Joint Parliamentary Briefing: The Illegal Migration Bill and its impact on children

Wednesday, 25th May 2023

Contents

Outline of the Bill

The Secretary of State for the Home Department ("Home Secretary") introduced the Illegal Migration Bill on 7th March 2023. The Bill moved to the House of Lords, and its Second Reading took place on Wednesday, 10th May 2023. The Bill will move to the Committee stage within the House of Lords on 24th May 2023.[1]

The British Medical Association, British Association of Social Workers, Medical Justice, Refugee Council, and the Royal College of Paediatrics and Child Health are deeply concerned by the proposed changes and their impact on children's health, well-being and safety.

Key concerns

The provisions within the Bill will **change the asylum system and child protection framework in an unprecedented way**. Claims made by unaccompanied children will not be accepted into the UK system, children will be detained, and some could be removed from the UK before they turn 18 years old. Additionally, the Bill will afford the Home Secretary significant new powers in relation to housing and care of these children in a way, we believe, that will significantly undermine the Children Act 1989 and associated statutory guidance.[2]

[1] https://bills.parliament.uk/bills/3429/stages/17659

[2] The guidance include the following: Securing sufficient accommodation for looked-after children, Promoting the health and wellbeing of looked-after children, Care of unaccompanied migrant children and child victims of modern slavery. Statutory guidance for local authorities, Every child matters: statutory guidance, Unaccompanied asylum seeking children: national transfer scheme; please note the list is not

Proposed changes will lead to creating **a two-tier system**, where some children are treated differently only because of their nationality and mode of arrival to the UK. The background to the changes in the Illegal Migration Bill needs to be considered in the broader context of protecting children in the asylum system. As observed in the shadow NGO report on the UK implementation of the UN Convention on the Rights of the Child, there has been **a significant regression in rights and protections afforded to this group of children**.[3]

We are yet to understand the full impact of the system that treats a group of children differently, e.g. by detaining them for immigration purposes, the adverse effects of the threat of removal on a child's mental health (and likely physical health) and the adverse effects of the Home Office becoming responsible for children's accommodation and care rather than current welfare services, who have expertise and resources to do it.

The Government must outline how the provisions they are introducing in the Bill will operate in practice and produce an impact assessment these changes will have on children.

exhaustive and is likely to encompass currently ongoing government consultation: Guide for children and young people: *Stable Homes, Built on Love*.

[3] Children's Rights Alliance for England, *UK implementation of the UN Convention on the Rights of the Child Civil society alternative report 2022 to the UN Committee – England*.

- The analysis by the Refugee Council,[4] based on publicly available sources and using conservative estimates based on existing data, suggests that as many as **45,000 children could be detained in the UK under the plans**.
- In the first three years of the legislation coming into effect, between **39,500 and 45,066 children will have their asylum claims deemed inadmissible**.
- B**etween £8.7bn and £9.6bn** will have been spent on detaining and accommodating people impacted by the Bill in the first three years of its operation.
- The data shows that **most children arriving in the UK come from countries with very high grant rates for refugee status**, and are forced to take dangerous journeys because there are very limited options for safe routes to the UK.
    - For example, for unaccompanied children from Afghanistan, the grant rate is almost 100%, for Eritrea, it is 99% and for Sudan, it is 95%.
- Of all children who arrived alone and had their cases determined last year, **nearly 9 out of 10 (86%) were permitted to stay and rebuild their lives in the UK**.[5]

[4] The Refugee Council's policy briefing: Illegal Migration Bill – Assessment of the impact of inadmissibility, removals, detention, accommodation and safe routes.

[5] Grant rates – the grant rate at initial decisions for unaccompanied children was 86% in 2022. By nationality:

Nationality	**Grant rate at initial decision (2022)**
Afghanistan	99.9%
Albania	29%
Eritrea	99%
Iran	74%
Sudan	95%

