New to Northern Ireland
A study of the issues faced by migrant, asylum seeking and refugee children in Northern Ireland

Teresa Geraghty, Celine McStravick and Dr Stephanie Mitchell
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Introduction

NCB’s mission is to advance the well-being of all children and young people across every aspect of their lives. As a membership and infrastructure support agency, participation and partnership are at the heart of everything we do and we provide essential information on policy, research and best practice across the sector as a whole.

Working from an evidence-informed perspective and whether influencing policy, practice and service developments or undertaking high-quality research, NCB works collaboratively to ensure the best possible outcomes for all. For further information, visit www.ncb.org.uk

Background to the study and project development

The composition of Northern Ireland (NI) society is in a process of rapid change as migration of people into Northern Ireland increases. As confidence in the peace process has developed and with the expansion of the European Union (EU), more people are moving to Northern Ireland than ever before. This has engendered an interest in both migrants and asylum seekers on the part of policy-makers and service providers. For example, there is now a Migrant Workers Strategy in place (DEL 2008). In addition there is a growing challenge from campaigning agencies to the misperceptions of and racism directed towards these groups. However, most of this interest has focused on adults. There has been little, if any,
interest in refugee and asylum seeking children, including unaccompanied asylum seeking children (UASCs) or children of migrants.

Despite the UK being a signatory to the United Nations Convention on the Rights of the Child (UNCRC), children from these groups barely feature, if they do at all, in recent major policy developments in Northern Ireland, for example in the Ten Year Strategy for Children and Young People in Northern Ireland (OFMDFM 2006a) or Care Matters in Northern Ireland, a consultation document that sets out changes in the care system (DHSSPS 2007). Nor are there any accurate figures available of the numbers of children and young people within these groups. Policies and strategies which focus on minority ethnic groups do not tend to focus much attention specifically on children, for example the Racial Equality Strategy 2005–2010 (OFMDFM 2005a). The UK government’s recent lifting of their reservation to the UNCRC concerning children and young people subject to the immigration process has been widely welcomed, however, and the implications of this are awaited with interest. Similarly anticipated is the imminent Strategy for Cohesion and Integration, due to be issued by the Northern Ireland Assembly.

Aims and objectives of study

NCB NI conducted this research paper in order to develop an agenda for action, based on a greater understanding of the needs and experiences of asylum seeking, refugee and migrant children (including unaccompanied children) who come to Northern Ireland, and an understanding of how their needs could best be met. As a result, services for children in these groups would be improved, leading to enhanced outcomes, in line with those identified in the Ten Year Strategy for Children and Young People in Northern Ireland.

More specifically the objectives of the study were to:

- identify the key issues identified by policy-makers and professionals from a wide range of agencies who have some knowledge of this subject, especially from their direct dealings with children and young people from these three groups
- gather the views of key informants on necessary policy and practice developments and how these might be achieved
- gather the views of children and young people from the three groups about their needs and their experiences of living in Northern Ireland
- analyse the information collected and draft a report, highlighting issues and potential solutions
- organise a workshop for key informants to draw up a draft agenda for action
- disseminate and publicise the resultant report and agenda for action to policy-makers, service planners and providers.

As the fieldwork was nearing completion, the emerging findings from the first round of stakeholder interviews with adults revealed some key themes that warranted further exploration and, indeed, a wider audience. At this point, NCB NI approached the Racial Equality Unit within the Office of the
First Minister and Deputy First Minister (OFMDFM) to explore the potential for both increasing the scale of the project and targeting senior figures from a larger and more diverse audience during the proposed Agenda for Action Conference. The OFMDFM subsequently funded this new dimension of the study. The following table summarises the various phases of this project.

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Policy context and literature review

In this section a number of key issues are explored under the following headings: the changing nature of the population of Northern Ireland; legislation; and policies and issues affecting migrant, refugee and asylum seeking children. In addition, other issues are also discussed in the literature review, including attitudes towards migrants and asylum seekers and the experiences and needs of child asylum seekers, refugees and migrants elsewhere in the UK and the Republic of Ireland.

With regard to terminology, while asylum seekers, refugees and economic migrants are all distinct groups, they are also part of the population of inward migrants and, indeed, are all subject to immigration law in one way or another (unless they are exempt on the basis of EU membership). Some agencies such as the Migrants Rights Centre in Ireland (MCRI) distinguish between migrants and asylum seekers on the basis of choice – migrants have chosen to move to a different country, usually for economic and social reasons, whereas asylum seekers are forced to move (MCRI undated). In Northern Ireland a migrant worker is ‘someone from outside the United Kingdom and Ireland who is here to seek or take up work’ (Law Centre 2007).

A refugee is defined under the 1951 United Nations (UN) Refugee Convention as a person who:

    owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group, or
political opinion, is outside the country of his nationality and is unable
to, or owing to such fear is unwilling to avail himself of the protection
of that country.

An asylum seeker is someone who is seeking refugee status and is awaiting
a decision on their application. A refugee is someone who has ‘had a
positive decision on application for asylum and is granted full refugee
status’ (RAG 2007). Once a person has made an application for asylum,
they are in the country legally while their application is being processed.
Some asylum seekers who are not granted refugee status may be granted
Exceptional Leave to Remain (ELR) which must be reapplied for after a
given length of time. Sometimes young people are granted ELR until they
are 17-and-a-half years old, after which they must make a new application
for refugee status as an adult (for more details on facts relating to refugees
and asylum seekers, see RAG 2007).

In this report we focus on children only and the terms ‘migrants’ and
‘asylum seekers/refugees’ are used to distinguish between those who have
moved voluntarily, usually for economic and social reasons, and those who
are seeking or have sought asylum under the 1951 UN Refugee Convention.
While some issues affect children from both of these groups, there are
specific issues that only affect child asylum seekers or refugees.

The changing nature of the population in Northern
Ireland

In recent years there has been a rapid change in the make-up of the
population of Northern Ireland, through inward migration of workers both
from the rest of the UK and elsewhere and the arrival of some asylum
seekers and refugees.

This can be seen as a result of the more favourable climate in Northern
Ireland, both politically and economically. With the cessation of open socio-
religious conflict from the mid-1990s, Northern Ireland has experienced an
ongoing decline in unemployment rates. Fostered by the so-called ‘Celtic
Tiger’ in the Republic of Ireland, IT and technology-based industries have
established their European centres in Ireland, taking advantage of
government incentives, the relatively low salaries compared to the rest of
Europe and the largely well-educated, English-speaking workforce in both
parts of Ireland.

When the European Union was extended in 2004, the UK was one of the few
countries that granted citizens from most new EU member states (almost)
unconditional access to their labour market. The availability of jobs that
could not be filled by people living in the UK and the favourable working
conditions for citizens from the EU accession states (known as the A81) has
resulted in a dramatic increase in inward migration to the UK since 2004.
Eastern European countries have provided a large pool of well-qualified

1 A8 countries are the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and
Slovenia. They joined the EU in 2004. A2 countries are Romania and Bulgaria. They joined the EU in
2007.
workers. As citizens from the accession countries do not need work permits, they are able to travel freely and willingly take lesser-paid jobs that companies had struggled to fill before. So attractive was this prospect that recruitment agencies were specially set up to attract migrant workers from the new A8 member states. In addition, the NHS and other employers have also been recruiting directly from countries such as the Philippines and Poland.

Accurate official statistics about the size of both the migrant worker population and the asylum seeking population in Northern Ireland are very difficult to obtain as noted in several publications (Jarman 2004; Beatty, Fagan and Marshall 2006; NISRA 2007; RAG 2007). However, the Northern Ireland Statistics and Research Agency (NISRA), which produces migration reports for Northern Ireland each year, estimates that the population of Northern Ireland increased by 9,800 due to migration during the year 2006–07 (NISRA 2007). However, these figures refer to the flow of migrants as opposed to the number of migrants who live here at any given time (also known as stock figures). NISRA estimates that the stock figure for A8 migrants alone was approximately 30,000 at the end of 2007 (NISRA 2007). In addition, the Refugee Action Group (RAG) estimate that there are now around 2,000 refugees living in Northern Ireland (RAG 2007). A recent report from the Northern Ireland Housing Executive (NIHE) and Multi Cultural Resource Centre (MCRC) in 2008 identified 54 families, consisting of 146 adults and children, and 100 single adults living in the Belfast Health and Social Care Trust (BHSCT) area. They were from 17 different countries (cited by a Health and Social Care Trust employee during interviews).

It is even more difficult to obtain accurate numbers for children in these groups. In the case of migrant workers’ children, school statistics will only record those of school age and those who, for example, fit the English as an Additional Language (EAL) criteria.\footnote{‘... pupils for whom English is not their first language AND who have significant difficulties with the English Language AND require additional support’ (Additional Notes for the Department of Education Statistical Return 2008/09; www.deni.gov.uk).} In terms of asylum seekers, the majority of children arrive with their families and are therefore considered dependents. Child dependents are not distinguished from adult dependents by immigration authorities. A small number of unaccompanied asylum seeking children arrive in Northern Ireland (25 between March 2007 and October 2008, according to the UK Borders Agency) who are counted individually.

This recent rapid population change has implications not just for the labour market, but also for service providers. Migrants – whether economic or asylum seekers – and their families need appropriate housing, they will at least occasionally use the NHS, and they are obliged to send their children to schools or will need childcare provision if their children are younger.

However, the lack of ethnic monitoring by statutory bodies (despite the Section 75 duty – see below) has been highlighted several times (see, for example, SHSSB undated). This not only means that it is impossible to measure impact but also that there is likely to be an under investment in services targeted at minority ethnic groups (SHSSB undated).
Legislation

All migrants to the UK are subject to its immigration law, policies and procedures. Those from within the European Economic Area (EEA3), including accession countries, can travel freely as has been agreed between EU member states, though some of these citizens (such as those from A8 and A2 countries) may enjoy only limited protection and rights in terms of work and welfare safeguards. People from beyond the EU generally need work or study permits to live and work or study in the UK and generally cannot claim the same level of benefits as the indigenous or ‘old’ EU population. Asylum seekers are not entitled to work while their claim is being processed, but those who are awarded refugee status can work, though they also have to satisfy the ‘habitual residence test’4 to be eligible for benefits.

International law

The United Nations Convention on the Rights of the Child (UNCRC), to which the UK government is a signatory, acknowledges that children who are asylum seekers or refugees need special protection (Art 22). In November 2008 the UK government removed its reservation to this article, but it is still too early to judge the impact of this for such children.

As outlined above, the 1951 Refugee Convention provides a clear definition of who is a refugee. The Refugee Children’s Consortium (RCC)5 emphasises that although the 1951 Refugee Convention applies equally to children and adults who are asylum seekers or refugees, ‘there are no child-specific provisions included in this instrument’ (RCC undated, p.3). The RCC advocates using both the 1951 Refugee Convention and the UNCRC together: ‘The complementary relationship between the two international instruments affords optimal protection for Unaccompanied Asylum Seeking Children …’ (RCC undated, p.3).

The RCC also points out that ‘… the rights stipulated in the CRC apply to every child on the territory or under the jurisdiction of the UK authorities and are not contingent upon holding citizenship, specific residents or other status’ (RCC undated, p.3)

The UN Committee on the Rights of the Child (2008) recently expressed concerns about asylum seeking, refugee and migrant children in terms of discrimination (para 24), lack of an independent oversight mechanism, data collection, detention and criminalisation (para 70). In addition, it expressed concern regarding the lack of resourcing for the UK Anti-trafficking Action

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3 EEA countries include EU countries as well as Iceland, Liechtenstein and Norway. NB: While Switzerland is not in the EEA, Swiss nationals have the same rights as EEA nationals.
4 The ‘habitual residence test’ is a test usually applied to determine entitlement to social security benefits. In order to be habitually resident a person must be resident in the UK, have the right to reside in the UK and have a ‘settled intention’, i.e. it is the person’s intention to make their home in the UK. The test will often require the claimant to demonstrate to the decision-maker that the UK is now the person’s centre of interest by providing evidence that they have settled or intend to settle and make a home in the UK.
5 The RCC is group of NGOs working collaboratively to ensure that the rights and needs of refugee children are promoted, respected and met in accordance with the relevant domestic, regional and international standards. Members, including NCB, are drawn from across England and Scotland.
Plan (para 75). A range of recommendations to remedy these shortcomings are also detailed in the Committee’s concluding observations and recommendations for the UK government.

Since December 1990 the UN Convention on the Rights of all Migrant Workers and their Families has been adopted by the UN General Assembly. It states that the rights of migrant workers and their families will be respected in terms of the following (among other things): the right to life and in terms of being protected by law from physical attacks or threats; freedom of thought, conscience and religion; protection from unlawful attacks on their homes, families or reputations; protection at the same level as nationals in terms of working terms and conditions; the same access to social security as nationals, provided that they fulfil the requirements of the state; the right of children from migrant families to a name, nationality and registration of birth; the right to education and vocational training; respect for the cultural identity of migrant workers and their families, including children learning their mother tongue; the right to access housing and social services; and the right of the family to be protected by society and the state (UN 1990).

However, neither the UK nor the Irish government have ratified this Convention, despite it being recommended by some commentators (for example, Animate and others 2007).

**Domestic law – immigration**

UK immigration law governs Northern Ireland since immigration is an excepted matter under the Northern Ireland Act, 1998. Responsibility for immigration law therefore rests with the Home Office and its agencies, such as the UK Border Agency (UKBA).

In the last decade there has been a raft of legislation relating to immigration which generally seeks to restrict the numbers of people coming to settle legally in the UK.

Immigration law operates in two ways: first, through ‘border control’ which means checking that all international arrivals in the UK have the necessary passports and visas (where necessary) to enter; secondly, through ‘enforcement and removals’ which involves detecting irregular migrants and removing them to their country of origin (NIHRC 2009).

Northern Ireland, as a region of the UK, is unique in that it is the only region to share a land border with another jurisdiction, which has its own immigration procedures and legislation. This has resulted in a particular type of monitoring of domestic passengers at Belfast sea- and airports, code named ‘Operation Gull’ (NIHRC 2009).

Immigrants who are deemed to be in Northern Ireland (and the UK) illegally, including ‘failed’ asylum seekers, are deported back to their country of origin when detected by the immigration authorities. However, prior to their actual deportation many are detained in detention centres. Currently there is no detention centre in Northern Ireland, so immigrants are transported to the reception centre at Dungaval in Scotland.
Immediately before being transferred to Scotland they are often detained in Police Service of Northern Ireland (PSNI) cells in Northern Ireland. While children might not be held in PSNI cells here, families, including children, are held in the reception centres. Concern about such detention has been expressed by a range of bodies, including the UN Committee on the Rights of the Child (2008) and the Children’s Commissioners from each of the four jurisdictions of the UK (NICCY 2005; NIHRC 2009). In addition, the New Statesman magazine recently ran a campaign to end the detention of children for immigration reasons (New Statesman 2008). Recently, the UKBA announced its intention to establish a detention centre in Northern Ireland (Phil Taylor, UKBA, speaking at Northern Ireland Human Rights Commission (NIHRC) conference 20.04.09), a move that is opposed by several bodies, including the NIHRC.

Unaccompanied asylum seeking children (UASC) are the responsibility of social services. If an UASC is under 16 they are generally placed in a residential home for children, while those aged 16–18 are placed in supported accommodation, such as homeless hostels for young people. UASC children are regarded as ‘children in need’ under the Children (NI) Order, 1995, which means (among other things) that their best interest should be paramount in all actions concerning them. However, the Children’s Commissioner in England has criticised the asylum process and its officials for failing to treat UASCs as vulnerable children and for failing to address their basic needs (cited in Children and Young People Now 11.03.08).

Policies affecting migrant, refugee and asylum seeking children

Section 75 (S75) of the Northern Ireland Act, 1998 obliges designated – mainly statutory – bodies to screen all their policies against nine categories of people including age, race and those with or without dependents. This means that none of the policies of any of the statutory agencies should ‘adversely affect’ any of the nine groups. However, although health and education authorities are designated as public bodies, individual schools and GP practices are not. In addition, the Race Relations (Northern Ireland) Order, 1997 outlaws discrimination on the basis of race or ethnicity. Neither S75 nor the Race Relations Order specifically includes asylum seekers or refugees. However an asylum seeker or refugee could make a complaint to and/or claim from the Race Relations Tribunal on the basis of race, colour, ethnic origin or nationality (the grounds covered in the legislation). In addition, any person who has been directly affected by an alleged failure by a public body to comply with its Equality Scheme may also complain about this to the body concerned and, if necessary, subsequently request that the Equality Commission carry out an investigation under S75.

In addition to the equality legislation, good practice guides have been produced by the Equality Commission (sometimes in partnership with others) in the areas of health, education and housing.

In the recent past a number of strategies have been developed such as the Racial Equality Strategy, 2005–2010 (OFMDFM 2005a); the Ten Year
Strategy for Children and Young People (2006a); the Gender Equality Strategy 2006–2016 (OFMDFM 2006b); the Shared Future Strategy (OFMDFM 2005b). These strategies tend to highlight a wide variety of issues. For example, the Racial Equality Strategy (2005–2010) highlighted incidents of racism against young people from minority ethnic groups, the need for EAL support, the issue of children interpreting for adults, and the need to support young people from minority ethnic groups in relation to training and employment (OFMDFM 2005a).

However, as some commentators have pointed out there ‘is little evidence of integration of the various strategies in planning, delivery or resources’ (SHSSB and others undated, p.67). As the Southern Health and Services Board (SHSSB) and their colleagues point out, not only would integrated strategic planning be more efficient in monetary terms, it would also be more ‘enabling’ in terms of service provision and for service users.

All migrants, regardless of their immigration status, are obliged to live according to the laws operating in Northern Ireland. So, for example, children aged four must attend school until they are 16, the age of consent is 16, and children are held criminally responsible at the age of 10. Regardless of cultural norms or laws in their country of origin, once living in NI, migrants are expected to abide by UK or Northern Irish law.

Access to services

Service provision for newly arrived migrants, refugees and asylum seekers was deemed to be difficult by those involved in the delivery of services (Hamilton and others 2006). Issues such as communication, lack of information, previous negative experiences, the diversity of these populations, institutional racism and, in some cases, the ineligibility of some categories of people (for example, asylum seekers) to access services were all mentioned in this study. NGOs participating in the same research highlighted similar issues, but also mentioned the ‘lack of public sector infrastructure to keep pace with the changes’ that have occurred in Northern Ireland in recent years (Hamilton and others 2006, p.74)

Data collection was also an issue for respondents in Hamilton and others’ study:

Within all the sectors consulted there was the attitude that data collection was not essential in front line service delivery but that it is essential for planning which ultimately affects service delivery (2006, p.76).

In terms of asylum seekers and refugees accessing services, several issues have been identified, from both the service users’ and the service providers’ side of this equation.

Service providers and commissioners point out that the lack of accurate information on asylum seeking children makes it very difficult to plan service provision (Save the Children 2005). As already mentioned, unless

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6 This is no longer the community relations strategy. It will be replaced by the Programme for Cohesion, Sharing and Integration, which is currently being developed.
unaccompanied, children are not counted separately from adult dependents by the immigration authorities.

Some asylum seekers have found it difficult to access services (see for example Animate and others 2007; MRCI 2006; SHSSB and others undated). This is due to a combination of factors, such as lack of appropriate information in an appropriate format, lack of awareness by professionals in relation to the needs and experiences of asylum seekers, and lack of flexibility of systems and structures to cope with different population groups. These issues are explored further under the differing service area headings.

