

Research paper

The wellbeing of unaccompanied asylum seekers leaving care

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ABSTRACT

This article presents the findings of a research study examining the numbers and wellbeing of, and services for, young unaccompanied asylum seekers leaving the care system. The paper arises from concerns about the extent to which the needs of unaccompanied asylum seekers are being met. The article will be of particular interest to health and social care professionals in paediatrics, mental health, counselling, education and social work. The authors present a literature review about adolescent asylum seekers, a review of the immigration and asylum policy context, leaving care legislation, health and wellbeing, and mental health and trauma issues. The paper presents findings about the high proportion of unaccompanied asylum seekers leaving care in five London boroughs and one shire county in the Midlands. Professionals and managers in leaving care services were asked to supply information about seven questions designed to elicit an overview of the natures of these services, which worked well and why, the major challenges facing services and the impact of the Children (Leaving Care) Act 2000.

A clear consensus emerged that a consistent protocol between the Home Office and the Department for Education and Skills (DfES) is needed to enable more reliable and effective assessment and direct work to be undertaken with these young people. Improvements in the processing of asylum claims are needed, as are more resources to meet the increased demand on over-stretched services. Clearer guidance on how leaving care services can work with unaccompanied asylum seekers leaving care is also required as a major priority. Evidence is provided to suggest that where social support is available, adolescent asylum seekers make greater achievements even if experiencing significant levels of distress in relation to traumatic experiences. They are then also more likely to access appropriate services. With needs properly addressed, members of this group of young people have the potential to make significant achievements in their lives.

Keywords: children leaving care, health, unaccompanied asylum seekers, wellbeing

Introduction

This article reports the findings of a research study, conducted by the authors, which examines a range of issues, as reported by practitioners and managers, about the wellbeing of unaccompanied asylum seekers leaving care (see Box 1). The study was undertaken for a number of reasons. First, there are concerns about the increased numbers of unaccompanied asylum seekers in need of social services, with 7000 such young

people reported as being supported by local authorities (National Audit Office, 2004). The majority of these are aged 16 or 17 years on arrival in the UK, and they are disproportionately concentrated in London and the south-east. Second, as a result of the Children (Leaving Care) Act 2000 (CLCA 2000) and the Hillingdon Judicial Review (2003), unaccompanied asylum seekers aged 16 years and over are entitled

to leaving care services under the CLCA 2000. In recognition of this increased eligibility, the government made additional limited funding available to local authorities to support unaccompanied asylum seekers receiving services under the CLCA 2000. Despite this, service planning, provision and resources for unaccompanied asylum seekers leaving care have largely remained the same since the CLCA 2000 (Broad, 2005, p. 52). In addition, the research evidence about leaving care consistently points to poor health outcomes for care leavers and inadequate and/or inaccessible health services, especially in mental health for young people (Broad, 2005). Emerging evidence has also flagged up the seemingly intractable problem of leaving care teams being unable to make firm plans for post-18 year olds of asylum-seeker origin because of uncertainty about their legal status once they cease to be classified as children. There is also evidence of unaccompanied asylum seekers having a higher level of psychiatric problems than those in the indigenous population (Hodes, 1998) and being at risk of further trauma and/or additional psychiatric problems as a result of their treatment and processing on arrival.

Box 1 Definitions

- An *asylum seeker* is someone who is fleeing persecution in their homeland, has arrived in another country, made themselves known to the authorities and exercised the legal right to apply for asylum.
- A *refugee* is someone whose asylum application has been successful and who is allowed to stay in another country having proved they would face persecution back home.
- An *unaccompanied asylum seeker* is a child under 18 years of age who arrives in another country unaccompanied by their parent(s).

In designing the study, we focused on the term *well-being*, rather than *health* or *outcomes*, because *wellbeing* encompasses a range of physical, cognitive, mental, behavioural and emotional dimensions essential to understanding the totality of human life, as well as reflecting current policy objectives (Bradshaw, 2002; Department of Health, 2002). We highlight concerns about legislation, entitlements, accommodation and support services, and the linkages between all four.

