Looking Forward: unaccompanied asylum-seekers leaving care

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Abstract: This paper is based on a small-scale qualitative study that explored the experiences of nine unaccompanied asylum-seeking children, examining their perspectives on their in-care experiences, preparation for leaving care, and after-care support. The research also enabled seven professionals to share their views on practice and policy affecting unaccompanied asylum-seeking children leaving care. The research showed that unaccompanied young people face considerable challenges in the transition from care towards independence and that practice falls short of the standard envisaged by the leaving care framework. This paper focuses on one aspect of the empirical research, leaving-care preparation, and highlights a range of inadequacies. The paper also highlights broader policy issues that create a challenging environment for service delivery to care-leavers with uncertain immigration status.

Introduction

Anna was 15 when she fled the militia army base in the Sudan desert where she had been repeatedly physically punished and sexually assaulted. She had been there for six months, having been forcibly removed from her family during civil conflict and unrest. She managed to escape one night and was assisted to the UK by a non-governmental organisation (NGO). On arrival in the UK she had no parents, family, or guardianship support. She sought asylum and subsequently applied for refugee status.²

What happened to Anna is not an isolated incident. In 2004, approximately 2,990 unaccompanied children applied for asylum in the UK (Research, Development and Statistics Directorate (RDSD), 2005).³ Their reasons for seeking asylum were varied, but many children are forced to flee their home countries due to poverty, political or religious persecution, or armed conflict (Ayotte, 2000). Others may have escaped family abuse and neglect or “child-specific human rights violations” (Halvorsen, 2002, p. 34) such as forced recruitment into armed forces. In the majority of cases the child’s parents are dead,

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¹ This paper is based on a dissertation submitted for the MSc Childhood Studies, University of Edinburgh, August 2006.
² This account is fictional. It is not the direct portrayal of the experience of any young person who participated in this study. However, it is based on information gathered throughout the research for this paper and reflects the pre-flight experiences and reasons for seeking asylum for many unaccompanied asylum seekers.
³ These are the most recent figures available.
imprisoned, missing, or ill, or have themselves fled their home country, leaving the child in the care of family or friends.

Each asylum-seeking child is unique in terms of their social and cultural background, pre-flight experiences, journey to the UK, and experiences of arrival in a new country (Save the Children (SCF), 2000; Candappa, 2002). However, what these children have in common is that they are separated from their parents or primary caregivers – a reality that renders them vulnerable to a number of risks and disadvantage. Once in the UK, however, unaccompanied asylum-seeking children are entitled to the same care and support as citizen children. Legislation specifies that local authorities have a duty to support unaccompanied children. The leaving care support that young asylum seekers receive has been identified in previous research as an important issue requiring attention and exploration (SCF, 2000; 2001b; 2005b; British Agencies for Adoption and Fostering, 2001; Scottish Refugee Council, 2006).

The empirical study that informs this paper aimed to contribute to the limited research in this area, by providing a voice for young unaccompanied asylum seekers and professionals working with them. The initial overall aim of the research was to explore the experiences of unaccompanied asylum-seeking young people leaving care, highlighting difficulties facing these young people in their transition towards independence. The focus of the research was directed by the following research questions:

1. What are unaccompanied asylum-seeking young people’s experiences in care?
2. What are unaccompanied asylum-seeking young people’s experiences of leaving care preparation?
3. What are unaccompanied asylum-seeking young people’s experiences of after-care support?

The original questions were designed to be suitably broad to permit flexibility, and further research questions emerged during fieldwork and analysis:

4. What are the experiences of unaccompanied asylum seekers who are also young/expectant mothers?
5. What are the key practice and policy concerns of professionals?
Through focus groups with young asylum seekers and interviews with key professionals, the research highlighted key issues to bear in mind in future policy development and service delivery.

This paper is divided into four parts. Firstly, the legal and policy context is explained. Secondly, the theoretical perspectives and methodology used in the empirical study that informed this paper are outlined. Thirdly, the key findings relating to leaving care preparation are presented under three subheadings: age at leaving care, needs assessment and pathway planning, and assisting young people to acquire practical and financial skills. The author concludes that despite legislative initiatives and policy developments, practice often falls short of the standards necessary to ensure adequate leaving care support for unaccompanied asylum seekers.

Background

Unaccompanied asylum-seeking children

The term ‘unaccompanied asylum-seeking children’ is used to describe individuals who arrive in the UK under the age of 18, without a parent or other adult relative or guardian who is prepared to take responsibility for them, and who make an application for asylum in their own right (United Nations High Commission for Refugees (UNHCR), 1994; Separated Children in Europe Programme (SCEP), 2004).\(^4\)

Whether an asylum-seeking child is accompanied or unaccompanied affects which agency is responsible for supporting the child. Although both groups of children are subject to UK immigration legislation and policy through an almost identical process, since April 2000 accompanied children have been supported by the National Asylum Support Service (NASS),\(^5\) whereas unaccompanied children remain the responsibility of local authority social services departments (SSDs).\(^6\)

\(^4\) For the full Home Office definition, see: http://www.ind.homeoffice.gov.uk/applying/asylumapplications/10902.