**Education**

Migrant children are entitled to a free place in nursery, primary and post-primary schools in Northern Ireland on the same basis as the indigenous population. In 2007 the Department of Education (DE) established a regional support service – the Inclusion and Diversity Service (IDS) – which aims to provide ‘a consistent level of support and specialist advice ... to all ... schools (DE 2009, p.2). The IDS provides an interpreting and translating service and has produced a toolkit for diversity in primary schools. IDS policy emphasises the role the service has in promoting inclusion through anti-racism work, attitudinal work and intercultural learning. A recent evaluation of the Provision to Support Newcomer Pupils highlighted the relative success of the IDS in enabling newcomer pupils to become part of the school, via English language acquisition (ETI 2009). However, some areas were highlighted for improvement such as the means of assessing and tracking the progress of such pupils as well as disseminating good practice within and across schools (ETI 2009). The ETI report indicated that only ‘a small number’ (less than 10 per cent) of the schools indicated an increase in participation by newcomer families in school and community activity (ETI 2009).

In April 2009 the DE published a policy document *Supporting Newcomer Pupils* (part of the ‘Every School a Good School’ series). The emphasis of this policy is on enabling young people to access the curriculum and 'partake in every aspect of school life' (DE 2009, p.1).

In addition to this, the need to enable parents of children whose first language is not English to participate in their child’s education has been highlighted (see, for example, Hamilton and others 2006; ECNI 2009).

The need to provide opportunities for newcomer children to learn their first language and gain qualifications in it has also been highlighted (ECNI 2009).

There has been criticism of the way in which education authorities have focused almost exclusively on EAL support while ignoring other issues such as racism, procedures and the ethos of the school (Animate and others 2007).

Other studies have found substantial proportions of migrant workers who did not know how to access education for their children. They also found
that qualifications gained in other countries are not always recognised by education authorities here (NICEM/NHSSB 2007).

The issue of migrant children not being able to access grammar schools due to the ‘failure (of young people from migrant communities) to sit the transfer test’ as a result of their limited English has also been raised by some commentators (for example, Hamilton and others 2006; Animate and others 2007). While the transfer test is not now officially in existence, the unregulated system proposed by the grammar schools is unlikely to change this situation.

Education is seen by young asylum seekers as one of the ‘best things’ about being in the UK and a ‘highlight’ of young people’s lives. Teachers were viewed as supportive allies and both children and adults valued the opportunities education provided. For the young people this extended beyond opportunities to gain qualifications into providing a chance for them to meet peers and develop friendships, thereby reducing some of the isolation experienced by these young people and benefiting their mental well-being (Save the Children 2002; Chase and others 2008).

In contrast, those aged over 16 often felt forgotten about once they had finished school (Save the Children 2004), while those who are over the age of 16 when they arrive in the UK have difficulty gaining access to school (Save the Children 2005).

For asylum seeking and refugee parents, access to education including pre-school education, is regarded as very important. However, they found that some staff had not been trained in asylum seeking issues and did not understand why their children did not behave in a ‘normal’ way (Save the Children 2004).

There are also other difficulties for newcomer parents in terms of education. For example, due to language barriers and the lack of interpreters, it was hard for parents to help with homework. In one study, half of the parents were not able to help their children with homework (Save the Children 2002). It also limited the extent to which they could discuss their child’s progress with the teacher (Save the Children 2002). There was also some confusion regarding school application/allocation procedures (Save the Children 2006). In addition, barriers to accessing pre-school provision were also identified. These included a mismatch between the spaces available and the location of the children, the cost and effort of transport and, in addition, the length of pre-school sessions was not adequate to enable parents to do college courses (Save the Children 2006).

The difficulties asylum seeking children experience in ‘fully enjoying their right to education’ has been a matter of concern for the UN Committee on the Rights of the Child (2008) and Northern Ireland Commissioner for Children and Young People (NICCY) (2008).

For older young people, access to higher education was an issue as asylum seekers and refugees tend to be treated as international students by colleges and universities thereby incurring much higher fees than the indigenous population. There also do not have access to student loans.
In addition, any qualifications gained in their home country may not be recognised by university admissions (Save the Children undated; Chase and others 2008).

**Health and social care**

The Children (NI) Order, 1995 applies to all of the children in Northern Ireland until the age of 18, or 21 if they are looked after by the Health and Social Care Trusts, regardless of their immigration or other status.

In terms of health and social care, the children of migrants are entitled to the same level of service as those in the indigenous population. However, barriers may be created by the prejudice of some working within health and social care organisations and by a lack of willingness on behalf of service providers to facilitate access to services (see, for example, Animate and others 2007). This is particularly the case regarding access to primary healthcare, meaning that many children from migrant families are not registered with a GP. These problems are exacerbated by issues such as communication difficulties and the lack of the correct documents required for registration (ECNI 2009). Other commentators have pointed out that there is a need for greater awareness among migrant populations of their right to health and social care services and how to gain access to them (SHSSB and others undated; NICEM/NHSSB 2007; Hamilton and others 2006; Animate and others 2007).

Similar barriers as well as institutional racism have also been highlighted by the Equality Commission and the Department of Health, Social Services and Public Safety (DHSSPS) in the *Racial Equality in Health Good Practice Guide* (2002, cited in Hamilton and others 2006).

In 2007 a report by the NHSSB and NICEM recommended the establishment of tailored family support services for migrant families and the necessity of addressing the issue of GP registration (NICEM/NHSSB 2007).

In terms of health and social care, Save the Children claims that there is a lack of proactive inclusion within mainstream services of asylum seekers and refugees, and that access to healthcare for people who are refused asylum is very difficult (Save the Children 2005 and 2004). Additionally, there is a lack of expertise and specialist services or specialist staff, for example in the provision of specialist mental health services, and patchy provision of interpreting services (Save the Children 2004).

The increased risk of mental illness among child asylum seekers in Northern Ireland has been highlighted by NICCY (2008). Elsewhere the lack of expertise among primary care and social care staff in identifying the severe mental health difficulties experienced sometimes by asylum seeking children has been highlighted (Chase and others 2008). While it might be assumed that all asylum seeking and refugee children might benefit from mental health services and therapy, Chase and others (2008) point out that these children may come from cultures where the notion of services to support mental health and which focus specifically on emotions is ‘unknown’ and not well understood (Chase and others 2008). Chase and her colleagues emphasise the need to explain how counselling or other
therapies can help such young people in a way that removes the stigma and fear attached to them.

Unaccompanied asylum seeking children have emphasised the need for social workers to listen to them and to inform them of their rights and entitlements as well as to set standards for age assessments (Save the Children undated). Chase and others (2008) advocate not using allocated social workers to conduct age assessments as doing so could undermine the trusting professional relationship that may have been established between the social worker and child or young person until then. Additionally, there is a need to take into account the fact that the experiences an unaccompanied asylum seeking child may have had either in their country of origin or on their journey to the UK may have ensured they were required to assume adult responsibilities early on in life and they may therefore appear older than they really are (Chase and others 2008).

The RCC stresses the need for social workers not to be compromised by ‘any relationship with UKBA casework staff’ as well as the need for unaccompanied asylum seeking children to be seen as children first and have their care plan developed accordingly:

The RCC believes that whilst the immigration status of a young person should not be ignored when planning their care, we do not agree that care planning should be dictated by that status (RCC undated, p.9)

**Child protection issues**

Child protection issues have been raised in relation to both migrant children and those who are asylum seekers or refugees (for example, Animate and others 2007; SHSSB and others undated; NICCY 2008).

Utilising children as interpreters may lead to child protection or child safety issues (Save the Children 2006) or may result in children being involved in issues that are not age-appropriate (Save the Children 2002).

Child protection issues to do with domestic violence, parent-child conflict and children being left at home alone or the physical punishment of children have also been identified in some studies (for example, Save the Children 2005).

The RCC point out that the UKBA is not included ‘within the statutory duty to safeguard children under s11 of the Children Act 2004 as they fear that such a duty would ‘provide yet further obstacles to removal’ (RCC undated, p.4). While the UKBA has, since January 2009, a Code of Practice for keeping children safe from harm, the Code states that the child’s best interests are a ‘primary consideration’ as opposed to being paramount, which is the standard in the Children Act.

Several commentators have highlighted the issue of people trafficking, and professionals working with young asylum seekers and refugees have expressed their concerns about child trafficking but acknowledge that it is

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7 It is the intention of UKBA to introduce a duty regarding the welfare of children via the new Border, Citizenship and Immigration bill which will supersede the Code of Practice.
very difficult to know the true extent of it (NICCY 2008; Save the Children 2005). The RCC has highlighted the potential for conflict in terms of the response if family members have been complicit in trafficking or some other kind of abuse:

The solution in family law terms would be to apply for a care order whilst the solution in immigration terms to them failing to come within the terms of either convention\(^8\) would be to remove them to their country of origin (RCC undated, p.10)

In addition to these issues, many young asylum seekers distrust authority figures because of their past negative experiences and they may not therefore approach child protection authorities when they need to (Save the Children 2004).

**Housing and accommodation**

For some asylum seekers the lack of choice in terms of the type and location of housing and accommodation has been an additional source of stress. For example, those who were accommodated in areas of Glasgow where they perceived high levels of drug and alcohol abuse, violence in the community and ‘chaotic lifestyles’ were fearful of their neighbourhood and often did not feel safe (Save the Children 2002). In addition, the issue of overcrowding has also been identified as a negative aspect of accommodation (Save the Children 2004) and the quality of shared accommodation has also been highlighted by unaccompanied asylum seeking children (Save the Children 2005).

There has also been criticism of the practice of using hotel accommodation for unaccompanied asylum seekers over the age of 16 (Save the Children 2005).

Difficulties in relation to migrant workers accessing housing have been documented by commentators such as Animate and others (2007) and Hamilton and others (2006). Such difficulties include accommodation being ‘tied’ to a particular job, which is then under threat if that job is lost; overcrowding; exploitation by some landlords; the absence of tenancy agreements; and having little or no choice about the location of accommodation.

Several studies have outlined a range of issues faced by migrant workers generally. Although many of these issues are specific to adult workers, some also relate to their families and children. For example, Animate and others (2007) list a range of issues, from racism, prejudice and discrimination to service provision such as health, social services, education and housing, all of which impact on children. In addition, Animate and others (2007) draw attention to the need for accurate qualitative and quantitative data on migrants in order to properly plan, resource and deliver services (Animate and others 2007; SHSSB and others undated). The issue of social isolation due to the lack of extended family and peers is also

\(^8\) Either the UNCRC or the 1951 Refugee Convention.
highlighted, especially for mothers, which can have a knock-on effect on children (Animate and others 2007).

**Communication**

Communication is mentioned in almost every research study dealing with children who are asylum seekers or refugees, regardless of whether they come as part of a family or on their own, and is often mentioned too regarding migrant families. There are issues to do with the transfer of information and the need for translation, especially in order to progress asylum claims or make other claims for support or in order to access services (see for example Hamilton and others 2006; Animate and others 2007).

The issue of children being used as interpreters for parents especially at solicitors and health services has also been highlighted several times (Save the Children 2002; Save the Children 2006 and 2005).

Young people who are asylum seekers see learning English as being very important both in terms of achievement at school and for successful socialising (Save the Children 2002). Chase and others (2008) point out that access to good quality interpreting services during asylum application interviews is vital.

**Poverty**

The issue of poverty is one which many – though not all – migrants may face. While some migrants may be professionals employed in well-paid jobs, there are an increasing number of migrant workers employed in areas such as agriculture, catering and the hospitality industries or by private healthcare providers (for example, nursing homes). Some of these migrants have not been well treated by their employers and wages tend to be low (see, for example, ECNI 2009; Animate and others 2007; Hamilton and others 2006). Many are also vulnerable because their accommodation may be tied to their job, so losing a job also means becoming homeless. Access to anti-poverty measures introduced by government may be difficult as some migrants have to satisfy residency requirements or they may be unaware of their right to claim certain benefits (NICEM/NHSSB 2007; for more details on eligibility for benefits see the Law Centre (NI) (2008)).

Asylum seekers who are supported by the state through the National Asylum Support Service (NASS)\(^9\) are provided with accommodation and benefits to the level of 70 per cent of income support. As the Refugee Action Group (RAG) point out, this means that those who receive this level of benefit ‘live 30% below the government’s own defined minimum subsistence level’ (RAG undated, p.8) Poverty is therefore a shocking and stressful issue for asylum seekers, who may have held well-paid jobs or have been relatively self-sufficient in their country of origin (Save the Children 2004).

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\(^9\) The UK Borders Agency, an agency of the Home Office, has contracted out its support service (NASS) to local charities in each region of the UK. In Northern Ireland it is run by the Bryson One Stop Service.
Young people whose families are asylum seekers are aware of financial constraints on their parents and avoid making demands on them (Save the Children 2004).

Parents found living in poverty to be very stressful and identified the negative impact of living in poverty on their self-esteem and on relationships within the family. Naturally they wanted to be able to provide for their children as other parents do (Save the Children 2004; 2005).

**Racism and harassment**

A number of studies highlighted the very negative attitudes of both the adult and youth indigenous populations towards migrants and ethnic minorities in Northern Ireland and the Republic of Ireland (see, for example, Gilligan and Lloyd 2006; Borooah and Mangan 2007; Bell and others 2004; Animate and others 2007; NICEM/NHSSB 2007; Save the Children 2004; MRCI undated).

Indeed, there is evidence of an increase in prejudice and negative attitudes from both adults and young people towards both minority ethnic groups and migrant workers (ARK 2008b; Connolly and Keenan 2000). Gilligan and Lloyd (2006) report that there was no significant difference in prejudice levels according to gender and social class. Prejudice levels seem particularly high towards new migrants from Eastern Europe, especially those from the A8 and A2 countries (ARK 2008a).

These findings are supported by the PSNI statistics of racially motivated hate crime in recent years. Recorded incidences indicated that there were 976 incidents in 2007/08 (PSNI 2008). This figure is actually down from the previous year (1,047 in 2006/07). However, despite the decrease, it is still of concern that in absolute figures almost 1,000 hate-related incidents were reported in Northern Ireland. Examples such as the violence prior to the football match between Northern Ireland and Poland (*Belfast Telegraph* 28.03.09), the attacks on four Hungarian women in the village area of south Belfast (*BBC News* 17.04.09) and the attacks on Romanian families in Belfast (*Belfast Telegraph* 15.06.09) do not indicate an improvement between the settled white population and newcomers. Indeed, it could be argued that such events are indicators of tensions within community relations.

More recently the Children’s Law Centre and Save the Children have highlighted that ‘cultural diversity is not generally respected or valued in Northern Ireland’ (2008, p.13). They point to actions such as harassment, discrimination, stereotyping and institutional racism as evidence of this.

The children in the ‘Together 4 All’ consultation highlighted the issues of racism and loneliness, feelings of sadness, a sense of loss as well as a sense that their identity was not reflected in their leisure activities, languages spoken and the history that people here learned (Together 4 All 2007).

In 2007 the DE found that older children felt that a pupil’s race or skin colour could make them ‘more likely’ to be bullied: 61 per cent of Year 9 pupils thought this as opposed to 46 per cent of Year 4 pupils (DE 2007). In
addition, both the UNCRC and NICCY have stressed the need for greater efforts to address bullying, including racist bullying, in schools (UNCRC 2008; NICCY 2008). However, the Children’s Law Centre and Save the Children point out that the DE failed to take the opportunity offered by the revision of the Religious Education syllabus to address the issues of prejudice, stereotyping and racism, instead delegating responsibility for the new syllabus to a group that was comprised solely of representatives from the four main Christian denominations (Children’s Law Centre and Save the Children 2008).

In terms of creating an environment where newly arrived children can be welcomed, some research has stressed the need for adequate resources and an element of choice in relationships: ‘What most people welcome is … to be able to exercise the choice of … getting to know people better’ (JRF 2008, p.6).

While some studies (for example, Save the Children 2005) found that some asylum seekers in the UK did experience welcoming communities, over one-third of respondents had experienced racial abuse and harassment. This occurs at both a community and school level, and has been found to be a significant issue for many asylum seeking and refugee children (Save the Children 2002; Save the Children 2005, 2004 and undated; Chase and others 2008). The fear of racism also means that young asylum seekers are limited in terms of their participation in sport and leisure activities (Save the Children 2004). There is also a feeling that the UK media fuels negative perceptions of asylum seekers (Save the Children 2005).

**Issues specific to asylum seeking and refugee children**

While there has been little focus in Northern Ireland on asylum seeking children, there have been many studies in the other regions of the UK as well as responses to policy proposals from government. This sub-section explores the issues identified from some of these sources.

**Issues connected to the asylum process**

Several of these studies have highlighted that asylum seeking children (especially those who are unaccompanied, but also children in families) are not regarded as children first by the asylum seeking system process, and that consequently the needs of the immigration system, rather than the rights and needs of children and young people, are given primacy (see, for example, Save the Children 2005; the RCC undated; NICCY 2005). In its response to the Home Office on *Planning Better Outcomes and Support for Unaccompanied Asylum Seeking Children* the RCC advocates that the:

> children’s best interests must be a primary consideration and should have in every individual case at least as much weight as government’s ‘right’ to maintain effective immigration controls (undated, p.3)

Save the Children also point out that immigration policy has become ‘increasingly punitive’ and that ‘there is an increasing gulf between
legislation developed to protect children and the reality of immigration policy and practice’ (Save the Children 2005, p.1).

The uncertainty experienced during the asylum process was regarded as ‘mentally traumatic’ and parents worried about the impact of this uncertainty and the possibility of further moves on their children if their application is rejected and they have to move again (Save the Children 2004). In addition, the uncertainty of the process and its final decision means that it is difficult to have aspirations for the future (Save the Children 2005).

For unaccompanied children the requirement to satisfy the need of the immigration authorities before a young person’s trauma is addressed has also been criticised (Save the Children 2005; RCC undated).

The asylum process should not start until a child has stabilised and a full needs assessment has taken place. This is essential both to a child’s well-being and to ensure effective decision making … (RCC undated, p.11).

There have also calls for all UASC to have the right to be looked after, as opposed to being seen as ‘children in need’ under the Children Act 1989 (Save the Children undated).

Professionals engaged in service provision have highlighted the fact that the constant change in immigration legislation (currently at the rate of one new bill per year) makes it very difficult for them to provide help and assistance to asylum seekers (Save the Children 2005).

Loss, trauma and isolation

Parents and children who are subject to the asylum process have to deal with loss, trauma and isolation on several levels. There are the traumatic events that have led them to flee their country of origin and seek asylum in the first place. Often the journey to the UK has been difficult and dangerous, especially when people traffickers are involved. Family members may well be dead or some may have been left behind in the county of origin, still in danger. The family no longer has the same social networks in place, and has experienced the loss of the extended family or friends who are usually left behind (Save the Children 2006; Chase and others 2008). Many young asylum seekers have expressed fear, helplessness and anxiety on their arrival in the UK (Save the Children 2004). In addition, age disputes also cause significant stress for child asylum seekers (Chase and others 2008).

In addition to these losses, there is the loss of the roles that both adults and children had in their country of origin and the added stress that this causes:

... parents and their children found themselves having to take on new and challenging roles to deal with their changed circumstances, the different cultural expectations and with the stresses of living on low
levels of income in communities where violence and racism threatens their safety (Save the Children 2004, p.6)

As well as being isolated from relatives and friends, children and young people are isolated when they arrive in the UK as they are often restricted from playing outside (due to parent’s worries about racism and fears for their safety) and there are limited resources to provide the toys or computers at home that many indigenous children enjoy. School holidays and weekends are often viewed as boring because leisure opportunities are limited due to cost, fear for safety and lack of facilities locally (Save the Children 2002).

Language barriers may exacerbate this isolation and trauma, especially for unaccompanied asylum seeking children. Parents also worry about the impact of parental stress on the children and highlighted that it is difficult to access therapy sessions due to lack of childcare (Save the Children 2006).
Methodology

A variety of methods were used in this study both with the young people who participated and the adult respondents, and for each of the phases of the fieldwork. These are detailed in separate sections below. Following a description of the methodology, the sample of both youth participants and adult participants is explained.

