

RAS 07

Ymchwiliad i ffoaduriaid a cheiswyr lloches yng Nghymru

Inquiry into refugees and asylum seekers in Wales

Ymateb gan: Coleg Brenhinol Pediatreg ac Iechyd Plant

Response from: The Royal College of Paediatrics and Child Health

The RCPCH welcomes the opportunity to respond to the inquiry into refugees and asylum seekers in Wales. In our response, we have chosen to set out our concerns about the current public discourse about refugee and asylum seeking children's arrival in the UK and concerns that RCPCH members have raised with us about the challenges of providing services to them.

The plight of child refugees, unaccompanied children and asylum seeking children continues to be a high profile issue and is likely to remain so in the immediate and medium term future. Upwards of 90,000 unaccompanied children have arrived in Europe in the last 12 months, many fleeing the horrors of war in the Middle East and elsewhere. Europol estimate that at least 10,000 of these have since disappeared, likely victims of trafficking and sexual exploitation. The UK has, to-date, accepted some 274 unaccompanied children.

A specific risk is that young, unaccompanied and traumatised refugees, many with complex mental and physical health needs, will be risk of being trafficked or potentially radicalised by their experiences. This is deeply worrying. We have urged the UK Government to fulfil their international obligations to secure the immediate safety of these children and set and honour an adequate quota of child refugees welcomed into the country. The UK government should also ensure that once welcomed, such children have access to a full process of determining needs and organising care, including comprehensive access to healthcare without cost barriers. Anything short of this contravenes the spirit of the United Nations Convention on the Rights of the Child.

RCPCH members have raised concerns about the current health care provision to child refugees. Feedback indicates that many child refugees are presenting with specific issues and complex comorbidities which some members may feel ill-equipped to manage. Members have also stated that system and capacity issues are significantly reducing the ability of vulnerable child refugees to access appropriate health services.

Some of the immediate concerns raised by members include: significant challenges in service capacity, no systematic or strategic response for clinicians delivering work on the ground, complexity of need (both physical and mental health needs), lack of community paediatric experience and capacity, patchy primary care experience and access, public health risks, safeguarding and suitable accommodation concerns and transfers out of area before the immediate health needs of refugee children have been put in place.

In response to these concerns the RCPCH has undertaken a number of activities over the last 12 months, including:

- (a) Hosting an ['Insight' event](#) exploring the welfare needs of unaccompanied asylum seeking children in May 2016. The event was a one-day conference that brought together professionals from the health, education, social care and legal system to

discuss, explore and share best practice in respond to the health and welfare needs of unaccompanied asylum seeking children.

- (b) Publishing revised web based [guidance](#) to support paediatricians in the management of young people and children of refugee background, including key practice considerations alongside other vital resources and links
- (c) [Media responses](#) to reports about dental assessments for refugee children

In addition to this activity, the RCPCH is seeking funding to develop age assessment guidance to support paediatricians. When unaccompanied children and young people arrive and claim asylum in the UK, many have no documentary proof of their age or the documents they have cannot be relied upon. In these circumstances, the immigration authorities have to determine whether or not the young person is over or under 18 years of age, in order to route them correctly through the asylum process, as there are additional protections for children.

These age assessments have far-reaching consequences in terms of the asylum process, welfare provision, child protection and the young person's sense of identity and mental health. They impact on how the applicant's asylum claim is handled, with consequences for their permission to remain, and also on whether they will receive social services support under the Children Act 1989 or whether they are accommodated by the Home Office as adult asylum applicants.

Paediatricians have an important role in the age assessment process as they have expertise in taking histories from young people and have expertise in assessing the role of factors such as environment and disease on physical and psychological development. However the variation in practice among paediatricians undertaking age assessments has resulted in the credibility of these reports being called into question. Therefore, to ensure that asylum seeking children receive appropriate support and response to their needs, it is essential that funding is made available to enable the development of age assessment guidance.

Yours sincerely



Dr Mair Parry

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