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Review

## An Exploration of the Psycho-Social Factors that Impact the Mental Wellbeing of Unaccompanied Asylum-Seeking Children in UK: A Narrative Review

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### Abstract

Unaccompanied asylum-seeking children (UASC) are amongst the most vulnerable populations worldwide, facing significant psycho-social and mental health challenges influenced by pre-migration, migration, and post-migration experiences. This narrative review examines the structural, legal, and practical factors affecting UASC, focusing on their lived experiences within the UK's asylum system. Key areas explored include trauma caused by forced migration (pre-, during and post-migration), ethical dilemmas surrounding age assessment, the barriers to education and social integration, and the impact of restrictive immigration policies. The review highlights the inadequacies in systemic responses to UASC and underscores the necessity of trauma-informed care, equitable education, and culturally sensitive support frameworks. By critically evaluating current practices and proposing actionable recommendations, this review aims to advocate for the holistic care and protection



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of UASC, ensuring that their rights and needs are upheld in accordance with international conventions and domestic policies.

### **Keywords**

Unaccompanied asylum-seeking children; mental health; migration; psycho-social factors; age assessment; education; immigration policies; resilience

## **1. Introduction**

An asylum seeker is “a person who has applied to the government of a country other than their own for protection or refuge (‘asylum’)” because they are unable or unwilling to seek the protection of their own government” [1]. Similarly, the Refugee Council [2] defines an asylum seeker as “a person who has left their country of origin and formally applied for asylum in another country but whose application has not yet been concluded”. In the context of the UK, Rogers et al. [3] defines an asylum seeker as one who has been granted temporary leave to remain but is without a refugee status pending a decision on asylum claim. Globally, the displacement of individuals remains a matter of concern. According to the UN High Commissioner for Refugees [UNHCR] [4], 122.6 million people were displaced by the end of June 2024, an increase of 5.3 million people, compared to the end of 2023. Out of the total number of displaced persons, 8 million were asylum seekers [4]. In the year ending June 2024, a total of 97,107 people applied for asylum from inside the UK, with nationals from Afghanistan, Iran, Pakistan, India, and Bangladesh being in the top five countries of nationality for people who applied for asylum [5]. Out of the 97,107 people who applied for asylum status, 19,856 were children [5].

UNHCR [6] defines an unaccompanied asylum-seeking child (UASC) as “a person who is under the age of eighteen, unless, under the law applicable to the child, majority is, attended earlier and who is separated from both parents and is not being cared for by an adult who by law or custom has the responsibility to do so”. Likewise, Home Office [7] describes an UASC as one who is “applying for asylum in their own right, separated from both parents and is not being cared for by an adult who, in law or by custom, has responsibility to do so”. At the end of June 2024, 4,781 unaccompanied children had applied for asylum, a decline compared to 5,714 from 2023 [5]. This narrative review explores the psycho-social factors that impact on the mental wellbeing of unaccompanied asylum-seeking children (UASC) in UK. Our narrative review approach offers the flexibility to contextually engage with this topic and examine areas of policy and practice that require improvement or strengthening [8]. This narrative review is important as it brings together and discusses the psychosocial factors impacting on the mental wellbeing of UASC in the UK and speaks directly to social work intervention in the UK.

### **1.1 UK as a Destination**

Studies have shown that the primary causes for child migration and being unaccompanied in host countries include death of parents/family members or detention, persecution, trafficking, forced recruitment, persecution, and war [9, 10]. Crawley identified those reasons as push factors that form the basis for children or young people’s decision to migrate to a safe country to seek asylum

[11]. The push factors indicate the vulnerabilities and powerlessness of children as they are forced to migrate to a new country without the protection of adults [12]. The UK is known to receive thousands of applications from unaccompanied children seeking asylum every year [2]. However, it is worthy of note that it is only a small percentage of children who actually come to the UK to seek asylum. For example, when compared against EU countries, the UK ranked 5th for number of overall asylum claims received in the year 2023 [13] and according to UNICEF [14], in the first half of the year 2020, there were 69,010 children seeking asylum in Europe with only 5% (3,445) being admitted to the UK.

Nonetheless, it is believed that the UK's boast of having a generous asylum system has attracted an influx of children seeking asylum [15], which in turn attracted the attention of politicians and policymakers [16] as unaccompanied children are thought to migrate to the UK because of the generous welfare system for children [11]. Similarly, others are thought to come to the UK because of existing relative(s) resident in the country or as an opportunistic means to benefit from travel documents [17, 18]. Crawley [11] also argue that unaccompanied children travel to the UK by choice, a choice made for them by agents or smugglers who play a vital role in their destinations [18]. Hopkins and Hill [19] revealed that some of the agents are known to the child's family or may be a respected member of the child's community and so are asked to assist with the child's journey. Hopkins and Hill [19] also reported that sometimes the agents and asylum seekers engage in negotiations regarding the destination country. Nonetheless, Gilbert and Koser [18] found that most unaccompanied children follow the leading of the agents and their relatives when it comes to decisions about the destination country. To support this viewpoint, Crawley [17] opines that UASC migrate to the UK because of the vulnerabilities associated with push factors as opposed to the pull factors. Crawley [17] further argues that although there is no evidence to suggest that unaccompanied children choose UK as their destination country because of the welfare system, stringent and harsh policies are put in place to deter or limit opportunities for those seeking asylum due to concerns about children's services as a pull factor [11].