Methods employed with children and young people

Young people from the three groups – asylum seekers, refugees and migrants – were accessed via schools and youth groups. In accordance with NCB’s ethical guidelines, the permission of parents or carers was sought before fieldwork could begin. This was done through the use of information sheets and consent forms, sent out in advance. Separate information sheets were also sent out to children and young people. Using their knowledge of the project, school principals (or vice principals) or youth workers then arranged for groups of children or young people to participate in the fieldwork.

The project was initially explained to the young people in groups. They then undertook an individual creative task (drawing a picture) and, on completing this, a semi-structured interview was conducted on a one-to-one basis, during which the young person was invited to explain the images they had drawn. Interviews were recorded using a digital voice recorder and subsequently transcribed. The duration of the session was approximately
one hour. One exception to this was a sole unaccompanied asylum seeking
child where a one-to-one interview was conducted without a creative task
being undertaken.

Translators and interpreters were used twice (for Polish and Romanian
respectively) and information sheets and consent forms in both languages
were sent home in advance where appropriate. When working with
interpreters, background conversations were held in each case, during
which the project and the nature of the fieldwork was explained and a
shared understanding of respective roles during the process was
established. In addition to this, briefing notes were supplied, so that there
was a ‘script’ at the start, to be followed by the researcher and interpreter
in order that the information conveyed to the group at the outset was the
same in every case, including the introduction to the creative task that
followed. On completing the creative task, participants were then
interviewed through the interpreter, using the semi-structured interview
questions, and their picture as a focus.

Sample of children and young people

Children and young people taking part were all aged between eight and 18,
and had been living in Northern Ireland for between a few months and five
years. Totalling 24 altogether, 19 were the children of economic migrant
workers while the remaining seven had all been subject to the asylum
process. Six of these had acquired refugee status, leaving one whose claim
was still ongoing. Their countries of origin and status as asylum seekers,
refugees, migrants or unaccompanied minors were as follows:

<table>
<thead>
<tr>
<th>Country of origin</th>
<th>Sex</th>
<th>Status</th>
<th>Numbers and ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>M</td>
<td>UASC</td>
<td>1 (18)</td>
</tr>
<tr>
<td>Cameroon</td>
<td>F</td>
<td>Migrant</td>
<td>1 (13)</td>
</tr>
<tr>
<td>Poland</td>
<td>M</td>
<td>Migrant</td>
<td>4 (15,10,9,8)</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>Migrant</td>
<td>8 (13,13,12,11,9,10,8,8)</td>
</tr>
<tr>
<td>Portugal</td>
<td>M</td>
<td>Migrant</td>
<td>1 (16)</td>
</tr>
<tr>
<td>Quatar</td>
<td>M</td>
<td>Refugee</td>
<td>1 (12)</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>Refugee</td>
<td>1 (14)</td>
</tr>
<tr>
<td>Romania (Roma)</td>
<td>M</td>
<td>Migrant</td>
<td>3 (10,10,11)</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>Migrant</td>
<td>1 (11)</td>
</tr>
<tr>
<td>Sudan</td>
<td>F</td>
<td>Refugee</td>
<td>1 (14)</td>
</tr>
<tr>
<td>Vietnam</td>
<td>M</td>
<td>Migrant</td>
<td>1 (12)</td>
</tr>
</tbody>
</table>
Methods employed with adults

An initial seminar, held in January 2008, attracted a wide range of delegates from the statutory, voluntary and community sectors. Issues raised at this seminar were used to stimulate discussion during the interviews with key informants.

Interviews

Semi-structured interviews were conducted either with individuals or in small groups. The interviews were conducted in two distinct phases. Phase one focused on the following:

- identifying the key issues affecting children and young people from the three groups
- identifying the necessary policy and practice developments needed
- identifying how these policy and practice developments might be achieved.

These interviews highlighted a number of themes regarding the issues affecting the children and young people as well as policy and practice developments that would be required to deliver improved services for these children. Phase two interviews focused on the following:

- strategic leadership
- policy
- resources
- practice developments.

The themes arising from the phase one and phase two interviews were developed into draft recommendations and used to further interrogate responses and identify any consensus arising from the diverse range of participants attending the Agenda for Action Conference in January 2009.

Sample of adult interviewees

Key informants from 22 different agencies participated in this part of the study. These included project workers, leaders of voluntary organisations and charitable bodies, leaders of early years provision, health visitors, school nurses, hospital managers, police officers, teachers, school principals, lawyers, children’s services planners, statisticians, policy-makers and advisors. The list of organisations from which these participants were drawn can be found in Appendix 2.
**Case studies**

Adults who were interviewed were also asked for anonymous case studies that would illustrate their experience of working with young people from each of the three groups. These case studies are contained in their entirety in Appendix 1. Extracts from these interviews have been used when discussing specific points in the Findings section of this report. The case studies were used to inform the debate at the Agenda for Action Conference.

**Agenda for Action Conference**

The Agenda for Action Conference attracted a large number of delegates representing a wide range of organisations (see Appendix 4) from within Northern Ireland and beyond, including the Republic of Ireland and Scotland. The overall purpose of the day was to advance an agenda for action in support of the target groups. The agenda for action was to be based upon the emergent findings of the New to Northern Ireland project and focused upon three draft recommendations derived from the first and second phase of the key informant interviewers. Each participant at the Conference was asked to complete a questionnaire, which included the three draft recommendations, and they were also given an opportunity to make any further comments that could be used as part of the final analysis. The emerging consensus and the results of delegate feedback have directly informed this final report.

The Agenda for Action Conference had three main sessions:

1. Presentations by:
   - Colin Jack, Office of the First Minister and Deputy First Minister
   - Joe Brady, Scottish Refugee Council
   - Dr Stephanie Mitchell, NCB

2. Workshop A: Child-centred approach to service delivery

Cross-disciplinary groups of participants worked together, using a case study, to determine:
   - What organisations or individuals could make a contribution in this case?
   - What could they actually do?
   - What is the process of involving the suggested organisation?
   - Can we identify connections between the suggested organisations and/or services?

3. Workshop B: Developing an agenda for action

This session, conducted in the same small groups, focused on a single case study, in order to draw up an agenda for action in light of the draft recommendations (developed after analysing feedback from phase one and two interviews). Following discussion among the groups, delegates then recorded their individual responses to these
recommendations, which were subsequently analysed. They were also asked to name any known organisations that work to support these groups of children and young people in Northern Ireland, which were collated and appear in Appendix 5.
Findings and analysis

The findings and analysis of this study are presented here under three headings: general issues, which relate to both migrant children and those seeking asylum or refugees; issues for vulnerable groups, which focus specifically on asylum seeking/refugee children and children who are ineligible for state support; and, finally, strategic and systematic concerns.

The findings combine feedback from adults and children involved in the research as well as feedback received at the initial seminar (January 2008) and the Agenda for Action Day (January 2009).

General issues

Communication and language support

According to both adult respondents and young participants, there is a need to acquire a level of English sufficient to communicate with others. Adult respondents tended to focus on the need for English in terms of either giving or receiving information, especially to or from officials or for accessing services.

Support workers for asylum seekers and refugees indicated that language support was experienced as a ‘major issue’ for many asylum seekers and refugee children. The acquisition of English was seen as ‘very, very important’ and in need of much encouragement.
Young people, however, tended to emphasise the need for some fluency in English for two reasons. One was in order to get on well with schoolwork, to understand instructions from teachers and progress academically. The other reason was to develop and sustain friendships with peers.

One girl commented that ‘not knowing half of the words’ meant that she could not ‘actually speak to someone very clear’. This contrasted sharply with the young man who said being an English speaker when he arrived ‘really helped me’ and had been a ‘huge advantage’.

Just as the ability to speak English was an important theme in terms of the ability to join in with activities, make friends and understand what was going on around them, difficulties with English had a negative and isolating effect. One boy described himself as ‘annoyed’ that he was not able to speak English and acknowledged that it would make a big difference for him:

> Because I can’t understand English I cannot communicate with people on the street and, usually if people tell me something I can’t understand, I don’t feel good.

He added that when he was grown up and able to speak English and to understand people, he would be able to ‘get a good job’.

A Vietnamese boy commented that ‘I only know a wee bit of English’ which, he said, impacted on his experience of school where ‘I don’t have many friends’. One Roma girl, who routinely translated for both her parents, was evidently keen on school and also actively wanted to ‘learn better’.

However, speaking English for long periods of time also meant that the young people did not speak their first language as often and for some this was detrimental both to their ability to use their first language but also to their sense of identity:

> … it is really hard to work your way around because you can’t speak the language and you have to get used to it and you end up forgetting your own language (Young asylum seeker).

Being able to converse and tell a joke in one’s first language was something missed by one young man since it was harder to accomplish this in a second language. The result of this was that he ‘missed’ himself, saying ‘I am a different person than I was in Portugal’ where he was ‘way more funnier than I am now’. He went on to explain that ‘I am always sad, I don’t know why’ and that, although he likes to laugh a lot, ‘I have this serious look on my face all the time, like a wee mask.’

It is fair to note that learning English is an important part of the challenge for migrant, refugee and asylum seeking children. For the professionals involved, it is not just about improving academic ability but also about helping these children to make friends and build a sense of belonging.
Interpreting

The issue of interpreting was raised by both adult and young participants. In recent years some public sector service providers, for example, health and social services, NIHE and PSNI, have developed systems and procedures for providing interpreting services. However, even some of these services struggle to establish which language is the correct one for some clients as the comment from the young person below indicates:

... when the police called ... the interpreter, they called a guy who was speaking Pashtu and he didn’t know how to speak Dari and I didn’t know how to speak Pashtu and it was a disaster (UASC, case study Y).

Some interpreting is provided face-to-face while telephone interpreting may be accessed via services such as the Language Line. Within education, the recently established Regional Diversity and Inclusion Service has dedicated funding for interpreting. Funding is thus available for interpreting for four particular purposes: initial parent meetings, critical incidents, end-of-term parent/teacher meetings, and for pastoral reasons. However, ‘Schools don’t appear to be accessing these interpreting services’ (Civil servant).

Some NGOs that provide services to young people who do not understand English have experienced difficulty in accessing interpreters and point out that it is therefore difficult to impart even the most basic of information to their service users:

... we can't access [the telephone interpreting service]. Social services have to access that ... It [lack of interpreting] is a big problem and it held up the care plan for this particular individual because we couldn’t get an interpreter (Homeless organisation).

Despite the recent developments in interpreting, some adult respondents highlighted the fact that sometimes children are used for interpreting by parents or family members, and one young person also indicated that she regularly interprets for her parents. One adult respondent claimed that adults who bring children to medical appointments tend not to reveal certain information about themselves (for example, regarding sexual health), thereby compromising their own healthcare.

There is also information of a sensitive or intimate nature that no child should be party to. Similarly, health professionals would be understandably loath to convey bad news to an adult family member through a child:

The inappropriate use of children for interpreting purposes can impact in a number of ways: firstly, it can change the balance of power in a family and put children in ‘a very difficult position’. In any setting where this continues to happen it is described as ‘exploitation by the agencies’ in question. Secondly it is not appropriate for older family members to interpret for children or young people (Health and Social Care Trust employee).

Much of the discussion on interpreting, however, focused on interpreting in general and for an adult audience. Some respondents stressed the need for
an adequate interpreting service for children and young people, which uses child friendly language. For the Scottish Refugee Council, the issue of gender and the choice of a male or female interpreter is 'incredibly important', as are choices about method. In some situations, children and young people are much more comfortable with telephone interpreting than that done face-to-face. However, respondents from social services in Northern Ireland prefer to use face-to-face interpreters:

Obviously the language barrier is a major complication and getting someone on the ground who can attend with you is always preferable to handing the phone backwards and forwards (Social worker).

Working through interpreters also presented problems for those attempting to assess the needs of young people who do not understand English. One social worker indicated that unless the interpreter is very exact in terms of interpreting what the young person has said and gives you the actual words as well as the context, they are working second hand:

I actually think it is impossible to make any form of assessment through an interpreter (Social worker).

Regionally correct languages are also important, as for example in case study Y, as there may not be one ‘national’ language in some countries.

**Case study Y**

On arrival, he was picked up by the PSNI and conversed through a telephone interpreting service, which proved problematic until an interpreter with the correct language could be provided.

Similarly, there is a need to distinguish between speakers of Mandarin or Cantonese among Chinese arrivals, as it is not enough to simply find a ‘Chinese’ interpreter.

For children and young people who are claiming asylum or are otherwise engaged with the immigration authorities, there is an added dimension to the difficulties of using interpreters. This is to do with providing services to such children while their application is being processed or even beyond that. Those who require therapy (for example, unaccompanied asylum seeking children) were highlighted by social workers who felt that:

There is absolutely no way you could do any kind of therapy through translation unless the interpreter was a therapist themselves (Social worker).

In terms of providing information, some respondents highlighted the fact that translating written information into different languages for minority ethnic communities is not necessarily an answer to the issue of information transfer as some parents are illiterate in their first language. This point was also raised by other adult participants from the NGO sector.
**English as an Additional Language (EAL) support**

In order to access additional funding to support students who have EAL, schools are required to complete an annual school census each autumn. The designation of English as an Additional Language (EAL) status only applies to children who ‘do not have the English skills to participate in the curriculum’ according to DE guidelines. In 2008/09 some 6,995 children were indicated in the school census as being in need of EAL support.

However, some respondents acknowledged that the annual school census becomes out of date very quickly since children arriving after the date of the completion of the census are not reflected in the funding made available. At least one local Education and Library Board (ELB) was reported to have no contingency funding available for children post-census:

> It is not unusual for a child to arrive at my door wanting to enrol; if this child happens to be from outside NI then they need particular support, I have on occasion asked the Parent Teachers Association to help with some funding for a uniform or used Extended Schools support for language support. I just need to help that child, at the minute it feels like an uphill struggle to get support from outside school (School principal).

Some education interviewees noted the need for greater clarity regarding numbers of EAL students in order to deliver effective services:

> There is a dearth of statistics, some information is gained from schools and C2K (Classroom 2000 IT system), but it’s a tough call, some schools are overwhelmed with paperwork already (Senior civil servant).

Relying on a combination of the census, telephone calls from schools and information added via C2K, a senior civil servant expressed concern about not being kept up to date with current numbers. This ‘dearth of stats’ was acknowledged, despite also acknowledging the fact that schools are already ‘absolutely and completely overwhelmed by gathering stats already’. Given all of this, then, the figure quoted above for 2007 is in reality probably an underestimation.

The DE EAL policy only covers primary and second level schools. In terms of further and higher education, English as a Second Language (ESOL) provision was described as ‘patchy’ by some of our participants. Respondents emphasised the need to look at this on both a strategic and operational level. Strategically, language skills are of massive economic importance and become a high priority if they are seen as an ‘essential skill’. However, in the further education (FE) sector, this plays out differently in different colleges, depending on whether the need for ESOL is recognised or not:

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10 The IT system by which schools complete the school census.

11 The term used in FE.
I think there is an EAL policy for primary and secondary schools but the further education sector is still disjointed and ESOL provision is different throughout Northern Ireland. We need to recognise the economic importance of second languages (Education sector respondent).

**Key findings – communication and language; interpreting; EAL**

Both adults and young people who participated in this research stressed the need to be able to communicate effectively with others.

For the adults this was so that information could be understood and services accessed, whereas the young people focused on making friends and doing well with their schoolwork.

Interpreting services are available to those who access several services. However, the nature and availability of these interpreting services are not always the most appropriate, especially for children and young people.

EAL support is provided on a per pupil basis using the information gleaned from the school census, which is conducted each October. There is no way for schools to access additional funding for children who arrive mid-year in school and who require EAL support.

**Issues for vulnerable groups**

**Education**

Some adult respondents criticised education providers for their focus on EAL/ESOL, and for largely ignoring the other needs of children from each of the three groups:

... we see the migrant population as vulnerable, as well as that, they will have additional needs such as language and cultural identity and both needs should be met if they are to flourish (Health and social services professional).

For some of the young people in this study being part of a school community helped to make the transition to Northern Ireland easier. Several children commented on the difference between schools they had attended before and where they were now, and the ways in which teachers tried to help them:

They (teachers) help all the time, you ask for help, they help you and give you more time for work (and) help you with your future (Young migrant speaking about a post-primary school in Northern Ireland).
... even when (you) come to school without homework the teacher don’t jump and straightaway give detention, they try to get the reason and (if) they find that something is hard, they try to help (Polish girl).

All the teachers help me in school subjects ... and they are very kind (Young refugee).

Others, such as one girl from Uganda, were conscious of making better progress, saying, ‘I didn’t learn as much times tables and all’.

Many of the young participants could see the long-term benefits of education and appeared to value the opportunity offered by education in Northern Ireland:

... new school, better education, better qualifications in future, better job, more money (Polish boy).

Other young participants, however, found it difficult to get used to the difference between schools here and in their home country, the work they were expected to do and the way in which the schools were run. For these young people, school was something that hindered them.

In a minority of cases school itself had made the transition to Northern Ireland hard. For one young man, ‘When I first came here no one in the school liked me ...’, adding that he did not know why this was the case and that the situation had since been resolved. Another boy drew a detailed image of his former classroom and felt that because in ‘Vietnam ... we go to school six days’, being there had taught him more. He missed his former friends and when asked, said that his was a class of 50 ‘so I can’t say all their names’.

Several disliked school due to ‘having lots of work’ and one child simply remarked, ‘I hate work’. A young woman commented that school was a really big part of her life, having to spend six hours a day there, and that she did not appreciate all the ‘work and stuff’, particularly getting homework every single day and having to carry a ‘massive’ bag.

The school environment plays a significant role in the development of any young person. The discussions with the migrant, refugee and asylum seeking children highlight the powerful role of their school in terms of helping them adjust to all of the changes in their life. This is a challenging task for educators and adds a further opportunity or burden, depending on how one views the role of schools.

**Accessing education and attendance**

Accessing education was an issue raised by some of the adult respondents.

There appear to be difficulties with access across nursery, primary and second level education.

Some participants mentioned that due to the need to meet deadlines for the completion and submission of school forms, especially in the case of nursery
school provision, it was easy for children from each of the three groups to miss out on a free nursery school place. This was seen as really unfortunate as early exposure to English at this stage would be really beneficial for this group of children in terms of attainment later in primary school.

One respondent told of her experience of some schools providing several verbal reasons for refusing children who are asylum seekers a place, though such schools do not provide these reasons in writing. In addition to this, she claimed, asylum seeking children cannot access any school until they acquire the correct uniform. Sometimes this means relying on charities to provide either the uniform itself or money to purchase it, as asylum seekers assisted by NASS are generally destitute. She also highlighted issues such as transport, either the lack of it or the cost of it, and access to free school meals. Free school meals can only be accessed if the pupil can provide evidence of means-tested benefits being paid to the family or if the family is being financially supported by NASS. In the past (prior to February 2008) because asylum seekers were not paid means-tested benefits, there were difficulties proving the need for free school meals. A similar situation existed until recently with Roma children in Belfast, which featured in the media as well as this research. However, the Minister for Education rectified the situation by allocating extra funding for schools to provide free school meals to Roma children. The new guidance issued in February 2008 to schools stipulates that if a school suspects a child is presenting at school hungry, then it should provide free school meals to that child, and this should be followed by a referral to the social services Gateway teams who can assess the child.

Accessing second level education can also be problematic for those aged almost or over 16. One NGO engaged in supporting asylum seekers and refugees explained that ‘for such young people it is very difficult to get a school place and sometimes virtually impossible unless the young person had “high exam results from their country of origin” or “exceptionally good spoken English”’ (NGO respondent). In addition, another respondent indicated that ‘children (especially teenagers) arriving in Northern Ireland in May or June (i.e. towards the end of the school year) almost always do not get a school place until the following September. This often means that the autumn that they start school in Northern Ireland.’

