



Children's Voices

A review of evidence on the subjective wellbeing of children subject to immigration control in England

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Contents

Acknowledgements	1
Introduction	5
Objectives of the rapid review	5
Scope	5
Methodology	6
Rapid review approach	6
Search strategy & terms	6
Search terms used	6
Quality appraisal	7
Synthesis of evidence and drafting the report	7
Ethics	7
Limitations in the literature	7
Children subject to immigration control: Definitions and subgroups	9
Findings: The experiences of children subject to immigration control	11
Children’s experiences of the immigration system	11
Lack of understanding or agency	11
Experiences of degrading treatment	12
Experiences of the asylum interview	13
Experiences in the immigration system: implications for access to services	14
Children’s experiences of social services and social care	14
Negative experiences: low trust and disrespect	14
Understanding low trust	15
Positive experiences in social care	16
Children’s experiences within communities: integration and belonging	18
Experiencing difference	18
Cultural adjustment and acclimation	19
Challenges of integration: hostility, violence and isolation	20
Relationship to country of origin	21
Children’s subjective wellbeing	21
Identity: building self-esteem and navigating stigma	22
Overcoming past trauma	24
Relationships	28
Hopes, aspirations and ambitions	31
Emerging themes	33
References	35
Appendices	37
Appendix 1: Profile of included literature	37

Introduction

This report explores findings from an evidence review of the views, perspectives and experiences of children subject to immigration control, on matters related to their subjective wellbeing.

The report forms part of a series of studies examining the subjective wellbeing of vulnerable groups of children in England. This series was produced as part of a larger project focused on improving evidence about childhood vulnerability.

Objectives of the rapid review

The main objectives of the rapid review were as follows:

1. To identify, appraise and synthesize published qualitative evidence on the subjective wellbeing of children subject to immigration control in England;
2. To draw out key findings and conclusions from the evidence, as well as identifying any important gaps.

Scope

The review was limited to the exploration of qualitative evidence concerning the subjective views and experiences of children in England, published from 2007 and beyond.

The review focused on studies that captured and presented the direct voices, and first-hand accounts, of children. Adult perspectives on childhood experiences, and studies with excessive mediation and intervention by the author interrupting children's accounts, were avoided or deprioritised. Researchers considered accounts by children of their own personal experiences, as well as their perceptions and reports of the experiences of their peers.

The review only considered literature containing evidence on the experiences and views of vulnerable children ages 17 years or under. Retrospective accounts of childhood, provided by adults from 18 years onwards, were generally avoided, due to the methodological limitations of such studies; however, decisions regarding the inclusion of studies containing retrospective accounts were made on a case-by-case basis depending on the age or respondents, the relevance of the material contained in the study, and so on.

Methodological criteria for the inclusion of studies were broad and flexible (see Appendix 2 - quality appraisal tool). There was no minimum sample size threshold for the inclusion of a study in the review; given the qualitative, personal and subjective focus of the research, diary studies of a single young person were considered eligible for review.

Finally, the review prioritised studies which entailed the collection of primary data. Secondary literature based on analysis of pre-existing data was generally avoided, except where this information was considered essential to filling important gaps in evidence.

Methodology

Rapid review approach

The short timetable for the project demanded the use of rapid review methodology. Whilst the review aimed to be as comprehensive as possible, strict time constraints necessitated placing limits on the numbers of articles reviewed, such that either:

- 25 items/ publications were reviewed, or
- Saturation was achieved and two or more researchers agreed that continuation was unlikely to yield any new insights.

Search strategy & terms

A mixed search strategy was adopted, which included both manual and automated methods. Automated methods involved entering combinations of relevant search terms into databases, digital libraries and search engines. Given the rapid nature of the review a 'guided' approach was adopted to conducting automated searches: rather than systematically reviewing all hits resulting from a certain combination of search terms, researchers scanned search results for relevant papers to review, and ran additional targeted searches when it appeared that all relevant papers had been retained. In addition, sources were accessed through bibliographies and works cited pages of shortlisted publications. Finally, particularly given the focused nature of the literature search, an independent expert was asked to review the final list of included literature in order to vet it for any biases and ensure objectivity.

Automated searches were conducted primarily on Campbell Collaboration, Google, Google Scholar and JSTOR. Searches included combinations of: a context related term (i.e. England), a population related term (i.e. child), a methodology related term (e.g. qualitative) and a relevant indicator (e.g. refugee). Researchers experimented with different combinations of search terms to obtain the most relevant set of results. The search terms and operators used were adjusted according to the requirements and restrictions of specific databases.

Search terms used

Context related terms: England, UK, Britain

Population related terms: child*, young*, juvenile*, girl*, boy*, infant*, toddler, minor*, adolescent*, teen*, youth*, pre-pube*, pube*.

Methodology related terms: perspectives, views, voice*, qualitative

Relevant indicators: migrant, refugee, undocumented, "asylum seek*", traffic*, "insecure immigra*" AND status, unaccompanied AND "asylum seek*".

Researchers conducted an initial scan of titles and abstracts to discard all immediately irrelevant hits. Items which appeared to meet basic relevance requirements were retrieved as full texts, and retained for further review.

Quality appraisal

Quality appraisal criteria (Appendix 2) were developed to evaluate the relevance, coherence, methodological suitability, objectivity and ethics of each retained study. Those studies that failed to meet key quality criteria were excluded from the review.

39 studies were identified as potentially relevant, 15 of these were excluded during quality appraisal and 24 studies were finally retained. Details about retained studies are included in Appendix 1 below.

Synthesis of evidence and drafting the report

Subsequent to quality review, the team embarked on a process of extracting and coding data on children's subjective experiences and wellbeing from selected studies. This was done through the use of NVivo software.

Wherever possible, researchers prioritised coding direct quotes from children (rather than focusing on the language and analysis of study authors), in order to foreground children's own articulations, views and perspectives of relevant matters.

Ethics

The study was shared with the chair of Coram's Research Ethics Committee. The chair judged the project to be outside of the criteria for a full ethical review (for example there are no human subjects included in the study and no personal data will be accessed).

The study has been delivered in line with Coram's safeguarding and data protection policies. The staff allocated to the review have enhanced disclosure and barring service (DBS) checks.

Limitations in the literature

The review identified several limitations to existing research and gaps in the literature. Qualitative studies have a tendency to summarise and analyse children's views and experiences rather than presenting children's own direct voices; this limited the amount of information available for analysis.

Furthermore, the vast majority of studies included in the review focussed on unaccompanied asylum seeking children and (though perhaps to a lesser extent) children with refugee status; very little literature addressed the experiences or perspectives of undocumented children in England. This is unsurprising as these groups have been seen as important priorities from the perspective of law and policy. Furthermore, there are likely to be significant barriers accessing undocumented children who haven't entered the asylum system. The lack of literature on undocumented children constitutes a major gap, given the size of this group (current estimate suggest nearly 120,000 undocumented children are living in the UK as compared to only 3,000 – 6,000 unaccompanied asylum seeking children). This group is also extremely vulnerable, particularly due to their invisibility and difficulties accessing support and services.

Finally, the review identified a need for more comparative studies, which draw out the impact of important differences in children's circumstances and experiences on their wellbeing. Comparative

analysis would be particularly helpful for identifying best practice in policy and programming intended to support the wellbeing of children subject to immigration control.

Children subject to immigration control: Definitions and subgroups

The group ‘children subject to immigration control’ is defined as including all children in England who require leave to enter or remain in the UK under Section 3 of the Immigration Act (1971). This means that these children need the permission from the UK government in order to be in the country. Children subject to immigration control (also referred to as ‘migrant children’ in short hand throughout this report) may be in the UK with a parent or caretaker, or they may be in the country alone; children in the latter category are often referred to as ‘separated’ or ‘unaccompanied’ children. Children subject to immigration control include the following ‘subgroups’ of children¹:

Asylum seeker – Asylum seekers are people who seek refuge in another country by lodging an asylum application. In some cases they have fled their home country due to major conflicts or human rights abuses. They are referred to as asylum seekers while their application is being determined. Children who are in the UK with an asylum-seeking parent or guardian are considered as dependents on their parent’s asylum application.

Unaccompanied asylum-seeking children – Children who are unaccompanied and have claimed asylum are often referred to as ‘unaccompanied asylum-seeking children’ (UASCs). The Home Office is responsible for making the initial decisions on their asylum applications, but local authorities are responsible for their care, including accommodation and financial assistance.

Refugee – A person who has claimed asylum is recognised as a refugee when the government in the country of their claim decides that they meet the definition of refugee under the United Nations Refugee Convention. According to the Refugee Convention, a refugee is a person who has a well-founded fear of persecution for one or more of the reasons set out in the Convention: namely, their race, religion, nationality, political opinion, or because they fall within a particular social group (e.g. people who have a well-founded fear of being persecuted because of their gender, sexual orientation, being a victim of trafficking or the fact that they are a child).

A person granted leave as a refugee in the UK will be given leave for five years, subject to review at the expiry. A person’s refugee status can also be reviewed during this period if there is a trigger factor – for example a significant and non-temporary change in the country of origin or evidence that they have returned to their country. Just before their five-year leave runs out, people with refugee status can apply to stay permanently in the UK. Permanent status is called indefinite leave to remain (ILR) or settlement.

Humanitarian protection – Humanitarian protection may be granted where an asylum seeker is refused refugee status because the Home Office does not accept that the person meets the criteria contained in the Refugee Convention, but still considers that it is too dangerous to return them back

¹ These definitions are taken from the guidance document: ‘Seeking Support: a guide to the rights and entitlements of separated children’, written by Kamena Dorling, Stewart MacLachlan & Frances Trevena of the Coram Children’s Legal Centre.

to their country of origin because they face a real risk of serious harm. Very few unaccompanied asylum-seeking children are currently granted humanitarian protection.

Limited leave as an unaccompanied asylum-seeking child (UASC leave) – If an unaccompanied child claims asylum and the Home Office does not accept that the child should be granted with either refugee status or humanitarian protection then limited leave to remain is often granted, either because it is not possible to return the child back to his or her country of origin, or because safe and adequate reception arrangements are not available. Children are granted UASC leave for a period of 30 months, or until the child turns 17 ½ years old, whichever is shorter. A significant number of children seeking asylum are granted this limited form of leave. They are eligible to appeal the refusal of asylum / humanitarian protection. Prior to 2013, unaccompanied children would be granted ‘discretionary leave’ on these grounds.