Unaccompanied asylum-seeking children (UASC) arrive in the UK in diverse ways. These could be through Asylum Intake Units in Croydon and Kent, ports, enforcement centres, and through trafficking [20]. Upon arrival, children are required to go through an identification and registration process in line with the guidance from the UNHCR [6] to ascertain their age before a referral to social services for a needs assessment. Social workers encounter UASC at the point of needs assessment upon referral by the Home Office, a concerned party or when a child presents him/herself to social services within the locality they first arrive [21, 22].

## **1.2 Legislative Framework and Unaccompanied Asylum-Seeking Children in the UK**

### **1.2.1 The United Nations Convention on the Rights of the Child [UNCRC] (1989)**

The United Nations Convention on the Rights of the Child [UNCRC] [23] is an international guidance that seeks the protection of children's rights [24]. The convention guarantees universal provision for children to be cared for and protected in a non-discriminatory manner with their best interest being paramount while promoting participation [25]. It is worth noting that the UK government became a signatory to the UNCRC in 1991 but refused to implement Article 22 until 2008 when it withdrew such reservation [25]. Likewise, there is no one interpretation of children's rights under the UNCRC and the vagueness affects how UASC are cared for and protected in the UK

[25]. With that recognition, Articles of the UNCRC which are particularly central to UASC, or young people comprise Article 2 (principle of non-discrimination), Article 3 (best interest principle), and Article 12 (right to participate) [26]. Article 20 (1) of the UNCRC 1989 also enjoins all party states to afford special safeguarding and support to all children momentarily or permanently separated from their families [25]. Similarly, Article 22 (1) compels party states to ensure that UASC seeking refugee status or being granted asylum are given protection and support to enjoy their rights and any other international rights stated within the convention [27]. Although the UNCRC safeguard and uphold the rights of migrant children, its implementation is dependent on the party state's integration into its domestic laws as in the case of the UK [24]. A hallmark in the UK's ratification to the UNCRC is its incorporation of the best interest principle into the Borders, Citizens and Immigration Act, 2009 [28, 29]. But immigration officials are urged by guidance to continue discharging their actual duties in a way that safeguard and uphold the needs of children because the integration of Section 55 of the Immigration Act, 2009 does not seek to apply new or set aside existing duties. It is with such guidance that Campbell [28] indicated that the UK's commitment to ensuring the best interest of immigrant children under the UNCRC is being threatened by its immigration controls. Similarly, Connolly's research into young people's experiences under Article 3 revealed contradictory practices with regards to UASC 's best interest due to unpleasant practices like an arrest for illegal entry by police or detention by immigration officers [30]. Wilding also argue that children's best interest and right under Article 12 of the UNCRC is still not being actualised in areas like Kent where concentration and prolonged waiting times on asylum claim is affecting children's views and wishes [29].

#### 1.2.2 The Children Act (CA) (1989)

A nation's sovereignty in deciding entry, nationality and removal of migrant children is tested when the rights of children in migration is in contention [27]. Since the UK is a party state to the UN Convention on the Rights of the Child [23], it employs both international guidance and its own domestic laws in its effort to safeguard and uphold children's rights. Campbell argues that although the UK seeks to promote guaranteed rights of children under its own laws and international obligation, its asylum policies and practices are characterised by structural violence in that; "UK migration policies, on the one hand, appear to uphold the law and respect the rights of refugees while, simultaneously, prevent them from accessing asylum and subject them to a slow, wasting death" [28]. The Children Act (CA) 1989 is a statutory legislative framework that endeavours to protect rights, safeguard, and meet the needs of children [31]. Unaccompanied children who come to the UK seeking asylum are categorized as 'children in need' under section 17 of the CA, 1989 [32]. A child in need is one whose vulnerability prevents their ability to maintain a desired level of development and would require support service to meet identified needs [22]. As such the local authority has a responsibility to assess and provide support under sections 17 or 20 for UASC owing to their definition under the CA, 1989 [22, 24]. This classification gives UASC the same entitlement and support as native children which include education, accommodation, healthcare, and leisure [32]. However, the sections of the CA, 1989 for such provisions vary for children under age 16 years and those 16 and 17 years [22].