Adopting to compulsory requirements for education was noted as an issue. In many other countries around the world the compulsory school age is much higher than four (for example, it is six in most other European countries or seven in countries such as Poland and Lithuania). Some parents, especially those who cannot read English, are unaware that their four-year-old child should be attending school until they are told by staff in support organisations, health visitors or by teachers themselves. While this situation may be partly rectified by translating documents into different languages, the point made above regarding literacy needs to be taken into account. In addition, there is a need for a cultural shift in thinking by parents so that they are prepared to send their children to school at the age of four:
Information documents should be provided for any potential immigrant prior to coming to Northern Ireland, these documents should clearly identify the key compulsory/legislative requirements of living in Northern Ireland ... (Social worker).

One education respondent listed a number of other problems with school attendance for migrant children. He claimed that going to their home country to see relatives for a month was not unusual, nor was it unusual for the young person to be taken out of school to child mind or be encouraged by parents to work instead of attending school. In other cases children simply ‘disappeared’ as perhaps the family returned home or moved elsewhere for employment purposes:

A child can go missing for a month and then just turn up again and I have to cope, it's disruptive but also worrying (School principal).

**School induction**

For a variety of reasons (for example, employment opportunities, housing provision) a small number of schools attract large numbers of children and young people of minority ethnic origin, including asylum seekers, refugees or the children of migrant workers.

Reflecting on demographic changes over a period of many years, the principal of one post-primary school commented that she was aware of ‘no educational imperative’ at the DE or within the local Education and Library Board (ELB) to create a strategic plan of action for the induction of minority ethnic children into the school system in NI.

The lack of an induction plan can lead to a feeling that schools are very much left to their own devices and staff consequently felt unsupported:

Nobody gives advice about how schools should handle these things (Secondary school principal).

After this key informant interview was held, the DE published the 2009 *Supporting Newcomer Pupils* policy.

Other education respondents noted the DE’s Inclusion and Diversity Service (IDS) was initially concentrating its efforts on primary schools and those representing post-primary schools appeared to be unaware of the existence of the service.

For many families, their child’s school is their first official point of contact in their adoptive country. Without the benefit of any training, school staff can find themselves acting in the capacity of informal advice centres for parents or carers on a wide range of issues such as how to apply for income support or for free school meals – issues that have obvious ramifications for the well-being of the entire family:

... We can’t just say we don’t know, we are the point of contact and we have a duty to make sure the child is looked after [...] that might mean directing the parents to the local council or something to make sure
they know about what else is available in the local area (School principal).

**Vulnerable children in education**

The problems faced by school staff in supporting their students can be particularly acute where certain nationalities are concerned, for example those from A2 countries and in particular Roma people. The principal of one primary school commented that, in terms of fulfilling their duty of care to each child and ensuring that they could access the Northern Ireland curriculum, Roma children can represent a big challenge.

In this case, it involved accommodating:

- children who have never attended school (for example, one boy, aged 11)
- children who arrive with older siblings rather than a parent
- children who come to school hungry with no lunch or money
- children with inadequate equipment (for example, no swimwear) or school uniform
- parents and/or children who speak no English
- parents who are illiterate in their own language.

**Barriers to higher education**

Support workers in one NGO confirmed that young people in the midst of the asylum process were told by local universities that, as ‘international students’, they would incur prohibitively large fees if they chose to pursue a course of study. One voluntary organisation is currently lobbying the NI Assembly to adopt the Scottish model for higher education whereby someone who has been resident in Scotland for three years is treated as a home student.

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**Key findings – education**

Generally school is a positive experience for the young people, who appreciate the resources and opportunities provided in Northern Ireland.

Adults highlighted that the other needs of children from the three groups (such as cultural needs, emotional and mental health issues and feeling part of the school) are largely ignored due to the almost exclusive focus of education providers on EAL.

Non-indigenous parents may not be aware of the process of applying to schools nor be aware of the compulsory school age in NI.

Accessing education is difficult for those almost or over 16 or for teenagers arriving in May or June.
IDS policy aims to assist schools to integrate newcomer children with their peers from Northern Ireland. However, this service is relatively new and prior to this some schools felt unsupported in their attempts to facilitate the integration of newcomer pupils.

Some school principals felt that they were having to provide a signposting service beyond their remit.

For a variety of reasons, the children from A2 countries, and particularly Roma children, are vulnerable and therefore represent a significant challenge for teachers.

Asylum seeking and migrant young people can face considerable barriers in accessing higher education, where they may be treated as international students, thereby incurring higher fees than indigenous students.

Accommodation

Both children and adult respondents mentioned the issue of accommodation.

During the creative phase of the research, differences were noted in the sizes and types of accommodation that the children drew. Roma children, for example, showed much larger family-owned homes in Romania where they ‘don’t have to pay’ as compared to the often cramped accommodation they share in Belfast, depicted by rows of small, terraced houses. One girl described having five rooms as compared with the two that her family of nine currently occupied (see case study T below).

Case study T

This Roma family of nine lived in part of a small terraced house, occupying one small bedroom where the parents slept with the two youngest children and the sitting room where the other five children slept in a double bed. They also had use of a kitchen, although a member of school staff, visiting the home, could see no evidence of food.

While the Northern Ireland Housing Executive (NIHE) does not build houses any more, it is still responsible for public or social housing throughout Northern Ireland.

Outside of their short-term renewable contract with UKBA to supply accommodation services, NIHE has very little involvement with registered asylum seekers. Some respondents from NIHE remarked that they observed a clear pattern between rising house prices and increased demand due to incoming European migration:
Properties were bought up by private speculators and then rented out as multiple occupancy dwellings e.g. to groups of young men. In pushing up prices, local people who could not afford to buy took their places on NIHE waiting lists, which were consequently ‘squeezed’ (Statutory sector manager).

A points system based upon eligibility means that people arriving from the original EU15\textsuperscript{12} countries have the right to apply for social housing if they satisfy the habitual residence test. Those from A8 countries currently have to register with the worker registration scheme and be in direct employment, while migrants from the A2 countries also need to be authorised as a worker and be in work. Following a year’s continuous employment, migrants from these accession states are then eligible for housing assistance on the same basis as EEA nationals.\textsuperscript{13} These differing levels of eligibility can mean that some migrants are dependent on the private rented sector for housing and this may result in exploitation by some private landlords (see case studies B and T).

\textbf{Case study B}

B, aged 10, arrived in Northern Ireland from Poland with his father, a low-paid manual worker. They lived in privately rented and shared accommodation with seven other Polish males. The rent was high, all rooms in the house were used as sleeping rooms, and there were obvious signs of deprivation.

The fact that some properties are privately owned and multiply occupied can be a source of friction when residents do not share the same attitude to their accommodation, for example, groups of young men living among families. There may also be child protection or safeguarding issues in some situations:

\begin{quote}
I would be concerned because the child’s living in cramped conditions with working adults – it’s not the best environment but what can we do? (School principal).
\end{quote}

Some respondents engaged in the housing sector highlighted the fact that some areas in towns and cities were changing rapidly due to inward migration as people from outside Northern Ireland moved here to pursue employment opportunities. This is a relatively new phenomenon for these communities. Partly as a result of the changing patterns of the population in neighbourhoods:

\begin{quote}
The area suddenly changes very quickly and becomes home for large numbers of migrant workers (Statutory organisation).
\end{quote}

NIHE has appointed race relations officers and has tried to address some of the issues arising from such changes via their Race Relations Charter and

\textsuperscript{12} Austria, Belgium, Denmark, Finland, France, Greece, Ireland, Italy, Germany, Luxembourg, Netherlands, Portugal, Spain, Sweden and the UK.

\textsuperscript{13} For an explanation of eligibility for housing support for migrants see the leaflet ‘Applying for Social Housing in Northern Ireland, A Guide for Migrant Workers’ issued by the NIHE.
through working with community leaders. However, events in Belfast during the summer of 2009, in relation to the Roma people living in South Belfast would appear to suggest that more needs to be done if the newly arrived are to live in safety and security with those already present.

Unaccompanied asylum seeking children who are over 16 are placed in supported accommodation by social services. However, if there is no space in the designated agency’s building (often a hostel) they may be placed in hotels. One young man spoke of how this practice exacerbated his loneliness and isolation. It did not seem like a very supportive environment to put a vulnerable young person:

I was in a hotel for a month ... and ... my social worker... used to come like once a week to see me ... it was really, really hard because it was a hotel and I had no contact with anybody and I didn’t understand what the people were saying ... most of the time I used to stay in my bedroom (UASC).

Key findings – accommodation

Children highlighted differences in the type and size of accommodation they lived in in NI as opposed to their country of origin. Many indicated that they now lived in smaller and more crowded homes.

The differing eligibility criteria for support with social housing and/or housing benefit are complicated, with some groups of migrants being almost totally non-eligible.

Greater demand for private sector rented accommodation has resulted in speculators buying up property in some areas, which then has the effect of inflating prices to the extent that local people can no longer afford housing. This is a feature in both cities and towns in Northern Ireland.

Unaccompanied asylum seeking children over the age of 16 are generally placed in supported accommodation. Sometimes this means placing them in a hostel or a hotel.

Health and social care

Case study Z

Z, aged three, arrived in Northern Ireland from Somalia with her mother, aged 24. Z’s mother is heavily pregnant with her third baby; the pregnancy is the result of a gang rape before leaving Somalia. The family arrived with no documentation.
Z’s mum finds it extremely difficult to cope as she is still trying to come to terms with the trauma she suffered during the rape, and finds it difficult to trust strangers. They live in a rented flat outside the city, which is cramped and prone to mould. Z’s mum awaits news from her husband and son who remain in Somalia and are feared dead like many other members of her family...

Z’s mum is frightened about seeing a doctor. The nearest GP surgery has stated that they are unable to take on the family as clients since there are difficulties with language. The surgery is unfamiliar with how to deal with clients from other countries and is not sure how to arrange interpreting services.

Adult respondents who participated in both the interviews and the Agenda for Action Conference discussions raised the issues of health and social care in relation to the three groups of children.

Senior social work staff who are part of a referral and assessment team handling any new cases deal with a very wide variety of individuals and families, some of whom are asylum seekers, refugees or migrants; some are with families, while others are unaccompanied young people. Referrals to this team come from a variety of sources, for example, the police, health visitors, Women’s Aid or by the Bryson One Stop Service. Clients might also be referred from the Accident and Emergency department in a hospital and then are subsequently found to have no registration with a GP.

Recent internal research from one Health and Social Care Trust, which was discussed during a key informant interview, indicated how diverse the migrant population of children in Northern Ireland is. Health visitors in this Trust area identified children from over 60 countries. They also identified the following barriers that may prevent the parents of such children from accessing health services:

- language difficulties
- families are mobile and have no permanent address
- heightened expectations of service
- lack of awareness of how to go about accessing services, which means that many families are not registered with a GP and so access medical services at a local hospital
- lack of confidence accessing child health clinics and mother and toddler groups
- low levels of car ownership
- lack of current localised information on services in specific languages
- social isolation and missing extended family support.

For Trust workers, this has meant that working with these families is resource intensive in terms of the health professional’s time, for example, arranging interpreters, more frequent home visits and more time spent arranging appointments.

In addition, cultural issues were identified that potentially inhibit access and uptake of services, for example weaning/feeding practices, child rearing
practices, gender roles relating to childcare, and domestic issues and school attendance. Postnatal depression and social isolation were identified as a particular issue for mothers while speech and language needs, developmental concerns and child protection issues were also highlighted as issues of concern for the children.

According to some respondents, such as senior social workers, the arrival of a significant number of newcomer families to Northern Ireland has major implications for children’s health, including routine health assessments, inoculations, health visiting for newborn and young children as well as ancillary services such as dental treatment or eye tests (see case study T):

Case study T

... staff learned that T was having problems with her eyesight since she could not see the board. Action was taken by a school nurse, but it took over three months before an eye test could be arranged.

For one senior health and social services manager, cases involving difficulties with language or access to young children comprised the biggest issues in the correspondence she received from the many health visitors and school nurses she line-managed. Large influxes of Polish or Roma communities, many of whom speak no English, made gaining access to any children in these newly arrived families a significant concern.

The telephone interpreting service, available through this particular Health and Social Care Trust, is of very limited use where house calls are concerned, yet budgetary constraints do not allow for widespread face-to-face interpreting. Despite this, a Polish interpreter had recently been employed for 10 full days in order to support her colleagues’ work on the ground.

Some interviewees discussed issues faced by expectant mothers arriving in Northern Ireland in the late stages of pregnancy. Apart from not having had previous contact with maternity services here, they lacked any of the ‘nestbuilding’ equipment usually associated with newborn babies – cots, baby clothes or sterilising equipment. So from early on in their lives these children are at a disadvantage, relative to those who are born to mothers who are already established in the community and have had antenatal care here as well as the time and resources to prepare for childbirth.

The health needs of the Roma population require special mention. A senior figure in community health commented that the Roma population, although small, was nevertheless incredibly complex. Due to the increased incidence of TB among Roma children, health assessments are both necessary and problematic since accessing all children who need this test can be fraught. For instance, determining a child’s age is very difficult if no records exist of their date of birth. Visits from health visitors can be seen as an unwelcome intrusion. A health respondent from a Health and Social Care Trust mentioned that on gaining access, other issues may become apparent such as:
• poverty that is the result of lack of basic provision, for example food or heat
• accommodation problems, such as significant overcrowding with whole families in one room
• lack of stimulation for younger children at home: they have no toys or books
• teenagers babysitting other children
• children of school age missing from school
• children left unattended
• children working underage (busking)
• parents failing to attend appointments with their children.

Non-registration with GPs was also identified by participants as a ‘huge issue’ for both the Roma and the Romanian population:

... with the Romanian families ... there is a huge issue in relation to non-registration with GPs; they have no entitlement to ... treatment – they can go to A and E and access treatment, but that’s it ... there’s also TB checks; they can’t get inoculated ... (Social worker).

[Romans] have to pay £50 a time (for a visit to a GP). They can register as a private patient but they can’t register via the NHS (Social worker).

There appears to be a misunderstanding among some professionals as to migrants’ eligibility to register with GPs. According to the Law Centre (NI) ‘entitlement to free treatment (in the health service) is not ... determined by nationality or whether a patient has paid national insurance contributions’ – it is based on whether a person is ‘ordinarily resident’ in Northern Ireland (Law Centre 2008, p.1).

**Child protection**

The issue of child protection was raised by several of the adult respondents. One respondent from education noted that:

sometimes adults accompanying children claim to be a parent but they may not be and while this may not automatically mean the children are at risk, it is a possibility that needs to be considered by those with a duty of care.

Some social services teams have also identified incidences of alcohol abuse and related domestic violence which put children at risk of harm.

The fact that children themselves (and perhaps their parents/carers) may distrust those in authority as a result of past negative experiences may also lead to children being placed at risk as they may not seek help when necessary. For example, one unaccompanied asylum seeking boy described how he thought he would be mistreated by the police in Northern Ireland:
... the first time when police is talking to me ... I thought they were going to beat me ... but the police officers were really good here in Northern Ireland (UASC, case study Y).

They come from a lot of states where there is a police state, there’s a regime in place and they are absolutely terrified ... they are scared about what they can tell us and what they can’t tell us ... most of the kids say their parents are dead ... they don’t want you doing any background checks (Social worker).

The issue of child protection was also raised by several respondents in relation to age assessments of young people who arrive in Northern Ireland without documentation that proves their age. For those charged with accommodating such young people, the age issue can lead to concerns about child protection as young people who are actually aged over 18 could potentially be accommodated with those who are under 18:

Some of them say they’re 16 and you’d know looking at the guy that he’s 21 ... but ... I’ve never had a lad here, or a girl, to go through an age test, ever ... (Homeless organisation).

Even where age assessments are carried out, there is no guarantee that these will be accurate. Another respondent cited a case where a young person was assessed as an adolescent only to find out later that he was 23:

There was one guy who was placed in a children’s home and he turned out to be 23, which is very worrying because the children that are in our children’s homes are very vulnerable ... Most of them have been abused in some form and then to put an adult in there is very scary (Social services respondent).

If we have got this wrong and if we are putting someone in the 20s in a children’s home then that is really a serious concern ... but even if we are putting someone in their 20s in a supported living environment where there are already vulnerable young people there is still a child protection issue (Social worker).

... a risk assessment is not just about age, there a lot more to it ... it’s very difficult to make a judgement as to what risks the young person represents or what their needs are when you don’t have the information (Homeless organisation).

Another incident that was cited by an organisation which supports the homeless happened when an already vulnerable young person was potentially placed at risk because of the lack of interpreters. It is of concern that it was the very agency that has a duty to protect young people against harm that were potentially placing this boy at risk:

We’ve had a lad, I think he was Somalian ... and social services were going to get this older person to interpret because they knew he spoke ... the same language but this guy was from a different country and he was also a different age, interpreting for a 16 year old and there was big questions about that. Is it appropriate to introduce this 16 year old
to this man in his fifties? Who is this man in his fifties? We don’t know who the hell he is. Can we trust what this person’s saying with regard to interpreting? (Homeless organisation).

Cultural differences in different countries can also lead to child protection concerns. For example, arranged marriages at a young age may be perfectly legal and acceptable in some countries but once resident in this country, the newly arrived are subject to the laws of NI, which may conflict with their cultural practices:

There are a couple of issues in relation to young females being brought over promised to older boys … one young person we went out to visit, just in relation to non-registration with the GP; just to advise them this is what you need to do. The young girl said this was her fiancé and they were sharing a bed. She was 13. We tried to explain to them that the law in this country meant that was not permitted (Social worker).

**Key findings – health and social care**

- Internal research conducted by one health trust indicated over 60 different nationalities needing support.
- Cultural issues can lead to child protection concerns.
- Staff from health and social services were concerned about lack of background health information on the children they were supporting.
- Interpreting services are of limited use when house calls are required.

**Racism and prejudice**

Both young people and adults raised the issues of racism and prejudice during the fieldwork.

Several of the young people recalled negative experiences such as being bullied during their first year at post-primary school, in public spaces or on public transport:

... some people can be a bit like mean sometimes ... Like racist people, like people in my school [...] some of them can be kind of harsh to other people for nothing just because they are different (Young asylum seeker).

They are not racist to me but when I am sitting at the bus ... (and) Irish people saying ‘them foreigners’ and that kind of stuff actually makes me feel bad, even knowing that it is not for me (Portuguese boy).
there are like some people who are being racist to you and they point at your colour and all and that would make you sad … (Young refugee).

One young woman, although she had been happy to come here and liked people in Northern Ireland, also experienced racism on the streets:

Well, I was doing my papers [paper round] and a group of people they just attacked me and my sister was with me and they started calling me Paki, Paki, Paki and then they tried to bully me and my sister but then a man came out of a house and said get to your houses and leave people alone so then we were safe (Young refugee).

Incidences of hate crime were ‘grossly unreported’ according to a senior civil servant since, although over 900 were actually reported in 2007/08, there are known to be far more:

Since Polish police do not record hate crime, how the issue is handled here by communities here i.e. not coming forward, is ‘a reflection of how it’s dealt with in their own country’, sure some Eastern Europeans do not perceive poor treatment of themselves as racist (Public sector worker).

Key findings – racism and prejudice

- The issues of racism and prejudice were identified by both young people and adults, with several young people having directly experienced racism at school, in public spaces or on public transport.
- Incidents of hate crime, although over 900 were reported in 2007/08, could be under-reported.

Social isolation and dealing with loss

... you remember your past, you remember that what you have lost, you lost the important things, your family, you lost your respect and everything (UASC).