\(^5\) NASS was set up within the Home Office, under the Immigration and Asylum Act 1999, to co-ordinate the arrangements for supporting and dispersing asylum seekers to different centres around the country. NASS supports asylum-seeking families and single adults over the age of 18, who applied for asylum after 1 April 2000 and who require accommodation and/ or support. People who require accommodation are offered it in a specified area, on a ‘no choice’ basis, and have to remain there until NASS grants them permission to move or their asylum claim is accepted. The purpose of this dispersal scheme was to ease the burden on London and south-east England, areas that have supported the vast majority of asylum seekers in the UK (Audit Commission, 2000). NASS has no responsibility for supporting unaccompanied children.

\(^6\) When referring specifically to the asylum seekers who participated in this research, the term ‘young people’ as opposed to ‘children’ is used to reflect the fact that just over half the participants were over the age of 18.
Legal and Policy Context

The Children Act 1989 and Children (Leaving Care) Act 2000

The Children Act 1989 applies to all children in England and Wales, regardless of their immigration status. Under this legislation, local authority SSDs have the same responsibilities towards unaccompanied children as they do towards any other children in need in their catchment area.\(^7\) Section 17(10) defines a child ‘in need’ as one who is:

Unlikely to achieve or maintain, or to have the opportunity of achieving and maintaining, a reasonable standard of health or development without the provision for him of services by a local authority.

An unaccompanied child will receive local authority services under one of two provisions – section 17 or section 20. Section 17(1) states:

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…by providing a range and level of services appropriate to those children’s needs.

Under section 17, a local authority may arrange for someone else to act on their behalf to provide services. For example, a local authority may contract a voluntary organisation such as Barnardo’s to provide services. Section 20 places a duty on a local authority to ‘look after’ any child in need, if the child appears to require such level of service. Furthermore, section 20(3) requires a local authority to:

Provide accommodation for any child in need within their area who has reached the age of 16 and whose welfare is considered to be seriously prejudiced if the authority do not provide him with accommodation.

There is considerable variability in services provided under section 17, ranging from the non-existent to the fairly comprehensive. While some local authorities have used section 17 to provide ongoing social work support to unaccompanied children – packages that are

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\(^7\) The responsibility for a particular child lies with the local authority in which the child first presents him- or herself.

According to Article 1 of the United Nations Convention on the Rights of the Child and section 105 of the Children’s Act 1989 (the relevant UK children’s legislation, discussed below), a ‘child’ is a person under the age of 18 years.
sometimes as comprehensive as those for looked after children – many unaccompanied
children receive only financial support and accommodation, “which can be anything from
supported lodgings or a bed and breakfast accommodation to a privately rented shared
house or hostel” (Immigration Law Practitioners’ Association (ILPA), 2006: 22). Section
20, on the other hand, brings with it a comprehensive support package. Children will often
be placed in foster care or a residential home. Of particular relevance to this paper,
section 20 entitles children to full leaving care services, under the Children (Leaving Care)
Act 2000 (hereafter referred to as the Leaving Care Act), to support them in their transition
towards independence.

The Leaving Care Act is designed “to improve the life chances of young people living in
and leaving care” and to replicate the support that responsible parents would be expected
to provide for their children (Department of Health (DoH), 2001). It extends the leaving
care age from 16 to 18, and obliges local authorities to continue to provide support and
advice for care-leavers up to the age of 21, or 24 for those in full-time education. Overall,
the Leaving Care Act significantly extends the duties and powers of the Children Act. For
example, local authorities now have an obligation to assess the needs – health and
development, housing, education, financial and independent living skills – of all young
people in care and to develop a ‘pathway plan’ to meet those needs. Local authorities
have a duty to provide care-leavers with suitable accommodation, and must also arrange
for care-leavers to have a personal adviser, who is responsible for co-ordinating the
services required to meet the pathway plan (DoH, 2001). The Care Matters Green Paper
(Department for Education and Skills (DfES), 2006) sets out a radical package of
proposals for change for children and young people in care. Among these is a proposal to
extend the ‘right’ of young people to remain in foster care to age 21.

The Home Office (2005) estimates that at 31 March 2005 local authorities were
supporting 6,000 unaccompanied children, of whom around three quarters were aged 16

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8 Local councils as well as private, voluntary and charitable organisations provide fostering services for
children (Stott, 2006).
9 Anywhere where there are more than four children who are being looked after, unless siblings, is deemed a
residential (or children’s) home (Stott, 2006). Some local authorities and voluntary organisations have
homes specifically for refugee and asylum-seeking children, but most are non-specialist homes (Rutter,
2001).
to 17 years. These children receive assistance as children ‘in need’ under section 17, or are accommodated and ‘looked after’ under section 20, of the Children Act 1989.