- The Bill will **impact the age assessment process**. With inadequate safeguards, there are concerns that children will be wrongly identified as adults and removed from the UK. Additionally, there are growing concerns about **the use of scientific methods**, which lack sufficient scientific accuracy, to determine age and power of the Home Secretary to remove a child from Local Authority care.
- The current proposals will lead to **significant safeguarding risk**, particularly where a person who did not consent to the use of a scientific method for an age assessment would be assumed to be an adult.
- The harsh treatment of children will, without a doubt, have **severe consequences on their health, well-being and development**. Such adverse effects are likely to stem from the physical and mental health impacts of detention; the physical and mental health impacts of the age assessment process; the physical and mental health impacts of the demonstrable two-tier system that will be created. The Government is yet to publish an impact assessment[6] and this must be done without further delay to allow **proper scrutiny of the impact of the Bill on children's rights**.
- This legislation will have a **significant impact on the work of social workers**. It will create a separation between unaccompanied children and children born in the UK, contravening basic human rights principles. We also fear that knowing they will be deported at 18, UASC will be more likely to go missing from care and be at risk of abuse by traffickers.

Source: table asy_d02 of the Asylum and Resettlement – Applications, Initial Decisions and Resettlement tables, not including withdrawn applications.

[6] Question from Lord Alton of Liverpool from 4 April 2023. Available at: https://questions-statements.parliament.uk/written-questions/detail/2023-03-22/HL6732

British Association of Social Workers

Contribution and key points of concern: overview

The British Association of Social Workers (BASW) is an independent professional membership organisation for social work with more than 22,000 members across the UK. Social workers – as part of local authorities – are under a duty to safeguard and promote the welfare of all children in need, regardless of their immigration status. Members of BASW have many concerns about the content of the Illegal Migration Bill and the impact it is going to have on separated children seeking asylum (UASC).

The Bill creates a two-tier system of rights and entitlements for children where rights and protections for UASC are removed or weakened based upon a child's nationality and their route of arrival into the UK and creates contradictions with existing domestic legislation, for example, the Children Act 1989.

The Bill also creates major practical problems of implementation, which at best, will further over-stretch public services and, at worst, lead to a major and widespread loss of rights and protections for the most vulnerable children.

Age disputes

Social workers are responsible for completing age assessments (Merton asessments) for age-disputed young people, recognising that the best approach to age estimation is through a holistic approach that analyses evidence from a wide range of sources. Age assessments should not be completed for immigration purposes but to ensure that children's needs are met, and that services are provided to those who are under 18 years of age. When age assessments conclude that someone is over 18 years old and not entitled to services under the Children Act 1989, they are transferred over to support provided by the Home Office (i.e. adult asylum accommodation).

We have heard the Home Office stating that 50% of age assessments are finding adults falsely claiming to be children, however, those data have not been made available, nor have they been subject to robust academic evaluation. Additionally, the Home Office does not provide statistics on the proportion of those people undergoing age assessments who are wrongly identified as adults.

Age is not simply a number for young people, it's a central part of their identity that is being questioned. After months and sometimes years of arduous migration journeys, having your identity questioned can be the thing that tips young people's emotional well-being over the edge into adverse mental health.

That said, we also recognise that there are adults falsely claiming to be children and to suggest otherwise is naïve. We have witnessed a recent increase in adults falsely claiming to be children. We need to continue to ensure that they do not have access to our vulnerable child population, or to abuse the system in any way. What we see is a direct correlation between recent immigration policies and people being forced to make decisions they may not ordinarily take, in order to circumnavigate a hostile environment agenda. In our opinion, far from addressing the issue, we find that these policies exacerbate it, increasing workload for local authorities, and increasing suspicion of children who are then more likely to be subjected to an age dispute.

Wrongly assessing a child as an adult or an adult as a child is highly damaging. However, at present, there are a series of checks and balances in place both for individual cases and across the system for UASC children. If a person is misplaced, that can be rectified. But if a child is wrongly assessed to be an adult and they are deported, this cannot be corrected. There is no room for error, yet this is a process where errors can be common.

When social workers work with people they suspect to be adults, they can put risk assessments in place to manage issues arising from these scenarios. Social workers are well equipped to undertake risk assessments, which is a frequent part of their job.

Scientific age assessments

Clause 56 says that if a person refuses a scientific age assessment, they should be treated as if they are 18 years old. This is deeply concerning to us.

'Scientific methods' of age assessment are presented as a panacea of rigour and certainty. However, the Home Office Independent Scientific Committee has concluded that what they describe as 'biological methods' are imprecise, offering only an estimation of age with a range surrounding that estimation of between three and five years. Conversely, a holistic, social work-led age assessment can lead to more accuracy in some cases, without using medical equipment and resources that are already in short supply.

