The British Psychological Society

British Psychological Society Submission to the Home Office's consultation on 'Planning Better Outcomes and Support for Unaccompanied Asylum Seeking Children'

The British Psychological Society welcomes the opportunity to contribute to the Home Office Immigration and Nationality Directorate's consultation on Planning Better Outcomes and Support for Unaccompanied Asylum Seeking Children.

The Society is the learned and professional body, incorporated by Royal Charter, for psychologists in the United Kingdom, has a total membership of over 45,000 and is a registered charity. The key Charter object of the Society is "to promote the advancement and diffusion of the knowledge of psychology pure and applied and especially to promote the efficiency and usefulness of members by setting up a high standard of professional education and knowledge".

The Society is authorised under its Royal Charter to maintain the Register of Chartered Psychologists. It has a code of conduct and investigatory and disciplinary systems in place to consider complaints of professional misconduct relating to its members. The Society is an examining body granting certificates and diplomas in specialist areas of professional applied psychology. It also has in place quality assurance programmes for accrediting both undergraduate and postgraduate university degree courses.

The present document has been prepared by the Dr Kim Ehntholt on behalf of the Child Faculty of the Division of Clinical Psychology of the British Psychological Society.

Questions for Consultation

1. How might a system of placing young people with a limited number of authorities help to ensure consistency of service provision and specialist services?

- Unaccompanied asylum seeking children (UASC) are extremely vulnerable young people who have often suffered multiple traumatic experiences and losses. The needs of each individual child should therefore be assessed in the same way as would the needs of any other child in care. UASC need to be thought of as children first and foremost. It is important to ensure that their immigration status does not affect the level of care to which they are entitled as children. For this reason, there does not appear to be any need to place this group of exceptionally vulnerable children with only a limited number of "specialist authorities".

- Instead, to ensure consistency of high quality service provision and specialist services, it is recommended that all local authorities should have Social Services teams who are well trained in recognising the types of past traumatic experiences and losses, as well as present stressors and psychological difficulties common to this group of vulnerable children. All teams need to be aware of the high rates of psychological distress and the frequent need for mental health input for this population. UASC being supported by local authorities should have ready access to interpreters, quality housing, education, physical and mental health care, reputable immigration solicitors and culturally appropriate sources of support, such as religious groups and Refugee Community Organisations. All local authorities should be sensitive to this group's unique needs and be capable of providing an appropriate service.

- Although it is strongly not recommended, if a change in policy does occur so that only a limited number of authorities are working with UASC, it will be essential to ensure that all UASC now cared for by other authorities are NOT transferred into the care of the new "specialist authorities" as such a transfer would disrupt current care plans, educational and housing placements, support structures and thus prove severely detrimental to the mental health of these children, who require high levels of stability in their lives.

2. What other factors need to be put in place to achieve improved delivery of services for UASC?

- To improve delivery of services, UASC must receive the same level of support as other "looked after children" in the UK. The type of support provided should not be different due to immigration status.

- Each UASC needs to have an allocated qualified social worker.

• Adequate financial resources need to be available to social workers working with UASC so that high quality care is available, regardless of cost.

• All social workers have an ethical responsibility to act in ways which protect and support the best interests of unaccompanied children. Therefore, it is essential that social workers remain completely separate from the Immigration Department so that their roles and responsibilities towards unaccompanied children remain clear.

• Like other young people, support services for UASC must be planned in the context of meeting all five outcomes of the government's policy document *Every Child Matters*, in which the aim is for every child, regardless of their background or circumstances, to have the support necessary to be healthy, stay safe, enjoy and achieve.

• UASC must continue to be supported by social workers and other professionals under Section 11 of the Children Act 2004, which imposes a duty to safeguard and promote the welfare of children and to ensure that services are provided which meet their needs.

• It is also recommended that local authorities continue to follow the guidance set out in the Department of Health's Local Authority Circular (LAC13) (2003) and provide separated children with support under section 20 of the Children Act 1989. This normally involves placement with a foster parent or in residential care for those under 16, although more independent living arrangements, for example in shared flats or supervised accommodation, might be found to be appropriate for the older age group. The local authority also has ongoing duties to safeguard and promote the child's welfare, provide an appropriate package of support and conduct "Looked After Review" meetings on a regular basis to ensure that the child's needs are being met. This standard of care is considered necessary for this vulnerable and often highly distressed group of unaccompanied children.

• Many UASC experience difficulties in accessing the care and support to which they are entitled. Therefore to ensure that UASC are aware of their rights and have access to the support to which they are entitled, UASC should be provided with a legal guardian or advocate, as required by Article 19 of the EU Reception Directive and recommended by the Children's Commissioner. The guardian would be appointed as soon as an unaccompanied child is identified and the support would continue whilst the child was "looked after" and at least until the age of 18. The guardian would have a statutory role and would be appointed to safeguard the best interests of the child and act as an important link between all those providing services and support. The guardian should also be expected to intervene if professionals or organisations do not act in accordance with their legal duties towards the child.