Limited leave to remain on family or private life grounds – A child or young person may be granted limited leave to remain in the UK under the Immigration Rules or on the basis of the right to respect for private and family life under Article 8 of the European Convention on Human Rights. For example, where children and young people have been in the UK for many years, and developed significant ties to the country so that they would struggle to adjust abroad, leave may be granted on the basis that it is fair and right that the child or young person is allowed to stay. This form of leave is granted to a maximum of 30 months at any one time.

Settled status – Where a child or young person is described as settled, they will have been granted indefinite leave to remain, meaning they have permission to stay in the UK with no time restrictions. This is the most secure and stable status a child or young person can obtain, short of citizenship.

Undocumented or irregular migrant – A child may be living in the UK without any regular immigration status, and may be referred to as ‘undocumented’ or ‘irregular’. Routes to becoming undocumented include: entering the UK unlawfully, either unaccompanied or with family, and never acquiring regular immigration status; coming to the UK on a form of visa (e.g. visitor or student), either as dependents of a parent or carer or alone, and remaining in the UK after it expires (‘overstayer’); making an asylum claim which is unsuccessful and exhausting all possible appeal (‘appeal rights exhausted’), or being born in the UK to parents with irregular immigration status.

Local authorities are under a duty to safeguard and promote the welfare of all children in their care, and this includes ensuring that they realise any rights to secure their immigration status. The same safeguarding duty applies to the Home Office, under section 55 of the Borders, Citizenship and Immigration Act.²

² For a more detailed description of the different routes through which children can obtain regular legal status in the UK, see: Appendix 1 (page 56) of ‘Growing up in a Hostile Environment: the rights of undocumented migrant children in the UK’, accessible at: http://www.childrenslegalcentre.com/wp-content/uploads/2013/11/Hostile_Environment_Full_Report_Final.pdf

Findings: The experiences of children subject to immigration control

The wellbeing of children subject to immigration control is influenced heavily by their experiences in three critical domains: the immigration system, the social welfare system, and, finally, within the communities that they inhabit in England. These critical components of the lives of children subject to immigration control have the potential to either significantly contribute to or undermine their sense of wellbeing. This was evident across studies included in the review, and clearly demonstrated through the testimony of migrant children themselves.

In order to understand children's subjective wellbeing, it is important to explore how children view and perceive their experiences within the immigration system; the social welfare system; and their communities. Exploring children's experiences within these three domains is also of critical importance to policymakers and practitioners, and may inform the improvement of policy and programming.

Children's experiences of the immigration system

There it is knocking at your door coming to get you. I'm the system, I'm coming to get you.

– *Quote from an UASC in England (Groark, Sclare, & Raval, 2011).*

Children's recollections of their experiences within the UK immigration system were largely negative; they perceived the system as adversarial, confusing and stressful, with few exceptions. Several children described having a positive initial experience of being received by law enforcement or border agents in the UK, particularly in comparison to other country contexts: “[they treated me] much better than I would have expected... I was very scared when I was in the lorry and when the policeman opened the door but he was smiling a lot at me and I'm sure he said ‘welcome to England’” (Reception & Centre, n.d.). This feeling of being welcomed and supported was often short lived, however, with the majority of young people describing the process as overwhelmingly hostile, inaccessible and difficult to understand.

Lack of understanding or agency

Children consistently described feeling confused by the immigration system, and particularly the process of claiming asylum. Several children reported that they were given little to no guidance about the process, and felt left to fend for themselves: “No one told me what was happening. I had nothing to eat or drink, not even water. I went to the toilet – that's where I got water to drink because at the time you don't have any money...” (Crawley, 2007).

Without proper guidance or support, children were unable to understand the basics of the immigration system, much less navigate it effectively, which served to undermined their access to legal protection:

“They took me inside, they took a picture... something like that and they ask me if I come to claim asylum. I say, ‘**What is asylum? I had no idea what is asylum...**’ so I just stay like that

(remain silent). They just took my picture, finger prints, x-ray to see if I've got a chest infection. **But it's hard when you claim asylum here because you don't know what to say.** 'Cos for me, I told you, I didn't get an interpreter. I didn't know what is asylum – those kinds of things" (Chase, 2010).

"I didn't know what was going on around me. I didn't know what Discretionary Leave to remain was. What does it mean? What does the visa mean? What is it for and why do I need it? ... When I came here I was 16, I didn't even know that I received a document or a visa for one year to stay in this country. They didn't give it to me, I didn't know until it was four months left to expire and then I realized that yes they were telling me I had a visa. So, I get it, and then four months later it expired..." (Matthews, 2014)

Children's lack of understanding of the immigration and asylum systems often left them feeling powerless to influence the outcomes of decision making. Across studies included in the review, children described feeling entirely without agency in the process: as one young migrant explained; *"There is nothing I can do. I don't have any choice. I just need to wait until the Home Office decides, and this can take as long as they want"* ("No Title," 2013).

Evidence indicates that the experience of being at the mercy of immigration decision makers can have serious and devastating consequences for children's emotional wellbeing: *"Even when you get your status, you are scared they will take it away from you. They destroy your mind, psychologically. We are not saying we are British, English, we are saying we are humans. We should have the right to travel, to study, live a normal life, and be able to provide for our basic needs."* ("No Title," 2013)

Experiences of degrading treatment

Children's feelings of powerlessness and lack of agency within the immigration system were reinforced by their treatment by authorities, which many children characterised as dehumanizing and disrespectful. A 16-year-old boy from Rwanda described his experience to researchers: *"I arrived [at the ASU] in the morning and I left around 8 o'clock at night. I was absolutely starving but that's how every poor person is supposed to be. You are at someone's mercy. I will never forget how they treated me when I was there."* (Crawley, 2007).

Several children considered having to undergo an age assessment (to prove their legal status as minors) to be one of the most dehumanising aspects of the asylum application process. A 16 year old boy from Iran recalled how he felt during this process: *"The worst thing I can remember they made me sit there and like a slave market other immigration officers were told to look at me and guess my age. It was like I was going to be sold. One would say 24 and another would say 21. I was told to stand up and down. They said 'you are over 18'...When they were deciding my age in that place it was like they are going to buy you. It was the worst point."* (Crawley, 2007).

As illustrated by the excerpts above, children's recollections often focused on the indignities and physical discomforts they experienced at the asylum screening unit. They appeared to internalise these experiences as examples of deliberate mistreatment and viewed them as evidence of immigration authorities' disinterest in their wellbeing.

Experiences of the asylum interview

Several of the studies included in the review focused on capturing children's experiences during and perceptions of the asylum interview, which is a crucial determinant of their immigration status. Children consistently reported that they found the interview to be difficult and, in some cases even traumatic, particularly due to the harsh and antagonistic approach taken by immigration officials. One young woman (14 at the time of interview) recalled: *"I felt like I was being attacked and intimidated and they were mean! So they would just ask all these nasty questions and be really really horrible and I would sit there crying answering the questions and whoever was there interrogating that day would not even have a blink of remorse or say ok, she's just a kid"* (Wilding, 2015).

Many children emphasised that they were not given the opportunity to accurately or meaningfully tell their stories, due to lack of preparation and the hostile approach taken by immigration officials:

*"[The] interview didn't go well. When I came for my interview, they just put me in a room and that was it. **They didn't really tell me I was applying for asylum.** They just started asking me questions... The guys who were doing the interview kept laughing at me. I had my education in Kenya and **I couldn't work out the years because I was so stressed... I missed some questions and I felt bad because they would just laugh at me. They kept saying 'why are you crying? This won't help you'**"* (Crawley, 2009).

*"It was really the hardest moment in my life. Because they shouldn't ask me all those questions. **My mind it was not even suitable to answer all those questions. When I came I didn't know what they were talking about or asking me. They don't explain. They scare you sometimes.** So you should give us time adjust. Yea, I just cried because they were scaring me – 'Why you did this? Why you did that?' When we're new you don't know anything and you don't trust anyone"* (Matthews, 2014).

Children were also disturbed by the fact that immigration officials didn't believe their testimony and tried to catch them out in inconsistencies, making them 'feel like criminals' (Wilding, 2015):

*"If you are asked a question in your interview, if you keep them waiting about one minute they will say, **'You are lying'**. They don't give you a chance to think. They say, **'If you are thinking you are lying – you just think about something to lie to us'**"* (Matthews, 2014).

*"You have to understand the rules of being an asylum seeker and what to say. If you change your answers they say that you are a liar. This is a politician. It is not fair ... **Why do they want me to be a liar or a politician? I lived in a village. I was not a cowboy, I was a shepherd"*** (Connolly, 2015).

*"At the asylum interview I was scared. I didn't understand why they were having this meeting. I had meetings every day. **Sometimes when I was telling my story he [the Home Office Official] was laughing at me. It made me very angry; I thought he thought I was lying.** I didn't understand what was happening, nobody explained any of it to me"* (Children & Elsey, n.d.).

This finding is consistent with a 'culture of disbelief' (evidenced in several studies) that prevails within the Home Office regarding the testimony of asylum seekers, particularly in relation to age

assessment.³ In addition to having a serious and detrimental impact on the integrity of decision-making, this ‘culture of disbelief’ also appears to significantly undermine the wellbeing of children undergoing an asylum application.

Experiences in the immigration system: implications for access to services

These excerpts illustrate some of the problematic characteristics of the UK immigration and asylum systems as experienced by young people. Whilst a thorough discussion of these characteristics and their implications for decision-making is beyond the scope of this project, it is clear that the process causes children distress and seriously compromises wellbeing.

Furthermore, and as will be explored in the subsequent section, findings from the review suggest that children’s experiences within the immigration system have detrimental impacts on their experiences accessing other services and support through eroding their trust in authorities and institutions. This reinforces existing barriers to children’s access to basic services, such as health and education, and can compromise children’s relationships with social services. As one study exploring refugees’ access to education services concluded, “even where provision (of services) did exist, many refugees and asylum seekers were fearful of authority, and these fears extended to many of those attempting to provide support such as medical staff and education and welfare providers” (Stevenson & Willott, 2007). Indeed, one asylum-seeking boy told researchers: “No, I am scared to go to the hospital. I always think that I will be deported. So I never go to hospital no matter how sick I am” (Sigona & Hughes, 2012).

Finally, much of the literature included in the study highlighted the difficulties children subject to immigration control faced in navigating different bureaucratic structures without ‘regular’ legal identity, as was the case for one young migrant who had been trafficked into the UK:

“It wasn’t easy, because my friend tried many times before to register me with GP because it was kind of an emergency. I needed to see a doctor because I was pregnant, but **the GP wouldn’t register me without any papers from the Home Office**, so we had to wait until that paper arrived and then I was registered” (Stanley et al., 2016).