LAC 13 (DoH, 2003) and the Hillingdon judgment confirm that unaccompanied children, who have no-one with parental responsibility for them in the UK, should be provided with services under section 20. An effect of LAC 13 and Hillingdon has been to increase the proportion of unaccompanied children looked after under section 20 and therefore eligible for leaving-care services. It is these rising leaving-care costs that the Home Office Reform Programme (Home Office, 2007) is explicitly trying to manage by reducing eligibility through a speedier returns programme. Once implemented, the Home Office Reform Programme will bring sweeping changes to the care and support of unaccompanied children, including an intention to reduce their rights to leaving-care services after age 18.

Theoretical Perspectives and Methodology

Interpretive, Grounded Theory approach

The exploratory nature of the research, combined with a focus on experiences and perceptions relating to policy and practice, suggested an interpretive approach (Blaikie, 2000; Mason, 2002). The author’s concern to capture views and experiences in a little explored area, and to allow the participants to discuss these experiences in their own terms, also suggested the use of qualitative methods (Rubin and Rubin, 1995) and a non-probabilistic approach to sampling. In light of the limited research in this area, a broadly grounded theory approach was adopted, the aim being to generate insights, inductively, from the data (Bryman, 1988; Robson, 2002).

Given the exploratory nature of the research, the study not aim for generalisability or representativeness in the statistical sense; not only would this not be feasible within the resources available, but also it was not appropriate given the aim of the study. With the goal being to gain insight into the experiences of unaccompanied young people, it was more appropriate to choose respondents deliberately because of the unique insights they

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10 To provide a sense of proportion, a total of around 60,900 children were in the care of local authorities at 31 March 2005 (British Agencies for Adoption and Fostering (BAAF), 2006).
11 In Hillingdon, four former unaccompanied children brought a judicial review against the London Borough of Hillingdon (the local authority that had been responsible for their care and support), claiming they were entitled to leaving care services. The judge found that, although the children concerned had received services under section 17, their support needs had actually amounted to being ‘looked after’ as defined by section 20. As recipients of section 20 support, the children were entitled to leaving care services.
could offer (Denscombe, 1998; Punch, 1998). Therefore the principle criterion for selection was potential to throw light on the issues facing unaccompanied care-leavers (Stake, 1995). Caution is therefore needed in generalising widely from the small sample.

**Methods**

i) Interviews with professionals

Seven interviews, each lasting between one and two hours, were conducted with professionals. Six participants worked directly with unaccompanied asylum seekers in areas with relatively high concentrations of asylum seekers (e.g. south-east, north-east, and north-west England). In light of the variation in service provision throughout the UK, it was important to achieve a geographical spread of participants. Efforts were made to recruit participants who could also provide access to young people for the focus groups. The views of a policy adviser who did not have direct client contact were also sought to provide a broader, UK-wide perspective of issues.

ii) Focus groups with unaccompanied asylum seekers

As Barnardo’s workers played a key role in the recruitment of participants, the author had limited control over the composition of the sample. The young people recruited did, however, reflect a range of backgrounds in terms of socio-demographic characteristics such as country of origin, religion, and gender. In particular, the author was able to achieve a culturally diverse sample; the nine young people came from eight different countries. Two focus groups were conducted – one in North-east England (six participants) and the other in North-west England (three participants).

**North-west England focus group**

The North-west England focus group lasted around two hours. After initial introductions, ground rules and ice-breaker, the group divided themselves into two subgroups of three participants each. There were two main activities:

- A ‘post-it’ consultation[^12] in which participants were given ‘post-it’ notes and pens, and asked to reflect on their experiences in care, their experiences of leaving care preparation, and the period since leaving care. A colour-coding system was used: pink

[^12]: Adapted from Save the Children (2002).
post-its for ‘problems’ and yellow for ‘what made things easier.’ The two groups were then invited to discuss their ‘post-its’ with the other subgroup.

- A more creative, unstructured activity in which participants were given a range of materials and invited to create a poster – in any format and using any materials they wished – to represent their experiences in the UK.

With the young people’s consent, all written ‘products’ of the focus group, including the post-it notes and charts were retained. Parts of the discussion were tape recorded with the participants’ consent, then transcribed, and field notes were recorded immediately after the group.

**North-east England focus group**

The project worker who facilitated contact between the author and young people in North-east England felt that a focus group of the type conducted in North-west England would not be appropriate with the three female asylum seekers with whom she worked. Instead, she suggested that the group be conducted in a more relaxed, outdoor setting without pre-planned activities and recording equipment – a ‘focus group’ in the broad sense, but adapted to suit the this particular group. This less ‘traditional’ focus group provided an unexpected opportunity to test different approaches and to reflect methodologically on ‘young person-friendly’ methods.

