children to receive special protection and assistance, and the expectation that the government will cooperate with organisations providing this
- Article 37 - The right to liberty

Many argue that the UK disregards the spirit of the UN Convention on the Rights of the Child as children remain subject to immigration controls (Lynch & Cuninghame, 2000; Mynott & Humphries, 2003; Refugee Council, 2003b; Rutter, 2003a; Stanley, 2001; Stone, 2000). Stanley argues that the government has:

*“Reserved the right to not apply the UNCRC to asylum-seeking and other non-citizen children”.* (ibid, p.10)

**The Human Rights Act 1998** places a duty on public authorities to uphold individuals’ human rights, including those of children and young people who should be treated in the same manner as any other individual. The particular areas that affect young refugees are as follows:

Article 2 – the right to life

Article 3 – freedom from torture, inhumane and degrading treatment

Article 4 – freedom from slavery, servitude, forced or compulsory labour

Article 5 – the right to not be unlawfully detained

Article 6 – the right to a fair hearing

Article 8 - the right to respect for private and family life, for home and correspondence

Article 9, 10 & 11 also cover various freedoms that should open to all: freedom of expression, to receive information, of association, of religion and thought. Finally Protocol 1, Article 2 states that “no person shall be denied the right to education”.

**The Children Act 1989** places a duty on local authorities in England and Wales to provide services for children ‘in need’. Part III, section 17(1) of the Act states that;

*It shall be the general duty of every local authority to safeguard and promote the welfare of children within their area who are in need;*

*and*

*So far as is consistent with that duty, to promote the upbringing of such children with their families ...by providing a range and level of services appropriate to those children’s needs*

The Act defines a child as being in need if:

*“he/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision for him / her of services by a local authority” and “his/her health or development is likely to be significantly impaired, or further impaired without the provision for him/her of such services;*

*Or he/she is disabled.”*  
(Children Act 1989, Pt III, S17 (10))

Unaccompanied children and young people are ‘in need’ by virtue of the fact they have no parent or customary carer, but the Nationality, Immigration and Asylum Act 2002 excludes these children and young people from support via the National Asylum Support Service (NASS). Unaccompanied children and young people should therefore be entitled to full assessment and support of their needs via social services. Unaccompanied children and young people have the same legal entitlements as citizen children under both the Children Act 1989 and the Human Rights Act 1998.

The Children Act 1989 also places a duty on local authorities to provide accommodation to children in need in their area. Section 20 states:

*Every local authority should provide accommodation for any child in need who appears to them to require accommodation as a result of there being no person with parental responsibility for them; his being lost or abandoned; the person who is caring for him being prevented (whether or not permanently, and for whatever reason) from providing him with suitable accommodation or care (Section 20. 1).*

*Every local authority shall provide accommodation for any child within their area who has reached the age of 16 and whose welfare the authority consider to be seriously prejudiced if they do not provide him with accommodation (Section 20.3).*

*A local authority may provide accommodation for any child within their area (even though a person who has parental responsibility for him is able to provide him with accommodation) if they consider that to do so would safeguard or promote the child’s welfare (Section 20.4).*

A further important part of the Children Act 1989 is Section 74 (6) which for the first time in law recognises the importance of a child or young persons’ race and culture. This is clearly an important section in relation to refugee children and young people’s needs. It states that;

*In considering the needs of any child ...a local authority shall, in particular, have regard to the child’s religious persuasion, racial origin and cultural and linguistic background (section 74.6.).*

Every child should be supported and protected under this legislation and their ‘best interests’ should be promoted. However, the Immigration and Asylum Act 1999 removed certain obligations under the Children Act 1989 towards refugee and asylum seeking children. This clearly marks out these children as ‘different’ and sets up a two tier system whereby there is no legal guarantee that they will receive a full assessment of their needs, or that these will be provided for.

**The Children (Leaving Care) Act 2000** amended the Children Act 1989 and placed a duty on local authorities to continue providing support to young people who had been looked after. Although this piece of legislation refers to older children than those who fall within the Children's Fund age range, it is important because younger children often express worry about what will happen to them when they reach sixteen (Marriott, 2001; Stanley, 2001). The Act has a number of categories that young people fall into in terms of the level of service provision they will be entitled to:

1. Eligible children are:

- Aged 16 or 17 years, and have been looked after for at least 13 weeks since age 14, and;
- Continue to be looked after

The local authority must provide support to such children following their 18<sup>th</sup> birthday and up until 24 years of age if in full time education.

2. Relevant children are:

- Aged 16 or 17 years
- Are no longer looked after by the local authority, and;
- Were looked after for at least 13 weeks after the age of 14, and;
- Had continued to be looked after at some time while they were 16 or 17

The local authority must provide accommodation and maintenance to such children.

3. Former relevant children are:

- Aged 18 to 21 and
- Had previously been an 'eligible' or 'relevant' child

The local authority must provide support to such children until full time education or training is finished.

4. Qualifying children are:

- Under the age of 21 and
- After the age of 16 ceased to be looked after, accommodated or fostered

The local authority must 'support' such children – 'if they think it necessary', and provide accommodation if in education or training.

**The Education Act 1996** (section 14) states that all children in England and Wales between the ages of 5 and 16 years are entitled to education. The Education (Scotland) Act, 1980 makes the same provision. This legislation places a duty on local authorities to provide education places. The UN Convention on the Rights of the Child (UNCRC) also states that all children have a right to an education. This legal entitlement is also outlined in the DfES Code of Practice on School Admissions and the Code of Practice (Wales) 1999.

**The Race Relations Act 1976 and the Race Relations (amendment) Act 2000** place a duty on local education authorities and schools to positively promote good race relations in schools and to ensure that they do not discriminate.



## Sections 3 to 7 – Key Issues

This section is divided into areas relating to key issues and needs affecting refugee and asylum seeking children and young people. The literature in relation to this topic is growing quickly, although there are some issues and needs which have been considered in more depth than others up to this point.

In considering the issues faced by and the needs of young refugees it must always be remembered that they are not a homogenous group, and have a range of different needs, experiences and expectations. Loizos (2002) points out that there is a tendency to create “*a simple universal idea*” (p.42) of refugees, and who they are. He warns that creating such an image can lead to stereotyping, and a misconception of the actual needs of individual refugees. Papadopoulos (2000) points out that the “*loss of home is the only condition that all refugees share*” (p.9). Although many refugee children and young people may bear a high level of personal costs and vulnerabilities due to experiences of exile, it must also be recognised that these young people have often experienced a range of protective factors within their families and communities, and consequently have been able to build resilience that has enabled them to cope with their situation (Ahearn, Loughry & Ager, 1999). Bolloten & Spafford (1998) talk of this in terms of stressors and mediating factors. Richman (1998b) points out that there is always a tendency for professionals to concentrate on past experiences, but suggests that circumstances once children and young people arrive in the country of asylum are at least as important. The inter-relationship of the past, present and future is commented on in relation to promoting the psychological well-being of young refugees (Kohli & Mather, 2003). They highlight the importance of practical ‘here and now’ assistance and general emotional support to make the present bearable, and to give a sense of future, before tackling past issues.

The key areas of need identified are as follows;

- Immigration issues
- Health, both physical and emotional needs
- Education
- Family and social relationships
- Provision of social services

Each of these areas will be considered in turn. The views of refugee children and young people are key to each section, as they need to be listened to and given the chance to express their opinions about what is important to them and what they think helps them. This will enable practitioners and policy makers to begin to understand how to ensure that their needs are met in the best possible way. Studies often state that young refugees have been consulted, or that professionals have been consulted about the views of the young people they work with. These studies are important and provide a great deal of important information; however there are fewer studies where the direct words of young refugees are reported. As young refugees are so often silenced, sometimes in their home countries due to oppression, sometimes on their journeys due to the need to hide who they are from officials or others who may be a danger to them, and on arrival in the UK when the threat of removal and racism is present, the studies where young refugees’ own voices are presented seem particularly important.

Some of the studies that do take this approach have been used to provide the comments of young refugees about areas that are important to them (e.g. Candappa & Egharevba, 2000; Candappa, 2003; Chapman, R and Clader, A, 2003; Gosling, 2000; Hamilton, Daly & Fiddy, 2003; Hek & Sales, 2002; Humphries & Mynott, 2001; Kidane, 2001b; Macaskill, 2002; Macaskill & Petrie, 2000; Marriott, 2001; Minority Rights Group, 1998; Stanley, 2001; Wolde-Giyorgis, 1998). These studies are all qualitative studies where young people from a variety of backgrounds directly spoke about their experiences and views. Overall approximately 1500 children and

young people's experiences and views are presented in the studies considered in this literature review. This is not to suggest that this is the total number of children and young people who have contributed to research in this area, nor is it to suggest that these views represent all refugee children and young people. There are many other children and young people who will not have been able to make their views known because of lack of access or their particular situations. For example, children who are disabled, trafficked children and children who currently have no access to services that may put them in touch with the opportunity to express their views.

### 3. Immigration and Arrival in the UK

Immigration status and awaiting the outcome of asylum claims for young refugees is "*an issue that permeates all other aspects of their lives*" (Humphries & Mynott, 2001 p.24). Young people experience a constant underlying sense of anxiety in relation to this issue and their ability to settle is compromised by long waits and lack of information. Studies have found that although children and young people have varying levels of knowledge regarding their immigration status the majority of young people say this is an important area (Kidane, 2001b; Wolde-Giyorgis, 1998). For unaccompanied young people the resolution of immigration status was a major factor in how happy and secure they said they felt (Humphries & Mynott, 2001; Stanley, 2001). Wolde-Giyorgis et al (1998) also found that for those children who knew about their status they were "*troubled and affected by it*" (p.27).

*Yes, we could be sent back any time. My dad might be killed.* (Wolde-Giyorgis, 1998)

Much of the literature in relation to young refugees and asylum seekers criticises current government policy that treats children as asylum seekers first rather than children in need, and immigration legislation that becomes ever harsher (Ayotte, 1998; Grady, 2004; Mynott & Humphries, 2003; Stanley, 2001; Stone, 2000). It is critical for all practitioners to be aware of the importance of this area.

#### 3.1. Arrival

Young people in many of the studies said that arrival in the UK was scary, chaotic and they received little or no support (Marriott, 2001; Stanley, 2001).

*We stayed in immigration for about eight hours without eating or drinking and they gave us an interview, and the officer from Croydon took pictures of us, and because London Social Services didn't accept us, we came here to the Midlands.* (Marriott, 2001)

*The words for applying for asylum in my language are translated as "giving up your hand" (which means surrendering). And that was what I was told to do once I get to London. The picture I had was that I would surrender to someone with guns. So you can imagine the misunderstanding at immigration when I kept saying take me to the police so I can surrender. Now I laugh about it, but then I was so scared.* (Melake 14 year old boy from Ethiopia) (Kidane, 2001b)

*I was crying in the aeroplane because I felt so lonely and afraid and I had forgotten half the things that I had to do when I got here. It would have been better if I wrote it down but I did not.* (Peter 17 year old young man from Rwanda) (Kidane, 2001b)

Some young people also talk of the risks of exploitation they faced on arrival.

*We arrived in London, Victoria. We stayed in bed and breakfast for two days – they charged us £860 for two days stay. Of course they knew we did not know what the currency was in this- we were taken in. (Young woman 18 years old) (Chapman & Clader, 2003)*

Many young people had no knowledge of the UK or what to expect upon arrival, and some expressed disappointment with the reality they had to face.

*I was very surprised that there were hungry homeless people on the streets and also very surprised that I had to live in a dirty hotel before I was moved to the hostel. You do not see that in the pictures of London in magazines and films. (Tunde – 17 year old young man from Sierra Leone) (Kidane, 2001b)*

*Well I knew that England was a democratic country where human rights and equality are respected. Or at least that is what you believe. But the reality is different – democracy and rights are only for those who have papers. (Besnik – 16 year old ethnic Albanian Boy) (Kidane, 2001b)*

### **3.2. Age determination and detention**

Marriott (2001) spoke to a young man of 16 years old, where there was an age dispute. He was said to be 20 years old and was detained for five days with no access to a solicitor, and then for a further eight days before his age was recognised as 16 and he became looked after by social services.

*When they said to me, you must go (into detention), I started to cry. I was really scared.*

Age determination testing has become an issue in relation to young refugees in relation to status, health, and social services provision. When an unaccompanied child or young person arrives in the UK, before they are entitled to support there is an assessment of their age. Age determination is widely considered inexact and unjustified. Health professionals question the use of age determination testing (Levenson and Sharma, 1999; The Royal College of Radiologists, 1996; BMA, 1997) as it is often inexact and the margin of error can be as much as five years either side. Such tests have not only been found to be inconsistent and inaccurate, but are also punitive and discriminatory (Refugee Council, 2003; Save the Children, 2002; Rutter, 2003a; Levenson and Sharma, 1999). Tests include bone age, dental age and puberty and anthropometric measures. In “The Health of Refugee Children – Guidelines for Paediatricians” (1999) Levenson and Sharma advise:

*Caution should be exercised in making an assessment of a child’s age for legal purposes. Anthropometric measurements can be misleading and there is little, if any, justification for the use of radiographs in this context.*

Health personnel and those campaigning for refugee rights have called for them to be outlawed. However one of the impacts of this issue was to affect the way that professionals responded to young refugees. The issue of age may often become the first issue for professionals involved in the delivery of support services instead of the assessment of a young person’s needs. Young refugees themselves highlighted this particularly in relation to Immigration and Nationality Directorate (IND) officials, but also in relation to other professionals. This is referred to as “*the existence ...of a culture of suspicion*” (Humphries & Mynott, 2001 p.26). However despite many commentators and campaigning groups lobbying the government this practice continues. Many

children arrive in the UK and are not sure of their age and have no documentation. If they do have documents these are often dismissed as fakes (GLA, 2004). Children and young people often may appear older than they are for a number of reasons; they may have had to look after themselves or been through difficult experiences; both of these may result in the child or young person assuming an older persona; some young people may appear older due to physical attributes. Kidane (2001a) argues that it is therefore important that any assessment of age is undertaken by a social worker and is holistic, taking into account factors such as experiences the young person has been through, the young person's own story and the views of other professionals. This assessment should be carried out over a period of time so that a relationship can be established with a young person; during this time it is good practice to ensure that the young person receives appropriate services (Kidane, 2001a; SCEP, 2000).