Not only is medical consent overridden, but a person could have any number of reasons for refusing such an assessment, including a lack of understanding of the tests and trauma related to previous experiences of abuse. MRI scanning, for example, can be terrifying for adults, let alone children, and coercing young people into consenting will never be in line with the principles of upholding children's rights, which the UK is known for.

The question of whether the asylum seeker can consent to the medical intervention is completely separate from the question of whether they are a child. The Bill fails to make this distinction and therefore fails to respect the rights of children, who may not be *Gillick* competent to consent to the assessment and may not be able to give informed consent

(and of adult asylum seekers who may have cognitive impairments or mental health problems and/or may not have the capacity to consent to the process).[7]

The National Age Assessment Board

The National Age Assessment Board (NAAB) is a new body created within the Home Office. The Home Office employs social workers to NAAB to conduct age assessments for the Department. In our opinion, the NAAB avoids the trickiness of any separation of powers, while the services it may provide are free of any external inspection, such as Ofsted.

BASW has advised its members against applying for social worker roles with NAAB due to insufficient safeguards for its independence in the face of political pressure. The Home Office enjoys some distance from the eyes of those who might hold it accountable.

Impact of the Bill on age assessments

The threat of removal at 18 years of age will mean that Local Authorities will essentially become holding centres of care for young people. It is well established in our domestic legislation that a lack of permanency damages and harms children. This understanding is reflected within the Public Law Outline under which Local Authorities work.

When young people are told they will be deported at age 18, there is no permanency and they will be operating in crisis mode, making it more difficult to engage in education, integration activities and support packages. We also know from experience that when there is a threat to permanency, we see young people devising and/or enacting plans to exit the care system and go "underground" just before their 18th birthday. This policy will

[7] The Mental Capacity Act 2005 outlines that anyone aged 16 or over has full legal capacity to make decisions for themselves (the presumption of capacity)

leave children at young people at risk of exploitation and abuse which is not only immoral, going against the principles which the UK prides itself, but is going to cost the taxpayer significant amounts of money to address. Instead of supporting these young people to become active, tax-paying citizens, we will essentially hold them to become victims of an underground system that will abuse and exploit them.

As a profession, we strive to practice using models based on evidence. And as a profession, we recognise the significant evidence base that highlights the damaging impact of hostile immigration policies on children's development, in contrast, we are yet to see any evidence that detaining/coercing and deporting young people will have any effect on boats.

Proposals that would see the Home Office take over responsibility of some services lack the infrastructure that has been built over decades by experienced Local Authorities. Joint responsibility for the delivery of services is, at best vague, and at worst, risks making social workers become immigration enforcement officers. This is something BASW will not support.

There are already examples of the Home Office failing to keep young people safe in hotels, and we anticipate that this would be worse, if this service was upscaled.
In the same way that social workers would do a bad job looking after Heathrow airport, it is our view that the Home Office do not have the skills or expertise to act as corporate parents.

British Medical Association

Contribution and key points of concern in relation to the use of detention

The BMA echoes concerns expressed by the Refugee and Migrant Children's Consortium that the proposals contained in this Bill will have "severe consequences for the welfare and physical and mental health of extremely vulnerable children who have fled conflict, persecution and other unimaginable harms and are in desperate need of support, stability and protection."

The Bill provides a much broader list of types of detention people can be held in and removes existing statutory time limits on detention of pregnant women (72 hours) and families with children (72 hours), and unaccompanied children (24 hours). As a result, it would give the Secretary of State wide-ranging powers to decide where people arriving by irregular means, including by small boat, are detained and for how long, which would effectively place the indefinite detention of children, pregnant women or other vulnerable groups in institutional accommodation centres, such as Manston, on a statutory basis, which, as the BMA has previously raised are associated with significant negative health implications.

There are also significant safeguarding concerns over the use of hotel accommodation for unaccompanied children, with recent reports showing hundreds of children having gone missing from such centres since July 2021.

