Connell Consulting

Jungle look

Clare Connell and **Henry Hunt** of Connell Consulting examine the implications to the UK care sector of dismantling the Calais 'Jungle'

News that the French government will be dismantling the 'Jungle' in Calais, along with the arrival of the first cohorts of child refugees, means important questions are being asked about who has the right to seek asylum in the UK, whether the asylum system is being abused and, perhaps most importantly for the social care industry, what are the implications for local authorities and providers who will inevitably be at the forefront in accepting vulnerable children currently living unaccompanied.

Media outlets have so far been focussing, understandably, on the first arrivals of children that have a right under the Dublin Regulation (Dublin III) to seek asylum in the UK if they have, and can prove, a familial relation already resident. However, children arriving under that law may actually be of lesser concern to the social care industry than the potential strain of eligible children under the Dubs Amendment. Under this legislation, spearheaded by Lord Dubs in an echo of the Kindertransport of 1939, up to 3,000 child refugees qualify for asylum in the UK. Lord Dubs has stated his disappointment that, despite the amendment coming into effect in April of this year, qualifying children have yet to be admitted.

This delay should perhaps be taken as a chance for the social care industry to steel itself for an increasing number of children who will be arriving without family ties in the UK. These vulnerable children will automatically come under the remit of local authorities who will ultimately decide how and where to care for, integrate and educate these young refugees. Providers can also begin determining how they might safeguard both new arrivals and existing service users with the increase in unaccompanied asylum seeking children (UASC) numbers.

Firstly, while there is a great cause for concern in regards to additional pressure on an already strained aspect of social care, it is fairly easy to see the emotive element in immigration clouding the available data. In terms of actual figures, from 2012-2015 the number of UASC has increased *(figure 1)*. However, when one views that data in the context of the last ten years, the rising numbers are not necessarily so alarmist. In 2015, 3,253 unaccompanied children applied for asylum in the UK compared to a peak of 3,976 in 2008. For 2016, when one extrapolates from the available data (taking into account the pattern of increased numbers of applicants in quarters three and four) there is only a 16% increase – up to 3,783; still below the 2008 figure and far less of an increase than the CAGR between 2012 and 2015 of 96%. Certainly the numbers are increasing but are both below previous records and appear to be stabilising.

It is also possible to overestimate the size of this population in relation to the looked after children (LAC) as a whole. 'Becoming adult', an Economic & Social Research Council-funded project on child refugees in the UK, suggests that UASC currently make up only 8% of children in the care of local authorities. An increase of 16% in the UASC population translates to an increase of just 1.3% to the UASC cohort of LAC. An increase in the number of UASC will be diluted amongst the LAC population as a whole.

But, these figures do not take into account the added impact of the Dubs Amendment; the introduction of this legislation has broadened the potential pool of eligible immigrants to allow any child migrant the right of entry into the UK if it is "in their best interests". This is likely to ensure an increase in the number of UASC requiring

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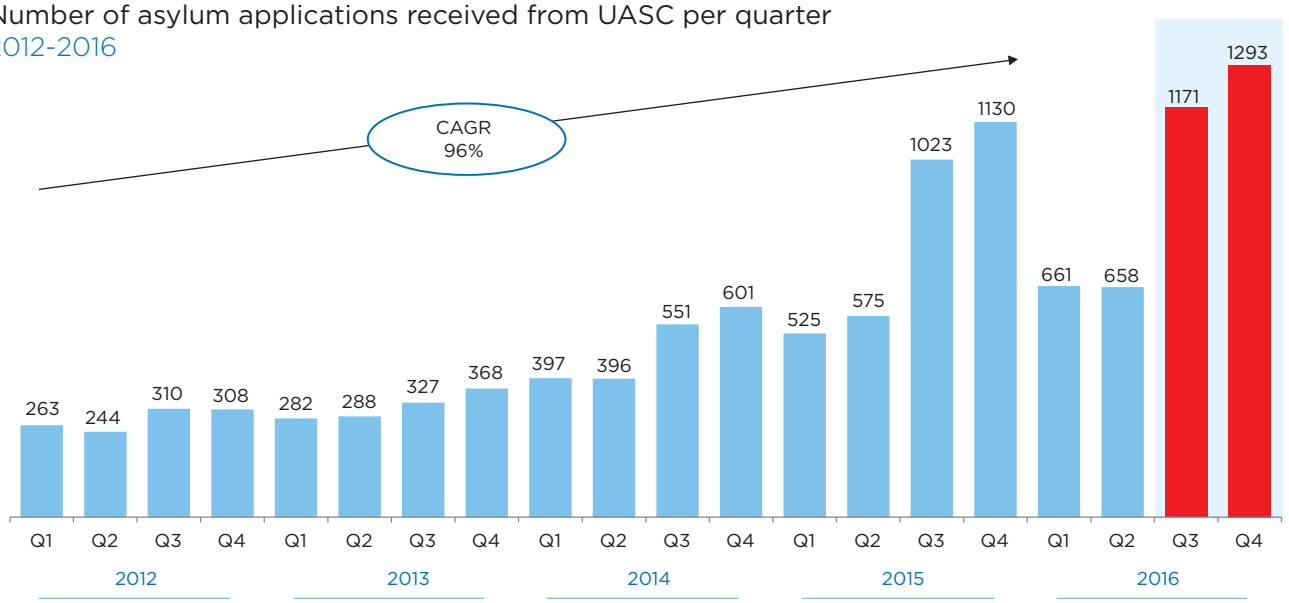
FIGURE 1: ASYLUM APPLICATIONS RECEIVED FROM UASC

