NO WAY OUT, NO WAY IN

Irregular migrant children and families in the UK

RESEARCH REPORT

Nando Sigona and Vanessa Hughes

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Table of Contents

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Acknowledgements

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About the authors

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Executive summary

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An estimated 120,000 irregular migrant children live in the UK. A large majority of these are either born in the country or migrated here at an early age. These children were brought up in the UK, educated in British schools and many speak English as their main language.

Successive British governments have provided irregular migrant children with some entitlement to public services. However, contradictory and frequently changing rules and regulations, cuts to public spending, and broader reforms in the provision of public services mean that even when legal provisions still exist, access to public services has become limited in practice, which can lead to destitution and social exclusion.

The risk of producing a generation of disenfranchised youth, non-deportable and yet excluded from citizenship, should not be underestimated and demands sensible and pragmatic solutions.

In the last 20 years international migration has had profound effects on the political and social landscape of the UK and the EU. In the UK, immigration and asylum Acts have followed each other in rapid succession since the early 1990s with the aim of managing increasingly diverse migration flows, such that legal entry, particularly for some categories of migrants, has become increasingly difficult. As a consequence, some migrants have been led into overstaying temporary visas or taking ever more difficult, dangerous and costly journeys and using irregular means of entry into the UK.

According to accepted estimates, 618,000 migrants live in the UK without authorisation. Individuals under 18 make up a significant portion of this population. Children have always been part of migration flows but data on migrant children, particularly if irregular, is extremely limited and little is known about their lives and livelihoods in the UK.

Research aims and methodology

The aims of this study were four-fold:

- To draw a profile of the population of children without legal immigration status in the UK; look at their rights and entitlements, especially in relation to education and healthcare; and explore in particular the relationship between immigration and child welfare legislation, including how it affects the statutory duties of public service providers.

- To contribute to a better understanding of the everyday lives of irregular migrant children and families and investigate the factors that shape how legal status impacts on their lives and the strategies they put in place to cope with it.

- To contrast migrants' experiences of accessing education and healthcare with those of the healthcare and education professionals working with them, and explore how the tension between the commitments to protecting children and controlling irregular migration is addressed, if not resolved, in practice at a time of economic downturn and reform of public services.

- To contribute to the policy debate on how to reconcile and balance the implications of two policy objectives affecting irregular migrant children: these being the protection of *all* children and immigration enforcement.

Given the hidden nature of this migrant population and the limited knowledge on their profile and situation in the UK, this study is exploratory in nature and relies on the analysis of in-depth qualitative interviews with migrant children and families and stakeholders to address the research aims. The study draws on a review of existing evidence and on two sets of in-depth semi-structured interviews: 53 interviews with irregular migrant children and parents, distributed in 49 households; and 30 interviews with stakeholders. Interviews were conducted in London and Birmingham.

Migrant interviewees were originally from Afghanistan, Brazil, China, Jamaica, Nigeria and Kurds from Turkey, Iran and Iraq. The countries of origin selected for inclusion in the study provided variation in terms of economic development, historical and colonial ties to the UK, and histories and motivations for migration to Britain. Seventeen out of the 53 migrant interviewees were minors – nine independent migrants and eight dependent migrants – all were born abroad and most were male. The 49 households included in total 88 minors, almost equally divided between males and females. Of the 88 minors, 50 were born in the UK, sometimes in households with siblings born abroad.

Stakeholders interviewed for this study included healthcare and education professionals with experience of working with irregular migrant children, social workers, local authority officials, local MPs and non-statutory support agencies.

Key findings

Mapping a hidden population

Irregular migrant children are a diverse population mostly below the radar of current political debate. Of an estimated population of 120,000 irregular migrant children (0.9 per cent of the UK's population under 18), over half of them (65,000) were born in the UK to irregular migrant parents.

The latter are British citizens *in becoming* as current legislation entitles them to apply for British citizenship on grounds of residence after 10 years in the UK.

While current policy and public debates focus mainly on separated and unaccompanied children in their late teens, the study estimates that most irregular migrant children are under 12 and live with their parents or close relatives.

Successive British governments have ensured that, irrespective of their lack of immigration status and of the circumstances that led to it, as children they are holders of certain rights. Provisions in the international and British legal systems guarantee, for example, their access to compulsory school education and to primary and emergency healthcare free of charge. They also place a duty on public authorities to act in the children's best interests and in the case of local authorities to look after those in need.

Yet, as migrants, children, and irregulars they stand at the intersection of diverging and to some extent contradictory policy agendas, namely the protection of children and children's rights, and the enforcement of immigration control. The unresolved tension between these two policy objectives can be detected in the dialectics between different levels of government (i.e. local, national and supranational) and is one of the main factors that determines the relationship of irregular migrant children with the state and public services. This tension fundamentally shapes the everyday lives of irregular migrant children in Britain and the experiences of front-line service providers in the fulfilment of their duties.

This study argues that 'irregularity' for migrant children is not a single, homogeneous and fixed (non-) status. There are multiple pathways into irregularity for adults and children, such as refusal of asylum applications, visa overstaying, bureaucratic failures in processing immigration applications and, to a lesser extent, unauthorised entry. The child's status is largely determined by that of the parents, as starkly illustrated by the case of UK-born children who are born 'irregular migrants'.

The impact of immigration status on the everyday lives of irregular migrant children and families

Irregular status can be portrayed as a dynamic constellation of positions *vis-à-vis* the state that are the product of conflicting objectives embedded in the policy and legal framework (i.e. the protection of all children versus the control of irregular immigration) and migrants' plans, expectations and histories. The intersection of endogenous factors (e.g. expectations and reasons for migration, entry routes to the UK, gender, age and social class) and exogenous factors (e.g. policy and legal framework, practices of local authorities and service providers) ultimately determines how the absence of legal status impacts on children's lives.

Among the households in this study, most irregular migrant families live in privately-rented and overcrowded houses. They experience high housing mobility, either to avoid detection from the authorities or as a result of the informality of housing arrangements. With significant local variations, we found that some form of social housing and income support from local authorities is available for vulnerable single parents with children and independent child migrants.

Family income is often insecure and destitution is an everyday reality for many. Lack of legal immigration status affects access to the job market and the capacity of migrants to react to exploitative working conditions.

The ways in which immigration status becomes visible to children vary according to their age, their migration pathway and their circumstances in the UK. For older children, both dependent and independent, becoming an adult brings the full weight of irregular status, marking a critical transition from a relatively protected status as a child to one of loss of control over one's own future.

Accessing education and healthcare: irregular migrant children encountering public service providers

The study found that irregular migrant children tend to feel protected at school, and going to school helps them to maintain a sense of stability in their everyday lives. Once in school, lack of status has a limited impact on children's experience of schooling. However, wide-spread destitution and no entitlements to free school meals may single out irregular migrant children from the others and this impacts on their educational achievements.

Parents reported some initial difficulties with enrolment in primary and secondary school mostly due to lack of places and language barriers. Ensuring children's school attendance is important to parents both for its educational value and because failing to attend may lead to the involvement of local authority social services that have a duty to report their case to the UK Border Agency (UKBA). In contrast, access to pre- and post-compulsory education is very difficult. Lack of affordable places in nurseries and visa requirements for enrolling in further and higher education were the main obstacles mentioned by interviewees.

The combination of precarious immigration status, limited access to healthcare and financial hardship produces negative effects on migrants' physical and mental health. Parents' anxiety and frustration resulting from the precariousness of their legal status trickle down to the children and affect their mental health and general wellbeing.

In relation to access to healthcare, the study found that most interviewees were registered with a GP. However, in several instances registration took place when the migrant was regularly resident, and was retained after immigration status was lost. As it was felt that GP registration

was becoming more difficult, many preferred to stay with their initial GP even if they moved to a different catchment area.

Migrants' concerns about GP registration were echoed in the interviews with healthcare professionals who lamented what they described as the UKBA's 'invasion' of public services. For the interviewees, this is a cause of concern because it undermines the trust between public service providers and users, a particularly important relationship given the precariousness of migrants' legal status and their fear of detection. In turn, this may result in a sizeable population of UK residents being without access to primary healthcare and in higher costs to the NHS due to lack of prevention, with potentially significant implications for public health.

Likewise, some education professionals and social workers expressed unease at what they described as increasing demands from the UKBA on them to perform immigration control-like tasks. Service providers suggested that control of access to public services for immigration enforcement purposes is pushing some irregular migrant children and families away from public services, making them in turn more destitute, vulnerable and isolated.

The study found that while irregular migrant children are given some degree of protection in the UK, nonetheless there are significant variations in access to public services among and within research locations. Conflicting rules and regulations, frequent change of policies which result in service providers being in constant need of retraining, cuts to public spending and broader reform in the provision of public services mean that even when legal provisions still exist, access to public services for irregular migrant children can be limited and varied in its quality.

Implications for public policy

Securing children's effective access to public services is essential to address the specific vulnerabilities of irregular migrant children. This study found that, while current legislation provides this population of children with a limited entitlement to public services, in practice, even this limited access may be hindered. This study highlighted that the increasing cooperation between public service providers and the UKBA can undermine the ability of social workers, teachers and health professionals to carry out their statutory obligations, resulting in the *de facto*

exclusion of a considerable number of children from public services.

Our estimate regarding the high proportion of irregular migrant children who are either born or have spent most of their childhood in the UK invites a refocus of public understanding of this population. More attention should be paid to the impact of current policy and practice on the early years of irregular migrant children in the UK, starting even before birth with antenatal care. Two areas should be afforded particular consideration: firstly the impact of NHS charging policy for overseas visitors on mothers and babies without legal immigration status, and secondly how existing levels of support are affecting children's overall development in the foundation years.

The study also shows the extent to which the immigration system contributes to the destitution of irregular migrant children, which in turn negatively impacts on their health status and educational achievements. The government should therefore consider if, in addition to the legal provisions already in place to protect access to education and primary and emergency healthcare, there are further measures that could be taken to address the specific causes of irregular migrant child destitution in line with its Child Poverty, Social Justice and Social Mobility strategies and the recent Supreme Court's judgement in *ZH (Tanzania) v Secretary of State for the Home Department (2011)* which reaffirmed the priority of the best interests of the child over immigration status considerations.

The study has also highlighted the centrality of families in the experience of migrant children and argues that an analysis of the impact of irregular status on children cannot isolate the children from their families and circumstances. It has shown in particular the negative impacts of income insecurity and parents' precarious working conditions on the family as a whole. The promotion of secure, strong and stable families, in line with the government's own policies, should therefore be at the centre of policies aimed at promoting the best interests of migrant children.

Finally, given the *de facto* non-deportability of children who were born or spent most of their childhood in the UK and the potential negative impacts on society of a long term excluded population, proposals should be developed to provide effective pathways for irregular migrant children to regularise their legal status.

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1. Introduction

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Sarah is 21. Originally from Jamaica, she moved to Birmingham when she was 12 after her father died. She came to the UK on a regular visa to reunite with a much older step-sister whom she hardly knew. Adapting to life in Britain and to the rules of her new family proved to be difficult and, by the time she was 15, her step-sister wrote a letter to the Home Office saying she did not want to look after her any longer. In response, the Home Office withdrew her authorisation to stay in the UK and ordered her to return to Jamaica. 'My sister packed my bags, and put them out in the street. I was really scared', she recalls. But Jamaica was by then an alien place to her. She felt that Birmingham was her home and so decided to abscond rather than get her flight back to Jamaica.

We met Sarah in the office of a charity that helps destitute people in Birmingham. She came to the interview with her six-week-old twins. For the last three weeks she had been living in temporary accommodation provided by the city council. She did not know for how long and this was making her extremely anxious. But what she feared most was the idea that social services might take the twins away from her. She was on anti-depressants and had been receiving counselling on a weekly basis since she was four months pregnant. Sarah is a single parent and lives in poverty, with no income and no fixed abode. She grew up in the UK and has spent half of her life in Birmingham. For the UK immigration authorities she is an irregular migrant[1] and her Birmingham-born twins are irregular migrants too. For the city council, she and the twins are 'in need' and therefore entitled to some form of social assistance.

This vignette anticipates some of the themes that will be addressed in this report. Sarah's twins are not isolated cases. As discussed later in Chapter 2, the population of children born in the UK to irregular migrant parents is in the tens of thousands, according to current estimates. If one adds migrant children who live independently and children who travelled with or joined their close family and reside in the UK irregularly, we are looking at a figure of around 120,000 minors, roughly 0.9 per cent of the UK's population under 18. Many of them have spent most or all of their life in the UK, often living in conditions of severe poverty (Amnesty International UK 2006; The Children's Society 2008, 2012; Crawley et al. 2011).

As the Platform for International Cooperation on Undocumented Migrants (PICUM) has pointed out in its assessment of the situation of irregular migrant children in Europe, these children are 'in a position of triple vulnerability: as children above all, as migrants, and as undocumented migrants' (PICUM 2008: 7). Similarly, the Council of Europe's Human Rights Commissioner Thomas Hammarberg (2007) described them as 'one of the most vulnerable groups in Europe today'[2].

As migrants and as children, this multi-faceted group stands at the crossroads of different and to some extent conflicting policy agendas (Giner 2007). As this report shows, the unresolved tension between commitments to protect child rights and more broadly human rights, on the one hand, and curbing unauthorised immigration and securing borders, on the other hand, is the main factor that determines the relationship of irregular migrant children with public authorities, and shapes their everyday lives in Britain.

In April 2011 the UK government launched its 'Child Poverty Strategy' (Department for Work and Pensions, Department for Education 2011)[3]. The main goal of the strategy is to end child poverty by 2020. Will the new policy also address the situation of children without legal immigration status who live in poverty in the UK? While it may be too soon to provide a definitive answer, this report aims to offer some insights that may lead in that direction. It does so by combining an analysis of everyday lives, livelihoods and coping strategies of irregular migrant children and families in present-day Britain, a critical review of policies and practices affecting irregular migrant children, and first-hand evidence from service providers, local authorities, policy makers and support organisations who work with them.

Research aims

The aims of this study are four-fold:

- To draw a profile of the population of children without legal immigration status in the UK; look at their rights and entitlements, in particular in relation to education and healthcare; and explore in particular the relationship between immigration and child welfare legislation, including how it affects the statutory duties of public service providers.

- To contribute to a better understanding of the everyday lives of irregular migrant children and families and investigate the factors that shape how legal status impacts on their lives and the strategies they put in place to cope with it.

- To contrast migrants' experiences of accessing education and healthcare with those of the healthcare and education professionals working with them, and explore how the tension between the commitments to protecting children and controlling irregular migration is addressed, if not resolved, in practice at a time of economic downturn and reform of public services;

- To contribute to the policy debate on how to reconcile and balance the implications of two policy objectives affecting irregular migrant children: these being the protection of all children and immigration enforcement.

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1 The term 'illegal' is widely used in public and political parlance to connote migrants without regular residence status and/or in breach of legislation on immigration. However, many scholars and activists object to its use as it firmly hints at criminality and at a breach of the law, ultimately reinforcing public perception of threat (see for example Paspalanova 2008; Cohen 2003). It may also suggest, as Spencer explains (2011: 158), that 'solutions are to be found in stricter enforcement of the law'. Whereas 'irregular', the term used in this report and by the principal international agencies in the field, suggests the possibility of differing degrees of departure from authorised residence as well as the possibility to address it through a wider range of solutions and approaches.

2 'Decision-making politicians appear sometimes to be confused about how to

treat migrant children. On the one hand, they state their full support of the idea that children do have rights [...]. On the other hand a number of them appear not to be able to draw the necessary conclusions [about the rights of migrant children]' (Hammarberg 2007).

3 https://www.education.gov.uk/publications/eOrderingDownload/CM-8061.pdf

Methodology

Given the hidden nature of this migrant population and the limited knowledge on their profile and situation in the UK, this study is exploratory in nature and relies on the analysis of in-depth qualitative interviews with migrant children and families and stakeholders to address the research questions. The sample being studied is not representative of the overall irregular migrant children population and, while it does not allow for generalisations, it provides rich qualitative data that can inform a better understanding of this under-researched population.

The analysis draws on a critical review of academic and grey literatures and on two sets of in-depth semi-structured interviews: 53 interviews with irregular migrant children and parents, distributed in 49 households; and 30 interviews with stakeholders. Interviews were conducted in London and Birmingham.

The research design and sampling strategy were informed by a review study (Sigona and Hughes 2010) that shed light on the demography of irregular child migration and the complex policy framework governing this population.

Through a combination of non-probability sampling techniques, namely purposive and snowball samplings, the study identified migrant interviewees and key stakeholders who enabled us to gain insights into the experiences of irregular migrants, service providers and other stakeholders engaging with them.

Non-probability sampling is used in situations where the research cannot or does not aim to sample the whole population as, for example, in the case of populations that are hidden or hard-to-reach. Purposive sampling enables a focus on particular characteristics of a population (e.g. irregular migrant children and families; health professionals and school teachers working with irregular migrant children) that are of interest and useful to address specific research questions (Patton 1990). Snowball sampling is a type of non-probability sampling technique used to obtain respondents through referrals among people who share the same characteristic. For this study, it was especially useful in accessing migrant respondents, because it provided an intermediary between the interviewer and the interviewee, who was able to act as a verifier or advocate for the project (Bloch et al. 2009).

The review study (Sigona and Hughes 2010) highlighted the importance of considering the specificities of migration histories, colonial ties, community formation and settlement patterns in understanding the experiences of irregular migrants in the UK. In order to capture the variations as much as the commonalities in their experiences, the following criteria guided the purposive sampling adopted to select migrant interviewees:

- Migrant children and/or families who had no legal immigration status at the time of interview;

- Country of origin of minors or parents: Afghanistan, Brazil, China, Jamaica, Nigeria and Kurds from Turkey, Iran and Iraq. For each population we had a target of 10 interviews.

- Place of residence: Birmingham and London.

Migrant children without immigration status were divided into three main sub-groups according to the position they had in relation to their household in Britain: independent migrant children, that is living separated from close family members;

migrant children born abroad living with family; and migrant children born in the UK living with family. Whenever possible, we sought to include both male and female migrant children in our sample. For children under 12 years old, the interview was conducted exclusively with a parent or guardian. For children aged 12 to 15, the interview was conducted with the minor and a parent or guardian. For children aged 16 to 18, the interview was carried out only with the minor.

The inclusion of independent and dependent migrant children allowed for a better understanding of the factors shaping migrant trajectories and to capture similarities and differences of experiences between older minors (mainly among independent migrants) who spent most of their childhood abroad, UK-born children and children born abroad who migrated to the UK in their early years (mainly among dependent migrants).

The countries of origin selected for inclusion in the study provided variation in terms of economic development; historical and colonial ties to the UK; and histories and motivations for migration to Britain. People from Jamaica, Nigeria and China have long histories of migration to Britain and established community networks, while migration from Brazil and Afghanistan is more recent and there are fewer community networks which might help to shape migrants' experiences, especially outside London. The six countries of origin allowed for an exploration of different initial migration routes and strategies including visa overstayers, illegal entrants, and those who had been through the asylum system unsuccessfully.

The choice of locations was informed by research evidence that suggests that London is the place of residence of the large majority of the UK's irregular migrant population (Gordon et al. 2009). This population is concentrated in increasingly diverse urban areas (Vertovec 2007; Commission on Integration and Cohesion 2007), a reality that raises new challenges to public services particularly at a time of budget cuts (DH 2010). Our review of research evidence also highlighted a significant heterogeneity in service provision and access for irregular migrants within London linked to different approaches and attitudes at borough level; thus we decided to select two main sites of research in London, one in the East and one in the West. Birmingham is the second largest city in the UK with a youthful and ethnically diverse population resulting from successive inflows of migrants (Phillimore et al. 2008). In the early 2000s the arrival of dispersed asylum seekers and successively migrants from the EU following its enlargement brought a significant and rapid change in the urban ethnic profile of the city. The arrival of new migrant communities, often with no previous history or social networks in the city, increased demands on public services that now had to liaise with migrants from a wider range of cultural backgrounds.

The fieldwork was conducted between July 2010 and March 2011 in London and Birmingham. Based on a detailed topic guide developed and piloted at the beginning of the fieldwork, semi-structured qualitative interviews were conducted with migrant children aged 12 years or older, and with parents or guardians of younger children by fieldworkers with relevant language fluency for each community. The interviews were whenever possible digitally recorded. Verbatim transcripts or translations were analysed with the support of software for qualitative data analysis (Nvivo 8) which facilitated the cross-examination of data along different dimensions (e.g. country of origin; entry route; location; gender; household type; length of stay).

Thirty interviews with healthcare and education professionals, local MPs, local authority officials and support organisations were conducted in parallel to the fieldwork with migrants in the same locations.

Over the period of fieldwork, we established collaborative links with a number of grassroots support and community organisations and the research team worked in close cooperation with them throughout the fieldwork. These organisations will also contribute to the dissemination of research findings to targeted audiences, including migrant children and families. A project blog (http://irregularvoices.wordpress.com) was set up at the beginning of the project to provide a more user-friendly, informal and up-to-date source of information about the project to interested parties. Leaflets with the URL of the blog were distributed to partner organizations and interviewees during fieldwork, together with signposting sheets with relevant contacts of local advice and support groups.