Approximately three hours were spent with the group in a park and visitors’ centre outside the city. The group talked over lunch, in an outdoor seating area, and then went for a walk during which time it was possible to talk with participants on an individual basis. Given that the purpose of the focus group was to explore the experiences of the young people and allow them to discuss issues in their own terms, rather than gain the views of a representative sample of young asylum seekers in a tightly-controlled research setting, adapting the method in this way was justified in the context. The frank discussion among the participants suggested that the environment had created a permissive, non-threatening atmosphere, which was conducive to sharing and listening (Krueger, 1994).

**Ethical Considerations**

The key ethical issues that arose in the empirical study are outlined briefly below.

*Implications of Barnardo’s involvement*
The empirical study that informed this paper was undertaken in collaboration with Barnardo’s UK. The author’s key point of contact was the Director of Barnardo’s UK Policy and Research Unit. Barnardo’s workers in north-west and north-east England played a key role in the recruitment of young people for the focus groups.

Although the author was not employed by Barnardo’s, the research was, in the broadest sense of the term, ‘contract research’ and therefore carried with it certain expectations from the ‘client.’ Although the agenda was not profit related the research was, to some extent, predicated upon the hopes of an organisation that was looking to engage more directly with issues facing young refugees and asylum seekers. This made reflexivity on the author’s part all the more important (Darlington and Scott, 2002). The author’s initial concerns that her relationship with Barnardo’s could impact on her academic freedom (Grinyer, 2005) were not lived out; as it happened, the involvement of Barnardo’s staff was only ever helpful. Nevertheless, it was important to acknowledge from the outset the potential for academic freedom being compromised and to reflect on possible strategies for addressing this should the need have arisen.

**Informed consent**
The Barnardo’s workers who facilitated access to the young people were confident that all participants had ‘volunteered’ their involvement. Despite these assurances there were some initial concerns that the young people may have felt obliged to participate because their Barnardo’s workers had made the initial approach. For that reason, reassurance was offered to the young people that they could choose not to participate and that their choice, either way, would have no impact on their immigration status or services they received. Before the focus groups, all participants were given an information sheet and consent form and time was spent individually with each participant, checking that they understood the nature of the research and consent they were giving.

Nonetheless, whether this could be considered ‘fully informed consent’ was questionable, given the participants’ lack of experience with the academic process. Thomas and Byford consider that “language, culture, religion, social norms, and experience of oppression may make it difficult to obtain truly informed consent” (2003: 1400) in research with unaccompanied children and therefore every effort was made to ensure that participants fully understood what the research involved and to encourage them to ask questions and seek clarification if needed.
Confidentiality and anonymity
Information collected during the focus group discussions was confidential, unless any child protection issues were raised. The storage and use of data conformed to the requirements of the Data Protection Act 1998, in that it was anonymous, stored securely, and used solely for the purposes of this study. Pseudonyms were used for each young person (some chose their own, others were allocated), and ages and countries of origin were omitted to minimise any risk of identification. Professionals were allocated an initial, and referred to either as ‘professionals’ or by their job title (e.g. ‘social worker’). To further protect participants’ identities, cities and projects were not identified.

Sensitive issues
The main strategy for reducing the intrusiveness of the focus groups and lessening the likelihood of raising sensitive issues was to restrict the subjects of discussion. Young people were not asked about their pre-flight experiences, reasons for seeking asylum, or families. Interviewing the young people’s workers in advance identified any issues that would be difficult, or perhaps unethical, to explore in a group setting; the groups were conducted in an encouraging and non-judgemental manner, with attention being given to verbal and non-verbal cues.

Remuneration
To recognise their contribution to the research, all young people were given an ‘HMV’ music voucher and a gift from the author’s home country, New Zealand. Refreshments were also provided for both groups.

Data Analysis
Data analysis was not a discrete stage that occurred at the end of data collection, but an ongoing process throughout the research. The process of analysis involved reading and re-reading the transcripts, re-listening to audio data (Jackson, 2001), looking closely and repeatedly at the themes to ensure they did not move away from the original data, and re-coding. This iterative process reflected the tenet of a grounded theory approach, described by Seale as:
A rigorous spirit of self-awareness and self-criticism, as well as an openness to new ideas [and] continual revision and development as new evidence, or voices, emerge (1999: 104).

Although a broadly grounded theory approach was adopted, Strauss and Corbin’s (1990) prescriptive approach to analysis in the form of open, axial and selective coding with the aim of producing a single ‘core’ category was not rigidly adhered to. Instead, the ‘constant comparative method’ was used – the “repeated comparison of information from data collection and emerging theory” (Robson, 2002: 193). A coding scheme was devised, according to which the participants’ responses were categorised into broad areas or themes. Upon revisiting the data, the codes were refined and extended, and links between different themes were explored. Analysis matched and compared themes identified by young people and professionals, and instances of agreement and contradiction were noted. Findings were compared with relevant theoretical and empirical literature, which in turn suggested additional avenues of investigation within the data.