UASC become 'looked after' under section 20 of the CA, 1989 and are allowed a variety of support including accommodation by the local authority but section 20(3) of the same Act limits such

support to those who are 16 years and under [33]. Such variation has led to significant young asylum seekers 16 and 17 years, across several studies being identified to be accommodated under section 17 of the CA, 1989 and not Section 20 of the CA [34, 35]. The practice of accommodation under section 17 of the CA, 1989 means that UASC 16 and 17 years old are housed in hired hostels, bed and breakfast with less supervision and sometimes treated as adults to look after themselves [32, 36]. In Crawley's research, it emerged that local authorities were engaged in an unlawful practice of delaying the age assessment of UASC 16 and 17 years to prevent such children from receiving appropriate care services [37]. Barrie and Mendes added that when support is given under section 17, children will not benefit from leaving care services or the continuity of support services when they reached 18 years [33]. Cemlyn and Briskman believe that the disparity in service provision is because of privatisation, austerity measures and minimum grants for 16 and 17-year-olds UASC and this breaches their right to protection [36]. On the contrary, children accommodated under section 20 receive appropriate care with entitlement to leaving care, with studies showing that the care and protection provided is adequate [33, 38]. Nonetheless, Connolly [30] reported that UASC under 16 years, particularly in private foster care have experienced abuse, neglect, and exploitation from their carer. This could be attributed to the privatisation of the asylum system which is profit-driven as opposed to what is best in the interest of the child [24].

## **2. Pre-, During and Post-Migration Experiences**

Research has shown that psychological distress and traumas are present in the lives of UASC as a result of push factors [39]. Many UASC have experienced trauma, abuse, persecution, and war, but often, they are determined to make a better life for themselves [33]. The loss of family, pre-migration, has significant impact on children's emotions which can cause depression [40]. Çeri and Nasiroğlu [41] reported that children who have been exposed to war are adversely impacted by their experiences. They further found that the mental health of UASC can be impacted because of parents' own life experiences. Children who demonstrated challenging behavioural problems in their research had reported having parents who had experienced torture in war or parents who had been ill-treated in war. Apart from experiencing or witnessing war, persecution, violence or abuse, UASC go through traumatic experiences during migration which also increases their susceptibility to mental illness [42]. These journeys are frequently marked by heightened insecurity, limited access to basic necessities, and exposure to life-threatening situations, further compounding pre-existing traumas.

Other than the traumatic experiences of UASC before and during migration, it is found that many are met with hostility on arrival from immigration officials in the wake of the culture of distrust [43, 44]. In many cases, immigration officials reflect a "culture of distrust", particularly towards those whose ages are disputed, further intensifying their risk of mental health deterioration [45]. Such distrust often translates into procedural barriers and social exclusion, amplifying the psychological burden on these children that could lead to post-migration trauma. Post-migration, mental health problems remain persistently high amongst UASC, along with contributing factors such as discrimination, limited language proficiency and the stress of daily challenges [46].

Prod'hom et al.'s [47] research investigated the enduring impact of trauma during the resettlement phase of many UASC, reporting variable PTSD prevalence (19% to 52.7%). The authors found that UASC may present as operational when they are in social environments, while

persistently hiding their emotional pain, which justify the need for continuing psychosocial support post migration. Similarly, significant prevalence of PTSD fluctuating between 19.5% and 67.3%, as well as high rates of depression (14.6% to 35.1%) and anxiety (25% to 36%) were found amongst UASC post-migration in El Baba Colucci's [9] systematic review. Bronstein et al. [42] found that UASC from Afghan display high emotional and behavioural problems with nearly one-third (31.4%) of participants in their study achieving a high score in the total outcome of behavioural and emotional problems, thus demonstrating how cumulative trauma may affect this particular group of youths. Similar findings were reported in Hollins et al. [48], where 23% of the 99 UASC who participated in their study experienced psychological difficulties. In a more recent study conducted by Daniel-Carveras et al. [49], UASC were reported to exhibit psychological problems like anxiety, post-traumatic stress disorder (PTSD) and depression. The authors stressed that UASC's experiences of trauma pose long term effect to their mental health. To address the mental health needs of UASC, the National Health Service (NHS) implemented the Refugee Health Screener (RHS-12/15) assessment tool [50] within their clinics to help recognise UASC who are at risk of experiencing psychological problems at an early-stage post-migration.