Profile of interviewees

Overall we interviewed 53 irregular migrants distributed in 49 households. Seventeen out of the 53 interviewees were minors – nine independent migrants and eight dependent migrants – all were born abroad and most were male. We did not interview UK-born children directly as they were all under the age of 12.

In total, the 49 households included 88 minors, almost equally divided between males and females. Fifty out of the 88 were born in the UK, sometimes in households (9) with siblings born abroad. Interestingly, Chinese households were the only ones in which children were exclusively born in the UK, although some had children in China. Table 1 shows the distribution of minors in our sample by place of birth.

Table 1   Distribution of minors by place of birth

	Households	Minors
Households with UK-born children only	24	35
Households with UK-born and non-UK born children	9	15 UK born +14 non UK born = 29
Households with children born abroad only	16	15 dependent + 9 independent = 24
Total	**49**	**88**

The tables below show the uneven distribution of our sample. The location of interviewees and their profiles reflect the geographical distribution and demographic profile of particular migrant communities as well as the social networks of fieldworkers.

Table 2   Interviewees (parents and minors) by nationality and location

Nationality	Interviews	London	Birmingham
Brazilian	10	10	0
Chinese	10	9	1
Kurdish	10	6	4
Afghan	7	1	6
Nigerian	5	4	1
Jamaican	11	2	9
Total	**53**	**33**	**20**

Table 3   Profile of interviewees (parents and minors) by nationality and gender

Nationality	Minor interviewees	Parents
Brazilian	3	7
Chinese	0	10
Kurdish	8	2
Afghan	5	2
Nigerian	0	5
Jamaican	1	10
Total	**17**	**36**
Male	15	
Female	2	

Fieldwork with service providers and other stakeholders included 30 semi-structured qualitative interviews and was conducted in London and Birmingham. In each of our locations we interviewed healthcare and education professionals with experience of working with irregular migrant children and in depth knowledge of their situation, local authority officials, local MPs and non-statutory support agencies.

Research Ethics

Given the sensitivity of the research and the vulnerability of irregular migrant children and families, ethical considerations and safeguards were paramount throughout the research process.

The research was conducted following the British Sociological Association and the University of Oxford's ethical guidelines. The members of the research team who carried out the interviews were experienced in working with sensitive topics and vulnerable individuals. Even so, particular attention was paid to ensuring their ethical awareness and that standards of confidentiality and anonymity were absolute. Regular debriefings were carried out during the fieldwork to ensure that these standards were maintained.

All participants were interviewed after informed consent was given, although to protect their identity we did not require written consent. Participants were made aware that they could withdraw at any time, or request that parts of their narratives should not be recorded.

The fieldworkers carrying out the interviews applied the pseudonyms used in the text. The recordings of the interviews will be retained for 12 months after pubication in case verification is needed.

Outline of the report

After this brief introduction which has outlined aims and methods of research and provided a profile of research participants, the report is divided in three parts followed by a conclusion, Chapter 11, in which we summarise the main findings and discuss the policy implications of this study.

Part One sets the scene by exploring definitional and demographic issues and the relevant legal and policy framework. In particular, Chapter 2 defines key terms and sketches a profile of irregular migrant children in the UK, and Chapter 3 outlines the complex legal and policy framework governing this population and their rights and entitlements to public services.

Part Two explores the different and multiple impacts of the lack of legal status on the everyday lives of irregular migrants from their own perspective. In particular, Chapter 4 explores migration strategies and entry routes of migrant children and families. Chapter 5 focuses on the initial settlement and support networks that facilitate this process. Chapter 6 offers some insights on the impact of lack of status on families and explores household arrangements and dynamics. Chapter 7 explores how children and families cope without legal status and their expectations about the future.

Drawing on interviews with irregular migrants, public service providers and other stakeholders, Part Three investigates the encounter between public services and irregular migrants. In particular, Chapter 8 discusses migrants' experiences and attitudes towards the UK education system and investigates the impact of undocumentedness in this sphere. Chapter 9 focuses on the relationship between legal status, health needs and access to healthcare, and, finally, Chapter 10 explores practitioners' views on the relationship between irregular migrant children and public services and their day-to-day experiences of working with this group of migrants. In doing so, the chapter shows how practitioners cope in practice with the tension embedded in the legal and policy framework.

PART ONE

Children in irregular migration:
definitions, numbers, and policies

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Part One addresses definitional issues, sketches a profile of irregular migrant children in the UK and outlines the complex legal and policy framework governing this population. It explores in particular the relationship between two bodies of laws and policies, those aimed at the protection of children and children's rights and those on immigration and immigration enforcement, and highlights public authorities' duties *vis-à-vis* children irrespective of their immigration status.

2. Irregular migrant children: definitions and numbers

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Key terms and definitions

Defining who is a child and who is an irregular migrant is not straightforward. If one takes the definition adopted by the United Nations Convention on the Rights of the Child (UNCRC) as a starting point, a child is 'every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier' (Art. 1). This definition adopts biological age as the main criterion for the identification of a human being as a child. However, to ascertain the biological age of an individual is not always an easy task, not least because not everyone has their birth registered or a document to prove it. In the case of migrant children, this is further complicated because of the policy and practice implications that the recognition as a child may carry in terms of rights and entitlements to the migrant, and obligations for local authorities and public services. The controversy around the practice of disputing unaccompanied minors' age and the reliability of age assessment techniques illustrates the importance and complexity of the task of ascertaining a young person's age[4] in absence of documentation (Crawley 2007; Hamm et al. 2008; PICUM 2008; Kvittingen 2010).

Contrary to popular perception, the definition of who is an irregular migrant is also only apparently unproblematic. There is no single category of irregular migrant but differing modes of irregular status resulting from the increasing scope and complexity of international migration that has expanded the conceptual and policy vocabulary dealing with processes and patterns of migration (Zetter 2007; Vertovec 2007; Carrera and Merlino 2009; Castles and Miller 2009).

The meaning of 'irregularity' as well as the experiences of 'irregular migrants' are the products of specific immigration policies which, in turn, are embedded in current political debates on national sovereignty and human rights, security and the politics of belonging as well as in broader processes of restructuring of the labour market and welfare system occurring in the UK and in the EU (De Genova 2002; Jordan and Düvell 2002; Geddes 2003; Düvell and Vollmer 2011; Squire 2011).

At a closer look the boundaries of the category 'irregular' become blurred and fluid and its core reveals a diverse set of migrants who, according to their entry routes into the country of destination, their motivations, the timing of their arrival and, in the case of children, their condition as dependent or independent migrants, encounter different institutional and policy arrangements.

As Ruhs and Anderson (2006) argue, the partition of migrants into two mutually exclusive and jointly exhaustive parts – either 'legal' or 'illegal' – dominant in political and public discourse is neither clear in practice, nor conforms to migrants' own experiences and conceptions of their status. For Bloch et al. (2009; 2011), research on 'irregularity' would benefit from shifting its focus from a state-centred perspective on irregular

migration to a migrant-centred analysis that conceptualises 'irregularity' as one of the range of statuses that non-citizens move through (Gonzales 2011; Sigona 2012), and therefore being more attentive to migrant agency and better able to understand and locate the experience of being without legal immigration status in migrant biographies[5].

This conception of 'irregularity' as a non-homogeneous legal status is informed by a number of complementary perspectives which draw attention to legal status stratification through the lens of packages of rights attached to different immigration statuses (Balibar 2004; Morris 2001, 2002; see also Spencer et al. 2007).

Counting the uncountable

Increased interest in research on irregular migration is partly based on the premise that Western Europe and North America have seen a significant increase in the numbers of migrants residing in these countries without authorisation. A significant section of this population can be expected to be people under 18 (Dobson 2009).

Children have always been part of migration flows. However, data on children in migration, whether documented or not, has been particularly limited. For dependent migrant children, this is partly due to the fact that children's movements are often not recorded separately from their parents. Instead, the mobility of unaccompanied or separated children, although they are fewer in number, has attracted significantly more attention from policy makers, support and advocacy groups, academics and the broader public (European Commission 2010).

Yet despite a variety of reasons and circumstances for migration, since the mid-1990s and in correlation with the 'UN Protocol to Prevent, Suppress and Punish Trafficking in Persons' (also known as the Palermo Protocol), independent child migration has been understood prevalently as the result of 'human trafficking', producing a limited, and at times distorted, understanding of other forms of child migration[6] and reducing child migrants exclusively to agency-less victims.

For O'Connell Davidson (2005: 65), framing independent child migration solely in terms of 'human trafficking' ultimately 'serves to shore up a model of children as passive objects and eternal victims', and deflects attention from the structural factors

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4   Official data shows that 7,201 applications for asylum were age disputed in the period 2006-2010 (Home Office 2011).

5   Contrary to public perception and political rhetoric, main variations in the stock of irregular migrants can be attributed to status-related in- and out-flows rather than physical mobility (Kovacheva et al. 2010). Gordon et al. (2009) estimate that the main inflow into irregular status in the 2000s results from non-removal of failed asylum seekers and visa overstayers. Similarly, the main reason of outflow is not forced or voluntary removal of unauthorised residents but through various piecemeal regularisation schemes, not least the recently completed UKBA Case Resolution review.

6   In 2000, Salt warned that the enormous interest and moral panic around trafficking and human smuggling was 'running ahead of theoretical understanding and factual evidence' (Salt 2000: 31).

Table 4   Updated estimate on the undocumented migrant population at end 2007

	Central estimate	Lower estimate	Higher estimate
Woodbridge (2005) end 2001	430,000	310,000	570,000
Gordon et al. (2009) end 2007	618,000 (incl. 85,000 UK-born)	417,000 (incl. 44,000 UK-born)	863,000 (incl. 144,000 UK-born)

that underpin the phenomenon[7] as well as other causes of vulnerability, not least the immigration system.

While all irregular migrant children experience some vulnerability as a result of their lack of status, not all of them are victims of domestic violence or trafficking, nor, on the contrary, criminals or benefit scroungers. Current debates on this group of migrants and more broadly on irregular migrants seem to miss this middle ground.

In the United Kingdom, estimating the numbers of irregular migrants is difficult, and rarely includes disaggregated data on children. The methods used are also much debated (Lukes et al. 2009; Vollmer 2008; Kovacheva et al. 2010). Problems arise in particular from the very nature of the target population that is hidden and mostly wants to remain as such (Bloch et al. 2007). The different definitions of 'illegality' adopted in the studies also pose a significant challenge to the comparability of the data.

There are few studies on the irregular migrant population in the UK, of which only a few have put forward an estimate on the size of the population. Recently, the Clandestino project (HWWI 2009) has compiled and evaluated the various estimates of irregular migrants in the UK. The estimates vary greatly, ranging from 120,000 to one million. The two estimates that are generally accepted as being more rigorous are those of Woodbridge (2005) and Gordon et al. (2009) (See Table 4).

Woodbridge (2005) uses a 'residual' method that compares the total *de facto* foreign-born population derived from the 2001 Census with estimates of 'the lawfully resident' foreign-born population and takes the total foreign-born population minus the number of the regularly residing foreign-born population to estimate the 'unauthorised (illegal)' population of the UK. His estimate of the irregular population of the UK in 2001 oscillates between 310,000 (lower estimate) and 570,000 (higher estimate).

However, being based on 2001 Census data, this estimate is now outdated as it does not cover important events such as the impact of EU enlargement, the decrease in asylum applications

and the more recent UK Border Agency's (UKBA) Case Resolution programme. The absence of children born in the UK to irregular migrants is a significant limitation of the study. More recently, a study carried out by Gordon et al. (2009) for the Greater London Authority (GLA) estimated the irregular migrant population of the UK by updating Woodbridge's estimate according to the following categories: a) Illegal entrants (those who evade migration controls and those who present false papers); b) migrants who have been lawfully present in the country but remain after the end of the permitted period (this includes failed asylum seekers and overstayers); and c) children born in the UK to irregular migrant parents.

Furthermore, Gordon et al. (2009) take into account other factors not included in Woodbridge's estimate: the continued arrival of asylum seekers, the clearance of the asylum applications backlog, further irregular migrants entering and leaving the country, more migrants overstaying, and the regularisation of EU accession citizens. The most significant change in this estimate is however the inclusion of children born in the UK to irregular migrants.

Drawing on Labour Force Survey 2008, Gordon et al. (2009: 49) also construct an age breakdown for the central estimate (including UK-born children), suggesting that minors make up 25 per cent of the irregular migrant population.

Elaborating on Gordon et al.'s (2009) estimate, we have calculated an estimate of the irregular migrant children population in the UK at end-2007 (Sigona and Hughes 2010) (See Table 5). Taking the central estimate as a reference, of a total of 155,000 migrant children, over 85,000 are estimated to be UK-born. The remaining 70,000 migrant children entered the country either as dependents (for example, of asylum seeking parents who had their application rejected) or independently (for example, overstaying student or visitor visas). It can be expected that among independent migrant children, asylum is likely to be less significant as a route into irregular status than among adults[8].

Table 5   Irregular migrant children living in the UK at end-2007 and end-March

	Central Estimate	Lower Estimate	Higher Estimate
Sigona and Hughes' (2010) elaboration based on Gordon et al. (2009): Irregular migrant population under 19 in the UK at end 2007	155,000 (of whom 85,000 UK-born)	104,000 (of whom 44,000 UK-born)	216,000 (of whom 144,000 UK-born)
Revised estimate at end March 2011	120,000 (of whom 60–65,000 UK-born)		

7 Recent work mainly focused on the global South (e.g. Burkina Faso, Ghana, Bangladesh, India and Benin) has shown the complexity of independent child migration and the agency of the child in migration decision making and processes, and raised important questions on the limitations of the 'child trafficking' lens (Iversen 2002; Hashim 2006).

8 In fact, data on unaccompanied asylum seeking children shows that the large majority of asylum applicants under 17 receive some kind of leave to remain – most often 'discretionary leave to remain' (Home Office 2010).

The impact of the recent review of the so-called 'legacy cases' – the backlog of over 500,000 unresolved asylum and non-asylum cases recently re-examined by the UKBA's Case Resolution Directorate – on the above estimate is not easy to assess due to the lack of detailed information on various aspects of the cases under review (cf. Gower 2010). At September 2011, the situation was as follows: 37,500 (8%) migrants were removed (including deportations, extraditions and enforced removals), of whom just over 3,000 were dependents; 172,000 (36%) were granted permission to stay, of whom 50,000 were dependants; and 268,000 cases where an 'other' action occurred that led to a grant of some form of leave, or removal that were not recorded in the Case Information Database (CID). This figure also includes 'duplicates' and 98,000 cases that went in the 'controlled archive' (UKBA FOI 20527). Leaving aside the 'other' cases for which no precise data is available, it is reasonable to assume that of 50,000 regularised dependants a large majority are minors as the presence of dependent children was one of the key criteria for assessing an application positively. Moreover, if one takes as an indication that about 70% of dependents of asylum applicants in the late 2000s were under 18 (Home Office 2010), one can roughly assume that about two thirds of the 53,000 dependent migrants regularised or removed through the Case Resolution programme are minors (circa 35,000) of whom over half are UK-born.

In the light of this estimate, however tentative, the distance between a political debate almost exclusively focused on trafficked children[9], unaccompanied asylum seeking minors[10] and on specific issues such as child detention[11] on the one hand, and on the other a far larger group of child migrants without legal status who stay invisible, uncounted and largely outside the policy agenda and public debate, is striking and deserves careful consideration. As the Commission for Social Care Inspection validly noticed (Behan et al. 2005: 87), 'the lack of available information about the range of children in the UK who are subject to immigration control itself raises considerable concern about safeguarding arrangements'.

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9 ECPAT UK believes a very conservative estimate would be 'at any given time a minimum of 600 children, known or suspected of being trafficked, will be in the asylum system or will have been in the asylum system before going missing from local authority care' (ECPAT UK 2008: 3).

10 The annual intake of asylum applications by unaccompanied minors remained more or less constant in the period 2006-2009 at about 3,000-4,000 per year, with a significant reduction in 2010 when only 1,717 new applications were submitted (Home Office 2011).

11 In 2009, 1,120 children, mainly dependant, were detained for immigration purposes, of whom many were subsequently removed (Home Office 2010). Scholars, practitioners and NGOs have strongly criticised the detention of migrant children for its detrimental effects on physical and mental health, education attainments and access to legal advice (Royal College of Paediatrics and Child Health et al. 2009; Field 2006; Hamm et al. 2008; Medical Justice 2010; The Children's Society 2011).

3. Irregular migrant children and public policy: A 'difficult territory'

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Governing irregular migrant children is a 'difficult territory' in the words of Beverley Hughes[12], a former UK Minister for Citizenship and Immigration. In fact, as migrants, children and irregular, this group stands at the intersection of different policy agendas in which state intervention differs considerably, where different legal and policy frameworks operate, where international obligations and national priorities do not always coincide, and where agendas and discourses constructed for different audiences (i.e. domestic and international) meet and sometimes clash, producing a diverse and often contradictory range of policies and practices (Sigona and Hughes 2010). This situation poses a challenge to public services as was recently acknowledged in a consultation document by the Department of Health (DH 2010: 1) in which the commitment 'to ensure that the health of vulnerable children is not compromised by the status or actions of a parent or guardian' is juxtaposed with the imperative of balancing 'cost, public health, migration and humanitarian principles'.

Legal and policy framework

According to international law all people are holders of rights, including irregular migrants. A number of civil, political, social and economic rights apply to individuals irrespective of their legal or administrative status, which are formally guaranteed under legal instruments such as the European Convention on Human Rights, the Universal Declaration of Human Rights or the International Covenant of Economic, Social and Cultural Rights. Children's rights in particular are internationally enshrined in the Convention on the Rights of the Child (CRC 1989) ratified by all United Nations member states, except for the United States and Somalia.

The CRC refers to a wide range of civil, economic, political and social rights and therefore its scope is wider than the European Convention on Human Rights, which was designed to protect civil and political rights. Article 3 of the CRC also contains a principle that dictates the manner in which all the other rights in the Convention should be applied as well as providing an overarching substantive right. In particular, Article 3.1 states that:

> In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.

International instruments, such as the CRC, formally offer considerable protection to migrant children regardless of their legal status (CRC General Comment No. 6). However, the enforcement of such international instruments depends significantly on their incorporation into domestic law. In the UK, the CRC was ratified in 1991 but has yet to be fully incorporated into national law.

The UK Government's strategy for children is set out in a number of laws and policy papers. The Children Acts 1989 and 2004 and the 'Every Child Matters' (ECM) national framework over the last two decades have transformed child welfare policies in the UK, marking a change in the way local authorities, national government, and other statutory agencies work with children and families. Section 11 of the Children Act 2004 introduced the duty of regard for the welfare of children to all state agencies (noteworthy is the initial exclusion of UKBA, see below). It also set out a statutory framework for local co-operation to protect children. All organisations with responsibility for services to children must make arrangements to ensure that in discharging their functions they safeguard and promote the welfare of children.

In general, the statutory duties owed by a local authority and other public authorities to irregular migrant children arise from the fact that they are children and the reasons for their irregular immigration status are not of direct relevance. Restrictions on entitlement largely depend on the current immigration status held by an irregular migrant child and not on how he or she became irregular[13].

Safeguarding and promoting the welfare of children is primarily the responsibility of the local authority, working in partnership with other public agencies, the voluntary sector, children and young people, parents and carers, and the wider community. Under Section 17 (1) of the Children Act 1989, local authorities have a general duty to promote the welfare of children 'in need' in their area and to enable children to be brought up by their families by providing a range of support services to the child and his or her family irrespective of their immigration status. To this end, they are also responsible for coordinating other local service providers.

It is important to note that the duty is triggered by an assessment of need, which is a quantifiable concept. An irregular migrant child may have been rendered 'in need' by his or her past experiences or the deprivations which arise from being without regular immigration status, but assistance will only be provided under Section 17 in response to a need for accommodation or other forms of tangible support. This is a situation that some practitioners described as paradoxical because the immigration system produces the vulnerabilities that in turn create the *need* that determines the intervention of local authorities to protect children.

Set against the backdrop of the Child Poverty Act 2010, in April 2011 the government launched its 'Child Poverty Strategy' (Department for Work and Pensions, Department for Education 2011). The main goal of the strategy is to end child poverty by 2020 because, as the UK Children's Minister Sarah Teather explains, '*every* child deserves a happy life free from poverty and free from fear' (Teather 2011a, emphasis added).

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12 http://www.publications.parliament.uk/pa/cm200304/cmstand/b/st040115/pm/40115s01.htm

13 However, particular duties and powers arise when a child is unaccompanied under Section 20 of the Children Act 1989 or is born in the United Kingdom. Children of failed asylum seekers also have some additional entitlements, for example under Section 4 of the Immigration and Asylum Act 1999 (Finch 2011).