Being ‘undocumented’ can create barriers to vulnerable young people’s access to public services that are critical to their wellbeing.

Children’s experiences of social services and social care

Children’s experiences within the social care system were much more varied than in the immigration system: whilst some children felt positively about the support provided by social workers and (in cases where children were unaccompanied) about their experiences in care, other children perceived social welfare professionals and caretakers as disinterested in their wellbeing and needs, instead viewing professionals as promoting their own agenda.

Negative experiences: low trust and disrespect

Where children portrayed their experiences with social services as negative, they often described feeling disrespected by social welfare authorities, and recounted low levels of trust between them.

³According to this ‘culture’ immigration officials assume that asylum seekers are always lying about their age, regardless of whether this is backed up by evidence. See: <https://www.rsc.ox.ac.uk/files/files-1/wp102-culture-of-disbelief-2014.pdf>

For example, a young Albanian girl recalled her experiences: *“They didn’t treat me like a human being at social services. She [social worker] said to me: ‘Do you think it’s the first time I’m hearing this story?’ I said to her: ‘Do you think these things can’t happen?’ ...I would just like someone to talk to you about how you are feeling, to sit down and talk to me like a human being. I just came from the hospital and I couldn’t sleep [during the day] because I was up waiting for the social workers to arrive. They never arrived... It’s horrible how they treat me”* (Crawley, 2007).

Several children described their interactions with social workers as harmful to their wellbeing, particularly due to the pressure they felt to recount painful testimony:

*“Sometimes [social workers] don’t understand when you are sad. They keep asking you questions. It makes me angry, it makes me want to shout. **It makes me remember all the bad things and they don’t understand that. If they ask me (questions) I will suffer for months”*** (Chase, 2010).

*“It’s hard to tell... even now it’s hard for me to tell you about my family because I don’t want to talk about it. I just want to keep it for myself. They (social services) don’t know anything about it. Like, if I want to talk about it I just talk to X (her closest friend). **I don’t like my social worker ‘cost she keeps asking me the same question and I tell her just leave me alone, don’t ask any question.** She keep saying, ‘do you want to find your family?’ I just say I don’t want to.. (and) I don’t want the counselor to hear my story again”* (Chase, 2010).

Finally, several children reported a sense of being constantly under social services’ surveillance and control, and expressed frustration at their lack of input into key decisions that impact on their lives: as one child expressed; *“Everything, they (social services) know what we are doing, everything... it is all on the computer. And every six months with the social worker we have an interview. And one month, my friend, when her social worker was doing a review for her she said, ‘I don’t know because all my future is in your hands (laughs), because when I say something to do, you say “NO” – I always do what you want not what I want. Don’t ask me about my future”* (Chase, 2010).

Her sentiments were echoed by a number of children, who felt that social workers made decisions about their lives without concern for their wellbeing. The feeling of having their needs ignored was also experienced by children in foster care, several of whom believed that their carers weren’t interested in their care, but were using them to earn money. For one young Nigerian girl in foster care, this was illustrated by her foster mother’s approach to feeding her: *“She never used to ask me what I would like to eat. She would just buy cheap thing from Lidl’s and then give it to us to eat. She never bought anything once. Okay, the first Christmas I was there, she went shopping and we went to Sainsbury’s and she asked me to pick up an item that I liked and it was like one pound and she had done a whole trolley for her family shopping and she asked me to pick up one thing and that is the only thing she asked me to. You are not supposed to just buy for your own family and then buy cheap stuff for me on the side and just let me eat when you cook (Georgina, from Nigeria)”* (Kohli, Connolly, & Warman, 2010).

Understanding low trust

Where children lack trust or confidence in social workers, foster carers or other service providers, this significantly undermines their ability to benefit from support. Migrant children, and particularly asylum-seeking and refugee children, may face particular barriers to developing trusting

relationships with social services, given that they are navigating a new and unfamiliar environment, may have had highly negative experiences with authority in the past, and may come from cultural contexts where confiding personal information to professionals is not accepted or practiced. For instance, a study on UASC's views and perceptions of mental health services clearly demonstrates how these dynamics create significant barriers to the building of trust between children and service providers. As a young asylum-seeking boy from Afghanistan explained; *"I didn't say to anything about my problem, I didn't tell it to anybody, you know, because I don't trust anybody"* (Majumder, Reilly, & Karim, 2015).

Furthermore, and as mentioned above, children's lack of trust in authorities is likely to be reinforced by their experiences in the immigration system. Indeed, several studies suggest that children's mistrust of social services is rooted in their lack of confidence in the separation between social services and immigration authorities. Lack of trust was exacerbated in cases where information about immigration matters was withheld from children or processes and procedures weren't explained to them by social services. Children described feeling betrayed in such cases:

*"The social services didn't even tell me they were disputing me. So I end up confused, annoyed... and in detention. It feels like you are running in mud... they really lost my trust forever. They just gave me something [the letter] that would change my life forever and they didn't tell me. **Now I don't trust anyone...I can't trust nobody. It's the [social service] thing that has really changed how I see things and how I see people.** I always see like there is something else going on. They talked to me nicely and they gave me an envelope with a smile. I always feel like I'm betrayed"* (Crawley, 2007).

The excerpt above, from a boy who was age disputed, determined to be an adult and detained (he has since been recognised as a child), demonstrates how lack of transparency on the part of social services can have devastating consequences for young people's capacity for trust, both of authorities and in their relationships more broadly.

Positive experiences in social care

It is important to acknowledge that the negative experiences described above were far from universal; several young people included in the study reported having positive and trusting relationships with social workers and caretakers alike:

*"I must point out that [the social worker] has done so much for me, **he is like a father here"*** (Groark, Sclare, & Raval, 2011).

*"They [social services] did a great job. They helped me a lot, especially [name]. She was the first person I met in the social services. She came and picked me up [from the immigration office] and she took me to the foster carer and **I used to receive calls all the time... so they came just to ask me how I'm doing and make sure I'm ok. They helped me a lot"*** (Matthews, 2014).

*"I feel secure and protected here. I feel like when I am there I am at my father's home and **she (the foster carer) gives me love the way that my mother used to give me love and I feel good in this love"*** (Kohli et al., 2010)

In a study seeking to identify good practice in social care services for safeguarding refugee and asylum seeking children, Newbigging draws on focus group discussions with asylum seeking and refugee children who discuss what they consider to be essential components of an effective social care response (Newbigging, 2011). These include:

1. Ensuring common language and effective communication;
2. Demonstrating an open, kind and accepting attitude and establishing trust;
3. Promoting a positive role for family through ensuring parental well-being, consistency and certainty, and cultural connectedness; and,
4. Promoting the emotional wellbeing of both young people and their family members / caretakers.

When asked how a social worker should act towards a vulnerable refugee in a wheel chair, children in the study responded that she should: “be kind, friendly and open”; “treat her normally, not seeing her as disabled”; “try to understand her problem and accept it and not feel sorry for her, she still has dignity”, demonstrating that being treated with acceptance, respect and dignity is crucial for children and young people. Children also emphasised the importance of being placed in a family with the same cultural heritage, or at the very least a strong understanding of the child’s cultural heritage.

Another key theme which emerged was the importance of certainty and stability in order for children to develop positive relationships with social workers and caretakers, a factor that can easily be undermined by uncertainty about the immigration status of a child or his or her family member / caretaker. Indeed, throughout studies included in the review, children emphasised the importance of continuity of care for establishing trust in a social workers, foster carers, or other professionals. These themes will be discussed in greater depth in the relationships section of this report.

Children who had established positive relationships with social workers and caretakers also tended to value their availability and generosity with their time, which signalled to the child that he or she was important. For example, as one child explained: *“my social worker: she was really good, yeah: she was really, really good. She helped me with everything: to not feel alone, she took me with her kid; she took me around; she show me too many things. So that kind of thing they help you to be happy. ... They care about you always. They call you, what you doing, what you want to do, what you want – you know too many things. They took you out with them to enjoy; to spend time with them; too many things like part of the family to look after you. If you have any problems you call them immediately and they solve those sorts of things so that all stuff they help you a lot... **They give even not work time they give you even extra...time which means they really care: they look after you**”* (Farmbrough, 2014).

Finally, children’s testimony about their experiences in care demonstrates how individual children have particular needs, which need to be addressed through an individualised approach. For instance, the two children quoted below felt very differently about moving into independent accommodation, which was unlikely to be an appropriate solution for the first child, but appears to have been a good fit for the second:

“[The hostel] was really far away and I just see people they just drunk and too many things. “So you’re going to leave me here (voice rises in pitch) and that’s it?” (laughs). Ok! ... and in that moment I got really difficult life because before it wasn’t like that and just in the

moment changed everything and I stayed there and I can't cook because they don't have a place to cook and just to sleep" (Farmbrough, 2014).

"I think that's a proud thing when you start to live by your own ... "when I was out I was with my family yeah I used to know a lot of people 25 .. 26 in the church and you start to talk to them yeah, and they lives by their own and do everything by their owns, yeah, but if you are under age or you 16 to 18 you live in foster care and you don't, you don't, you can't do what ever you want to do: if you want to go out, you have to ask them: you know what I'm saying? - You can't have your own responsibility" (Farmbrough, 2014)

Children's experiences within communities: integration and belonging

Sometimes people ask me – is it different? Different? It's more than different! It's another world and here you just become another sort of person. Finding myself here, well somewhere near R [town], well that was it! Another life! I cannot begin to tell you how many things are different! (Adams, 2009).

The wellbeing of children subject to immigration control in England is significantly shaped by their experiences within their communities: their ability to navigate new environments, to begin to integrate into communities and, ultimately, to develop a sense of belonging.