Number of asylum applications received from UASC per quarter
2012-2016



- Asylum applications from unaccompanied asylum seeking children have increased substantially from Q1 2012 to Q4 2015, representing a CAGR of 96%
- The opening half of 2016 showed a substantial drop in the number of requests
- This may be due to a tendency for an increase in applications in the second half of the year
- Projections take this pattern into account.

Sources: Connell Consulting

local authority and provider support over the coming years and puts considerable additional strain on limited resources. However, there are provisos to this apparently open-door policy to unaccompanied migrants. The number of children admitted shall be agreed upon consultation with local authorities. 3,000 was the number that Lord Dubs suggested was the UK's "fair share", the actual figure will rely upon what local authorities believe they can actually cope with. It is currently unclear what this number might be – the lack of clarity is possibly why the UK is yet to welcome the first cohort of Dubs refugees. Moreover, the Dubs Amendment only applies to children who arrived in Europe prior to 31 March. This clause is an attempt to slow the worrying rate at which children leave (or are sent) from their place of origin. No new arrivals in the EU will be eligible and so the pool of asylum applications under the Dubs Amendment is limited with the resulting spike in UASC going into the care of local authorities also limited. As a government press release put it: "the UK can focus on the most vulnerable children already in Europe without encouraging more to make the journey".

A sense-check, and a contextualisation, of the numbers of UASC is not an attempt to undermine the legitimacy of the heavily vocalised pressure on local authorities and providers. There will be a spike, and of great concern is the fact that rising numbers of UASC are not equally shared between local authorities. There are a disproportionate number of children that are looked after in Kent for the simple fact that this is the first county a UASC is likely to encounter. As of June there were 924 UASC in the care of Kent County Council representing a rise of 30% in the LAC population over a seven-month period. To compare, Warwickshire had 74 UASC in 2015. The strain is being overwhelmingly felt in a small subset of authorities.

There are plans for the dispersal of UASC around different local authorities. In July, the President of the Association of Director's of Children's Services requested that directors of children's services across the county make it known to Kent "if [their] authority is able to offer any suitable foster or residential care placements". The take-up has been negligible. At around the same time a 'transfer protocol' was put in place to formalise a pre-existing voluntary arrangement and is "intended to ensure that any local authority does not face an unmanageable responsibility in accommodating and looking after unaccompanied children". The protocol will mean that 'each region will take a proportion of unaccompanied children in relation to their current total child population in order to achieve a more equal distribution across the UK". The hope is to have no more than 0.07% of a local authority's childhood population as UASC – an ambitious plan but, so far, still a plan.

If children are not dispersed effectively and efficiently then individual local authorities simply will not be able to afford to cover an increase in numbers over a short period of time. If all UASC are distributed across all local authorities, then increasing numbers of LAC may be manageable. But, converging of responsibility will magnify the local authority overspending that already exists to breaking point in certain local authorities. In 2014-15 the residential budget for LAC was £893 million with the actual spend nearer £1 billion. Projections for 2015-16 anticipate theoverspend to continue as demand for services for LAC continues to grow *(figure 2)*. This overspend cannot be allowed to affect individual local authorities disproportionately. ▶

There are also concerns about the typical profile of welcomed refugees. Although the UASC numbers are manageable, and the capacity to meet need has been reached before, it is concerning that the children arriving will be adding to pressure points most under duress. The highly traumatic journey of children potentially being admitted puts these children in a high-acuity category. Additionally, the most common UASC age group, and gender, found in the Calais 'Jungle' exactly meets the profile of most complex local authority placements. Teenage boys are the most difficult, and often the most expensive, group to place.