The new 'Child Poverty Strategy' in the intention of the government is a departure from the previous government's approach to child poverty which was centred primarily on income redistribution. As the Secretary of State for Work and Pensions Iain Duncan Smith writes in the foreword to the Strategy: 'poverty is about more than income, it is about lack of opportunity, aspiration and stability' (Department for Work and Pensions, Department for Education 2011: 4). Building on the findings of Field's *Independent Review on Poverty and Life Chances* (Field 2010), the Strategy recognises the importance of the context in which a child is brought up and emphasises the crucial role strong and stable families play in their development from the very early years. Strengthening families is therefore at the heart of the Strategy and can be achieved, the Children's Minister explains in her foreword, by 'pushing power away from the centre to local government, communities, and voluntary groups who help those families who struggle to make their voice heard' (HM Government 2011a: 6). This approach centred on institutional decentralisation and empowerment of individuals and families clearly echoes the government's 'Big Society'[14] (HM Government 2011b), social mobility[15] (HM Government 2011a) and social justice (HM Government 2012) agendas[16]. As in the latter, the Child Poverty Strategy recognises the strategic role families play to achieve the overall goal of eradicating poverty through enhanced social mobility.

The goal of overcoming child poverty was reaffirmed in December 2011 when the government announced its intention to strengthen the role of the Children's Commissioner for England, stating that the new Commissioner's terms of reference will be more explicitly focused on promoting and protecting children's rights, based on the United Nations Convention on the Rights of the Child (UNCRC)[17]. The new Commissioner's Office, it is explained in the government plan, will pay particular attention to the situation of the most vulnerable and disadvantaged children 'struggling at the bottom of society' (HM Government 2011a: 8).

Significantly, the government has stated that it does not intend to define 'vulnerability' in legislation to allow for flexibility from the commissioner who is best placed to determine 'independently from Government or Parliament [...] which groups are most at risk in light of their circumstances at any given time' (Teather 2011b: 2). The explicit reference to the UNCRC[18] and the increased power and autonomy of the Commissioner, along with the absence of any reference to the residence status of children as a criterion of inclusion or exclusion as beneficiaries from the Child Poverty Strategy, seem to suggest the scope for every child, irrespective of his or her immigration status, to be included in the anti-poverty strategy.

However, while implicitly inclusive of poor irregular migrant children, the lack of attention to the residence status of children and families obscures the relationship between residence status and poverty and, as a result, limits the capacity of the government to address it. As the material presented in this report

and previous research show (e.g. Anderson 2007; O'Connell Davidson and Farrow 2007; Bloch et al. 2009; Chase 2009) in the UK context lack of residence status impacts on children's livelihoods, everyday lives and life chances in several ways, both directly (for instance, limiting access to secondary medical care, post-compulsory education, and free school meals) and indirectly (for instance, excluding parents from the formal job market and labour protection; pushing families to move house frequently, and causing children's withdrawal from school for fear of detection by UKBA).

The acknowledgement of the relationship between poverty and legal status is central in order to address the social and economic exclusion of irregular migrant children, especially because destitution or the threat of destitution have increasingly been used as a policy tool to drive refused asylum seekers and irregular migrants out of the country over the last decade (Bloch and Schuster 2005; Chakrabarti 2005; Flynn 2005; Squire 2009; Spencer 2011). The following statement included in the Home Office's enforcement strategy illustrates this approach. The Home Office states that 'those not prioritised for removal [...] should be denied the benefits and privileges of life in the UK and experience an increasingly uncomfortable environment so that they elect to leave' (Home Office 2007: 17).

Policy-making for this group of migrants has been characterised by a constant back and forth between greater restrictions – in line with the overall trend in asylum (Zetter et al. 2003) and migration policy making (Geddes 2003) – and targeted policy concessions to accommodate rising internal and international concerns relating to the treatment of child migrants.

The primary example of this attitude is the reservation on the grounds of immigration and nationality to Art. 22 of the CRC which was introduced by the Conservative Government at the time of ratification of the CRC in December 1991. Similarly, a few years later the Labour government discharged the then Border and Immigration Agency from the duty to safeguard the welfare of children in accordance with the Children Act 2004[19]. This has only recently been amended in the Borders, Citizenship and Immigration Act of 2009, as a result of the successful campaign to lift the above reservation. According to Section 55 of the 2009 Borders, Citizenship and Immigration Act, the UK Border Agency now has a duty to safeguard and promote the welfare of children (the so-called 'welfare principle') when carrying out its duties, whether or not they have leave to remain in the UK. However, as Finch notices (2011; see also Firth 2010) some tensions do persist as the UK Border Agency's primary function is to control the country's borders and to ensure that anyone without leave to remain is removed or deported from the United Kingdom. This was the tension which was addressed in part in *ZH (Tanzania) v Secretary of State for the Home Department [2011] UKSC 4* when the Supreme Court equated Section 55 with Article 3 of the CRC and found that the question of a child's best interests should be considered first and that no other one consideration, such as the need to maintain immigration control, could outweigh these interests.

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14 http://www.cabinetoffice.gov.uk/sites/default/files/resources/open-public-services-white-paper.pdf

15 http://www.dpm.cabinetoffice.gov.uk/sites/default/files_dpm/resources/opening-doors-breaking-barriers.pdf

16 One of the main goals of the Social Mobility Strategy O*pening Doors, Breaking Barriers* launched in April 2011 by the Deputy Prime Minister Nick Clegg is that 'no one should be prevented from fulfilling their potential by the circumstances of their birth' (HM Government 2011a: 5).

17 http://www.cypnow.co.uk/Joint_working/article/1109724/revamped-commissioner-role-put-spotlight-childrens-rights/

18 The revamp of the Commissioner's Office was launched on the 20th anniversary of UK's ratification of the UNCRC.

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19 When the Children Act 2004 came into force there was some tension between, for example, children's services departments and the UK Border Agency; the former were sometimes concerned about passing confidential information about a child to the UK Border Agency as it did not have to comply with any statutory safeguarding duties.

Right to education

Article 28 of the CRC recognises that every child has a right to education but only commits states to making primary education compulsory and free. In the United Kingdom all Local Education Authorities (LEAs) have a duty under Section 13 of the Education Act 1996 to provide a school place to every child between the ages of 4 and 16 who is residing on a temporary or permanent basis in their geographic area. There is also no obligation for an education authority or school to ask for proof of a child's immigration status, nor to inform the UK Border Agency of any such status if it is disclosed to them[20]. Therefore, even if a parent has entered the UK illegally or overstayed their visa, his or her children are entitled to attend publicly funded schools. Successive governments have chosen to retain this right, recognising the importance of all children in the UK to receive an education, not only for their benefit but for the benefit of society (Spencer and Pobjoy 2011). However, the geographical qualification can imply that residency must be proven, which is likely to pose significant difficulties to irregular migrants.

The situation of irregular minors of post-compulsory age is different. The Learner Eligibility Guidance[21] (Young People's Learning Agency and the Skills Funding Agency 2010) states that a learner must be lawfully resident in the United Kingdom to be able to obtain a free place in further education and that a person subject to a deportation order will ordinarily be ineligible for funding until his or her situation has been resolved[22].

Right to health and access to healthcare

Although Article 24.1 of the CRC recognises 'the right of the child to the enjoyment of the highest attainable standard of health' and commit States Parties 'to ensure that no child is deprived of his or her right of access to such health care services', at present irregular migrant children, as all irregular migrants, have access free of charge only to primary and emergency care. Maternity treatment – including birth, ante and postnatal care – is classified as secondary care and is not free of charge, however is treated as 'immediately necessary treatment' and must therefore be provided without delay irrespective of the patient's residency status or ability to pay. For non-urgent secondary treatment, the Department of Health's guidelines (2011: 48) explain that the decision on whether to treat someone should be made by a clinician on the basis of their clinical needs; however, 'whether the relevant NHS body then withholds or limits that treatment will depend on information received from Overseas Visitors Managers on when the patient can return home (so that the clinician can decide if the treatment is urgent or non-urgent) and on the patient's intentions on paying (so that non-urgent treatment does not commence without prior payment)'.

Anyone needing primary care can approach his or her local GP or Primary Care Trust. GPs can at their discretion take anyone on as a patient on a temporary or permanent basis, irrespective of their immigration status. Discretion is limited by the fact that it cannot be discriminatory. If they choose not to, the Primary Care Trust must then locate a GP who is willing to take the patient on to their temporary or permanent list. Difficulties arise if the patient needs to be referred for hospital treatment, as an irregular migrant child may not qualify for free hospital treatment under the National Health Services (Treatment of Overseas Visitors (Amendment) Regulations 2004 SI 2004/614). Prior to 2004 anyone who had lived here for more than a year qualified for free secondary healthcare but now migrants have to prove that this period of residence was lawful.

Routes to regularisation

As most Western governments have come to realise, the removal of all irregular migrants is an impossible task to complete successfully. Despite the expansion of deportation over the last decade (the so-called 'deportation turn'), the gap between those eligible for deportation and actual removals is still considerable[23]. The deportation turn is illustrated in Figure 1 below that shows the enforced removals and voluntary departures by asylum and non-asylum cases in the UK in the 2000s.

There is no single explanation for the so-called deportation gap. Economic cost of removal, potential impact on a highly international and interconnected labour market and economy, public opposition to the deportation of specific categories of migrants (e.g. children), human rights constraints and geopolitical considerations, and unwillingness of the country of origin to accept returnees are among the factors that contribute to the gap (Koser 2005; Bloch and Schuster 2005; Ruhs and Anderson 2006; Gibney 2008; Anderson et al. 2011; Peutz and De Genova 2010). Moreover, it has been pointed out how the increasing complexity of laws and regulations has given rise to new 'legal limbos' (Edwards 2009), to a liminal population of *de facto* non-deportable irregular migrants who challenge dominant polarised narratives on immigration control and enforcement (Gibney 2008; Paoletti 2010; Anderson et al. 2011). Regarding the position of children, Figure 2 below on the enforced removals and voluntary returns of asylum cases in the UK confirms the relatively protected status of failed asylum seekers with dependants against deportation.

Given the competing pressures and factors highlighted above, Spencer (2011: 181-82) argues that border security and immigration enforcement are 'in essence a risk management process' and that ultimately control policies cannot achieve 100% effective control because '[they] do not change the structural causes of irregular migration'. It would therefore be sensible to consider pathways that would enable irregular migrants to regularise their legal status. Despite heated opposition to recent proposals in the UK (e.g. the Liberal Democrats' electoral pledge to offer irregular migrants an amnesty and Boris Johnson's earned regularisation plan) *ad hoc* regularisations of specific categories of migrants (e.g. refused asylum seeking families; seasonal agricultural workers; resident domestic workers) in the UK and more large scale amnesties in continental Europe (e.g. Spain and Italy) have over the last two decades regularised the status of hundreds of thousands of migrants (HWWI 2009).

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20 However, if the pupil is brought to the attention of children's services, on request of the Secretary of State they have the duty to supply information in respect of a person where it is reasonably suspected that the person has committed specified immigration offences under Section 129 of the Nationality, Immigration and Asylum Act 2002.

21 http://readingroom.lsc.gov.uk/YPLA/Agency-LEG2010-11-Version1aon12-04-2010.pdf

22 Under the Points Based System now operating within the Immigration Rules, an irregular migrant child would not qualify as a Tier 4 (General) Student Migrant due to having previously breached immigration law and would therefore not be able to secure a place on a Higher Education course (Finch 2011).

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23 In 2007 the total of enforced removals and voluntary departures was 32,222 against an estimated population of 618,000 irregular migrants (Gordon et al. 2009).

Figure 1 The deportation turn: Enforced removals and voluntary departures by asylum and non-asylum cases, 2001–2010
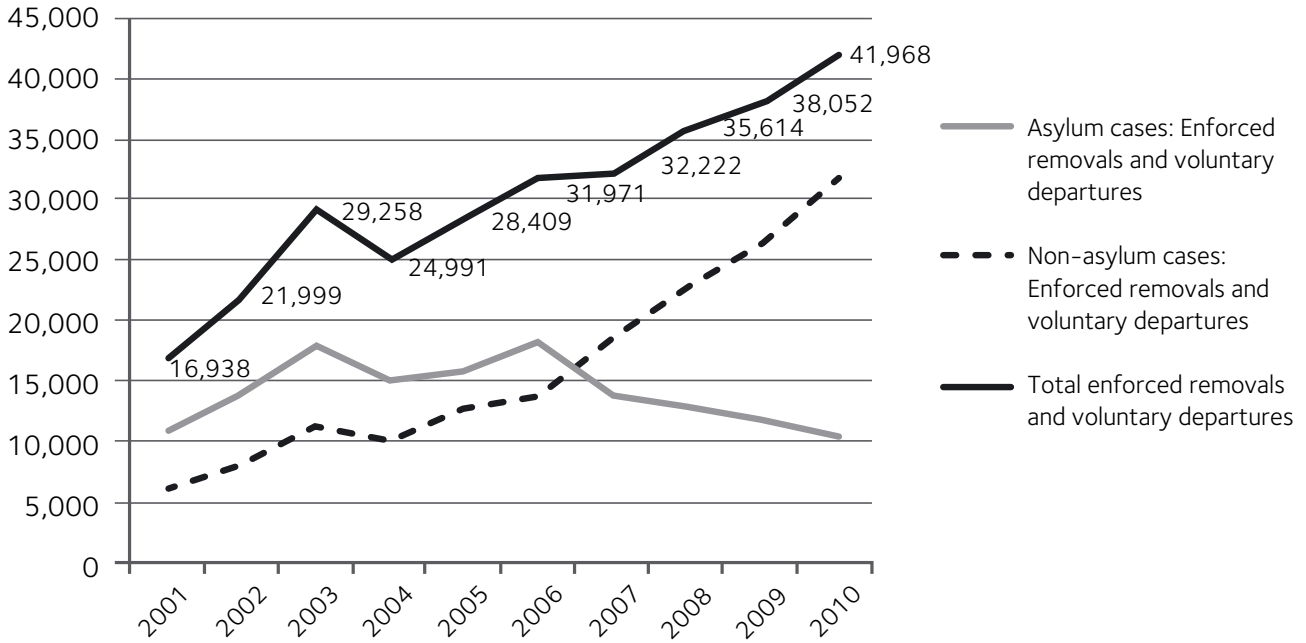
Elaboration based on Home Office Control of Immigration Statistics 2011, Table rv.01

Figure 2 Removals of asylum cases with and without dependants
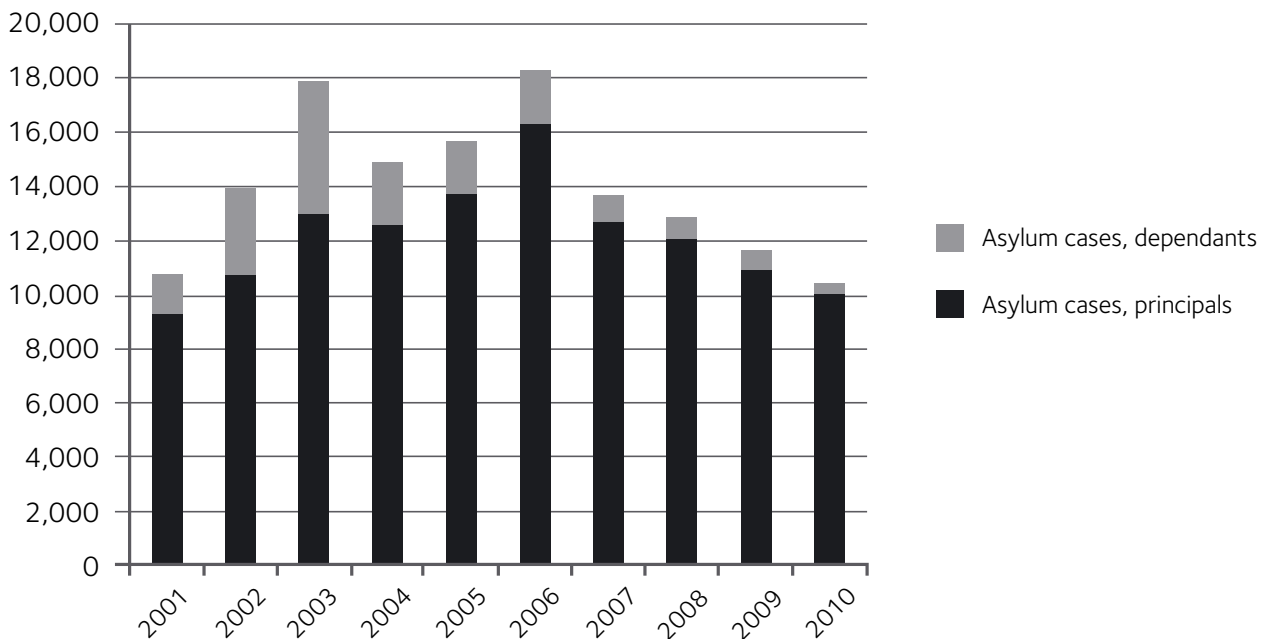
Elaboration based on Home Office Control of Immigration Statistics 2011, Table rv.01

There are also on-going more or less codified provisions in the UK that enable irregular migrants to regularise their status on grounds of long residence (IPPR 2006). The main pathway currently available to minors to apply for regularisation is lodging an appeal for the suspension of a removal order on the basis that the removal from the UK would breach the child's rights under Article 8 (Right to respect for private and family life) of the Human Rights Act 1998. This solution provides only a partial substitute for the seven year concession withdrawn in 2008 as it can only be pursued in the context of removal (i.e. as an objection to it), and relies on the availability of sufficient provision of legal aid[24] for applicants. When the seven year concession, which had allowed families with dependent children (in particular children under 18 years who were not leading an independent life) to be granted indefinite leave to remain if the child had been living in the UK for at least seven years was removed in December 2008, the then minister of Immigration, Phil Woolas, stated that 'the fact that a child has spent a significant period of their life in the United Kingdom will continue to be an important factor to be taken into account by case workers when evaluating whether removal of their parents is appropriate'. In practice, the UKBA paid limited regard to this exhortation and 'refusals would often state that children could re-adjust to their new lives in their countries of origin, even where the evidence might suggest that they had few ties with that country and did not even know the language or culture' (Genesis Law Associate 2010: 1). The decision to withdraw the seven year concession affects in particular those who migrated at an early age and who are *de facto* relegated to a legal limbo.

For UK-born children to irregular migrant parents, the right to apply after ten years of continuous residence to register as a British citizen on residence grounds under Section 1(4) of the British Nationality Act 1981 offers an important, if not sufficiently known, route to regularisation. According to data provided by UKBA via FOI request no. 20978, 3,726 children born in the UK have applied under Section 1(4) between January 2001 and September 2011. Of these applications, 3,280 were granted citizenship. Of those refused, 27 were rejected because of the applicant not being 'of good character' (exclusion clause valid only for application submitted after 4 December 2006).

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24 At the time of writing, the Legal Aid Sentencing and Punishment of Offenders Bill is being debated in Parliament. If approved, it will result in a number of cuts in legal aid provision. Several areas of civil litigation will go 'out of scope' and will no longer attract funding from the Legal Services Commission.

PART TWO

Irregular voices

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Drawing on in-depth qualitative interviews with irregular migrant children and families in the UK, Part Two shows the multiple ways in which the lack of legal status permeates their everyday lives. It will focus in particular on: migration routes, strategies and expectations; initial settlement and livelihood strategies; impacts of lack of status on intra-household relations and dynamics; and everyday coping strategies with irregularity and aspirations about the future.

This exploration of how the lack of legal status shapes the lives of children and families shows the daily struggle that parents go through to ensure their children can grow up in a secure environment as well as the obstacles they have to overcome to achieve this aim. It shows that while children are relatively protected despite the lack of status, they are also immersed in their household dynamics and affected by the pressures their parents are under because of their immigration status, a pressure so overwhelming that it can lead to the dissolution of the household itself. The narratives show agency, adaptability, and resilience to sustain and preserve a sense of ordinary life.

4. Migration routes and strategies

How did migrant children and families arrive in the UK? What informed their decision on a destination and the routes they took to reach it? How did they find themselves irregular? What were their expectations when they started the journey?

In addressing these questions, this chapter shows the diversity of experiences and trajectories concealed by the definition 'irregular migrant'. The circumstances and reasons for their migration play an important role in determining the impact of legal status on irregular migrant children and families.

Finally, in discussing the choice of destination, it is pointed out that the majority of irregular migrant children are not actually 'migrants' as they were born and brought up in the UK and have never visited the country of origin of their parents, nor did they take the decision to migrate to Britain in the first place.

Journeys

The journeys that brought irregular migrants to the UK varied significantly both in terms of duration and broader significance in the biographies of interviewees. For Afghan minors, the journey lasted up to 18 months, including months spent in prisons along the route. Ajmal started his 13-month long journey when he was only 12 years old. He spent 40 days in prison in Iran, 10 days in Turkey and 3 months in Greece.

For those who came over land, mainly migrants from Afghanistan, Kurdistan and to a lesser extent China, the journey is often a traumatic memory during which they had to endure extreme hardship and violence, including seeing fellow travellers dying along the route.