### **3. Age Assessment**

Busler [51] defines age assessment as the processes involved in determining the age of a child or young people who seek asylum alone in other countries not their own without appropriate verifiable identification documents. Similarly, Kenny and Loughry [52] explain that age assessment encompasses the different processes aimed at identifying the chronological age of children. The influx of unaccompanied children in the UK has attracted political and immigration changes [12] with the main reason being that adults pose as children to benefit from children's support services [53]. Several unaccompanied children on arrival have no or reliable identification document to prove their identity thus, resulting in age disputes and making age assessment necessary in determining age-appropriate support services and immigration status [1, 7, 54]. However, assessment processes are filled with subjectivity, and errors can deprive genuine children of their rights, increasing their vulnerability to poor mental health [21, 55]. The initial age assessment is conducted by immigration officials and sometimes by the police before referring to social services within the locality when claimed age is in doubt [56]. The police service's involvement in assessing the age of an unaccompanied child has been criticised, with the argument that the police lack the required training to carry out age assessment on UASC [20]. Home Office officials employ the use of physical appearance and demeanour to carry out an initial assessment on UASC [7]. Where age is in doubt social workers carry out an assessment that is Merton compliant, including the use of the psychosocial model. These include interviews, observations, physical appearance, emotional and educational presentations whilst using their own discretion of 'significant reason' to give the benefit of doubt to claimed age [21, 51].

The importance of determining age have been discussed by several authors. For example, Kvittingen [57] and Home Office [7] indicate that age assessment is deemed important because it has a major impact on appropriate welfare provision, asylum determination and the safeguard of children. Dorling [1] is of the opinion that age assessment and determination enable children to be recipients of their legal entitlement and the state's responsibility towards them. Although this is the case, the process of the assessment is challenging, and the methods involved leave room for a

margin of error which can deprive a child of their rights [21, 55]. For example, some of those methods such as physical appearance has been widely criticised, highlighting their prejudices for overlooking the socio-cultural aspects of UASC's upbringing, which may significantly impact on their physical development [39]. This lack of cultural sensitivity has been identified as a gap in practice [58] with several authors advocating for the integration of culturally sensitive practices in all stages of the migration and settlement process as culturally sensitive practices can help reduce the risk of conducting incorrect age assessment for UASC, thus, increasing their chances of receiving adequate support [45, 59, 60].

Research by Cemlyn and Nye show that social workers' duty to assess and support is caught between the pressures of immigration rules, budget cuts, and the values of the profession [43]. Hadwin and Singh [61] argue that such pressures often favour immigration legislation, as well as restrictive and coercive government policies, affecting social workers' statutory duties in promoting human rights and welfare of vulnerable children. Thus, social workers face ethical dilemmas of prioritising administrative requirements which are control orientated, over safeguarding the welfare of UASC. This has raised concerns that social workers are involved in practices that are opposed to the profession's principles [37]. One of such principles outlined in the Code of Ethics is that 'social workers are expected to bring to the attention of their employers, policymakers, politicians and the general public situations where resources are inadequate, and/or where the distribution of resources and practices are oppressive, discriminatory or otherwise unfair, harmful or illegal' [62]. However, it is argued that the practice of age assessment traps social worker in immigration controls, where they support the implementation of oppressive policies as against their advocate role and duty to provide for the vulnerable [43].

Social workers are corporate parents to UASC in the absence of a legal guardian or parent [63], however, some social workers involved in age dispute litigations are ethically challenged in their role as corporate parents [1]. Barrie and Mendes [33] explain that as corporate parents, social workers have a responsibility to protect the child, but their role in immigration contribute to contesting the 'child' in court about the credibility of their age knowing that this can affect any support or protection the child may be entitled to. Gower [53] identifies this dilemma as social workers struggle to determine whether a child should be categorised as a 'victim' or 'villain'. Not only are some social workers ethically challenged in their corporate parenting role, but they must also contend with the dilemma of assisting with the removal of unaccompanied minors whose asylum status have been refused [33]. The code of ethics underpinning social work practice enjoins practitioners to develop a professional relationship with service users based on their rights to make decisions or choices about their own lives [62]. Practitioners must employ the same positive relationship with UASC to facilitate their return voluntarily even when it is against their will and in moments of distress and anxiety [16, 64]. Wright [16] found that social workers' decision to convince the young person has potential risks and oppose the value of the profession as it means believing that the Home Office' decision on the young person's return is safe, at the same time knowing that, that decision could be wrong, and the young person's return could be unsafe.

Nonetheless, Kohli's [38] study found that social workers manage the dilemmas in their role with UASC in three domains. They became 'the humanitarians' where they sought to provide practical support that would cater for the daily needs of UASC; 'the witnesses' where social workers listened and were attuned to the emotional and distressing experiences of UASC; 'the confederates' where



social workers provide a platform for a relationship with UASC so they could dissect and retell their tale to portray its deeper meaning.