Detention has been used in relation to immigration since 1971 in the UK (Cemlyn and Briskman, 2003). As mentioned in section 2.3 detention of children is an increasing problem, with the numbers of children detained in 'removal centres', young offenders' institutions and adult prisons rising steadily (Refugee Council, 2003a; Community Care, 2004). The Refugee Council estimate that as many as 9000 refugees are detained each year, including children who are detained with their families, as well as unaccompanied children (Save the Children, 2002). The Refugee Council (1998) identified 152 cases of children in one detention centre between 1994 and 1997; children are detained as young as 13 or 14 years old (Lynch & Cuninghame, 2000). It is stated government policy not to detain unaccompanied children and young people, but in reality these children are detained regularly due to age disputes (Dennis, 2002; Jones, 2001; Stanley, 2001). There is little research investigating the impact of detention on young people, however what there is suggests that the dangers to the well-being of children in detention are numerous (Jones, A.1998; Refugee Council, 2003a):

- They are more at risk of sexual and physical abuse (Jones, A.1998)
- They do not have access to mainstream education (Mynott & Humphries, 2003).
- Detention can heighten emotional difficulties (Chapman, 1999; Mynott & Humphries, 2003)

Most of those working with young refugees, whether individuals or organisations (e.g. Refugee Council, Save the Children) have called for the UK government to remove its reservation on applying the UNCRC to asylum seeking and other non-citizen children, and to cease the practice of detention of young refugees. Cemlyn and Briskman (2003) also highlight the lack of research and suggest that this is area that urgently needs more specific UK work.

### **3.3. The immigration and asylum process**

Young people talked about the process and in particular the waiting time for asylum decisions. For many young people, living with a great deal of uncertainty is stressful and anxiety provoking.

*I am shocked that I do not know what decision will be made. I am unable to go on a school trip to France (Wolde-Giyorgis, 1998)*

*I think about it all the time. Before, every time I heard the word Home Office I would jump, but now I realise they do a lot of things other than asylum at the Home Office (Melake 14 year old boy from Ethiopia) (Kidane, 2001b)*

*The process is too long – you can wait for four years while they say nothing. We want to stay in this country. We are young and we cannot go back. It is terrible ...really it is very bad. (Mer, 14 year old ethnic Albanian boy) (Kidane, 2001b)*

*We've been waiting for four years. How long are they going to make us wait? How can we settle? How can we make plans? We can't without knowing our status. Our lives are always in the air ...It is like they are killing us slowly. (Stanley, 2001)*

This young woman's story also gives a sense of the length of time that the immigration process takes and the constant anxiety and emotional energy it takes up.

*When I first came here, I wanted to go home to Turkey. But after I understood what was going on at home and why we came, I was really pleased we came. When we came here, we were allowed to stay for six months and then a year and then another six months after that as well. Then my dad was going to be deported – I was really sad about that. We had to go to court about this last month. Just before we went to court, we were sent a letter to say that my dad had to go back to Turkey. My dad was really shocked. He said "This can't be, we've got to go to court in a few days time". It was me that sorted things out. I phoned up the Home Office, I argued with them, "How could you do this". My teacher was helping us quite a lot. We are still waiting to hear from the court. They might let us stay for four years, and then after that they might give us proper forms. That is what I am hoping we will get. I am use to this country by now. If we went back to Turkey, we wouldn't be able to live. The Turkish police are searching for my dad. If they find him I am 99 per cent sure they will kill him and take my mum and sister away. (Fatma)(Candappa & Egharevba, 2000)*

Many young people have to wait considerable lengths of time for their claims to be processed, on average around 11 months (Ayotte, 1998; Humphries & Mynott, 2001; Stanley, 2001). Stanley points out that the Home Office say that they deal with unaccompanied young people's claims as a priority. As well as experiencing anxiety and distress, young people are also badly treated during the process. The screening interview at the Home Office is described by an adult who accompanies young people:

*The whole thing is designed to make you feel like scum, no concessions, from the minute you walk in the door it's what are you here for? – that's how it starts and it gets no better. (Stanley, 2001)*

Research with young people also suggests that the process is intimidating and unpleasant for young people, and that there is little sense of general good practice in relation to working with children being adhered to in this area (Humphries & Mynott, 2001; Mynott & Humphries, 2003).

### **3.4. Experience of legal representatives**

Again a mixed picture was given by young people who spoke about this area. Most of the young people felt that their solicitors were reasonably competent, but some felt that there was little communication and support available, that solicitors changed without them being told, and that interpreters were often not good enough.

*My sister's friend tried at one point to explain to me how it works. Yes, went to our solicitors trying to get evidence for bullet wounds I had but the doctor's conclusion was inconclusive so they didn't believe me. (Wolde-Giyorgis, 1998)*

*Our solicitor changed and the solicitor we have now we don't know who he is. (Marriott, 2001)*

*My solicitor doesn't care about me; nobody cares about us. (Stanley, 2001)*

Ayotte (1998) found that the quality of legal representatives dealing with young people's asylum claims was generally not good. Young people were apprehensive about first meetings and often solicitors were experienced as unfriendly, and showed a lack of awareness about how to relate to children. Children often did not have access to appropriate interpreters during legal interviews and felt that some legal advisers did not understand their situations. Some of the young people interviewed felt that some solicitors did not have full knowledge of all the legal areas affecting them, and were not informed about the situation in the young person's home country. Often no thought had been given to gender or cultural issue by the legal representative. Stanley (2001) found that outside of London there was a shortage of good quality immigration specialists and that this often meant young people were making long and expensive journeys to visit solicitors in the capital. She also found that there was a lack of suitable interpreters, which clearly affected the ability to communicate effectively, and could badly affect the asylum claim.

#### 4. Health Issues

Young refugees and asylum seekers have widely differing experiences and expectations of health care. Some asylum seekers and refugees are entitled to free NHS treatment from GP's, opticians and dentists. Recent changes have meant that unsuccessful asylum seekers no longer have access to secondary health care services, and there is a further proposal that they should not have access to primary services (DoH, 2004). The Refugee Council (2004g) has responded to this raising many issues of concern. They cited the example of a pregnant 16 year old asylum seeker who was denied ante-natal care. They feel the removal of access to primary health care services will contravene human rights and promote the further social exclusion of refugee children and young people. This move seems to be completely at odds with the stated intentions of the National Service Framework for Children, Young People and Maternity Services (DfES & DoH, 2004). This aims for the promotion of health and well-being through early identification of need, coupled with supporting parents and providing child-centred and age appropriate services. In the introduction to this document the Secretary of State for Health says:

*At the heart of this National Service Framework is a fundamental change in our way of thinking about children's health. It advocates a shift with services being designed and delivered around the needs of the child. Services are child centred and look at the whole child – not just the illness or the problem, but rather the best way to pick up any problems early, take preventative action and ensure children have the best possible chance to realise their full potential. (DfES & DoH, 2004)*

However at present most refugee children are entitled to routine health surveillance and health promotion. This is outlined in Statutory Instrument no. 306: The National Health Service (charges to overseas visitors) Regulations 1989 (Department of Health, 1989) and in 'Health for all Children; Report of the 3<sup>rd</sup> joint working party on child health surveillance' (Hall, 1996). However many young refugees, whether they are accompanied or unaccompanied, find health services very difficult to access.

The literature in relation to the health of refugee children and young people suggests that health needs are complex (Coker, 2001; Gosling, 2001), and that generally their needs will be similar to adult refugees. There are a number of factors which affect the health of refugee children and young people; poverty (including poor housing), lack of access to health care pre-exile, difficulty in accessing health services in the UK, lack of interpreters, lack of understanding or recognition of the needs of refugees with disabilities, bullying and racism. There is also a strong link made between the areas of physical and emotional health (Burnett and Peel, 2000 & 2001; Gosling, 2000). There is a considerable amount of literature in relation to the mental health needs of refugee children and young people, how they cope with trauma and upheaval and uses of various therapeutic interventions (Hodes, 2000 & 2004; Melzac, 1999, Montgomery, 1998; Papadopoulos, 2002; Richman, 1998b; Summerfield, 2000; Woodcock, 1994, 2000). Studies of all refugees have found that one in six refugees has significant physical health problems and over two thirds have suffered from anxiety or depression (Carey-Wood et al, 1995). This figure is likely to include some children and young people. Health is culture dependent (Burnett & Peel, 2000 & 2001; Lynch & Cuninghame, 2000), and both what a young person is able to talk about in relation to their health, and the symptoms they present with may be influenced by their cultural background and current circumstances.

*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 in which emotional distress is presented. (Burnett, 2002)*

Many health trusts now have their own local guidelines and procedures about the health needs of young refugees (Camden Education & Camden & Islington Health Authority, 1999). These are particularly useful as they address the issues particularly relevant to communities in the area.

#### **4.1. Difficulty in accessing primary health care**

For young refugees accessing primary health care can be difficult. When young unaccompanied refugees have been interviewed many say that they are in good physical health on arrival (Marriott, 2001; Stanley, 2001), although some young refugees need prompting to talk about health issues at all (Humphries & Mynott, 2001). However when young people who are accompanied are interviewed many refer to ill- health in their families (Wolde-Giyorgis et al, 1998). Although many young people say they are healthy, there is evidence to suggest that they do experience health problems. Some of the young people Marriott (2001) spoke to talked of experiencing skin conditions, hair loss, heart conditions and epilepsy. It may be that young refugees feel under pressure to say that they are healthy, because many say that they care how they are perceived by the public, and feel the negative effects of the media in terms of issues such as their use of services (Chapman & Clader, 2004). In one study around half the young people felt that their health had deteriorated since arriving in the UK (Gosling, 2000).

Many young refugees talk of their problems in accessing primary health care on arrival in the UK, and many have found it extremely difficult to register with a GP (Kidane, 2001b; Humphries & Mynott, 2001).

*What is a GP? (14 year old boy, who had been in UK for 6 months. (Kidane, 2001b)*

In one study relating to unaccompanied young people Marriott (2001) found that although around 81% of the young people she interviewed had registered with a GP, a third of these young people then said that they had problems actually getting to see a GP. This was particularly the case when young people had no adult to help them through the process.

Communication is a barrier to access. Many young people talk of not being able to understand how to access services, or what health professionals are saying to them, and not having access to a proper interpreter. Many GP's surgeries do not make appropriate interpreters available. This can mean that complex health problems are not discovered early. (Marriott, 2001; Wolde-Giyorgis, 1998)

*I haven't seen a doctor yet... I have a problem in communication regarding a doctor. (Marriott, 2001)*

*The doctor never arranges for interpreters. There is never anyone there. (Gosling, 2000)*

Much of the health literature and guidance supports what young people have said regarding the lack of interpreters and the importance of this service being made available in order to access routine health care and prevent the risk of serious conditions being undetected (Burnett, 2002; Burnett & Peel, 2001; Gosling, 2000; Jones & Gill, 1998).

Young people also find having to see different doctors difficult, as this means they have to tell their stories on a number of occasions.

*You get used to one doctor and the next time you go there is another one and you start from the beginning. That is difficult. (Melitta, 16 year old girl from Mozambique) (Kidane, 2001b)*

Many young people said that health professionals had treated them well; however this was not the experience for all. Some young people said that neither they nor their family members and they were treated well, particularly by doctors.

*No, the doctors did not understand my mother and were not very polite to her. They did not explain what the matter was. (Wolde-Giyorgis, 1998)*

Young people also talk of often being put in the position of having to translate between health care professionals and their families due to the lack of provision of interpreters, and finding this difficult as they may have to hear material that they would not otherwise discuss with their parents (Candappa, 2003; Chapman and Clader, 2003; Gosling, 2000; Macaskill, 2002).

*Sometimes it can be very embarrassing because parents ask questions about personal problems. Oh God! It's terrible. (Gosling, 2000)*

It is important to note that literature in relation to education confirms the use of children and young people as interpreters for their families, resulting in them missing time from school (Lodge, 1998).

There is also evidence to suggest that interpreters should be recruited from a wide range of backgrounds and communities, as it is important that they are from the same cultural, religious and political background as those they are interpreting for, and that they are able to act as advocates for them (Lynch & Cuninghame, 2000).

#### **4.2. Lack of support for emotional and mental health needs**

Refugee children and young people's perception of health is related both to emotional and physical health (Gosling, 2000). Few of the young people spoken to in various studies said they were receiving any emotional support. This seemed to be due to lack of accessible and suitable services and facilities for emotional and mental health needs of young refugees (Stanley, 2001; Marriott, 2001). Many young people talked about support coming from family or friends, but few young people were able to identify anyone to talk to about their emotional needs (Stanley, 2001; Wolde- Giyorgis, 1998). Some young people also identified that others they lived with had their own emotional difficulties which then affected them (Stanley, 2001).

*Sometimes I have bad dreams ....If I have any problems I just talk with myself. (Stanley, 2001)*

One young man of 16 years described many aspects of his situation that all added to his mental health difficulties. Although he is older than children within the Children's Fund age range his comments are relevant as he is talking about a build up of difficulties over time, and his experience is likely to have similarities to the situations of other children and young people including younger children.