Handed over from one agent to another, forced to walk long hours under very adverse conditions, and crammed in dozens in far too small boats and lorries, the journey becomes a story of survival and resilience for those who are here to tell it.

Ahmad, a 17 year old Afghan independent migrant, recalls how he used to hide during the day and walk during the night. 'The agent used to make us run like donkeys until morning in the pitch dark in the mountains', he says.

Similarly, in his account, Anwar, an 18 year old independent migrant from Afghanistan, remembers having been treated 'like an animal' and how more than once in his 18 month long journey he felt he would not make it to the UK.

> The agent used to force up to 100 people into a container. The lorry travelled slowly. It was parked most of the time. We had to lie on top of each other because there was no space and no air. I remember the smell of human sweat, as people never had the chance to wash. When so many people are put in a small place with no air the temperature is so high. When the driver reached a destination and opened the door, we saw many people who had died. We were drowsy but after a while we had to bury the dead and carry on. Everyone was so scared. I thought I will never make it to the UK. I will die on the way, but I and the others were lucky and survived.

The fear of not surviving the journey is echoed in Wen Maojia's account. She is a 28 year old Chinese migrant mother of two (one is 18 months old and born in the UK and the other is 7 years old and born in China):

> The lorry was transporting goods. They let me sit in a small space inside one corner, which was covered by the goods on the outside. [...] There was no light, you couldn't see the sunshine outside.... there was some air for you to breathe, but the air was terrible inside. [...] You would have no time to think too much ... There was no turning back! You'd realize that you've come to a point where there is no return... that you're half way and that the only way to go is to carry on...
>
> Interviewer: Suppose you told the snakeheads[25] that you want to go back, would they let you go?
>
> The snakeheads had already spent so much to get you there.... It was impossible that they would let you return home from that point.

The hardship of the journey was also one of the main reasons why Wen Maojia decided to leave her first son in China.

> He was too small to travel this long journey; the snakehead wouldn't take him. A small child would cry a lot on the journey and would therefore make a lot of noise and cause a lot of trouble for them.

The experience of death becomes part of the journey. Sometimes it is the result of the harsh conditions in which migrants are made to travel, as illustrated in the previous account. Other times it is the result of direct action by the smugglers, as Javid, a 17 year old Afghan independent migrant, explains:

> People who don't walk fast or keep moving, the agents kill them so that the authority doesn't find out about the others. If the government soldiers find these individuals then they could get information from them and that's why the agents kill them.

Differently, in the accounts of Nigerian, Jamaican, and Brazilian interviewees, especially for those who came on tourist, visitor and student visas in the first place or subsequently for family reunion, the journey is mostly narrated as a movement from A to B in which going through immigration control at the UK airport seems to be the main moment of concern for interviewees. The accounts of Mariana (mother of a 7 month old baby born in the UK) and Beto (14 years old, dependent migrant born outside the UK) both from Brazil illustrate this point:

> I went to a travel agent who was recommended by a friend of mine. [...] He introduced me to this person and I was told that there was a flight in 2 weeks and I said fine. It was a shock for everybody; nobody believed I was coming in two weeks.

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25 This is the term commonly used by migrants from China to indicate the smugglers that brought them to their destination.

> The trip was cool. But going through immigration was difficult. We were there for 6 hours.

It is noteworthy that among Chinese migrants we found a greater variety of journey routes, durations and experiences, including a week long journey to London via Togo and South Africa.

Entry routes to the UK and pathways to irregularity

Only a limited number of migrant interviewees turned to illegal entry in order to enter the UK. The majority became irregular after having overstayed a regular visa. For Kurdish and Afghani interviewees, overstaying an unsuccessful asylum application was the main route into irregularity. As discussed in Chapter 2, research evidence shows that this route was the main source of irregular migrants in the 2000s. However, it became increasingly less so following the introduction of the New Asylum Model in 2007[26] and the concurrent Case Resolution Programme addressing the backlog of cases accumulated over more than a decade. For overstaying Brazilians, tourist and student visas were the only entry routes, almost equally distributed, while visitor visas were prevalent among Nigerian and Jamaican migrants.

As far as irregular migrant children are concerned, a significant number of children can be expected to be born in the UK – about 50% according to our calculation based on Gordon et al. (2009). If we consider the migrant children and families we interviewed for our project, 50 out of 88 minors included in the 49 households we approached were born in the UK. Out of the remaining 38, illegal entry and asylum at the port of entry were the main routes for minors from Kurdistan and Afghanistan (mostly unaccompanied and separated children). Nigerian, Brazilian and Jamaican children born abroad followed their parents as dependents on their visas or reunited with them subsequently, entering the country on short-term visitor visas.

Reasons and expectations from migration

People migrate for complex reasons and often have mixed motives, both for their migration and for their choice of destination. Individual migration plans and strategies change over time and adjust to life stages and circumstances. Among our interviewees, migration can be the product of an individual decision, part of a household strategy, or the result of broader societal processes, or often all of them simultaneously. Explaining his motives for leaving Afghanistan, Anwar, a young Afghan migrant, says: 'there is no work, there is no life, no education, no safety, nothing there, no future'. For several Chinese parents, the economic rationale is paramount: 'I had just one simple thing in mind: to go there to work hard and earn some money', says Liu Zhen, who moved to Britain seven years ago, leaving behind her son (now 24) and daughter (now 21).

Migrants' accounts reflect the conjuncture between these different drivers, as well as their dynamic and relational nature. In recalling their reasons for, and expectations from migration, the interviewees show how migratory projects change and are renegotiated over time in response to personal circumstances and broader societal processes. The following quotes illustrate this point.

26 http://www.ukba.homeoffice.gov.uk/asylum/process/

Miriam left Brazil seven years ago with the intention to earn some money and buy a property back in Brazil. A year ago her baby was born and her plans for the future have since changed:

> Like everybody, right, [I wanted] to buy a house and go back... but then you buy a house and stay.

Rong Binglin is in her early 20s. She arrived in the UK on a student visa in 2007 and did not return to China when it expired. She lives with her baby boy and his father in London.

> I wanted to go out to visit places... I thought of joining a fitness club and so on... I thought of doing voluntary work, too. I wanted to be a volunteer... I thought it would be meaningful for me to do some voluntary work [...] that I could enrich my experience in the country before I went home (China). But then, I hardly had time for this... Later I focused more on working to earn some money.

Laurene came from Jamaica on a visitor visa nine years ago. She was planning to go to college and 'to make a life', but then the plan changed for lack of resources – she split from the boyfriend who had sponsored her – and found herself pregnant:

> I first came on a visitor visa and then it was extended for six months. And then after that, it ran out basically. It's about not having enough money to send it off, the grounds to send it off. I just overstayed. It's mainly because having my son, that time I got pregnant. I didn't know what to do, 'cause I came here you know to make a life. And then you find you have a baby it's like... Are you going to go home with a baby? No!

At the time of the interview, Faith and her four year old daughter were getting ready to return to Nigeria. The reason for this was her inability to earn enough money not only to sustain herself and her child but also to put some aside as savings. There was also the enormous pull of the child she had left in Nigeria with her husband, coupled with the fact that the child with her here in the UK had never met her father.

Why Britain: choice of destination

Perceptions of economic opportunities, pre-existing social and kinship networks, historical and colonial ties, language and culture all influence the choice of destination.

Particularly among Kurdish and Afghan migrant children, perceptions about what Britain offered in terms of protection of human rights and welfare entitlements played an important role in the decision to come to the UK.

Afsar has been in the UK since 2001 but only recently received indefinite leave to remain. His nephew, Anwar, arrived in Britain about six months ago after a long journey alone. He is 11 years old and does not receive any social support.

Most interviewees had pre-existing contacts in the UK and made a deliberate decision to come to Britain. The significance of these contacts in the choice of destination is captured in the following extracts from Mariazinha, an 18 year old who moved to the UK with her parents when she was nine, and Hao Shuipian, father of a four year old boy born in the UK.

> When he was single my father wanted to go to Japan but it didn't happen. Then my aunt was here, she invited my parents and they came. (Mariazinha, Brazilian dependent migrant)

I came here because I had friends here already. So I reckoned if I came here too, there were friends who could help me. If I went to another country, I would not know who to ask for help. I might have starved to death. (Hao Shuipian, Chinese father)

The diversity of factors motivating the decision to come to Britain was also strongly linked to pre-migration experiences and circumstances. Among Jamaicans, all respondents had close family members already in the UK and the migration to Britain is often framed in terms of family life – e.g. assisting a sister giving birth; attending a funeral; meeting the British wife of a brother. Interestingly, these family figures tend to have permanent residential status, if not citizenship, in Britain, enabling them to provide a letter of invitation for their relatives abroad.

Brazilians likewise tended to come to Britain because friends or partners were also coming or already in the UK. The migration to Britain, however, is not narrated in terms of transnational family ties and obligations. In a number of cases, instead, migration is a way of distancing themselves from problematic family relations at home.

Moreover, it is noteworthy that, despite the presence of friends, relatives and close family members, many interviewees said they had a very limited knowledge of the country. Zhou Huanhuan moved to the UK five years ago at 17. She is now 22 and mother of Zhou Miao, a six week old girl. She had an uncle in Britain and joined him and his family. However, she explains with a smile, 'he didn't tell me much. We didn't have much contact. So I didn't really even know where the UK was'. Similary, for Marcela, Brazilian mother of three-year-old girl born in London, previous knowledge of UK was limited: 'I had some information from my friend who used to live here but like very superficial'.

The limited knowledge about the UK in some cases also extends to their understanding of how the immigration regime operates and, more concretely, the impact of undocumentedness on several aspects of everyday life. In the following extract, Linda, a Nigerian mother of two, explains how she came to understand and learn what being irregular in the UK means:

> When you are at home, you don't need any papers to get work. You don't need anything to get, you know, to ride your car. Just get your money buy whatever car you want to buy, you know. Get your money build your own house. But here everything depends on that piece of paper.

Summary

- To reach the UK may take a day or 18 months. Some journeys leave vivid scars in migrants' memories, others are much less eventful.

- UK-born children make up the majority of the irregular migrant children in our sample. Among the remaining, most entered the UK with a regular visa that was subsequently overstayed.

- People migrate for complex reasons and often have mixed motives, both for their migration and for their choice of destination. Migration plans change over time and adjust to life stages and circumstances. Several parents of UK-born children framed their decision to (over)stay in terms of the best interests of their child.

- Most interviewees had pre-existing contacts in the UK and made a deliberate decision to come to Britain. Other factors contributing to the choice of destination are perceptions of economic opportunities, historical and colonial ties to the UK, familiarity with language and culture.

5. Arrival and settlement

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This chapter focuses on the initial settlement of children and families. It investigates the role of pre-existing social networks, in particular in relation to accessing employment and accommodation. It then turns to discuss livelihood strategies, including experiences of exploitation, destitution and migrants' attitudes towards remittances. It shows how fear of being detected or reported to the UKBA shapes livelihood strategies and may lead people to isolation and to abscond from social services even in cases of extreme destitution.

Arrival and first impressions

Migrant children's memories of arrival often focus on small details. Beto (14, Brazilian boy), who travelled to Britain with his father when he was 10 years old, remembers the food they ate on the plane. Kevin, 18 years old from Jamaica, moved to Britain when he was nine.

> When I first came, I was so amazed because like it was cold 'cause it was December. 'Cause you know when you blow out and you see the air, like I kept doing that 'cause I had never seen that in Jamaica. 'Cause obviously I was young so I kept doing it, and I kept playing, messing about like that, so that's one of the things I remember of when I first came.

For those who have endured long and perilous journeys, the arrival in the UK brings happiness and excitement for them and their families back home.

> I was so happy, that I have reached my place; I travelled through so many difficulties (Ajmal, 16).

> I was very excited when I arrived in the UK. When I told my family they gave out sweets to people, that's how happy they were. (Anwar, 18)

However, in children's accounts a sense of disorientation for having left behind a more familiar and intelligible world emerges. Joazinho was seven when he moved to Britain with his parents and sister: 'It was very depressing like I'd come up with so many crazy things to do.'

Going to school and learning English (for those who do not know it already) mark an important benchmark in the socialisation in the new environment and facilitate the creation of new social bonds. Leo is a 12 year old Brazilian boy and moved to London with his mother a year ago. At the beginning he refused to go to school, he says:

> I didn't speak English, the teacher would speak speak speak a lot of things and I couldn't understand anything and I thought 'oh I'm here for nothing'.

Gradually the initial barriers are overcome and the process of emplacement begins, as illustrated in the following quotes.

> Everyone in school was friendly so I just got on well with everyone. And everyone seemed to know each other's name, and just got on well. (Kevin, born in Jamaica, 18)

> When they just come here, they said 'oh I want to go back home because it's too cold, I don't like it'. But after a year, they had got used to it, then they said 'I don't want to go back'. So they don't want to go back home anymore. (Chez, Jamaican, mother of five)

Many parents we interviewed came to the UK in their 20s and without dependants. They were young and mostly motivated by a desire for economic and social betterment through work and education. For some of them, migration was an adventure, 'you are young and everything is new… any place is fine because you can sleep on the floor' recalls Marcela, Brazilian mother of a UK-born boy.

The initial impressions of the UK are tested against migrants' expectations, motives and knowledge about the country. Qinqin Liu arrived in the UK nine years ago. She has three children: two of them were born in the UK, the third one lives in China with her parents. She recollects her first impressions of the UK:

> I wondered if this was the UK… When I first came… I couldn't believe this was the UK, so much rubbish! Later I met my friends who had come here earlier… who confirmed this is the country I had wanted to come to. Then gradually I accepted this is the UK I had wanted to come to.

Pre-existing contacts provide newcomers directly or indirectly with shelter for shorter or longer periods, but also with basic know-how about the country and how the immigration regime operates. Mariana's cousin, for example, advised her to follow the student visa route. She explains,

> My cousin was here and she said 'Mariana, if you are not earning well there. If it's not good come here' she used to say 'but save money for you to come here as a student … because if you enter as a student everything is much easier'. (Brazilian mother)

Other times key information is collected en route, as in the case of Anwar who came to the UK at 16 under a lorry and never applied for asylum because he could not afford to be deported back, as had happened to fellow Afghans he met in Calais:

> I asked people in France when I arrived there. So many people got deported I decided not to claim asylum and keep away from the authority. (Anwar, 18)

Accommodation arrangements and quality of accommodation

The accommodation arrangements varied considerably among our interviewees; however it is possible to detect some commonalities.

In a number of cases, we found that despite the lack of legal status, interviewees had access to some form of housing support by local councils because they were 'in need' (see Chapter 3), particularly independent migrants in the transition to adulthood. Single mothers with children also had access to housing support.

However, the majority of the households we interviewed for this research were in privately-rented accommodation.

The issue of overcrowding was mentioned in several interviews. Xian Li shares a small room with her husband and child, they cannot afford any more than this with their income.

> Three of us live in one room. We placed two single beds in the room and there isn't much space left. But what can you do about it? You have no alternative. But we really can't afford to pay more than this. I don't know whether we'll have more children in the future, but if we ever will, then there would be four of us living in a room, and that would be even more crowded.... (smiling). The kids sleep in one bed; the grown-ups in another... it would be even more crowded...

Sharing a house with members of the enlarged family is also common and often this produces tensions within the household. Bahoz (Kurdish father) and his family share a two bedroom house with his brother's family who are legally resident in the UK. In total there are four adults and four children. He explains the difficulties of sharing a small house:

> A lot of problems are happening. I and my brother have no problems but my wife and his wife have a lot of problems. The children don't get on well. There is jealousy. Children fight each other. Because of that I have tried to rent a house many times but I cannot move to any place. The estate agencies are not giving any houses to people like us. It's very hard to live in such a situation in particular it is difficult for my 10 year old daughter.

Another recurring feature is the fluctuation in the number of residents per housing unit. This flexibility enables families to cope with changing economic circumstances. The case of Jose and his family illustrates this point. They live in a two bedroom flat. Last year, Jose's wife was unemployed and they could not afford the flat anymore. However, instead of moving somewhere else, they rented out the two bedrooms (one single and one double) and the whole family of four has been living in the sitting room. The circumstances have recently changed as Jose's wife is now working again.

> So they are leaving and we are going back to the double room. [...]So in one room it is me, my wife and my two girls and in the single room there is this other person who has been with us for one year. [Being in the sitting room] now it's a moment where it's not good anymore because my wife has to get up early. She works full time (.) so it's not possible really and we are going back to the living-room being the living-room and the bedroom the bedroom.

Subletting rooms and bedsits in rented accommodation is also common among other respondents, particularly Chinese. Typically, a property is rented by a regularly residing migrant who then sublets part of the properties to undocumented migrants for a profit. This tends to be a very precarious arrangement, the duration of which depends exclusively on the contract of the primary lender, generating as a result high mobility among residents and asymmetrical power relations between regular and irregular migrants.

Solidarity and support from family, friends and more broadly fellow nationals are important for finding accommodation. For Javid (Afghan independent minor), friends are his main support network that enables him to survive in Birmingham. He explains:

> I try to move around and not to become a burden on one group of people. I live with people because I don't have any documents. They are helping me as I don't have any means to support myself.

Similarly, Ajmal, an independent minor migrant from Afghanistan, explains his accommodation arrangements with his four fellow Afghan housemates.

> They make me work a lot. They make me clean the kitchen, house and bath room because I am the youngest and they order me to do all the work at home. I make tea for them all the time. They are very polite but they make me do extra work at home.

The presence of an irregular migrant is sometimes perceived as a threat by the other residents and in a couple of cases, respondents were taken into the house on condition that they did not apply for support from social services as these were seen as linked to the UKBA.

Finally, parents with younger children are experiencing greater difficulties in finding adequate accommodation, as Marcela, mother of a UK-born girl explains,

> This is the sixth time I have moved in fi- in five months, because it is very hard to find accommodation with a child. I can't afford to rent a house only for the two of us so I have to share the house and usually, as children usually make noise, it disturbs my flatmates. So I keep moving and now I moved here. Let's see how long I'll stay here.

Livelihoods

Research on immigrants' access to the labour market shows the link between legal status and employment conditions (e.g. McKay et al. 2009). Irregular migrant workers tend to concentrate in low-paid employment niches, which they access via intermediaries often from the same country of origin or ethnic group (McIlwaine et al. 2005; Datta et al. 2006; MacKenzie and Forde 2009). Salaries well below the official minimum wage and long working hours feature in the narratives of adult interviewees. Finding the money to pay the rent, bills, food, clothing and most importantly to provide for their children is a prevalent theme running through the narratives of parents. Most interviewees are in some form of employment, mainly informal and cash-in-hand, and often insecure. The money earned through these jobs varied from allowing for a relatively comfortable life to providing only just enough to survive. Similarly, the conditions of employment were reported to be insecure, unreliable and in constant flux. Interviewees related this insecurity, which they felt was increasing, to the current economic climate and the UK Border Agency's introduction of tougher employer sanctions. Such instability of financial income was also experienced by those who were supported by social services, such as for example Sarah, a Jamaican mother of newborn twins, and a number of independent minors at the point of approaching their eighteenth birthday.

Most of the independent minors who were not in receipt of social services support were working informally, mainly in construction, refurbishment, shops and restaurants. Pay was usually low and working hours long and irregular. Independent minors who were able to secure some kind of support from social services, were usually given accommodation and a weekly

allowance that could range from £35 to £50. This support by social services was in most cases not dependent on having an active application with the Home Office, confirming what we discussed in Part One concerning the different policy objectives operating in this domain.

Migrants from China reported particularly poor working conditions and instances of exploitation. However, due to their lack of status most felt powerless and unable to speak out or take action in order to right this situation out of fear of being detected and losing the job they nonetheless depended on. Xian Li explains her husband's situation:

> Sometimes he can't get his wages even...They just don't give it to you.... Since you don't have [UK residential] status, what can you do about it? Can you sue them? You don't have status, how can you sue them? If you go to the police station to report it, the police might as well ask if you have [UK residential] status! ... So there's nothing you can do about it. This happens quite often. Very often they (irregular migrant workers) just can't get the wages owed them for the work they have done.

In Brazilian households the most common scenario was that both parents worked and older children also held the occasional part-time job. The most common job among Brazilian adult interviewees was cleaning, both in private households and businesses. Children often helped their parents during the school holidays and some of the girls were earning some extra money by babysitting.

For Jamaican and Nigerian interviewees the situation tended to be more complex, where income was sought from a range of sources, such as community organisations, faith groups, friends and family, and some work. In the majority of cases interviewees relied on a combination of these. Cleaning and care work were the main sectors of employment.

Ways of finding jobs also varied significantly. One route was a pro-active approach of asking in shops or looking for vacancies in shop windows, newspapers and the internet. Another common route was finding a job through the network of friends and family.

For the majority of parents finding paid work was a daily priority, as they were all too aware that they are not allowed to access any benefits. For most it was the 'no recourse to public funds' stamped in their passport that made this very clear. Kar, a Jamaican mother, explains it as follows:

> She [daughter] was born here but her dad is like me, he's from Jamaica, so you know 'no recourse to public funds' and you know, nothing like child benefits, nothing like that, because they say the child has to be born of British parents. So I was struggling for money.