In quarter 2 of 2024, 2,088 age disputes were raised of which 1,461 were resolved. 704 applicants were deemed to be children under 18 years and 557 were classed as over 18 years [5]. In the previous quarter, Home Office [5] figures show that 1,479 UASC had their ages disputed of which 1,275 were resolved. Out of the 1,275, 560 were identified to be over 18 years and 715 as children. According to these figures by the Home Office, there is a discordant between adults claiming to be children, but there is limited evidence to verify the credibility of the assessment. It is impossible to determine how many were wrongly categorised as adults since the use of physical attributes and demeanour is inherently subjective. Once age is disputed it takes longer to reach a resolution [65]. Age disputed children would sometimes require the court to decide on their age, therefore, there is the need for the child to have legal representation. Nonetheless, a significant cut in legal aid support by the government through the outset of the Legal Aid, Sentencing and Punishment of Offenders Act, 2012 has limited if not prevented UASC from such entitlement [66]. The government believe that cuts to public spending on legal aid was necessary and particularly to UASC whose assigned social workers can counsel and direct whilst receiving support by other legal and pro-bono firms [66]. Connolly and Pinter [66] argue that it will be unlawful for social workers to advise on immigration issues because they are not regulated as such. Not only is the best interest of UASC hindered in the matters of immigration but also during the process of age assessment interviews where their best interest requires the presence of an appropriate adult [37]. Studies have shown that children's right to an appropriate adult is sometimes denied and if represented, participation varies, and most appropriate adults tend to be passive observers [1, 37].

Hayon and Oates argue that age assessment can be meddlesome and cause children to experience exhaustion [39]. Also, research by Crawley in the age determination process evidenced the impact of the assessment process in the children's own words. One of such accounts was by a 16-year-old [37].

The worst thing I can remember they made me sit there and like a slave market other immigration officers were told to look at me and guess my age. It was like I am going to be sold. One would say 24, another would say 21. I was told to stand up and down. Then they said you are over 18... When they were deciding my age in that place, it was like they are going to buy you. It was the worst point. p. 52.

Although guidance states that UASC whose ages are disputed are to be treated as children and given 'the benefit of the doubt' [20], research has shown that wrongly disputed children are treated as adults and referred to adult detention centres where their vulnerability to abuse and mental difficulties intensifies [52, 67].

#### **4. Detention**

The Human Rights Act 1998 respects and ensures the rights and freedoms of all individuals. The UK integrated individual rights in the European Convention on Human Rights and implements it through the Human Rights Act, 1998 [26]. Articles 3 and 5 of the Human Rights Act, 1998 protects individual rights to unreasonable detention or to be subjected to any form of torture or inhumane treatment. General instructions on detention by the Home Office [68] empower officials to detain children but to a maximum of 24 hours because any unnecessarily prolonged periods of detention

is deemed unlawful. Nonetheless, Crawley's research showed that sometimes young people are being detained with adults for weeks which raises child protection concerns [37]. According to Hunter [26], UASC whose ages are disputed or believed to have entered the UK unlawfully are mostly met with unlawful detentions and subsequent removals [64]. For instance, when age is being contested, housing providers contracted by the local authority sometimes become agents to implement immigration control in the detention of young asylum seekers [24]. Such treatments exist because of change in policy, although the practice contradicts Home Office guidance and violates a young person's right to be free from inhumane treatment as stipulated by the Act [24].

Although being detained does not necessarily mean imprisonment, children identify such a measure as punishment [64]. Moreover, there is a lack of data on such abuse of the rights of children which is indicative of immigration controls being prioritised over children's needs and rights in the UK [64]. Figures show that by the end of June 2023, 229 children were in detention. Although this is the case, the number of children detained had decreased since then, with 10 reported to be in detention by the end of June 2024 [5]. All the same, Hunter [26] stresses that children seeking asylum must primarily be recognised as children who have rights and a paramountcy to best interest before being considered as asylum seekers.

Ehnholt et al. [69] report on the impact of detention on the mental health of UASC who had previously been detained when they were between the ages of 14 and 17 years old. The research showed that because of the detention, 29% of the children appeared to have developed Post Traumatic Stress Disorder (PTSD), with 23% developing major Distress Disorder (MDD). The research further elaborated that because UASC are exposed to traumatic events either through life experience or during displacement, detention in the host country exacerbated their trauma which impacted their mental health. Although the research was conducted 3 years after the participants' detention, researchers recorded high levels of unmet psychiatric needs and concluded that age assessment and detention are associated with additional stress that can harm UASC. Foong et al. [70] also highlight the negative impact of detaining UASC in aggravating their psychological wellbeing and increasing risk of re-traumatisation. The study's findings show that 41.9% of UASC met diagnostic criteria for psychiatric disorders, with PTSD being the most prevalent. This evidence is supported by current systematic review [71], which explored psychological safety for detained UASC in immigration centres, indicating significant risk of PTSD (32%) and depression (42.2%) increasing with the extent of detention. Also highlighting the long term psychological impact of detention on UASC, Kronick et al. [72] found that even when detention is brief, it can still be a traumatic experience for children as a 13-year-old participant in their study states: '[Detention] is not good for the brain, also... it makes holes. And afterward, you are going to think about it again' (p. 291). Apart from detention, those assessed as adults can be removed from the UK if their asylum claim is unsuccessful or can become destitute and more vulnerable to different forms of abuse and exploitation [69].

