

Grief Matters for young asylum seekers and refugees

seminar report and recommendations



Childhood
Bereavement
Network



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Many young asylum seekers and refugees have experienced the death of family members or friends, often in traumatic circumstances. This, and further traumatic experiences and losses, can have a devastating effect on their emotional and physical health, their behaviour, learning and relationships.

The National Children's Bureau and the Childhood Bereavement Network hosted a free consultation seminar on 4 October 2007, bringing together practitioners, managers, policy-makers and academics working in the fields of childhood bereavement and young asylum seekers and refugees. The seminar aimed to discuss effective strategies for delivering appropriate bereavement support to this vulnerable group and to create an agenda for taking this work forward.

This report summarises the presentations and discussion points from the seminar, and includes recommendations made by delegates.

HOW MANY YOUNG ASYLUM SEEKERS AND REFUGEES ARE THERE?

The Home Office estimates that there are around 6000 unaccompanied asylum seeking children and young people in the UK. Other children and young people are living in their families and this number is difficult to estimate. Jill Rutter estimated in 2003 that there were over 120,000 young asylum seekers and refugees in the UK, with over 80,000 in school.

Home Office (2007) *Planning Better Outcomes and Support for Unaccompanied Asylum Seeking Children*. London: HMSO.

Rutter, J (2003 unpublished) 'Statistics on asylum seeking and refugee children in UK schools' cited in Rutter, J (2005) *Refugee children and social policy*. Buckingham: Open University Press.

war (26 per cent) and parents being imprisoned (13 per cent) were the other main reasons for their seeking refuge.

Most of these young asylum seekers and refugees did not enter the UK by formal asylum or refugee-seeking avenues and their traumatic experiences continued on their journey to the UK. All three female participants in the consultation reported being raped during their journey to the UK. Arriving in the UK and trying to settle in does not mean an end to their traumatic experiences and losses, as young people are immediately faced with the shock of having to take responsibility for their day-to-day lives.

The data in Table 1 (overleaf) show the experiences that these young people have been through. On average each young person has experienced four of these traumatic events.

Their stories remind us that loss and trauma is not an issue for a few of these young asylum seekers and refugees – it is an issue for *all* of them.

The young asylum seekers and refugees said again and again that their traumatic experiences continue to affect them on a day-to-day basis. Headaches (19 per cent), aches and pains (16 per cent) and difficulty sleeping (16 per cent) are the most common physical ailments they experience. Invariably, young asylum seekers and refugees also experience psychological pain about their past in their day-to-day lives. Learning is difficult because of problems they experience in concentrating (29 per cent) compounded by the language barrier. They described feelings of sadness, loneliness, anger and guilt, and a sense of not fitting in.

Presentations

The morning sessions outlined the bereavement experiences of young asylum seekers and refugees, and discussed the impact of trauma on children and young people's grieving.

Telling the story: consultations on bereavement and loss among young asylum seekers and refugees

Anne Davies, Chief Executive of *Jigsaw4u*, outlined key findings from her consultations with unaccompanied young asylum seekers and refugees who are in the care of the Corporation of London. Thirty-one young people from

17 different countries of origin took part: three young women and 28 young men, aged between 12 and 22. Many were telling their accounts of (multiple) loss and trauma for the first time and expressed their appreciation at having the opportunity to tell their stories and make recommendations about how services could be offered to others in their situation.

Without exception, the young asylum seekers and refugees had suffered multiple major losses in their young lives: 48 per cent had been forcibly separated from their parents, or their parents had been killed. Persecution (32 per cent),

The young asylum seekers and refugees adopted a range of coping strategies to try to get through each day. Almost 40 per cent mentioned that having friends and being with other people helped, but understandably, nearly half of them reported that they found it difficult to trust others or make friends and some pointed out the need to mix with other young people who are not refugees, seeking asylum or looked after by the local authority. Others talked about the importance of attending school or college and learning English, trying to live one day at a time and look forward, the importance of their religion and living with or having access to other people, music, books and shops from their own culture and sharing activities with people from their country. Some actively tried to avoid thinking about their family and their past.