Often, despite trying, parents were unable to access any form of support through social services, even straight after giving birth, which left mothers and their children in destitution. Although it was not always clear how, a few parents were able to access some benefits even for older children. These rather exceptional situations tended to be mothers of UK born children.

Interviewees who were or had been in contact with social services reported a number of negative experiences. These experiences ranged from having support withdrawn unexpectedly, being refused any assistance in securing support and for parents being threatened with taking the child into care. Xian Li arrived in the UK six years ago with her husband. They have two children, a 12 year old boy staying in China with grandparents and Mini, a three year old girl born in London. Xian Li is irregular and is afraid of being deported to China. This fear makes her wary of approaching social services. She explains,

> It has been nearly two years since I've stopped claiming Child Benefit [for my child]. I don't know whether they will give it to me, if I claim it again. But I can't give them an address (can't let them know where I live). They will come to arrest me wherever I live. I really can't afford to let them take me anymore; that's why I am too afraid to claim benefits.

For many interviewees, networks of friends, family, faith and community organisations were important means of support, making up for the lack of formal, institutional support. These were largely used to provide the essentials: a place to sleep or money for rent, food, clothes and travel, but also for help with childcare arrangements. For Marcela, a Brazilian mother, this support is so important that she refers to two of her friends as 'her personal banks'.

Among the Chinese the reliance on friends and co-nationals for financial support was particularly strong. As Hao Shuipian, a Chinese father, explains:

> Like now I don't have any income, so I need friends' help...I need to borrow money to pay rent and for food.

For Jamaicans, support organisations played a particularly important role, which is where Kar, a Jamaican mother, received her support when the situation became desperate:

> So I was struggling for money you know, the amount of places I'd go to... I'd go to the British Red Cross to get food, I'd go to the Salvation Army, they used to give me vouchers and stuff...

Many also either found it difficult to ask for money or were no longer able to ask friends or family for support. Often this was because of a feeling that they would not be able to pay the money back or because friends and family believed they would never get the money back. As Ahmad, a 17 year old independent Afghan minor, explains:

> My friends say that if they lend me money and if I get deported then they will lose the money, that's why I just try to get by.

A significant number of interviewees had at some point experienced destitution and most felt that they had only just enough financial resources to survive. Many relied on a complex network of support, that included formal provisions through mostly charitable organisations as well as informal support through friends and family.

Once in a situation of or near destitution, finding the necessary resources became the focus of daily activities. Living in or near destitution has had serious consequences on some of the interviewees. Being in constant need of donations from friends, financial or otherwise, the constant stress of worrying about where the next meal is going to come from, and always having less than others, has put a significant strain on social relations. In some instances support networks have been exhausted and friends are no longer willing to help. As Afsar, an Afghan minor living with his uncle, bluntly puts it: 'Poor people don't have friends.'

Especially for young people who go to school and have friends and classmates in better economic situations, the wealth differential may cause self-exclusion and a lack of confidence. Mariazinha, a Brazilian teenager, spoke of a sense of embarrassment should her English friends find out where she lived. Similarly, Alan, a young independent Kurdish migrant, finds it embarrassing to tell his friends that he does not use facebook and other social media as he cannot afford the internet.

Furthermore, the constant borrowing of money and dependence on donations from friends and family often leads to indebtedness and asymmetric relationships, sometimes to the extent of exploitation.

In order for families to have access to help from statutory agencies it is often required that families have some kind of pending application for regularising their position or that they are in the process (sometimes this term is used rather loosely) of putting together an application.

Being excluded from support is felt as unjust by a number of migrant interviewees who invoke their human rights as a source of entitlements regardless of their immigration status, a position recently reiterated by the Fundamental Rights Agency (FRA 2011). As Tahira, an Afghan mother of four, explains:

> It doesn't matter what the situation is, there must be a solution. Not supporting us and the children, they are breaching human rights. If one of us or the children dies or becomes seriously ill then they will be showing it on TV and everyone will be talking about us. Just like recently one girl died and they keep showing it on TV.

Differences in how interviewees spent their income emerged along the lines of whether they were parents or young people, and if minors dependent or independent.

The dependent migrant minors and independent minors who were accommodated by social services largely did not have to take care of their basic needs, such as accommodation, bills, travel and food. Money that they earned or received as an allowance was then to a certain extent 'extra' money from which they bought toiletries, clothes, mobile phones and credit, school materials, called their families and went out with friends, sometimes to cafes and sometimes to parks. Two young Brazilians were even saving up for bigger projects, including a driving licence and car and to go travelling. Beto explains how he sees and spends his money:

> I saved or I spent it. I'd go bowling... [the money] is for me to do whatever I want.

In contrast parents mostly spend their income on household essentials, such as rent, bills, food and travel. Any money left after those were paid tended to be used to buy clothes, games, toys and other things for the children. Almost everyone told us that they have to budget and spend carefully, though some had a more spend-when-there-is-money attitude.

Although most interviewees expressed the wish or the intention to send remittances to their families in their country of origin, their own financial situations usually meant that they were unable to send any money 'home', especially in regular instalments. Such a wish was often linked to an expectation of the family at 'home' and in some instances was related to paying back debts incurred for the journey. Having children further complicated sending

money 'home' as financial resources became more strained and the focus of life had shifted towards the UK.

Summary

- Pre-existing contacts provide newcomers directly or indirectly with shelter for shorter or longer periods, but also with basic know-how about the country, the job market and how the immigration system operates.

- Most irregular migrant families in our study live in privately-rented overcrowded houses and move house frequently to escape detection by the authorities and as a result of the informality of housing arrangements.

- With significant local variations, vulnerable single parents with children and independent migrants do receive some form of housing and income support by local authorities.

- Family income is insecure and destitution is an everyday reality for many. Lack of immigration status affects access to the job market and migrants' capacity to react to exploitative working conditions. Employment is concentrated in low-paid employment niches.

6. Irregularity inside the household

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Does lack of legal status impact on family relations? How do parents disclose 'irregularity' to children? In what ways are children affected by their parents' status?

Focusing in particular on US-born citizens to irregular migrant parents (Yoshikawa 2011), '1.5 generation migrants' (Gonzales and Chavez 2012) and non-citizen children in the UK (Pinson et al. 2010), recent scholarship has stressed the negative impacts of parents' irregular status on children's educational attainments and general wellbeing.

Drawing on accounts of parents of dependent children, this chapter locates 'irregularity' inside the household and explores family dynamics and the ways the uncertainty over one's residence status shapes the everyday lives of families. It focuses in particular on the relationship between children and parents and on the tensions produced by the absence of legal immigration status within the household.

Parents and children

For an irregular migrant parent bringing up a child can be 'at times overwhelming', in the words of James, a Nigerian father. The precariousness of legal status means living in continuous fear of deportation and relying on volatile income for everyday survival. Many interviewees felt unable to do anything 'normal' with their children and struggled to protect them from the pressure they were experiencing because of their situation. For Hao Shuipian, a Chinese single father:

> If you have status you go to work, you take your kids out to play, do this and that for them. But if you don't have status, you can't do anything for your kids.

The birth of a child is a life changing event that affects parents' migratory projects and attitude towards 'irregularity'. Jose lives in London with his wife and two daughters, four and five years old. Originally from Brazil, he has been in the UK for nearly a decade. The girls were born in London. Jose explains how having them has changed his life and made the lack of papers more difficult to bear.

> Jose: When you don't have children the situation is easier but when you have children you need plan B C D E F. So it's stressful. It's the thing that worries me most nowadays [...] When this situation is solved and we don't have to live with this any longer... wow it will be another life.
>
> Interviewer: But what do you worry about?
>
> Jose: You worry that you are on a bus and suddenly someone from Home Office immigration stops you.
>
> Interviewer: What is the difference between before and now with the children?
>
> Jose: Now we have a life here. We have children, they go to school; everything is here. Let's say something happens and you are deported. It's not only me and my wife. We have two daughters, so it's complicated. You always think about these things.

Children also become an emotional anchor that helps parents cope with the hardship, to find the strength to keep them going, as Princess illustrates:

> I think that I should feel happier but I'm not, but sometimes the things she [daughter] says and the things she does, she is the one right now that keeps me going. I have to be strong for her. I can't really allow myself not to be strong for her. (Princess, Jamaican mother)

While they may be unaware of the subtleties of the immigration system, nonetheless children understand parents' anxieties and are affected by economic hardship and, if possible, try to help. Jackie has told her children they will not celebrate Christmas this year: 'I said to them "I haven't got any money to go out and get you anything". I'm not even going to put that on my head as long as they get food on that day' (Jackie, Jamaican mother). For Chez, a Jamaican mother of four and grandmother of one, children's awareness of the situation makes the family more united and helpful to each other. The optimism of her nine year old daughter helps Michelle, a Jamaican mother, to cope with the insecurity of her status; however she also conveys a sense of inadequateness and guilt as a parent for putting her child through such a situation.

Lack of legal immigration status affects parenthood in multiple ways. Mariana and her boyfriend were both irregularly resident when she was pregnant with Mauro, now nine months old. Then her boyfriend was stopped by the police while driving a van without a licence. It was soon found out that he was irregular and he ended up first in a detention centre and was then deported back to Brazil. For her it was an extremely hard time:

> He was deported to Brazil when my son was born. He wasn't around; it was very difficult for me. (Mariana, Brazilian mother)

The hardship deriving from the combination of lack of status and destitution makes, for some, the prospect of bringing up a child impossible. Zhen, a 42 year old mother of three, has lived in the UK for seven years. Her two eldest children are now adults and live in China. Qian Bin is now just over a year old and was born in London. Social Services took him away from her immediately after birth. Initially she had considered an abortion:

> I had no status and had no money to support him; I had nowhere to live, so I was worried if I was able to take care of him properly.

She then went on to have the baby but Social Services decided that given her situation she was unable to look after Qian Bin. She is now fighting to have him back. Meanwhile, she is allowed to visit him every day between 2pm and 5pm. Her daily routine is structured around this event. The rigidity of the arrangement means that she is finding it impossible to find a job and as a result she lives in extreme poverty, relying on borrowing money from acquaintances.

For Zhou Huanhuan, mother of a UK-born girl, working long hours in a physically demanding job was one of the causes of her having a miscarriage in her first pregnancy:

The doctor said that there could be a number of reasons for it; but my own feeling is that it was because I was too tired from work. I was very tired from work and there was no-one to give me advice on how to take care of my health in pregnancy. I was so tired from work, yet I continued to work as if nothing was happening. That probably contributed to the problem; so I in the end I had this miscarriage.

Another significant intersection of immigration status and parenthood is the case of transnational migrant families where lack of status and the rigidity of immigration control lock irregular migrants in the place of residence, forcing separated families to stay apart, an issue particularly relevant among Chinese interviewees who had left children behind.

How could we bring him over, we don't even have status? He was born in 1998; and if we could get our status within one or two years, we would like to get him over here. He is growing up and we want him to stay with us. Some of my friends have already got their children over from China. We are so envious of them! Yet my husband has been here since 2003 and is still not able to get our son over. I came here in 2006, [but unable to do anything about it]. When I see the others going home to see their children, to be honest, I feel rather emotional. Who doesn't miss their children? (Xian Li, China)

Wen Maojia, a Chinese mother of two, and her husband have left a seven year old child in China. They now have another child born in the UK who has never met her sibling. The older one feels less loved and is jealous of his sister. He demands to come over to join the family as soon as possible and Wen Maojia wants it too. However, she wonders: 'how can he come if we don't even have status here?'

Even when family reunion eventually happens, the enforced separation may produce lasting consequences. Bahoz, a Kurdish father, was parted from his daughter for five years; when he finally managed to have her come to England, he discovered that the rapport he once had was no longer there.

Disclosing status to children

Letting children know about their legal status is difficult and parents address the issue differently. Princess, for example, does not want to hide her status from her three year old daughter.

I already talk to her. I always say "oh your mummy will be alright one day". Like if she knows. Sometime I tell her "oh your grandma died and she is in Jamaica" And she is always "oh Mum when am I going to Jamaica" I say "one day baby, one day". And when she sees the airplane, she says "Mum, I wish I could go on an airplane" and I say to her "We will baby, one day your mummy will be able to travel".

In some cases the disclosure is the result of events outside parental control, and they can only minimize the damage, as in the following example. Qinqin Liu, mother of two UK-born children, recalls when Liu Weiwei, her six year old daughter, came back from school with a difficult question:

She came home and asked me why she had never had a chance to go on holiday. I told her that we didn't have a passport. I said to her that we were in the process of applying for our passports; that we had to wait. I told her we haven't got our passports yet; I said I'll take you on holiday when we get our passports.

Age plays an important role. The older the children get, the more aware they become of their circumstances. For Hao Shuipian, a Chinese single parent, this means explaining to his son both the reason why his mother left him and their lack of status,

I am getting more concerned as he gets older… He might not know anything when he is still young, but as he grows older he might become sensitive about this…. that all the other kids have status except him; that all the other kids live with their mothers but him… He may be troubled by this question as he gradually grows up. (Hao Shuipian, Chinese father)

James prefers his children not to know about the lack of legal status for the security of his family. To keep the secret, however, is sometimes difficult, as he explains:

we don't want to make them know about the status, because … at times…most times… maybe if we are going to church and it is raining…or I go to the school to pick them up and it's raining or the weather is not too good. They say "Daddy why can't you get us a car?" And you know because of the law, I can't drive. And I don't want to go on explaining to them…"Ah, Daddy doesn't have the right to even live in the country… never mind driving a car…" and you know, I know because they might not understand… and again if they do understand, they could go out and even tell people, or even discuss it in the class which might not be in our favour… You know so… we try as much as we can not to let them know.

Family relations and legal status

Migrant accounts show how immigration rules and regulations affect family life. In the previous section we discussed the impact of lack of legal status on transnational families; here we will focus our attention on the ways that irregular migration status can affect the relationship between partners, leading in some cases to abuse and eventually to the disruption of the family. Among our respondents we identified two main ways in which legal status may put a strain on a relationship: first, by keeping people under constant fear of detection and deportation and pushing them into exploitative working conditions; second, especially in the case of mixed status couples, altering the balance of power between partners rendering one more vulnerable to abuse. Hao Shuipian explains how it had become more difficult for him to find *hey-gong* (informal work). Work had become more unstable, and income likewise. His boss no longer wanted to take the risk of employing an irregular migrant. Family life was not immune to this, as the following quote illustrates:

We began to argue a lot; and in the end we parted. She left but she didn't want to take the child with her; because she knew that it would cost her lots of money to raise a small child. She said the child should stay with me, because he would take my surname. She said the child should live with me; so I kept the child. She left me without taking the child. She was very bad indeed. (Hao Shuipian, Chinese father)

Doing research we came across several cases of mixed status households, especially but not exclusively among Jamaican migrants. In some cases, irregular migrant families were sharing the same accommodation with legally resident relatives and this might at times become the cause of tensions. In the case of Jamaicans, the presence of mixed status households is the

result of historical ties between Jamaica and the UK and a long established history of authorised migration. Several Jamaican interviewees had siblings, cousins, even parents who were legally resident in the UK and provided an important support network in case of need. The size of the community, which includes a large number of UK citizens, can also explain the high incidence of mixed status marriages in this community. Both Laurene and Tasha have been in the UK for ten years, both had overstayed a regular visa. They both have close relatives in Birmingham, which hosts one of the largest Jamaican communities in the UK. They both have two daughters, one a British citizen and the other Jamaican.

Coping with asymmetric power relations

In a number of mixed status families we came across instances of abuse and domestic violence in which one partner, usually a male holding a UK passport or Indefinite Leave to Remain, had used the lack of legal status of the other partner against them. It is like 'a power struggle', said Laurene (Jamaican mother). In most cases, the victim had put up with various types of abuse for a relatively long period until they reached a tipping point that made this no longer acceptable. This point was often the shift of the target of abuse from the partner to the child. The story of Kidi, a Nigerian mother of four, illustrates this situation:

> I've been verbally, physically, emotionally and every area of abuse…. abused by my husband. And erm…. I stuck in then because the state of my status would not allow for me to get out and get a house. I decided to live with the abuse because I felt that eh…. at least the children would have a roof over their heads and then I won't have to get into trouble with any authorities, you know but I vowed that the day, my children are directly involved with the abuse or I feel it is going to jeopardise them in any way, I would rather face the authorities than have them go through something that would not help their childhood. So on the 1st of December 2009, my husband beat me up in front of all the four children and I called the police. And when I spoke with the police, I also went to the school to detail them on what had been happening, it was at the point where things had reached that stage, I felt that the children, viewing their mum being beaten up by their dad, would affect them and affect their education so I went to the school and spoke with the people in charge of welfare.

Victims feel vulnerable and unable to rely on the protection of the police because of their legal status. This situation is exploited by their partners. Chez and Maria, Jamaican mothers, went through this experience. Chez found the strength to report her children's father thanks to advice from a female friend from her Church.

> Once he hit me, and I was thinking "should I go to the Police or shouldn't I?" Because I was thinking, then my papers weren't in the Home Office and I was thinking "No I won't". But then the lady from Church said to me "go to the Police, it's a different issue!" So I went to the Police, I went to the Police, and then I said to them "I don't want him locked up, I just want to report it." The second time he did it, I went to the Police, and they locked him up! Because I said to them "because of my status, he thinks that he can do whatever he wants and get away with it"!

In some cases the perpetrator uses the children with a UK passport to blackmail the irregularly resident partner into silence. Michael, Laurene's son, is a British citizen. He lives with his mother but his passport and birth certificate is kept by his father who uses them to claim child benefits in his name, without contributing to his upbringing. He wants to induce Laurene to go back to him but she says 'The thing is if I get involved with him again, then everything is alright. But I don't want to go there'. Nicketa, a Jamaican mother, is 'paranoid' that her son's paternal grandmother will take her British son against her will back to Jamaica and away from her. She explains:

> What made me even more paranoid, because you hear on the news how many kids have been kidnapped and can't be found, that would kill me! That would kill me! It would so so kill me if that happened. And she kept on sending these threats to me and sending abusive texts. I've still got them on my phone. Sending me abusive texts.

For Laurene, having a child makes her even more vulnerable to abusive relationships because, as she explains:

> Having my kids, you're scared, you can't go move in to a relationship with a guy and then they start abusing your kids because you haven't got the papers 'I'm going to call immigration on you because you do this'.

Summary

- Irregular migrant families live in continuous fear of deportation and rely on erratic income for the everyday survival.

- Parents struggle to shield their children from the consequences of lack of status. This may lead to intra-generational conflict in the household. Disclosure of legal status is a crucial moment in the parent-child relationship.

- Mixed status households occur especially among long established communities (e.g. Jamaicans). We came across a number of cases in which the situation had been exploited to benefit the lawfully resident partner. Victims, mainly female migrants, feel vulnerable and unable to rely on the protection of the police. Children can become the focus of contention between parents and even if regularly resident (because of the status inherited from the lawfully resident parent) may suffer because of the non-status of one of the parents.

7. Coping with irregular migration status

Deportability as the possibility of being deported, rather than deportation itself, is one of the defining characters of the condition of 'illegality' (De Genova 2002) and shapes the everyday lives of irregular migrants in their country of migration (Willen 2007; Bloch et al. 2009; Sigona 2012).

Irregular migrants develop different mechanisms of coping with their lack of status. However, minors, especially if dependent, are not always aware of their legal condition as their parents seek to shield them from the negative impacts of 'irregularity'. This chapter illuminates migrants' feelings about their current status and explores how the fear of deportation impacts on their everyday life.

Suspended in a frozen present

Two themes were dominant throughout migrant narratives. First, many interviewees focused on their day to day activities above and beyond any other considerations, largely due to the fact that the future was unknown and insecure. In fact migrants found thinking about the future depressing as Kevin, a young Jamaican explains:

> I try not to think about it because then, like, I start thinking negative, so I just try not to think about it most of the time. (Kevin, Jamaica)

Living in the present enables parents to stay positive. This could however easily slip into a sense of resignation, with many parents saying 'whatever happens will happen'. For some, instead this meant any outcome will suffice. Often this was linked to length of time spent in a situation of not-knowing and where achieving any resolution has become more important than receiving a positive decision. A second theme was a shared sense of fatality marked by faith in God's good will that will ensure that things will turn out alright in the end. Some explicitly stated that unless you believed that things will improve, there is no sense in continuing to live. Both themes shared a sense of loss of control over one's own life and dependence on decisions taken elsewhere.

For many it was not just whether they were able to participate in and fully take advantage of life's opportunities, but also about feeling less worthy than people who had full status, feeling embarrassed about their situations, feeling a sense of jealousy and lack of understanding why they are in this situation when others do get status, feelings of being treated or seen as a criminal and feeling incomplete as a person, as Ahmad, a 17 year old Afghan independent minor, explains:

> Sometimes my friends make comments saying you are illegal and this makes me feel really low. Even my uncle and his family make comments all the time…at the moment I am not a complete person. Only when I have documents can I say that I will be complete.