## **5. Fear of Deportation**

The 1951 Convention is an international legislative framework that defines the status and rights of refugees particularly, on the principles of no discrimination, punishment or return to the home country [73]. The principle of non-refoulment is the backbone of the convention and is enshrined in Article 33 (1) of the convention. Here, refugees and children seeking asylum who are afraid of

persecution must not be taken back to their countries of origin [74]. In matters of migration, party states are faced with the challenge of determining individuals forced to migrate or those migrating voluntarily as not all migrants would require international state protection [75]. Irrespective of state determination, those without refugee status might need protection and enjoy the right of no return [75]. UASC are mostly granted a discretionary leave until age seventeen and a half where an extension is required [16]. The Refugee and Migrant Justice is of the opinion that the granting of discretionary leave is Home Offices' attempt to portray goodwill, but many children are threatened with removal after asylum claims are refused [64]. Home Office [76] argues that discretionary leave is granted when an UASC is unable to satisfy the conditions set out for them. Irrespective of the suitability criteria, a seventeen and half-year-old- with a refused asylum status is liable to be removed within six months when an appeal is exhausted [76].

As Cobb points out, the UK government boast of affording the same legislative rights of support service available to native children to UASC, but in practice, cuts to resources and stringent immigration controls buttress the government's perceived idea that UASC are a financial drain on the UK care system [24, 32]. A report by the Refugee and Migrant Justice indicates that children with refused asylum claims are being removed from the UK despite their right to no return [64]. Some children are encouraged to opt for voluntary removal (Home Office's preferred option to forced removal) while others tend to flee, which according to Wright [16] is due to fear, shame, or guilt. Even so, Crawley [37] has argued that often effective safety measures are not carried out by the Home Office when removing children from the UK. Such failure can expose UASC to potential re-traumatisation while neglecting their developmental and psychological needs. Frameworks like Safe & Sound [77] were designed to guide governments in assessing and determining the best interests of UASC. However, these measures have not been consistently adopted in the UK, where limited application of a Best Interests Determination (BID) process highlights systemic gaps in ensuring the safety and holistic support of UASC. This limited procedural safeguards contradicts Section 55 of the Borders, Citizenship and Immigration Act 2009, which mandates that a child's best interests must be a primary consideration in decisions affecting them, regardless of their immigration status [78]. Despite this legal requirement, decisions often focus on short-term resolutions rather than identifying durable solutions that address the child's protection needs, account for their views, and provide long-term stability. Without rigorous mechanisms like BID, UASC are left vulnerable to harm, exploitation, and instability.

Findings from Dossa's [79] study show the psychological impact of living with uncertainties on UASC as this account shows:

... After that, for about a year it was obviously really stressful when I didn't get my documents or anything. And I was thinking will I get accepted or will they deport me. After a year, they told me I could stay in the UK for the next 5 years or so... Obviously that year the whole time you think like when it is going to come, when are they going to see me now. I mean, obviously because you're new here, that's the only thing you think of. (p. 199).

Lelliott [80] also warns that UASC who live with the uncertainty of deportation may become lost in the system, thus, heightening their exposure to risky situations such as sexual exploitation and trafficking. It is known that children who are persistently exposed to circumstances that generate anxiety and fear, are more prone to developing long-term mental health difficulties that lead to overall poor outcomes [80]. Norton et al. [81] also found that UASC would often experience

increased mental health symptoms, specifically anxiety and trauma-induced stress because of the uncertainty of their immigration status. Such mental stressors can increase their vulnerability in their early years of adulthood, necessitating better support during this critical transition period, including monitoring of mental health symptoms to ensure timely psychological interventions [81].

## **6. Education**

Education is an essential social tool that has been identified as beneficial in the resettlement of UASC [82]. The school environment presents a social space where UASC could form a connection with peers, overcome loneliness and build resilience to circumvent through difficulties and challenges in host countries [82-85]. For many UASC, education is a pathway to achieving their ambition of attaining higher educational qualification in many professional disciplines whilst becoming proficient in English language [82, 86]. Also, in as much as the experiences of young people in Connolly's research was hostile, the few who were granted asylum believed that their best interest was achieved through gaining access to education and health care [30].