**Findings and Discussion**

Through the process of data analysis five main themes emerged, one of which – leaving-care preparation – is addressed in this paper.\(^{13}\)

The Leaving Care Act was introduced to improve leaving-care services by giving care-leavers a legal entitlement to better support in their transition to adulthood. In particular, the Leaving Care Act seeks to ensure that young people do not leave care until they are ready, and that they receive effective support once they have left care. The Act requires local authorities to appoint a personal adviser for each care leaver to: provide advice and support; play a central role in needs assessment and pathway planning; co-ordinate services; and remain in contact with the young person. In some authorities the personal adviser role is carried out by the ‘Connexions’ service,\(^ {14}\) and in others by specialist leaving care workers (Stein, 2004). Other local authorities have established partnerships with voluntary organisations to provide leaving care services (Stein, 2004). However, practice

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\(^{13}\) The other four themes explored in the original research paper were: (i) in-care issues for unaccompanied asylum seekers; (ii) specific issues facing unaccompanied asylum seekers who are young / expectant mothers; and (iii) wider practice and policy issues identified by professionals. However, discussion of these issues is beyond the scope of this paper.

\(^{14}\) Connexions is the government’s support service for all young people aged 13 to 19 in England. For further information, see: http://www.connexions.gov.uk.
is sometimes far from what is envisaged – and required – under leaving care legislation, as practice in this local authority shows:

The local authority here doesn’t have a specific leaving care team within the asylum team, so the social worker who has been with them while in care does all the leaving care work with them, including the pathway plan, then moves them along into semi-independence or independence … but the support is pretty sporadic. Not all young people who are entitled to a personal adviser are actually allocated one (H, development worker).

The interface between social work and immigration was regarded by research participants at its most acute at the leaving care stage (when final asylum decisions are frequently made) and, from a practitioner perspective represented one of the greatest barriers to effective transition planning. This section explores the experiences and views of young people and professionals in relation to leaving care preparation. Three key themes that emerged from the data – age at leaving care; needs assessment and pathway planning; and practical and financial skills and knowledge – are discussed in turn.

Age at leaving care
As noted above, LAC 13 stressed that the majority of unaccompanied 16- and 17-year-olds should be looked after up until the age of 18. Moreover, one of the purposes of the Leaving Care Act was to ensure young people did not leave care too early.

Despite this legislative and policy framework, there is evidence that care-leavers are expected to be independent at a relatively young age (DoH, 2002). Government statistics show that 34 per cent of care-leavers in March 2002 were living independently at 19 years of age. Research with British care-leavers shows that an overwhelming number of young people leave care at a significantly younger age (typically around 16 or 17) than most people normally leave home (on average 23 years old) (Morgan and Lindsay, 2006: 7). When young people outside the care system leave home for the first time, they often live with someone else, have a choice as to where they will live, and can reasonably expect continuing levels of family support. On the other hand, life for young people leaving public care is typically much more harsh and uncertain (Morgan and Lindsay, 2006).
The present research suggests similar issues relating to unaccompanied care-leavers. Most service providers were concerned that unaccompanied children were moved into semi-independence too soon and were adamant that most unaccompanied children should remain in care (preferably foster care) until they are 18:

I really really strongly feel that unaccompanied children shouldn’t leave care until 18. Some young people are ready earlier, but a lot – most – are not (H, development worker).

Two workers referred to the tendency of social services to move children out of care as soon as they turn 16:

The local authority has moved so many young people out of care at 16 and we just don’t think they are ready. It is not in our control. We can voice our opinion, the young person can voice their opinion, but the final decision rests with the local authority. If the local authority is under pressure to move young people out of foster care because of financial reasons, then that’s what they’ll do. Sometimes it’s definitely a matter of quantity over quality (H, development worker).

One professional was working with an unaccompanied child who had been living in semi-independent housing since the age of 15, after two foster placements had broken down. There is evidence that age on leaving care is linked to life skills outcomes:¹⁵ 17- and 18-year-old care-leavers have been shown to have better outcomes than those who leave care at 16 (Biehal et al, 1995). Previous research also highlights the poor outcomes for those who leave care early, from a breakdown situation and who are not prepared to leave (Biehal et al, 1995; Stein, 1990; Stein and Carey, 1986). Findings from the present research show that practice often falls short of the care and protection principles in the leaving care framework. It remains to be seen whether the proposed changes in the recent Care Matters Green Paper (DfES, 2006) – in particular, the proposal to extend the ‘right’ of young people to remain in foster care to age 21 – will positively impact on unaccompanied care-leavers.

¹⁵ ‘Life skills’ include: budgeting, negotiating (e.g. managing encounters with officials, landlords, employers), and practical (e.g. self-care, domestic skills such as cooking, cleaning and laundry) skills (Biehal et al, 1995).
Needs assessment and pathway planning

The Leaving Care Act requires the responsible local authority or agency (where the local authority has contracted an agency to provide services) to assess the needs of young people with a view to determining what advice, assistance and support to provide, and to prepare a pathway plan based on this assessment. The regulations require the assessment to address: health and development; education; employment and training; personal support from family and other relationships; financial needs; practical and other skills necessary for independent living; and young people’s needs for care, support and accommodation. The Act requires that both the needs assessment and pathway plan are recorded, and that the young person is provided with a copy of the plan (DoH, 2001).