Experiencing difference

Children's testimony often focussed on the differences between England and their countries of origin, and in particular the intensity of absorbing and adjusting to a new environment upon their arrival. For example, a young man from Afghanistan powerfully summarised his impressions during his first days in London: *"When I arrived in this country, in London, for three days I had no water, no food and I was hungry like I couldn't even stand up. It was really weird, a different world, different culture – you hear cars instead of gunshots and lots of other stuff, instead of green places you see massive buildings like you've never seen in your life, the cars, the way people dress, the way people look at you, the colours, like back home I had never seen a black person in my life!"* (Chase, 2010) In the beginning, children often articulated feelings of uncertainty about particular characteristics of their new environment, and expressed a preference for the way things were 'at home':

*"Everything is so new here, like in this town, it's different to an African town. Here you have the town, the suburbs, then the country, they sort of mix in together. Over there you've got the town and the country and that dirt, that red air, the dust that gets everywhere. **Here it is all too tidy!**"* (Adams, 2009)

*"Do I feel at home here? No. Here it is cold most months. **Shall I tell you about my home? In my country, its warm all the time...we play on the beach and on the farm everyday!** It is sunny there, nearly always!"* (Adams, 2009)

*"I miss the things I ate everyday over there [in Zimbabwe], things you can get here if you look and things I am very good at cooking, like maize porridge and pumpkin leaves. But it **never is the same, it just isn't right when it's made here, there must be something to do with the water or the cooker or something**"* (Adams, 2009).

Children consistently appeared struck by the diversity of communities in England as compared to their communities of origin. As one young migrant boy exclaimed: *“Back home you only meet your neighbourhood and your school people; but here and on my way so many strange people that I never see before... and... coming to England is a very big difference. It is a multi-cultural, multi-language. Because you interacted and you get different experience from different people and that teach you about life and makes you think, oh yeah this is what I think; this is the right thing.... There are many people from different backgrounds so I think that makes you more mature”* (Farmbrough, 2014). Several children emphasised that this diversity made it easier for them to integrate into new communities; to be accepted into neighbourhoods, sports groups and schools.

Finally, several children emphasised the differences in the safety and security, and personal freedoms and opportunities that they experienced in the UK as compared to their communities of origin. For example, one migrant girl expressed gratitude and relief to be living in a ‘free society’; *“I’m in a free society and I can pursue my studies here so I feel free and happy. Very happy”* (Groark et al., 2011).

Cultural adjustment and acclimation

Despite navigating a new and different environment, many migrant children described their integration experience positively – they were able to overcome challenges such as language barriers and cultural differences, and successfully navigate a new environment. For instance, one boy looked back fondly on the first city in which he had settled in England: *“I love (City) because I lived there, you know, first, when I come to England. I lived there for two and a half years. It is like my own city – like I was born there. So when I go there, you know, I feel free. I just go there because I know lots of people there – lots of friends”* (Farmbrough, 2014). Children’s recollections illustrate that the process of integration happens gradually and can be difficult at first. As another asylum-seeking boy explained: *“When I came to UK, I was 14 years old. I couldn’t speak English at all. I had to learn, because the situation was very hard. Especially for the first six months. I couldn’t make any friends; I couldn’t watch telly, anything. So everything was very boring and very stressful. So, after a while, I start learning...”* (Matthews, 2014).

Children often have an easier time integrating than adults, who tend to be less flexible and adaptable, and struggle to acquire language skills. They also have the advantage of being in school: children often identified institutions, particularly school, and to a lesser degree, church, as key to their integration. This is demonstrated by the following two excerpts:

*“I thought in the beginning that they were going to treat me differently because I’m from Brazil but there in the school there are many people from other countries, here in London there are many people from other countries and I also thought that the English kids my age would treat me differently because I am from Brazil, but no **they treated me like a brother**”* (Sigona & Hughes, 2012)

*“**Everyone in school was friendly so I just got on well with everyone.** And everyone seemed to know each other’s name, and just got on well”* (Sigona & Hughes, 2010).

Several studies presented children’s experiences integrating into an established community of migrants from their country of origin, which often eased the transition to the UK. One particular study exploring relationships between identity, belonging and place within Somali communities in

Sheffield (UK) and Aarhus (Denmark) illustrates how Somali migrants in England have adjusted and acclimated through establishing their own 'Somali' communities' rather than assimilating, like their Danish counterparts. One migrant exclaimed: *"I feel I live in my country, like in Somalia!"* (Valentine, Sporton, & Nielsen, 2009).

Maintaining connections to their ethnic and cultural heritage may serve as a source of comfort and support for young people. One girl described the experience of being connected to people from her community of origin in the UK: *"...that was fantastic when I go there and I see the people that come to England. So exciting ... like so exciting – then give hugging and hugging each other. They tell me what you need to know... like lots of help; they tell me where the mosque is, so I can go for a prayer and everything"* (Farmbrough, 2014)

Young people didn't always find this dynamic liberating, however. A young Somali woman in Sheffield who had previously lived in in Holland explained to researchers: *"here is like all eyes on you because there's so many Somali people here and they all talk about each other. In Holland, we were just free. Do what you like. Go where you want. ... Here you go outside, you do something and your mum know what you've been doing because there are a lot of people around and [they] say 'Oh I see your daughter and I've seen this'. ... Here I've gone more religious because I've started wearing a scarf and that. In Holland, I never used to wear a scarf. Because here, when I saw the Somali Community, I thought I'd respect them. You can't go out like you're in Holland"* (Valentine et al., 2009).

Challenges of integration: hostility, violence and isolation

Several children included in the study described the challenges of their experiences integrating into new communities, and in particular, the racism, hostility and violence they faced. A migrant boy explained to researchers that he thought people avoided him or were scared of him because he was black: *"When they do that it's like, who do they think they are... some people they judge you. But before they judge you, they've got to know you first..."* (Farmbrough, 2014). Whilst children explained how upsetting these incidents could be, they often appeared to cope by minimising the impact of such events. For example, a young girl told researchers: *"Some place, some people, is like racism things but it's OK, it's fine ... sometimes they don't even like to see you, they don't like even to talk to you, you feel it in the face or something; they ignore you, that's all"* (Farmbrough, 2014).

Other children recalled incidents of physical violence and bullying:

"I got thumped in school the other day... because I'm a Muslim... I always seem to be getting thumped and slapped in school and I have told the teacher, but they don't seem to do anything" (Spicer, 2008).

In [that neighbourhood] we never used to go on the streets or anywhere, like, there were people messing about with us. **They bullied us and used to throw rocks at us, big rocks... and we couldn't go to the park** (Spicer, 2008).

Parents and caretakers often responded to these incidents by keeping children close by and in doors, which often resulted in isolating them further from their communities. Furthermore, the challenges of facing hostility and violence within their communities were compounded by the fact that several children described feeling cut off from accessing services and support due fears about their immigration status, thus increasing their vulnerability and insecurity.

Relationship to country of origin

Regardless of the difficulties they might face integrating or the demographic makeup of their communities and environments, migrant children who had spent some time in England did appear to adapt and integrate, and often described having stronger ties to their new communities than to their countries of origin. As one young man explained to researchers, *“Most of us have lived here throughout our teenage years, some of us even younger. So imagine. We leave our country behind, everything, culture, even the language, everything. So you leave that place, learn new things, adapt to new things. You come to a society and learn many things in that society and you become a part of that society”* (Matthews, 2014).

A number of refugee children living in England with their parents explained that they knew little about their country of origin, because their parents deliberately withheld information in order to protect them from the past: according to one Somali boy, *“I couldn’t remember ... why we moved [from Somalia], what is the reason we moved here [to UK]... ‘cos usually your family, they don’t tell you, they don’t want to upset you and usually they just make everything, [they say] everything’s alright, don’t worry’. ‘Cos they don’t want you to get them things [memories of the civil war] in your head .. you could ask them but they’re never going to give you a straight answer... they’re not going to tell you that”* (Valentine et al., 2009).

Several children also described feeling like outsiders in their country of origin: *“When we used to go to Somalia a lot of people used to say ‘oh you lot, people from England. And I just said to my Mum ‘how do they know?’ And my mum goes ‘that’s how they are because of your walk and the way you talk’. ‘Cos I used to talk English to my brother in Somalia and they used to turn round and stare at us and they knew that we were not from here... That’s how it is, that’s how it is in Somalia. There’s a lot of people now these days that are scared to go to Somalia because... people stare at you and they talk about you.”* (Valentine et al., 2009)

For children who have spent time in the UK, established communities, and developed a sense of belonging, the prospect of being returned to their country of origin often feels highly traumatic: *“I came here. I learned English quickly. I integrated into society. And my visa was 10 months, but then I already learn many things about this country and then they said they wanna send me back”* (Matthews, 2014).

Children’s subjective wellbeing

The preceding sections of this report have explored the perceptions, views and experiences of children subject to immigration control with regard to three critical domains which influence their wellbeing: the immigration system; the social welfare system; and their integration into communities in England. This section will focus on dimensions of wellbeing itself, as experienced and perceived by children and young people. Wellbeing has been broken down into four separate dimensions: identity and self esteem; trauma and anxiety / coping and resilience; relationships; ambitions and aspirations.

Identity: building self-esteem and navigating stigma

Sorry that we are here
That we take your time
Sorry
Sorry that we breathe your air
That we walk on your ground
That we stand in your view
Sorry
Yes sorry
Sorry that we look like we do
Sorry that we disturb your rest
You do enough for us already
Sorry that we are not grateful and happy
Not grateful enough
And that my name is not David
Or Catherine
Or May
But Rashed
Holta
And Ardita
Sorry that we sit on your trains and buses
And on your benches in the sun
And that we brought nothing
And the only thing we have is a story
Not even a happy story...

- A poem written by a Bosnian refugee in England (Kohli, 2011)

Children’s testimonies across studies indicate that a child’s immigration ‘status’ may have a significant impact on their social identity, shaping their how they view themselves in relation to others, as well as their perceptions of how others’ view them. Many explained how their status as an ‘asylum seeker’ or ‘refugee’ set them apart from other children; they described it as all encompassing, confining their identities to a single characteristic and limiting their ability to identify with other aspects of their lives and characters. As one boy succinctly expressed, *“Like me I can’t go to a pub and say who are you, what you are, to make friends. I know who am I, and the conditions, I’m just a refugee”* (Groark et al., 2011).

Asylum seeking children consistently emphasised the stigma associated with being an asylum seeker. They identified prevalent narratives that dehumanise asylum seekers and portray them as opportunistic and threatening:

“And you come here and the first thing you do is you turn on the TV and see about asylum seekers; **anyone would think we are just animals**” (Chase 2010).

“Now when you are out there and you are known as an asylum seeker the first thought that comes into mind is **oh he’s bumming**. All he came here to do was sit down and take benefits and do absolutely nothing” (Groark et al., 2011).

The experience of being constantly subjected to society's judgment was found to have severe effects on the self-esteem of children subject to immigration control, eroding their sense of self-worth. Asylum-seeking children across a number of studies expressed the view that being labeled as an 'asylum seeker' would cause their peers to reject them, and several children recounted negative reactions they received when people learned they were seeking asylum:

"What really gets me down is the term 'asylum-seeker'. When I tell people, I feel really uncomfortable. I have to fill in a form at college and I have to say I am an asylum-seeker. **I see their faces change**" (Chase, 2010).