While UASC await the decision on their claim, research has shown that children are sometimes denied education for months or even years contrary to Article 28 of UNCRC [37]. Under section 1 (2) of CA (1989), there is the principle of no delay which seeks to ensure that children's welfare is not significantly impacted by undue delays. However, UASC are particularly faced with delays when their ages are in doubt, thus affecting their everyday lives and access to education [30]. This is because delays can affect UASC enrolment in school which could have significant impact on their learning [87]. Fuller and Hayes [82] also identified that delays and uncertainties with asylum claims can lead to stress which inadvertently impacts educational experiences. Delays in accessing education could also be as a result of availability of school placements [84]. Although meeting educational needs is one aspect of the assessment of needs highlighted within the Children Act 1989, Brownless and Finch [86] found that factors such as age, language, and available resources influence the availability of educational placements for UASC.

Aleghfeli and Hunt [88], identified that even with the prospect of education in destination countries, UASC who had no existing education or had very limited education in their home country were not positively impacted by education, further heightening their vulnerability in destination countries [87]. Whilst UASC are vulnerable, those with special needs are most vulnerable due to their complex needs. According to Auger-Voyer et al. [89], this group of UASC were not motivated to attend school due to not being used to following the UK educational structures. Also, the traditional assessment methods in the UK may be at odds with what they are used to, making it difficult for them to engage fully with the educational provisions in the UK [85].

Regardless of the challenges faced in the educational system concerning UASC, [90] is of the opinion that school settings support and meet their mental health needs, although this can be affected by language barrier. Similarly, Tyrer and Fazel [91] found that educational settings can produce a sense of belongingness, however, this sense of belongingness can be difficult to actualise with the existence of language barrier. For most UASC, English is a second language, so they may find it challenging expressing themselves in a language they are not fluent in. Where English language needs are identified in school, adequate support may become a challenge due to lack of resources stemming from funding cuts [85]. These barriers highlight the need for tailored

assessment processes and policy interventions to ensure that UASC receive the support they need to overcome these challenges and succeed in education [85].

Other than language barrier, some UASC experience bullying in schools which affects their mental health. Children can be bullied if they are unable to socialise due to the lack of effective communication or being placed in a school environment where majority of the children are from a different cultural background [91]. Also, Aleghfeli and Hunt [88] argued that irrespective of the educational system, UASC may not benefit from the provisions within education due to experiencing poor mental health. For example, drawing from the accounts of foster parents of Sudanese children, Luster et al. [92] and Rana et al.'s [93] research showed that the foster children's experiences of post-traumatic stress disorders, severe headaches and depression increased their risk of educational failures. Fuller and Hayes [82] and Gladwell [94] also suggest that anxiety related to UASC immigration status can increase their inability to concentrate on their studies, highlighting the need for trauma-informed practices within educational settings to support UASC effectively.

## **7. UASC and Resilience**

Research has shown that the mental well-being of UASC is impacted by psychological distress and traumas pre, during and post migration, however, evidence also shows that UASC can exhibit resilience which can be categorised into individual protective factors, factors related to their family and community, and those relating to host countries [95]. Carlson et al. [96] identified individual protective factors to include coping skills, faith in a higher power and easy temperament. In their research, Carlson et al. [96] also found that UASC's positive attitude came from their feelings of been lucky to, for instance, escape child soldiering to experience a better life in the host country. Others report that for some UASC, coping mechanism was through physical activity, leisure, suppressing traumatic feelings on the individual level or collectively and employing distractions [95, 97]. Religiosity and faith was also found to be a key coping mechanism for UASC as they expressed their faith in God through for example, being accepting of migration consequences as God's plan [97].

Factors from UASC family and community that promoted resilience include relationship with families, peers and the continuity of culture [96]. UASC may have developed attachment with families prior to migration, and the ability to maintain that connection is vital to resilience [98]. Mels et al.'s [99] study found that newly arrived UASC found relationship with existing resident peers of similar ethnic background essential to settle.

With the arrival of UASC in a host country, they must learn to adapt to a new culture and balance the pressures of their own culture to maintain the new. This process is called Acculturation [100]. UASC, through this process learn to be culturally competent to succeed in both cultures through relationship building and developing self-worth [101]. The acculturation process can be challenging with associated stressors, however, it can also be linked to increased resilience in UASC over time when adapted successfully [102, 103]. For example, in a research [104] that explored UASC lived experiences of coping, participants expressed how the need to integrate and adapt into their host community strengthened their resilience, as expressed in this extract: 'Even if it is not my culture, I have to do it because I'm living. So, this made me strong and patient, to go through the journey, and then to accept being here' (p.185).

Furthermore, care arrangement in host country impacts the resilience of UASC. UASC who have been successfully assessed as children below 16 years old are given foster care or residential placement as opposed to those at 16- and 17-year-old who are placed in shared flats or other accommodations where they can live independently and be supervised at the same time [58]. Foster care placement has been found to support good relationships, trust, and resilience of UASC when support is adequate [105]. This is evidenced in 78 UASC from the Balkans and Africa in the UK who reported less impact of their care arrangement on their mental well-being because the support was adequate [106].

