

# Distress Signals

Unaccompanied young people's  
struggle for mental health support

**Executive Summary**

November 2018



# Introduction

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**Unaccompanied young people fleeing war, persecution and other struggles take a range of difficult journeys to arrive in the UK, frequently experiencing issues such as violence, family breakdown, bereavement, exploitation and torture. Following their arrival in the UK, unaccompanied young people can continue to face significant barriers in achieving stability. This can result in mental ill-health, or exacerbate existing mental health issues that unaccompanied young people may have already been struggling with.**

In consultation with key stakeholders, including 10 unaccompanied young people and 10 mental health and advocacy professionals that support unaccompanied young people, this report provides an overview of what is currently known about the mental health needs of unaccompanied young people living in England and Wales. It explores the barriers unaccompanied young people face in accessing mental health support and in receiving a good standard of care, once they are engaged in mental health support services. It then considers best practice models in providing adaptable and sensitive mental health support to unaccompanied young people.

**The headline findings from this report are the following:**

- The effects of the traumatic events that young people have faced prior to their arrival in the UK can continue to affect them for substantial periods of time through a range of symptoms, such as flashbacks, sleep disturbances, memory impairment, anger and disruptive behaviour, self-harm and even suicide.
- Once young people are in the UK, their mental health can deteriorate if they face barriers in settling their lives and their long-term prospects.
- Self-harm and suicide pose a grave risk for these young people, especially if they are not receiving holistic support. More needs to be done to understand these risks and the network of support that would help to combat them.
- The strengths and difficulties questionnaire (SDQ) – which is the most commonly used tool for identifying an unaccompanied young person's need for mental health support once they arrive into care – is not identifying their mental health needs adequately. Our data analysis has found that, in spite of the acute mental health issues that unaccompanied young people might be facing, the average SDQ total difficulties score for looked

after unaccompanied young people is low and suggests they would have little need for mental health support.

- Lack of awareness and training among paediatricians, GPs, social workers and other professionals working closely with young people lead hinder identification of mental health need among unaccompanied young people.
- Language used to communicate with unaccompanied young people about their mental health needs is often inadequate. This is due to insufficient translation facilities within services and lack of education about mental health issues with the young people themselves. In order to ensure that young people can fully communicate their needs, extensive support is required even after they have been referred into mental health support.
- Immigration and asylum processes to regularise unaccompanied young people's immigration status in the UK are creating stress and mental health difficulties among young people.

- The Government policies that have created the Hostile Environment have made it more difficult for young people to access NHS services and education. Cuts to legal aid are also creating additional barriers for unaccompanied young people, which can create further mental health distress.

**We have identified a number of key recommendations for stakeholders on a national and local level to help support the needs of unaccompanied young people, to improve their mental health. This includes:**

- More comprehensive tools for assessing mental health need.
- Services that are better connected with young people's communities.
- Providing guardians to represent the best interests of all unaccompanied young people.
- More effective leadership within support services to ensure that all agencies are communicating about young people's needs.
- Targeted training to improve awareness and identification of need among the professionals that are working most closely with young people.

- Creating centres of excellence to share learning and good practice.
- Ensuring that young people are linked in with high quality advocacy services.
- Providing a range of adaptable resources to allow young people to communicate their mental health needs.
- Improving complex and traumatising immigration and asylum processes.
- Ensuring that holistic support is also available for young people that are arriving to be reunited with family members through the Dublin III process.

**We have provided examples of effective working, where relevant.**

The task ahead in improving access to mental health support for unaccompanied young people is complex, but not impossible. Improving availability of services and identification of unaccompanied young people's needs will also help to develop support for young people from other vulnerable backgrounds. The risks of not developing this support for unaccompanied young people can create potentially grave outcomes, but effective leadership and sensitivity will help to secure young people's lives and futures.