Some young people were getting help to address their losses: 26 per cent of the sample have either used or been offered counselling via social services. Although half of them felt they had benefited, an equal percentage felt that counselling had not been particularly helpful. Some were frustrated that counselling involved just listening – they wanted the counsellor to do more. Fourteen young people didn't know about counselling or other mental health services, or what they can offer.

Five said they weren't interested or didn't want counselling, and some didn't like talking about their problems. Other barriers included appointments being made at inconvenient times, including in college time, and the language barrier.

Key recommendations that emerged from the young asylum seekers and refugees were that they needed to be informed about the mental health services that are available to them. Other young service users could act as 'champions' for other young people by telling them about what services could offer and how they can be accessed. They wanted the services available to them to include activities – not just talking – and to be able to take action to make the present manageable. Interpretation services are essential and such services must factor in time to build relationships. Services must take account of young asylum seekers and refugees' particular needs and should be culturally sensitive. They need time and space, and want service providers to understand that young people can be angry, upset and struggling to cope.

The consultation explored young asylum seekers and refugees' preferences for a loss and trauma service. While acknowledging the need for such a resource, the young asylum seekers and refugees were keen to stress that they are more likely

to use a service that meets their real needs. Fifty-five per cent of them want a service that will help them with a wide range of issues, including the immigration process, advice on day-to-day matters, help with money management, one that will provide them with information and advice, etc. Furthermore, they want the service to provide practical help, rather than be primarily office-based. Put simply, for many the vision is of a 'one-stop support worker' – someone who is multi-skilled and able to provide practical support on a wide range of issues – a service that is structured around the young asylum seekers and refugees' needs. Supporting these young people to come to terms with their losses and traumas would be part of the remit, but certainly not all of it. Other recommendations emerging from the consultation were for such services to provide for both individual and group-based support and activities, and for careful monitoring to measure the effectiveness of support.

Delegates were reminded that the young asylum seekers and refugees have given their creative views in the expectation that it will help to inform the shape of a future loss and trauma service. It is our duty to act on those views in the hope of helping at least some of these young asylum seekers and refugees to move forward towards meaningful adult lives.

Trauma and bereavement among young asylum seekers and refugees

Dr Bill Yule, Emeritus Professor of Applied Child Psychology, King's College London, reminded delegates of the stress reactions that young people who have been traumatically bereaved may experience, and which may last many years. These include sleep difficulties, problems concentrating, heightened awareness of danger, memory problems, intrusive thoughts, and anxiety and panic.

Sudden, traumatic death complicates the process of grief and mourning, as usual ways of coping may be overwhelmed. Surviving children and young people may feel very fearful and powerless to act, and may be unable to put the events out of their minds. Events that resemble the traumatic event may make matters worse, and reactions of numbness and detachment can be misinterpreted

TABLE 1: NUMBER OF YOUNG PEOPLE IN THE SAMPLE EXPERIENCING TRAUMATIC EVENTS

Exposure to war	25
Loss of home – destroyed or forced to leave	30
Separated from siblings	25
Separated from children	1
Imprisoned	21
Tortured	13
Witnessed torture	1
Parents killed (or believed to have been killed)	13
Siblings killed (or believed to have been killed)	3
Police harassment in UK	1
Burgled in UK	1
Partner died (in UK)	1

by adults who might assume that the child or young person has not been affected by the event.

All bereaved children and young people need people to listen to them carefully, explain to them what is happening and ask them to repeat key information back, to check that they have been understood. Reminders of what has happened can trigger further grief reactions, but these can be anticipated. Some children and young people may need crisis intervention, but it is important to remember that not all develop post traumatic stress disorder (PTSD).