Another problem highlighted by several migrant interviewees was not being able to stand up for oneself and one's rights because of their immigration status. This can be in relation to various spheres of their life, as in work when rather than demanding to be paid they say nothing, or when women refrain from reporting an abusive partner and father. Lack of legal status has also had an impact on many of our interviewees' social life. Often, they did not want to go out anymore due to feeling stressed, depressed and less worthy than other people.

Especially for young people turning 18 and for some of the parents there was a feeling that 'life was put on hold' while the status was being sorted. However, if it takes years for their status to regularise they ended up feeling more like 'they are wasting away', wasting their life and not having a future at all, due to being in this constant state of limbo. Underlying this was a sense of helplessness and lack of anything that they could actively do to change their situation.

The majority of interviewees were in the first instance reluctant to talk about their future. To what extent young people were comfortable and confident in talking about their future, depended significantly on their situation and circumstances in the UK, for example whether they were with or without their family, their reasons for migration and their feelings about returning 'home'.

Young people who talked about their future aspirations mostly saw their future and their development to be in the UK. They wanted to be educated in the UK, often to study at university, and find a career and work. Travel was a wish raised by many young interviewees.

The large majority of interviewees saw their only way out of their situation and towards a better life by regularising their legal status in the UK. This was often seen as the main goal for a lasting solution to their problems and the only way that they could regain control over their lives. Regularisation for many of them was a necessary step, but not for all. Among independent minors initiatives for regularisation varied significantly, along a spectrum where on the one end they were in touch with the Home Office and doing everything possible to 'get papers' and on the other end they avoided contact with any authorities. For independent minors turning 18 was cause of great anxiety, especially after the UK government had announced its intention to speed up processes of removal for former unaccompanied minors. Many felt that they had just adjusted to life in the UK when the prospect of them being sent back started to become a real worry again.

More generally it also emerged that there remained a significant amount of confusion among interviewees over their legal status in the UK. In a few cases interviewees said that they had an application with the Home Office, but were not able to explain what kind of application. Many also felt that there must be a way for them to regularise, but then often had little knowledge of the actual pathways available. The strategies for regularisation of minors who were in the UK with their family depended largely on their parents and on the availability of reliable legal advice, currently threatened by proposals to reform legal aid.

Feelings about deportation and returning home

Worries about being sent home were prevalent throughout all the interviews, though the reasons for and strength of fear varied. This was often connected to the reasons for which people migrated in the first place and what was awaiting them in their countries of origin. Here, the fear was much stronger among for example Afghan and Kurdish minors, where the reason for migration was largely due to fears of persecution and violence and concerns with personal safety in their country of origin.

Another factor that influenced feelings about returning home was whether young people in the UK were embedded in a family or were by themselves and whether they had relatives in their country of origin. Interestingly, those who were in the UK with their family were often less afraid of returning home, as this would be a process they would go through with their close family. Joazinho, a 17 year old Brazilian boy, explains:

> If our visa is refused and we have to go back to Brazil we will go back. I know that it is going to affect me and I don't want to go like because everything I learnt was in English so when it comes to my studies it is bad.

Independent migrant minors on the other hand often expressed how they missed their families, especially their parents, and how this separation was really difficult for them. At the same time they felt that they were unable to return home due to the reasons why they left. Instead they often hoped for reunification with their families in the UK. Kusret, a Kurdish minor from Iraq, explains his situation with these words:

> I have no choice: I have to stay. I can't go back because if I go back they will kill me. If I stay here I will miss my family but I think I have to stay here. The people who killed my father they will kill me too and that's why I left Iraq.

Another factor influencing minors' feelings about returning 'home' was whether they in fact saw their 'country of origin' as their home, or whether home was the UK. For many young interviewees the UK was the country where they had spent most of their childhood, whether they were in fact born in the UK or had migrated at a very young age. The UK was then the place where they had completed most or all of their education, where they knew what life was like and where they wanted to continue and complete their education. Many minors in such a situation either did not know or could not remember their parents' country of origin. Going 'back' to them was the same as emigrating to a foreign country. Mariazinha, a Brazilian minor who has just completed her A-levels in the UK and would like to go to university, says that if she has to go back to Brazil 'I'll have to re-start everything, like my Portuguese is not good'.

Such an attachment to and familiarity with the UK on the part of the children also had a deep impact on the parents. A significant number of parents, worn out by their irregular status, were open to the possibility of return, but felt that this was not something they could impose on their children. Chez, a Jamaican mother, explains these thoughts as follows:

> There have been a few times I said oh if the kids weren't here. I would probably have gone back home already, but because they are here, and I think, they are in schools and they're getting on...they don't want to go back anymore.

Another factor that influenced the level of fear about being returned home was the costs invested in getting to the UK in the first place and paying off related debts, and importantly any previous experiences of arrest, detention or deportation. Sehriban, a Kurdish mother of two children, had previously been deported to Turkey together with her children. Their experiences of being picked up from their home at five in the morning by the UKBA, then detained and deported to Turkey, were traumatic and left a lasting fear of the authorities with them. Sehriban talks about the way that the UKBA took them from their home and then deported them, her time in Turkey and about her feelings upon returning to the UK:

> One day the police raided the house at five in the morning and took us away to the camp. I didn't have the psychology to cope anymore and neither did my children. I decided to go. They put us on a plane, they handcuffed my hands...A Turkish hostess came and said 'what crime have you committed?' It was a terrible question...

> In Turkey? Of course they treated us badly...they treated us like animals. They locked us inside and we were released at midnight. After we were released we tried to live our lives again, but my psychological state was even worse, the children were also finding it difficult to settle in, because the people around them were mocking them... they experienced racism for the second time.

> If I go to the police I have to sign on, they will give us a hearing date after a month, then we're going to get all these refusals, we're going to go through the same thing, and I don't want to see the police again, I don't want to deal with these kinds of things anymore, I'm going to struggle for how long it takes.

The fear of being 'picked up' at any point: be it at work, on the streets, on public transport or at home, has a significant impact on the way that the interviewees conduct their daily lives. Although many mentioned that they 'try not to think about it too much' at the same time they would avoid as much contact with any authorities as possible. For Marcia, a Brazilian mother,

> Now [after I became irregular] I am afraid of everything, in relation to needing access to health care for a serious issue, being caught by immigration at work or walking on the street, as it sometimes happens.

For a lot of interviewees the police or the UKBA, often just referred to as 'the authority', plays a central role in their lives. This can involve both being in regular contact with the authorities and avoiding contact with them altogether. In both situations this results in serious constraints on interviewees' mobility and movement. Tahira, an Afghan mother of four children, has received an electronic tag and is expected to report to an immigration office on a weekly basis. Apart from not understanding why she has to comply with both these requirements, they also have a serious impact on her daily life and especially on the care of her children. Tahira's curfew hours, and the long time it takes her to go to the immigration office to report, means that there are few places she is able to go. Furthermore, it means that the childcare responsibilities, which often involve taking children to and picking them up from school and various activities, have to be carried out by her husband. The knock-on effect of this is that he is unable to work, leaving the family in a situation of destitution, not being able to support themselves nor receiving any other support or benefits. On the other side of the spectrum there are those interviewees who try

and avoid any contact with the police for fear of being picked up and deported. As Jose, a Brazilian father, explains:

> I worry that you are on a bus or on the tube and suddenly someone like from the Home Office/Immigration turns up…so you always have this worry.

This has meant that Jose will try and travel as little as possible on public transport, stick to routes that are familiar to him and where he feels safe. However, having and looking after children does not always allow this. They have to be taken to and picked up from school, friends or other social activities. At the same time, Jose feels that having children in the UK means that his worry about being detected is even stronger, as now they have a life here as a family. It is especially for them that he does not want to be detected and deported to Brazil as the children's school is in the UK, everything they know and have is in the UK.

Moments when immigration status becomes visible

The ways in which immigration status becomes visible to migrants vary and depend on a number of circumstances including their age, migration pathway and current situation in the UK.

Especially for young people who were either born in the UK, or lived in the UK for a considerable amount of time, knowledge about immigration status is often hazy and in a significant number of cases altogether unknown. In Chapter 6 we have analysed the ways in which immigration status plays out in the parent–child relationship and how parents approach the disclosure of status to their children. The disclosure of legal status occurs, for example, when a passport is needed in order to travel abroad with classmates or to pay discounted fees only available for permanent residents, or when a student approaches the end of compulsory education and plans to apply for further or higher education. In the latter case the visibility of the immigration status coincided with the important moment of turning 18. Relationships with and comparisons to other young people, friends or fellow students, is another common situation where the immigration status can be disclosed. In some instances it could be a simple mention of a friend going abroad during the summer holidays, which raises questions.

Summary

- Coming of age marks a critical transition in the life of irregular migrants: from a relatively protected status as a child to one of loss of control of one's own future. Feelings of helplessness and loss of confidence are common among older children.

- Fear of deportation plays a central role in the everyday lives of migrants; however not everyone experiences the same degree of fear which varies in relation to the initial reasons for migration and the risk associated with return.

- For UK-born children, returning 'home' is a cause of particular anxiety as they have never been outside the UK, immobilised by their immigration status.

- It is often a concrete situation that reveals the immigration status to young people or, if already known, the impact that the lack of legal immigration status can make on their lives. The ways in which immigration status becomes visible to migrants vary and depend on their age, their migration pathway and their situation in the UK.

PART THREE

Irregular migrant children and public services

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Drawing on interviews with irregular migrants, public service providers and other stakeholders, Part Three investigates the encounter between public services and irregular migrants. In particular, Chapter 8 discusses migrant experiences and attitudes towards the UK education system and investigates the impact of irregular migration status in this sphere. Chapter 9 focuses on the relationship between legal status, health needs and access to healthcare. Finally, drawing on the interviews with public service providers, local authorities and other stakeholders, Chapter 10 analyses the views of practitioners on the relationship between irregular migrant children and public services and their day-to-day experiences of working with this group of migrants. In doing so, the chapter shows how practitioners cope in practice with the conflicting objectives embedded in the legal and policy framework.

8. Irregular migrant children at school

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Comparative research in EU member states found that the right to education for irregular migrant children is more aspirational than reality (PICUM 2008; Carrera and Merlino 2009) with findings repeatedly showing that significant gaps remain between legislation and experiences of migrant children. Access can vary significantly between different local authorities, even to the extent where access is dependent on a particular head teacher. Practical barriers that are experienced by irregular migrants include problems of showing some form of identification; the level of discretion enjoyed by schools at the local level whether to accept children without status or not; parents' fear of being detected; problems with extracurricular expenses; language problems; no diplomas being issued for them upon completion of the qualification; and precarious living conditions[27] (see Arnot and Pinson 2005; Pinson et al. 2010). Although it might not be the local authority's intention to exclude children from schools, such practical barriers can nonetheless mean that a child will not receive the full education that he or she is entitled to (Gordon et al. 2009). Evidence shows that once children are placed in detention the importance of, and right to education seem to be altogether ignored (Save the Children 2005; the Children's Commissioner for England 2010). For Arnot et al. (2009: 251),

> Central government's priorities to reduce immigration are seriously disruptive of educational agendas such as helping every child to achieve their potential, to achieve a sense of wellbeing and security.

This has produced a 'two-tier system, one tier of children for whom their best interests are the paramount consideration, and another for those whose best interests are a secondary consideration' (Refugee Council 2003: 4).

By exploring issues related to access to education and experiences of schooling, this chapter highlights the extent to which legal status shapes irregular migrant children's enjoyment of the right to education enshrined in international and UK law.

Access to education: choice of school and enrolment

Parents valued education highly and saw it as a primary pathway to social mobility. They also overwhelmingly saw schools as a safe place in which irregularity is less of an issue and children are seen as equals. Nicketa, a young Jamaican mother who still attends college herself, explains how school has become a comfort zone for her:

> I love to go to school and study 'cause it's the only thing that takes my mind off like problems I have in my life. Once I'm in the classroom, that's me. Like every other problem

is not in my head at that precise moment 'cause I have to focus on getting that done, doing that... So other stuff in my head... That's my comfort zone.

It is therefore not surprising that the majority of children in our sample were enrolled and attended mainstream schools, ranging from nursery to secondary school, as well as ESOL and Skills for Life courses. The only significant exception was represented by young migrants from Afghanistan mainly living alone or in private foster care arrangements, who in many cases were not at school.

Despite the overall positive attitude towards education and schooling, several parents reported, however, some difficulty in combining the continuity of their children's education with the uncertainty of their lives. Xian Li, mother of a 3 year old girl born in the UK, explains:

> We don't have a fixed place to live. This will cause a lot of problems for our child if she wants to go to school. This is the thing that causes us the biggest headache.

They also pointed out that access to education and especially the enrolment process have become more difficult and stressful over recent years. This coincided with parents' worries around the issue of collaboration between schools and the UK Border Agency or Home Office:

> Some schools didn't really care back then...you know...I think they are getting fewer now, that don't care about [immigration status]...I read on the internet, [that] the Border Agency is tightening up even in schools...whereby all the schools must ask for documents of the parents... so even if the child has a right to education, if the parents do not have the legal status to stay in the country...they might as well say the child does not have the right to education in the country (Kidi, Nigerian mother).

The process of choosing a school for children seemed to be similar for most interviewees. The majority of parents found a school simply because of proximity to their area of residence, others through recommendations by friends and some because of its religious denomination.

When choosing a secondary school, where possible, choices were made to suit the child's needs and often the young person would take an active role themselves. Location was taken into consideration as well as the school's reputation, offer of subjects and results. Joazinho (Brazilian dependent minor) explained how he chose his secondary school:

> My previous school gave me a green thing [prospectus] at the end of the year...showing me all the schools and everything...we [with parents] looked at the schools' results this time, GCSEs and A-levels.

Problems in finding a school place were mostly related to lack of available places, long waiting lists and limited understanding of the education system and of the enrolment process; in particular the different admission rules that apply according to the types of school caused considerable confusion during the enrolment process.

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27 An example of the ambiguity embedded in UK discourse and policy on illegal migration control and child protection, as well as of the construction of children's vulnerability through the immigration regime (O'Connell Davidson and Farrow 2007), is provided in the UKBA five-year plan (UKBA 2010). In a text box on 'Joint Enforcement Operations', under the heading 'Child protection', the UKBA refers to some joint projects 'on the exchange of data and intelligence with schools and truancy watch teams in order to aid consistent support to migrant children whose families abscond or avoid immigration compliance controls' (UKBA 2010: 18).

As a result, it was often not until the second or third school which parents approached that children were successfully enrolled. In many cases this time-consuming procedure led to children having to start school mid-way through the academic year and often in a class with students younger than their age cohort. Only in a few cases interviewees reported that they were asked to provide a valid visa or passport, or proof of right to stay in the UK.

Furthermore, frequent change of accommodation resulting from the family's vulnerability to exploitative housing arrangements (see Chapter 5) and fear of detection by immigration officials posed a challenge for parents who, whenever possible opted for keeping children at the same school. This often resulted in long journeys for the children, as Sehriban, a Kurdish mother explains:

> Sometimes, for example, my daughter would have to wake up at five in the morning to go to school, because we had moved to a place that was far away from the school.

The transition to non-compulsory education, including colleges, further and higher education, was more problematic and interviewees reported anxieties and frustration at being excluded from the education system.

Those who were not attending school were mainly in their late teens and had chosen not to enrol at school because of their lack of documents, despite expressing a desire to learn. There were also some who were turned away from schools, as Ahmad, an independent Afghan minor aged 17, explains:

> I do not have documents to register myself. I really want to study it's my great wish and dream...I am very much interested in studying. I went a few times and every time they asked me for documents, a passport or driving license.

Irregular migrant children at school

Parents and children valued education and children mostly enjoyed going to school. Many parents felt that schools were better in the UK than in their countries of origin and that UK education would give their children better opportunities in the future. They also stressed how much their children liked to go to school in the UK. Princess, a Jamaican mother, told us about her daughter: 'How she loves it! Every day she says "Mum I can't wait to go to school". She loves it.' For children the school is the main place for social interaction and meeting friends. It ensures continuity in their daily lives and a sense of security despite uncertainty of legal status.

Attendance was considered important and missing school days an exception. However, for some interviewees this was not only explained by the value attributed to education but also by worries about legal status and the possibility of being reported to local authority's social services:

> Because once you take them frequently from school, you have social services coming on your back and they would dig and dig and dig and dig until they find out everything. So I try not to stop her, even if they are sick, I send them to school (Michelle, Jamaican mother).

When children did miss school, reasons for this were usually illness or doctor appointments, difficult travel arrangements to and from school and the difficulty of reconciling parents' long working hours with the children's school times.

> Her [daughter's] school time does not match my work time so I can't drop her off or pick her up (Marcela, Brazilian mother).

Most of the children achieved to their and their parents' satisfaction at school and many had high ambitions. Kevin, a young Jamaican, stood out as a high achiever in sports and drama. Jackie's children too were doing very well at school. Her daughter had been selected as one of only two pupils to take a special diploma course and her son had become a 'buddy' to other school children. Parents, such as Princess, were keen to talk about their children's achievements and the positive feedback they received from teachers:

> I say to the teacher 'how was she today?' 'Oh she is great, oh she is brilliant, oh she is fantastic' everyday she gets different words! (Princess, Jamaican mother)

Asked about their aspirations, a large proportion of the young people wanted to become doctors. This was particularly evident among young Kurds and Afghans. Afsar talks about his nephew's ambitions:

> He wants to become a doctor. I asked him why...he said so I can serve the people. In Afghanistan many people have no limbs, that's why he wants to become a doctor, he has seen so many injured people.

It was often children with a Jamaican and Nigerian background who arrived in the UK at a young age who had received a significant part of their education in the UK. Most Chinese children were either too young to be at school or in primary school, so would have at the most only spent a year or so in UK education.

Many parents expressed an appreciation of the UK education system, particularly for its provisions for children with special needs. To them it was particularly important that education in the UK was free and that the children were treated well by teachers and other school staff:

> It would be good for him [son] to receive education in the UK. This country treats children well...they get free schooling...they take education seriously here. (Hao Shuipian, Chinese father)

Most interviewees spoke positively about the schools the children were attending. The parents appreciated the education that the schools offered, extra-curricular classes were popular among many and the efforts that teachers put in to make sure their children were coping alright were usually appreciated. Parents were also generally happy with the child's achievements and some expressed that this retrospectively justified their decision to migrate. Schools also seemed to have a stabilising affect on some children. Bahoz (Kurdish father), when asked what he liked about his daughter's school, said: 'I like the fact that it makes my child happy.'

Children are often enrolled in 'super-diverse' schools and seem to appreciate the multi-ethnic character of the student and teacher populations.

There is no discrimination because she is not English…in fact there are black kids, white kids, mixed all together (Marcela, Brazilian mother).

However, there are moments when the lack of status surfaces and impacts on children's life at school. Because of the lack of legal status, children are not entitled to benefits such as school meals, financial support for uniforms, or transport to and from school.

The status will not allow my kids to have free school dinners…Because of the no recourse to public funds situation (Kidi, Nigerian mother).

School trips abroad illuminated another dimension of how the lack of immigration status was felt by the children and their parents. Although limited money was also an issue, the lack of a passport or visa was usually the main reason for children not joining such trips and would sometimes play a role in the disclosure of the immigration status by parents to their children:

My daughter said that they have a France trip coming up and it's about education next year…I don't think she'll be able to go. But she was saying that she could go on the school passport, but I said to her 'You've to have a passport to go on the school passport'. So she won't be able to go (Jackie, Jamaican mother).

Serious obstacles were experienced by young people who wanted to change school (e.g. due to moving house), or go to college or university. This often had a negative impact on the young people as most were not able to see a way out of this situation.

They do not accept me anymore to go to college, I've just turned 18 and they say I cannot go and they asked for a passport which I do not have (Reeben, young Kurdish dependant migrant).

Other than university, I could go and work, but I can't work, so there is nothing really that I can do. So I'm just stuck at home really if anything. Because I can't get a National Insurance Number (Kevin, young Jamaican dependant migrant).

Kevin further explained that this lack of future for him could affect his motivation at school now, as there was nothing to work towards.

Access to pre-compulsory education is also difficult. Parents struggle to gain access to nurseries or pre-school childcare and most relied on arranging childcare privately. This could either mean accepting less income as one parent would stay at home, or for single mothers, having to rely a lot on personal networks of friends and family.

Most parents said that they got on well with the teachers of their children and that they were happy with how they treat their children. Some parents told us that when they complained about an issue they felt that they were taken seriously and that it was dealt with satisfactorily.

Many of the young people or parents reported that they or their children generally got on well with their teachers; not unexpectedly some have had better experiences than others. Beto, a Brazilian boy, explains how the teachers communicated with him when he arrived and did not speak any English:

My teacher tried to communicate with me through drawing…I used to draw like when I wanted to go to the loo…the teachers, I didn't know them but they helped me

Although most teachers do not seem to know the legal immigration situation of the children, they are seen as people that can be trusted. A lot of young people also spoke of one teacher whom they had a particularly good, trusting and respectful relationship with.