Studies from before the UK changed its detention policy to prevent the detention of children in IRCs and place time limits on detention, show that amongst detained children and young people, symptoms of depression and anxiety were common, along with sleep problems, somatisation, poor appetite, and emotional and behavioural difficulties – In many cases, the mental and physical difficulties were of recent onset, suggesting that they were related to the experience of detention.

The BMA's 2017 report 'Locked up, locked out: health and human rights in immigration detention' highlights the significant physical and mental health implications of immigration detention. It calls for the use of immigration detention to be phased out and replaced with alternate more humane means of monitoring individuals facing removal from the UK.

Detention can be especially detrimental to the health of more vulnerable individuals (including children, pregnant women, victims of torture, and those with serious mental illness) who should only be detained in exceptional circumstances. As long as the practice continues, however, we believe that there should be a clear limit on the length of time that people can be held in detention, with a presumption that they are held for the shortest possible time.

What the BMA's calling for

The BMA believes that detention policies should be revised out and that, where it is used, this should only be done with clear time limits on the length of detention. The very opposite of what this Bill sets out. The Home Office should consider more humane means of monitoring individuals facing removal from the UK by replacing the routine use of detention with alternate, more humane means.

Detention should be reserved for those individuals who pose a threat to public order or safety. Where individuals are detained, there should be a clear limit on the length of time that they can be held in immigration detention, with a presumption that they are held for the shortest possible period.

The BMA is calling on MPs and peers to oppose the Bill on medical and ethical grounds and to bring amendments to remove its most damaging parts – specifically, we would support any amendments to remove provisions in the Bill enabling the indefinite detention of children or to re-apply existing time limits.

Medical Justice

Contribution and key points of concern

Medical Justice arranges assessments by independent clinicians for people in immigration detention and prepares medico-legal reports to assist with:

- Documenting evidence of past torture or ill-treatment relevant to an asylum claim
- Documenting deteriorating health in immigration detention, the impact of detention on health, and to help with accessing needed care.
- Injuries arising from the use of force

Before the current limits on detaining children were introduced, Medical Justice frequently saw children detained with their families - in 2009, 1065 children were detained. In 2010, we published a report, *State Sponsored Cruelty*, analysing medical reports and other information available on 141 children detained between 2004 and 2010. These children were assessed by 15 clinicians from Medical Justice. The compelling evidence of the serious harm caused to children by detention, as documented by Medical Justice and other experts, was a key factor that led to the introduction of safeguards, in the form of stringent time limits, in the context of child detention, an effort which the then Deputy Prime Minister has spearheaded.

We are extremely concerned that children will again be subjected to the kind of harm that we know detention causes, repeating the mistakes from the past.

The past findings from the *State Sponsored Cruelty*[8] report are indicative of the impact of child detention:

- **About the children featured in the report:**
  - 144 children, detained between 2004 and 2010 (most detained 2008-2009)
  - **Age:** the majority (112) were aged ten years and under. Included were 18 babies, aged 0-11 months.
  - 48% were born in the UK
  - The average time spent in detention was 26 days. The longest any child spent in the detention estate in this report was a child who, before she was three years old, had spent 166 days of her life detained over numerous periods in Yarl's Wood Immigration Removal Centre.
  - Some children were detained on multiple occasions.

It is important to remember that violence and witnessing the despair of others are intrinsic aspects of being detained. Force is being used to detain people, and to transport them to detention centres. Within detention, force is used to prevent self-harm, maintain order, and effect compliance with removal. Especially when there are mass removals, as they are often arranged to specific countries, the distress is palpable around the detention centre. Anyone, including any children held there, will likely witness force being used.

[8] Medical Justice: 'State Sponsored Cruelty' - *https://medicaljustice.org.uk/research/state-sponsored-cruelty/*.

Repeatedly, when there has been undercover filming in detention centres, in 2005 at Oakington, in 2015 in Yarl's Wood and in 2017 in Brook House, this has shown abuse, including racist abuse, being a feature of immigration detention.