- Although when ratifying the Convention on the Rights of the Child (CRC) the UK entered a general reservation in regard to children subject to immigration control, improved service delivery requires all those involved in supporting UASC to honour the spirit of the UNCRC in relation to the standards of care and treatment provided.

- The Home Office's decision since 1st April 2007 to grant UASC discretionary leave to remain in the UK only until they are 17 ½ , instead of 18 as had previously been the policy, is detrimental to the delivery of care. The Home Office's suggestion of no longer offering any discretionary leave to remain for over 16's is of particular concern, as the uncertainty it would entail would prove damaging to the overall wellbeing and mental health of UASC. These policy changes clearly have negative implications for the mental health of UASC children as research has shown that unresolved asylum status is associated with higher levels of PTSD symptoms and psychological distress in children. Therefore, it is recommended that the Home Office reconsider this recent change of policy.

- Regardless of the length of leave granted by the Home Office, UASC remain children until they are 18. A child should be protected throughout childhood and their futures properly planned for. Therefore, in order to achieve improved delivery of care, appropriate support must be provided on the basis that UASC are children, not on the basis of their immigration status.

3. When a local authority decides to conduct an age assessment, should this take place before or after arranging the transfer to a specialist authority?

- It is difficult to answer this question without an understanding of how this fits with any arrangements for processing the asylum claim under NAM (New Asylum Model). It is essential that any age dispute is settled before the applicant enters the NAM process since the "Children's Segment" of NAM will have "case owners" who have been trained in dealing with children's cases and should be aware of issues relating to child-specific persecution and be trained in child-specific interviewing techniques. In addition, unresolved age disputes dealt with in the adult segment of NAM are likely to negatively influence the decision made on an individual's asylum claim, particularly in regard to credibility.

- It is clearly important that a thorough and holistic age assessment is offered quickly. The local authority should be responsible for providing appropriate accommodation and support whilst the assessment is being conducted.

4. What might be a valid reason for refusal to undergo a dental x-ray or other medical assessment to improve age assessment?

· Recognition that the current age determination process is unsatisfactory and needs to be reviewed, is welcome. However, the alternatives put forward in the consultation, in particularly the use of dental and other forms of x-ray testing are an invasive and unreliable method of determining age. According to the Royal College of Paediatrics and Child Health (RCPCH), age determination is an inexact science, and estimates of a child's physical age from x-rays of his or her dental development are only capable of producing a four year age range for 95 per cent of the population. They also require skilled and subjective interpretation of the test results. The Royal College of Radiologists has also advised that a request from an immigration officer to have an x-ray to confirm chronological age would be unjustified on grounds of accuracy and also because of the risks in subjecting an individual to radiation for non-medical purposes.

· The determination of age is a complex process, which requires that a combination of physical, social and cultural factors must all be taken into consideration, as no factor alone provides a completely exact or reliable indication of age, especially for older children. For this reason, assessments of age should only be made in the context of an integrated examination of the child and no single measurement or type of assessment should be relied on. X-rays are likely to be no more accurate than a good social work assessment.

· As dental x-rays involve exposure to radiation and do not yield a definitive age, there appears to be no clear benefit to using such an extreme measure unless it has been requested by an individual child. For these reasons, an individual's refusal should be deemed valid and should not prove detrimental to an individual's claim to be a minor.

· The emphasis put on penalties imposed for refusing to undergo invasive treatment for a non-medical purpose also raises an ethical issue about informed consent. It is of concern that many children seeking asylum will not have the necessary levels of understanding to be able to give their informed consent to being subjected to radiation for non-medical purposes.

· It is also important to note that the process of being subjected to a dental assessment as described within the consultation paper is likely to be experienced as stressful to a newly arrived child and may also prove detrimental to their emotional well-being.

· In general the proposals on handling age disputes display a greater concern with preventing adults abusing the system designed for children than the more pressing issue of the dangers to children inappropriately treated as adults. It is important to recognise the risks of having children whose age is disputed in the adult system as it raises serious child protection concerns. Children must be given the benefit of the doubt because the risks associated with treating children as adults outweigh those of treating adults as children. It is recommended that holistic age assessments are conducted which consider a

range of factors including behaviour, appearance, personal history and cultural factors. The opinions of paediatricians and child mental health professionals should also be taken into consideration in the age determination process.