Literature review

The number of applicants seeking asylum in the UK, while varying from year to year, has increased over the last 10 years; 4000 applications were recorded in 1987

and this has now risen in recent years to approximately 30 000 (Raj *et al*, 2002). Within the refugee population worldwide, unaccompanied refugee minors have been identified as a vulnerable group, at risk from 'neglect, violence, forced military recruitment and sexual assault' (United Nations High Commissioner for Refugees (UNHCR) 2000; United Nations General Assembly, 2003). International research has documented the vulnerability of this group in terms of developing mental health problems, particularly post-traumatic stress disorders (PTSD) (for example, see Bolea *et al*, 2003). Furthermore a number of studies have found that PTSD may be related to pre-migration trauma (notably Sack *et al* (1995) in relation to Khmer adolescent refugees in the USA).

While there is a general acknowledgement that there has been a large influx of unaccompanied refugee minors applying for asylum in the UK, obtaining accurate information on the numbers of unaccompanied refugee minors entering the UK is difficult for a variety of reasons (UNHCR, 2000). One estimate of unaccompanied minors applying for asylum in the UK in 1999 was 3349, an increase when compared with the figure of 623 in 1996 (UNHCR, 2000). The rapid increase in numbers of refugees applying for asylum prompted the government to introduce new policies and guidelines focusing on asylum and refugee matters (Dennis, 2002). However, the implementation of many of these policies and guidelines focusing on asylum and refugee matters varies in different parts of the UK. Accompanied adolescents and adults are dispersed across the UK under the auspices of the Home Office's National Asylum Support Service (NASS). This was established on 3 April 2000, to exercise new powers under the Immigration and Asylum Act 1999 for the Home Office to support asylum seekers directly. NASS provides support to adults who would otherwise be destitute, while their applications are being considered.

Social services retain responsibility for the welfare of children (Hillingdon Judicial Review, 2003). Consequently, unaccompanied children seeking asylum are the responsibility of the local authority under the Children Act 1989 (CA 1989). Those aged 15 years and under are considered to be 'looked after children' under section 20 of the CA 1989. Those aged 16 and 17 years under section 17 of the Act live more independently with support from social services. In October 2001, the Children (Leaving Care) Act 2000 (CLCA 2000) clarified eligibility and extended entitlement to planned services to care leavers aged 18 years. The Act was designed to stop local authorities allowing so many young people, two-thirds of all care leavers before the CLCA 2000, from leaving care at 16 years of age. There are especially high numbers of unaccompanied asylum seekers in and leaving care in London. For example, at that time London's 33 boroughs were caring for a total of 4196 unaccompanied asylum

seekers, the majority of whom were aged 16 or 17 years. Nearly a quarter (987) were aged 15 years or younger (Association of London Government, 2001). These young people are entitled to services under the CLCA 2000.

Ayotte and Williamson (2001) suggest that despite the changes that have occurred, many local services fail to meet the demands placed upon them. Individual advisors, if allocated, provide only initial support to unaccompanied minors without any follow-up. Consequently many young people either fail to access services such as social services, housing and education at all, or access limited resources such as bed and breakfast accommodation, with little or no support.

Stanley (2001) interviewed 125 young asylum seekers and staff in 13 local authorities. She found that it was common practice for some London local authorities to place older unaccompanied minors in accommodation out of the local area. In some cases this could be as far away as the north-east. She described the situation as 'scandalous', but pointed to a clear difference in the ways in which local authorities perceived adolescent asylum seekers. Some authorities clearly perceived them as children first and foremost. Others perceived them to be asylum seekers first and as such saw them as a burden and limited their assistance to controlling them and limiting what they could do. Given emerging evidence as to the importance of support, this was a worrying finding. Services are experiencing difficulty in meeting the demands placed upon them as a result of the scale of the influx (Ayotte and Williamson, 2001; Dennis, 2002), but these differences in attitude between local authorities have serious implications. Unaccompanied refugee minors are finding it difficult to access support systems available to other 'looked after children' residing in the UK.