## **8. Conclusions**

This narrative review has explored some psychosocial factors impacting on the mental health of UASC in the UK. It is believed that overall wellbeing is determined by the interaction of psychological and social factors [107]. It is not without doubt that UASC form part of the most vulnerable individuals in society because of their experiences such as persecution, trafficking, poverty, war, or abuse [10, 53]. However, it was found that international legislation promoting the rights and safeguard of UASC does not have a single interpretation of what constitute the rights of such children. The ambiguity has enabled state parties as in the case of the UK to inform its domestic laws on how UASC's rights should be interpreted in social workers' role with UASC. For instance, the Children Act, 1989 has different provisions for children under 16 years old and those 16 and 17 years old. The support has been identified as inadequate and unsupportive of the needs of 16 and 17-year-olds although they are identified as children with complex needs. The UN Convention on the Rights of the Child 1989 has laid down the rights and safeguard that come with being a child, but UASC can enjoy or lose such rights in matters of immigration because of age. A child is legally a person below the age of 18, therefore service provision for UASC children must not differ for those below 16 years and those 16 and 17 years. Policy makers must consider this disparity so that support can be adequate for all UASC.

As already determined, age is the primary factor in the safeguard and support of UASC, but several studies established that social workers' assessment has been influenced by the 'culture of disbelief' that continue to shape immigration policies [1, 22]. The evolved doubt that adults pose as children to benefit from children's services has shaped legislative provisions and social workers' assessment to portray some UASC as undeserving of protection. This has also led to some UASC being subjected to detention and deportation. Social workers are encouraged within the professional capabilities framework to be professionally curious when encountered with dilemmas in practice [62]. But most social workers are not challenging their role in immigration and overly dominating their practice in suspicion which has been proven to be destructive in developing a professional relationship between UASC and practitioners [37, 108]. A study by Cullinan [109] have shown that social workers can practice without boundaries and can thereby challenge wrongdoings. Moreover, there is not enough research to prove the dangers adults who are wrongly assessed as children posed when placed within children's services, although the fact remains that age assessment and social workers' role in immigration is ethically challenging [21, 53]. Social workers should therefore be aware that their role in immigration can further exacerbate the vulnerability of UASC if the culture of doubt continues to dominate practice. Kohli [38] urges social workers to be

unprejudiced, and having the ability to do so, according to Cullinan [109], will promote justice and the rights of UASC.

Fuller and Hayes [82] found that education is an essential tool that supports UASC to connect socially, become proficient in the English language and serve as a platform where the mental health needs of UASC can be met. Social workers must be aware of the benefits of education and make it accessible irrespective of the difficulties that come with their role. Policy and funding provisions must also be made to minimise the barriers posed by the differences in language and the complex needs of UASC which in turn would support UASC's attainment in education. Furthermore, Rodriguez and Dobler [58], have evidenced in their review that, peer relationships, family connection in native country, care arrangements, cultural and social connections promote the resilience of UASC, thus, should be a priority in planning interventions for UASC.

In sum, UASC are hopeful and can thrive when given the opportunity and support to do so [110]. It is paramount for social workers to understand the complex and changing needs of UASC and be emotionally sensitive and ready to support their needs. For support to be effective, Dorling [1] suggests that social workers need to spend adequate time to observe UASC long enough to effectively carry out an assessment on their needs. With relevant support mechanisms, UASC can grow, succeed, and develop a sense of belongingness. Portnoy and Ward [111] are of the view that UASC's needs often change, and such changing needs should afford social workers the opportunity to adjust interventions to meet their needs. Thus, demonstrating the need to adopt rigorous culturally sensitive assessment tools and care pathways for an effective and early response when supporting UASC in host countries. Mulongo and Wainwright [45] further argue that addressing UASC vulnerabilities would benefit from integrating ethnically and culturally sensitive practices within the UK immigration and healthcare systems. Therefore, social workers must work with empathy, whilst being open to understanding UASC's life experiences and cultural background and using this knowledge to inform not only age assessment but the overall assessment of UASC's needs. In other words, practices based on Eurocentric knowledge and experiences would be biased against UASC. Mulongo and Wainwright [45] are also of the opinion that tailored trauma-informed care within educational and social care settings would help in improving the overall wellbeing of UASC, thus, creating a foundation for successful integration into the mainstream community.

## **Author Contributions**

Anastasia Gyimah: Conceptualisation and writing of sections of the original draft; Chinyere Ajayi: Writing of sections of original draft, reviewing and editing; Peggy Mulongo: Writing sections of original draft.

## **Competing Interests**

The authors have declared that no competing interests exist.

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