• The related proposal which involves the location of social workers at ports of entry and screening units to work alongside immigration officials also raises concern. It is highly questionable whether age assessments should be conducted in the environment of a port or screening unit when newly arrived children often feel most confused.

5. When should the assessment of longer term care needs take place (either before or after transfer)?

• Ideally a thorough assessment of care needs should be conducted prior to any potential transfer taking place so that special medical needs, eg. HIV, AIDS, pregnancy, or mental health needs, eg. severe mental health difficulties, including suicidal ideation, which require immediate specialist treatment or inpatient admission, are detected and treatment immediately made available.

6. Should we generally encourage the move of those who have been fostered to other forms of support – in particular after they turn 16?

• No, there should not be any pressure placed on UASC to accept decreased levels of support once they turn 16. These are extremely vulnerable young people, who often lack any form of adult support. Thus, many will benefit from ongoing foster care support. UASC should be provided with the same level of care and support as indigenous "looked after children". However, if a 16 year old requests a move into more independent housing than this must be respected and supported.

7. In what other ways can care planning be better aligned to immigration considerations?

• In line with helping children meet all five outcomes set out in the government's *Every Child Matters* paper, care planning can only work to support the best interests of children if it remains separate from immigration decisions. A potential conflict exists between UK immigration policy and child protection principles, which dictate that the primary consideration is the best interests of the child. For instance if social workers were working towards immigration objectives such as the enforced removal of psychologically distressed children to war-affected countries where they may not have access to healthcare, education or support, social workers would no longer be focused on working ethically to support vulnerable children in accordance with their professional code of conduct and safeguarding duty.

• A closer alignment between care planning and immigration control would also negatively impact the way in which social workers were perceived by children. It would make it extremely difficult for social workers to establish and maintain a trusting relationship with unaccompanied children.

• One way in which immigration considerations could be better aligned to care planning would be by reinstating the previous Home Office policy that all UASC are entitled to discretionary leave to remain until their 18th birthday. In this way, unaccompanied children would again have the security necessary to successfully adapt to life in the UK, develop positive relationships with their social workers and develop to their full potential as children. Reinstatement of this policy would ensure that discriminatory prohibitions were not placed on the care planning of UASC while they were still minors. It would enable professionals to support and protect them as vulnerable children until the age of 18, regardless of immigration status.

8. What further guidance is needed on managing the needs and expectations of UASC whose asylum claims fail?

• A greater understanding of the detrimental impact which a negative asylum decision has on the mental health of these vulnerable children is needed so that services can offer appropriate levels of both emotional and practical support. Research has shown that refugee children experience higher levels of mental health difficulties than indigenous children. Unaccompanied minors appear to be even more vulnerable to psychological disorders, such as PTSD, depression, anxiety and grief due to their past traumatic experiences and the ongoing stressors which they often face in the host country. Studies have shown that UASC have often been subjected to multiple and severe trauma and abuse, including being the victims of rape or torture, as well as witnessing the deaths of their parents and siblings due to war or persecution on religious or political grounds. UASC are often suffering from high levels of psychological distress and therefore any further negative life events, such as the failure of their asylum claim, will often have a seriously detrimental impact on their already fragile mental health and may place them at risk of suicide.

• It is also important to educate policy makers regarding the negative impact of asylum refusals on children's mental health and overall functioning so that the importance of reinstating the previous policy which offered discretionary leave to remain until the age of 18 could be understood as essential in order to ensure the mental well-being of these children.

• Based on the experience of working directly with UASC, it is clear that whether or not these children meet the 1951 Convention criteria for refugee status, most have a real fear of returning to their countries of origin and do not consider it a realistic option. The great danger in the current proposal is that large numbers of children will vote with their feet when threatened with the

reality of voluntary or enforced return at 18 and will simply disappear from care before they reach that age. As the proposed changes will mean that these young people have no legal recourse to support, it is likely that they will turn to people who will exploit them sexually or economically as their only means of survival. Such cases would illustrate that the UK government had clearly failed in its legal duty and moral commitment to safeguard all children.

9. Should we develop new voluntary return packages for 16 and 17 year olds? If so, how could these be structured?

• No, 16 and 17 year olds should be treated as children first and foremost. Unaccompanied children are an exceptionally vulnerable group who require protection and care in the UK.

10. Might an enhanced, but reducing, package encourage take up of voluntary return? If so, at what points should the package be reduced?

• Voluntary return should only be offered as an option once an UASC has turned 18.

• An enhanced package might encourage take up of voluntary return particularly if there were responsible adults within a reputable nongovernmental organisation (such as UNICEF or the International Red Cross) within the country of return who could liaise with the young person (aged 18 and over) prior to their arrival and offer accommodation, financial support, education, training, and employment for the young person upon their return. However, it will be essential to ascertain first that it is truly safe for the young person to return to their country of origin. The package should only be reduced once the young person is earning adequate wages to be able to fully support themselves. Such a decision to reduce the package would need to be reviewed by a responsible adult working within a humanitarian organization, in contact with the young person, independent of the UK government and based within the country of origin.