Although separation from their own culture and family members was a common experience for all three groups of children, the circumstances under which they left their country of origin were likely to be completely different as were levels of anxiety felt about family members or friends still there, especially in the case for asylum seeking or refugee children. In addition, where migrant children were concerned, return to their countries of origin, either for a visit or on a permanent basis, remained an ongoing possibility. This was not the case for refugees and asylum seekers.
Many of the children and young people mentioned having left others behind in their countries of origin and missing ‘lots of people’. For many, arriving as a small family unit consisting of only a few members meant that ‘everyone else’ was back home, including extended family, sometimes even older siblings, and networks of friends. Some special relationships were missed more acutely and individual friends, cousins or grandparents were mentioned by name:

I had a brother and my brother was killed by somebody and that was in my mind all the time … and I was thinking OK this all happened and I am here now and what is going to happen to my family, what is going to happen to my mother? (UASC).

One young man said, ‘I call to my grandparents and talk on Skype’ as a means of maintaining contact, and he liked to visit ‘a few times a year’ when he could. His image was a very graphic description of connectedness to Poland, where he showed himself among a group who were ‘in my school and in my class’. He depicted ‘the only four who I can trust’ who looked sad, adding that ‘I lost my friends (and) I miss them’. Set against this, his new life in Northern Ireland was quite isolated now despite the house, lots of money, a new computer and internet connection that he also depicted in his image.

Missing a very active social life was mentioned by one young man who ‘used to get out with my friends a lot more than I do now’. Leaving to come here, he had ‘lost all my friends’ having ‘left them behind’.

Friendship was an important common theme mentioned by most children and several of them indicated that they were happy due to having ‘lots of friends’, some of whom were indigenous. Friends had made the transition to school in Northern Ireland easier and, in some cases, added to the enjoyment of school life:

I am happy and I have got new friends and there are no soldiers.

See if you find someone like being good to you it would be so easy for you to go to school and … there are more friends for you, but if you are alone and you have no one you can’t do anything in this life (Young refugee).

Oh when I went to school I was very nervous and I was afraid I would make no friends but when I got into my form class I made a friend and after that I made more friends and I knew more about the school and more about friends and teachers (Young refugee).

My friends at school … are really nice and amazing and we have really like so much fun … and they … can make your day (Young refugee).

Some liked the fact that they had ‘friends from different countries’, one reason being that ‘I can actually speak to them and you don’t worry that you make a mistake in English.’
One young man mentioned supportive parents in that ‘when I was sad thinking about Poland, they told me not to worry and that I can visit many times’. Also helpful were new friends he had made from Portugal, Ireland and Poland.

The importance of friends from the neighbourhood that the young people lived in was emphasised in terms of making day-to-day living in Northern Ireland easier:

Well my neighbour has a son who is older and my brother is older and them two became friends and then we became friends with them, so they are very good neighbours and my mum sometimes cooks food for them (Young refugee).

Figures from UKBA and the PSNI suggest that in November 2008 there were a total of 136 people seeking asylum in Northern Ireland. The biggest group comprised single males from Somalia, although there were others from Morocco and the Sudan. Of the 51 families, the largest number were Chinese. Although some asylum seekers would quickly be able to benefit from already established networks of their own people in Northern Ireland, for others, especially unaccompanied children, isolation is major factor:

I really felt that I miss my family ... and my friends and ... I couldn’t speak English and I couldn’t communicate with people and that was really, really hard ... (UASC, case study Y).

This can be individual isolation, such as that experienced by some unaccompanied asylum seeking young people, as above, or it may be more in terms of minority ethnic group identity. Roma people, for example, were said to have ‘a big community between the families, they all know each other, they all babysit for each other. The isolation is not as individuals, but they are collectively isolating themselves.’

Families or individuals who leave their countries of origin to escape persecution often leave family members behind. This enforced separation is frequently a source of great and continuing anxiety (see case study C) and is arguably at its most acute for unaccompanied minors for whom it can be ‘very difficult to set up networks’.

Feelings of isolation or dislocation can also get the better of those who arrive as migrants and find themselves adrift in a culture that seems very strange. As a young person, the opportunity to ‘sit in the back of the class with English speakers doesn’t do a lot to alleviate social isolation’ as one social worker observed.

For any young person, the added level of stability and security of arriving in Northern Ireland with even just one family member could not be overestimated compared to the experience of those arriving alone. Only one such interview was recorded and this young person’s story (the basis of case study Y) illustrates the way that isolation can further compound a personal experience that was already extremely difficult to handle.
Many – if not all – the issues already discussed in relation to language apply in the case of unaccompanied minors, although some are more acute. For example, exchanging basic information to provide immediate support, hear someone’s story, offer companionship or conduct assessments can be challenging, to say the least, resulting in much of it becoming non-verbal.

In some situations, feelings of isolation may easily be exacerbated:

... it was really, really hard. I had no contact with anybody and I didn’t understand what people were saying ... I used to stay in my bedroom ... just the loneliness and also ... I was thinking that I was going to get crazy because all the time I was thinking what happened in the past and it was really, really hard ... if you live alone you have lots of problems in your mind and when you are alone it makes the situation worse, if you are in a group of people it is much better, it is easier (UASC case study Y).

While schools may provide an environment where social isolation may be alleviated, staff at schools did not feel that they could readily deal with such children’s mental health issues. They also had difficulty in facilitating the children’s access to health services.

**Key findings – social isolation and dealing with loss**

Children and young people in each of the three categories were all dealing with loss of one kind or another. For many this was loss of friends, extended family, school or community these people were left behind in the child’s country of origin.

For asylum seeking children, however, the sense of loss was usually more intense in that family members may have actually been killed or may be living in danger in their country of origin.

The loss of extended family networks and friends often resulted in feelings of isolation.

For unaccompanied asylum seeking children, feelings of isolation were acute.

**Poverty**

**Case study L**

L moved with her family from Lithuania to live in a small town in Northern Ireland several years ago. The family comprises her mother and father and their five children, the oldest being L who is 10 ... L’s family first came to
the attention of a local voluntary organisation when they sought support to resolve a financial issue. For some reason, payments of Child Tax Credit had stopped being paid into their bank account. The voluntary organisation contacted the Tax Credit Office on behalf of the family and were told that the claim had been suspended pending investigation. Several months went by, during which time the voluntary organisation lodged two formal complaints. After numerous phone calls for information, they learned that the case was with the Complex Team who were not contactable by the general public. During the year of suspension, the family received no correspondence at all, until a letter arrived advising them that their claim had been reinstated.

During the time they were being investigated, the family income was reduced to £210 net per week, derived from the father’s wage plus Child Benefit. Their rent was £130 plus bills ... Some months later, when all the family savings were gone, L’s grandmother died back in Lithuania and the family could not afford for them all to return for the funeral. L’s father took out a credit card, which enabled L’s mother to attend.

As the new school year approached, L became very anxious about the need for uniforms and shoes. L suggested that she herself stay at home, clean the house and look after the toddler so her mother could get a job and so that only three sets of uniform would be needed. She hoped that this would mean that her mother wouldn’t cry so much. The family were referred to a local charity for help with the cost of returning to school. By the time the back payment of tax credits were made, unfortunately, the credit card debt had been accumulated.

Poverty is an issue that affects many of the children in each of the three categories. While it is not the case that all migrant workers are poor, there are a growing number of low paid migrant workers represented in the agriculture, hospitality and food processing industries.

Those from accession countries are particularly vulnerable to poverty. When people are denied the safety net of social welfare, this increases the vulnerability of any dependents, particularly when single or separated parents are concerned. A2 nationals, for example, have to work for one year before they become eligible for benefits. A number of such cases were cited by interviewees, most notably, a young mother from an A2 country, who could not give up work to care for her hospitalised, post-operative child since she had no entitlement to any other form of income.

Some respondents cited incidents where they saw evidence of poverty when visiting the homes of children:

These families live in sparse, but clean [homes] ... some of these children have never seen or played with toys (Social worker).

Another example are dependents whose families come from countries outside of the EU, such as the Ukraine, who may ‘become invisible’ once in Northern Ireland. If the breadwinner loses their job or the parental relationship breaks down:
These are children whose basic human rights are being denied (Statutory organisation).

Asylum seekers are not allowed to work while their application is being processed. If they apply for assistance through NASS (National Asylum Support Service), they are provided with financial assistance at 70 per cent the rate of income support (i.e. 30 per cent below the level which government has set as a minimum necessary to live). Many asylum seekers have to rely on charity to buy school uniforms, though as of June 2009 asylum seekers in receipt of state support will now be eligible for free school uniforms for primary as well as post-primary schools.

Some people from outside the EEA who migrate to the UK are granted permission to stay in the country on condition that they are fully able to support themselves. In such cases people will have ‘no recourse to public funds’ stamped on their passports. Although there are some exceptions to this, generally it means that people who do not have recourse to public funds, cannot claim benefits such as income support, tax credits or housing benefit.\(^{14}\) Those who are subject to such conditions find themselves and their families very vulnerable if they become unemployed or homeless.

Children in such families are consequently impacted upon as a result of such policies.

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**Key findings – poverty**

Poverty affects children in each of the three groups. Although not all migrants are poor, there are growing numbers of migrant workers employed in low-paid jobs in the agriculture, hospitality and food processing industries.

Some migrants are only allowed into the UK on the basis that they have ‘no recourse to public funds’, i.e. that they will not make any demands on the state for benefits.

Migrants from A8, A2 and countries entirely outside the EU are especially vulnerable as eligibility criteria for social security benefits may mean that there are no safety nets available in the event of unemployment. The children who live in such families are also impacted upon by these criteria.

Asylum seekers who are supported by the state are paid allowances that are set at 30 per cent below benefit levels, i.e. 30 per cent below the level which government has set as a minimum necessary to live.

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\(^{14}\) For a full explanation on this, see the Home Office leaflet 'No Recourse to Public Funds'; www.ukba.homeoffice.gov.uk/sitecontent/documents/residency/publicfunds.pdf
Issues specifically affecting asylum seeking and refugee children

As well as all of the issues discussed above, some additional issues were raised by respondents that are specific to asylum seeking children (both unaccompanied and those who are part of families). These are understanding the asylum seeking process, age assessments, dealing with loss and trauma, keeping young people safe, and trafficking.

Understanding the asylum process

Recent figures from the UK Border Agency (UKBA) confirm that between March 2007 and October 2008, 25 unaccompanied minors registered their claim for asylum in Northern Ireland, although only six went on to pursue it.

Nineteen minors therefore disappeared into what a public sector official described as ‘an administrative black hole’. It is not entirely clear how such children arrive here, although some, like the boy in case study Y, are trafficked and may arrive by sea, air or over land through the Republic of Ireland. One informant talked about how some UASCs arrive at Belfast International Airport with an adult who subsequently leaves them at the baggage carousel, and taking away their paperwork so they cannot be identified. However, it is not clear how often this has happened.

Social workers can find themselves ill equipped to offer advice since they may well lack guidance themselves. For example, in at least one of the health trusts in Northern Ireland, no specific guidance currently exists for social workers on the process of asylum seeking.

Many UASCs themselves may not understand what the process of claiming asylum actually means:

... when I came here I didn’t know about anything, I didn’t know what is it like, what should I go to because ... I didn’t know the process and for 6 months ... I didn’t know I have a solicitor (UASC, case study Y).

So, for instance, they might not understand that it is crucial to relate instances of having been tortured or suffered some kind of trauma as this would contribute very strongly to their case for asylum. However, opening up about these experiences is an ‘organic’ process that is ‘messy and untidy’:

For some young people, it is going to take them months and months before they even want to tell their story ... and so often they don’t know what the key information actually is (Social worker).

Given all the factors affecting unaccompanied minors, not least of which is the time taken before a person can tell their story, it was also felt that the New Asylum Model (NAM),15 designed to determine outcomes for adults...
more speedily, is simply too fast to be appropriate and is described by the UKBA as ‘a political minefield’.

How you go about preparing a young person for possible deportation once they turn 18 ‘is not an easy thing to do’, but nevertheless needs to be addressed within their care plan. Great care is required so as not to be ‘totally negative’ about someone’s country of origin lest they have to return there.

Mistakes made by immigration authorities can make the whole asylum application process even more difficult and traumatic:

… with this particular lad, they even acknowledged it themselves that they hadn’t followed the process. They were dealing with an asylum seeking application from this boy and it got virtually to the point where they were going to deport him. And then … the judge who looked at it, decided himself at the tribunal that the Home Office had completely cocked up the whole thing. So he went back to square one. So not only are they making decisions on erroneous information, but they know themselves that the information is wrong … I didn’t see anything in it (the process) that this person was being treated in a systematic and fair way (Homeless organisation).

The legal nature of the asylum seeking process and the manner in which immigration regulations and information are relayed to young people was identified as problematic by some practitioners from the NGO sector:

… I mean for an organisation like the Home Office, dealing with a minor from a different country, and putting it in language, that even people in their forties from the UK, with a Masters in social work, couldn’t understand … That just strikes me as absurd (Homeless organisation).

The asylum seeking process was also regarded as being ‘dehumanising’:

It’s the effect that it’s having on the young person, and that particular young person. He feels dehumanised, he has actually said, I feel less than human and I’m not recognised. And all he wants is to be able to earn my own money … he doesn’t like handouts … He wants to work, but it’s the fact that they won’t allow him a National Insurance number. And he would most certainly be of benefit to our society (Homeless organisation).

The effects of the asylum seeking process on young people’s mental health were also mentioned by some respondents:

… it isn’t doing his health any good, his mental health. So, that on top of the horrific experiences that he’s trying to escape from … I mean I do believe that the process is putting a burden on that lad, you know on top of the burden that he’s already under (Homeless organisation).

I do believe that there’s little acknowledgement of their age and the fact that they are so young and vulnerable, I don’t see
acknowledgement [of that by the immigration authorities] (Homeless organisation).

**Anxiety/fear of deportation during the asylum seeking process**

The emotional climate during the asylum seeking process was characterised by much anxiety, affecting how children and young people cope.

A constant fear of removal or deportation hanging over a family means that children ‘really cannot concentrate’ in school. This can be compounded by any traumatic events in the past such as forcible removal from previous homes in their country of origin.

**Age assessment and age disputes**

The accurate determination of age is another minefield unwittingly negotiated by many unaccompanied minors on their arrival in Northern Ireland. In immigration terms, a young person’s age is hugely significant in terms of both the process to which they are subject as well as the eventual outcome, i.e. whether they face a ‘child’ or ‘adult’ immigration interview (see case study C).

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**Case study C**

C, a young African woman, fled to the UK to seek protection owing to her experiences in her home country ... by which time she was already pregnant by her boyfriend whom she had to leave behind.

Shortly after C claimed asylum, she attended an asylum-screening interview with the Home Office as part of the process. At that screening interview, the Home Office disputed her claim that C was under 18 years of age on the grounds that ‘her appearance suggests someone older’. When first seeking asylum in the UK, C became the responsibility of social services, as per normal procedure. However, when the Home Office disputed her claimed age, C was made to vacate her social services accommodation shortly after she had given birth and was moved to a Women’s Aid hostel. The Home Office requested documentary evidence or an independent paediatric report as confirmation of C’s correct age ... However, before the process began, the Home Office arranged for C to attend an substantive adult asylum interview. The relevance of this is that, unlike a child asylum interview, the emphasis is on credibility and the applicant’s subjective understanding of the situation in her home country.

Despite requests that a decision about the interview be postponed until the social workers completed their assessment, the Home Office continued to proceed with the set interview date. C’s lawyer then threatened a judicial review of this decision. The age assessment was carried out by the social workers who found her to be her claimed age.
and therefore a minor. The Merton compliant\textsuperscript{16} report was lodged with the Home Office who were bound to accept its outcome. It took the threat of High Court proceedings for the Home Office to agree to treat C as a child further to the Merton compliant report. Her case was then processed as an unaccompanied asylum seeking child.

Given that most unaccompanied young people arrive without any identification papers, a recurring issue for social services is how best to agree the young person’s age in order to refer them to the most appropriate service.

For example, a young person under the age of 16 will automatically be placed in the care of the social services – often a children’s home – with an assigned social worker and where they will receive the support of all the staff. Older young people under the age of 18, although still in the care of social services, may be placed elsewhere, such as in supported accommodation.

A senior civil servant noted that:

\begin{quote}
Social Services are seen as the experts. We expect them to know about age ... (Civil servant).
\end{quote}

However, respondents from both the statutory and voluntary sector in Northern Ireland indicated that there are currently no social workers qualified in age assessment and that tensions can arise in relation to age assessments. These participants felt that there was a ‘culture of disbelief’ among UKBA officials which runs counter to the practice of social workers who are ‘obliged to take everything at face value’. According to UKBA, such cases ‘won’t be accepted onto the UKBA system if there is an age dispute’. In other words, if an applicant is thought to be over 18 by the UKBA they will not be treated as a minor, regardless of what the applicant or social services claim (as almost happened in the case study C).

In a Scottish context, while acknowledging that they have not received formal training, Glasgow social services nevertheless have a dedicated age assessment team. In fact, Glasgow is currently bidding to become a ‘Centre of Excellence’ in this and other aspects of dealing with UASCs. However, although two social workers in Northern Ireland had been trained in age assessment, they no longer work in this area. There is currently no available expertise, a fact readily acknowledged by social services themselves and believed to be necessary by UKBA.

The difficulties encountered in age assessments are compounded by cultural factors, according to one NGO source. In other words, age tends to be assessed according to the expectations and experiences of professionals here rather than by those of the young person’s country of origin:

\begin{quote}
16 An age assessment for young asylum seekers that has been conducted in accordance with the case law on age assessments and is therefore fair and lawful. The term derives from the Merton judgement of 2003 which gives ‘guidance as to the requirement of a lawful assessment by a local authority of the age of a young asylum seeker claiming to be under the age of 18 years’.
\end{quote}
There’s cultural issues there too … a young person who could be 16 from here and a young 16 year old from Somalia, because their working environment, how they spend their life, that affects their whole build … boys from Afghanistan who’ve got beards and have been working outside for years, they actually look more weathered and older than they are (Homeless organisation).

Urgently needed, according to respondents from both the statutory and voluntary sectors, was a presumption of Looked After Child (LAC) status for all unaccompanied minors. Although the DE and DHSSPS have worked together to confer LAC status on some children (for example, the Roma children in Botanic Primary School, who are not unaccompanied, in order that they could receive free school meals), this approach has not been consistent.

Uncertainty about age can also present child protection issues for social services, with adults potentially being placed in the same setting as vulnerable children, as was discussed in the section on child protection.

People trafficking

Case study Y

Y arrived in Northern Ireland at the age of 16. Y’s mother had paid for him to be smuggled out of Afghanistan where the situation was very dangerous. His journey had taken many weeks and been disorientating, frightening and sometimes dangerous. Travelling at night and always in the company of a group of other males of different ages and nationalities, he was the only Afghani. The youngest in the group was 14 years old. The group, which changed in size during the journey, was handed from one contact to another, presumably as they passed across international borders.

The leaders were occasionally angry and threatening and some of them were armed. The group often spent all day out of doors in many different kinds of remote location, sometimes walking through mountain ranges in the snow or awaiting their next form of transport. Y was frequently very cold and frightened and did not know where he was.

Towards the end of his journey, Y disembarked from the lorry in which he had been travelling with the group, was given some clothes and a ticket and boarded a bus with members of the group. In due course, he also followed them onto a boat, which then sailed for Northern Ireland. He had no idea where he was. He had been told that, if stopped by the police, he should just say his name and where he was from and it would be okay.

Children and young people are being ‘trafficked into Northern Ireland as never before’ according to a solicitor specialising in immigration. This is a view endorsed by other civil servants who commented that Northern Ireland, identified as ‘a soft touch’, is ‘a transit route for UASCs’ due to the permeability of the international border with the Republic of Ireland. This is
also the case between Northern Ireland and Scotland through Stranraer 'because there are no border checks and it is therefore very easy', according to a statutory representative.

