
3.1 Unaccompanied Children profiles in the EU Host Countries – U.K.

The main goal of this section is to identify and analyse the recent trends and figures concerning unaccompanied children in the UK. This analysis draws from recent statistical data on unaccompanied children that can be found in the report created by the Human Trafficking: National Referral Mechanism Statistic – October to December 2013. This official report responds to the requirements outlined in the Council of Europe Convention on Action against Trafficking in Human Beings. Specifically, the report will try to analyse the following considerations on unaccompanied children in the UK:

- Where are they coming from?
- Why are they here (have they been sexually trafficked, labour trafficked etc...)?
- Age and sex of minors and
- Other relevant issues.

General considerations drawn from the report are:

- The report draws our attention to the fact that potential victims of trafficking may not be referred to the NRM for a number of reasons. This suggests that the real number of trafficked children is much higher.
- Minors are defined as children under 18 years of age.

During the period between October and December 2013, 126 children were referred to the National Referral Mechanism (NRM), including children from 37 different countries of origin.

- The 10 most referred countries of origin for unaccompanied children are: Vietnam (24), Albania (19), United Kingdom (17), Romania (9), Nigeria (7), Bangladesh (4), Ghana (3), Lithuania (3), Pakistan (3) and Poland (3), which account for 92 (73%) of all child referrals. The top three countries were Vietnam (24), Albania (19) and the United Kingdom (17).

- 82 of the 126 child referrals (65%) received a positive reasonable grounds decision and were therefore submitted to the conclusive decision process. The most common countries of origin for children identified as trafficked were Vietnam (16), United Kingdom (15) and Albania (10). The reasonable grounds decision process was suspended and withdrawn to 15 children.

1 It is very important to note that the number of referrals in this report is not a measure on human trafficking in the UK, but it only indicates the number of individuals who have been referred as potential victims of human trafficking.
2 Reasonable Ground (RG) Decision and Conclusive decision (CD) are decision made by the UKBA on whether a child is a victim of human trafficking.
There were 9 children (7%) who had been waiting for the reasonable grounds decision. 20 children (16%) referred to the NRM received a negative reasonable grounds decision. This would indicate that they are supposedly not victims of human trafficking.

- 27 (21%) of the 126 children referred to the NRM received a positive conclusive decision and the most common countries of origin were the United Kingdom (15), Romania (5) and Vietnam (3). There were 43 (34%) children who are awaiting for the conclusive decision.

- Regarding exploitation and gender, we find that of 126 child referrals, 46 cases were registered as unknown exploitation, 37 cases were recorded as sexual exploitation, 37 cases were recorded as labour exploitation and 7 cases were recorded as domestic servitude. Of the total 126 children referred, 77 (61%) were females and 49 (39%) were males.

- The most common exploitation type for minor who received a positive reasonable ground decision was sexual exploitation (32 referral cases).

- 60 (48%) of all referred children are in the age range of 16-17 years. More than half of the total of children were under 16 years old or their age could not be determined (52%). The age range of 16-17 was the most common group of children to be granted a positive conclusive decision.

- Regarding the first responders, the main actors and agencies involved in identification of these children were: the National Government Agency (54), the Local Authorities (32), Police (including NCA - 30) and NGO/Third sector (10).

Some trends and observations:

- Child rights-based and gender approach: the report is a statistic data report that provides current information about unaccompanied children in the UK. However, in this report it is not possible to identify a child rights and gender approach. This is very important as the Council of Europe Convention on Action against Trafficking in Human Beings sees the support and assistance to child victims and children at risk of trafficking as one of the key goals. Therefore, it is necessary to see this issue with a child rights and gender approach, which the report does not reflect at present.

- The diversity of the origin countries - Global actions: It is noteworthy that unaccompanied children came from 37 different countries. As recorded, the most common countries of origin for referred minors were Vietnam (24), Albania (19) and the United Kingdom (17). The diversity of countries underlines that human trafficking is a global issue. It is important to take

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3 The exploitation type is shown as unknown where individuals have been encountered prior to the exploitation beginning but where there were indicators that there was an intention to exploit them.
global actions and measures, and national responses only partial address the issue, if at all. It is important to acknowledge that the United Kingdom is the third highest country of origin for trafficked children, showing a high level of internal trafficking.

- The importance of fighting against all type of exploitation: The statistic data clearly shows the diversity in the types of exploitation and their connections and links. Each type of exploitation has its specific features and associated challenges. Furthermore it is necessary not to prioritise one of them but to promote an integral and holistic strategy to fight against all types of exploitation.