11. What safeguards need to be put in place before children can be returned to their country of origin on an enforced basis?

• There are no safeguards which would make it acceptable to forcibly return vulnerable children to their countries of origin, as it is clearly not in the child's best interest to do so. Home Office's statistics indicate that the majority of UASC arrive from countries experiencing armed conflict, serious repression of minority groups or political instability. For example, in 2005 the main countries of origin for UASC were Afghanistan (18 per cent), Iran (15 per cent), Somalia (8 per cent), Eritrea (7 per cent), Iraq (6 per cent), China (6 per cent) and the Democratic Republic of the Congo (5 per cent).

12. Who is the best person to work with the young person on the plan of return?

• It would be psychologically distressing and inappropriate for anyone to work with a young person on planned return before their 18th birthday. However, after their 18th birthday, the best person to carry out this work would be someone employed by the immigration service, who is experienced and well trained in how to work with vulnerable young people. Social workers should not be expected to carry out this work, as it would often be in direct conflict with their role of providing care and support within a trusting relationship with the young person.

13. Should the service be procured from specialists and, if so, who?

• It might be worthwhile considering whether this work could be conducted jointly with reputable international humanitarian organisations such as UNICEF or the International Red Cross.

14. What are the challenges for integrating this voluntary return package within the care planning process for children whose asylum applications have been unsuccessful?

• This voluntary return package should only be considered within the care planning process after the UASC has turned 18 so that unaccompanied children are offered the same level of support as other vulnerable children, regardless of their immigration status.

• The challenge would be in ensuring that the young people who were willing to return voluntarily would be truly safe and able to establish a meaningful life within their countries of origin, which are often economically poor and politically unstable.

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

• Yes, these are important factors which need to be addressed.

• Other important factors are the availability of specialist mental health services which are able to provide appropriate assessment and treatment to unaccompanied children, who are likely to be suffering from PTSD, depression, anxiety and grief. Many such specialist trauma services and clinics which specialize in the treatment of refugees, including torture and rape survivors, exist in London but may be harder to find and access in other parts of the UK.

- Also, access to paediatricians who can offer specialist health care is essential. Paediatricians will need to have an awareness of the importance of hand held records, the immunisation needs of young people arriving from overseas, as well as the types of medical conditions and complications common within this group.

- Specialist medical services will need to be easily accessible for treating physical injuries sustained during torture, gynaecological conditions due to the physical trauma of rape, pain and complications resulting from female genital mutilation (FGM), as well as HIV and AIDS.

- It will also be important not to place children from black and ethnic minority backgrounds in all white areas suffering from poverty and high unemployment levels, where they may be at increased risk of racial discrimination, as well as verbal and physical abuse.

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

- UASC should be cared for as "looked after children" within local authorities as would any other vulnerable child and therefore "specialist authorities" are not required. For this reason, it does not seem appropriate to comment on the number.

17. Should the Home Office facilitate the procurement of services in partnership with Local Authorities?

- Not commented upon.

18. Should the Home Office leave the procurement of services to Local Authorities but provide a model service specification and benchmark costs at a regional level?

- Not commented upon.

19. Would Local Government Associations have any role to play in the procurement of services?

- Not commented upon.

Brief Summary and Recommendations

Although the government's recognition of the special needs of unaccompanied asylum seeking children (UASC) is welcome, the Home Office's current proposals are extremely concerning as they appear to be based primarily on immigration control and cost cutting rather than on offering improved support to an exceptionally vulnerable group of children, who arrive in the UK without any adult carers and often report high levels of psychological distress. The proposals are concerning as they would prevent the formation of a trusting relationship between social workers and unaccompanied children. They are likely to result in young people disappearing from the care system and turning to those who will exploit them sexually or economically in order to survive. These proposals clearly lack a commitment to safeguard or look after the best interests of UASC. Instead the proposals make it harder for children to seek protection in the UK, restrict their entitlements, and speed up their removal from the UK, with little consideration of their needs as vulnerable children.
The present consultation paper appears to exclude unaccompanied children from the objectives set out under the *Every Child Matters* agenda and the *Care Matters* Green Paper in England, as the proposals suggest a different approach to care planning and to placements for unaccompanied children compared with that offered to other "looked after children".

Therefore, the suggested proposals are strongly opposed. Instead it is recommended that UASC should be cared for as children first and foremost, regardless of their immigration status, and thus entitled to the same standards of care as other "looked after children" in the UK.

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