*I am very depressed because I miss my own country, I miss my family. I have lost contact with all of them. There are problems in the house: it's too cold and dirty and the landlord doesn't care about us, there is also the problem of not knowing how long I am going to be living here, I can't put down roots, I can't try and make a future when I don't know how long I'm going to be here and I do want to go back eventually, although I know that my own country is in a state of turmoil. I grew up with the war around me and I have never really known normality; in fact this is quite strange coming here and not having to deal with some of the issues that I was dealing with in my own country. I have witnessed war since I was a child. I learned to play with pistols and guns. I have seen people dead*

*on the side of the road and now I am reliving it. This makes it really difficult for me to concentrate on learning English. I need to be in a good mood to learn. I need to have a steady life. (Marriott, 2001)*

The literature regarding mental health and emotional distress in relation to refugees suggests that there is a higher rate of mental health difficulties, and that these are likely to be related to experiences (Cary Wood et al, 1995; Brent and Harrow Health Authority, 1995; Mental Health Foundation, 1996). Both pre and post exile experiences may have an effect on mental health (Coker, 2001). The impact of war, torture and loss all impact on emotional and mental health, but so do social exclusion, isolation and racism on arrival in the UK (Levenson & Sharma, 1999). Woodcock (1994) uses clinical work at the Medical Foundation for the Victims of Torture to highlight this point:

*Experience with survivors shows that the effects of exile is at least as devastating as organised violence (pg.5)*

Many young people talk of suddenly facing and having to negotiate a system that they know nothing about. Not being able to understand or speak to those around you and not knowing what is going to happen next all compound potential difficulties. Many young people also receive no emotional support or input, and find services very difficult to access (Gosling, 2000; Marriott, 2001; Stanley, 2001).

Many children and young people show symptoms of psychological distress. However this does not necessarily signify mental illness. Fazel and Stein (2003) studied a group of 115 refugee children against comparative groups of black and minority ethnic children and white children. They found that over a quarter of the refugee children had “*significant psychological disturbance – greater than in both control groups*” (327:p134). In a further study Hodes (1998) states that up to 40% of asylum seeking children and young people may have psychiatric disorders such as depression, post traumatic stress disorder (PTSD) and other anxiety related difficulties. Montgomery (1989) also points to the effects of torture on parenting, and suggests that parents suffering from PTSD are less able to respond to their children, which may place children at risk. However there is a growing body of thought within the mental health professions that sees psychological disturbance as a justifiable and rational response to the experience of loss, war and violence which many refugee children will have experienced (Bracken, 1998; Summerfield, 1998). Many therefore warn against the pathologising of young refugees:

*It is often assumed that all refugee children are ‘traumatised’ by their experiences, and need specialist treatment, but in practice few refugee children require specialist treatment, and distress can often be relieved without recourse to specialists. (Richman, 1998b)*

This also highlights the debate in the literature about the cultural appropriateness of western therapeutic interventions with children and young people from other cultural backgrounds. Counselling and therapy may not be something refugee children have any experience or knowledge of, and it may not be usual to discuss personal feelings with people outside of the family (Summerfield, 1998). Summerfield (2000 p.422) contrasts the following with the view that in non-western cultures distress is often seen in terms of external factors and social experience rather than internal emotional processes.

*Western cultural trends – accelerating in the twentieth century - towards the medicalization of distress, and the rise of talk therapies, providing 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.*

For refugee children this means that rather than their distress being seen in western terms as PTSD, it is important that their distress is recognised as being “*a normative and adaptive communication*” (ibid, p.424). However Summerfield and others who question the medicalization of young refugees’ responses, recognise that each child has a number of factors around them that may contribute to serious or ongoing difficulties and that all refugee children are entitled to support. It may be that this support needs to be practical, educational and social, bolstering their resilience rather than playing on vulnerabilities (Bolloten & Spafford, 1998; Richmond, 1998b). It is also important to value the skills of some members of refugee communities in providing culturally appropriate counselling type interventions (Burnett, 2002).

In the context of the debate around young refugees and mental health it should be recognised that not all children see themselves as victims of conflict. For example, whilst many children and young people may be coerced or forced into acting as child soldiers (Goodwin-Gill & Cohn, 1994) there are also children who are actively involved in situations of conflict, and identify with political causes, for example in South Africa, Palestine, and Sierra Leone (Peters and Richards, 1998). The important issue here seems to be that when both these groups of children and young people are no longer involved in conflict the assistance they are given is holistic, taking account of practical, social and educational needs and building relationships of trust. In this situation it is this process in itself that for most children and young people attends to their psychological needs, rather than necessarily discussing painful experiences directly (McCallin and Jareg, 1996). By allowing children and young people to find both more culturally acceptable and safe ways to process feelings, and to recognise that experiences and circumstances are very different for each young person Kohli and Mather (2003 p.207) suggest “*feelings of disconnection between past, present and future*” will be lessened and sometimes this will actually assist young people in asking for help in relation to distress.

Nevertheless there is recognition that young refugees will have certain emotional needs due to their particular circumstances. There are a range of difficulties that can occur. Many children will have experienced disrupted attachments if separated from parents and family. The loss of primary attachments, i.e. parental separation and exposure to intra and extra familial violence, can be associated with conduct difficulties in children (Hodes, 2000). The children of torture victims can have high levels of emotional difficulties and sometimes somatizing symptoms even if they have not been exposed to torture (Lukman & Back-Mortensen, 1995). A further difficulty for children is dealing with parental ill- health, particularly if this is mental ill-health. Research studies and literature have also identified the stress of intergenerational conflict. This can be caused between children and parents or older carers when children assimilate and adapt more quickly to the new society (Kirby, 1999; Papadopoulos and Hildebrand, 1997). Clinical work with young refugees has also identified a range of emotional support needs, and psychotherapeutic models have been found to be useful in addressing these (Melzac, 1995, 1999).

What is significant is striking an appropriate balance between ensuring that young refugees have access to emotional and psychological support that makes sense to them, does not make them feel stigmatised and takes into account cultural issues, whilst not immediately assuming that all young refugees will need such input (McCallin, 1996; Richman, 1998a). The key, as with all service provision, is to see each young person as an individual who is likely to have some similar experiences to others in similar circumstances, and some different experiences; to build on their

strengths; promote positive factors in their lives and engage them in the discussion of what they think they need.

### **4.3. Poverty**

The effect of poverty on the health needs of refugee children and young people cannot be underestimated. The effects of poverty and malnutrition have a negative effect on health (Gosling, 2001; Burnett and Peel, 2001). Poverty may have been experienced prior to exile, during the journey or on arrival in the UK. Most young refugees are living in conditions of poverty, whether they are accompanied or unaccompanied.

This lack of money may lead to health problems for young refugees as a result of poor nutrition. This can be particularly acute amongst unaccompanied 16 and 17 year olds living alone. Many young people talk about not having enough money for food and basic living items.

*Sometimes when I am short of money, I just eat mayonnaise. (Boy aged 17) (Stanley, 2001)*

*I don't eat at college, I just have a cup of tea. (Marriott, 2001)*

Families also face poor nutrition due to lack of money, and because of vouchers and dispersal policies appropriate foodstuffs may not be easily available. Many children and young people also say that the poor housing conditions they live in contribute to illness, and unsuitable accommodation leads to emotional difficulties such as having to cope with parents feelings of isolation and depression, which in turn affects them (Gosling, 2000; Humphries & Mynott, 2001). Older young people may be placed alone in poor accommodation, such as bed and breakfast. This accommodation is often cramped and damp, in itself contributing to health difficulties:

*I know someone who when they arrived, they had no place to live - it was terrible. They got a room to stay in, but it was cold, no hygiene. He fell ill because he did not have much food and became very weak. His younger brother developed a hearing problem because of an infection. They came here in winter and they did not have any heating. It was very, very cold. (Gosling, 2000)*

### **4.4. Other health issues arising in literature**

#### **4.4.1. Lack of primary health care prior to exile**

Some refugee children will not have had access to immunisation programmes, dentistry and optical checks prior to exile. This means that on arrival in the UK they will be in need of a full health check and access to the above mentioned services.

HIV rates in children have been found to be high in some groups of refugee children, particularly those from sub-Saharan Africa (Levenson & Sharma, 1999). Therefore children, young people and their families need to be able to access health services easily and quickly on arrival, and professionals need to be alert to the living conditions and nutritional needs of these children. Other communicable diseases affecting young refugees often depend on where the child or young person has come from. Levenson and Sharma (1999) also refer to medical studies that highlight tuberculosis, malaria, gastroenteritis and hepatitis B & C as being of particular concern for both young refugees and their families.

As HIV and Hepatitis C are prevalent in certain groups the issue of sexual health is particularly important. However this is a sensitive area; young refugees may come from an area where rape

and sexual assault have been used as ‘weapons of war’. It will often be very difficult for such issues to be spoken about. Many professionals have expressed concern that information and general health promotion around sexual health is lacking for young refugees.

*These young people require access to information and education on HIV/AIDS awareness and general sexual health; they are not plugged into youth provision and are therefore not making informed choices. (Marriott, 2001)*

#### **4.4.2. Lack of social and community support**

A major factor affecting health, in particular emotional health, seems to be access to social and community support. Studies carried out with adult refugees suggested that refugee community organisations reduce isolation, and that depression amongst asylum seekers is often linked with current social isolation rather than past or pre-exile experiences (Burnett, 2002; Burnett & Peel, 2001). Social support has been found to be important in helping young refugees develop a sense of belonging and security, and so settle. This support can be through befriending or mentoring schemes, or through the promotion of social and cultural activities (Save the Children, 2004).

#### **4.4.3. Disability**

There is very little data available regarding the needs of disabled refugees and asylum seekers; this applies to adults, children and young people, and the data there is can be problematic as it is often not accurate (Roberts & Harris, 2002a & b). However in their research Harris and Roberts (2004) talked to refugee community groups and service providers to gain some picture of the scale of need. They found that there was a lack of inter-agency communication, confusion about the legal obligations regarding service provision to disabled refugee and asylum seekers, and in particular a lack of willingness in social services departments to provide assessments and care packages for this group. In relation to the particular needs of refugee children with disabilities there is no specific data or literature. There is also a lack of financial support for children with disabilities if they are asylum seekers they are not entitled to disability living allowance or other benefits.

#### **4.4.4. Female Genital Mutilation (FGM)**

FGM is illegal in most countries in the world, including the UK under the Prohibition of Female Circumcision Act 1985, which makes it an offence to perform, assist or procure the procedure. FGM involves the cutting away of parts of the female genitals, to varying degrees. FGM is now included in child protection procedures. Rutter (2003a) points out that FGM is practiced in many countries and by those from various religious backgrounds. What is clear about the practice is that it is dangerous to girls and women and can cause immediate and long term health risks (Levenson & Sharma, 1999).

For young refugee women who have undergone this procedure taking part in activities such as PE, and being in school during menstruation can be painful and difficult (Rutter, 2003a).

Teachers and other professionals need to be aware of the practice and deal with young women sensitively. FGM also presents dilemma for social work and medical professionals; intervention can cause difficulties, such as whether intervention will isolate the young women from her family and community, and how families who have allowed their daughters to undergo the procedure should be viewed and subsequently treated (Levenson & Sharma, 1999). This is an area that receives little funding or attention, and there are difficulties in reaching members of affected communities. However those involved in campaigning against FGM (e.g. groups such as FORWARD led by women from affected communities) are clear that community education and health promotion in this area are the most useful ways of combating the practice (Rutter, 2003a).

#### **4.4.5. Drug and alcohol use**

The use of drugs and alcohol can affect the five to thirteen year old age range in two ways. Firstly, if they have parents, other relatives or carers that use drugs or alcohol this can affect the care they receive; secondly, some children in this age group may use drugs and alcohol themselves. There is a limited amount of information available in relation to the area of drug and alcohol use amongst young refugees, and this is clearly an area that is under researched. Gosling (2000) spoke to both young people and professionals about drug and alcohol use. Young people in the study felt that both these things were unhealthy, but no one said that they used drugs or alcohol. However when she spoke to professionals they highlighted 'Khat' use (leaves that are chewed with similar effects to amphetamines) as an issue for the Somali population. She refers to a study where this was highlighted as an issue by a refugee community leader (Ahmed, 1998) A further study highlights levels of problem alcohol and drug use in the Vietnamese community (Kirby, 1999).

## 5. Education

*It is no exaggeration to say that refugee children's well-being depends to a major degree on their school experiences, successes and failures. Because they are unfamiliar with the education system and particularly when they do not speak English, parents cannot help their children as they would wish to, and children may be left to deal with difficulties alone. School policies are a powerful tool for helping a refugee child feel safe and normal again, and begin to learn. They can promote the child's confidence and integration, and prevent isolation and frustration. Failure in school can have a disastrous impact on children who are trying to reconstruct their lives and their self esteem, and develop hope for the future. Educational progress and emotional well-being are mutually dependent. (Richman, 1998a)*

Education is seen as extremely important by all the young people interviewed in various studies (Hek & Sales, 2002; John et al, 2002; Kidane, 2001b; Marriott, 2001; Stanley, 2001). School is important to children in promoting social and emotional development needs, structure and routine, and can help refugee children and their families to start settling into a new life and become included in the local community (Macaskill, 2002). The quality of the early experiences in school is an important factor in how well and quickly children and young people do settle (Candappa & Egharevba, 2000; Dennis, 2002; Rutter, 2003).