"Sometimes they give you this look, like, '**what are you doing in this country?**' They don't want to say it but they are showing you with the look" (Chase, 2010).

In light of the stigma associated with being 'an asylum seeker', and the desire to develop an identity separate from their immigration status, many children explained that, wherever possible, they keep their identity hidden from both their peers and the adults in their lives:

"There is (sic.) only like two people who know my situation, so they can always understand if I am a certain way. But not everybody, I would never tell everybody... because **some people, you know, they don't like asylum seekers so they are bound not to understand the way I am feeling**" (Chase, 2010).

"No, the British I don't tell them, I don't tell them ... all of my friends they don't know, they don't know I am an asylum seeker. I just feel, you know...**I never tell no one. 'Cos they never ask as well.** Most of the people think I am French and I never tell no-one I'm not French. I just feel embarrassed to tell them ... 'I have been here for this, blah, blah' ... it's not quite good" (Chase, 2010).

Children also reported that they choose to keep their identities hidden because they feel their peers won't be able to relate to or understand their status or experiences:

"I have to lie in some situations...**I lie because I don't want to have fuss on my ear.** I don't want to have to explain to anyone. How can I explain to say a British born 19 year-old man what indefinite leave to remain is, what exceptional leave to remain is, what discretionary leave to remain is, what the appeals process is? That's the sort of questions they would ask you, and they can't get their heads around it" (Chase, 2010).

As will be explored in the following sections, the effects of hiding such a significant piece of one's identity may leave children feeling isolated and create barriers to forming close bonds within their communities. As a Rwandan girl seeking asylum in London explained to researchers: "*It's strange because I feel they (friends at university) are my closest friends but they they're not because they don't know about me. It's good to be able to be who you are, without hiding bits and pieces of your life*" (Chase, 2010).

Indeed, even when they kept their identity hidden, being categorised as an asylum seeker appeared to have a powerful impact on children's internal sense of self. As one child explained; "*because you know you are an asylum seeker, you've gone inside [your head], you've branded yourself*" (Groark et al., 2011).

Despite feeling their identities were largely defined by their immigration status, and coping constantly with the stigma attached to this, young people across studies maintained surprising levels of self-esteem, motivation and belief in their capacity to overcome adversity. One study exploring the emotional wellbeing of asylum seeking children described this characteristic as a “mastery orientation” or ‘belief that they can overcome difficulties or problems with which they are faced, and a sense of being in-control of their future’ (Farmbrough, 2014). As one young man explained: *“I had to learn to do it and I managed to make my way out of it ... that makes me a strong person and if you are a strong person you can face whatever situation you get”* (Farmbrough, 2014).

Migrant children’s self-esteem was often rooted in an individual confidence, which they were most able to realise when pursuing goals, such as education: *“I love to go to school and study ‘cause it’s the only thing that takes my mind off like problems I have in my life. Once I’m in the classroom, that’s me. Like every other problem is not in my head at that precise moment ‘cause I have to focus on getting that done, doing that... So other stuff in my head... That’s my comfort zone”* (Sigona & Hughes, 2012).

Despite the fact that many migrant children demonstrated surprising levels of self-esteem, it is important to acknowledge that, particularly for those awaiting status determination, their immigration status remained a defining and crippling feature of their identity. In the words of an Afghan boy seeking asylum, *“...at the moment I am not a complete person. Only when I have documents can I say that I will be complete”* (Sigona & Hughes, 2012). His statement reflects the reality that children subject to immigration control have a different *legal* identity than other children, and particularly where the government prioritises immigration control over child welfare, are often granted fewer rights and entitlements in practice. This imposes important practical restrictions on their lives as well as their identities. As a young Iraqi boy poignantly expressed:

“I have been discriminated by being separated from the other children and the others who are my age and **this point is always in my heart and I think about it all the time. Why should I be so and the others not? I cannot travel like the other people and enjoy it. It would be a joyful thing if I could do it. This is a task for the Home Office. **Why should we be separated from other children, from the other humans? Am I not a human being?**”** (Connolly, 2015)

Overcoming past trauma

The majority of children subject to immigration control have undergone traumatic experiences, which result in significant distress and anxiety that they must overcome whilst struggling to establish themselves (and their legal status) in the UK. Several studies included in the review explored the psychological aspects of the wellbeing of children and young migrants, including their ability to cope with post-traumatic stress resulting from experiences in their countries of origin. Several children described experiencing ongoing symptoms of trauma, including flashback and depression, which were often disruptive of their daily lives:

“It’s normal, for someone like us, like I’ve been living back there all the time, in war, hearing gunshots, it’s always in my ear, I can hear it you know? If I think about it I can hear it in my ears”(McCarthy & Marks, 2010).

“I think I was before going mental in my mind... my brain wasn’t working seriously” (Majumder et al., 2015).

“[When I think about it] I just feel negative of my entire being” (Groark et al., 2011).

“Because sometimes if I am getting study or even if I am in class and I just think, it just comes in my mind...” (Groark et al., 2011).

Several children did emphasise that they felt safer in England than they had in their countries of origin. For a number of children this provided a great sense of relief and they described their wellbeing as having improved significantly:

“It was when I was walking, walking up to R [town] that I heard ... nothing! Nothing! No sounds of bombing, no [army] trucks, and no smells of burning... **this was when I knew [I had found a different life]**” (Adams, 2009).

“You ask how things are going for me here. Well, there are no things I miss from home, nothing, it was all terrible there in the [refugee] camp, we were hungry and the shelters were terrible... It is very difficult for me [here]. It is the same for my aunt, there is nothing for her here as well, but **it is safe here and dangerous there**” (Adams, 2009).

Many children qualified their descriptions of England as safe, however. They explained that whilst threats to their basic survival had been removed, given the unfamiliarity of their new environment and the isolation they experienced in England, they continued to feel insecure:

“I’m safe here, but it’s different being like this, feeling like this here. **It’s not being blown up but it’s... well, a heavy feeling when I walk about by myself, like going about all alone.** The big buildings in B (town), they make a person feel sort of safe but it is not the same as feeling that you know the building, like they are safe to walk around” (Adams, 2009).

In other cases, children associated their trauma with lack of closure. They expressed ongoing uncertainty about the fate of friends and family, and worry about their wellbeing:

“First I do not know where my parents are and how they are doing. It was difficult because they [parents] disappeared mysteriously” (Groark et al., 2011).

“Once I start thinking about people back there they don’t have anything to eat, I just can’t eat” (Groark et al., 2011).

Evidence suggests that avoidance of stressful and distressing thoughts and feelings is a common strategy employed by children with insecure status to cope with their traumatic pasts; children tended to express skepticism about interventions designed to address their mental health, particularly those that involved recalling or discussing traumatic events, and (with some exceptions) were inclined to set aside traumatic experiences:

“There are some things I don’t talk about – private things” (Chase, 2010).

“I try not to think about it because then, like, I start thinking negative, so I just try not to think about it most of the time” (Sigona & Hughes, 2012).

“I don’t keep secrets, but I keep to myself. I keep quiet about some issues. **I tend to hold in some issues... I feel that if I hold in those issues, they won’t feel bad on me. Sometimes they go away but at some point they always catch up...** I’ve just come... it’s come to be where I just keep quiet about the whole thing. I don’t really talk about it, or think about it. I just tend to move on and carry on with my life. I’d rather carry on with my life than address some issues” (Chase, 2010).

As suggested by the passage quoted above, children often preferred to overcome trauma by focusing on their current realities and plans for the future. Education and relationships, particularly with peers, were consistently identified by young people as outlets and sources of escape, which helped them to cope with trauma and anxiety. Study and spending time with friends served as a normalizing experience for young people, and helped them to overcome past trauma:

“College was like a haven for me, you know? A safe haven where I could go and hide. I’d be in the college morning to evening every day. Education provided a smokescreen in a way – that’s how I sort of coped with it ... until I stood on my feet. That’s me way of looking at it... that’s my analysis” (Chase, 2013).

“When I am in class I can forget, I am focusing on lessons and don’t think about my past” (Chase, 2013).

Trauma due to uncertainty

This strategy of moving on through focusing on the present was often undermined by children’s ongoing uncertainty about their immigration status. Children subject to immigration control, and particularly those awaiting a decision or on a short term period of leave to remain in the UK, reported experiencing high levels of anxiety, stress and fear in relation to their insecure immigration status, their uncertainty about their future in the UK and the possibility of being forced to return to their countries of origin. The trauma caused by living in a ‘state of limbo’ emerged as the dominant source of stress and anxiety in migrant children’s lives, and the most important determinant of their wellbeing. It also reduced their ability to recover from trauma they had experienced in the past.⁴

Children overwhelmingly perceived their immigration status as outside of their control, and as a result, felt powerless; stripped of their agency, and forced to live in a sort of limbo, passively awaiting a decision:

“You start thinking too much and thinking I’m not really in control of my life. I start thinking about what’s going to happen, what’s already happened, and I start to feel I don’t have any control over my life” (McCarthy & Marks, 2010).

“I am living in fear that I don’t have documents, that I will get deported any time. I am mentally disturbed... you do not know what is going to happen” (Sigona & Hughes, 2010).

“It’s really, really stressful. I ask, ‘what I am doing this for?’ Two months before I graduate, they might ask me to leave the country. You just don’t know. It’s really horrible. You don’t know if you’ll be able to live here the day after tomorrow. I don’t enjoy thinking about the future at the moment. I just want to take it step by step. Not knowing doesn’t make me feel more motivated – it actually puts me off. You think, ‘they don’t even have to kick me out of the country: it’s enough to get an interview just before my finals” (Chase, 2010).

⁴ Migrant children who are in the UK as dependents, with a parent or caretaker, may be somewhat sheltered from the uncertainty around their immigration status and resulting anxiety. Indeed, parents in several included studies explained that they have attempted to shelter their children from information about their immigration status in order to preserve their sense of normality.

As is demonstrated by the above excerpts, living in total uncertainty about their ability to stay in the UK causes extreme stress for children, leaving them in a state of profound anxiety. Many children described their experiences of uncertainty as a kind of paralysis. This was particularly severe for children whose asylum claims had been rejected, as demonstrated by the following extracts from interviews with unaccompanied children who had been refused asylum: *“I feel scared too much, that the police will come catch me. I can’t study, can’t do anything...”*(Matthews, 2014).