Raj *et al* (2002) found no UK quantitative studies exploring the mental health status of refugees in the UK. They consulted with a number of mental health services and refugee community organisations, finding widespread reports of distress and mental ill health within the refugee population. Internationally there is an increasing emphasis on the vulnerability of unaccompanied minors to developing mental health problems (for example, see Commonwealth Department of Health and Aged Care 2000; Mental Health Council of Australia, 2003). Masser (1992) suggests that the personal and physical separations experienced by unaccompanied minors are traumatic, and that their experiences can lead to poor psychosocial functioning in adult life. Berman (2001) found that a lack of support systems positively correlated with increased depressive symptoms in his sample of adult refugees.

Similar findings emerged in the work of Hodes *et al* (2004), who looked at problems of unaccompanied adolescent asylum seekers in Westminster. In a sample of 70, they found that significant numbers of

unaccompanied adolescent male asylum seekers were in independent accommodation. Over half (59%) required post-traumatic event clinical services as assessed by the Impact of Events Scale (IES) measure of the impact of traumatic events (Hodes *et al*, 2004). As a group, they had high levels of exposure to traumatic events. Over 70% were separated from their families, and significant numbers had experienced violence or combat or witnessed murders. There was a clear relationship between the type of accommodation provided for them and their psychiatric symptoms, with those in foster care having better mental health. Unexpected, and of some concern, was the fact that the type of accommodation was a better predictor of scores on the IES than the number of traumatic events experienced. Hodes *et al* (2004) concluded that adolescent refugees were at higher risk of psychiatric disorder than non-refugee adolescents, and that there was a clear association of such disorders with low levels of support. Hollins and Heydari (2005) reiterated these findings in a further study among Kosovan Albanian adolescent refugees, which again pointed to a strong association between type of accommodation and available support, and mental health.

Where support is available, successful adjustment and integration are much more likely to occur. Many adolescent asylum seekers clearly cope well with their situation. Ajdukovic and Ajdukovic (1998) and Behnia (2002) have focused on the remarkable resilience of unaccompanied refugee minors, and have linked this to their ability to access a wide range of psychosocial support systems. Sutton (2005), in a small-scale qualitative study, looked at the factors that help young asylum seekers to adjust positively. She proposed that the trauma they had experienced led to a sense of dislocation and loss, but at the same time a search for meaning. The factors that aided positive adjustment were social support, purposeful activity and religious involvement. This allowed for the rebuilding of self-esteem, a sense of connectedness to others, a sharing of experiences, and the opportunity to make meaning out of their experiences. Where this happened, there were positive changes in self-perception and a desire to have a purpose to their lives.

The wellbeing of unaccompanied asylum seekers leaving care research project

Aims, methods and responses

In order to secure information about the numbers of unaccompanied asylum seekers affected by the CLCA 2000, we placed an 'invitation to participate' notice in

the national quarterly leaving care magazine *Keynotes* (Rainer, 2004). *Keynotes* is sent out to some 500 organisations and teams in the UK involved in leaving care, either providing direct services or advice or information. We invited all those teams providing services to contact either of this article's authors, who then sent them a questionnaire for completion and return. The study was approved by the Human Research Ethics Committee of De Montfort University. The specific aims of the study specified in *Keynotes* and on the pro-forma were:

- 1 to map out the policy and legal framework for unaccompanied asylum seekers leaving care
- 2 to establish the numbers of unaccompanied asylum seekers affected by the CLCA 2000 and receiving support
- 3 to report on any increases and decreases in numbers and record their legal status
- 4 to identify areas of work that are going well, as well as ongoing challenges
- 5 to draw policy/practice conclusions and make recommendations.