Many young people see education as the most important thing in their life as it gives them hope for the future (John et al, 2002). The notion of future can be very important in the lives of young refugees as the concept of the future may be difficult, or even "frozen" due to their experiences of exile and sense of not knowing what will happen (Rahimi, 2001). To be able to focus on aspirations can therefore provide young refugees with a strategy for dealing with day-to-day difficulties that they face. In particular many young refugees express a strong desire to enter jobs that they see as helping others (Hek & Sales, 2002; John et al, 2002; Melzac, 1995). Kidane (2001a) points out that the educational needs of refugee children depend on many things, such as the access they had to education pre- exile and their age.

Candappa & Egharevba (2000) found that the education system was often the only statutory agency involved with and offering formal support to refugee children, so for those children it was a serious problem if this support was not made available. All children, whether they are asylum-seekers or have full refugee status, are entitled to education in the UK. Refugee and asylum seeking children are also entitled to free school meals under education legislation if the family is in receipt of means tested benefits, or via immigration legislation if they are being supported via NASS. Difficulties can arise if LEAs do not provide meals that are culturally and religiously appropriate (Rutter, 2003a).

There are three initiatives currently supporting refugee children in education, the Ethnic Minority Achievement Grant (EMAG), the Vulnerable Children Fund and the Children's Fund. EMAG is partly funded by DFES and partly by local authorities, and is mainly used to fund English as an additional language teaching, but sometimes to fund refugee support teachers. However EMAG has been criticised as it does not meet the needs of refugee children. Rutter (2003a) has identified a number of difficulties;

- Funding levels are insufficient for meeting the range of needs.
- EMAG can only be claimed at the beginning of the financial year, and as many refugee children arrive mid-year schools often miss out.
- EMAG does not fund home language teaching despite evidence to show the benefits of this for refugee children.

- EMAG does not often fund psychosocial support in schools, again despite evidence to suggest that this is not only necessary for some children, but that this is best delivered in the school setting as it is less intrusive.

The Vulnerable Children Fund and the Children's Fund came into existence in 2002, and are both DfES initiatives. Rutter (2003a) suggests that these are more flexible than EMAG and therefore have the potential to fill gaps that are left.

Other support exists in terms of good practice and support for refugee children in schools:

- OFSTED has a function in inspecting schools for social inclusion, and this includes support for refugee children, whilst the DfES includes a team with a brief for intercultural education, again this covers refugee children.
- Many individual schools and local authorities have also produced good practice guidelines in relation to refugee children in schools (Camden Education & Camden & Islington Health Authority, 1999).
- The DfEE and the DoH (2000) produced guidelines relating to children who are looked after by local authority social services departments, placing duties on local authorities to ensure that children in public care (including refugee and asylum-seeking children) received a school place (and were not out of school for more than 20 days) and an individual education plan (IEP) outlining their education needs and targets.

It is clear that in order to do well in UK schools the support that refugee children need goes beyond the curriculum. There is a great deal of writing around the cultural bias of education and how this disadvantages students from black and minority ethnic backgrounds (Ahmed, 2004). The focus on exam and achievement led schooling does not serve refugee children well (Gillborn & Gipps, 1996). Refugee children benefit from schools that promote good home – school links, higher levels of pastoral support, offer parents the chance to access support as well as their children, and that promote and recognise the importance of home language and cultural traditions (Blackwell & Melzac, 2000; Hek & Sales, 2002; Warren & Dechasa, 2001). These can all lead to a sense for refugee children and young people that they are valued in school.

### **5.1. Access to education**

Young refugees say that they often have to wait a long time to get a school place, with nothing to do (Kidane, 2001b), despite legislation entitling all children between 5 and 16 years to education. However during the year schools which are over-subscribed can legally refuse places (Education Act 1996). There were thought to be at least 2100 asylum seeking and refugee children out of school in London in July 2001 (Dennis, 2002; Rutter, 2001), and it is highly likely that this figure has now increased (Rutter, 2003a). Marriott (2001) found that in the West Midlands area access to education was variable and many young refugees only received part time educational provision. She found that this was more an issue for accompanied children as those looked after by social services were more likely to be in full time education.

*I have been in England for seven weeks. I want to go to a proper, good school to be with English people. (Marriott, 2001)*

*We are losing a year or two because of no school places. We can't go to school until we are 16 and can go to college. I mean we are clever but unless we go to school, how can we learn English. (Besnik, 16 yr old ethnic Albanian boy) (Kidane, 2001b)*

Some young people also talked about being put into inappropriate situations, such as in a class with younger children. Young people also talk about needing support to negotiate access.

*They put me with smaller (children), younger than me and I couldn't handle that... I couldn't stay there, it's like I was the oldest of all, but it wasn't nice. I had some arguments with some pupils ...most of the time I stood by myself. (Stanley, 2001)*

*I tried myself at first, but they told me there was a long waiting list and I would have to wait. When I went in, they said, "you have to fill in that form", and then they said she was only allowed in the mornings. I didn't know what the problem was. It's really difficult to get through by yourself – you have to get someone to get you in. (Hamilton, Daly & Fiddy, 2003)*

Dennis' study (2002) also found that many children were waiting between a month and six months for a school place. She gives the following example of a child called Peter.

*Peter was 14 when he arrived as an unaccompanied child from Sierra Leone. He was already fluent in English. After waiting seven months for a place in school, Peter had to take the only place he was offered, which was in a project for children whose behaviour had led to them being educated outside of the usual classroom setting. Peter receives one and a half days' education in key skills and has no prospect of getting qualifications. (Dennis, 2002 p.7)*

The Audit Commission (2000b) also found that schools were refusing places to refugee and asylum seeking children for two reasons. Firstly, because they were not able to offer appropriate support, either with language or other matters that may affect refugee children. Secondly, there seemed to be a fear in some schools that refugee pupils would affect test results unfavourably. Hamilton, Daly and Fiddy (2003) highlight this in their study and go on to point out that this was despite the fact that the government had announced that refugee and asylum seeking children could specifically be discounted in relation to performance tables. Other studies across the UK (GLA, 2004; John et al, 2002; Marriott, 2001; Stanley, 2001) concur with these findings.

High mobility levels, homelessness, and being housed in temporary accommodation also impact on access to education (Power, Whitey & Youdell, 1998). Power et al suggest that when the home base is insecure or is small and of poor quality this can affect educational chances thereafter. The effects of dispersal policies on young refugee children's ability to get into schools can be also be serious; information gained from teachers at both primary and secondary level supports this.

*This disruption to the continuity of their education, leaves gaps in their learning and, no matter how intelligent, it is difficult for them to catch up. ...Frequent moves also hinder homeless pupils' ability to build social relationships within school (Power, Whitty & Youdell, 1998)*

Refugee children will have experienced disrupted education due to their exile; (if they were attending school in their home country) dispersal then repeats this experience in the UK. The more moves there are the more difficult it becomes for children to settle.

The issue of access to further and higher education is often of concern to young people. Stanley (2001) found that many 16 & 17 year olds, particularly if they were not looked after and lived outside of London found it very difficult to get college places, despite the fact that this age group are entitled to an educational place. Although she found that young people who were looked

after tended to have better access to further and higher education, if they were placed outside of the area that their social worker was employed then this also became problematic.

## **5.2. Differences in the education system between home country and UK**

Many young people talk about the differences between school in the UK and their home country. Some felt that the education they received in their home country was better than the education here. Many of them put this down to the fact that other students were badly behaved in class and prevented teaching and learning from taking place.

*The education in my country is much better than the education here because the students don't mess about like they do here. (Paul, 19 year old young man from Zaire) (Kidane, 2001b)*

*When I came to England I was really amazed by the way the students behaved because in my school back home the students were really well behaved. Once we got to our class, we didn't talk unless we had to ask the teacher a question. (Selam from Eritrea) (Minority Rights Group, 1998)*

*When some teachers spend half the lesson trying to keep everyone quiet so that they can teach, it makes you think about all the children who cannot learn because of the war in their country. But children are so spoiled here they don't think like that. (Saadia – girl from Somalia) (Kidane, 2001b)*

Some of the students found their experience of teachers in UK schools very positive.

*..It surprised me a lot because it was very different to my school in Turkey. The teachers and students are very close to each other, like friends. The teachers never hit students. (Neslic from Turkey) (Minority rights Group, 1998)*

*Actually I don't live with my dad, my dad's not here, my mum's not here but actually I think Mr D (support teacher) is like, my dad here in this country. (Humphries & Mynott, 2001)*

## **5.3. Importance of welcome and the school ethos**

The whole school ethos is important to young refugees; they say that they want to know that the school is welcoming to refugees and will help them if they need it (Candappa, 2003; Wolde-Giyorgis, 1998)

*I would choose the best school in Camden. I would also look for friendly students and a school where there is no bullying (Wolde-Giyorgis, 1998)*

Young refugees also feel that it is important for their teachers to have some understanding of issues facing refugees, and for support to be forthcoming from teachers about what to do in school at the beginning. Young refugees often say that starting at school in the UK was a difficult experience (Candappa, 2003) and said that at first they felt isolated and scared. Candappa (2003) reports children of up to 12 years old telling her that they cried at the end of the first day.

*I sometime sad in class, thinking my family, but he (the teacher) not understand my life, I do my work (Marriott, 2001)*

*The most helpful thing in school for refugee children especially is the teachers, and what the teachers show you and how they explain to children, and the way they behave towards them and so on. When you first come to England and you don't speak English you don't have anyone to talk to, no friends or anything and you're like really, really lonely and by yourself. So, I don't know this is just a personal thing. It's like, I didn't have any friends for two years, you know, and it was, my life wasn't good. You know, you come to school everyday, and you don't look forward to going to school, but you have to come to school, you have to learn English, and learning English is not fun because you don't have any friends. And I think refugee children who have no friends, you know, because they can't speak English, it's not easy for them, being by yourself. That's it.* (Hek & Sales, 2002)

If refugee students are viewed positively and their contribution to school life is integrated fully into the school curriculum, this not only assists the integration and settlement of refugee pupils in school, but enriches the life of the school in general (Bolloten & Spafford, 1998; Lodge, 1998). Where schools have taken this attitude bullying and racial tension is lessened (Lodge, 1998). Jones, C. (1998) found that although issues of racism amongst school students are complex, when schools had adopted a “pro-refugee stance”, for example where refugee issues were discussed in a positive way during Personal and Social Education the majority of students generally accepted this (p.178). Lodge (1998) points out that there are a wide variety of materials available to schools and teachers to assist in including refugee issues into the curriculum (p.136-137).

Much of the literature regarding the education of refugee children highlights the importance of good welcome and induction procedures within schools (Ofsted, 2003; Richman, 1998; Rutter, 2001; Spafford & Bolloten, 1995). This is particularly important if refugee children are joining schools midway through the year. Some of the important aspects of good induction procedures, as highlighted in much of the research based literature about refugee education are as follows:

- Information in relevant languages that can be given to both students and parents/ carers
- Sensitively conducted first interviews with trained high quality interpreters present
- Gathering of full information about the child's educational, pastoral and practical needs
- Students and parents/carers should be shown around the school, and introduced to relevant people, and given information about what their child will be doing in school and what the expectations are
- Parents/ carers should be informed of all the relevant entitlements ( free school, meals, uniform allowances etc)
- The new student should be introduced to their tutor group and have a particular ‘buddy’ to help them settle in
- Ensure that progress is reviewed after a month – six weeks
- Ensure that interpreters are available on an on-going basis for meetings and progress checks etc.

(Lodge, 1998; Ofsted, 2003; Rutter, 2001; Williamson, 1998)

Pastoral support in schools is of the utmost importance for refugee children and young people to feel settled and do well. Jones, C (1998) found that unaccompanied children often needed and benefited from high levels of support as they were coping with a number of difficult situations outside of school. Such support is often of an emotional nature (Jones, C 1998; Richman, 1998a; Williamson, 1998). Sheriff (1995) found that teachers may feel ill-equipped to deal with the issues they are presented with and that this can lead to extra pressure, which in turn can lead to teachers withdrawing and not engaging with requests for emotional support. Much of the

literature points to on-going training for teachers as being crucial in this area of work (Blackwell and Melzac, 2000; Jones & Rutter, 1998; Lodge, 1998; Melzac, 1995). There are resources that can assist teachers in this area. In *Safe Hands* (2001) is a video training pack aimed at primary school teachers and early years staff working with young refugees, and includes information and guidance on how to support young people with emotional difficulties, language, and raising confidence and self esteem, although one review (Myers, 2002) felt that not enough information was provided about child protection issues.

#### **5.4. Importance of refugee support teachers**

Young people interviewed in various studies mentioned that teachers had helped them settle, in particular the refugee and language support teachers. Many students also specifically talk about how important having a teacher who speaks their first language was to the settlement process and without this the risk is that they would not be able to read or write in English well, and that would affect their on-going prospects.

*There 's English support room where they're really helping you. It's really useful because whenever you feel sorry or sad that you can't speak English ... I would just go straight over... and (the teacher) was there hugging you and holding you to give you the feeling – to make you feel good. (Stanley, 2001)*

*The teachers are very good and helpful. They helped me a lot to settle... well if you tell them you can't understand something they will come and sit next to you and explain it properly ...there was a teacher from Somalia who translates the lesson which does help a lot. (Hek & Sales, 2002)*

*Well. There should be more like, (specific language) teachers. Because most of the time you can't understand anything that is going on in school, you have no friends and you're left out. You find yourself surviving, but it's hard if you can't get a grounding. It's like now I can't read or write well. It's like we get left. (Hek & Sales, 2002)*

Research studies suggest that the importance of teachers from the same linguistic and cultural backgrounds as new refugee students coming into school is enormous. Children and young people say that they feel safer and more welcomed by the presence of such teachers and that this allows them to settle into school (Fox, 1995; Hek, 2002; Rutter, 2003a). In the early days when a child or young person may not be able to speak English and may not have friends, a teacher who speaks the same language can help the child integrate, introduce them to other children, involve them in school life and assist other teachers in dealing with the child's needs. Refugee support teachers also help home school links as they are able to access refugee families more easily than teachers from a non- refugee background (Rutter, 2001, 2003a; Vincent & Warren, 1998).