Speaking about how unaccompanied asylum seeking children have arrived in Northern Ireland, it was the opinion of one social worker that 'all of them have been trafficked':

They are trafficked for whatever reason. It may be that the family have paid money to get them out (of their country) for a better life; it may be that the family have said they are in danger – who knows but they are brought here by somebody (Social worker).

In using the term ‘trafficked’ this respondent meant ‘smuggled’ as opposed to being trafficked into Northern Ireland and forced into domestic slavery or prostitution. However, this is not to say that while on the journey from their home country to Northern Ireland, such young people were not unharmed by the traffickers:

We often wonder what they have had to do to get here (Social worker).

... there was a couple of emergency referrals for young people who were accompanied by adults but there was a query around the appropriateness of that company because there was a feeling that these kids were being prostituted, or trafficked (Homeless organisation).

In many ways, working closely with these young people is similar to working with many of the young people from Northern Ireland who come into the care of social services generally. However, behind many of these cases is a world of organised crime where people are used as commodities and ‘power, money or sex’ are motivating forces:

People are interested in three things in my experience – power, money and sex – that underlines everything that we work with ... adolescent services works in a very seedy, seedy world of organised crime (Social worker).

**Trauma**

Asylum seekers are in acute need, as children they have been through a lot; often multiple loss in the family and trauma as well as a whole culture shock. There is potential for huge mental health needs because of the trauma (Health and social services professional).

Several young people described traumatic events. One image featured the word ‘captive’ in large letters ‘because they put us in jail’. Having escaped with her mother, she recalled that ‘people were saying thank you for helping us’. Her experience of being in Northern Ireland is ‘class’ because ‘freedom just comes up’ and she is no longer afraid:

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17 Actually Operation Gull, which is a border check between GB and NI, has been in operation for several years now. See NIHRC (2009).
... now there is love for all of us ... everybody will love each other and there is no ... fighting and all.

Another refugee described a situation where:

we were eating dinner and the soldiers came and they ... boot(ed) the door open so we ran and hid behind the door and my Mum and Dad ran away [part of which was depicted in her image] ... [but] when you are in Ireland you are free, there is nothing going to happen to you.

Unaccompanied young people need to be assessed in various ways in order to determine their needs. Many are already traumatised on arrival, either from experiences in their countries of origin, from the journey itself or both:

I was getting crazy – all the memories of what had happened and no-one to talk to (Case study Y).

As one social worker pointed out trauma therapies are also talking therapies. There is, therefore, a heavy reliance upon language and so, for a young person who does not have very good English, support is hard, if not impossible, to access through interpreting ‘unless the interpreter was a therapist themselves’. This social worker indicated that some stories were too traumatic to be translated by a third party who would have to be in the room with the young person and a therapist:

Both girls [from Somalia] had horrific stories about the militia coming in and raping young women ... and horrific stories about their own rapes.

According to support workers for refugees and asylum seekers, the counselling services and therapy in at least one of the health trusts are ‘very good’ (although they are only available for young people up until the age of 18):

I just go once a week and I see a trauma doctor ... and she has been really supportive of me (UASC, case study Y).

However, in the experience of this voluntary organisation for the homeless, the asylum seeking process itself can reverse young people’s development and ‘just because you turn 18 doesn’t mean you can suddenly cope’. In addition, sometimes the waiting lists to access such services do nothing to alleviate the trauma experienced by the young person:

I really, really needed somebody to trust, to talk to and a specialist like a trauma doctor because when I came here for a long time nobody talked to me, nobody asked me what is your problem and I didn’t know what to say ... for 6 month I was like that ... (UASC, case study Y).

In terms of making psychological assessments, one respondent highlighted the fact that many of the assessment tools used by professionals here in Northern Ireland were culturally inappropriate and did not in fact provide an accurate assessment:
A lot of standardised psychology assessments are very Euro-centric if not overtly British (Social worker).

In addition, such assessments may have to be conducted through an interpreter which is far from ideal and, indeed, impossible in the opinion of one interviewee:

I actually think it’s impossible to make any form of assessment through an interpreter (Social services respondent).

For some respondents the lack of sensitivity towards traumatised young people from the immigration authorities was an issue:

... they have made an awful move to come from where they were to come to this country ... And it’s the lack of acknowledgement from the Home Office ... The young people that we’ve worked ... with here have adhered to and done everything that’s been asked of them ... they go to see their social worker, they inform us if they’re coming or leaving, they are very dutiful (Homeless organisation).

**Restricted movement**

One girl commented on the fact that, due to the family’s status, their movements were restricted compared with the rest of the population:

... if you were born here you get like to travel around ... we don’t get to travel or go around because we are like asylum seekers and refugees (Young asylum seeker).

**Key findings – issues specific to asylum seeking and refugee children**

The asylum process is very complicated and difficult for people, especially children, to understand.

Some adults in the research felt that the asylum process was ‘dehumanising’.

The asylum process had a negative effect on children’s emotional and mental health, with anxiety and a fear of deportation being common.

Age assessments and age disputes are a major issue for immigration officials and for social services. Being over or under 18 has major implications for the way in which an asylum application is dealt with and for how social services will assess and address needs.

There are currently no social workers in Northern Ireland who have been trained in conducting age assessments.
People trafficking is an issue that those in authority are aware exists in Northern Ireland. However, the extent, nature and dynamics of it are not yet fully known or understood.

Many asylum seeking and refugee children are traumatised due to events in their country of origin and by the journey out of it. Trauma and counselling services are generally offered in English and therefore it is difficult to provide adequate services for those who do not speak English well. Some social workers felt that it was impossible to either conduct an adequate assessment of need or to provide trauma counselling through an interpreter.

Asylum seeking children and their families have their movements restricted.
Structural and systematic issues

In addition to the issues discussed above, a number of other concerns were raised by adults during the interviews and the Agenda for Action Conference. These concerns tend to focus on systematic issues such as leadership and strategic direction, policy and practice, inter-agency work and the lack of statistics and information about children in the three categories. Each of these concerns is discussed below.

Leadership and strategic direction

There was general consensus from across the statutory, voluntary and community sectors about the absence of central strategic thinking at all but the highest levels. In other words, only those working at the higher levels of organisations felt that strategies were in place to meet the needs of each of the three groups of children that this report focuses on. Those working at levels that are actually connected with service users or who managed service delivery did not feel that there was enough strategic thinking or, indeed, coordinated practice:

> There is a definite need for leadership. These are all vulnerable children ... The Children’s Strategy led by OFMDFM should be requiring departments to work together (Social services respondent).

> ... OFMDFM should take the lead in providing a strategic framework. Unfortunately we are still waiting for some of that lead. The challenge
is to ensure that the strategic actions are put into place across the board (Agenda for Action conference participant).

Some respondents felt strongly that individual social workers and practitioners on the front line could only have a limited impact due to the lack of strategic direction and leadership in relation to this group of children:

... that’s all about poor planning, poor strategy and poor understanding ... I’m talking about senior managers here, not social workers (Voluntary organisation).

Strategic planning is the most important issue ... However, there is a tricky situation and balance between senior management and practitioners. Senior management can agree change but they have no idea about practice (Agenda for Action conference participant).

The lack of consistency and expertise in relation to practice with asylum seeking children was also highlighted by some interviewees, as was the need to link devolved departments with those responsible for excepted\textsuperscript{18} matters such as immigration:

It’s too piecemeal. There’s too many people, without any expertise, developing their own expertise, but there’s nothing focused ... And that kind of reflected in the fact that it wasn’t included in the [children’s] strategy/exercise. There is no focus on this increasing problem (Voluntary sector respondent).

... the gaps, i.e. reserved matters will come up as an issue and need to be tackled (Agenda for Action conference participant).

... I’m talking about senior managers who are not quite so high up ... still fairly close to the ground, still not knowing what the craic\textsuperscript{19} is. This is about strategy on asylum seekers. You’re talking about three levels of managers up, you’re not talking about some guy stuck away in Stormont, you’re talking about somebody who should know. I think that means, to me anyway, in terms of social services, the whole damn system doesn’t know how to cope with asylum seekers (Voluntary sector respondent).

As a result of feedback during the key informant interview stage of the research, a clear statement regarding leadership was provided at the Agenda for Action Conference in order to probe the issue further and encourage debate and reflection on real needs.

The majority (80 per cent) of the delegates agreed with the draft recommendation:

\textsuperscript{18} Excepted matters are those which will never be devolved under the Belfast Agreement, 1998. They include immigration, taxation and benefits. Reserved matters in contrast are those currently not devolved but which may be in the future, such as policing and justice.

\textsuperscript{19} Not knowing the reality.
Top level strategic leadership should be assumed by one body/department thereby able to give a mandate to others.

However, delegates qualified their agreement because of a number of factors.

Some participants emphasised the necessity for leadership on ‘rights based integration’. There was also clear recognition of the need for leadership that is able to take key decisions, provide a strategic framework and drive change in this area, which would be chaired at a very senior level. Ideally, the leadership would be objective and independent. It should demonstrate both accountability and ownership. These were seen by delegates as being crucially important in terms of both driving the agenda forward and in giving the necessary mandate to others who were responsible for providing services:

The need for strategic leadership has to be put on the radar of politicians and particularly highlighted as an issue that needs to be given the strategic focus and resourced … (Agenda for Action conference participant).

Delegates felt that strategic direction needed to be agreed by all stakeholders. This in turn necessitates a leadership approach founded upon genuine engagement and agreement garnered both from the ‘top down’ and the ‘bottom up’ as opposed to some form of dictate or ‘requirement’ to deliver. However, there was pressure from some quarters to bring about a ‘statutory duty to cooperate’. What this means is legislation is effectively passed by the NI Assembly, forcing government departments to cooperate with one another or otherwise be held to account. However, this was also contested since ‘the crown cannot prosecute itself’. Most cooperation, it was argued, currently works as ‘service level agreements’, which are based upon goodwill.

A good consultative forum was envisaged in two distinct forms – first, multidisciplinary and cross-departmental and, secondly, informed by the representation of the statutory, community and voluntary sectors which are involved in delivering services ‘on the ground’. Having this two-way process was seen as an essential means by which leadership could remain ‘in touch’ and thus not removed from current issues.

An alternative view acknowledged the need for the involvement of senior figures since problems can often be of a bureaucratic nature. Some conceived of two-tier groupings, for example, a ‘lead group’ consisting of such figures as the Children’s Commissioner, the directors of social services, the Department of Health and representation from the Home Office. A subgroup was suggested – one that consisted of GPs, social workers, teachers, psychologists, trauma centre workers, the PSNI and community groups such as the NI Community of Refugees and Asylum Seekers.

Delegates had a variety of views about which body or department is best placed to provide such leadership, but no consensus was reached on who was best placed to assume leadership. The largest group suggested the OFMDFM, although others saw the role as falling to either the Children’s
Commissioner either alone or in combination with one or more of the following – NCB/Bryson One Stop Service/DE/DoH or the DHSSPS. Others felt that OFMDFM already had a coordinating role and that it was within their remit to provide clearer recommendations ‘on various migrant issues’.

While some clearly thought that leadership should be be provided by a child-centred body with a proven track record, familiar with incorporating the views of children and young people and independent of government, others clearly felt that this was a role that OFMDFM could fulfil, albeit with advice and training from expertise in the field:

As well as the children’s strategy OFMDFM have a leadership role with the race equality unit (Social services respondent).

Several respondents emphasised the fact that as Northern Ireland is the only region of the UK to share a land border with another jurisdiction, which has its own immigration laws, there is a need for an all-island or a ‘these islands’ (i.e. Britain and Ireland) approach:

This really needs a cross-border solution (DHSSPS respondent).

From our point of view the key questions are:
- What is happening in other jurisdictions, i.e. in the Republic of Ireland, Scotland, England?
- Are the North-South Ministerial Council looking at this?
- In relation to the North-South bodies, at what level (from a ministerial perspective) does awareness exist and are discussions taking place about who needs to do what? (Statutory respondent).

After analysing feedback from interviews and evidence provided at the Agenda for Action Conference, two key leadership themes emerged:

1. The need for strategic leadership to oversee the provision of services for migrant, asylum seeking and refugee children.
2. The need to look beyond Northern Ireland when developing a strategic response to the issues facing these children. Responses must be considered within a UK, Irish and European context, and the issue should be raised within existing structures that operate in these contexts.

**Policy and practice issues**

As highlighted in the literature review, Section 75 of the Northern Ireland Act 1998 has been implemented for almost a decade and includes the categories of age and race. Despite this – and the existence of the Race Relations Order 1997 – some respondents questioned whether existing policy and legislation was inclusive enough to address the needs of minority ethnic groups:

We are in a vacuum and government departments haven’t put out their policies on minority ethnic groups. Confusion arises around
guidance in relation to eligibility for service provision (Senior social services staff member).

... S75, the Children Order and the Mental Health Order are pieces of legislation looking after vulnerable adults and children but are these instruments written in a culturally sensitive way to take account of minority ethnic groups and is the guidance in relation to policies similarly sensitive or focused? (Senior social services staff member).

All services need to reviewed to see if they meet BME [Black and minority ethnic] need ... each service needs to consider equity and training and awareness raising needed (Health and social services professional).

It would appear from such comments then that policy and legislation is not being examined in terms of either age or race as per the regulations relating to S75 or, if they are being proofed, that this process is ineffective in mitigating adverse impacts on minority ethnic groups.

During the Agenda for Action Day some delegates emphasised the need for a child-centred, rights-based approach to both policy and practice. This, they claimed, should be informed by the requirement to build upon the good relations and equality agendas already in existence. In addition, this approach should also be informed by examples of good practice from beyond Northern Ireland.

Some respondents remarked that there was a need for every government department to be clear on their own priorities in a cross-departmental manner so that ministers are well aware of what their counterparts are doing. While it would seem that the obvious ‘place’ for this to happen would be the Ten Year Strategy for Children and Young People, it was noted that this does not appear to be the reality. The Strategy does not seem to be effective in coordinating either policy or actions in relation to children from minority ethnic groups, and it was noted by some respondents that asylum seeking children are totally absent from the Strategy:

In the Northern Ireland context, different ministers are coming from different parties, all with their own baggage. Therefore there is no uniformity of message so every government department must be clear on their policies i.e. cross-referenced. Is the minister for health doing the same as the minister for housing? (Senior DHSSPS staff member).

The strategy doesn’t cover refugee and asylum seeking children – they are specifically left out (Children’s rights NGO).

However, even in relation to planning by particular sectors, the lack of thought about the needs of asylum seeking children and those from minority ethnic groups was mentioned by some participants:

... all the Trusts in Northern Ireland recently did a scoping exercise with regards to the number of beds they were going to need for... 16–21 year olds, but primarily 16 and 17 year olds. And they came up with a figure that didn’t include asylum seekers, essentially they were not
included in the figures, so they pared down the number of beds that they had. This sector is much, much smaller than it was two years ago in terms of the number of beds that are available for this client group. And they did that scoping exercise that didn’t include asylum seekers ... (Homeless organisation).

...They (asylum seeking children) haven’t been factored into strategic policy planning and that worries me. Because that means that they haven’t been treated as children under the Children Order, which for me, is a breach of the legislation ... (NGO).

**Case study B**

Management at the school were unclear about what action the school could or should take – ensuring, for instance, an immediate decision about appropriate overnight and, if necessary, longer term care, assuming overall responsibility for coordinating subsequent decisions and ensuring that B had access to his father...

Social services were contacted but were unable to respond before the end of the school day and asked the school for suggestions ...

In terms of practice, a common recurring theme among many interviewees and among the delegates from all sectors at the Agenda for Action Day was a lack of awareness that took numerous forms but all of which related to the ‘bigger picture’ in Northern Ireland. Thus, although many individuals had extensive and in-depth knowledge about their own organisations and specialist areas, many were unaware of developments either within their own sectors or beyond and consequently were unsure of how to respond, as case study B exemplifies above. This lack of information and uncertainty was also raised by delegates at the Agenda for Action Conference:

> An information base needs to be established as to each agency’s involvement with ethnic groups (Agenda for Action conference participant).

> There are many different grass roots community groups and churches doing core work with those children and young people and don’t often know how to handle many of the issues they are dealing with (Agenda for Action conference delegate).

It was the exception rather than the rule to encounter someone who could cite genuinely joined up practice even within their own sector. The case study workshops during the Agenda for Action Day exemplified this problem. When faced with an actual case study, very few participants were able to identify the full extent of support available for the young person and all of the workshops concluded by noting the lack of information generally available regarding service provision for these young people.

This lack of an integrated approach was bemoaned by many. For example, a number of senior social work practitioners leading different kinds of services
were unable to comment on whether their equivalents existed elsewhere in Northern Ireland

I have no idea what any other Trust does (Social worker).

There is no coordinated process due to a lack of resources, knowledge of other organisations, their roles etc and [due to] a lack of coordination (Agenda for Action conference delegate).

There is a need for a single body to provide information and guide people to appropriate bodies (Agenda for Action conference respondent).

Another example was a scoping exercise, undertaken by one of the health and social care trusts to determine the sizes of minority ethnic populations in order to be able to plan their services more effectively. Senior figures involved were not aware of any equivalent exercise being conducted elsewhere in Northern Ireland nor, indeed, what other steps were being taken by others to address these issues:

... in Northern Ireland ... there are different organisation according to location. There are also different levels of service according to location (Agenda for Action conference respondent).

In addition two school principals separately referred to the ‘fighting fire’ response:

I feel like I have to sort out the needs of these children but I really need to know more about the support that is available outside my school (School principal).

Some did argue that integrated systems do exist, such as the Children’s Services Planning process, which brings together those from health, social services and education in geographically identified areas and for which there are a number of subgroups convened. This process has now been in operation for six years; the latest version of the Children’s Services Plan (CSP) is a regional one (HSSB, 2008), contributed to by each of the four former health and social services boards. In at least one of these areas – the SHSSB – the needs of migrant children have been on the agenda for some time now. However, this may not be replicated in other areas. As one delegate pointed out:

[Just because there are] structures in place in various places don’t actually mean that they work (Agenda for Action conference delegate).

Another example of a group taking coordinated action is the Northern Ireland Legal Services Commission (NILSC), funders of the Legal Aid service. Operating regionally and with a very wide remit, the scheme funds family representation in the courts and provides all funding for minors (primarily UASCs). Interviewees identified a need ‘for centralised expertise’ where interpreters were concerned.
**Practice issues**

A general lack of confidence was identified by frontline practitioners in education and health when dealing with particular issues:

I find myself questioning my own thought process ... I was concerned when I saw how the father was talking to the young female daughter but I was worried that I may cause offence or be accused of being racist if I faced this issue head on ... I know it sounds stupid now but in a way I didn’t want to scare them off and thought maybe that’s how they talk to each other in their country ... I would like an opportunity to talk openly about different cultural norms and build my own confidence and understanding ... (Secondary school principal).

We have been told that we are now the Ethnic Minority Health Visitors but we feel totally out of our depth and have received no additional training or support to carry out this role effectively (Team of health visitors).

Without training, guidance and opportunities to openly discuss such practice issues with their peers, it is unlikely that confidence levels will improve.

In terms of practice some participants in the research mentioned the need to raise awareness among front line staff of the issues faced by both migrant and asylum seeking/refugee children. In addition, there is a need to challenge stereotyping so that such staff are equipped to bring about the necessary changes in their practice:

More information and training is required for people in strategic service provision to bring them up to speed with migrant rights etc. (Agenda for Action conference delegate).

Bryson [One Stop Service] is a fantastic central point of contact but people here didn’t know of its existence – it needs more promoting (Health sector respondent).