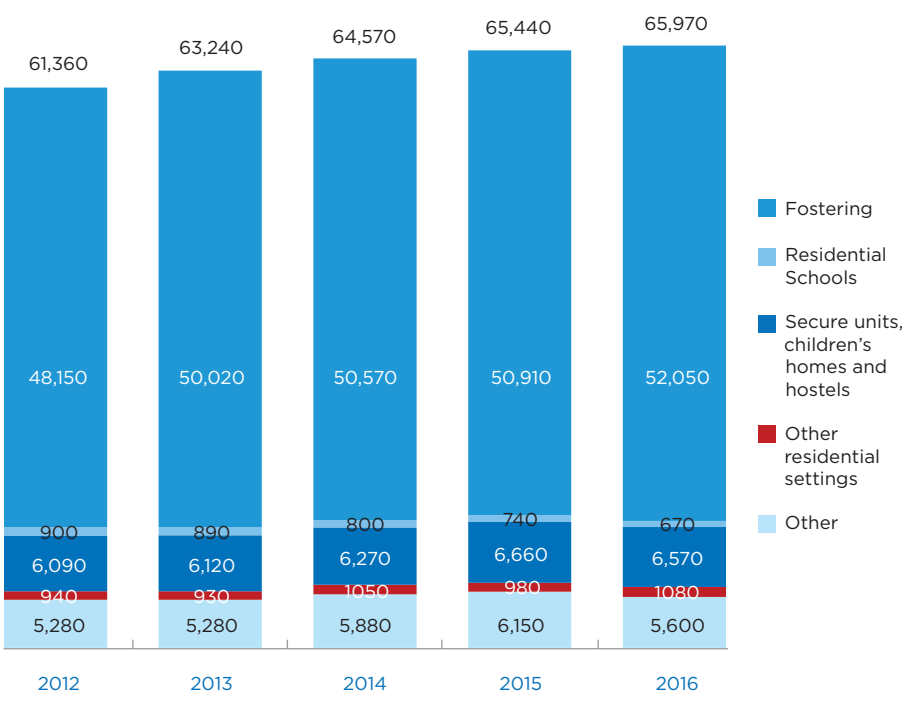
At once, the reasons why the UK should be attempting to accept unaccompanied children from Calais, and Europe as a whole, are the same reasons why local authorities and providers are perhaps nervous to welcome them. UNICEF stress in a report that examined "seven camps along the coast of the English Channel between January and April 2016" that children are at a clear risk of "sexual exploitation, trafficking and abuse". The report identifies "sexual violence as a constant threat, including the sexual exploitation and rape of boys, and rape and forced prostitution of girls". The British Red Cross corroborates these dangers and highlights that in the 'Jungle' there is a "lack of safeguarding provisions in the camp, leaving children living alongside adults with inadequate shelter, nutrition, healthcare, education or psychosocial support". 'An environment assessment of the new migrant camp in Calais' commissioned by Doctors of the World, also emphasises the prevalence of mental health issues. This report, with additional WHO data on refugees, suggests that 4% of people will have "severe mental health disorders (such as psychosis, severe depression, severely disabling forms of anxiety disorders)" and a further 20% would suffer from "moderate mental health disorders" – although it is not clarified exactly what this might cover. Moreover, prevalence of post traumatic atress disorder in refugee populations is about 10 times more likely than in the general population – for child refugees the estimated prevalence reaches 11%. It is speculation, but presumably these figures would be even higher for children who have made long, dangerous journeys without the support of a family unit.

When these children eventually make it to the UK it is clear that a proportion will be unable to enter foster care. Some children will require the highly intensive, and very expensive, residential services that are already under extreme pressure. They will undoubtedly require extensive safeguarding for things like Child Sexual Exploitation, as well as aggression and other challenging behaviours as a result of mental health issues developed in their home countries and in their journeys to the UK. There are additional concerns such as health risks and diseases picked up on extended journeys across inhospitable countries and prolonged stays in squalid camps. The 'Jungle' has one toilet per 75 residents – the UN High Commissioner for Refugees recommended minimum is one per 20; there are no hand washing facilities near any of these toilets. In addition, there are very real concerns about the ability to successfully integrate these children into the general population and whether they will be able to deal with the substantial culture shock.

These factors add up to a very expensive profile of needs (in some cases over £300,000 a year) that few local authorities can afford and few providers can effectively cater for. While the central government is offering a degree of

FIGURE 2: DEMAND TRENDS FOR SERVICES FOR LOOKED AFTER CHILDREN

Looked after children by type of placement
England, year ending 31 March 2011-2015



- The number of looked after children has increased steadily over the past five years
- In total, there were 65,970 looked after children at 31 March 2015, an increase of 0.81% compared to 31 March 2014
- Children aged between 10 and 15 years represent the majority of the looked after children population (38%)
- Most looked after children are placed with foster carers. Numbers continued to rise in 2015, with 75% of looked after children in a foster placement
- In addition, almost half of children are 'Staying Put' in foster care for a period of time after their 18th birthday.