#### **5.5. The importance of learning English**

Many young refugees talk about the importance of learning English and how this is a crucial factor in helping them to settle in school, in terms of education and social relationships (Candappa, 2000). Other studies (Marriott, 2001; Stanley, 2001) confirm this with as many as 82% of young people saying that learning English was the most important thing for them on arrival. The importance of both refugee support and language support teachers has been consistently highlighted as being crucial to this (Rutter & Jones, 1998; Rutter, 2003a).

*I want to speak fluently, I want to get a good job and a good job needs English (Marriott, 2001)*

*I want to have more lessons; English is the most important thing to get right (Stanley, 2001)*

*At the beginning when I was in class, the teacher was talking about something I didn't know. I was just laughing, you know, telling myself I wish I (was) understanding. But then I tried hard and hard and work and used to watch TV and get to know things like that. (Stanley, 2001)*

Often young people talk about how different subjects are easier and more difficult. This seems to be linked to acquisition of English language skills.

*The lessons in Maths are really easy. English and History are difficult and some of the homework in other subjects is difficult because I don't have the right books. (Filmon, 12 yr old Eritrean boy) (Kidane, 2001b)*

*It's like descriptive words and things like that, I can't you know express properly, you know, write down what you feel. (Hek & Sales, 2002)*

## **5.6. Impact of racism and bullying in school**

Many children and young people talk about racist bullying in schools (Gosling, 2000; Macaskill, 2002; Marriott, 2001; Stanley, 2001).

Young people talk about racism and bullying at school and college from both pupils and teachers, and how this affects them. Many young people have experienced or know someone else who has experienced some level of bullying, often in connection with the fact that they were a refugee.

*Some kids keep cussing you because you are a refugee and I really hate it, although it never happened to me – it happened to my best friend. (Abdoul 15 yr old boy from Somalia) (Kidane, 2001b)*

*I had two Turkish friends at school, but not that close. Sometimes they helped me, but most of the time they didn't. When they translated anything they were embarrassed. They were embarrassed that the other kids would say "don't talk to that girl, she doesn't speak English" (Candappa & Egharevba, 2000)*

*Even when you register at college, some people do not treat us fairly, not directly but indirectly. Some people hate you because you are an asylum seeker or maybe it is because you have a different accent. (Ayoub 17 yr old young man from Ethiopia) (Kidane, 2001b)*

Many of the young people are really worried not just because the experience is so undermining and threatening, but because they fear that their educational chances will be damaged by the bullying. This is particularly when young people identify racism and lack of protection from teachers.

*My mum phoned the headmaster. The school said they talked to the parents of the boys who were bullying me but they don't stop. (Wolde-Giyorgis, 1998)*

*Sometimes I do push past those teachers but I can't take it. They make me small but I can't see what they're going on about, yeah. I don't know English enough and they don't*

*take no time. Then they're racist and they lied saying I'd done things that I didn't do. Then they exclude me three times. I don't see other people getting that, it's because I'm Somali.* (Hek & Sales, 2002)

*If you tell the teacher you've been bullied at school, they should do something.* (Gosling, 2000)

The extent of this problem varies. Stanley (2001) found that around a third of the young people said they experienced racist bullying. This study brought together the findings of a number of smaller studies in different parts of the U.K. One of the local studies was carried out by Marriott (2001). She found that fewer students (just under a quarter) said that they had experienced bullying. However Richman (1998a) undertook a study in a similar area and found that over half the children she spoke to had experienced bullying and that many of them were changing or planning to change schools as a result. The variation in reporting of racist bullying is likely to be a combination of young people feeling more able to discuss the subject when they were directly asked about the subject, and the effect of geographical differences. Literature in relation to this area points to the importance of school policies to stop bullying (Richman, 1998a; Rutter, 2001 & 2003a). Rutter (2001) suggest that for policies to be effective they need to promote effective monitoring and sanctions against racism and bullying, a school ethos of inclusion and respect, an inclusive and diverse curriculum and work with other agencies in the community to challenge racism outside of school.

### **5.7. Importance of links between school and home**

Many young people talk about the importance of their parents or carers feeling welcome at their school. Young people talk about parents and carers being keen for them to do well in education, and the main reasons that help them feel welcome and understand the school set up is helpful teachers and provision of interpreters.

*The teachers are nice and friendly to my mum and every term at parents evening they provide an interpreter. Usually everyone has parents evening with their own teacher, but because our parents don't speak English we have our parents evening with Ms D (specialist teacher), because she can tell us simple things. Maybe she can tell us what comments our teacher has said about us, so that she can help us and our parents understand what they expect us to do at the school. So I think our parents feel really welcome.* (Hek & Sales, 2002)

The links between home and school are very important in helping refugee children settle and do well in school (Vincent & Warren, 1998; Warren & Dechasa, 2001). Parents or other carers need to be encouraged to come into the school. The way this is most likely to happen is if the school makes efforts to provide interpreters for parents' evenings and school events (Hek & Sales, 2002), and if refugee issues are integrated across the school curriculum, including into school events such as shows, so that these reflect refugee pupils backgrounds as well. Home school liaison as outlined above is often considerably helped by having refugee support teachers in school. Such liaison is also likely to identify difficulties at home that may impact on a child's education, as trust can be built more easily and families can then be put in touch with appropriate services (Rutter, 2001, 2003a; Vincent & Warren, 1998).

### **5.8. Importance of friends**

Many young people talk about the importance of friends at school. This meant that activities and discussions could be pursued and lunch breaks were better. While for many, friendships with

people from their own background were vital in helping them settle, the benefit of mixing with students from a variety of backgrounds was also mentioned.

*Friends are really important. If you want to feel settled in school and get through, particularly the first days. (Hek and Sales, 2002)*

*I think what made it easier for us in this school, rather than any other, is there were many foreign students in this school and they would, like, empathise with your situation. Like when you couldn't speak English or couldn't pull the words out of your mouth, they ...wouldn't get tired and just turn their back on you... because its not only English students or mostly English students, its just mixed ... I think it was much easier for us. (Stanley, 2001)*

*If you want to talk about how you settle in school, well if you've got friends from your own culture then it's hard for you to settle down and understand English stuff because it's different. With people from different cultures you learn more things and you settle down. (Hek & Sales, 2002)*

## **5.9. Other education issues arising in literature**

### **5.9.1. Maintenance and promotion of first language**

Research based and other literature about what helps young refugees do well in school, also points to the promotion of first languages as being important (DoH, 1995b; Jones & Rutter, 1998; Richman, 1998a). This helps children feel more confident and allows them to immediately do well in a subject. Hek & Sales (2002) carried out research in a school whose policy was to take pupils to a particular exam centre to ensure that they were able to take a GCSE in their first language, even if this meant taking just one pupil. This was to ensure that no matter how new the pupil was to the UK and the education system they were at least able to gain a qualification. Refugee support teachers and young refugees felt that this had encouraged them generally in the school and made them feel that they could do well in other subjects. It is also important that schools ensure that they give pupils access to books in both first language and dual language (Jones, C 1998; Refugee Council, 2000).

### **5.9.2. Underachievement of some refugee children**

Some groups of refugee children seem to be overrepresented in terms of special needs statements and underachievement in school tests and GCSE's (Rutter, 2003b). Rutter points out that the research in this area is limited as is LEA data. However studies have found that particular groups underachieving are Somali and Congolese boys and Roma children (Ali & Jones, 2000; Rutter, 2004; Save the Children, 2000). These studies all point to various reasons this is likely to be, for example, experience of racism in school, the relevance and structure of the education system in the UK, and access to education pre-exile.

### **5.9.3. Out of school provision**

Rutter (2003a) highlights this area as an under researched and unfunded area. She says that there is little holiday or after school provision that includes English language support, or other support to meet the needs of refugee children and young people. She also points to large gaps in youth work provision. Macaskill (2002) found that most of the young people she spoke to spent their free time shopping or in the house. She found that just over a third attended formal out of school activities. She also found that a major reason for young people not going out was the racial harassment and abuse they faced in their local area.

A limited amount of research has been undertaken in relation to youth work provision for young refugees (Norton & Cohen, 2000). This looked at what youth work provision was most relevant

for refugee young people, so this could inform on-going service provision. Young refugees expressed needs and interests similar to any other young people. They said that they wanted somewhere to go that they could relax and have fun, and where they could meet others from similar backgrounds. They also expressed a wish to pursue specific interests, such as learning English, cultural activities, and expanding knowledge of UK society.

#### **5.9.4. Special needs provision**

Special needs can make educational progress difficult for children. Emotional and behavioural difficulties are considered to be special needs, and this is an issue for some refugee children (Blackwell & Melzac, 2000; Richman, 1998a). However there is very little specific information about the extent of such difficulties amongst refugee children. Macaskill (2002) found increasing numbers of young refugees arriving in Glasgow schools with special educational needs, although NASS was not informing the education department of this. The children's needs ranged across the spectrum, with complex learning difficulties and physical impairments being the most commonly identified difficulties. Rutter (2003a) points to gaps in understanding refugee children's experience of special needs provision, and (after conducting a study in one area) the discrepancies between high numbers of children who have special educational needs, and the under representation of refugee children on the SEN register (Rutter, 2003b).

## 6. Family and Social Relationships

Children and young people come to the UK with parents, other family members, strangers or alone, and whatever their situation these links are obviously of huge importance. There is not a great deal of information in this area, but it is included in this literature review, as the importance of both family and social relationships is implied in relation to other issues discussed.

Williamson (1998) points out that an “*underlying principal (of the Children Act 1989) is that of parental responsibility and that children are usually best cared for by their own families*” (p.61), and that local authorities have a duty not only to work with families but communities as well to ensure the best interests of children. This applies to all children including refugee children. The maintenance of links with parents, families and communities for refugee children is important for reasons such as the promotion of identity, providing something known to hold onto at a time of change. It is unclear how many children and young people are living with either one or both parents, with relatives, with other adults or on their own. However the majority of children live with both parents. One study of a group of young refugees found that 67% were living with both parents, 30% were with one parent and that 3% were not living with either parent (Macaskill, 2002). Other studies and statistics indicate a broadly similar pattern (Home Office, 2004a).

There are a number of issues arising for refugee children in relation to family and social relationships, and these are often different for accompanied and unaccompanied children and young people.

### 6.1. Family

Many children do not talk openly to professionals about parents at first. It often takes time and the build up of a trusting relationship before issues of separation and loss can be spoken about. Many children and young people in this group have experienced long separation or the death of parents, which is why they are a refugee in the UK. Many children and young people do not know what has happened to their parents or family members, and do not even know whether they are alive or dead. In a research study undertaken with primary school children they were encouraged to write messages about their families on postcards. One girl writes about how much she misses her mother:

*Dear Mum*

*Now I'm feeling I can speak more English and I feel I'm growing up. It has been two years that I haven't seen you. I'm missing you too much don't think I'll always stay without your love. I love you, I hope I'll come closer to you very quickly.* (Macaskill, 2002)

The difficulty for children and young people of being separated from their families is confirmed in other research studies:

*The war happened and I got lost from my family. I don't know where they are. Some people found me on my own and they just brought me here, they left me and then I went in a children's home.* (Hek & Sales, 2002)

*The main thing is that you are away from your parents ...I do feel sad that they're not with me – but it's like- you can't live in the situation- I mean in one case I'm (happy) that I've escaped from war, and in one situation I'm not happy that my family's not with me.* (Humphries & Mynott, 2001)

Some young people are separated from their parents during the journey from their country. The following young man (16 years old) had been parted from his mother at eight and they had not been re-united until he was thirteen.

*I was with my mum but then I got lost, and I lost my family. Then I got to Kenya and then I was in Holland and I was there with my auntie. Then there was like some people that we saw in Holland, who were in our family. And I don't really know how, or what happened but they talked to each other and that's how I got back to my mum. Some people find each other, and then I found my mum was in England and came here to her. (Hek & Sales, 2002)*

Young people also refer to the importance of other relatives and how much they miss and worry about their well-being and safety.

*I miss my grandparents and cousins, sometimes I am afraid the Mafia will hurt them and they will be on their own, no-one will help them as people are too scared to get involved (Wolde-Giyorgis et al, 1998)*

*Yes, my sister is still there and sometimes she phones us to tell us how difficult it is and that she doesn't have anything to eat (Wolde-Giyorgis et al, 1998)*

Accompanied refugee children may experience their parents or carers as quite different on arrival in the UK and adjusting to new roles can affect relationships. Parents/ carers may be depressed or frustrated for a number of reasons; because of pre-exile experiences, lack of work, diminished status or lost social links (Richman, 1998). Parents / carers may also be worrying about setting up life in a new country and all the pressures that this places on them. They have to cope with all the practical aspects of this as well as possibly worrying about other family members left behind. For children and young people this can be quite bewildering, and their parents/ carers response to them may become different. Some studies have pointed to a greater risk of domestic violence in refugee families due to stress and as various members adapt or not to these new roles (Richman, 1998a).

Children often worry about their parents or families well-being, and want to help sort out what is going on. There are often worries about asylum claims, lack of money and poor housing. Children and young people may find themselves in the position of looking after parents, helping parents negotiate services and sometimes this may lead to tension between children and their parents (Richmond, 1998a; Wolde- Giyorgis et al, 1998).

