

## Improving safeguarding of unaccompanied migrant young people

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*Multidisciplinary organisations working with unaccompanied asylum seeking young people must improve training, coordination, and support to ensure that none are left behind, write Susanna Corona Maioli and colleagues*

Unaccompanied asylum seeking children are young people aged under 18, separated from their legal guardians, who are seeking asylum in the UK after displacement. Asylum seeking young people aged 18-25 also continue to be a vulnerable group. As of September 2022, the UK received more than 5000 asylum applications for unaccompanied children.<sup>1</sup> Most came from Sudan, Albania, Eritrea, Afghanistan, and Syria, but demographics fluctuate depending on migration politics and global dynamics.

Unaccompanied asylum seeking children are rendered vulnerable by their unaccompanied status and the traumatic experiences of a forced migratory journey, with health consequences such as depression, anxiety, post-traumatic stress disorder, infections, and nutritional deficiencies.<sup>2</sup> The Home Office is failing to safeguard these children, with more than 200 young people unaccounted for after placement in contingency accommodation hotels that do not meet requirements for underage migrants.<sup>3</sup> In a joint statement in February 2023, the Royal College of Paediatrics and Child Health and the International Child Health Group urged the Home Office to halt the accommodation of unaccompanied asylum seeking children in hotels and to safeguard children irrespective of their migration status.<sup>4</sup> Care of these young people falls between the cracks of migration management and child protection. Preventing this requires multidisciplinary collaboration. A virtual discussion was organised between multidisciplinary professionals with experience of working with unaccompanied asylum seeking children (see acknowledgments), to explore gaps in UK service provision for this group. Four main issues were explored: capacity, knowledge, and training; coordination between services; legislative challenges; and unmet health and social care needs.

At the round table discussion in February 2023, a lack of specific training of child protection services was highlighted as a key problem. Training is generally experiential and occurs through

working with unaccompanied children seeking asylum rather than via formally established, nationwide protocols. Training should cover how to deliver child centred services that are sensitive to the children's culture and experiences of trauma, including legal processes such as age assessments. By this, we mean that training must focus on making children feel safe, understanding that trauma can have an impact on someone's ability to communicate, as well as the complexity of migrant children's different histories and cultural backgrounds. Migration dynamics change often, so training should be updated regularly.

The round table discussion highlighted inadequate coordination between services. There was general agreement that Home Office coordination of child welfare services for the wellbeing of young migrants is unrealistic given current political interests of migration management and hostility towards migrants. Nevertheless, coordination without involving government institutions is unfeasible given that the basis for dignified life in the UK begins with being granted leave to remain status. The Department of Education was suggested as an alternative institution that could take a more active role in coordinating services for these children, in line with its duty towards all children.

In terms of legislation, the UK's 1989 Children Act<sup>5</sup> was identified as an exemplary piece of child protection legislation, given its emphasis on child welfare and on taking into account the independence of the child. For unaccompanied children seeking asylum, migratory status and age assessments were identified as legal barriers that prevent access to child welfare services. Age assessments are widely recognised in the literature to be highly inaccurate and distressing for these children but remain a prerequisite for accessing child rights.<sup>6 7</sup> Thinking in terms of stages, rather than ages, may be more appropriate, progressive, and fair. For example, considering the 18-25 age range as a protected stage.

Enabling access to healthcare and education was highlighted as essential for the wellbeing of unaccompanied children seeking asylum—including in cases with unclear age or migratory status. This is important as loneliness and isolation can have a devastating impact on health. The opportunity to exercise and have relative autonomy were commonly identified as key needs by young people themselves. Outreach health services should include dental care as this was identified as a major health concern by professionals attending the roundtable, and this is also highlighted in academic literature.<sup>2</sup> Common mental health problems that are reported by unaccompanied asylum seeking children are sleep issues and post-traumatic stress disorder, which should be managed without overmedicalisation. Young people may initially refuse mental health support due to stigma or competing concerns, such as uncertainty of their future immigration status. However, professionals observed that many go on to accept mental health support at a later date, leading to the recommendation that healthcare providers should deliver routine follow-up to increase the

opportunity to connect unaccompanied asylum seeking children into mental health services when needed.

Care pathways for unaccompanied asylum seeking children in the UK have been published, and resources exist to build on.<sup>8 9 10</sup> Ultimately, regularisation of migration, including permits to reside, the right to work, and adequate access to services while awaiting migration decisions were considered vital aspects of supporting migrants. To achieve this, there is a need for society to put pressure on government to strengthen legislation to help safeguard migrant children and young people. On the basis of child welfare, as per the Children's Act, this strengthening should include an active role of an alternative department (such as education or health) in the coordination of services for migrant youth, implementing protected age stages, and guaranteeing access to health and education services at every stage of the migration process. A trauma-informed multidisciplinary approach with effective communication between services is essential to meeting the health and social needs of migrant children and young people.

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