Before starting school Beto was worried about how he would be treated by the other children. To his own surprise he had a good experience:

I thought in the beginning that they were going to treat me differently because I'm from Brazil but there in the school there are many people from other countries, here in London there are many people from other countries and I also thought that the English kids my age would treat me differently because I am from Brazil, but no they treated me like a brother.

Others reported similar experiences and usually the children's school friends were from a variety of national backgrounds. However, few children would meet up with school friends outside of school. If children or young people did have some problems with their classmates a solution was usually found. Mariazinha, a dependent Brazilian girl, for example, moved class when she did not like her classmates, and Joazinho, a 17 year old Brazilian boy, found friends in classes other than his own.

Difficulties in relationships with other classmates often occurred when direct comparisons were made. Here the lack of money was a crucial issue, as it means the children cannot keep up with their friends' clothes and gadgets and so on. Some young people directly compared themselves to others in terms of their legal status, like Kevin, a young Jamaican:

I'm thinking they don't know how privileged they are, 'cause they don't…Obviously they are not in the situation so they don't have to think about it. So therefore they don't know how privileged they are, how they can go, get jobs, quit whenever they want and do all of these things, all these sorts of things.

Language matters

Lack of English language knowledge was common among some parents, especially among those who did not know English from their countries of origin. Such language difficulties affected them in their dealings with their children's school in several ways and often required complicated arrangements for translations. Difficulties started when parents tried to find a school and enrol their children. For Laisa, a Brazilian mother, it took five months until she found one:

He [her son Leo] was five months without going to school because I couldn't get him a place in any school for not speaking English.

Once enrolled, difficulties in communicating with the school often continued. These included talking to teachers about their child's progress at parents' evenings as well as discussing and agreeing simple arrangements of when to pick up their children. Kelly, a Brazilian mother, described the difficulties she had:

> I find this issue of being with Claudio in the school very difficult because I can't speak [English]. I don't know what his difficulties are, what I should do, you know, I find it very complicated.

A common solution to this problem would be to find a friend or acquaintance to accompany the parent to the school, in order to translate. In some instances, parents found a teacher who spoke their native language, as was the case for Marcela, a Brazilian mother:

> I was so lucky that there was a Portuguese lady in the Board of the school, and one of the teachers is Portuguese and one is from Angola.

For the children who did not speak English when they entered school, the initial settlement into school was often difficult:

> I thought it was going to be difficult, I thought that nobody would help me (Beto, Brazilian boy).

However, most migrant interviewees reported that the school and teachers had been helpful in facilitating the initial settlement of the children into school: this includes pairing a new child with an older one who mentors them.

Young migrants found it easy to learn English in the school setting. Joazinho, a 17 year old Brazilian boy, for example said that 'in school it is very easy to learn [English]. You learn quickly.' Sometimes, however, children would mainly socialise with co-nationals, or other children who spoke the same native language, which would inhibit them from improving in English. Margarida, a Brazilian mother, talks about her daughter and her friend at school:

> This year for example she doesn't stay much with the Brazilian girl, they were moved to different classes because they chatted a lot and she was refusing to learn English.

There appear to be some differences between young unaccompanied people who often attend ESOL or similar English language classes before entering the mainstream education system, whereas children in families tend to enrol in schools straight away, regardless of the children's language skills.

Summary

- Most children in our study had access to primary and secondary education. However, several parents found the enrolment process complex and time consuming. Lack of available school places and communication barriers were also causes of distress for parents.

- Irregular migrant children feel protected at school. Going to school helps them to maintain a sense of ordinary life despite their legal status.

- Overall, lack of status has a limited impact on children's experience of schooling. However, lack of resources and no entitlements to free school meals single irregular migrant children out from the rest of their classmates.

- Children's attendance at school is important to parents both for its educational value and because failing to attend may lead to the involvement of local authority's social services that may lead to them being reported to the UKBA (see Chapter 3).

- Access to pre- and post-compulsory education is difficult. Among elder children this may affect their motivation to study and their self-confidence. For younger children this means being deprived of crucial support in their foundational years.

9. Legal status, health needs and experiences of healthcare

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Meeting the health needs of a growing and super-diverse (Vertovec 2007; Commission on Integration and Cohesion 2007) foreign-born population in the UK is a challenge for health services (Phillimore et al. 2010). However, these needs are currently only partially acknowledged and addressed. Government policy 'has focused largely on addressing ethnic inequality in health' (Jayaweera 2010: 1), leaving aside other factors that may have an impact on migrants' health needs and experiences of the healthcare system, such as country of birth, language, length of residence and, significantly for this study, immigration status. The Confidential Enquiry into Maternal and Child Health (CEMACH 2007) is a case in point. While it showed that about 20 per cent of deaths directly or indirectly related to pregnancy occur in women with poor or no antenatal care, it failed to consider that one of the main deterrents to accessing maternity care may be the policy of charging 'non ordinarily resident' patients introduced in 2004[28]. For Maternity Action (2010: 10):

> Charging women for maternity care has the effect of deterring women from accessing care, irrespective of formal rules requiring care to be provided even if the woman cannot pay in advance. Many women with limited resources are not prepared to take on a debt which they are unable to pay. To avoid the debt, they do not access services until they go into labour or something goes wrong.

Similarly, research has focused on the health needs and outcomes of specific categories of migrants, such as refugees, asylum seekers, unaccompanied minors, paying significantly less attention to other categories, such as irregular migrants (Oxfam and Refugee Council 2005; Lukes et al. 2009).

Drawing on interviews with migrant children and parents, this chapter offers some qualitative insights into the impacts of irregular status on children's health status and access to healthcare. It explores issues around access to primary, secondary and maternity care and views on the quality of healthcare services received. Overall it aims to contribute to a better understanding of the consequences of immigration status-related restrictions on access to health care, and the impact of this on health status (Jayaweera 2010).

Legal status and health status

The combination of precarious immigration status, restricted access to healthcare and financial hardship often has serious effects on migrants' physical and mental health and can result in chronic conditions such as asthma, migraines and depression. Michelle, a Jamaican mother, explains how her immigration status affects her:

> Mentally, it's really bad. We're just sitting here, staring, wondering where the next meal is going to come from, when the next bill is going to be paid.

The precarious situation that many of the interviewees live in, has often meant that any change in their situation or negative experience easily leads to a downward spiral. Talking about her father's funeral in Jamaica Jackie (mother) said:

> Everyone was like going over, I couldn't go… my sisters, brothers, they all went over. I was the only child that wasn't there. I couldn't eat, couldn't do nothing.

For Alan, a 16 year old Kurdish migrant, who was previously under the care of Oxford City Council but was then moved to Birmingham, being uprooted meant losing his reference points in the UK:

> Two months ago, my dentist, my GP, my optician all changed. The new doctor doesn't know about my problems.

Another common theme was that interviewees saw a strong connection between their chronic physical ailments and their emotional/psychological stresses. When asked about her asthma Kidi, a Nigerian mother, says:

> Well, I don't know. I'm beginning to think that the so-called asthma that I have might be a bit emotional.

Seventeen out of 53 interviewees, both parents and independent migrant children, reported mental health issues that were associated with stress linked to their immigration status. However, signs of stress, exhaustion, anxiety and other impacts on health due to financial and immigration status insecurities were noticeable in most interviews. The majority of the interviewees who explicitly talked about their mental health problems were parents and a number of them were being treated with either or both anti-depressants and counselling.

> Because you are legal for four years leading a normal life… since the moment you know [you are 'irregular'] there is an iron ball around your ankle all the time (Marcela, Brazilian mother).

Reasons given for feeling depressed or 'low' included fear of being deported or detained, not knowing what will happen in both the near and the distant future, not being able to talk about their problems, losing support networks or not having any in the first instance thus feeling lonely and isolated, and being in inadequate accommodation arrangements.

> It's a very worrying situation, I'm telling you, because I'm not sleeping at night, I'm depressed, as I'm telling you, I'm depressed. 'Cause at the end of the day, you don't know, it's like in your heart, you're wondering "is someone going to knock at your door? Is someone going to knock at your door?" (Princess, Jamaican mother).

Among interviewees who seriously feared for their life if they were sent back, fear of detention and deportation and previous experiences of these were significant contributors to poor mental health. For many interviewees it is the long-lasting precarious status they find themselves in, that slowly and over the years contributes to an erosion of resilience and wellbeing:

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28 Significantly, the Department of Health 'has not done a health impact assessment on the 2004 regulations' (Bragg 2008: 880).

You wonder why we Caribbean people have so many complaints, because of the fear, constant building up, building up, building up on the heart. That puts all kinds of things on you, all kinds of sickness (Michelle, Jamaican mother).

After two months the police came again, they took us again. Of course every time they took us away we would stay in the detention centres for a month and return home with our psychology very affected. Just when we gained some strength they would come again and take us (Sehriban, Kurdish mother).

Sehriban was also concerned for the wellbeing of her children who had already experienced detention and deportation and had to witness how she was sat down on the floor and handcuffed by the police:

The children were looking into my eyes, they were distraught, I mean the things we went through in the five years, when we came and when we went.

And talking about her son's behaviour now she explains:

He would get angry with the smallest thing, there were times when he would refuse to eat anything, he looked like images you see sometimes on TV about children in Africa who suffer due to lack of food. I could tell the children's psychology was bad.

Among the independent minors, issues around isolation, loneliness and lack of support networks played a crucial role in their wellbeing and seriously affected their mental health:

I don't have any hobbies as I don't feel very happy. I used to play football a lot and I am not doing [this] anymore (Kusret, Kurdish independent minor).

I am living in fear that I don't have documents, that I will get deported any time. I am mentally disturbed…. you do not know what is going to happen (Anwar, Afghan independent minor).

Parents' mental health status also has repercussions on children. This effect often became circular in that the parent then again worried about their children being affected by their situation, and so on:

When I'm crying, she always catches me, even when I don't want her to see me. "Mum, what's wrong? Why are you crying? Don't worry, don't worry. It will get better, I'm gonna pray. Don't worry." You know, when an eight-year-old says that to you "it will get better" it breaks your heart more, it breaks your heart more (Michelle, Jamaican mother).

Laurene, a Jamaican mother, tried to commit suicide by overdosing and was found by her son who called the emergency services:

I just started throwing all the tablets down my throat, they were just sliding down. Up to today, my son, it affects him, 'cause he sees me taking the tablets, and he says "mum, please, can you just take one or two, not many".

Access to primary and secondary care: registration with GP, received healthcare, issues of trust

Most of those interviewed for this research were registered with a GP and able to access primary care. Where parents were interviewed this applied to both parents and children.

Children who were born in the UK were usually referred to a GP by hospital staff and registered without problems.

Among migrant children we found that those who were in the UK with their family were more likely to be registered with a GP and felt that going to the GP was normal and safe. Independent minors were more likely to feel apprehensive about registering with or going to a GP.

Several mothers made a distinction when accessing healthcare for adults and for under-16s, which they felt was much easier. Furthermore, many thought that for children under 16 healthcare was automatically free, whereas they were not always clear about the adults' entitlements to healthcare.

Six interviewees, mostly from Afghanistan, 'chose' not to register with a GP or seek healthcare at all, mostly out of fear linked to their lack of immigration status or previous experiences of detention. Others were put off after their first attempt to register failed. In those cases the alternative to a GP's expertise was usually simple self-medication with paracetamol.

Although the initial picture that emerges looks positive in terms of access to primary healthcare, it is important to look at how and which GPs were accessed. In the majority of cases individuals registered very soon after their arrival in the UK and while having some form of residence status, either as a visitor, as a student or as an asylum-seeker. This is particularly clear among migrants that have been in the UK for many years:

I've never had a problem because when I registered I was a student (Mariana, Brazilian mother).

Once registered, interviewees tended to remain with the same GP, regardless of changes in their situation, such as moving to a different area. This would usually mean long travel times to get to the GP, further complicating access to healthcare. Retaining the same GP was often a conscious decision to avoid not being able to re-register with a new GP:

Once you're registered, you can see them forever. That's why I have been seeing the same GP all these years (Hao Shuipian, Chinese father).

It is also important to note that the GPs accessed were often those recommended through personal networks, and as such were likely to have a more flexible and welcoming registration process. It also meant that in some cases the GP would speak the native language or have good interpretation services, facilitating good communication.

A number of interviewees were not able to register with the first GP they approached and it often took several attempts with different GPs before registration was successful. These nuances in the interviews correspond to what we found in interviewees with stakeholders, service-providers and migrant support organisations, who often spoke of considerable variations in access to healthcare between boroughs and individual GP practices.

During the registration process the majority of interviewees were not asked to provide documentation proving their immigration status, though some were, and most were asked to provide proof of address. Many interviewees also reported that registering had become more difficult over time and knew of friends who were no longer able to register.

Overall, irregular migrant parents reported having good relationships with their GPs. Sometimes the relationships were so good and trusting that interviewees openly discussed their immigration situation with the GP who subsequently became the first port of call for advice. Several interviewees told us that their GPs had even written letters of support to the Home Office. Almost everyone who was registered with a GP and accessed healthcare regularly felt that their and their children's health needs were dealt with professionally and taken seriously.

Few interviewees had sought or needed hospital treatment; the main exception was to give birth. Ahmad (Afghan independent minor) explains this in the following way:

> No, I am scared to go to the hospital I always think that I will be deported. So I never go to hospital no matter how sick I am.

While access to antenatal and postnatal care was overall limited and mostly mediated by the GP, several new parents said they were satisfied with the care they received during birth and the subsequent registration of the baby with a GP was mostly straightforward:

> I can't complain about the service…I had assistance during my pregnancy…my daughter was born with my GP… (Marcela, Brazilian mother).

> When I was in the hospital giving birth to my baby…in the first few days after my baby was born, I didn't know how to breastfeed. I was worried and told the nurses about this. The nurses took it seriously and helped me feed my baby every two or three hours (Rong Bingling, Chinese mother).

Some interviewees, however, did not feel welcome in hospitals, especially at A&E. This was often linked to problems in communication.

> She didn't stay in the hospital for too long…so she left the hospital for home the next day…some people treat you as if you're there to spend their money…; like you're there to spend tax-payers' money (Hao Shuipian, Chinese father).

> When I was in labour…two or three hours after the baby was born, I still could not figure out whether it was a boy or girl! I called my husband. He asked me if it was a boy or girl. I told him that the staff told me that it was a boy. I asked him how to say boy in English and how to say girl in English. My husband said: 'Nanhai (boy in Chinese) is girl; Nuhai (girl in Chinese) is boy'. I said, 'How come!?' The staff showed me the baby and said: 'It's a boy! Look, it's a boy!' I was so confused! Hahahahahaha…. You see. What a mess! (Xian Li, Chinese mother).

The main problems reported around accessing and receiving good healthcare by interviewees who were registered with a GP were issues around language. Such problems could be particularly distressing in emergency situations. Problems in describing and explaining one's health needs were common and often resulted in confusion:

> My difficulty has always been the English language, it's not that they treat me… differently; it's that I couldn't understand much (Marcela, Brazilian mother).

In a number of cases, as a result of poor communication, migrants failed to register with a GP and this left them without healthcare for long periods of time. Problems included understanding the registration process as a whole, communicating with administrative staff, but also more generally a lack of familiarity with the ways GPs engage with patients in the UK.

For registered patients, access to interpretation services in person or over-the-phone was mostly available for GP appointments. However, arranging for an interpreter remained complicated, especially in emergency situations, echoing findings by Gill et al. (2011) that professional interpreters are underused in UK primary care. Where no interpreter could be accessed, common alternatives were to seek help from a friend and in some instances the child interpreted for the parents. A number of interviewees were also able to find GPs or surgeries with staff that spoke their native language. Furthermore, many preferred to speak English to their GP to practise the language and said that their GP was mostly patient with them if they had difficulties expressing themselves. However if the illness was serious an interpreter would commonly be asked for.
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Summary

- The combination of precarious immigration status, restricted rights of access to healthcare and financial hardship can have negative effects on migrants' physical and mental health.

- Irregular migrant parents' anxiety and frustration resulting from precariousness of legal status trickle down to the children and affect their mental health and general wellbeing.

- Most interviewees are registered with a GP. However, in a number of cases this was done when the migrant was regularly resident. Interviewees continued to be registered with the same GP despite the change of immigration status.

- Interviewees felt that registration was becoming more difficult and many preferred to stay with their initial GP even when they moved to distant areas. For the UK-born children in our sample, registration is mostly straightforward.

- Language is one of the main barriers encountered by migrants to receiving quality healthcare, a particularly serious problem in emergency situations.

- Pregnant women without legal immigration status have limited access to antenatal and postnatal care

10. Providing services to irregular migrant children

Irregular migrant children do not exist as bureaucratic subjects per se; they encounter the state and public services through a range of proxy routes (e.g. as dependants of refused asylum seekers; victims of domestic violence or trafficking; vulnerable children ex Children Act) and because of different policy rationales (e.g. to protect vulnerable children; combat destitution or poverty, domestic violence, or homelessness; or reduce infant mortality). Such arrangements allow various degrees of protection and entitlement, including varying degrees of access to public services. However, our evidence shows that these entitlements are subject to differing interpretations and local circumstances that may ultimately result in the exclusion of a significant number of irregular migrant children who for a variety of reasons do not fit any of the proxy bureaucratic labels or do not have access to adequate signposting and advice to do so.

A recent report by the NRPF Network (2011), a network of local authorities focusing on the statutory response to people with care needs who have no recourse to public funds, highlights the challenges local authorities encounter in providing services to minors with 'no recourse to public funds', a legal term that also covers irregular migrant children, and suggests some reasons for the inconsistencies of services at local level. Services are chronically underfunded and the situation has become particularly acute recently following cuts to local authorities' budget as part of the Comprehensive Spending Review (HM Treasury 2010). Moreover, while the system was imagined and designed to cater for asylum seekers, local authorities increasingly support non-asylum cases. This shift in the beneficiaries has not yet been acknowledged by the central government. Lack of statutory guidance on duties, varying levels of scrutiny by non-statutory actors, uneven distribution of NRPF cases, frequent change of rules and regulations, frequent change of clients' circumstances, and lack of communication between agencies all contribute to explain the inconsistency of practices at the local level (NRPF Network 2011).

Drawing on research evidence and interviews with service providers and other stakeholders, this chapter explores the unresolved tension between two government policy objectives, namely the commitment to protect children and children's rights, on the one hand, and that of curbing irregular immigration and securing borders, on the other hand, as seen from the perspective of public service providers and support agencies operating in direct contact with irregular migrant children and families. Initially, the chapter addresses how professionals respond to increasing pressure for them to be involved in immigration control. It then focuses on healthcare and education, and concludes by exploring the challenges faced by non-statutory agencies.

Control on access to services

A number of commentators agree that children in the immigration system are treated firstly as migrants, similarly to adult migrants if independent or as extensions of their parents if accompanied, and secondly as children with particular rights and needs (Crawley 2006; Sawyer 2006; Giner 2007). Although, as discussed in Chapter 3, the reservation to Art. 22 of the UNCRC has been lifted and a code of practice for safeguarding the welfare of children in the immigration system has been developed, some evidence shows that the treatment of irregular migrant children remains largely separated and different from the treatment of all children (Firth 2010; Matthews 2012).

Even when legal provisions exist, access to public services is often limited in practice (Whitehead and Hashim 2005; PICUM 2007; PICUM 2008; Carrera and Merlino 2009). This is the result of a number of concurrent factors, including: conflicting rules and regulations, frequent changes of policy which result in service providers being in constant need of retraining, and broader changes in the provision of public services. Describing the situation of social care professionals working with child migrants, Crawley notes that:

> There is considerable confusion and misunderstanding across the social care profession about what recent changes to immigration policy and practice mean for delivery of services and support to children and young people who are subject to immigration control (Crawley 2006: 2).

Similarly, in the health sector, there is confusion among healthcare professionals around government's charging policies for those not 'ordinarily resident' (Cassidy 2008; Jayaweera 2010) and documentary requirements prior to GP registration (Inclusive Health 2010).

Several service providers thought that the delivery of services to irregular migrants had become more difficult in the last two years as a result of two concomitant factors: the reduction of resources and funding available to service providers, which has triggered a process of redefinition of priorities and produced what we would argue is a new hierarchy of deserving and undeserving beneficiaries; and the emergence of a new, yet to some extent unclear, policy agenda (e.g. the amended and then postponed reform of the NHS). The time of research enabled us to catch a snapshot of this period of transition in which we witnessed, together with the participants of this study, the difficult and tentative birth of a new policy vocabulary constructed around keywords such as 'Big Society', 'localism', 'social mobility' (see HM Government 2011a, 2011b). An interviewee from a national NGO captured the situation of uncertainty for the future of the activities organised to support unaccompanied minors with these words: 'It's not really clear to us yet how many times one needs to quote "the Big Society" in an application to secure some funding'.