Children’s anxiety was compounded by their fear of being forced to return to dangerous contexts, where they may have been victims or witnesses of violence in the past:

“My biggest worry is that if I return to my country, you understand, then I will be fighting for my life” (Groak, et al, 2010).

“What would you do if you come to my country, and you’re not safe in this country, and you know 100% you will get killed. So if you come to country, and you get refused, and then they say, ‘You’re not allowed to stay in here, so we want to send you back’ – what would you do? **Would you go back? If you know they will put you in prison and then beat you slowly and slowly until you’re dead, would you choose that way or would you choose to kill yourself right there?”** (Matthews, 2014).

Children also expressed worry and anxiety at the prospect of returning to an insecure context without support networks or established connections. As one asylum seeking child recalled:

“I said to him [my solicitor], ‘if they tell that to me, I will just tell them, I will just hold a gun and I will say, “you know what, you can either shoot me right now or, I don’t know, go and put me somewhere in a hole rather than take me to Rwanda. OK?” **Because I have got nothing to go there for**’. If they tell me, ‘we have found your parents living safely there, they have gone back to their normal way’ ... oh my God, I will say, ‘please take me tomorrow morning’. But telling me they are going to give me money to start a new life ... I don’t know ... ‘do anything you want but taking me there, no chance’” (Chase, 2013).

In addition to feeling distressed at the prospect of being forced to suddenly start a new life in an unfamiliar place, children explained that they would struggle to cope in their countries of origin given that much of their education and development had occurred in English, and in the UK: *“If I go back to my country I don’t even know my language. I know how to speak it but I don’t know anything about writing or reading. I started my education with English so it (returning) wouldn’t work for me”* (Matthews, 2014).

Uncertainty about and inability to influence immigration status clearly has a deleterious effect on children’s ability to cope, and ultimately, their wellbeing. In some cases, children’s psychological distress around the prospect of return manifested itself through physical symptoms of illness and pain: *“Sometimes like last time when I, when you call me when I said I am sick, the previous day I was just thinking about it [being returned to country of origin], till it make my mind become so I was sick”* (Groak et al, 2010).

Given the trauma caused by the state of uncertainty, several children expressed that they would prefer to receive a negative outcome sooner, rather than continue to live in uncertainty but maintain the possibility of being granted the right to remain in the UK. When asked about how their lives could be improved, children across studies emphasised the importance of accelerating the decision

making process by the Home Office. As one child explained: *“No, [delaying the decision for children] is not special protection. I want the answer. I don’t want to wait too long a time before the decision... Some people live every day thinking, ‘what is going to happen to me?’”*(Connolly, 2015).

Relationships

You are all alone, you have to go through it and come out of it by yourself (Groark et al., 2011).

Establishing positive relationships in England was found to be a crucial determinant of migrant children’s wellbeing, particularly for those who were on their own in the UK. Negative relationships with peers, caretakers, and immigration and social welfare professionals, were found to significantly undermine wellbeing, whilst children identified positive relationships as important sources of support which strengthened their self-esteem and enabled them to cope with stress and anxiety. Findings regarding children’s relationships with immigration and social welfare professionals are addressed in the immigration and social welfare system section of this report.

Relationships with peers

Children and young people across studies described establishing friendships with peers as desirable and viewed social integration as an important part of the process of adjusting and acclimating; of ‘building a life’ in England. As is explored in a discussion of migrant children’s experiences integrating into communities, where young people were welcomed and included by peers this was found to reinforce wellbeing, whilst discrimination, bullying and exclusion could significantly undermine it, leaving children feeling isolated and alone. One migrant child explained to researchers; *“The first thing that is very important is to have an education and to learn the rules, how to speak to people and make friends”* (Matthews, 2014).

Furthermore, a number of migrant children identified friendships as an important resource that could help them overcome challenges in their lives, and several stated that they were more likely to confide in a friend than a caretaker or social worker:

“Sometimes when something and some difficulties come into my mind, I just went to my friend, yeah, spend time talking a lot and do things in common. I just like to get myself to forget about what I am thinking” (Groark et al., 2011)

“Because if you don’t have someone to talk to you keep on thinking about your problems here and back home”(Groark et al., 2011).

For the most part, however, children and young people explained that they prefer to hide their true identities from peers, due to the stigma surrounding their immigration status, and their expectation that peers wouldn’t be able to relate to their circumstances or experiences:

“There is (sic.) only like two people who know my situation, so they can always understand if I am a certain way. But not everybody, I would never tell everybody ... because some people, you know, they don’t like asylum seekers so they are bound not to understand the way I am feeling”(Chase, 2010)

“I mean, I do have friends, but that doesn’t mean I have to trust them”(Groark et al., 2011)

“Most of the time I feel sad and want to be alone but when I mix with people I don’t want to be like sad so I make a joke, **‘cause I don’t want people to think about me like I am a sad person**, so when you see me in a group you see me laughing and joking, but if I am alone you see me different” (McCarthy & Marks, 2010).

As the excerpts above demonstrate, migrant children often remained distant within friendships, rarely developing intimate and trusting relationships with their peers, particularly those from other communities. They still found these relationships to be valuable however: friendships served as a distraction from troubles and concerns; as a form of integration and belonging; and as a source of learning about the world. One young man explained how he was enriched by his social life: *“When you go out, you meet a lot of people. Everyone tells you what they are doing, then somebody gives you like an idea of what you have to do; you don’t know nothing so you take that idea from a lot of people, then you choose which one you want. Then you start living your life... so yeah, meeting a lot of people: that makes me happy... there’s more people in the city, more people like from different countries, so if you are in a big city, yeah, your mind goes wider and you know a lot of things”* (Farmbrough, 2014)

Social relationships can be difficult for young migrants and several young people included in studies in the review identified as social outsiders, or reported having experienced social rejection and isolation due to their immigration status:

“I am like a beginner in this country. **I need to know if they accept me. I have been here for three years but I’m down here [gesturing to the floor]**” (Chase, 2013).

“Sometimes my friends make comments saying you are illegal and this makes me feel really low. Even my uncle and his family make comments all the time... **at the moment I am not a complete person**. Only when I have documents can I say that I will be complete” (Sigona & Hughes, 2010).

“People my age, they spend nice time with other people, they go to parties, they have a good weekend. **My situation is different**” (“I don’t feel human’,” n.d.).

For some children, social isolation was a response to stress, anxiety and depression, as was the case for an unaccompanied Kurdish boy: *“I don’t have any hobbies as I don’t feel very happy. I used to play football a lot and I am not doing ‘this’ anymore”* (Sigona & Hughes, 2010).

Finally, several children described financial constraints as a barrier to establishing friendships, particularly due to the costs of social activities, or participating in sports and other hobbies. As an Afghan child bluntly summarised, *“poor people don’t have friends”* (Sigona & Hughes, 2010). For a young Jamaican migrant, financial constraints were a constant reminder of the many ways in which he was less privileged than his classmates: *“I’m thinking, they don’t know how privileged they are, ‘cause they don’t ... Obviously they are not in the situation so they don’t have to think about it. So therefore they don’t know how privileged they are, how they can go, get jobs, quit whenever they want and do all of these things, all these sorts of things”* (Sigona & Hughes, 2012)

Relationships with caretakers

The majority of asylum seeking children in care in England are placed in foster care or some form of independent living. When asked about their relationships with foster carers, children’s responses

varied significantly. Whilst some children described positive relationships with foster carers, many characterised their relationships with carers as challenging, and missed the connections they had with their 'real' families:

“Sometimes you can’t communicate. You try but it doesn’t always work out. It’s not your own family, it’s not your real mother. If I had my family, I wouldn’t be having this meeting right now (with the researcher). I’d just get on with my life. But living here is much different so that’s why I can’t always communicate things with the foster family” (Chase, 2010).

Several children explained the relationships with foster carers as helpful, but somewhat transactional; they saw the foster carer’s role as a ‘job’. Interestingly, one study suggested that this type of relationship may be more likely to form in cases where the migrant child has maintained an attachment with a parent or caretaker in their home country, in addition to reflecting insufficient effort on the part of the foster carer. Regardless of the reason, it was a dynamic that emerged in several cases: for example, an UASC who had recently moved to an independent living arrangement explained: *“They (foster carers) used to help me but...to be honest...they doing it... like they not doing it for you, they doing it for you, they doing it for them jobs to be honest and straight, yeah...so...they was important for me but...they were good for me; they used to help me – everything I need or something, but obviously at the same time they used to do it for them jobs: not for me, so I think like if I didn’t have any support, you know from anyone: I think – would they take care of me? I don’t think so! I don’t know! They wouldn’t help me for free, you know what I’m saying! They need to get something, so they was important for me but not on that level. I mean, I don’t expect help from them now”* (Farmbrough, 2014).

Other children described their foster carers as too intrusive, particularly when carers asked questions about their past experiences, and psychological/emotional well-being: *“The people wanted to know too much, asking me a lot of questions so I didn’t like feel comfortable. I didn’t feel part of the family. I used to feel like a stranger every day”* (Chase, 2010).

Children valued being given space by foster carers, and being supported to engage with past trauma on their own terms. As a victim of trafficking explained, *“The most important thing is to ask, and to give you time to explain how you are feeling instead of just assuming what is wrong, giving you the change to explain, and listening to your opinion about why you feel like that”* (Stanley et al., 2016).

In extreme cases, several children reported receiving inadequate care from their foster families. An UASC from Afghanistan explained to researchers: *“it was my dream to come to Europe and I lost all my family in a war ...but actually it was different. She worked from morning until evening and she cooked once a day... I wasn’t full and I didn’t have enough food, has anyone else said they didn’t have enough food? It is not your home and you just have to wait for the piece of chicken and for the person who just come it make more said. I used to cry a lot and not come out of my room”* (Kohli et al., 2010). The experience of being given inadequate physical and emotional care left this girl feeling isolated and abandoned.

In cases where young people were able to form strong relationships with caretakers this served as an important resource, which contributed to numerous aspects of a child’s wellbeing from integrating successfully into a new environment, to feeling emotionally and psychologically supported. For instance, one UASC emphasised that: *“the most important (person) was, you know, my uncle (foster father) because he was the only person: when I can’t say anything he teach me everything from the*

beginning. From the money, the road crossing he teach me; he was the only person – even setting the table! He was telling me how to eat, how to sit, how to talk with people” (Farmbrough, 2014). She continued: “When I first passed my driving test, I go to my uncle. Ooohhh it was so exciting, so I hug him. Ohh it’s really good time in your life! He really say “Look at other kids; you are just an example for them. You passed our driving (test); you do really well. ...Because I failed me test three times, fourth time I passed! So when I passed, I feel like “ooh!” – so he was really happy; more than me!” (Farmbrough, 2014).