Some young people are either looked after by or look after siblings or relatives. Their experiences can be both positive and negative. In families where an older sibling is looking after younger ones, tensions may arise about who is in charge and what rules need to be followed (Richman, 1998a).

*I found family members I thought were dead, they help me, they buy me clothes and helped me make my home nice. (Stanley, 2001)*

*It is a great pressure on me having to care for my brothers. I am having to give up my college course so I can support them. We don't have enough money to survive. Since moving to (this area), I have been put on this stupid voucher system. I hate it. It is so humiliating. I see it as a form of racism. (Stanley, 2001)*

Stanley (2001) found that many professionals expressed concern about young refugees in the care of siblings or other relatives, mainly due to the stress this places upon these relationships, but in some cases due to the fact that young refugees (particularly girls) may be exploited by older relatives.

## **6.2. Friends**

Children and young people talk about the importance of their friends in many contexts, such as at school, outside of school, in their own communities and so on (see also education section of this review). The views of young people have been explored in the section on education, but studies have revealed the general importance of friends and the difficulties experienced by children and young people if they do not have friends. Stanley (2001) spoke to young refugees about support networks. She found that many young refugees, even if they were with their families said that they found enormous benefits from spending time with refugee peers, and indicated the importance of informal friendship networks. Children and young people say the following:

*...if I have good friends it is good for me...for my mind. (Gosling, 2000)*

*Not being able to make friends, this is because we are new to the country and don't know language. (Gosling, 2000)*

*When there is more than one of us, it is good because we can play and study together and also be friends. And that way when one feels lonely, the other one is there like family. At the home, I live with other boys from my country and sometimes they get people especially for us and that is good. (Mer, 14 year old ethnic Albanian boy) (Kidane, 2001b)*

Candappa & Egharevba (2000) looked at the social lives of refugee children and young people in London. They found that the refugee children they spoke to did not have as many friends or pursue as many leisure activities as non-refugee children. When they asked what children and young people did outside of school in their spare time they found that refugee children had significantly more caring and household responsibilities and that they tended to watch TV rather than go out of the house to pursue activities, or see friends.

## **6.3. Community links and social activities**

Some children and young people also refer to the importance of maintaining links with refugee communities and taking part in social activities outside of their living situation (whether accompanied or unaccompanied).

*We meet at the community centre at least once a month to have a social gathering and we can talk about some of our problems. All of us are missing our culture and our country. (Stanley, 2001)*

*I would be lost without the help of people from my country. Not only do they have interpreters in a lot of places, but you do not know what you need if people do not tell you. Like the fact that when you are 16 you could go to college and you do not to pass exams to register there. (Aslem- 17 year old young men from Afghanistan) (Kidane, 2001b)*

Much of the literature about young refugees suggests that there are benefits to young refugees maintaining links with their own communities in terms of maintaining a sense of identity, building self esteem and confidence and combating feelings of isolation (Kidane, 2001a;

Richman, 1998a; Stanley, 2001). Kidane, (2001a) stresses the importance of this particularly for unaccompanied children.

*Awareness and promotion of their distinctive culture should be encouraged, with opportunities to celebrate special rituals. Members of the refugee child's own community have the potential of becoming part of an extended family, with positive outcomes for a lone child. (p.9)*

An interesting issue raised by one study is that of young refugees' "*bid to recreate a sense of family*" (Clader & Chapman, 2003 p.14). This found a number of young refugees finding partners and starting families early. This is an issue that needs to be considered in relation to children of Children's Fund age range, as young mothers suggest that this is when they first started having sex and thinking about having babies (Hek & Hoggart, 2004). This is an area that warrants further research.

#### **6.4. Other issues around family and social relationships**

##### **6.4.1. Family tracing and contact**

Implementing the Children Act 1989 duty to promote contact between children and their parents can be a difficult, yet important task for those working with unaccompanied children and young people. As unaccompanied young people may have little or no contact with parents and other family members it becomes very important that any contact is strengthened and supported (Kidane, 2001a; Richmond, 1998a). In such cases providing opportunities for young people to meet with their own communities and take part in cultural activities can help them. Kidane (2001a) also points out the importance of placing refugee siblings together, both for immediate benefits and for the maintenance of long term relationships.

The issue of family tracing is complex; opportunities should be made available to the child for this to happen, but the difficulties also need to be recognised (Bonnerjea, 1994). Sometimes tracing may be dangerous, for the parents/ family members or the child. The Red Cross and International Social Services can assist in this, and can check whether safety will be compromised (DoH, 1995b; Kidane, 2001a).

Kidane (2001a) also points out that care must be taken not to raise hopes and that on-going support must be provided throughout the process. It may be that the issue of contact raises the issue of loss, and that as a result young people begin to talk about the loss of home and family. Blackwell (1997) argues that the job of the workers at such a time is not to act, but listen to the young person's story or "*to bear witness*" (p. 81) as he puts it. Blackwell & Melzac (2000) also talk about the importance of workers providing an environment where children and young people feel 'held' (looked after and cared about) and 'contained' (have a feeling that their behaviour will be managed) when they are dealing with particularly painful issues.

##### **6.4.2. Reunion**

Reunion can be helped if during the course of work with a child there has been an effort made to collect as much information as possible about their family history and background and pre-exile experiences (Bonnerjea, 1994; Richmond, 1998a). Compiling a 'life-story' book can help preserve information, and keep a sense of connection for the child, although any such information must be gathered sensitively and at the child's pace (Kidane, 2001a). In gathering information a further issue for workers to keep in mind is that children and young people from repressive regimes may have been told by their parents not to give out any information (Melzac, 1995).

Although reunion of children and young people with their families is clearly the most desirable, there are difficulties (DoH, 1995, Kidane, 2001a). Department of Health practice guidance (1995b) highlights the following issues;

- The situation in the home country and the child's legal status may be complicated, and reunion may not be easy.
- Immigration legislation does not allow for parents to come to the UK to reunite with their children automatically.
- Reunion after separation (particularly if lengthy) can be difficult, as both children and parents may have changed. A range of emotions such as guilt and anger may also need to be taken account of. A longed for reunion can give rise to feelings of intense disappointment.
- When reunion takes place in the UK there is a danger that the child may become relied upon by the rest of the family to help them negotiate the system and so become their representative.

#### **6.4.3. The ability to seek advice and support**

A research study found that young refugees who lived with their families would seek parental advice if they felt lonely or had problems, whereas unaccompanied young people were much less likely to seek help and support, and particularly in if they felt lonely and isolated (Chapman and Clader, 2003). They also found that unaccompanied young people were far less likely to talk to anyone about experiences of racism. It is therefore very important that unaccompanied young people are provided with emotional support and care, as this also enables them to seek practical advice and support.



## 7. Social Services Provision

Children and young people who come into contact with social services experience varying levels of support, and feel that although there is some assistance it does not fully meet their needs (Humphries & Mynott, 2001, Marriott, 2001; Russell, 2000; Stanley, 2001; Wolde- Giyorgis et al, 1998).

*What you get depends on what social services department you are with; things are definitely getting more difficult as I get older. (Boy aged 18) (Stanley, 2001)*

*Social services did help, but they could do more. (Marriott, 2001)*

Much of the literature regarding young refugees and the provision of social services is in relation to young unaccompanied refugees (Kohli, 2000 & 2001; Mitchell, 2003; Mynott & Humphries, 2003). There is less social services specific literature in relation to accompanied children.

Developments in social work practice have led to an approach of welfare-based services for all children, which are holistic and inclusive (Grady, 2004). The Framework for the Assessment of Children in Need and their Families (DoH, 2000) and Quality Protects (DoH, 1998) both use this approach, and both initiatives specifically refer to the needs of refugee children and young people. However there remains a lack of formal policy and practice guidance in social services departments, and a localised response can lead to inconsistent service provision. There needs to be flexibility to allow for local conditions, but there should be an overall multi-agency approach so that young people can expect services to be provided (Kidane, 2001a). Social work as a profession is now regulated and guided by the General Social Care Council, and the Code of Conduct (2002), and this provides an ethical and value based framework in which social workers are bound to work. However some argue that the Code of Conduct is limited in its views of service users rights (Cemlyn & Briskman, 2003), and is not particularly helpful in promoting the rights of refugee young people.

### 7.1. Relationships with social workers

The accounts that young people give of their experiences are varying. However it is clear that young people want to be treated with respect, and this includes being told honestly what is happening and being included in planning what will happen to them. Many young people who have a social worker say that they need a committed social worker who will visit them regularly, be honest about what they can and can't do and include them in any plans (N.S.P.C.C. et al, 1997). These requirements are no different for young refugees.

*Social services lied to me. They said they would find a family for me and I would be moved from the home the day after, but they left me there and when they come to visit they still lie. I know now I will not go to a family. (Ibrahim 14 year old ethnic Albanian boy) (Kidane, 2001b)*

Young people also made it clear that they needed their social worker to help them access services and to provide both practical and emotional support (Humphries & Mynott, 2001; Kidane, 2001b; Marriott, 2001; Stanley, 2001).

*Every Monday I saw my social worker – really good support. (Stanley, 2001)*

One young man talked about the reason he thought one social worker passed him to another; and how misunderstood and hurt he felt about this:

*My social worker doesn't like me and so she gave me a different one just because of that!! Because I asked about money – something that I did not understand. (Hass, 15 year old ethnic Albanian boy) (Kidane, 2001b)*

Young refugees in Stanley's study (2001) said that they needed regular contact with their social workers, and that this often kept them feeling in touch and reduced their isolation. The study concluded that in local authorities where young refugees' issues were included in planning at a strategic level across agencies then their needs were more likely to be met. Stanley also suggested that this is more likely to happen where specialist young refugee workers are placed in mainstream child care teams, as the needs of young refugees are then kept firmly in the arena of children's services rather than asylum services.

## **7.2. Placements and care arrangements**

Unaccompanied young people are particularly vulnerable on arrival in the UK, as they often have no friends or relatives that they can go to, either because there is no-one here or because they do not know where they live. This means these young people will need somewhere to live. Social Services have a duty to provide accommodation. Young people are placed in a variety of living arrangements. Younger children up to the age of 16 years are usually placed with foster carers or in residential children's homes (often within the private sector), whereas older young people (16 – 18 years) are usually placed in bed and breakfast accommodation. Some children and young people are placed by social service departments with relatives or friends. Research reported in 'A Case for Change' (2002) found that of 90 unaccompanied young refugees, 21 were looked after under section 20 of the Children Act 1989 and 31 under section 17 and were living in unsupported housing. Stone (2000) also found that local authorities were mainly providing services to unaccompanied young people under section 17, often not providing an allocated social worker, and often placing the young people 'out of borough'.

As each young person is an individual it is hard to generalise about one type of placement being 'better'. However, in studies where young refugees have been asked for their views and experiences of placement on arrival in the UK they have highlighted a number of issues in relation to placements with relatives, foster care, bed and breakfast accommodation, residential children's homes and designated homes for young refugees. The following have been found to help young people settle and minimise emotional difficulties:

- Somewhere to live that provides safety and support
- Somewhere to live where their experiences will be recognised, but they will not be pressurised to verbalise these
- Somewhere to live that is appropriate in terms of language, culture and religion

(DoH, 2000; Kidane, 2001a; Prevatt Goldstein & Spencer, 2000).

The experience of young people in foster care is mixed; however young people experiencing such placements indicated that the most helpful thing about foster care is feeling liked, valued and cared for. The experience is negative when they feel isolated, uncared for and when they are treated differently.

*Foster care has been very important; it has helped me a lot. (Stanley, 2001)*

*I live with a foster family and am not allowed to mix with their children or talk to them. Their mom says that her children and the children she looks after are not allowed to mix. (16 year old Rwandan girl) (Kidane, 2001b)*

*I live with an Eritrean family. It is ok – I mean it is not home exactly but you have most things you need. I have good relationships with the family and with my social worker – he is kind. (Filmon, 12 year old Eritrean boy) (Kidane, 2001b)*

*There is another girl who lives with me – also a refugee from Eritrea. We used to get on really well but my foster carer like her much more than me. She says she is genuine and I'm not. She prefers her and is kind to her and because I do not like the food and do not speak much English she is sometimes angry with me. I don't like where I am. They are looking for an Eritrean home for me but I also want to stay here because of the other girl. (Rahwa – 8 year old Eritrean – Ethiopian girl) (Kidane, 2001b)*

Some young people go to live with distant relatives or friends on arrival. This is a private fostering arrangement, and as such should be monitored by social services if known about. In practice this monitoring rarely happens; Stanley (2001) found that when accompanied young refugees were interviewed there was not one case where an adult carer or relative was assessed for their suitability to look after them. A senior manager of social services is quoted in the study:

*The management of risk in relation to those young people who are placed with 'family' members, often with quite tenuous links, is ...of major concern*

This leaves relatives without support to care for the children and if the placement goes wrong children are left at best with little support, or at worst in danger. Some younger children also live with older siblings. These older siblings often have no support from social services, and can themselves become stressed trying to deal with bureaucracy around education as well as the day to day needs of their younger siblings.

Stanley (2001) found that there was a high level of satisfaction with designated residential homes for young refugees. The study comments that one borough that has a great deal of experience in working with young refugees set up specialist homes as there was a feeling that such accommodation could offer a 'safe haven'. It was also thought that because of the specialist nature of the home this could attend to cultural and identity needs well.

*It was a very good place, it was the best ... they treat us like family. (Stanley, 2001)*

However some young people in the same study talked about workers not liking them and not doing the job well.