The need for targeted services as well as comprehensive assessments for some minority ethnic groups was highlighted by respondents. For example, there may be a need to provide greater support to those from countries with a high prevalence of TB. There may be a need to address the lack of immunisation records (or indeed immunisation itself) of some children.

A representative from the statutory sector, commenting on the difficulties faced by someone without the usual documents trying to register with a GP, commented that there was a clear need for guidance. The Central Services Agency (CSA), which advises GPs, say that the issue can be sidestepped, although this is contested by a counter-claim by some GPs who say that the very same guidance is unambiguous.

**Inter-agency work**

Adult respondents in the research identified inter-agency work – or lack of it – as being an issue when trying to address the needs of asylum seeking,
refugee and migrant children. Although it was acknowledged by participants that no one agency could effectively meet the needs of children in these groups, there were a number of areas that were problematic in terms of agencies working together.

Some participants from social services indicated that the suite of provision provided by the voluntary and community sector to some families was not always made clear to their sector. So while social services might be involved in a family in need of support, they may not be totally aware of how dependent that family is on charities such as the St Vincent de Paul or local community or church/faith groups. This support takes the form of many grassroots community groups and faith-based organisations doing ‘core work’ with children and young people (see case study L). In effect, the true level of need may be greater than it first appears. It should be noted that this could be the case for families from Northern Ireland as well as those who are newly arrived in the country.

There are, however, some examples of effective inter-agency work between statutory bodies and NGOs. One of these are the bilingual support workers employed by some Sure Start projects, jointly funded by the DE and South Tyrone Empowerment Programme (STEP); Barnardo’s partnership with Inner City South Belfast Sure Start on Parenting in the Chinese Community; and the partnership between the DE, Eastern Health and Social Services Board and Barnardo’s Black, Minority Ethnic and Refugee Family Support Service.

The need for greater sharing of knowledge and expertise across and within sectors was mentioned by some respondents. For example, some of those engaged in education highlighted that it was a challenge trying to meet the needs of an increasingly diverse school population. Some respondents saw signposting for schools as being necessary rather than the development of anything new within the school itself:

Schools don’t have to have all the expertise ... but they need to know where to go (School principal).

The Agenda for Action Day itself exemplified this point. Some delegates became aware for the first time of Bryson One Stop Service, the government-funded gateway in Belfast dedicated to all those seeking asylum in Northern Ireland. Similarly, other delegates learned of the DE’s Inclusion and Diversity Service:

Group discussions highlighted that while there were various developments taking place across sectors [...] this has to date been quite a piecemeal exercise and that in order for it to have more focus and benefit to those affected it needs to be more strategic (Feedback from workshop at Agenda for Action Conference).

Respondents felt that greater effort was required to establish and maintain links between the sectors in order to ‘address the holistic needs of children and families’:
Most connections [between agencies] are ad-hoc or personal. There is a need to go beyond this ... In public bodies there needs to be greater information sharing to formalise links (Feedback from workshop at Agenda for Action Conference).

There is a need for an inter agency protocol (Feedback from workshop at Agenda for Action Conference).

Some mentioned that the most effective way to make this happen was to have a statutory duty to cooperate, as is the case in Britain:

The Children’s Strategy lead by OFM/DFM should be requiring departments to work together ... A statutory duty to cooperate would to improve the process; this is in place across GB not NI ... A statutory duty [to cooperate would] enable the organisations to deliver more effectively and strategically (Health and social services professional).

Whenever you have an overarching strategy of any kind one department (even the one leading) cannot force others to comply. [It is] only with a statutory duty to cooperate can one department force others to comply. Thus a statutory duty to cooperate is needed to provide a mechanism to make sure departments can ensure that others do their job and allocate resources to fulfil their obligations (NGO).

Statistics and information

The need for accurate statistics and information regarding the population of children who are asylum seekers, refugees and migrants was raised by a number of respondents. Despite S75 and race relations duties, it appears that collecting the right type of data on children is still problematic:

There’s no statistics ... It’s more a problem for children’s services plannners [but] they didn’t even think about it, they didn’t even include it (Voluntary sector respondent).

Some interviewees observed that there was ‘very little understanding of ethnicity’ and that mixing nationality or citizenship with national identity was often the cause of widespread confusion. This applies not least to the Census, conducted every 10 years by the Northern Ireland Statistics and Research Agency (NISRA). It also applies to the way in which questions can capture information in the most accurate and useful way. A cross-departmental group has been convened to take forward this very issue.

According to one senior civil servant, while ‘drastic changes’ have been made to the way in which data is collected, some problems remain:

... not only do we not know who’s there but we don’t know how to ask the question (Civil servant).

Aside from the issue of what questions to ask in order to capture useful information, one participant in the research commented that the relatively
small size of the minority ethnic population in Northern Ireland meant that no changes could be detected nor predictions made anyway:

... we just have to accept that in the current economic climate, no-one has a clue about what to predict (Senior civil servant).

One issue that was raised by respondents was that accurate numbers alone of the population of children in these groups does not necessarily equate to understanding their needs. In addition, there was the danger of paralysis, of doing nothing while waiting for the best statistical information to emerge:

We need to move away from counting heads. We have a constantly changing population, [and the] danger is that we don’t react while we gather the numbers and we may never get around to improving services. It is very important that we move to address the needs of anyone on an equitable basis (Health and social services professional).

Although OFMDFM were seen by some as having overall responsibility for the target groups, responsibility for service delivery was clearly seen to lie elsewhere. A comprehensive analysis of need was suggested by some as a first step for Northern Ireland.

Some respondents emphasised that, rather than see the issue of migration in terms of Northern Ireland only, there was a need to take an approach that encompassed the islands of Britain and Ireland. Particularly in terms of Northern Ireland, it was felt that the issue of migration ‘really needs a cross-border solution’.

**Key findings – structural and systematic issues**

The majority of frontline practitioners in education and health noted a low level of confidence when dealing with migrant, asylum seeking and refugee children.

The majority of voluntary sector respondents noted a level of frustration with the lack of clarity provided by the public sector regarding programmes of support available for these groups of children.

The need for leadership and strategic direction was raised by the majority of adult respondents from the public and voluntary sector during the research interviews.

Eighty per cent of the participants at the Agenda for Action Conference noted the need for top level strategic leadership in order to develop relevant policies for migrant, asylum seeking and refugee children in Northern Ireland.
Several respondents felt that OFMDFM should provide this leadership at departmental level but that other departments must be fully engaged as well.

At service provision level, front line workers felt that they could only have limited impact if their organisation did not provide strategic leadership.

Those in positions of leadership, however, felt that clear policies were actually in place to provide guidance for those working with the three groups of children.

Respondents felt that there was a lack of coordination between policy and practice and between what happened in different geographical areas. For some there was even a lack of awareness of what happened in other geographical areas within a sector.

The majority of participants at the Agenda for Action Conference noted frustration in terms of information sharing and knowledge about what services are available for these children.

Inter-agency work was regarded as vital to meet the needs of the children in the three categories. While some examples of effective practice were identified, there is a need for greater efforts to be made within and between sectors in inter-agency work.

Some respondents proposed that a statutory duty to cooperate should be introduced in Northern Ireland, as is the case in the UK.

The lack of accurate statistics regarding the three groups of children was an issue raised by several respondents. However, while greater efforts need to be made in collecting accurate statistics, lack of such figures should not impede action being taken in the shorter term.
Conclusion and agenda for action

In conducting this study the intention was not to construct a comprehensive and detailed account of the issues facing migrant, asylum seeking and refugee children. Instead, the study sought to determine headline issues that could be addressed as part of an overall agenda for action. The methodology was therefore purposive and largely qualitative.

That said, several clear themes arose during the research and it was incumbent on the research team to further probe issues and clarify understanding of the barriers and frustrations that were often voiced.

It is notable that practitioners from health, social services and education all indicated similar frustrations with the lack of guidance and support surrounding this ‘new’ issue of inward migration. It could be argued that some parts of the health, social services and education sectors have developed some examples of useful practice. The next challenge is sharing this practice to avoid duplication and improve services further.

The voluntary sector have also played a key role in providing services for migrant, asylum seeking and refugee children. Throughout this research interviewees referred to the responsive nature of their voluntary sector colleagues. Again, the information flow between the public sector and the voluntary sector needs to be improved: when we have found evidence of this working and each organisation knowing clearly who to turn to for support, there is also evidence of improved services for the children and young people involved.
Despite the fact that those individuals who took part in this research demonstrated a desire to ‘do better’, each person in their own particular way was doing their best, and at each interview we were impressed by their commitment and the eagerness they expressed to address the issues:

... we see the migrant population as vulnerable, as well as that, they will have additional needs such as language and cultural identity and both needs should be met if they are to flourish. If we don’t support the needs of this group then they will become disenfranchised and excluded young people (Senior health and social services interviewee).

As noted in the methodology, this research had four distinct phases:
1. Opening seminar with practitioners to identify issues.
2. Interviews and art-based workshops with the children and young people.
3. Key informant interviews.
4. Closing Conference which used the themes highlighted by key informants and children to support reflective interaction by the participants so as to probe issues and decide possible future actions.

At each stage of the research participants were asked to consider policy and practice issues with the aim of developing an agenda for action. This chapter draws together specific feedback (from the key informants and the delegates at the Agenda for Action Conference) relating to processes and outputs that could support improved services for migrant, asylum seeking and refugee children.

The overall approach

There was a general consensus that any initiative to improve services for these children should be undertaken from a rights-based perspective and should have a child-centred focus. The development of improved services should be informed by actively seeking input from refugees, asylum seekers and migrant populations as well as front line practitioners:

... it has to be a multi-disciplinary approach involving all statutory and voluntary bodies which could inform policy matters through their ‘hands on’ experience (Health respondent).

Keep the focus on children and young people but remain aware of initiatives to support the adult population (NGO representative).

We mustn’t lose sight of these children, it isn’t about numbers it is about rights, we are lucky we have the UN Convention here [...] we should use it more to insist on better services for these children (Education representative).

... this is about integration and really valuing what these children can bring to our lives ... but in a way I feel that we also need to think more

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20 In other word, based on the UNCRC as a minimum standard.
about their needs beyond the classroom and this is very hard ...
(Education representative).

In addition, it was clear that actions to support these children should be
considered in the light of work delivered elsewhere, and bear in mind
existing good practice.

The work should maintain cross-border links with the Republic of Ireland
and with organisations in the other jurisdictions of the UK:

Looking at cross-islands model is vital ... (Senior civil servant).

It should also adopt a proactive, rather than reactive, approach. Buy-in
from stakeholders was also regarded as crucial to any successful
development as was encouraging coordination and communication in all
directions. This meant taking a very inclusive approach since the area was
undergoing growth on a daily basis:

Our colleagues in the rest of the UK, Ireland and indeed Europe have
had these problems too [...] some of them have interesting
approaches to solving the problems ... we should consider different
options and be open to new approaches (Senior civil servant).

Addressing the issues

It was clear from the key informant interviews that one of the most
important issues was lack of guidance and communication among
practitioners in the public and voluntary sector who come into contact with
migrant, asylum seeking and refugee children. As a result, the following
draft recommendation was tabled at the Agenda for Action Conference in
order to probe further what practitioners actually required in terms of
information:

Draft recommendation: The creation of a regional hub available to anyone
responsible for children and young people new to Northern Ireland. This
non-partisan body/organisation could:

• map existing resources
• offer a signposting service for up-to-date information
• collate evidence of good practice
• aid the implementation of any strategic plans
• maintain records of fluctuations in numbers.

The majority (82 per cent) of the delegates at the Agenda for Action Day
agreed with the establishment of a regional hub.

Delegates could see the benefits of a regional hub being established,
especially in terms of facilitating knowledge transfer, signposting and being
a resource for those working with the three groups of children and also
those planning and commissioning services for these children:
... from my own experience ... working with asylum seekers and migrant children and their families, a one-stop-shop needs to be available in Northern Ireland (Agenda for Action Conference participant).

... the setting up of a regional hub will provide the means of bringing together information and experiences (Agenda for Action conference participant).

... I feel that a ‘hub’ is essential. Communications and networking with outside agencies is vital ... (Agenda for Action conference participant).

Some of the delegates who disagreed felt that this role could or should be undertaken by others such as children’s services planners. Others mentioned that structures were already in place that needed further development, and that existing bodies should network throughout Northern Ireland:

I believe that most of this information may already be available somewhere as most organisations and charities need to be registered. It is a matter of identifying the agency that does it. (Agenda for Action conference participant).

Instead of creating a regional ‘hub’ maybe it would be more appropriate to develop cooperation between institutions and organisations (Agenda for Action conference participant).

In the absence of a Refugee Council in Northern Ireland, a more coordinated and truly regional response to the problems experienced by asylum seekers, refugees and migrant children was clearly indicated by delegates. This could draw upon the extensive body of experience, help and knowledge already in existence so as to maintain a facilitative role.

Intentional links made with the vast range of resources offered by outside agencies and community groups was seen as vital by many in terms of providing a truly joined-up service that would incorporate those based in the Republic of Ireland as well. Indeed, some regarded the adoption of a ‘these islands’ approach to the task as similarly vital.

Obtaining up-to-date information from one group or sector was seen as potentially beneficial to all others, as was the signposting element, which would provide guidance on, for example, how to access a GP or dental treatment, register children at a school or find a local youth group, etc. Others stressed the importance of ensuring that any new policies developed are implemented through those working ‘on the ground’ and that user groups themselves inform the development of any services. The vital role of providing access to interpreters was also highlighted in a number of responses.

Others went beyond simple signposting and suggested a hub of experts was required to provide a comprehensive service:
... we don’t have a refugee council here, the Home Office focus on integration post decision and therefore we desperately need a centre, which assesses all the needs of these young people once they arrive here. It should be made up of child trauma psychologists, immigration solicitor, GP, social worker. This group should convene a panel of local experts in this area to make recommendations and assess age in age dispute cases ... (Agenda for Action conference participant).

It was suggested by some that any centralised provision needed to be endorsed by strategic leadership and be properly resourced in order to carry out its mandated function, which would enable others to learn from evidence of good practice and encourage organisations to document their own.

Interviewees and participants at the Conference noted the need for centralised training and information. This was considered by many to be necessary to improve the low levels of confidence expressed by practitioners throughout the research:

... I would add a consciousness raising/training/education element for the general public and civic sectors ... (Agenda for Action conference participant).

The idea of a regional ’hub’ supported by satellites was suggested as a practical necessity in terms of the outreach required for primarily rural communities such as those in Northern Ireland. A regularly updated virtual service was also suggested, available to users on a 24-hour basis.

Implementing recommended actions

During the Agenda for Action Conference there was an acknowledgement by some that the first step had already been taken by NCB NI in conducting this study and hosting the Conference, and that actions should be taken forward as a result of the feedback gathered:

This [the next step] has already happened today by NCB having this conference and bringing these findings forward ... (Agenda for Action conference participant).

Suggestions for the next steps included some kind of proactive task group to take the recommendations forward:

... bring a task group together, not a talking shop but a pro-active group (Agenda for Action conference participant).

Engagement with Ministers and key officials [has to be the next step] (Agenda for Action conference participant).

I would see the next step as finalising the report and presenting it to OFMDFM and UKBA (Agenda for Action conference participant).

The majority of those interviewed during the research stressed the need for one organisation or government department to take forward the issue of
improving services for migrant, asylum seeking and refugee children and young people. Hence a recommendation was tabled at the Agenda for Action Conference to probe this further and identify the different approaches to delivering suggested actions.

Draft recommendation: An interim coordinator should be appointed to carry forward recommendations from delegates at the Agenda for Action event.

Over two-thirds of the delegates at the Agenda for Action Day agreed with the recommendation that an interim coordinator should carry forward actions.

There was a consensus that someone was needed who would be able to capitalise on both the research findings and the outcome of delegates’ responses:

Without someone driving it forward nothing may happen (Agenda for Action conference participant).

There was a sense that there was a need to maintain existing momentum and goodwill:

We need someone to keep this on the agenda in order to avert the real danger of valuable work already done being lost (Agenda for Action conference participant).

It was thought necessary for someone to raise awareness of the relevance of policy and practice developments in the Scottish context among members of the Northern Ireland Assembly. It was also agreed that it was necessary to encourage more coordination within and between departments.

Broad agreement was qualified by further detail, noting that:

The power to effect change for any interim coordinator could only flow from high level support and sufficient funding to follow through with the task (Agenda for Action conference participant).

Some delegates saw the task as too big a job for one person, envisaging instead a team with one appointed leader. Others expressed the view that, although the recommendations needed to be pursued, the best way forward remained unclear.

Those who disagreed did so because they felt that the recommendation was premature. It was felt that there was a need for both a wide consultation exercise and fuller consideration in the light of other research; others felt that the necessary structures in government were already in place. Some delegates felt that they lacked either enough information on the coordinator’s role to be able to comment or that they lacked background knowledge relating to legislation or to government.

More specific suggestions included the view that the actions could be implemented through the existing strategies such as those concerning children and young people, anti-poverty or race.
Summary of issues arising

This section outlines the key findings and then discusses the recommendations for action as well as the underpinning approaches and values noted by the participants in the research.

A number of clear themes emerged regarding current service provision:

**Communication and language**
- Both adults and young people who participated in this research stressed the importance of effective communication, between the children and professionals as well as between professionals themselves.
- For the adults this was so that information could be understood and services accessed whereas the young people focused on making friends and doing well with their schoolwork.
- Interpreting services are available to those who access several services. However, the nature and availability of these interpreting services is not always the most appropriate, especially for children and young people.
- There is a lack of clear guidance and policies available for those in the public and voluntary sector who work with migrant, asylum seeking and refugee children.
- Health and education practitioners noted the lack of background information available on the children, which can make treatment/service provision difficult, for example, no immunisation records or exam results.

**Education**
- Generally school is a positive experience for the young people and they appreciate the resources and opportunities provided in Northern Ireland.
- Adults noted that schools tended to focus on the educational attainment of EAL students, making particular efforts to ensure the entire curriculum was available for all pupils irrespective of background. The other needs of these students were largely ignored, namely their need to make friends, to feel that they belong or to talk about their experiences to date.
- The IDS policy aims to assist schools to integrate newcomer children with their peers from Northern Ireland. However, this service is relatively new and prior to its introduction schools felt unsupported in their attempts to facilitate the integration of newcomer pupils.
- Non-indigenous parents are not always aware of the process of applying to schools nor are they aware of the compulsory school age here.
- It is difficult for those almost or over 16 or for teenagers arriving in May or June to access education.
• For a variety of reasons children from A2 countries, and particularly Roma children, are vulnerable and hence represent a significant challenge to education and health professionals.

• Asylum seeking and migrant young people can face considerable barriers in accessing higher education, where they may be treated as international students, thereby incurring higher fees than indigenous students.

• EAL support is provided on the basis of the school census, which is conducted each October. There is no way for schools to access additional funding for children who require EAL support for children who arrive in school in the middle of the year.

**Racism and prejudice**

• The issues of racism and prejudice were identified by both young people and adults, with several young people having directly experienced racism at school, in public spaces or on public transport.

• Incidents of hate crime, although numbering over 900 in 2007/08, are under-reported.

**Social isolation and dealing with loss**

• Children and young people in each of the three categories were all dealing with loss of one kind or another. For many this was the loss of friends, extended family, school or community left behind in the child’s country of origin.

• For asylum seeking children, however, the sense of loss was usually more intense in that family members may have actually been killed or may still be living in danger in the country of origin.

• The loss of extended family networks and friends often resulted in feelings of isolation. For unaccompanied asylum seeking children, feelings of isolation were acute.

**Poverty**

• Poverty affects children in each of the three groups. Although not all migrants are poor, there are growing numbers of migrant workers employed in low-paid jobs in the agriculture, hospitality and food processing industries.

• Some migrants are only allowed into the UK on the basis that they have ‘no recourse to public funds’, i.e. that they will not make any demands on the state for benefits.