In the covering letter from the research team to the respondents, it was explained that anonymity, of both individuals and organisations, was guaranteed, in order to meet ethical requirements as well as promote comprehensive and flowing answers. The completed questionnaires were returned to both authors, and data were entered into relevant coding boxes and analysed in terms of quantitative responses (numbers) and more open-ended responses were recorded verbatim.

This questionnaire invited each of the responding leaving care teams to provide information about the following:

- the numbers of unaccompanied asylum seekers leaving care known to the respondent's leaving care team, and entitled to a service under the CLCA 2000
- whether there were any changes in these numbers in the previous 12 months
- the legal status of the unaccompanied asylum seekers leaving care
- the types of accommodation in which they lived
- the services provided that were going well and why this was the case
- the services that presented a challenge and why this was the case
- what differences, if any, the CLCA 2000 had made to this group.

Over a six-month period in 2004, after many phone enquiries, queries, announcements at leaving-care conferences, and follow-ups, we received comprehensive responses from six local authority leaving care teams working with a total of 2039 unaccompanied

asylum seekers leaving care. The findings described below are based on all those six teams' responses and, given the relatively low number of returns, cannot claim to be representative of all leaving care services work with unaccompanied asylum seekers leaving care. We also received additional comments, but not factual information, from another (London) local authority, which was willing to participate but, like others, did not have the information about the numbers of unaccompanied asylum seekers leaving care in their area. Five local authorities were in London and the other response was from a shire county in the Midlands. We believe that the reason for the high response from London is linked to the high numbers of unaccompanied asylum seekers in the city and the south-east. We cannot say, therefore, that the findings reflect a national picture, but believe that they are likely to represent those urban areas with a higher than average proportion of unaccompanied asylum seekers.

Findings

Numbers, country of origin and housing

Of the 2039 young people leaving care eligible to receive leaving care services, 1011 or almost 50% were unaccompanied asylum seekers. The majority of the respondents reported that the numbers of unaccompanied asylum seekers leaving care had increased by between 0% and 50% in the past year (2003–2004), with one area team reporting an increase of over 100% and another reporting a decrease of 3%. The high and increasing proportion of unaccompanied asylum seekers leaving care is likely to exacerbate demand on the already over-stretched resources for young people who have been looked after by the local authority. A large number, 20–85%, with an average of 55% at each service of these 1011, were pending/waiting an appeal in respect of their claim for asylum, and just 8% had already been granted refugee status.

Although there were variations between respondent areas, overall and based on respondents' returns, 60% of all the 1011 unaccompanied asylum seekers leaving care were African, 32% were from the former Yugoslavia and 8% 'other'. In one London borough the main languages spoken included Tigrigna, Amharic, Arabic, Albanian and English. Other European languages included Spanish, Portuguese, Romanian and Soren. All those asylum seekers currently at university or due to start were African unaccompanied asylum seekers leaving care. Other than university qualifications, 24% of young asylum seekers from the former Yugoslavia had gained a qualification in the last year, compared with 39% of the African asylum seekers. These findings raise many issues about leaving care services' role in relation to post-16 education, qualifications and employment.

Of the 828 unaccompanied asylum seekers leaving care for whom housing was provided, the majority, 59% (485), were living in independent accommodation that included shared or transitional accommodation, tenancy and bed and breakfast, 21% (173) were living in supported lodgings, and 20% (164) were in foster care. It was especially noticeable that weekly costs varied enormously, between £850 for one 16-year-old male placed outside the borough in a private foster agency, to £65 for one male living in a hall of residence, and £48 for one male living in private accommodation. The wide range of accommodation for unaccompanied asylum seekers leaving care reflects wider unsatisfactory national trends in which large proportions of care leavers/looked-after children are placed by private fostering agencies, often outside the responsible borough and in private accommodation. In terms of costs, in one London authority with over 400 unaccompanied asylum seekers leaving care, over £8 million had been spent on accommodation alone to support these young people in transition. Yet many cases were still unallocated and there were insufficient resources to meet demand.