- **Violence, assault and witnessing violence in detention**
    - 13 children were reported to have been physically harmed as a result of violence in detention.
    - 48 children were reported to have witnessed violence against other detained persons – most common form of violence witnessed was use of force on parent(s) or other family members during a removal attempt. These incidents were reported to involve kicks and punches; dragging, pushing and pulling; and forcibly holding detained persons to the floor

- **Psychological harm documented:**
    - Prior to arrival in the country where they are detained, some children will have already experienced particularly traumatic experiences. These' conflict-related exposures' can lead to a variety of mental health concerns
    - In this context, immigration detention carries a risk of both re-traumatising children and, at the same time, undermining strategies which may have been put in place to help children recover prior to their incarceration.
    - All of the 144 children in the report were reported to have started showing symptoms of depression and/or anxiety. Parents of children aged 1-4 raised concerns about the development of their children, including increased bed-wetting, having to go back to wearing nappies in a child previously toilet-trained. Persistent crying, food refusal, language regression.

For 52% of the children the parents had raised concerns that their children were distressed in detention. Reports by clinicians from Medical Justice, having assessed the children, noted:

- 31 children showed behavioural changes
- 25 children were reported to be persistently afraid, some had panic attacks
- 12 children were having problems sleeping
- 17 children were withdrawn
- 8 children showed anger or irritability
- 30 children were low in mood
- 6 children expressed suicidal thoughts and 3 attempted suicide.

The impact of detention often continued long after release. Following release from detention:

- 33 children: parents reported they were scared of people in uniforms
- 21 withdrawn / low mood
- 8 aggressive / irritable
- 6 regressive behaviours
- 8 disturbed sleep
- 10 relationships with parent changed
- 7 school performance affected
- 1 suicidal ideation

- **Physical health problems documented:**
    - 92 children were reported to have physical health problems whilst in immigration detention. These included fevers, vomiting, abdominal pains, diarrhoea, musculoskeletal pain, coughing up blood, and injuries as a result of violence in detention.

- **Impact of detention upon parents** – 73 adults were reported to have been suffering to such an extent from the effects of detention that it was affecting their ability to care for their children.

- **Separation of children from parents** –38 children were separated from their families as a result of the detention process. Many of these separations occurred after parents were isolated after voicing concerns about the way their children were being treated. Both children and adults were reported to have suffered psychologically as a result of being separated.

Royal College of Paediatrics and Child Health

Contribution and key points of concern

The Royal College of Paediatrics and Child Health (RCPCH) outlined three areas of particular concern[9]. These are:

Age assessments

1. **Opposition to the use of scientific age assessments (Clauses 55 and 56)**
   a. The science on age assessment is not robust enough to accurately determine a person's age, which could result in a child being incorrectly assessed as an adult.

[9] Consultant Paediatrician Professor Andrew Rowland (Officer for Child Protection at the Royal College of Paediatrics and Child Health) [and Honorary Professor (Children's Rights, Law, and Advocacy) at the University of Salford] is available to engage with Parliamentarians should further clinical queries arise during this Bill's passage

b. It is unethical to expose anyone to radiation from X-rays[10] unnecessarily for non-clinical purposes.
c. There is a lack of research on the potential adverse effects of scientific age assessments on children, including potential psychological impacts of being subjected to medical procedures e.g. re-triggering earlier trauma.
    i. For example, the RCPCH is not aware of any robust scientific evaluation or research which demonstrates undertaking Magnetic Resonance Imaging (MRI) scanning in children does not have the potential to re-trigger traumatic experiences related to the journey to the UK – in particular being trafficked into the UK in confined spaces.

Given the above, the RCPCH is particularly concerned about Clauses 55 and 56 in the Bill which:

[10] Medical ionising radiation is used widely in hospitals, dental care, clinics and in medical research to help diagnose and treat conditions. Examples are x-rays and nuclear scans, and treatments such as radiotherapy. Regulations aim to make sure that it is used safely to protect patients from the risk of harm when being exposed to ionising radiation. They set out the responsibilities of duty holders (the employer, referrer, IR(ME)R practitioner and operator) for radiation protection and the basic safety standards that duty holders must meet. Responsibilities include:

- minimising unintended, excessive or incorrect medical exposures
- justifying each exposure to ensure the benefits outweigh the risks
- optimising diagnostic doses to keep them "as low as reasonably practicable" for their intended use.

The regulations apply to both the independent sector and the public sector (NHS).
References: The Ionising Radiation (Medical Exposure) Regulations 2017 and The Ionising Radiation (Medical Exposure) (Amendment) Regulations 2018

- Give powers to deem a person an adult if they refuse to consent to scientific age assessments.
- Make appeals near impossible for children who have been incorrectly assessed as an adult.