# Recommendations

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## **1. The Looked After Children's (LAC) health and other assessment models to identify initial mental health need among young people are currently inadequate in identifying the mental health needs of unaccompanied young people who are seeking asylum having fled war and persecution, or those who are recovering from human trafficking and modern slavery.**

- LAC assessments must be conducted by local authorities as soon as a young person arrives into their care, as reflected in 'Promoting the health and wellbeing of looked after children' and 'Social Services and Well-being (Wales) Act 2014' guidance.
- For England: relevant figures within local authorities, Clinical Commissioning Groups and Health and Wellbeing Boards must ensure that paediatricians conducting LAC assessments are fully trained in understanding and identifying the needs of unaccompanied young people.
- For Wales: relevant figures within local authorities and Local Health Boards must ensure that paediatricians conducting LAC assessments are fully trained in understanding and identifying the needs of unaccompanied young people.
- For England: Health and Wellbeing Boards should ensure that local Joint Strategic Needs Assessments (JSNAs) within areas explicitly include children and young people's mental health, with attention to the specific vulnerabilities of unaccompanied young people within this.
- For Wales: Regional Partnership Boards should ensure that Health, Social Care and Wellbeing (HSCWB) health needs assessments within areas explicitly include children and young people's mental health, with attention to the specific vulnerabilities of unaccompanied young people within this.
- The ongoing UK government trials into mental health assessment tools for looked after children need to take the needs of unaccompanied asylum-seeking and migrant young people into full consideration. This requires other qualitative tools to measure unaccompanied young people's needs including cultural, ethnic factors and differences in their life experiences, to be used alongside the Strength and Difficulties Questionnaire, to capture need more comprehensive. This should include measures of trauma, well-being, attachment and any other issues that unaccompanied young people are commonly presenting with.
- In the new assessment pilots for looked after children's mental health, the UK government should conduct one pilot in a local authority area with greater numbers of unaccompanied asylum-seeking and migrant children. When evaluating the pilot, there should be a dedicated section of the

evaluation focusing on unaccompanied asylum-seeking and migrant children's experiences and outcomes.

- Following the pilots, the outputs produced to support local authorities in improving mental health assessments must give specific advice on how to best meet the needs of unaccompanied and migrant children.
- The 'promoting the health and well-being of looked after children' statutory guidance, produced jointly by the Department for Education and Department of Health, requires updating to include a dedicated section on the mental health vulnerabilities of unaccompanied and migrant young people. This must include how young people's needs can be identified in an initial LAC assessment, with the aid of a more comprehensive assessment tool.
- Clinical commissioning groups must ensure that young people are able to access CAMHS support until 25.
- Local authorities and clinical commissioning groups must commit funding to specialist advocacy and mental health services to support unaccompanied asylum-seeking and migrant young people.



## 2. There is a lack of specialist knowledge sharing about the mental health needs of unaccompanied young people.

- The Department of Health must commit to funding the UASC Health website, and updating its resources when they become outdated.
- The Department of Health and Department for Education to consult on jointly developing accreditation for 'centre of excellence' status, or similar mechanisms (like a practice network), for services that have particular specialism in providing mental health support to unaccompanied and migrant young people, either within the NHS or an NGO service. Commitment to support from these departments would also enable the teams to develop specific resources and trainings that can then be disseminated across the country.
- When reviewing Local Transformation Plans (LTPs) submitted by Clinical Commissioning Groups, in areas with larger numbers of unaccompanied and migrant children, the Department for Health should require a care pathway for unaccompanied and migrant young people that meets their mental health needs, both in childhood and early adulthood.
- All local authority areas with high numbers of refugee and migrant children should create a reference group, as outlined on page 49 to coordinate relevant services to support refugee and migrant young people that are newly arriving in an area. This will ensure that professionals are in dialogue with one another and needs are identified early on. If a local authority is unable to coordinate this group, it could be coordinated by one of the Strategic Migration Partnerships (SMPs) within England or the SMP in Wales.