What services are going well and why?

Noting that many unaccompanied asylum seekers leaving care have a positive family background, unlike indigenous care leavers, there was a sense that many of these young people welcomed the education, employment and training opportunities that were made available. Support from faith, community and religious groups was also welcomed by many unaccompanied asylum seekers leaving care, especially those from African countries. A number made use of support potentially available to all care leavers, with those placed within the borough being much more likely to make the most of local legal services and set up their own support groups. There was also a wish to 'give back', and some became helpful mentors for other care leavers. From the information that was given to us by practitioners, it is apparent that there was a wide variation in the level of services provided to post-18 year olds, suggesting part of a 'poor practice' national trend.

What services are not going well and why?

All respondents stated that the combination of the immigration application process, the clash between the Home Office (asylum regulations) and the Department for Education and Skills (DfES) (children's services) remains the major obstacle to planning any sort of service. The application process can take between six months and over two years. In other words, the unaccompanied asylum seekers leaving care face total uncertainty, described by one service as creating 'exceptional amounts of stress', about whether, after

their application for refugee status, they will or will not be allowed indefinite leave to remain in the country at 18 years of age. While the leaving care services receive additional government funding to work with unaccompanied asylum seekers, due to other work pressures they were not always able to locate where these young people were, in order to offer them a service.

Other services identified as not going well and remaining a challenge include all those satellite services associated with these young people's legal quandary. Thus respondents indicated that there were problems in finding suitable legal representatives, lack of interpreters, lack of legal aid to appeal, and further complications for former CLCA 2000 unaccompanied asylum seekers once they reached 18 years. Since most of the young people post-18 do not have an extensive period of leave to remain, they do not qualify for public housing and, therefore, are more likely to be placed in less secure private accommodation. Ironically a number of young people who wanted to work, but were not officially allowed to, worked anyhow, often in unregulated settings, for example the building or catering trades, where they risk being exploited.

All mental health service provision, including that for children, young people and families who are HIV infected or affected, was reported as poor and inadequate. Respondents also reported on the stress experienced by these young people by what was described as 'the repeated cycles of fear and relief' exacerbated by the complex and inconsistent stories some told about their age and circumstances. Unaccompanied asylum seekers come from a range of countries with different cultures and belief systems, and providing a culturally appropriate service for the different groups is necessary but complex. The example was given of problems in setting up a support group for those from Eastern Europe, often unlikely to be granted indefinite leave to remain.

What differences did the CLCA 2000 make?

The majority of respondents welcomed the CLCA 2000 and considered that together with the Hillingdon Judicial Review (2003), provision for leaving care had been equalised. The positive difference for 18+ care leavers as a result of the Hillingdon decision meant that for those who are granted indefinite leave to remain, there is a right to an ongoing service. The caveat is the aforementioned contradiction between this DfES ideal and the stressful reality for unaccompanied asylum seekers leaving care governed by Home Office immigration legislation and guidance.

The second change introduced by the CLCA 2000 was that of the additional pressure unaccompanied asylum seekers leaving care place on already hard-pressed leaving care budgets that are already totally insufficient to meet the needs of young people leaving

care, even prior to the Hillingdon judgement (Broad, 2005). The impact of the CLCA 2000 on unaccompanied asylum seekers leaving care was reported to us as increased legal eligibility, better access to services, higher costs (especially for housing), a more stressful environment, fewer resources, and more inconsistent services.