- The importance of implementing a gender approach: Of the 126 child referrals, 77 (61%) were females and 49 (39%) were males, and the most common exploitation type for minors was sexual exploitation. Women and girls were the majority of sexual exploitation cases. It is vital that practitioners recognise the similarities and differences in the experience of trafficked persons, especially girls. Therefore, our approaches should integrate a gender and rights based methodologies to develop an efficient anti-child trafficking strategy.

- Coordination and cooperation in the first responder process: The local authorities have an important role in the first responder process. It is vital that these local authorities are trained about the rights of unaccompanied children and child trafficking in order to allow them to access social services and protection. The report does not state anything about the coordination of the different actors in order to guarantee the compliance with governmental guidelines and related legislation.

3.2.1 Need Assessment and Service Provision for Unaccompanied Children

**Accommodation:**

Unaccompanied children seeking asylum go into the public care of the local authority. Accompanied children (which covers separated children, children in private fostering arrangements and those who arrive with a parent or guardian) will be cared for by the adult identified by Home Office or Local Authority officials as accompanying them (or receiving them into a private fostering arrangement). Unless there are identified concerns about the adult claiming to be responsible for them, they will not go into the public care system.

Social Services have a duty to provide accommodation and 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, whereas those aged 16 – 18 years are usually placed in semi-independent living.
A high level of satisfaction was found with designated residential homes for young refugees. Certain Local Authorities have a great deal of experience in providing specialist homes for young refugees, as there was a feeling that such accommodation could offer a ‘safe haven’. It was also thought that because of the specialist nature of these homes, they could attend to cultural and identity needs better. The following guidance has been useful in helping young people to settle:

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

It is difficult for Local Authorities to provide appropriate accommodation and placements in light of the wider shortage of social housing. Often fostering doesn’t match the cultural-linguistic background of the young people, thus they may not share religion, dietary or cultural beliefs and practices. Professionals may make assumptions about placements, which may be based on prejudices and stereotypes of refugees and young people may not be consulted on these issues.

**Age Determination:**

Age determination impacts the types of services and support unaccompanied children receive. An asylum seeker who presents him/herself without documentation, or documentation that is suspicious will have their age assessed. The age determines:

(1) Whether the person will be subjected to adult or child asylum procedures;
(2) If they are assumed as below 18 yrs of age the local authority has responsibility for their accommodation and support while their asylum application is processed. While if they are assumed as 18 yrs of age or over the UKBA is the responsible agency.

For applicants that have no documents, the initial assessment by the UKBA is solely based on appearance and demeanour. If the applicant’s physical appearance “very strongly suggests that they are significantly over 18 years of age” they will be treated as adults. In all other case, they will initially be treated as a child, but this initial assessment is not a final decision on their age. The local authority then carries out further in-depth assessments. The applicant should be informed by the local authority that an assessment will be carried out, and the results will be shared with the UKBA. The assessment carried out by the local authority has prominence. However, the UKBA can legally challenge the decision of the local authority.

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4 Stanley, K (2001)

5 DoH, 2000; Kidane, 2001a; Prevatt Goldstien & Spencer, 2000

6 Dutt, 2000

7 UKBA Asylum Process Guidance, Assessing Age, para 2.1
Age Assessment by the local Authority: There is no prescribed methodology for local authorities in carrying out age assessments. The UK courts have provided some general guidance to local authorities:

- The decision maker must explain to an applicant the purpose of the interview.
- Except in clear cases, the decision maker cannot determine age solely on the basis of the appearance of the applicant.
- In general, the decision maker must seek to elicit the general background of the applicant, including the applicant’s family circumstances and history, educational background, and the applicant’s activities during the previous few years. Ethnic and cultural information may also be important. If there is reason to doubt the applicant’s statement as to their age, the decision maker will have to make an assessment of the applicant’s credibility, and he will have to ask questions designed to test the applicant’s credibility.
- If the decision maker forms the provisional view that the applicant is lying, the applicant must be given the opportunity to address the matters that have led to that view.
- Adequate reasons must be given for a decision that an applicant claiming to be a child is not a child (though these need not be long or elaborate).
- Cases vary, and the level of inquiry required in one case may not be necessary in another.
- A local authority may take into account information obtained by the Home Office, but it must make its own decision, and for that reason must have adequate information available to it.