Note: excludes children who remain with their parents, and those whose placement locality is unknown. 'Other residential settings' includes; residential care homes, NHS trusts, family centres, young offenders institutions or prisons. 'Other' includes; adoption, other placement in the community

Sources: Connell Consulting

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financial support for additional service users it is unclear that this will be enough to cater to such a high level of need.

All these difficulties focus primarily on the assumption that children arriving in the UK are in fact children. There must also be significant steps taken to secure safeguarding for LAC already in the social care system as well as the carers that look after them. Recent media furore has centred around the inability to accurately, and reliably, measure the ages of children arriving with limited or no documentation. The issue of poor documentation in war-torn nations is made worse by the wilful 'loss' of documentation by immigrants who have identified the fast-tracking of vulnerable children as a tool to enter the UK. While calls for dental screening and examinations of wrist bone development is by no means a catch all for asylum fraud, it does appear that the fast-track is being abused by individuals who have identified themselves as children but are decidedly older. It is worrying that some of the first few arrivals under Dublin III look like they might be in their mid-twenties. Moreover, there is substantial evidence from other European countries that age fraud is a common occurrence. It is telling that in Denmark, which does extensive medical testing of asylum seekers, received 818 UASC requests in 2014. Compare this to Sweden, which doesn't use medical tests, receiving 7,049 in the same year. This difference in requests is not explained by relative population sizes.

Individuals who may have passed themselves off as under-18 pose real dangers to the vulnerable children in residential homes and foster care. Sweden is an important case study for the risks inherent in inviting those of dubious age: on the 25 January Alexandra Mezher, a care-worker, was stabbed and killed by a 'UASC' who was later determined to be at least 18. In February, a 12-year old boy was raped in Sweden by two men who were seeking asylum as children – upon further investigation there is substantial evidence that they were both adults. Robust measures must be put in place to successfully weed out those who will very quickly "exhaust the well of hospitality that exists in Britain" as David Davies MP puts it. It is not only British hospitality at risk but the most vulnerable in society; those that are looked after by local authorities.

There is knee-jerk reaction to calls for intrusive medical checks but it may well be worth considering as part of the wider assessment process in the most borderline of cases where an adult posing as a child represents a very real, violent or sexually aggravated threat to children. However, this is unlikely to happen given the government's firm stance – a Home Office spokesperson ruled out the use of dental checks, criticising them as "inaccurate, inappropriate and unethical".

These safeguarding risks will prove dangerous for providers. Any severe incidents, at any of a provider's homes, can destroy a reputation. It might not matter that there were ample warnings over the potential risks of unvetted children; it will be seen as the provider's responsibility. At best this means providers will prohibitively raise prices to employ additional staff with additional training or perhaps providers will begin cherry picking cases. At worst it may result in a serious safeguarding incident involving death or sexual assault. Either way a provider's reputation may be damaged to the point where they are no longer seen as a viable commissioning option and they are forced to close down which puts additional strain on local authorities and the sector as a whole. It will ultimately be up to providers as to whether they can balance safeguarding against growing demand for services for LAC.

A precursor to these age-related safeguarding concerns can be found in the greater local authority responsibility for young people up until the age of 25. This is not just an expensive addition to their responsibilities but poses its own safeguarding risks. While support for adolescents in the difficult period from dependent childhood to independent adulthood is a good thing, it cannot come at the detriment of safety and wellbeing for those under-18. Providers have highlighted the risks in continuing to open their door to adolescents leaving care, up until the age of 25, as they come into contact with children that they had previously known or lived with in residential homes. This is an unacceptable risk and providers are having to adapt the ways in which they provide transitional support. This must be mirrored in welcoming refugee children. Providers must adapt to ensure that children remain safe in the presence of adults who will inevitably slip through age assessments.

It is obvious that the strain on local authorities and providers is being pushed to the limits. With falling budgets and increasing responsibility the arrival of more UASCs will do nothing to ease these pressures. While the numbers are manageable they are currently far too concentrated in a minority of local authorities. In addition, a considerable proportion of refugees present as the most high-acuity of cases; these children are traumatised, some will have no cultural, social, or linguistic links to the UK, and some will in fact be adults looking to exploit empathy for vulnerable children. These factors make placements expensive and a substantial risk to providers. There must be guarantees that risk will be shared between local authorities, providers, and the central government and additional, substantial funding made available to meet increasing demand. ■

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