Hopes, aspirations and ambitions

I should be able to:

‘Work’

‘Have a full life, not this half life’

‘Have the education I want and need’

‘Study’

‘Dream’

‘Imagine’

‘Have more time to simply be a young person and play sport and do things that other young people do’

‘Socialise without being afraid of the labels others give to me’

‘To choose where I go to school and what job I want to be able to do in the future’

‘Access good quality legal advice so that I can fight my case’

‘Have the freedom to move around’

‘Sleep through the night for once’

‘Have more freedom’

‘Learn to play the guitar like other young people, but at the moment I have no idea how I could do this’

‘To be independent and devise and work towards my own choices in the future’

- *Young asylum seekers, refugees and migrants finish the sentence: ‘I should be able to’*
(Brighter Futures, 2013)

Despite the adversity of their circumstances, children in included studies often voiced their hopes for the future, and many had developed clear aspirations and goals. For young people with insecure status, developing aspirations and future plans provides an effective strategy for coping with uncertainty, moving beyond experiences of trauma, and strengthening resilience: an adolescent girl trafficked into the UK told researchers, “I want to forget what happened. I just want to move on. I just want to get my own flat and live and maybe get a job” (Stanley et al., 2016).

Children’s aspirations tended to focus around attaining education in order to access employment opportunities and become self-sufficient:

“Because if you know something then you can do something for yourself.” (Groark, Sclare, & Raval, 2011)

“I like to work hard and focus on what I’m doing. My future plan is to be a dentist. I like this work because it has many of favourite subjects, like biology to help me know about the human body, chemistry to let me know about different medicines” (Stevenson & Willott, 2007).

“To go to uni, finish it, find a job: that would be my dream come true actually” (Farmbrough, 2014).

As is demonstrated by the quotes above, migrant children were often ambitious and motivated, displaying a strong work ethic and describing well-developed goals. One young boy explained his philosophy to researchers: *“[I plan to] pass my course, to get my certificate and get a good job because it is hard, you know, to buy everything with less money. So you have to fight to win: life is a game; you have to fight. When you are kids you have to get to school, you have to learn, to get a job, to get a good life, so you have to do a hard job – you know, hard work to get your future good”* (Farmbrough, 2014). Whilst most children aspired to normalize their lives in the UK, some expressed a desire to help improve the lives of people living in their countries or origin:

“If I get the visa, I’m gonna think about my future, I’m gonna find a good job. And after that, I’m gonna get married, and fix my future” (Matthews, 2014)

“I would like to go back [to my home country] when I am someone who can speak and you know, when I am someone who they can listen to. **I will try to bring about change**” (Groark, Sclare, & Raval, 2011).

“There are too many people like me... I hope everyone... gets the thing that he wants in future (sic.). Also I want to continue my education and make a difference, and just not make my life; **I want to help other people who are same like me**” (Matthews, 2014).

The desire to achieve autonomy, freedom and self-reliance are common threads running through the ambitions articulated by migrant children. Children’s hopes, aspirations and ambitions were often disrupted by uncertainty about their immigration status, however. Whilst their futures in the UK remained undetermined, children experienced reduced agency in all aspects of their lives. Several children described the loss of control associated with this uncertainty as traumatic and even violent: as one boy explained, *“I thought, ‘I’ll be going to college’ and I started to live, you know, like other people. [Taking away your immigration status] is like giving you a house and then just taking it back like that, from you. It affects you mentally; it’s really, really bad. It gives you hope. You start to make your life...”* (Matthews, 2014).

For many children, especially those with undetermined legal status or on a short-term period of leave to remain in the UK, developing aspirations and pursuing ambitions became difficult if not impossible. Several described feeling as though their lives were ‘in limbo’ or ‘on hold’, and explained that they were unmotivated to pursue goals or progress personally whilst their future in England remained uncertain. The comments of a migrant boy waiting for a decision on his immigration status are particularly illustrative: *“Sometimes if you study, it doesn’t help, you know? Say I’m studying in this country, some day they deport me. It doesn’t make any sense, that’s not why I study. If I go back, I’m gonna be a solider. It doesn’t make any sense for me to study. And the main thing is if you sit here and if you think about getting the paper, it’s not easy to study, you know? You just get more down and own, just thinking about the paper...”* (Matthews, 2014).

Testimony from migrant children demonstrates how the experience of uncertainty and waiting leads to a state of paralysis and depression, seriously undermining their wellbeing:

“You can’t call that living. You can call it, maybe, I don’t know, surviving... you don’t know what’s gonna happen, so you’re just on the edge, waiting to fall down. If you get a positive

result, then things will be better, of course – slowly, gradually, but, at that point you don't know what's going to happen. You can't work – you're not allowed to work or study" (Matthews, 2014).

"When you wait for your documents there is nothing you can do, you can just wait. You stay in your room and wait. You see people living their lives and see yourself totally cut out" ("No Title," 2013).

Emerging themes

"Some people live every day thinking – what is going to happen to me?"

– Sudanese boy (Connolly, 2015)

Several key findings and themes emerged from the literature on the subjective wellbeing of children subject to immigration control:

Whilst there is a reasonable amount of literature exploring the subjective experiences and wellbeing of children subject to immigration control, this literature focuses disproportionately on unaccompanied asylum seeking children and (though perhaps to a lesser extent) children who have obtained refugee status. There is an important gap in literature that considers the views and experiences of undocumented children, and this should be a priority area for future research.

Children consistently characterized their experiences within the UK immigration system as confusing, stressful and degrading: they perceived the system as adversarial and felt powerless, which was aggravated by the lack of adequate guidance and support throughout the process. Furthermore, negative experiences within the immigration system appear to have detrimental impacts on children's experiences accessing other services and support through eroding their trust in authorities and institutions. This reinforces existing barriers to children's access to basic services, such as health and education, and can compromise children's relationships with social services. In addition to this, being 'undocumented' can create barriers to vulnerable young people's access to public services that are critical to their wellbeing.

Children's descriptions of experiences with social services were more varied, with some children speaking highly positively about the difference social workers made in their lives, and others feeling that social workers were not interested in their wellbeing. Trust proved to be an essential element of this relationship: where children lack trust or confidence in social workers, foster carers or other service providers, this significantly undermines their ability to benefit from support.

Migrant children experience significant shame and stigma around their immigration status, and as a result often choose to hide their identity. Despite constantly facing stigma, and feeling their identities were defined and constrained by their immigration status, young people across studies maintained surprising levels of self-esteem, motivation and belief in their capacity to overcome adversity. Relationships with peers and caretakers have the potential to serve as important sources of support, which strengthened children's self-esteem and improved their resilience, however, children often felt isolated from peers and adults in their lives.

Children subject to immigration control exist in a profound state of uncertainty, which reduces their agency and undermines their coping and resilience. This was perhaps the most powerful theme emerging from children's testimony about their experiences and wellbeing. Uncertainty about and an inability to influence immigration status is traumatic for children, causes significant anxiety, and erodes children's capacity for overcoming past trauma. Migrant children were often highly motivated, and preferred to overcome their difficulties through developing life plans, and pursuing goals, particularly through education. This strategy was often undermined by children's insecure status, particularly for those waiting a status determination or on a short-term period of leave to remain in the UK, illustrating the detrimental impact of short-term periods of leave for children and young people.

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Appendices

Appendix 1: Profile of included literature

1. Adams (2009) was a peer reviewed journal article drawing on in-depth interviews conducted with seven refugee children residing in southeast England (11-18 years). The article explored these children's narratives of their arrival in the UK, and considers why particular narratives were offered and adopted.
2. Brighter futures (2013) was a report put together by a self-advocacy group of young asylum seekers, refugees and migrants in the UK. The report presents research that draws on their own experiences, particularly in relation the theme of waiting for decision in relation to their immigration / asylum status. The report draws upon 8 peer led focus group discussions attended by over one hundred and ten young people, three radio sessions which provided a confidential and anonymous way for young people to share their stories, 10 in-depth interviews and 45 questionnaires.
3. Chase (2010) was a peer reviewed journal article presenting findings from a Department of Health funded study into the emotional wellbeing of young people seeking asylum on their own in the UK, and drawing conclusions about the factors that influenced positively and negatively on wellbeing. The study drew upon in-depth qualitative interviews with 54 asylum-seeking children and young people (11 – 23 years).
4. Chase (2013) was a peer reviewed journal article exploring the relevance of the concept of ontological security to contemporary conceptions of wellbeing, drawing on the experiences and perceptions of unaccompanied asylum seeking young people. The study entailed analysis of data collected for the Department of Health funded study described above, which involved in-depth qualitative interviews with 54 asylum-seeking children and young people (11-23 years).
5. The Children's Society (2011) was a report exploring the experiences of unaccompanied asylum-seeking children in the UK within the asylum process. The report draws upon consultation conducted with 33 young people aged 13 to 20 (28 boys, 5 girls) who were receiving support from the Children's Society's services in Manchester, Birmingham and Oxford. The young people included in the study were at different stages of the asylum process at the time of consultation and came to the UK from a number of countries.
6. Connolly (2015) was a peer reviewed journal article written based on the author's doctoral research, which involved in depth interviews with unaccompanied asylum seeking children and young people in England (12 – 21 years). The research explored children's views on whether their rights set out in the UNCRC were being realised.
7. Crawley (2007) was a study published by the Immigration Law Practitioners' association and funded by the Nuffield foundation. The study aimed at analysing policy and practice with regard to age disputes of asylum seeking children. The evidence base for the study included: semi-structured interviews with key stakeholders, including policy makers, legal representatives and NGOs; observation at the Asylum Screen Unit (ASU) in Croydon); in-

depth discussions was social workers; and, in-depth semi-structured interviews with separated asylum seeking children, complemented by case file reviews. Primary data collection was supplemented by a review of existing evidence and policy documents.