Evaluations of best practice suggest that a number of elements are associated with smooth, well-planned transitions (Biehal et al, 1995; Stein and Wade, 2000). Firstly, planning should start early, and should build upon the young person’s existing assessment and care plan. Secondly, the process should involve and empower the young person. The regulations require that the young person’s wishes and feelings are taken into account (DoH, 2001). Thirdly, all those with an interest in the support of the young person (e.g. carers, teachers, general practitioners) should be fully involved in the process, provided this is consistent with the young person’s wishes (Biehal et al, 1995; Stein and Wade, 2000).

Some good practice was reported in this area. All service providers said they were committed to involving young people as much as possible in decisions about their future. Service providers regarded pathway planning as a good tool for empowering unaccompanied young people and felt it gave young people an opportunity to be genuinely engaged in discussions about their hopes and anxieties regarding the future. Two workers were also developing skills and expertise in involving unaccompanied young people on a strategic level, for example by consulting them when developing after-care services. It was clear from discussions with young people and professionals that young people value the experience and knowledge that adults can offer them. Workers emphasised the need to balance young people’s involvement in decision making with adult guidance and support:

You get their point of view about how they want things for themselves, then you operate in a way that helps them achieve that. So, we give
unaccompanied young people an opportunity be involved in their decisions, but we have to apply an adult perspective – adult wisdom – on things. You have to let people make mistakes, but at the same time you have to question them and point out things they might not have thought about, such as saying “you’ve told me this is what you want to do. You know this isn’t going to be seamless, it won’t necessarily be smooth, there may be gaps when you leave this accommodation before you find the next?” This approach is young person-centred in that it focuses on what the young person wants, then puts that through a reality filter and reflects that back to the young person (J, leaving care worker).

This approach is supported by Stein, who refers to the balance to be struck between young people’s participation rights and ensuring their needs are met:

Neither a shallow and token legalism which rejects all needs in favour of rights nor a crude and narrow pathologising which reduces young people to receptacles of professionally defined need, will serve these young people well (2004: 126).

Unfortunately this approach was not consistent across local authorities and there were instances of absolutely no consultation with the young person or other interested parties:

I went to talk to this young person about turning 18 and the young person said, “my social worker has sent me my pathway plan and told me to sign it.” And I just literally pulled my hair out because that’s not the idea of a pathway plan (J, policy adviser).

Such practice is disappointing, given the experience with the young people in this study, who were articulate and interested in discussing issues affecting them.

There was clear recognition from professionals that young people should be more closely involved in the planning process and should have greater choice in matters such as when they leave care and where they live. However, several workers conceded that in practice young people have very little influence over such matters, in particular with regard to when they leave care. One worker said leaving care was “kind of done to young people
rather than with them.” Many young people felt that the ideal way to leave care would have been when they wanted to, rather than when they were told. Morgan and Lindsay also reported “remarkable agreement” among British care-leavers that they would like more choice about when they left care (2006: 19). According to Sinclair et al (2003), whether a young person was, in the view of social workers and foster carers, ready and willing to leave foster care, was associated with after-care outcomes.\(^\text{16}\)

Several workers commented that, despite talk of involving different ‘stakeholders’ in the leaving care process, in practice the decision as to when to move a young person out of care ultimately rested with the local authority. There was particular criticism levelled against some local authorities for failing to treat foster carers as ‘partners’ in the process:

As his 16th birthday loomed, the local authority talked to Nick about leaving his foster family and moving into supported lodgings or semi-independent accommodation. His foster parents were adamant that this was the wrong thing for Nick: “He started to rely on us as parents – he was not emotionally ready and he could not have left at that point….” Nick did not move into supported lodgings or semi-independence when he was 16 as the Smiths changed their approval and became a ‘supported lodgings placement’ for Nick. The idea was to prepare Nick to move on when he reached 17 or 18 and when he had the skills to be able to look after himself. The local authority team was very unsupportive at this stage and Nick became even more despondent about social services. (case study provided by H, development worker).

Research participants identified a range of policy issues which presented a challenging environment for service delivery. Key issues relating to the asylum system were the inefficiency of the asylum process and the fact that most asylum decisions granted only indeterminate status.\(^\text{17}\) There was a tension between pathway planning – envisaged as

\(^{16}\) The outcome measure was ‘how well the young person is doing’ according to the latest information foster carers and social workers had regarding that young person (Sinclair et al., 2003).