By definition sudden death gives children, young people and their families no time to prepare for the event. Grief may have to be put on hold as practical issues may take precedence. Children and young people may feel angry and have vivid dreams and nightmares. They may want to visit the place of the death, and their faith in a logical world may be shaken. Some sudden deaths, such as suicide and drug overdose, carry a stigma that can complicate families' reactions.

In general, bereaved children and young people (not necessarily young asylum seekers and refugees) need:

- information – clear, simple and truthful, expressed in a way that links to things they already know, thus avoiding confusing explanations about death
- reassurance – about practical issues, such as what will happen next and who will look after them, and any guilt they may feel about the death. Continuing routines and extra stability can help
- to share feelings – children and young people learn to mourn by observing adult reactions and parents can model sharing their feelings
- to express their feelings – having their loss acknowledged without being told how to feel, being involved in the funeral and its preparations, adults understanding that grief may be acted out in behaviour rather than words.

Unaccompanied young asylum seekers and refugees often have additional

needs which leave them unable to mourn: they may have witnessed traumatic events, including deaths, prior to leaving their country and they may even be uncertain about whether someone has died. Events en route may compound their distress, and the asylum process itself may be traumatic (they may not be believed about their age or story, or be imprisoned). Their future status may be very uncertain.

CASE STUDY

A 16-year-old boy from West Africa had witnessed his father being shot, and seen his mother gang raped and taken away by soldiers. After living in a refugee camp for six months, he fled to the UK. He did not know whether his mother was alive or dead.

He was helped to talk about his experiences by a psychologist, and revealed that he felt guilty that there had been no funeral for his father. During this time he found out that his mother was dead. He was helped to arrange funeral rites for his parents in the UK, and was helped to talk about good memories of his family.

Young asylum seekers and refugees frequently feel guilt about their traumatic experiences, which can be challenged with cognitive techniques, exploring questions such as 'How could you know what was going to happen?' and 'How much would you have been able to influence what happened?'. Helping young people to put events in sequence can also give them some control over their story.

Teaching effective recovery techniques to traumatically bereaved children and young people involves dealing with their intrusive thoughts, their heightened arousal to stimuli, their avoidance of thoughts, situations and other triggers and, finally, with their bereavement. Wherever possible, it should also involve their parents, who will be able to continue supporting them.

A number of techniques were described that have been successfully adapted to different cultural and specific contexts, including those used in the aftermath of

the Bam earthquake in Iran. The 'Train of Life' offered a ritual for children and young people to participate in, which helped them make sense of the deaths that had affected them.

The afternoon sessions provided delegates with the opportunity to hear specific examples from the field of the impact of bereavement on children and young people.

Bereavement through HIV

Magda Conway, Coordinator of the Children and Young People HIV Network, gave a hard-hitting account of how HIV continues to impact on the lives of people across the globe. At the end of 2005 approximately 40.3 million adults and children were estimated to be living with HIV. Over half that number are concentrated in sub-Saharan Africa.

At the same time, estimates suggested that 70,000 people are living with HIV in the UK, with reports of 7,000 new cases of HIV infection and a prevalence of 1 in 450 pregnant women being diagnosed. Over the past few years there has been a significant increase in the numbers of individuals contracting HIV through heterosexual contact. Breaking down the statistics of new diagnoses, in 90 per cent of cases HIV was acquired abroad and likely in sub-Saharan African. On a positive note, advances in treatment mean that the prognosis for those diagnosed early enough is that they can live longer and fuller lives.

A recent report published by the Children and Young People HIV Network found that 19–20 per cent of children and young people in the UK who are known to have HIV have insecure immigration status: a total of around 200. The numbers of children and young people with insecure immigration status affected by HIV (meaning they have a parent, caregiver or close relative who has HIV) is considerably higher – estimates suggest that between 2,000 and 2,500 children and young people may be in this position. The total number affected is not known, as there may be children and young people who either don't know why their parent died or have not been told the reason. There be unaccompanied young asylum seekers and refugees who also fall into this category.