8. Crawley (2009) was a peer reviewed journal article, which drew upon research undertaken with 27 separated children seeking asylum in the UK whose age had been disputed, to explore how children's experiences and political identities are conceptualised in procedures for determining their eligibility for refugee status. The paper focused on separated children's experience during the asylum interview.
9. Farmbrough (2014) was a PhD thesis, seeking to identify factors that contribute to the emotional wellbeing, educational success and social connectedness of unaccompanied asylum seeking children. The study included focus group discussions with 'key adults' (foster carers and social care staff), and individual interviews with five unaccompanied asylum seeking children who were considered resilient, in order to determine how they coped with their experiences.
10. Groark, Sclare & Raval (2011) was a peer reviewed journal article, which sought to gain an in-depth understanding of the experience of being a young person who is unaccompanied and seeking asylum in the UK, to understand how young people's experiences influence their psychological well-being, and to explore their processes for coping with difficulties. The study was based on individual interviews with six unaccompanied asylum-seeking adolescents (16-18) in an inner city borough in the UK. It applied Interpretative Phenomenological Analysis (IPA), a participant led technique, in which the researcher attempts to understand internal cognition through engaging with the participant's accounts of experiences, to identify meaning.
11. Kohli et al (2010) was a peer reviewed journal article which draws upon primary data collection with unaccompanied asylum seeking children, as well as interviews with foster carers, to explore the ways in which children understand food, and the relationships between these understandings and their experiences of survival, care and belonging within the UK.
12. Kohli (2011) was a peer reviewed journal article which considers what safety, belonging and success mean to children and young people who seek asylum alone within richer nations. These article did not include significant primary data collection; rather it reviews existing literature in order to develop its theory and identify gaps in understanding. The article does not quote children directly often, but was included because of one highly relevant poem written by a Bosnian child refugee in the UK.
13. Matthews (2011) was a report published by the Office of the Children's Commissioner (OCC) which drew upon a one day visit by OCC staff to the Millbank Reception and Assessment Centre in Ashford, Kent in order to explore the views of unaccompanied young people (primarily asylum seekers) about their arrival, experiences, concerns and views. At the time of the visit, the Centre was at full capacity, with 31 male residents, all of whom were unaccompanied asylum seekers, and all of whom had been judged to be 16 and 17 years old. Two focus group discussions were conducted with young people at the Centre, led by OCC staff. In addition young people were given the opportunity to speak to OCC staff alone.

14. Matthews (2014) was a report published by the Office of the Children’s Commissioner which examines the function of the UK asylum and social care regarding the cases of systems in the UK with a focus on young people who have been unsuccessful in their asylum claims and are about to turn 18 (reaching adulthood). The research draws upon interviews with four social work professionals and nine lawyers handling children’s asylum claims, and four participatory workshops with 32 young people ranging from 16 to 23 years old at risk of becoming ‘appeal rights exhausted’.
15. Majmuder et al (2015) was a peer reviewed journal article aiming to capture the views and perceptions that unaccompanied refugee adolescents hold about mental health and services. The study drew upon interviews with fifteen unaccompanied adolescents engaged with mental health services, analysing their attitudes, experiences and views to identify key themes.
16. McCarthy & Marks (2010) was a peer reviewed journal article, which sought to explore wellbeing amongst refugee and asylum-seeking children and young people. The study drew upon the Children’s Society’s Wellbeing framework in devising an approach to data collection and analysis. The study included 16 refugee and asylum-seeking children and young people (12 – 21 years): participants were asked standardised questions from the wellbeing framework and asked to reflect on the reasoning behind their answers. They were also asked non-standardised questions in relation to their experiences, wellbeing, and factors that hinder and promote wellbeing. The study included a number of participatory research methods, including drawing, recording and text. It also reflected on the effectiveness of participatory research methods.
17. Newbigging et al (2011) was a peer reviewed journal article which sought to identify key components of good practice in social care services for safeguarding refugee and asylum-seeking children. It draws upon a wider research study conducted in England, Wales and Northern Ireland, which aimed to identify indicators and examples of good practice in social care for asylum seekers and refugees (both adults and children). In addition to conducting a systematic literature review, the study included focus groups with asylum seekers and refugees, and a survey of voluntary and statutory agencies.
18. Pinter (2012) was a report published by the Children’s Society, which examines the extent and impact of destitution on children, young people and families (many of whom are undocumented, asylum seeking, or refugee children and young people. The report considers findings from children’s society services, as well as existing evidence, and finally draws upon several in-depth case studies of children and families supported by their projects.
19. Spicer (2008) was a peer reviewed journal article, which explores asylum seekers’ and refugees’ experiences of place, social exclusion and social networks, considering in particular the convergences and divergences between the accounts of children and their parents. The study draws upon in-depth individual interviews, conducted in domestic settings with asylum-seeker families and families recently granted refugee status, including 14 parents and 12 children (aged eight to 16), as well as nine workers from voluntary organisations that support asylum-seekers and refugees in three urban local authority areas in England.

20. Sigona & Hughes (2010) was working paper published by the ESCR Centre for Migration, Policy and Society at the University of Oxford (COMPAS). The paper is the first stage of the UK component of a collaborative research project into the lives and experiences of undocumented migrant children in the UK and the US, commissioned by the Barrow Cadbury Trust, and carried out by research teams at COMPAS and the Institute for the Study of Internal Migration (Georgetown University, Washington DC). The study focuses on two groups of undocumented migrant children: those who accompany or live with close family members and those who migrate alone for purposes of asylum, work or study. It seeks to draw examine the experiences of migrant children and the challenges of service providers, local authorities and local communities in relation to this group of children. The paper draws on legislation, policy documents, academic literature and relevant grey literature.
21. Stanley et al (2016) was a peer reviewed journal article seeking to determine the health needs and healthcare experiences of young people trafficked into the UK. The study included a survey and qualitative interviews with 29 young people (aged 16 – 21) who had been trafficked into the UK, as well as interviews with professionals who worked with these children.
22. Stevenson & Wilcott (2007) was a peer reviewed journal article exploring refugee and asylum seeking teenagers' educational aspirations and experiences accessing education. The study involved primary data collection with asylum seekers and refugees in the Yorkshire and Humber region of the UK. In-depth interviews were conducted with 18 young asylum seekers and refugees (16-20), and eight parents (of the same group). Activity based discussions were also held with small groups of asylum seekers and refugees. Finally, the study included in-depth, semi-structured interviews with representatives of organisations working with refugees and asylum seekers, including further / higher education providers.
23. Valentine (2009) was a peer reviewed journal article, which drew upon empirical research with young Somali refugees and asylum seekers (aged 11 – 18) living in Sheffield, UK and Aarhus Denmark. The study included participant observation in Somali community spaces, in-depth interviews with key stakeholders, as well as 50 Somali children and (in the majority of cases) their parents and guardians. The paper explores relationships between identity, belonging and place.
24. Wilding (2015) was a report published by the European Commission and a number of partners. The study explores how the rights and best interests of unaccompanied minors are protected throughout the migration and asylum processes in the United Kingdom. The study is based on actual experience; it draws upon interviews with eleven unaccompanied children (or former unaccompanied children) and seventeen experts.

Appendix 2: Quality appraisal tool

Summary Information	Criteria	Possible fields	Inclusion criteria (where applicable)
	Citation	Author, year, title, publisher, journal & issue, page numbers.	n/a
	Is the source publically available (published)?	Yes/No	Exclude if not publically available
	Publication year		Exclude if published before 2007
	Peer reviewed	Yes/No	n/a
	Did the study involve the collection of primary data?	Yes/No	Exclude if no
	Does the study contain information about children within England?	Yes/No	Exclude if no (unless the study contains information of significant relevance that is not identified elsewhere. If study is to be retained state reason.)
	Geographical scope of study	Multi-country; national; regional; sub-regional; single case	n/a
	Study type	Qualitative/quantitative/mixed methods	Exclude if study is exclusively quantitative
Relevance	What is the research question/purpose of the research?	[Open]	n/a
	Does the study/ source include information about the subjective wellbeing of one of our 'primary groups'?	Yes/No	Exclude if no
	Which primary group does the study address?	List primary group	n/a
	Does the study capture and present the views and	Yes/No	Exclude if no

	experiences of children under the age of 17 years?		
	What is the age range of vulnerable children participating in the study?	[Open]	Exclude if none were 17 or younger Proceed with caution if studies include a mixed age group above and below 18 and comments are not attributed to ages
Methodology & methods	Are there any potential conflicts of interest? (I.e. related to the funding interests?)	Yes/No [Provide details]	Consider exclusion if yes
	Is it clear from the data source through what means evidence/ information/ data about children's views were collected?	Yes/No	Consider excluding if no
	Are the study design/ methods used appropriate to support the evidence, analysis and conclusions presented in the source?	Yes/No	Consider exclusion if no (unless there is a compelling reason to retain the article and state the reason for this.)
	Does the methodological approach appear to have been consciously adopted with awareness about the methodological choices made, and the implications of these?	Scale 1-5 with 5 being highest level of awareness	Consider excluding if score is 2 or below.
	How inductive/observation-based is the methodological approach?	Scale 1-5 with 5 being the most inductive approach (e.g. grounded theory), and 1 being highly deductive.	Consider excluding if score is 2 or below.
	Were the methods of data collection used appropriate to ensure that children were given an opportunity for genuine self-expression, (e.g. non-directive opportunities	Yes/ No/ not enough information about methods	Exclude if no Consider exclusion if 'not enough information about methods'

to say what is on their mind, free from pressure/ coercion etc.)		
What is the mechanism through which the views of children have been documented and recorded?	[Provide details]	N/A
What is the context in which children were expressing their views, and the purposes for which the views were expressed?	[Provide details]	N/A (see inclusion criteria below)
How direct and authentic do you consider the presentation of children's voices to be?	(score from 1-6, 6 being the most direct presentation of children's views) Scoring criteria: 6. verbatim narrative 5. edited account 4. question and answer 3. use of selected quotations 2. paraphrasing/ interpretation of children's views 1. children's views are implied through secondary accounts, theoretical analysis and other means	Consider excluding if score is 2 or below.
How were children accessed for the study?	[Open]	N/A
What is the population from which children are drawn	[Open]	N/A
Was the sample method appropriate to the purpose of the study	Yes/ No/ unclear	Exclude if no or unclear
Is the study based on retrospective accounts of childhood by adults?	Yes/No [Provide details]	Consider exclusion if yes

	How many children are included in the study? (Sample size)	[Open]	N/A
	Are limitations discussed?	Yes/No [provide details]	Exclude if limitations are so significant that the evidence becomes highly questionable.
Ethics	Did the article undergo an ethical approval process? And was this approval granted?	Yes / no	Consider exclusion if no (and there is reason to believe there are ethical concerns)
	Do you have substantial concerns about the ethical implications of the research (effects on participants, researchers, etc.)?	Yes / no	Exclude if yes



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