\(^{17}\) In 2004, the Home Office made 3,440 initial decisions on asylum applications from unaccompanied children. Of these, only 75 (2%) were granted asylum, 20 (1%) were granted humanitarian protection (HP), 2,490 (72%) were granted discretionary leave (DL), and 470 (14 per cent) were refused (RDSD, 2005). These were initial decisions made on unaccompanied asylum seekers aged 17 or under at the time of decision. The remaining 385 initial decisions were made on unaccompanied asylum seekers aged 18 or over at the time of decision. Of these, 10 (0.2%) were granted asylum, 15 (0.5%) were granted HP or DL, and 360 (10%) were refusals (RDSD, 2005)
thinking and planning into the future with young people – and the foreshortened concept of the future available to many asylum seeking children arising from their immigration status. Against the background of this ‘constant state of limbo,’ it was difficult to see how unaccompanied care-leavers could be expected to feel in control and able to plan – factors seen as connected to the development of a positive sense of identity and resilience (Stein, 2004: 114).

Another concern related to the conflicting values and aims in UK law and policy, and the perception among professionals that immigration status takes precedence over welfare considerations. A number of professionals expressed concern about the government’s reservation to the United Nations Convention on the Rights of the Child (UNCRC). For some professionals, the reservation symbolised the tension between different areas of law and policy affecting unaccompanied children, in particular the fundamental principle of the Children Act 1989 that the welfare of the child is paramount and, on the other hand, the often punitive immigration system. According to some participants, the Home Office was taking the lead on many issues affecting unaccompanied asylum seekers and there was a lack of guidance and leadership from the Department for Education and Skills. Professionals felt that this resulted in immigration status taking precedence over the welfare of the child. Professionals emphasised that asylum seekers are children first and foremost, and are entitled to the same care and support as citizen children.

**Assisting young people to acquire practical and financial skills**

The Leaving Care Act also requires practitioners to gauge whether a young person is ready to leave care and what work needs to be done to prepare them for independence. The guidance to the Act identifies three main dimensions to preparation:

- Helping young people to build and maintain relationships with others;
- Enabling young people to develop their self-esteem, including knowledge of their own personal history, family, culture and community; and
- Assisting young people to acquire practical and financial skills and knowledge (DoH, 2001).

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18 In 1991 the UK government ratified the UNCRC, but entered a reservation in which the government reserved the right to apply conditions relating to the entry into, stay in and departure from the UK, and to the acquisition and possession of citizenship. “The reservation, read literally, allows the government to disapply the UNCRC rights so far as they relate to people who are subject to immigration control” (Joint Committee, 2004, para.17).
While professionals recognised that leaving-care preparation should be holistic, attaching equal importance to practical, emotional and interpersonal skills, they had greater concerns around the shortcomings of services in relation to the acquisition of practical skills and knowledge. Young people also prioritised practical skills when articulating details of the help they needed in preparing to leave care. Given that practical preparation emerged as pivotal in this study, this paper focuses on this issue.

Leaving-care preparation has the potential to provide a number of resilience-enhancing opportunities such as problem-solving, planning, and the learning of new competencies (Rutter et al, 1998; Newman and Blackburn, 2002). This may include the development of self-care skills (e.g. personal hygiene, diet and health); practical skills (e.g. budgeting, shopping, cooking and cleaning); and interpersonal skills (Stein, 2004). However, in promoting resilience, there needs to be greater recognition of the nature and timing of young people’s transitions from care. According to Stein (2005), this includes giving them adequate practical and emotional support, and allowing them the psychological space to cope with changes over time.

It was encouraging to hear service providers talk about the importance of building up young people’s confidence and offering them encouragement and support. There was evidence of good practice in this area, particularly in a specialist leaving-care project in the voluntary sector. Workers in this project were committed to providing advice and support while also helping unaccompanied care-leavers maximise their own strengths and abilities. A focus on self-esteem was seen as helping to create a sense of confidence and self-worth in unaccompanied care-leavers, which in turn fostered a relationship of ‘interdependence’ rather than dependence on leaving-care services:

It’s like having your own child – making sure everything is in place for their support…I always encourage them to talk to me about some of the issues or feelings they have about leaving care, and let them know that I am there for them. But my main role is really to help them build their confidence and self-esteem because they have a lot of ability – it’s just a matter of bringing that out. It’s not about me telling them what to do, but more about letting them recognise that they already have those skills and abilities (S, leaving care worker).
K, a social worker, described an initiative in her local authority:

The 16+ team has just started a ‘managing your own home’ course, which will be of great benefit to young people because it’s the practical, everyday things like shopping, paying bills, how to keep the house clean, what pots and pans to buy – very practical things (K, local authority social worker).

Such initiatives are commendable, but it is important to ensure they are provided at the right stage in a young person’s transition towards independence. In Morgan and Lindsay’s (2006) study, most care-leavers:

Had received little more than a crash course in the ‘home-keeping’ skills, which they…found quite insufficient for managing a home for the first time. Young people said that foster carers should train you for leaving care and you should be able to start preparing a year ahead (p. 18).