Meeting the bereavement support needs of children living with HIV, whether they are affected or infected, is not straightforward. Although awareness of HIV has been in the public consciousness for over two decades, continuing stigma both here in the UK and abroad can make identifying the need for and accessing bereavement support more challenging. The secrecy that surrounds HIV may mean that children and young people may not be told what has happened to family members, or they may know but have been told to keep it a secret. Childhood bereavement services face a number of challenges in making their services 'HIV friendly'. These include how to engage with HIV services to ensure children are appropriately referred; developing policies and practice amongst staff that acknowledge the stigma these children face and their need for confidentiality.

Cultural aspects of bereavement

The aim of this part of the seminar was to raise awareness of the fact that bereavement can be experienced in different ways across different cultures. This has to be taken into account when considering bereavement support services and our responses to young asylum seekers and refugees who are bereaved.

Abdirashid Gulaid, Mental Health Development and Support Worker from Mind in Tower Hamlets, and Amina Hassan, Clinical Counsellor, Tower Hamlets PCT Primary Care Trust Psychology and Counselling Team, spoke specifically about cultural aspects of bereavement in the Somali community and its implications for support services for young Somali asylum seekers and refugees.

The demographics and history of Somalia were described, marked by a changing landscape of foreign occupation, through to the fight for independence; the military coup followed by dictatorship; and, since 1990, an ongoing civil war. The estimated death toll is over one million people, with three million refugees displaced from their homeland. Many Somali refugees find themselves in the UK.

The challenges faced by Somali refugees are immense. The change of environment is a culture shock. Many experience a lack of understanding on

the part of their new host nation. As well as experiencing a loss of status and the new 'asylum-seeking and refugee' label, many are traumatised. Some are burdened with guilt, others are isolated, many have to deal with racism as well as the red tape of bureaucracy and a system they don't understand. Many of these themes will be familiar to young asylum seekers and refugees and their families from across the globe who come to the UK.

Understandings of death and rituals as understood by Somalis and prescribed by Islam were described. Death is openly recognised as a reality and as such it is understood and prepared for. Like birth, death is seen as a transitional state from one world to another. Islam explains death in full detail: how it happens and what a Muslim should do before, during and after the death of a Muslim.

The initial bereavement period lasts for three days during which the Qur'an is recited continuously in the home. During this time the extended family network would usually provide a great deal of support to the immediately bereaved. It is believed that the bereaved's feelings of isolation and loneliness are lessened by talking and family support. As guilt is a common component of bereavement, this is incorporated into the bereavement process and is dealt with openly. Islam encourages sharing and openness, which provides a means of comfort and understanding at a difficult time.

Amina Hassan talked through the issues that impact on the lives of the young Somali asylum seekers and refugees she sees during her work as a clinical counsellor. These children and young people have experienced political repression, war and violence alongside multiple losses and bereavements, and may be very anxious about the causes of events and the role of their parents. The trauma of migration and exile are compounded by the change in their environment and their separation from what they have known previously: family compositions are often fragmented as a result of fleeing into exile. Eisenbruch (1991) has defined this 'cultural bereavement' as *'the experience of the uprooted person or group, resulting from loss of social structures, cultural values and self identity.'*

The speaker explained that, for Somalis, death is seen as a return of the soul to its creator, Allah (God), which is inevitable and unpredictable as the deceased moves from a mortal existence to a life of immortality. Islam views death as merely a stage in human existence and, as such, it is divinely willed and should be readily accepted when it arrives. Lamenting and open weeping is permissible. Remembering, and reconstructing the story is key, and poetry is often used to this end.

