

Written evidence submitted by the Da'aro Youth Project (CHA0066)

[Note: This evidence has been redacted by the Committee. "***" represents redacted text. Text in square brackets has been inserted where text has been redacted.]

Introduction

1. Da'aro Youth Project is a registered charity established in 2018 in response to the deaths of a number of Eritrean and Ethiopian teenage asylum-seekers and refugees by suicide. We work predominantly with asylum-seeking children and young people from countries in the Horn of Africa.
2. Eritreans and Ethiopians taken together were the largest nationality group of unaccompanied minors to arrive in the UK in 2017, 2018 and 2019. These asylum-seeking children arrive here after traumatic journeys through the Sahara Desert, Libya, the Mediterranean Sea and after crossing borders in Europe, such as in Calais.
3. We aim to promote the wellbeing of these migrant young people living in the UK, through direct support, through building bridges in the Eritrean community and through advocating for changes to unfair and discriminatory systems which undermine their wellbeing. We believe that building sustainable relationships of trust and support within refugee communities is the best way to empower young people and enable them to overcome their marginalisation within society. Towards this aim, we currently run a weekly youth club and also provide some casework support to particularly vulnerable young people dealing with a problem.

Mental health and suicide

4. Our organisation has identified [between 5 and 10] teenage asylum-seekers and refugees from Eritrea and Ethiopia who have died by suicide in the UK since 2016. Some of them were known to our service and our staff, whilst others were identified as being friends of young people who access our service.
5. Their names are ***
6. [A number of] coroner's inquests have taken place relating to these deaths, with [some] inquests still outstanding. Due to there being no family members in the UK to advocate for these young people after their deaths, several of these inquests were held with no witnesses present and no family representation.
7. We know some information about those who have died – of these [number], some young people were still awaiting the outcome of asylum applications and were worried about a negative decision; some had experienced age disputes that had found them to be adults, before they were later brought back into the care system as children; some had difficulties with post-traumatic stress, psychosis and with misuse of drugs and alcohol. All of them arrived here as unaccompanied asylum-seeking children, and were either children in the care system or care-leavers at the

time of their deaths. No single reason can be provided to explain why [between 5 and 10] teenagers from Eritrea and Ethiopia have taken their own lives, but we strongly believe that there are connecting factors between those young people who have died.

8. The mental health needs of unaccompanied asylum-seeking children and young adults are a primary concern of our organisation. We regularly come into contact through our work with young people who are suffering a mental health crisis and are struggling or unable to access mental health services.
9. We do not see 'trauma-recovery' being implemented as a standard part of the care planning for unaccompanied asylum-seeking children. Social workers, support workers, accommodation providers and foster carers all have a role to play in identifying when young people may be exhibiting mental distress or issues related to trauma, and in supporting them to access care. However, these professionals and semi-professionals often do not have the knowledge, experience or training to identify and meet these needs. Some local authority social workers, in our experience, put less emphasis on 'trauma-recovery' or mental health assessment and care for unaccompanied minors than on, for example, making sure young people can access dental care or education. If young people are identified as needing mental health care, the waiting lists for mainstream mental health services are extremely long and sometimes professionals in these services are not adequately trained or resourced to support the needs of this group.

Difficulties in the care system and with appropriate accommodation

10. Mental health difficulties are often exacerbated by poor or inadequate local authority care and accommodation. In a 2013 report by the Joint Committee on Human Rights, the provision of local authority support for unaccompanied asylum-seeking children was said to be "extraordinarily varied," with the government itself commenting at the time that there was an "issue with local authority consistency – some are very effective and others not so". We have worked hand-in-hand with many caring and competent social workers, but have unfortunately also worked with social workers who seem hostile towards the young people in their care or unsympathetic to their experiences of trauma and their needs.
11. The provision of quality accommodation is also a concern to us. Unaccompanied children are disproportionately accommodated in unregulated and 'semi-independent' placements, leaving them vulnerable to exploitation and harm. We see children and young people in desperate need of support, being housed in accommodation without any support and with very limited access to a social worker or personal advisor – who themselves are often supporting a large caseload of other young people. The difficulties in the care system are often more pronounced with unaccompanied minors age out of the care system and become care-leavers. The drop-off of support at 18 for especially vulnerable young people can be debilitating.