Some young people were placed in completely inappropriate accommodation. Stanley (2001) found that 15 out of the 125 young people they interviewed had lived in hostels and other unsupervised accommodation when they were under 16 years old. Findings in other studies confirm this (Dennis, 2002; Refugee Council, 2000b). The two young people quoted below are talking about placements they experienced at 14 years old:

*It wasn't a suitable place for a child because most of them were old people with mental health problems and it was hard to communicate. We were strangers there and very frightened. (Marriott, 2001)*

*Hostel not too good really, no good at all. Food Crap. English people there taking drugs ...I was the youngest there; I had some friends my age. Four months at hostel, two in a bedroom, shared bathroom ...I didn't like it. (Stanley, 2001)*

Other studies confirm that young people are often placed in unsuitable accommodation with little appropriate support.

*..I was sent to a hostel. It was ok, but it was full of drinkers and drug takers. I complained and was sent to another hostel for younger girls only. (Chapman and Clader, 2003)*

*Its easy (to get on with your life) if they don't put you in; If they put you in a hostel or something like that, you can't get on with it, because there's lots of bad people in hostel, if you're young boy, child, it's very difficult. I don't think that's a good idea for the young children to take them there. (Humphries & Mynott, 2001).*

Stone (2000) found that:

*The most significant problem experienced by local authorities in delivering services (to young refugees and asylum seekers) is the lack of appropriate accommodation and placements.*

This is particularly difficult in terms of placing a child with someone from the same linguistic, cultural and ethnic background. Young people may be placed in families who do not share the same cultural or religious background and who do not even speak the same language as them. They may not be given access to food they feel able to eat, or be asked about how they are feeling both physically or emotionally. These experiences can affect both physical and mental health, leading to feelings of isolation, and an inability to talk to anyone about their needs. Some young people said that being with a family or other children from their own cultural background was helpful (Kidane, 2001b); although some young people say that they prefer to be with English carers as they feel that this helps to speed up familiarisation the language and system ( Humphries and Mynott, 2001).

Yaya (1998) warns against adopting western values and assumptions when dealing with the area of placements and young refugees, and suggests a number of factors that make it difficult to identify foster carers from some countries. The notion of looking after an unknown child is unusual in certain communities as this would be within the remit of extended families. Two further reasons put forward; firstly that potential applicants from minority ethnic communities may find the fostering assessment intrusive, and secondly, the expectations of particular types of child care practice required by social services departments may seem unsettling and baffling. Yaya (1998) also points out that some young refugees have views about where they feel they would be best placed, and that their social background and individual circumstances pre-exile will play a part in this. Dutt (2000) also makes the point that professionals may make assumptions, which may be based on prejudices and stereotypes of refugees and that often young people are not consulted about issues that are important to them. The key issues emerging from the literature is the importance of assessing each child or young persons needs as an individual. This will promote their well-being and increase their confidence and enhance their sense of who they are.

### **7.3 Transition and leaving care**

This area is highlighted by both young people and professionals as a particular area of concern, and even for those young people within the age range of the Children's Fund and who are looked after by social services the area of moving on and leaving care is very worrying. This is because at 18 young people can be seen as adults and transferred to NASS for ongoing services. They may then be dispersed; receive no on-going support, experience loss of friends and established links, and possibly homelessness (Stanley, 2001).

Young people express anxiety about this transition, and say that they have little information, and what information they do receive is unclear and confusing.

*I have heard I will have problems at 18. (Girl aged 16) (Stanley, 2001)*

*I am worried about what happens to me when I am 18, more vouchers – do I get moved to London? (Marriott, 2001)*

*I will have a hard time in the future, I am worried... You are not a normal person, you are not settled down. You have to be ready to do that. My mum wouldn't do that. (Girl aged 16) (Stanley, 2001)*

The majority of unaccompanied asylum-seeking young people are between 16 & 17 years of age (Stone, 2000). Unaccompanied young people are covered by the Children Act 1989, and the Children (Leaving Care) Act 2000, in the same way as all other children and young people. However many studies point out that 16 and 17 year olds are very vulnerable for a number of reasons, and are often not treated in the same way as citizen children or as children 'in need'. The interpretation of 'in need' and the services unaccompanied children can expect appear to be interpreted very differently by local authorities (Community Care, 2003a; Dennis, 2002). As pointed out in the section on placements, this age group are often placed in bed and breakfast accommodation provided for under S17 of the Children Act 1989 and receive no ongoing help from social services (Audit Commission, 2000b; Community Care, 2001; Dennis, 2002; Ritchie, 2003; Stanley 2001; Stone, 2000).

The lack of on-going support for 16 and 17 year olds was challenged by 4 young unaccompanied people in the London Borough of Hillingdon. The Children's Legal Centre (2003) outline issues raised by the 'Hillingdon Judgement'. The young people had been provided with support under section 17 of the Children Act 1989, but had not been looked after under section 20. They wanted to receive on-going support and services under the Children Leaving Care Act 2000 after they were 18 years old as children who had been looked after. This judgement outlined some areas that local authorities would now need to take into consideration when providing services to unaccompanied young people. Most significantly it found that section 17 of the Children Act 1989 *should not be routinely used to provide accommodation* and support to unaccompanied asylum seeking children aged 16 plus, and pointed to the fact that LAC guidance (Department of Health, 2003) had already indicated to local authorities that Section 20 was the most appropriate way to provide support to unaccompanied young people. In this case the local authority felt that they had no ongoing duty to these young people as they had only 'assisted' them under section 17. However the court found that the young people had been provided with a range of services and as such could be seen as being looked after, therefore the local authority had an ongoing duty to them.

A further area that provokes anxiety and difficulty for young people in transition is that of immigration status. It is particularly important that issues around immigration status are clarified while the young person is still under 18 and they remain the continuing responsibility of the local authority. If this is not clarified by the time they become 18 years old, then the young person will be transferred to NASS for support (Stanley, 2001) and may face dispersal with all the problems this brings. However the Hillingdon Judgement (Children's Legal Centre, 2003) suggested that in cases where the young person's asylum claim has not been decided by their 18<sup>th</sup> birthday then NASS should provide accommodation while the local authority continues to provide support.

## 7.4. Other issues in relation to the provision of social services

### 7.4.1. Assessment of need

Local Authority Social Services Departments have a duty to provide services to children in need under section 17 (1) and accommodation for all children including those over the age of 16 under sections 20(1) and 20(3) of the Children Act 1989 as outlined in section 2.3 of this review. Young refugees and asylum seekers are therefore entitled to this support. However despite this right to services many refugee children and young people have not been receiving the same standard of care given to home country children, and are often not assessed under the same criteria (DoH, 1998; Humphries & Mynott, 2001; Kidane, 2001a). This is particularly the case for unaccompanied young people of over 16 years of age who may not be offered a full assessment of their needs (Audit Commission, 2000b; Munoz, 1999; Refugee Council, 2000b), but are provided with accommodation under section 17 of the Children Act 1989 and are often not offered any other services or on-going support from social services (Stone, 2000).

Each child that comes into contact with Social Services has the right to a full assessment of their needs under the Framework for the Assessment of Children in Need and their Families (Department of Health, 2000). Children and young people who are looked after by social services will also have their needs assessed on an on-going basis using the 'Looking after Children' Materials (Department of Health, 1995a). Both the Framework for Assessment and the 'Looking after Children' Materials were developed as systematic approaches to establishing whether a child is in need, and what should then be provided to meet those needs. Both systems are concerned with the developmental needs of the child, the capacity of parents/carers to respond appropriately to these needs and the impact of the wider environment on parenting capacity and the child. However as Children's Trusts come into being, these two systems will be replaced by Integrated Children's Assessments. It is likely that these will continue to incorporate features from the Framework for Assessment and the 'Looking after Children' Materials.

The Framework for Assessment makes particular reference to the needs of young separated refugees. Kidane (2001a) looks at the specific needs of refugee children and young people, and how the framework can be used to assess these. This assessment should be multi-agency so as to provide a holistic picture of what the child or young person needs in terms of services and support. The holistic nature of the assessment is particularly important in relation to refugee children and young people, and Kidane makes the point that all aspects of the assessment should be handled sensitively and should go at the child's pace. The framework covers the developmental needs of the child or young person (education, health, emotional and behavioural needs, identity development, family and social relationships, social presentation, self-care), the capacity of parents/ carers to respond to these needs and the impact of family and the wider environment on both parenting capacity and the child or young person. Kidane (2001a) highlights areas that require particular sensitivity when assessing the needs of young refugees and says that workers will need "*flexibility and creativity to elicit the information required and complete the assessment appropriately*" (ibid p.7). in particular she argues:

- The domain of parenting capacity may be more difficult to tackle with young refugees than other areas, because there may be either limited or no contact between young refugees and their families.
- Issues relating to sexual health and drug abuse should be assessed. However these topics may bring up themes such as trauma, loss, gender and cultural differences and young refugees may therefore fear the consequences of being open about their needs in these areas.

- When working around the area of identity, young refugees need to be made aware of racism and attitudes within the UK to ethnic difference

Mitchell (2003) identifies three practice guidelines relating to assessing the needs of young refugees, which if taken together offer clear guidance for those working in the social work field with young refugees:

1. The Framework for the Assessment of Children in Need and their Families, and the accompanying practice guidance, *Assessing Children in Need and their Families* ((Department of Health, 2000).
2. *Unaccompanied Asylum Seeking Children: A Practice Guide*, and the accompanying training pack (Department of Health, 1995b) provide both guidance in most areas of work with this group, plus a modular training course for social care staff that addresses awareness and attitudes, and practical and skills based training.
3. *The Statement of Good Practice*, (2<sup>nd</sup> edition), (SCEP- Separated Children in Europe Programme, 2000) and *Food, Shelter and Half a Chance: Assessing the Needs of Unaccompanied Asylum Seeking and Refugee Children* (Kidane, 2001a) both offer guidance to professionals involved in assessing the needs of young refugees, the latter providing updated information in relation to legislation, policy and practice.

Although the above can be seen as the main guidance documents, there are also other initiatives and guidelines which inform social work practice and aim to provide better services for young refugees.

- The Quality Protects initiative aimed to bring excluded groups of children into mainstream child care provision. Management Action Plans (MAPS) were required that would show how local authority children's services would meet the needs of vulnerable groups. Despite this Stone (2000) found that the majority of local authorities did not include young refugees in their MAPS.
- *Fostering unaccompanied asylum seeking and refugee children: A training course for foster carers*, (Kidane & Amarena, 2004) is designed to be delivered to carers who are looking after unaccompanied young people and looks at both practical care based issues and attitudes.
- The 'Looked After' children nurse is a health professional who has been appointed through the 'Quality Protects' initiative to monitor the health needs of and services being provided to children who are looked after by local authorities, and who attends the statutory review for every child. This person draws up a Health Action Plan (HAP) recording each child's basic details, assessing and monitoring their health needs, referring to necessary services and following these up. The HAP is a collaborative plan and involves health professionals and social services personnel. This initiative affects unaccompanied children who are placed in the care of the local authority.
- Many local authorities have practice guidelines for staff, carers and other organisations (e.g. Bath & North East Somerset Social Services Department, 2003), and other good practice guides about the needs of young refugees are produced by voluntary sector organisations (e.g. Save the Children, 2004).

Melzac (1995, 1999) argues that assessment work can be helpfully informed by psychotherapeutic models. Through her clinical work with young refugees she proposes a number of concepts and questions for practitioners to consider that can be helpful, particularly when thinking about assessing the emotional needs of young refugees. These are:

- Developmental Issues – does the child have a parent/ parent substitute, what are the levels of intellectual and emotional development and how does this link with chronological development?
- Repression/ Oppression – what is the experience of this, and what were the methods used?
- Violence – what is the type and meaning of the violence that has been experienced?
- Secrecy – what are the secrets are being kept?
- Scapegoating – what sort of discrimination has been faced (past and present) and how can this be challenged?
- Loss – what losses have been experienced, has there been a chance to begin to think about these?
- Trauma – is there experience of trauma events, and what are the consequences for this child?
- Change – what changes have there been, and how can services fill gaps?

These concepts allow a method of providing emotional support, while not assuming that all children have the same needs, or that emotional distress will take the same form, or will be about the same issues. As such they can provide a useful framework to check that areas of importance have been thought about.

Stanley (2001) found that the quality of assessment is dependent on whether young people are under or over 16, and is often better if they are under 16 years of age, and looked after in foster care rather than living independently or semi-independently. Ritchie (2003) found that many social workers were keen to provide good quality assessments but that lack of resources often meant that they were unable to do this, despite the fact that assessments are not meant to be resource led (DoH, 2000). Young people confirm that assessments are resource led and of inconsistent quality (Stanley, 2001). Other studies have backed up this finding (Audit Commission, 2000b; Dennis, 2002; Kidane, 2001b; Marriott, 2001), and Rutter (2003a) has also found that accompanied children are often not assessed by social services, but sent to asylum teams.

#### **7.4.2. Use of Interpreters**

The use of interpreters is crucial when assessing children and young people's needs. It is necessary to ensure that information is correct, that the child, young person and family members are able to make their views and wishes known, and that as the social worker can provide information about service entitlements and availability. However despite practice guidance (DoH, 1995b; Kidane, 2001b; SCEP, 2000) interpreters are still not used routinely (Rutter, 2003a). Much of the literature (across disciplines) suggests that the use of family or friends to interpret is not a good idea (Ahmed, 2004; DoH, 1995b).