Initial Health Assessments

2. Impact of the Bill on access to Initial Health Assessments

a. This Bill provides no information on if or how Initial Health Assessments (which every child in the care of the State is entitled access to[11]) will be provided, particularly those accommodated by the Home Office and not, as currently, by local authorities. This risks missing a whole range of serious health issues such as cancer, poor mental health or transmissible diseases.

b. Initial health assessments (IHAs) are not paper exercises, but comprehensive, face-to-face, health assessments which must be undertaken by registered medical practitioners (doctors).[12] These are crucial given that from experience, these children may have had very limited access to healthcare across their lives, we do not have a previous medical history, and often have a potentially larger burden of disease.

[11] Outlined by the Children Act 1989 and the 2010 Care planning, placement and case review in England

[12] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1100188/Promoting_the_health_and_well-being_of_looked-after_children_August_2022_update.pdf

c. The Bill also provides no clarity on how its provisions will interact with current statutory guidance for Looked After Children, for example, which parts of guidance on provision for unaccompanied asylum-seeking children will continue to operate. At this stage, there is a lack of clarity on the exact implications of the Bill on current statutory guidance[13], and it is essential that further clarity is provided on which statutory guidance will currently apply (and, more crucially which will not) if this Bill is passed so an assessment can be undertaken of the impact of these changes on child health, welfare, safety, and well-being. It is, for example, not clear if children who are encompassed by this Bill, if enacted, will still be entitled to an initial health assessment by a registered medical practitioner; and it is not clear to what extent all of the additional protective provisions within the current statutory guidance on "promoting the health and well-being of looked after children" will continue to apply.

Child health

3. Wider health impacts of the Bill on children

a. Detention harms child health.

b. Children will go missing because of living in fear of removal when they turn 18 years old. With the potential of children going missing with serious health issues, including possibly transmissible diseases, and undiagnosed or untreated potentially life-threatening conditions such as epilepsy or type 1 diabetes. Missing

[13] See, for example:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/307867/Statutory_Guidance_-_Missing_from_care__3_.pdf

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1100188/Promoting_the_health_and_well-being_of_looked-after_children_August_2022_update.pdf

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/656429/UASC_Statutory_Guidance_2017.pdf

children are also at higher risk of abuse and exploitation[14] , and therefore, this Bill is more likely than not to result in an increase in intra-UK abuse, amongst a cohort of already incredibly vulnerable and traumatised children who have been trafficked into the UK. This is not only wholly incompatible with children's rights, with the likely increase in the number of cases of abuse there will be significant welfare, service, and workforce implications which are not currently recognised in this Bill.

i. Associated with this it is of significant concern that there is currently recognition by the Government that it is unable to make a statement that the provisions of the Illegal Migration Bill are compatible with the Convention rights[15], but the Government nevertheless wishes the House to proceed with the Bill.

c. Workforce implications - there are currently robust systems in place and inter-agency working to meet statutory provisions for Looked After Children. We need robust plans for how these children will be seen by appropriate healthcare professionals to avoid the system being overwhelmed e.g. GPs being called to detention centres, children being admitted to hospitals.

<u>* Supporting data underpinning the RCPCH information</u>

[14] See for example Paragraphs 2, 3, 30, and 71: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/307867/Statutory_Guidance_-_Missing_from_care__3_.pdf

[15] See section 19(1)(b) of the Human Rights Act 1998

In 2021, an academic article[16] highlighted the following high level of health need in unaccompanied children:

- 67% of children seen reported being the victim of physical assault/abuse
- 54% of children had bodily scars consistent with abuse or torture
- 13% disclosed sexual assault/abuse (including 38% of female UASC).
- 77% reported mental health symptoms
- 41% were found to have an infectious disease warranting treatment:,
    - latent tuberculosis (25%) [17]
    - schistosomiasis (13%) [18]

Additionally, a clinical service providing care to refugees has recently started collecting data on the health needs of accompanied children placed in temporary accommodation by the Home Office. Their currently unpublished data shows that out of 162 children and young people seen by the medical team:

- 12% (n=19) presented with developmental concerns
- 16% (n=26) with safeguarding concerns (including child marriage, extreme neglect and malnutrition, unexplained physical injuries, risk of FGM, exposure to domestic violence, possible human trafficking)

[16] *Armitage AJ, Cohen J, Heys M, Hardelid P, Ward A, Eisen S. Description and evaluation of a pathway for unaccompanied asylum-seeking children. Archives of Disease in Childhood 2022;107:456-460: https://pubmed.ncbi.nlm.nih.gov/34656979/*

[17] https://www.england.nhs.uk/ourwork/prevention/tuberculosis-programme/national-latent-tuberculosis-infection-testing-and-treatment-programme/

[18] https://www.nhs.uk/conditions/schistosomiasis/

- 4% (n=6) had unaddressed urgent health needs (including undiagnosed/unmanaged epilepsy, severe physical and/or learning disability, genetic conditions, autism)
- 10% (16) had dental pain

Similar rates of infectious disease have been identified in the accompanied child population – with high rates of latent TB and gut parasites.

Contact

Please contact, Hayden Banks (Senior Public Affairs Advisor at the Refugee Council, E: hayden.banks@refugeecouncil.org.uk) if you have any questions.

Further reading

- BASW UK Statement on 'Illegal Migration Bill': https://www.basw.co.uk/media/news/2023/mar/basw-uk-statement-%E2%80%98illegal-migration-bill%E2%80%99
- BMA Statement on the Illegal Migration Bill for the Second Reading in the House of Lords: https://www.bma.org.uk/media/7075/bma-briefing-illegal-migration-bill-lords-second-reading.pdf
- Refugee Council Impact Assessment of the Illegal Migration Bill: https://www.refugeecouncil.org.uk/latest/news/nearly-200000-people-could-be-locked-up-or-forced-into-destitution-new-report-on-asylum-bill-reveals/
- Refugee Council and Barnardo's joint statement on the Illegal Migration Bill and impact on children: https://www.refugeecouncil.org.uk/latest/news/uk-governments-new-asylum-bill-threatens-to-lock-up-thousands-of-refugee-children-who-come-to-the-uk-alone-refugee-council-and-barnardos-joint-release/
- RCPCH response to proposed 'Illegal Migration Bill': https://www.rcpch.ac.uk/news-events/news/rcpch-responds-proposed-illegal-migration-bill

- Refugee and Migrant Children's Consortium: https://refugeechildrensconsortium.org.uk/briefings-on-the-illegal-migration-bill/

Resources

- Report by the interim Age Estimation Science Advisory Committee (AESAC) on scientific methodologies for assessing the age of unaccompanied asylum-seeking children: https://www.gov.uk/government/publications/methods-to-assess-the-age-of-unaccompanied-asylum-seeking-children
- Refugee Council's response to the AESAC report on using scientific methods to assess age: https://www.refugeecouncil.org.uk/latest/news/our-response-to-the-recent-aesac-report-on-using-scientific-methods-to-assess-age/
- Medical Justice, *State Sponsored Cruelty*, 2010: https://medicaljustice.org.uk/research/state-sponsored-cruelty/
- Intercollegiate Briefing Paper: Significant Harm - the effects of administrative detention on the health of children, young people and their families: https://www.bbc.co.uk/blogs/thereporters/markeaston/images/intercollegiate_statement_dec09.pdf
- Care of unaccompanied migrant children and child victims of modern slavery: Statutory guidance for local authorities: https://www.gov.uk/government/publications/care-of-unaccompanied-and-trafficked-children
- Refugee and asylum seeking children and young people - guidance for paediatricians, RCPCH: https://www.rcpch.ac.uk/resources/refugee-asylum-seeking-children-young-people-guidance-paediatricians
- Analysis of Local Authority costs and pressures incurred in support of Former Unaccompanied Asylum Seeking Child Care Leavers in the East Midlands: https://www.emcouncils.gov.uk/write/Analysis_of_Local_Authority_costs_and_press

urees incurred in support of Unaccompanied Asylum Seeking Child Care Leavers in the East Midlands.pdf

- RCPCH Briefings on Age Assessments:
  - RCPCH updates position statement on age assessment | RCPCH
  - RCPCH Briefing - Nationality and Borders Bill Report Stage 0.pdf
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