Delegates were reminded that the context in which the bereavement takes place has to take into consideration the characteristics of the Somali people. A nomadic history, generations of living within a harsh environment, staunch individualism, independence, resilience and self-reliance also feed into the way bereavement is expressed. When others from the community have experienced similar traumas and losses, it can be difficult for children and young people to acknowledge the significance of their experiences. One young woman described her focus when she was leaving Somalia:

'I honestly can't put my finger on it, but for me it was so I could cry. I did not cry one bit while I was there [in Somalia] going through this, I did not cry because they would have asked why are you crying, what's your problem? So my aim was to go somewhere safe and cry. I wanted to go to a building somewhere, to go to the top and just cry.'

Summary of discussions

At the end of the morning and afternoon sessions, delegates discussed key questions in groups.

Given the range of issues facing young asylum seekers and refugees, should addressing bereavement be a priority?

Many delegates felt that, while addressing bereavement was indeed a priority, this could only be done effectively in parallel with other needs or once these needs had been met:

'Yes – but at the right time when children's basic needs are being met,

education [is] in place, when they have a trusting relationship in place and there is an understanding of cultural diversity.'

By listening to young people, professionals could find out what their priorities are, and act accordingly:

'Let young people make their priority list. Stop and listen to children.'

'Should fit in with the child's rhythm of reintegration. May need to be dealt with immediately, or may need to be held until they are ready ... Can't predict timing for the child.'

However, to do this effectively, bereavement has to be a priority for professionals so that they *'ask [the] right questions ... Be aware of bereavement issues and signs to address'*.

Services should be available to children *'as they need them and as they are ready to use them'*.

From the presentations and your practice, what do you think are the key bereavement support needs of young asylum seekers and refugees?

Respondents identified the following key themes:

- a champion/mentor/keyworker (9 respondents)

- a trusting relationship (4)
- information and signposting to services (4): children and young people need to be aware of the services that are available to them, as a current difficulty is *'not knowing what is out there'*
- cultural understandings of death and bereavement among service providers (3), including rituals and symbolic processes (2)
- peer support and role models provided by other young people (2): *'being able to access others that have survived transition/trauma/bureaucracy. Champions. Role models so they are not always receiving negative messages via [the] media'*
- child-centred practice (2): *'being respectful of the time frame of the young person – i.e. talking and listening at their pace'*
- interpreters and assistance with language (2)
- information about what had happened in the past
- support from the wider community
- awareness and training: *'in schools, foster parents, etc.'*

- early intervention
- screening tools for social workers.

How are these bereavement support needs currently met in policy, practice and legislation?

Participants identified a range of legislation and guidance that affected young asylum seekers and refugees, including the UN Convention on the Rights of the Child, the Children Act 1989, guidance on Children in Need, Every Child Matters and immigration policy.

However, there was concern about how some of these were in conflict with each other: *'a child is still a child, whether [they are] asylum seekers or refugees'*. Concerns were also raised about how effectively policies were implemented and whether they were specific enough to include bereavement support needs.

Local practice could be improved: *'teachers etc. should be active [in] looking at causes of bad behaviour'*.

One respondent identified that communities could sometimes miss bereavement support needs: *'lack of sympathy from community if all have experienced same things'*.

Delegates highlighted key issues at the end of the morning session: these have been grouped into policy, practice, partnership and participation.

POLICY

- There are good ideas around in practice – but these aren't necessarily supported by policy.

PRACTICE

- There is a need for foster carers and other frontline staff to have training and skills in this area.
- There is a need to look at children and young people's needs holistically: bereavement doesn't come first or last – it is part of the whole package of needs.
- Bereavement issues may have to be 'held': put to one side to be addressed later.
- Effective listening is a key skill.
- Emotional support can be offered in creative ways, e.g. while learning to cook.
- Young people should have a named worker.
- Practitioners should listen to children and young people with hope and energy.

PARTNERSHIP

- There is a lack of information and awareness among service providers about services available.
- Practitioners should check carefully that organisations they are referring to are appropriate.