Difficulties due to age disputes and age assessments

12. A child attended our youth service [a few years ago], complaining of being homeless and saying that [they] had been sleeping on a bench in a park for several weeks. [They] had previously been in the care of social services in a [city] authority, before an age assessment found [them] to be an adult and [they were] referred to NASS accommodation and [were] then due to be dispersed outside of [the city] and away from [their] college, peers and support network. The child, who was confused and stressed, ran away before becoming street homeless. We were able to support [them] to access advocacy and safe accommodation in a 'refugee hosting'. A tribunal later decided [they were] telling the truth about [their] age and [they] was brought back into the care system, having been without support for a whole year.
13. The wellbeing of young asylum-seekers can be negatively impacted by the overuse of age disputes and age assessments. Children are still being regularly disbelieved about how old they are and facing harmful, protracted disputes, during which they frequently do not receive the support and protection to which they are entitled.
14. For children newly arrived in the UK, being told that they are not believed about their age can be shocking and damaging to their wellbeing and trust in social services. During age assessments, young asylum-seekers are often required to recount traumatic events from their past, and have those experiences questioned by social workers. There is no scientific basis for deciding the age of an adolescent based on any of the factors that are considered in the standard "Merton-Compliant" age assessment – yet the outcome of such subjective assessments can have enormous and far-reaching consequences for the care and support that young people receive.
15. We know that young adult asylum-seekers are often as vulnerable and in need of support as unaccompanied children are, but receive none of that same support in the NASS system. As such we have campaigned for the introduction of Youth Welfare Officers, to ensure the adequate care, support and safeguarding of 18 to 25-year-old asylum seekers. We have argued that the Home Office should ensure the appointment of an independent Youth Welfare Officer to work in every initial and dispersal accommodation centre across the UK – this would provide much needed support to young adults while also helping identify age-disputed children who have wrongfully been placed outside of care.

Difficulties due to the asylum and immigration system

16. Young asylum-seekers face a complex and stressful asylum process which puts their welfare at risk. Unlike other children who experience traumatic events, children undertaking an asylum claim are required to disclose their personal experiences of abuse and exploitation to Home Office staff in their asylum interview. Direct or harsh questioning of these events by officials in austere environments can be retraumatising – and young people are often unsupported after the interview and while they wait for a decision. Enormous delays in asylum decision-making has an extremely negative impact on the wellbeing of the young people that we work with.

17. Being separated from one's family can have a devastating impact on the mental wellbeing of asylum-seeking children and young people. We have supported several young people who were granted refugee status to go on and make 'outside-of-the-rules' visa applications for family members to come to the UK and be reunited with them. Decisions to grant such applications are made at the discretion of the Home Office as unaccompanied child refugees in the UK are excluded from immigration rules around refugee family reunion. Existing Immigration Rules do have a provision for 'exceptional or compassionate circumstances' but it is rarely accessible. Only 65 family reunion visas were granted outside of the Immigration Rules between 2013 and 2015. Most children will remain separated from their family and suffer worries and stress about their safety and wellbeing.

Recommendations

18. We do not have any formal written recommendations; however, we feel that the asylum and care system is not currently set up to meet the best interests of young asylum-seekers and refugees and needs reform. We believe that any changes to that system must address: i) the wide disparity in the quality of care provision and accommodation provided by local authorities in England and Wales; ii) the stress and difficulties experienced by young people in the asylum system; iii) the overuse of age disputes and; iv) the lack of specialist mental health support available for young asylum-seekers and refugees.

19. Additionally, we continue to recommend the appointment of independent Youth Welfare Officers (YWO) who would be responsible for supporting young people 18-25 years old in Initial Accommodation Centres (IAC) and dispersal accommodation, helping them to access social, emotional and practical support¹.

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¹ https://refugee-rights.eu/wp-content/uploads/2019/10/RRE_YouthWelfareOfficers.pdf