#### **7.4.3. Child Protection**

There is little specific research or literature in relation to child protection and the needs of refugee children and young people. More general literature in relation to Black and minority ethnic communities has suggested that Black families are more likely to be subject to child protection investigations, and receive less family support services if they are 'in need' (Ahmed, 2004; Chand, 2000), and that certain groups are both over and under represented in relation to different categories of child protection registration (Gibbons et al, 1995). Webb et al (2002) put

forward the view that “*discrimination may result in not just inappropriate intervention but in a lack of appropriate intervention*” (p. 396), and refer to the deaths of Black children where there was a failure to act to protect them despite a high level of risk. Rutter (2003b) has also highlighted the lack of research in relation to child protection and the needs of young refugees. In a study of Congolese children in London she found an over representation of this group on the child protection register. She also found high levels of intergenerational conflict amongst this group, and instances of physical punishment. Richman (1998a) also highlights the possibility of difficulties in the area of defining child protection. She points out that the issue of physical punishment is particularly likely to cause difficulties, as it is “*condemned in this country but considered an essential part of good child care in many places*”. She identifies other practices that refugee families may consider to be acceptable (such as leaving young children in the care of slightly older siblings) which social services departments may consider to be child protection issues.

Ahmed (2004) looks at literature in relation to child protection issues, stressors and service provision for Black families. Webb et al (2002) point out the particular issues and stresses faced by refugee families;

*One group very much at risk of the worst excesses of poverty and social disintegration are refugees. Their experiences both prior to and following arrival in the country of ‘refuge’, make them extremely vulnerable. (p.397)*

They consider cases of refugee families where disability and mental ill health are issues, and highlight the importance of what significance these concepts hold within different communities, and what professional assumptions and resulting stereotypes may occur in relation to gender and cultural roles.

The issue of potential risk attached to private fostering arrangements has only recently begun to be highlighted, largely as a result of the death of Victoria Climbié at the hands of her great-aunt (Philpot, 2001; Lord Laming, 2003). A recommendation of the subsequent inquiry was that the government should review the law regarding the registration of private foster carers. However studies have highlighted that private fostering arrangements are still not adequately monitored and refugee children are at particular risk as they often find themselves living with distant relations or family friends who receive no support from social services and on whom no checks are made (Rutter, 2003b; Stanley, 2001). The Children Act 2004 is expected to tighten the law in regard of private fostering and to set up a system of registration and regulation; however it appears that it is not intended to implement this system immediately. The Children’s Legal Centre (2004) has responded and makes it clear that this delay cannot be justified and that this area of work should be properly funded. The issue of the risks posed to young refugees by private fostering arrangements are also covered above in the section on placements.



## **Section 8**

### **Summary and identification of gaps in the literature**

The study of children who are refugees or asylum seekers is growing fast, but is still a relatively new area for research. There is a wide range of literature available in relation to the experiences and needs of refugees in general, often focusing on the effects of war and displacement.

However, much of the current literature about children and young people does not relate to issues and experiences in the UK. This literature is of course relevant and of use in thinking about the issues that young refugees in this country may face, but there are also specific issues that affect young refugees, and specific needs they may have as a result of being in the UK.

Throughout this review studies have been referred to where young refugees discuss their own experiences and assessments of their own needs; what has been helpful to them in terms of services and helpful and unhelpful processes and attitudes they have had to face. Such studies are important as they can guide professionals to providing truly preventative services for young refugees. Such services will recognise that what is important in terms of the settlement process is listening to the voices of those who use them. This has been recognised in relation to many other groups (such as families using child protection services, young people in the care system, adults using mental health services) as a result of on-going involvement of these users in campaigning for their rights, and research in these areas. However for young refugees arriving in a strange place with little knowledge of systems or language, making their own voices heard can be a difficult process. Refugee community groups and refugee organisations are vital in the process of campaigning, and it is also crucial that any other ways of facilitating this process continue to grow.

The gaps in knowledge and skills can be identified in relation key needs.

#### **8.1 Immigration Issues**

There is a lack of knowledge and accessible information across agencies about the rights and entitlements of young refugees, and staff from all services would benefit from on-going training in the area of legislation. Although practice in relation to immigration issues is dictated to a certain extent by the legislation in relation to both immigration and children's issues (see section 2.3), Ayotte (1998) has drawn together good practice recommendations for legal representatives working with refugee children and young people. Legal representatives should:

- Have knowledge of the relevant asylum and immigration legislation, children's legislation, the UNCRC and human rights legislation.
- Ensure that they are up to date with latest developments and seek on-going training.
- Work from the position that refugee children are children first and asylum seekers second.
- Consult with, respect the views, wishes and rights of the child and inform the child of any actions in relation to their case.
- Respect the child's right to confidentiality, and only liaise with other agencies with the child's consent.
- Work to ensure that both written and verbal contact is child centred and accessible, and try to have an informal and friendly approach. Recognise that the process of seeking legal advice is anxiety provoking for children and ensure that an appropriate interpreter is available for the child.
- Recognise that some parts of the process will be distressing for the child and work to support them through this, and to ensure that in this case there is appropriate on-going support for the child after the interview.

Other professionals (e.g. teachers, social workers) should have some basic knowledge of legislation that affects the young people and of their entitlements to services and any other support. However Ayotte (1998) warns against social care staff giving young people law and policy advice around their asylum claims. Social workers can also draw on the practice guides as starting points for defining their role in this area, and should always refer unaccompanied young people to the Refugee Councils' Panel of Advisers. The child's panel adviser will then find a suitable legal representative.

There is also a clear need for more research and campaigning to take place in the area of the detention of children. Further knowledge and evidence needs to be gathered about the impact of detention on children, in order to add weight to existing campaigns to stop this practice completely.

## **8.2 Health**

There is a lack of information in relation to sexual health issues for young refugees. This is despite the fact that in general sexually transmitted infections have risen in young people in the UK over the last ten years (Department of Health, 2001). HIV/AIDS and Hepatitis C are of particular concern to certain refugee populations, as is the lack of support for children and parents with HIV/AIDS. Where there is support this is high quality, but such specialist support is limited mainly to London. It seems that there is a reticence to talk to young people about sexual health, and some professionals find it difficult to know how and where to pitch the discussion. There also appears to be further and on-going need for the training for health care staff around all aspects of refugee and asylum seeking children and young people's health needs, particularly those outside London and Manchester.

There is a need for longitudinal studies to be carried out in relation to refugees and emotional and mental health in order to clarify the relationship between trauma and longer term needs in this area (Thomas et al, 2004).

The other main recommendations in relation to the health of refugee and asylum seeking children arising from the health literature are as follows (Burnett, 2002; Levenson and Sharma, 1999);

- All refugee and asylum seeking children should have access to free health care.
- All refugee and asylum seeking children should have permanent registration with a GP.
- Access to primary health care services needs to be improved; this can be done through information in appropriate languages, readily available interpreters at primary health sites, information about the structure of the NHS, and improved health education information for refugee and asylum seeking children.
- On-going training should be provided for health care staff in relation to the needs and experiences of young refugees.
- Improved access to emotional support for young refugees, including the provision of culturally relevant services in this area.
- Female doctors should be available to young women refugees, and gender issues should be considered in the provision of health care services.
- Resources should be put into projects that assist with breaking down social isolation.
- Health education should be provided to young refugees around specific issues; FGM, sexual health, drugs etc.

## **8.3 Education**

The DfES have published guidance relating to the education of refugee and asylum seeking children (DfES, 2002, 2004c, 2004d). These documents, along with an Ofsted study in relation to the education of asylum seeking pupils (2003), and in much other educational literature (Mott, 2000; Refugee Council, 2000, Rutter, 2001, 2003a) highlight areas of good practice in relation to educational provision for this group. These are as follows;

- LEAs and schools need to ensure that admissions policies and procedures promote equal access to schools for refugee pupils
- Induction and welcome to the school should be thought about so that refugee children, young people and their parents feel comfortable. The whole school ethos should be one of welcome and inclusion, and reflect a positive attitude towards refugee children.
- Schools must meet refugee pupils' need to learn English
- Schools must think about how they provide pastoral and emotional support to refugee pupils.
- Schools should work to promote good home, community and school liaison and relationships.
- On –going training should be provided to teachers and educational support staff about the needs and experiences of young refugees (social, educational and emotional) and how to meet these.
- LEAs and schools should ensure that they have up to date knowledge of national, regional and local agencies that can support young refugees and their families.

The Ofsted study (2003) highlighted that there was good practice going on in schools, (although it did not detail any outcomes for refugee pupils) in relation to the above areas, and that many schools and teachers were very committed to working with this group of children. However it also found that there was a lack of resources available, both financial and in terms of staff training, and that this clearly hindered potentially good work.

There is a lack of research in relation to special needs provision and support for refugee children. The area of under achievement of certain groups and the relevance of the curriculum and educational provision would benefit from further investigation.

There is also a gap in knowledge about provision of and access to youth work and out of school services for young refugees.

#### **8.4 Family and Social Relationships**

Local authorities have a duty under the Children Act, 1989 to promote contact between parents and their children, and parents retain parental responsibility and the right to be involved in decisions about their children's lives, even when this responsibility is jointly held with the local authority (e.g. in the case of a care order) .

Other than this there is very little guidance in this area. In the case of unaccompanied children there is no way of seeking the views of parents. Social services departments could apply for care orders in these cases, but often do not. Kidane (2001a) recommends that each case is looked at individually to decide whether care orders are necessary. She cites cases where there are high levels of medical needs or where a child is very young as instances where it may be appropriate to consider this action. She also says that "*agencies should fully explore every option for permanence for this group of children*" (p.21) and says that the areas of immigration status, acquisition of parental responsibility, issues of parental consent and most importantly the wishes and feelings of the child will all need to be considered.

The DoH (1995b) & Bonnerjea (1994) highlight that practice issues around family tracing and reunion need to be considered. There is an indication that on-going training for workers

undertaking preparation for family reunion work with children and young people is needed. The Red Cross, Red Crescent and international social services produce information and can assist in these processes. This area needs to be given a higher profile overall with more information being made available to all those working with children.

### **8.5 Provision of Social Services**

There is an indication that on-going training for social workers and other social care staff is important, and that this needs to have an awareness raising component. There is also a gap in knowledge about young people's experiences of placement provision; this is particularly in relation to young refugees' understanding of the types of placement they are offered in the UK, such as fostering.

Child protection has been under researched. There is little information about child protection systems and their impact on refugee children, young people and their families; prevalence of child protection issues within refugee families; the protection needs of refugee children and young people and how culture and child protection impact on each other in relation to refugee children and young people.

### **8.6 Conclusion**

The policy and legislative agenda around children and young people is undergoing great change. The government say they have an agenda of eradicating child poverty by 2020, and creating an inclusive society for all children in the UK. The green paper "Every Child Matters" (DfES, 2003) and subsequent documents (DfES 2004e & f) set out five areas in which the government say outcomes for children must be monitored. These are;

- Being healthy
- Staying safe
- Enjoying and achieving
- Making a positive contribution
- Economic well-being

In order to achieve these outcomes the Government's proposal is to move towards 'Children's Trusts', which will encompass all children's services in each area. Within each area there is likely to be a Director of Children's Services, with room for local solutions in terms of set up and delivery. "Every child matters; next steps" (2004e) states an aim of ensuring that there is "*the right balance between national standards and local flexibility*" (2004e, pg 18). The Children Act 2004 amends the Children Act 1989 and is the legislation through which the policy changes will be implemented.

However despite the title "Every Child Matters" there is little mention of refugee and asylum seeking children and young people within these documents. There are limited references to issues that may affect refugee young people (such as support for bilingual learners in school), and in relation to unaccompanied young people there are proposals regarding dealing with trafficking and dispersal of this group. This is despite the fact that this group are one of the worst affected in the UK by child poverty levels due to current asylum and immigration legislation, which stops parents or carers working, forces them to live on less than benefit rates and makes service less and less accessible (Penrose, 2002). At the same time immigration and asylum legislation is being tightened. The Refugee Council (2003b) in its response to the Green Paper highlighted the fact that the UK government continues to maintain its reservation on the UNCRC, and that immigration controls continue to take precedence over the 'best interests' of the child. They comment that:

*Whilst the reservation remains in force we have a two tier system, one tier of children for whom their best interests are the paramount consideration, and another for those whose best interests are a secondary consideration. The Government should clarify whether refugee children, and other children subject to immigration control, do matter as much as other children. If they do the reservation should be lifted immediately. If they don't they should re-title the paper. (Refugee Council, 2003b)*

Other organisations working with young refugees and studies in relation to the needs of young refugees are also critical of the 'two tier' system that appears to be operating (GLA, 2004) and point out that the denial of benefits, work and basic services, and the proposed changes in the immigration legislation, do not fit in any way with the ethos of policy or legislation in relation to children. In the response to "Every Child Matters" the Refugee Council (2003b) sets out clear recommendations in relation to each aspect of the Green Paper about what changes need to be made to respond adequately to the needs of refugee children and young people. Alongside children's policy and legislation the Government have also issued a consultation document "Integration Matters: A National Strategy for Refugee Integration". The Refugee Council responded to this document (2004e) and also issued their own "*set of recommendations for practical and policy related action needed to increase refugee integration*" (2004e p.10): "Agenda for Integration" (2004f). In these documents they specifically address the issue of education for refugee children and the need to ensure that adequate funding is provided for language support teaching, that guidance and good practice guidelines are implemented formally, and that the attainment of refugee children is adequately monitored.

Stanley, (2001) puts forward the following basic principles as supporting policy and practice in work with young refugees. These are supported by many who work with young refugees, whether individuals or organisations (e.g. Refugee Council, Save the Children). Young refugees:

- Should be entitled to all the rights enshrined in the UNCRC 1989 and the Children Act 1989.
- Are children first and foremost.
- Are vulnerable and in need of care and protection.
- Are a potential asset to our society and not a burden.

If these principles could be accepted and enacted by practitioners, policy makers and government, this would go some way to ensuring that the gaps identified in this review are filled and that young refugees have access to the services they need.



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