• Migrants from A8, A2 and countries entirely outside the EU are especially vulnerable as eligibility criteria for social security benefits may mean that there are no safety nets available to them in the event of unemployment, as there are for the indigenous population or those from the EU15. The children who live in such families are also impacted upon by these criteria.

• Asylum seekers who are supported by the state are paid allowances that are set at 30 per cent below benefit levels, i.e. 30 per cent below the level which the government has set as a minimum necessary to live.
Issues specific to asylum seeking and refugee children

- The asylum seeking process is very complicated and difficult for people, especially children, to understand.
- Some adults in the research felt that the asylum seeking process was ‘dehumanising’.
- The asylum seeking process had a negative effect on children’s emotional and mental health, with anxiety and a fear of deportation being common.
- Age assessments and age disputes are a major issue for immigration officials and for social services. Being over or under 18 has major implications for the way in which an asylum application is dealt with and for how social services will assess and address needs.

Structural and systematic issues

- Public sector practitioners working with the target groups of children experience low level of confidence in their ability to deal with them effectively.
- Practitioners rely on word of mouth as there is a lack of information regarding services available for these groups of children.
- The desire for leadership and strategic direction was raised by adult respondents in both the interviews and at the Agenda for Action Conference.
- At service provision level, front line workers felt that they could only have a limited impact if their organisation did not provide strategic leadership.
- Those in positions of leadership, however, felt that there are clear policies in place to provide guidance for those working with the three groups of children.
- Respondents felt that there was a lack of coordination between policy and practice and between what happened in one geographical area as opposed to another. For some there was even a lack of awareness of what happened in other areas within the same sector.
- Inter-agency work was regarded as vital to meet the needs of the children in the three categories. While some examples of effective practice were identified, there is a need for greater efforts to be made within and between sectors in inter-agency work.
- Some respondents proposed the introduction of a statutory duty to cooperate in Northern Ireland, as is the case in England.
- The lack of accurate statistics regarding the three groups of children was an issue raised by several respondents. However, while greater efforts need to be made to collect accurate statistics, lack of such figures should not impede action being taken in the shorter term.
Agenda for action

The following outlines the recommended actions for addressing the key findings highlighted above. The recommendations have been developed after analysis of the key informant interviews and as a result of feedback received at the Agenda for Action Conference in January 2009.

Strategic leadership

Strategic leadership is required to oversee the effective planning of services for migrant, asylum seeking and refugee children in Northern Ireland. This leadership should be cross-departmental because the needs of these children fall within the remit of OFMDFM, the Department of Education and the Department of Health, Social Services and Public Safety. The voluntary sector should also play a key role.

Information hub

A regional information hub should be developed which would:
- map existing resources available for practitioners and children
- offer a signposting service for up-to-date information
- collate evidence of good practice
- have access to updated records of fluctuations in numbers and be alert to emerging trends
- aid the implementation of any strategic plans.

Practice development and advocacy

A network of practitioners should be developed. This network would include all practitioners from the public and voluntary sector who work with migrant, asylum seeking or refugee children and would encourage information sharing, confidence building and advocacy. This network would also encourage cross-sectoral working by building relationships and good practice.

Diversity and cultural awareness training

Organisations in the public and voluntary sector should consider how they currently deliver diversity and cultural awareness training. This training should encourage debate and discussion and incorporate real case studies. This training should provide staff with an opportunity to explore prejudice in a supported environment.

Interim coordinator

An interim coordinator should be appointed to work with a representative project team and ensure the above actions are implemented. The coordinator would work closely with existing organisations and practitioners, facilitating exchange of knowledge and developing an advocacy role. The role of coordinator is essential in order to champion the needs of these children and ensure that strategic leadership delivers the improved outcomes.
Conclusion

This study sought to outline the issues faced by asylum seeking refugee and migrant children in Northern Ireland. But children do not stand in isolation; they require support and services from their families, the community and the practitioners who work with them. Hence this study has unravelled some issues relating not only to the needs and experiences of the children but also about the experiences and needs of practitioners who support those children. What is clear throughout the report is the desire to provide the best possible support to these children, without exception every practitioner noted their concern and their need for improved levels of information and resources. Analysis of the research provides a framework or agenda for action but it is critically important the key decision makers acknowledge the issues in the first instance and they engage with any process of change to enable improved outcomes for asylum seeking, refugee and migrant children.
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Appendix 1 – Case studies

Case study B

B, aged 10, arrived in Northern Ireland from Poland with his father, a low-paid manual worker. His parents were divorced and, although his mother was believed to be living in Italy, her whereabouts were unknown. B spoke quite good English. They lived in privately rented and shared accommodation with seven other Polish males. The rent was high, all rooms in the house were used as sleeping rooms and there were obvious signs of deprivation.

B’s situation came to the attention of his school when they were contacted by his father’s employer to say that he had been taken into hospital from work. An apparent mental health problem had come to light which possibly required a longer in-patient stay. It subsequently emerged that B had been taking a supportive role with his father, was now alone, had no current, legal guardian and was very worried. Given their duty of care, this required immediate action by the school but ‘no clear pathway’ existed for this young person. In the school’s opinion, B’s accommodation was inappropriate for his age.

Management at the school were unclear about what action the school could or should take – regarding, for instance, an immediate decision about appropriate overnight and, if necessary, longer term care, assuming overall responsibility for coordinating subsequent decisions and ensuring that B had access to his father. That B was unable to have any control over or input into the chain of events triggered by his father’s hospitalisation was regarded by his school as a crucial issue. It later emerged that B’s father had been diagnosed with mental health problems in Poland.

Social services were contacted but were unable to respond before the end of the school day and asked the school for their suggestions. Drawing on an existing good relationship with a member of social services staff, the Vice Principal suggested a stopgap which was then agreed. B stayed at the house of another child who had befriended him earlier, at whose house he had stayed before and whose mother was a teacher. This arrangement lasted for two weeks until B’s father was discharged from hospital.

As the Christmas holidays approached, B’s father was hospitalised for a second time. A Polish female technician from the school offered to take B and this was agreed with social services. B stayed with this family throughout the Christmas holidays and social services made a small financial contribution to this after being approached by the VP. The school bought a Christmas hamper for B who later moved back with his father. At no point was he taken into the care of social services. Having been a neat, clean and tidy child in school, staff noticed that B started to become unkempt after the first episode and thereafter went ‘rapidly downhill’.
Case study C

C, a young African woman, fled to the UK to seek protection after her experiences in her home country. C was an only child who was orphaned at a very young age. After the death of her parents, she was cared for by a relative who then abused her. She eventually fled from this relative, soon after which she arrived in the UK seeking safety by which time she was already pregnant by her boyfriend whom she had to leave behind.

Shortly after C claimed asylum, as part of the process, she attended an asylum screening interview with the Home Office. At that screening interview, the Home Office disputed her claim that C was under the age of 18 on the grounds that ‘her appearance suggests someone older’. When first seeking asylum in the UK, C became the responsibility of social services, as per normal procedure. However, when the Home Office disputed her claimed age, C was made to vacate her social services accommodation shortly after she had given birth and was moved to a Women’s Aid hostel. The Home Office requested documentary evidence or an independent paediatric report as confirmation of C’s correct age. Her lawyer tried to obtain a paediatric report but it was not possible to find someone willing to carry out this type of examination.

In 2007 the first two social workers in Northern Ireland were trained to carry out Merton age assessments (see context) and notified her representatives that they were about to assess C. However, before the process began, the Home Office arranged for C to attend a substantive asylum interview as an adult. The relevance of this is that, unlike a child asylum interview, the emphasis is on credibility and the applicant’s subjective understanding of the situation in her home country.

Despite requests that a decision about the interview be postponed until the social workers completed their assessment, the Home Office continued to proceed with the set interview date. C’s lawyer then threatened a judicial review of this decision. The age assessment was carried out by the two social workers who found her to be her claimed age and therefore a minor. The Merton compliant report was lodged with the Home Office who were bound to accept its outcome. However, it took the threat of High Court proceedings for the Home Office to agree to treat C as a child further to the Merton compliant report. Her case was then processed as an unaccompanied asylum seeking child. C was granted discretionary leave to remain as a minor until she turned 18, after which she successfully applied for indefinite leave to remain in the UK.

Case study L

L moved from Lithuania to live in a small town in Northern Ireland several years ago with her family consisting of her mother and father and their five children. L was the oldest, at age 10. Her father was able to find low-paid work locally while her mum stayed at home to care for the children, the youngest of whom was severely epileptic. They lived in a privately rented four-bedroom house in a small village.
After they had lived there several years, L’s family first came to the attention of a local voluntary organisation when they sought support to resolve a financial issue. For some reason, payments of Child Tax Credit had stopped being paid into their bank account. The voluntary organisation contacted the Tax Credit Office on behalf of the family and were told that the claim had been suspended pending investigation. Several months went by during which time the voluntary organisation lodged two formal complaints. After numerous phone calls for information, they learned that the case was with the Complex Team who were not contactable by the general public. During the year of suspension, the family had received no correspondence at all until a letter arrived advising them that their claim was reinstated in full but making no mention of what had led to the investigation in the first place.

This situation caused L and her family a great deal of stress, anxiety and upheaval. The family income was reduced to £210 net per week from the father’s wage plus child benefit. Their rent was £130 plus bills. The family was forced to move into smaller accommodation in a nearby town, which meant L having to change schools and leave her friends behind. L’s mum began looking for part-time work but could not find affordable childcare.

Some months later, when all the family savings were exhausted, L’s grandmother died back in Lithuania and the family could not afford for all of them to return for the funeral. L’s dad took out a credit card, which enabled L’s mum to attend the funeral.

As the new school year approached, L became very anxious about the need for uniforms and shoes. L suggested that she herself stay at home, clean the house and look after the toddler so her mum could get a job so that only three sets of uniform would be needed. She hoped that this would mean that her mum wouldn’t cry as much. The family were referred to a local charity for help with the cost of returning to school. Unfortunately, by the time the back payment of tax credits were made, the credit card debt had been accumulated.

**Case study T**

T, aged 10, arrived from Romania with her family: her mother and father and six siblings, including a baby. T is the eldest child. She had previously attended school in Romania for two years and learned English quickly. Five of her brothers and sisters were of school age. Hers was one of a number of Roma families living in the area and T took responsibility for bringing other children to school. She was rarely absent herself. T’s family were assigned a social worker.

This Roma family of nine lived in part of a terraced house occupying one small bedroom where the parents slept with the two youngest children, while the other five children slept in a double bed in the sitting room. They also had use of a kitchen, although a member of school staff, visiting the home, could see no evidence of food.
T first came to the attention of the primary school when she and her siblings did not bring packed lunches to school. Breakfast was then provided through Extended Schools funding, although the nominal charge of 70p per day was out of the question for this family. A special fund was created through donations from local churches and other interested parties and was used to pay for school uniforms, swimsuits and towels, enabling T to access the NI curriculum.

With a number of other Roma children, T transferred to a post-primary school in the same town but a bus ride away from where she lived. However, as she lived within a radius of three miles, she had no entitlement to a bus pass. By mid-September, T was the first child to have been provided with a school uniform by her Education Welfare Officer. Others missed the first month of school for this reason. Although T had enjoyed her first weeks in her new school, once the others arrived, the group began to experience poor treatment from other pupils and were laughed at for their lightweight summer shoes. T herself had been threatened with ‘terrible trouble’ by a new teacher if she did not bring a PE kit to school.

T had been encouraged to keep in touch with her former primary school, and staff there learned that T was having problems with her eyesight since she could not see the board. Action was taken by a school nurse, but it took over three months before an eye test could be arranged. T now misses more days from school than she did when she was at primary school. This may be because she is minding other siblings or because her mother is out at work.

**Case study Y**

Y arrived in Northern Ireland at the age of 16. Y’s mother had paid for him to be smuggled out of Afghanistan where the situation was very dangerous.

His journey had taken many weeks and been disorienting, frightening and sometimes dangerous. Travelling at night and always in the company of a group of other males of different ages and nationalities, he was the only Afghani. The youngest person in the group was 14 years old. The group, which changed in size during the journey, was handed from one contact to another, presumably as they passed across international borders.

The leaders were occasionally angry and threatening and some of them were armed. The group often spent all day out of doors in many different remote locations, sometimes walking through mountain ranges in the snow or awaiting their next form of transport. Y was frequently very cold and frightened and did not know where he was.

Towards the end of his journey, Y disembarked from the lorry in which he had been travelling with the group, was given some clothes and a ticket and boarded a bus with members of the group. In due course, he also followed them onto a boat, which then sailed for Northern Ireland. He had no idea where he was. He had been told that, if stopped by the police, he should just say his name and where he was from and it would be okay.
On arrival, he was picked up by the PSNI and conversed through a telephone interpreting service, which proved problematic until an interpreter with the correct language could be found. The police arranged for a social worker to collect him that same evening and he was taken to a hotel in a nearby small town where he lodged for a month. Despite sporadic visits from his social worker at the time, this was an intensely lonely period for Y. He had left behind his mother and younger sister. His brother had recently been killed and he had bad memories of his journey west. He spoke no English, could talk to no-one at the hotel and spent most of the time alone in his room. After a month, he was moved to a hostel accommodating other young people in a different town, although he was the only one from a minority ethnic group. Although he was still unable to have a conversation with anyone there, he nevertheless benefited from the social atmosphere.

Since then, he has been moved to hostel accommodation in a larger town where there are other young people. Having lived in Northern Ireland for two years, he still receives trauma counselling, now speaks fluent English, is enrolled in education, and has made a very positive adjustment. Y feels well supported by his current social worker and remains in the care of social services. However, he still has no news of his family and his future is very uncertain since his application for asylum seemed to have fallen into an ‘administrative black hole’. Since Y’s case was not correctly processed from the start, a judge has recently ruled that it be started afresh.

Case study Z

Z, aged 3, arrived in Northern Ireland from Somalia with her mother, aged 24. Z’s mum is heavily pregnant with her third baby. The pregnancy is the result of a gang rape prior to leaving Somalia. The family arrived with no documentation.

Z’s mum finds it extremely difficult to cope as she is still trying to come to terms with the trauma she suffered during the rape and finds it difficult to trust strangers. They live in a rented flat outside the city, which is cramped and prone to mould. Z’s mum awaits news from her husband and son who remain in Somalia and are feared dead like many other members of her family.

Z is displaying autistic characteristics and also has severe temper tantrums, which exhaust her mum as she finds them difficult to control. Z’s mum is fearful for the future: if they are sent back to Somalia Z would have to undergo the practice of ritual female genital surgery, which she experienced as an eight-year-old girl and which left her traumatised.

Z’s mum is also frightened about seeing a doctor. The nearest GP surgery has stated that they unable to take on the family as clients since there are difficulties with language. The surgery is unfamiliar with how to deal with clients from other countries and are not sure how to go about arranging an interpreting service.
Appendix 2 – List of participating organisations

Belfast Health and Social Care Trust
Botanic Primary School
Brownlow Integrated College
Bryson One Stop Service
Children’s Law Centre
Department of Education
Department of Health, Social Services and Public Safety
Diversity and Inclusion Service
Fane St Primary School
Northern Ireland Community of Refugees and Asylum Seekers
Northern Ireland Housing Executive
Northern Ireland Law Centre
Northern Ireland Legal Services Commission
Northern Ireland Statistics and Research Agency
Police Service of Northern Ireland
Scottish Refugee Council
South Inner City Belfast Sure Start
Southern Health and Social Services Board
St Joseph’s Secondary School
Starting Point
UK Border Agency
Appendix 3 – Interview questions

Phase one interview questions:

• From your experience, what do you consider to be the key issues affecting these three groups of children and young people?
• In your view what are the necessary policy and practice developments, and how might these be achieved?

Phase two interview questions:

• **Leadership** – Would you agree that top-level commitment/leadership is required to move some of these issues forward? If so, by whom?
• **Policies/guidance** – Is there a need to examine existing legislation or the guidance around it to see if it is appropriate, i.e. sensitively focused?
• Do all policies need to be reviewed in the light of this to take account of demographic changes and differences in these populations?
• **Statistics** – Is there a need for comprehensive information about demographics?
• **Needs assessment** – Do we require a comprehensive assessment of need for different minority ethnic groups both at macro and micro levels?
• **Issues** – Does the range of issues outlined reflect your own experience/understanding? Is there anything not covered?
• **Resources/funding** – Is this something each department should take responsibility for or are needs sufficiently acute at present to require special measures/funding? Is a short-term focus needed for particular groups?
• **Practice** – Assuming that training is a pre-existing need, what are the other key issues for working practices at the point of delivery?
### Appendix 4 – Delegates at Agenda for Action Day

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<td>Karen</td>
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<td>Potter</td>
<td>Michael</td>
<td>STEP</td>
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<tr>
<td>Quinn</td>
<td>Barbara</td>
<td>NICMA</td>
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Appendix 5 – Organisations that support new to Northern Ireland children and young people

Health & Social Services:
Health & Social Care Trusts (Social Workers)
GPs
Family Trauma Centre
Health Promotion Agency

National Health Services
Public Health Initiative

Education:
Boards of Education
CCMS (Catholic Council for Maintained Schools)
DENI (Department of Education NI)
Education & Welfare Services
Inclusion & Diversity Service
Schools

Parent & Family Support:
Family Centre
Homeplus (Belfast)
Homestart NI
Parent and toddler groups
Sure Start
Whiterock Children’s Centre
Women’s Aid

Churches & Faith Organisations:
Belfast Islamic Centre
Church organisations
Churches
Embrace NI
Faith groups

St Vincent de Paul
Vineyard Church Dungannon
Youth Link

Voluntary & Community Groups:
Barnardo’s
Children Law Centre
Chinese Welfare Association

Community Organisations
Community Relations Council
Indian Community
Lower North Belfast Community Council
MCRC (Multi Cultural Resource Centre)
Migrant workers support network
NCB (National Children’s Bureau)
NICEM (NI Council for Ethnic Minorities)
NICRAS (NI Community of Refugees and Asylum Seekers)
NICVA (NI Council for Voluntary Action)
NSPCC (National Society for the Prevention of Cruelty to Children)
Polish & Lithuanian Saturday School in Portadown
Polish Welfare Association
RAG (Refugee Action Group)
Red Cross
Refugee Council
Save the Children
Simon Community NI
Sports Organisations
STEP (South Tyrone Empowerment Programme)
YMCA (Young Men’s Christian Association)
Law Centre NI

Other Statutory:
Armagh City & District Council

Home Office
NIHE (NI Housing Executive)
PSNI (Police Service of NI)
UK Border Agency
Welcome Centre (Belfast)

Independent watchdogs:
NICCY (NI Commissioner for Children and Young People)

Other:
Bryson One Stop Service
Motion project
SBPB (South Belfast Partnership Board)

South Belfast Round Table
International Organisation for Migration
New to Northern Ireland
A study of the issues faced by migrant, asylum seeking and refugee children in Northern Ireland

Teresa Geraghty, Celine McStravick and Dr Stephanie Mitchell

As confidence in the peace process has developed, and with the expansion of the European Union, more people are moving to Northern Ireland than ever before. This has engendered an interest in both migrants and asylum seekers on the part of policy-makers and service providers. However, most of this interest has focused on adults. There has been little, if any, focus on refugee and asylum seeking children, including unaccompanied asylum seeking children or children of migrants.

Despite the UK being a signatory to the United Nations Convention on the Rights of the Child, children from these groups barely feature in recent major policy developments, for example, Our Children and Young People – Our Pledge: A Ten Year Strategy for Children and Young People in Northern Ireland 2006–2016.

The aim of the New to Northern Ireland study was to develop an agenda for action, based on a greater understanding of the needs and experiences of asylum seeking, refugee and migrant children who come to Northern Ireland, and an understanding of how their needs could best be met.