Legal Representation:

The entitlement to legal representation is established for children involved in asylum procedure. Provision of legal advice for immigration is regulated by the Immigration and Asylum Act 1999, which means only authorised actors can lawfully give legal advice to this group. UK immigration rules require UKBA to ensure legal representation is in place for unaccompanied asylum seeking children. Legal representation should be secured before applying for asylum, as this can support the child in understanding the complexities of the situation. These decisions are made without any guardianship system in place, leaving the child to deal alone with the emotional experience. The quality of legal representation plays a major role in determining the ultimate success of the claim, and early intervention is advised. Through this process the child may have to interact with many aspects of our legal system including a range of legal professionals dealing with a range of issues (criminal lawyers, community care lawyers etc...). The legal representative’s role does not provide pastoral support to child and is limited to advising the child on their options and then acting on instruction.

Changes to legal Aid for asylum seekers have negatively impacted young people. Children are often given leave to remain in the U.K. till the age 17½ yrs. At which stage they place application for an extension. Most applications for an extension are
rejected. Often this decision comes after they have turned 18 yrs of age. The next step could be to appeal this decision, but because they are 18 yrs or above, they are no longer entitled to legal aid. Therefore, young people’s ability to regularise their status and associated paperwork is extremely difficult. This will significant impact their future including access to further education, higher education, employment, training and housing.

**Legal Guardianship:**

A pilot for a Scottish Guardianship Service had starting in September 2010. Unaccompanied asylum seeking and trafficked children from outside the EU were provided with an advocate independent of the immigration authorities and local authority. The pilot was evaluated independently, and in its report concluded that guardians had provided clarity, coherence and continuity for the children involved and had enhanced overall service provision by creating opportunities for greater collaboration, information sharing and interagency working. This service has now received funding from the Scottish Government for a further three years.

In June 2013, the Joint Committee on Human Rights (JCHR) published a report on the human rights of unaccompanied migrant children in the United Kingdom. This report was significant because among the recommendation, the issue of legal guardianship was beginning to be addressed for England and Wales. One of the key recommendations of this report was that the Government commission pilots in England and Wales that builds upon and adapts the model of guardianship tested in Scotland. The guardian should provide support in relation to the asylum and immigration process, support services and future planning, help children develop wider social networks, and ensure that children’s views are heard in all proceedings that affect them. The Government should evaluate the case for establishing a wider guardianship scheme throughout England and Wales once those pilot schemes are complete.

**Access to Education:**

Under Section 14 of Education Act 1996, local authorities have a duty of care to provide full time education to all children under 16 yrs of age within their borough. This is irrelevant to their immigration status. Therefore, children in public care should be found a full-time education placement in a local mainstream school within 20 school days. Under section 20 of the Children Act 1989, local authorities also have a duty to provide extra support for asylum-seeking children who are ‘looked after’. This would include personal education plans, which are coordinated by a designated professional within the school. Despite legislation, due to the difficulty of finding placements, children often start midway through the academic year, with little paperwork e.g. student files/assessments to support their educational, emotional and behavioral needs.

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However, the experience of being in education is often positive for the young people as this provides some degree of normalization and socialization within a caring adult environment. They often found the educational experience better than in their home countries, believing this would provide them with better opportunities for the future. Although most teachers do not seem to know the legal immigration situation of the children, they are seen as people that can be trusted. A specific hurdle that has been highlighted in the UK has been that unaccompanied children from Afghanistan have struggled in accessing schooling in the UK\textsuperscript{9}. This may be on account of the fact that some of these young people are experiencing a ‘school setting’ for the first time in their lives.

Young people who need ESOL (English speakers of other languages) classes often miss out on periods of schooling as there is no significant adult pushing for their full entitlement of full time education. There is a lack of research and literature about this experience.

The transition to further education is more problematic and the experience has often been anxious and frustrating arising from young people’s exclusion from the education system, due to their legal status. Due to pressures on completion rates and funding, some colleges don’t accept students who are awaiting a decision on their status, despite the fact that they might complete their course before a decision has been made. Again, funding to access higher education is also dependent on the immigration status of the young person.

**Healthcare and Mental Health:**

Primary health care, including registration with a GP, is available to all. A person’s immigration status does not affect access to primary health care. Secondary health care, the second stage of treatment usually provided by a hospital, is available on the National Health Service for anyone who is ‘ordinarily resident’ in the UK. A person is regarded as ‘ordinarily resident’ if she or he is lawfully living in the UK voluntarily and for a settled purpose. Failed asylum seekers or undocumented migrants are not entitled to secondary health care.