PARTICIPATION

- Children and young people need help – legal, practical and psychological – to feel safe.
- Sharing stories may take years: this may be especially difficult for children and young people who were challenged or disbelieved when telling their story at a Home Office interview.
- It is important to help children and young people to remember positive things that have happened, as well as traumatic and difficult events.
- Issues of transition/change are wider than bereavement.
- It's important for children and young people to build relationships and trust with peers.
- Children and young people's resilience and capacity to cope should be built on.

WHAT ARE THE GAPS IN LEGISLATION, POLICY, SERVICE PROVISION, SKILLS AND TRAINING IN MEETING THE BEREAVEMENT SUPPORT NEEDS OF YOUNG ASYLUM SEEKERS AND REFUGEES, AND HOW CAN THESE BE FILLED?

What are the needs/gaps?	How can these gaps be filled?
Lack of awareness within immigration and legal systems of the support needs of young asylum seekers and refugees and their families, and the impact of their experiences of death and bereavement.	Training for immigration and Home Office staff.
Immigration and asylum procedures dominate so there is a lack of awareness of the needs of young asylum seekers and refugees in relation to bereavement, loss and trauma.	<p>Speedier decision-making.</p> <p>Home Office staff, immigration officials, solicitors and judges to have an understanding of bereavement issues and the subsequent impact of actions and interactions.</p> <p>Access to mental health assessments that address trauma, bereavement and loss. More funding for Child and Adolescent Mental Health Services (CAMHS) and other children's service providers.</p>
Lack of awareness of existing services that can provide bereavement support for young asylum seekers and refugees and their families.	Better signposting to existing support services and resources.
Appropriate support services.	As well as creating new services, we should look more broadly at the services we have already and see how we can improve the skills contained within these services to meet bereavement support needs.
Bereavement services and other support services that are more accessible out of hours (beyond the 9 to 5 Monday to Friday).	Funding and resources.
Lack of understanding among practitioners of how young people manage bereavement, loss and trauma – including cultural differences – and their support needs.	<p>Funded training on bereavement issues for all those working with young asylum seekers and refugees, including foster carers, social workers, family support workers.</p> <p>Information on cultural interpretations of death and bereavement, and advice on how to manage cultural difference.</p> <p>Access to advice and consultancy on bereavement support for professionals and carers.</p> <p>Information to be passed to those actually dealing on a day-to-day basis with the children.</p>
Need for a multi-agency approach to working best with the child.	Training on working in a multi-disciplinary context. Education, health, social services to be trained together.
Need for counselling and support to be available in own language. Children have difficulty trusting some interpreters.	<p>Appropriate support and statutory training for interpreters.</p> <p>Choice of interpreters.</p>
Lack of support for bereaved failed asylum seeking families who are made destitute and homeless.	Better support.

As a final exercise, delegates were asked to identify one key issue they would like to change. These have been grouped into recommendations on policy, practice, partnership and participation.

POLICY

- Immigration policy and decision-making should be improved and simplified to provide clarity, coherence and continuity for young asylum seekers and refugees.

PRACTICE

- Immigration assessors should be provided with training and included in consultations.
- A screening tool to identify bereavement support needs on entry into the UK should be developed.
- Services should have more resources – money and time – to be able to devote the time necessary to supporting bereaved children and young people.
- Young asylum seekers and refugees should have a key worker: one constant person to hold information and manage practicalities.
- Appropriate trained interpreters should be available to avoid young people interpreting for family members or each other.

- People working with young asylum seekers and refugees should have greater awareness of cultural understandings of death and bereavement.
- Bereavement should be seen as part of young people's wider health needs.
- To be sustainable, bereavement services have to be realistic about their capacity and confidence in working with young asylum seekers and refugees, and clear about practical issues of access and timing.

PARTNERSHIP

- Young people and professionals should be made aware of what services and support exists to meet their bereavement support needs.
- Bereavement support should be offered in conjunction with other activities such as learning English.
- The bereavement support skills of workers in universal services should be improved to help them respond to young people's needs and refer on when necessary.

PARTICIPATION

- Services need to work from the needs that young people identify as particularly relevant in their lives.

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