Discussion

The finding that unaccompanied asylum seekers leaving care constitute 50% of young people leaving care in the London boroughs surveyed is significant. It is far higher than the official DfES figure of 7% of unaccompanied asylum seekers leaving care for all of England (cited in Hai and Williams, 2004, p. 90). Hai and Williams' study pointed to inadequate services and planning difficulties associated with the legal status of unaccompanied asylum seekers (Hai and Williams, 2004, p. 100). In the study reported here, the inadequate and patchy provision of social and health services for unaccompanied asylum seekers leaving care suggests a major challenge to service providers. Although we cannot be sure from our findings alone, we are of the view, supported by other studies (Monaghan and Broad, 2003; Hollins and Heydari, 2005), that lack of support exacerbates stress and hardship levels, and worsens mental wellbeing. Our study's respondents pointed to unaccompanied asylum seekers being over-reliant on short-term 'patching up'-type solutions as a direct result of uncertainty about their legal status once they reached their 18th birthdays.

It was suggested that the stress levels experienced by unaccompanied asylum seekers leaving care are becoming unmanageable, and worsening as a result of the legal processing delays, and are compounded by poor social circumstances and housing. Given that many unaccompanied asylum seekers leaving care end up living in independent and not group care accommodation (59% in this study, 80% if supported lodgings accommodation is included), this may exacerbate existing pre-migration stress reactions and raises questions as to how social support needs can be best met.

We also found increases in the numbers of unaccompanied asylum seekers leaving care and, given the CLCA 2000 and the Hillingdon judgement (2003), expectations and service entitlements are increasing, but these are located within local authority budgets where leaving care funds are no longer ring-fenced and protected.

The high proportion of unaccompanied asylum seekers leaving care in the London local authorities surveyed suggests specific service challenges. These concern the provision of culturally appropriate services,

and recognition that out-of-borough and/or independent types of accommodation are expensive, isolating, unsuitable and insecure. We recommend a much greater use of kinship carers or family and friends networks, both for unaccompanied asylum seekers leaving care and for those being assessed as eligible to be removed into public care. Already in the UK, and other European countries (Broad, 2004), unaccompanied asylum seekers are provided with social support through kinship care arrangements outside the care system. In other words, support (for example, accommodation) is most often given by the members of unaccompanied asylum seekers' extended family and friends, and not from professional services. The success of such arrangements depends on thorough assessment by the local authority, to check safety and suitability, and the planning of post-placement support needs, as is the case for other permanent options such as adoption. Then, and only if the arrangement meets the required standards, should kinship care arrangements be endorsed and supported by the local authority. For this special group of care leavers each kinship care assessment must also include the trauma experienced, the type of care required and how best this can be provided. Wolff *et al* (1995) found that unaccompanied Eritrean children's social and cognitive development benefited from group care.

Despite the short-term nature of help offered and reservations raised elsewhere about the effectiveness of short-term counselling for this group (Trivasse, 2004; West, 2004), we recommend that it is better to provide at least some services even if these are inadequately resourced, inconsistent and of trailblazer status, than not have any services at all. We recommend the development of a clear consensus as to how the needs of unaccompanied asylum seekers leaving care can best be met. This requires a shift in thinking at both local and national level and clearer guidelines for leaving care teams. With needs properly addressed, this group of young people has the potential to enjoy emotional wellbeing and make significant contributions.

At policy level, a clear and consistent protocol between the Home Office and the DfES is needed as a matter of urgency. More reliable and durable assessment and service planning should be undertaken. An increase in the speed and accuracy of processing is also vital, as are more resources to meet the increased demand on over-stretched services. Clearer guidance about how leaving care services can work with unaccompanied asylum seekers leaving care is also required.

Finally, and of utmost importance, is the need to acknowledge that unaccompanied adolescent asylum seekers are vulnerable children. They may have experienced many traumas in addition to the burden of enforced separation from their families and uprooting from all that is familiar. When leaving care they also face the arbitrary decisions of the immigration service.

The nature and extent of services offered are very variable and linked to geographical area. A failure to provide appropriate levels of support is unacceptable on economic as well as moral grounds. Such a failure could result in prolonged damage and dependence rather than growth and achievement.

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CONFLICTS OF INTEREST

None.

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