The experience of migration, which may include being trafficked for sexual exploitation, puts children at a greater risk of developing mental health issues. The prevalence and possible causes of emotional problems in unaccompanied children have been extensively described. Empirical studies about the emotional well-being of unaccompanied refugee children however remain scarce, in spite of the wide ranging emotional, developmental and behavioral problems which may afflict them, such as:

- sleeping problems,
- concentration disorders,
- nightmares,

\textsuperscript{9}\textsuperscript{9}Sigona&Hughes, 2012
• depression,
• withdrawal,
• anxiety,
• post-traumatic stress symptoms,
• somatic symptoms,
• severe grief reactions and sadness,
• aggression,
• diminished interest,
• hyper-arousal,
• low self-esteem,
• severe guilt feelings,
• fatalistic view of the future,
• substance abuse, violent behaviour,
• suicidal acts,
• psychosis and delinquent behaviour

Notions of “Health” may be culturally specific and what a young person is able to talk about in relation to their health, and the symptoms they present, may be influenced by their cultural background and current circumstances. For example, young refugees may feel under pressure to say that they are healthy, because many say that they care how they are ‘perceived’ by the public. One study around half the young people felt that their health had deteriorated since arriving in the UK.10

**Needs Assessment in the UK:**

Needs Assessment range widely within statutory bodies such as the UKBA and Local Authorities, with very different remits and objectives that can often clash on the grounds of ideological perspectives and interpretation of the law. NGOs and third sector organisations also have their own methods for conducting a need assessment, which might have specific objectives linked to them e.g. improving English skills or challenging a decision of the UKBA. Professionals are involved at various levels of needs assessment; however, identifying additional or appropriate resources/services is challenging within the current climate of Local Authority cuts backs in manpower and contracting specialised agencies.

Basic needs of accommodation, some form of education and sustenance are generally met with little assessment and review. However, access to psychological, social and emotional support services is often more difficult. NGOs and Local Authorities are consistently trying to readjust service provision in accordance with funds, existing and viable options; however the resources do not meet existing levels of need.

**Challenges, Logistics and ensuring the best interest of the Child in Family Tracing:**

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10 Gosling, 2000
The only organisation that provides family tracing in the UK is the Red Cross (RC). The RC is unable to trace enquiries on behalf of third parties (such as the UKBA) and will thus only accept tracing/message requests directly from the child. This is because the RC wants to be an independent neutral actor equally distant from other agencies. This position is rooted back to the fundamental principles of the organisation’s ethos: their neutrality, which supports their ability to trace family members in conflict situations. The organisation also wants informed consent from the child before tracing family members.

When a child asks to trace a family member, information is gathered on names, dates of birth, place of birth (child and parent), last known address, and how they got separated (the narrative). The information collected at this stage informs teams on the ground to search for family members. How this search is conducted depends on the specific country and what kinds of information statutory bodies hold – voter lists, registrations of births and deaths etc… Therefore, the RC could approach the authorities, schools, faith leaders, and village elders depending on the context. This is keeping in mind security constraints and considerations of that specific context. They use a wide range of tools and media to search, which might include publication of photos, radio broadcasts, and field visits to neighbours and teachers. The approach is contextualised and individualised (based on what the child’s wants and doesn’t want i.e. they may not want their photo published, or the ex-teacher approached). It is explained to the child that the more limitations he/she imposes, the harder it will be to find the person.

There were concerns about an appropriate adult being in the tracing family meetings because:

- RC needs to ensure that the child is making the enquiry of their own free will and has not been pressurised to do so by other people.
- Concerns that the appropriate adult is writing up what is discussed in the meeting – thus breaking confidentiality.
- RC tracing service does not want to be a part of the asylum seeking process.

Families of child soldiers are particularly difficult to trace, as the child was very young when they were ‘recruited’ and can’t remember where they came from or details about their parents. If countries don’t have birth records it can be difficult to trace a family. The RC focuses initially on children separated due to conflict, migration and disaster. However, it also works with adults and has cases pending from World War II.

The majority of children that use this service are from Afghanistan, Somalia, Congo, Iraq and West African nations. They are predominantly male. The primary purpose of the RC is to restore contact; what happens next depends on a range of factors.

Experience has shown that questions such as ‘why are you looking for them?’ and exploring the motive for the search is for the child a very emotionally dangerous question to ask. During the interview the RC is trying to gather facts that can help in
finding the family member. However, for the child, this is a very painful process which may re-ignite memories that have been suppressed. Questions around how they became separated require the child to revisit those difficult stages of their life. The RC interviewers acknowledge that the child is going through a difficult part of their lives and is supported through it with the interview techniques, which includes being aware of the process, active listening and giving time (this could mean stopping and the child coming back after a week). There is training for RC staff around working with unaccompanied minors.