**3. Unaccompanied young people in England and Wales are not assigned an individual that represents their best interests in all decisions and proceedings that concern them. Unlike in other European countries, there is currently no independent guardianship system for unaccompanied young people in England and Wales to support them through asylum, immigration and other legal processes.**

- While many social workers will do their best to support unaccompanied asylum-seeking children in their care, there is no requirement for them to have specific training or qualifications to understand and keep up to date with the asylum system. They often do not have legal parental responsibility for the child, who is usually voluntarily accommodated by the local authority. This means they cannot instruct solicitors for the child and there may be a conflict of interest regarding care for the child, such as through protracted age disputes. The stress of these experiences – and lack of a trusting adult protecting their best interests – can lead to negative mental health outcomes and even self-harm, or suicide in some cases.
- We urge the UK Government to reconsider its position on providing independent guardians to all unaccompanied young people, to ensure that they have someone who is advocating in their best interests in all decisions made about them and has a legal power to instruct solicitors. These guardians should continue supporting unaccompanied children into adulthood, to ensure an effective transition.



**4. Although the UK Government has made significant progress and shown a strong commitment to providing training for foster carers and improving supported accommodation for unaccompanied young people, there are still too few unaccompanied young people receiving the supportive accommodation placements that they need to recover and rehabilitate. Without effective supervision and support, their placements can create detrimental mental health outcomes.**

- For England: whilst the current commitment to increasing foster care capacity is welcome, the Department for Education should commit to long-term funding for all local authorities in England to train foster carers and supported accommodation providers on the needs of unaccompanied young people, so that they can be better supported in their accommodation placements.
- For Wales: Welsh Government should commit to long-term funding for all local authorities in Wales to train foster carers and supported accommodation providers on the needs of unaccompanied young people, so that they can be better supported in their accommodation placements.
- For England: Social Work England should ensure that understanding the needs of, and how to provide the best support for, unaccompanied and migrant young people in care is included in the training standards for social workers in England. The Department for Education must ensure that appropriate funding is available for this to be delivered.
- For Wales: Welsh Government should ensure that understanding the needs of, and how to provide the best support for, unaccompanied and migrant young people in care is included in the training standards for social workers in Wales and ensure that appropriate funding is available for this to be delivered.
- For England: as part of their current duty to provide a local offer for all their care leavers, local authorities must provide a targeted package of support for unaccompanied young people leaving care to include access to high quality accommodation, access to legal advice and funding to regularise their immigration status, and more. We have produced guidance for local authorities in producing a bespoke local offer, which can be viewed on our website.



**5. Immigration and asylum processes are creating long-term mental health distress for unaccompanied young people – this is made worse when young people are not able to access legal advice and representation.**

- The Home Office must commission a consistent programme of training for Home Office immigration and asylum decision makers, to increase the quality of decision-making. This should look at the key areas where Home Office decision-making is creating delays – or decisions which are then overturned following a legal challenge – to ensure that more sensitive and methodical decision making is achieved.
- The Home Office should audit the asylum cases of unaccompanied young people to identify the common areas for concern and what actions to take to ensure better outcomes in decision making, including addressing delays in decision making and intrusive interview processes.
- The Home Office and local authorities must make sure that children understand all communication – both written and verbal – from the Home Office, and have help to think through the consequences of these communications.
- The Home Office should conduct a consultation with young people to capture their subjective well-being and better understand how asylum and immigration processes negatively impact on young people’s well-being, with an action plan for any improvements that need to be made.
- The Ministry of Justice must reinstate legal aid in immigration cases for all young people under 18.





Right now in Britain there are children and young people who feel scared, unloved and unable to cope. The Children's Society works with these young people, step by step, for as long as it takes.

## **We listen. We support. We act.**

There are no simple answers so we work with others to tackle complex problems. Only together can we make a difference to the lives of children now and in the future.

## **Because no child should feel alone.**

This report has been written  
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