This highlights the importance of timing and of recognising that leaving care is a gradual process, not a one-off event (Yates, 2001). Young people emphasised that carers and workers should start leaving-care preparation while young people are still in care, so that “if something goes wrong there is someone there to pick us up.” One young person’s foster carer encouraged her to start taking responsibility for her own shopping while still in care, which she felt gave her the skills and confidence to manage her finances after she left care. In an example of the consequences of poor preparation, one young person mentioned that because his foster carer had bought everything for him and had not allowed him to manage his own money, he had no experience of shopping for himself until he was already living independently.

H, who was involved in training and supporting foster carers, said her project encourages carers to start preparatory work when a young person first moves into care, then compact it a few months before leaving care. However:

Some foster carers actually find that difficult to do because firstly they like doing everything for the young person, perhaps as they did for their own children, but their children mightn’t have left home until they were 21 or 22,
so it’s very different. Also, there may be reluctance around preparation because they don't actually want the young person to leave (H, development worker).

There are further barriers to preparation in situations where the move from care occurs very quickly:

Where a foster placement has broken down and the local authority doesn’t want to place the young person with another foster family, and instead they move them straight into semi-independence without any warning, obviously there is no chance to prepare at all (H, development worker).

Young people were aware of suddenly having become responsible for doing everything for themselves, and many were concerned that they had not been shown how to do things properly. Young people felt they had received little preparation for making their own decisions and juggling their new responsibilities:

All of a sudden I was responsible for bills, budgeting, housework, as well as college. So, in a way, I desperately wanted to go back to my foster family…It was a mission – I had to do everything. Everything I had to do myself (2Pac).

When you get a place by yourself, you don’t know what to sort out first. You want to go to college, you want to do something for your room, you need to go shopping – you have a lot on your mind at the same time, especially when you’ve just moved out. It’s like, “have a life, go ahead, move one” and you don’t have people around you like you used to (Betsy).

According to Stein, this “compressed and accelerated transition to adulthood…represents a barrier to promoting … resilience” (2004: 116).

There were additional issues to consider in preparing unaccompanied young people for independence. The following incident illustrates that there are many practical, day-to-day skills that are taken for granted in British culture:
A large part of my work with one young person was teaching him to cook safely because he was actually a danger to himself. For example, he didn’t know how to open a tin. He had a big carving knife in the tin, and was moving it around trying to open it. Another thing was not knowing what a freezer does as compared to a fridge. The idea that you can freeze food and it will last. There are so many things we take for granted and sometimes it’s almost like teaching everything right from the beginning (H, development worker).

Isolated incidents such as this may seem trivial, but highlight the disadvantage some unaccompanied young people face in terms of life skills and tools for learning – skills most young people take for granted.

Some professionals felt that local authorities tended to treat unaccompanied care-leavers as a homogenous group rather than as individuals. The need for a holistic and flexible approach to preparation, which recognises the needs and abilities of each young person, was emphasised:

Both unaccompanied and British care-leavers need to be well prepared for independence in similar ways – emotionally, practically, socially, and so on. All care-leavers should be adequately prepared, which they are not. It depends how long the unaccompanied young person has been in the UK and whether they were formerly in foster care or going straight to semi-independence when they get here. This affects how much they’ve picked up and learnt (H, development worker).

**Conclusion**
The transition from care to independence is widely recognised as a difficult time for young people in the care system as they have to cope with the responsibilities and challenges of major life changes at a much younger age than other young people. This research has shown that unaccompanied asylum-seeking care-leavers experience similar issues relating to preparation for independence as their British counterparts. However, these issues are exacerbated for such young people by their uncertain asylum status. The current framework for leaving-care services was intended to provide the support needed for the transition from care to independence. However, despite legislative initiatives and
policy developments, practice often falls short of the standards necessary to ensure adequate support for unaccompanied asylum seekers. The research revealed a number of issues relating to preparation for leaving care, and highlighted the complexity of providing support for unaccompanied care-leavers. There was a clear need for a more strategic and holistic approach to service provision, the starting point of which should be the needs and rights of the young people.

It was clear that, despite the best efforts of voluntary agencies and some local authority workers, many unaccompanied care-leavers felt inadequately equipped for independence. For many young people, leaving care involved sudden change, reduced support, and greatly heightened self-responsibility. A lack of information and preparation, combined with a sense of powerlessness regarding their future, made the transition to independence incredibly challenging for these young people. In spite of all this, the young people in this research demonstrated remarkable resilience and possessed many admirable qualities.

While this paper does not provide a complete evaluation of the impact of leaving-care policy and practice on unaccompanied young people, it does provide a picture of the difficulties faced by these young people in the leaving-care context. Clear messages about shortcomings in service provision and key policy concerns have been highlighted. If practice is to improve in this area, there needs to be sufficient funding from central government; a consistent approach to leaving-care support and service delivery, regardless of young people’s immigration status; comprehensive training for staff and carers; and a young-person-centred approach to care and support. Only then will leaving-care preparation truly give unaccompanied young people a greater sense of certainty about their ability to cope with independent living – whether in the UK or elsewhere.

References


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**International Conventions**


**UK Legislation**

The Children Act 1989

The Children (Leaving Care) Act 2000

**Case law**