**Conclusion and Recommendations:**

Several recent and imminent developments in law and policy will have important consequences for asylum seeking children now and in the future. The Legal Aid, Sentencing and Punishment of Offenders Act 2012 (LASPO), the further changes announced by the Ministry of Justice in *Transforming Legal Aid* (Ministry of Justice, 2013), the current Immigration and Modern Day Slavery Bills working their way through Parliament, and forthcoming statutory guidance on unaccompanied and trafficked children from the Department for Education are amongst the most important. The changing policy and legislative landscape, which these young people inhabit offers both opportunities and threats to finding durable solutions for their situation.

Acknowledge that the political field around the issue of unaccompanied children is constantly changing, there needs to be more consistent support for children arriving to the U.K. Based on our experience of working with unaccompanied children, and through the learning of this project we can share some recommendations, which can support professional working in this area:

- **Identity** – children and adolescents arrive to the U.K. whilst they are still forming ideas about who am I? Migration has a large impact on this process, as they have travelled from the ‘known’ to the ‘unknown’, leaving behind their family, friends and community. There are a different set of demands, expectations and influences in their host country. The process of migration and reception become interwoven with the development of the child’s identity. This process needs to be acknowledged and incorporated as a key theme for professional working with unaccompanied children.

- **Legacy of Experience** – children have often travelled vast distances, over a long period of time, through many countries, with traffickers that may have abused them. They arrive in a new country facing a range of new and unexpected challenges. They have left their families, siblings and friends to come to a place where they may know no one. These experiences will have a cumulative effect on the child. Professionals’ needs to create spaces that are safe, free of judgement and fear of deportation, where the child can, at their own pace, begin to start making sense of what has happened.

- **Non-Oppressive Practice** – This should underpin all interventions with children. They will be experiencing themselves and being perceived by others as ‘different’. This can expose them to conscious and unconscious
prejudices held by professionals, peers and themselves. To facilitate the exploration of these thoughts, beliefs and experiences, non-oppressive practice needs to be underpinning activities and interventions with unaccompanied children. This would create the safe spaces to explore how this has impacted their identity and inter-intra personal relationships.

- **Way for unaccompanied children to connect with each other** – through our experience, we have found that bring these children together in a group can significantly support the development of their identity. This provides a consistent and supportive space with peers who are in similar positions. They are often struggling with the same themes such as language learning, accommodation, food, immigration status etc... Through the group process issues such as inclusion, safety, identity formation are positively supported.

- **Nurturing** – We have found the literature consistent refer to unaccompanied minors as children first and migrants second. Children need a loving, nurturing, safe environment for health child development. The responsibility of provided such an environment is solely on the adults, as they have the means, knowledge and resources to create such spaces.

- **Keeping Safe** – It is alarming to know how many children and young people ‘disappear’ from the ‘system’, with children going missing from homes and being re-trafficked. Internal trafficking is significantly growing. The U.K. ranks third in country of origin for children trafficked.

- **Return to host country** – this is an extremely complex issue. Families may have used significant savings to send their children to Europe, for a better life. The child feels they have purpose and aim to fulfil. Therefore, to be deported back, can be seen as failure. The country of origin might be too volatile to send children back to, or may not have any reception arrangements in place. Some young people have been left in no-man lands, with their appeals for asylum being rejected, but cannot be deported due to instability in their country or origin. This raises questions on what ideology and intentions underpins the deportations. Would it not be considered better that young people are provided with an education, skills and knowledge that they can then chose to use in re-building their home countries? How can countries of origin, transit and destination work more cohesively in supporting unaccompanied children?

- **Moving beyond agreement in theory and recognising best practise** - As mentioned above there is a wide acknowledgement that we are dealing with children first and migrants second. However despite this, children are still being held in detention centres, repeated questioned and scrutinised. We need to ensure that if they are going to be considered as children first, the reception and support needs to reflect that in practice e.g. implementing a guardian system. A large focus has been on recognising methods that work and classified as good/best practise. How can we move toward implementing, changing and adapting practice? So it is an active process impacting the lives of children, rather than simply documentation. These aspects around theory and practice need to be included within a wider set of training parameters for professionals working with these children.
• Age Assessment – more humane ways of determining age assessment need to be developed, as some cases have shown medical examinations have been very intrusive for children, already under intense scrutiny.

Bibliography:


Dutt, R (2000) ‘*Placing Refugee children.*’ Community Care 12/05/00.