Social workers, school teachers and healthcare professionals in this study stressed that a major challenge they have to tackle in their work is to find a balance between their statutory duties and mission vis-à-vis children and being increasingly asked to perform tasks of immigration control (see Flynn 2005; Spencer 2011). A number of recent initiatives and proposals illustrate this trend, for example the NHS guidance, later withdrawn, which placed a responsibility on GPs to establish a patient's immigration status prior to GP registration (NHS Counter Fraud Service 2010). This echoes similar measures placed on school admission offices, proposals to enhance data sharing between NHS and UKBA to ensure that foreign nationals unable or unwilling to pay their NHS debts are 'refused entry to the UK in the future' (DH 2010: 20), UKBA's plan to develop joint operations with schools to combat

truancy among irregular migrant children (UKBA 2010), and the duty placed on local authorities (including social services) to supply information in respect of a person where it is reasonably suspected that the person has committed specified immigration offences under Section 129 of the Nationality, Immigration and Asylum Act 2002.

This state of affairs can make the task of providing public services to vulnerable minors challenging, ultimately resulting in the creation of an insurmountable barrier for irregular migrant children to access these services despite their legal entitlements.

Several interviewees voiced their unease at being caught between their commitment to the best interests of the child and demands made by the central government for them to contribute to the task of controlling immigration. Among education professionals this sentiment is captured by a senior manager at a Further Education college in London:

> It is now my duty to check that new students hold valid passports and visas. But I work in a school. I don't work for UKBA. That's not the job I applied for.

Similarly a social worker based in a school in West London describes the current trend as 'dehumanising' as it puts front-line workers who advise irregular migrants at risk of losing their jobs:

> Because of the dehumanising system of the Home Office, people like us, social workers and teachers, are forced to, there is no other word, to treat people like animals really, like we can't support them. I could lose my job if they find out that I'm supporting a young person … We've never been placed into that situation before, I've had people who are undocumented coming to see me about things and I've been able to advise them and tried to put them in touch with support organisations in order to get an asylum claim or whatever so that they then have some kind of right.

Likewise, among healthcare professionals there was a sense of discomfort at the demands coming from the central government that are turning them into 'mini-immigration officers' (Senior health professional, Birminham).

> We've always adopted the stance that we're healthcare providers and the sort of policing and the immigration thing, that's other people's business and if they want to sort it out then they can sort that out (laughs) but that's not our job to sort that out for them (GP, East London).

Another factor that contributes to the confusion of service providers and their clients is the perception of the blurring of the boundaries between policy announcements and actual policy changes (Hewett et al. 2005). During fieldwork we came across an example of the latter. Several interviewees pointed out that in recent months they witnessed many young Afghan minors leaving care and absconding following the announcement of the government plan to open a reception facility for removed young migrants in Kabul[29]. A child support worker in Birmingham recalls the quick response of her clients to the announcement:

> I immediately had people come to me terrified about being sent back to Afghanistan and thinking it was happening immediately, they didn't understand that it was just to be put in a proposal…they thought this was happening now and they were going to be returned and it caused a lot of distress.

A number of commentators warned of the negative impacts of excluding irregular migrants from public services (see Spencer 2011). Carens (2008) argues that these are far reaching and with broader societal implications. A warning echoed by health professionals who stress that 'a refusal of treatment could lead to serious public health consequences, as well as significant knock-on costs' (Hamm et al. 2008).

Similarly, the Migrants' Rights Network (Lukes et al. 2009) argues that the increased controls on access to public services, rather than acting as an incentive for irregular migrants to leave the UK as is the Home Office's intention (Home Office 2007), are more likely 'to cause irregular migrants to reduce their contact with mainstream structures and systems', and in turn, 'the vulnerability of irregular migrants to exploitation, forced labour or criminal activity would be increased' (Lukes et al. 2009: 18).

Access to healthcare

Although immigration status is not considered reasonable grounds to refuse to register someone as an NHS patient in primary care, several interviewees pointed out how there is mounting confusion over the responsibilities of GPs in treating migrants without leave to remain in the UK. While the Department of Health's guidance permits GPs to treat failed asylum seekers at their discretion, an investigation by Pulse, a web magazine for healthcare professionals, found recently that one in ten Primary Care Trusts place practices that do so under investigation (McNicoll 2011). Moreover, data collected from 142 out of 149 PCTs by Inclusive Health (2010) via FOI requests, shows that 42 PCTs have issued local guidance to require proofs of identification and/or address prior to registration with a GP. Of these, eight PCTs also advise to ask for proof of immigration status[30].

In East London and Birmingham, local PCTs have opted to commission specialist services in the form of a GP practice for asylum seekers and irregular migrants. This means that in these areas irregular migrants are able to access primary healthcare without any problems and their staff are trained and knowledgeable about the specific problems of their clients, often extending beyond healthcare needs. However, as several interviewees pointed out, this can also lead to mainstream GPs not taking more 'difficult' patients on their lists. More recently urgent care centres/walk-in clinics have been set up as another alternative to deal with a mobile population and to relieve A & E which has been increasingly used for primary healthcare needs.

Several NGOs and support groups reported that they have had clients who had problems registering with a GP. A common complaint regarding the difficulties in gaining access to GPs was the barrier that receptionists and other administrative staff, such as practice managers, often posed. After a few attempts and

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29 The Government announced plans to build a 'reintegration centre' for 16 and 17 year old failed Afghan asylum seekers in Kabul for the first time in June 2010 (BBC 2010). The Home Office failed in their efforts to set up such a centre but announced new plans in November 2011. Working together with Sweden, Norway and the Netherlands and with an EU grant of £845,000, the Home Office is planning to set up the European Return Platform for Unaccompanied Minors (ERPUM), which means that Afghan unaccompanied asylum seeking children who have not been granted refugee status but were given discretionary leave to remain may be returned to Afghanistan before they are 18 years old (BBC 2011).

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30 Such views have been reinforced by guidance circulated by the NHS Counter Fraud and Security Management Service (CFSMS) in 2010 stating that every person wishing to register with a GP is required to provide proof of identification and address.

good signposting from friends in similar situations and support groups, most migrants would succeed in finding a GP practice willing to take them on their list. The main problem support groups reported is their clients' fear of moving from one GP to another, particularly those who registered when they were legally resident and are keeping their registration by inertia even after their circumstances have changed.

Referrals to hospitals are more problematic and interviewees mentioned numerous cases of rejection. A GP in East London reported that he had referred several patients to hospital for 'routine' operations but they were refused because they were deemed not urgent. However, he pointed out that in a number of cases these operations became urgent at a later stage and ultimately more costly to the NHS. Access to secondary care often leads to significant debts for irregular migrants. Of particular concern is the situation of pregnant women who, to avoid debt and out of fear of being reported to the UKBA, do not avail themselves of antenatal and postnatal care services, putting the life of their newborns and themselves at risk (see Chapter 9).

The campaign led by the Heart of Birmingham PCT to reduce infant mortality among 'new immigrant communities' in its catchment area provides a positive example of how public services can instead reach irregular migrant children and families, to the benefit of the entire community.

In March 2006 a report by Bliss, a charity supporting parents with premature babies, revealed that from 2002 to 2004 central Birmingham had the highest rate of infant mortality at 12.4 deaths per 1,000, over twice as high as the national average of 5.2. Following further investigation (Taylor and Newall 2008), it transpired that 'new migrant communities' and particularly 'newly arrived migrant women' were especially vulnerable as a result of migration and immigration policy. A senior official working in the Heart of Birmingham PCT explains:

> It is under the general umbrella of that indicator of infant mortality that we were able to look at the position of say, pregnant women in marginal migrant communities, and provide money to ensure that the children are safe, and the mothers are safe and that adequate care is provided.

Overall, the way that healthcare was provided and the degree of access attained by irregular migrants was reported as arbitrary, dependent on luck and personal attitudes of a particular GP or receptionist. As one healthcare professional from Birmingham put it:

> GPs are like ordinary citizens who have their own likes and dislikes. There are GPs who are extremely good with vulnerable groups, and there are others who only take on the safe patients and would discourage difficult groups.

A striking example of the inconsistency of practices in this area is provided by a London-based interviewee who explains how difficult it can be to register a newborn with a GP in some areas of London.

> It's just unfortunate that if you're a baby that's born in West London you have… pretty much no chance of registering whereas if you're born here in the East you can register like this (snaps fingers). It's a huge injustice.

Confirming the earlier discussion on the blurring of boundaries between actual policies and policy announcements, interviewees pointed out that to register with GPs has become harder despite there not having been any changes in the law.

Schooling irregular migrant children

The principle of the best interests of the child dictates how education professionals approach irregular migrant pupils. A teacher in East London illustrates a shared view:

> We're always prioritising the child. If you just want to do everything by the book: 'Okay are you legal here?' you are not really helping the child and that is the priority for us that he or she feels safe and that he or she doesn't feel threatened by being sent home at any time.

This attitude reflects a more general view by our respondents that the lack of residence status should be of secondary importance and not lead to children's access to education being denied.

A number of teachers said they found it difficult to keep abreast of the changes and complexity of the immigration system and the specificities of individual cases; however, they can see the impact of these changes on the children first-hand. As an immigration support worker explains:

> The teachers are asking us for help on that very specific subject because they are very concerned about it. They are increasingly seeing signs of distress and erratic behaviour in their older students because this is what's happening to them and they just started to get wind of it. And they don't, they don't understand their rights and entitlements, they don't understand what they can do to help, they don't understand the process and they want to because they are seeing these kids every day and they're noticing these changes and they're realising that there must be something very significant going on underneath it.

Most of the schools we have spoken to during the course of this research have adopted a general line whereby they saw their role as providing education and not as being immigration officers. This means that they would accept papers that are given to them and try to be as flexible as possible regarding the type of documents they are presented with without getting themselves into trouble. As a member of staff at a London college explained:

> I wouldn't know what a forged Italian passport, or a Portuguese, or a forged Spanish document would look like, it's not my job, you know, all I do is to say "What is your nationality" they then have to show that documentation to the enrolment officer and they photocopy it as evidence… so I wouldn't know what a forged passport would look like.

The enrolment process commonly includes an initial interview where an adult has to be present, and some form of identity documents, proof of address, achievement results from the previous school, and some basic information such as who the GP is, are requested. This seems to correspond with the fact that most of the migrants we interviewed were enrolled at school and that the majority of NGOs and community organisations we have spoken to have reported that most children they work with or know of with an irregular migration status are able to attend school.

Support organisations working with irregular migrant children and families

In the late 1990s the UK government began relocating asylum seekers in need of accommodation outside of London and the South East of England. The 'dispersal policy' resulted in the settlement of thousands of asylum seekers in localities with limited experience of immigration, particularly from non-Commonwealth countries. Birmingham and the West Midlands became the main destination of dispersed asylum seekers. The sudden arrival of a large and diverse population of new migrants increased demands on public services (Phillimore et al. 2010) and stretched local resources. As a response to the new reality, a number of NGOs and community organisations were set up and dedicated initiatives were put in place to deal with newcomers (Griffiths et al. 2005). A former MP remembers those years when 'suddenly, there were hundreds in the queue' at her surgery and she had to recruit more case workers in order to manage her workload and not disappoint her core voters. The experience of super-diversity led to a rethink of established categories and the 'old vocabulary of race relations' that no longer seemed adequate to capture the new reality. A long-term activist for migrant rights in Birmingham explains:

> we are no longer talking about majority-minority populations, we are not talking about the old language of race relations, we are talking about new communities living next to each other, probably not communicating with each other very well, using many different languages, yes, struggling to find a common cause in a society, in a society that is changing so rapidly that they can't keep up with it.

Services then revolved around the particular needs of asylum seekers and refugees, such as helping them settle and get around in the UK, befriending schemes and social events to minimise social isolation and particular healthcare and mental health needs often related to their pre-migration experiences, such as trauma, torture or abuse. Over the years the clients and their situations have changed considerably and with them their needs.

Across non-statutory organisations interviewed for this research a variety of specialist services are provided for irregular migrant children and their families. The majority of services focus in the first instance on emergency provisions, such as help with food, clothing, basic healthcare and housing, which is followed by more long-term support involving immigration and benefits advice, advocacy on behalf of clients and signposting. To facilitate irregular migrants' access to public services while providing interim support is one of the main goals of support organisations in both research locations. Doctors of the World's Project: London is a remarkable example of this approach. Its aim is to provide information, advice and practical assistance on how to access mainstream health services and basic healthcare in the interim period until service users are fully integrated into NHS and other support services.

Support organisations relying on public funding have had to adjust their client groups and redesign their services, sometimes only superficially to comply with new policy agendas and funding priorities. 'We had to change the name [of the project] because of the funding', a Birmingham-based interviewee said, 'simply, we had to rebrand it'. In other circumstances, the change is more substantial and can lead to the exclusion of existing clients, particularly irregular migrants, who were previously supported.

Charities and NGOs with independent or semi-independent sources of funding appear to be better placed to adapt their services to the specific needs of their clients. Where the money comes from has an impact on what kind of services can be provided and how explicit organisations can be about the target users of their services. The Birmingham-based Hope Destitution Fund set up by a consortium of organisations to assist destitute asylum-seekers and some others barred from 'recourse to public funds' provides a good example of cooperation between statutory and non-statutory actors. Working in partnership on the issue of destitution enabled the partners of the consortium to use their resources more effectively.

At the time of research, for most organisations funding remains an issue of ongoing insecurity and something to be sought constantly. Funding is often given per project on a short-term basis. This also affects the way work is planned and delivered. The project cycle is so short that there is very little time where it 'just works'. The subsequent lack of continuity and uncertainty affect the quality of care that irregular migrant children receive. Redundancy and cuts in services were under consideration in most of the organisations we visited.

General funding cuts mean that more organisations are competing for less money, and migrant support organisations feel that they are often not seen as a priority, and that they are at the bottom end of the ladder and will get cut first.

Summary

- Conflicting rules and regulations, frequent change of policies which result in service providers being in constant need of retraining, and broader reform in the provision of public services means that even when legal provisions exist, access to public services may become limited in practice.

- Healthcare and education professionals voiced their unease at being caught between their commitment to the best interests of the child and demands by the immigration authorities for them to contribute to the task of controlling immigration. Access to healthcare, and in particular to maternity care, can be jeopardised as a result of the closer cooperation between the NHS and the UK Border Agency.

- The consequences of excluding de facto irregular migrants, particularly children, from accessing public services are not limited to the particular population but involve society at large (e.g. public health).

- Support organisations have played an important role as facilitators of access to public services and as providers of emergency assistance in both Birmingham and London. However, many of them are undergoing severe restructuring which is leading to cuts in services that inevitably are affecting the most vulnerable migrants.

11. Conclusions

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Irregular migrant children are a diverse and composite population whose significance has largely remained outside the radar of current political debate. Of an estimated population of 120,000 irregular migrant children in the UK, which makes roughly 0.9 per cent of the UK population under 18, this study suggests that a large majority are either born to irregular migrant parents in the UK or migrated here at an early age. These children were brought up in the UK, educated in British schools and many speak English as their main language. It has also highlighted the situation of about 65,000 children born in the UK to irregular migrant parents who, despite being entitled to apply for British citizenship after 10 years of residence, are forced to live the early years of their life in poverty and with limited access to basic public services.

Successive British governments have ensured that, irrespective of their lack of immigration status and of the circumstances that led to it, as children they are holders of certain rights. Provisions in the international and British legal systems guarantee, for example, their access to compulsory school education and to primary and emergency healthcare free of charge. They also place a duty on public authorities to act in their best interests and in the case of local authorities to look after the most vulnerable among them.

As discussed in Part One of the report, despite these provisions, governing irregular migrant children is a 'difficult territory', in the words of a former minister. In fact, as migrants, children and irregular, this group stands at the intersection of diverging and to some extent conflicting policy agendas, namely the protection of children and children's rights, on the one hand, and the enforcement of immigration control. The unresolved tension between these two policy objectives can be detected in the dialectics between different levels of government (i.e. local, national and supranational) and is one of the main factors that determines the relationship of irregular migrant children with the state and public services. This tension fundamentally shapes the everyday lives of irregular migrant children in Britain and the experiences of front-line service providers in the fulfilment of their duties.

Drawing on in-depth qualitative interviews with irregular migrant adults and children, the study has shed light on the multiple ways in which illegality is 'woven into the patterns of life' (Das 2010: 141) of irregular migrants and the agency they need to maintain the fragile fabric of everyday life. The voices presented in Part Two compose a story of everyday adjustment, adaptation and resilience in today's UK.

This study argues that for migrant children 'irregularity' is not a single, homogeneous and fixed (non-) status. There are multiple pathways into irregularity for adults and children, such as refusal of asylum applications, visa overstaying, bureaucratic failures in processing immigration applications and, to a lesser extent, unauthorised entry. The child's status is largely determined by that of the parents, as is starkly illustrated by the case of UK-born children who are born 'irregular migrants'.

The impact of irregular status on children is the product of the intersection of conflicting objectives embedded in the policy and legal framework, which in turn generates inconsistent and at times contradictory practices, and migrants' plans, expectations and histories.

The study has analysed migrants' reasons for migration and shown that people have mixed motives both for their migration and for staying in the UK despite their lack of status. It has highlighted the relationship between life stages and migratory projects, showing how parents may decide to endure perilous journeys and precarious lives abroad in the hope that this may bring a better future for their children.

The initial settlement for most families in our study was facilitated by pre-existing contacts. These contacts provide newcomers, directly or indirectly, with accommodation for shorter or longer periods, but also with basic know-how about the country, the job market and trusted if not always reliable information on how to gain access to a GP or a school.

Most irregular migrant families live in privately-rented and overcrowded houses. They experience high housing mobility, either to avoid detection from the immigration authorities or as a result of the informality of housing arrangements. With significant variations at the local level, vulnerable single parents with children and independent child migrants may have access to some form of social housing and income support by local authority social services.

Family income is often insecure and destitution is an everyday reality for many. Lack of immigration status affects access to the job market and the capacity of migrants to react to exploitative working conditions. Fear of detection and removal by immigration authorities plays a central role in the everyday lives of migrants. However the study found that not everyone experiences the same degree of fear, which varies in relation to the initial reasons for migration and risks associated with involuntary return.

A major concern for parents is shielding their children from the negative consequences of lack of status. The study reveals that, while children are relatively protected despite the lack of status, they are also immersed in their household dynamics and affected by the pressure their parents are under because of their immigration status, a pressure so overwhelming that it can lead to the dissolution of the household itself.

Dependent children often find out about their legal status through concrete situations. The ways in which immigration status becomes visible to children vary according to their age, their migration pathway and their circumstances in the UK. For older children, both dependent and independent, becoming an adult brings the full weight of undocumentedness: a critical transition from a relatively protected status as a child to one of loss of control of one's own future.

In the final part of the report, we have investigated the encounter between public services and irregular migrants from the perspectives of both migrants and service providers. Part Three focuses in particular on access to education and experiences of schooling, and the relationship between health status, legal status and access to healthcare.

Drawing on interviews with irregular migrants, public service providers and other stakeholders, the study has analysed migrant experiences and attitudes towards the UK education system and the impact of undocumentedness in this sphere. It found that irregular migrant children tend to feel protected at school, and going to school helps them to maintain a sense of ordinary life. Overall, lack of status has a limited impact on children's experience of schooling. They seem to experience similar problems and challenges to their regularly resident schoolmates. However, lack of resources and no entitlement to free school meals may single irregular migrant children out from the rest of classmates and this can negatively impact on their educational achievements.

Parents reported some initial difficulties with enrolment in primary and secondary school mostly due to lack of places and language barriers. Ensuring children's school attendance is valued by parents both for its educational value and because failing to attend may lead to the involvement of the local authority's social services that in turn may report the case to UKBA. In contrast, access to pre- and post-compulsory education is difficult.

The combination of precarious immigration status, restricted access to healthcare and financial hardship produces negative effects on migrants' physical and mental health. Parents' anxiety and frustration resulting from precariousness of legal status trickle down to children and affect their mental health and general wellbeing.

In relation to access to healthcare, the study found that most interviewees were registered with a GP. However, in several instances this was done when the migrant was regularly resident, and retained despite the change of status. Similarly, because it was felt that GP registration was becoming more difficult, many preferred to stay with their initial GP even if they moved to different catchment areas.

Migrants' concerns about GP registration were echoed in the interviews with healthcare professionals who lamented what they described as the UKBA's 'invasion' of public services. For the interviewees, this is a cause of concern because it undermines the trust between public service providers and users, a particularly important relationship given the precariousness of migrants' legal status and their fear of detection. This may result in a sizeable population of UK residents being without access to primary healthcare and in higher costs to the NHS due to lack of prevention, with potentially significant implications for public health.

Likewise, some education professionals and social workers expressed unease at what they described as increasing demands from the UKBA on them to perform immigration control-like tasks. Service providers suggested that control of access to public services for immigration enforcement purposes is pushing some irregular migrant children and families away from public services, making them in turn more destitute, vulnerable and isolated.

The study found that while irregular migrant children are given some degree of protection in the UK, nonetheless there are significant variations in access to public services among and within research locations. Conflicting rules and regulations, frequent change of policies which result in service providers being in constant need of retraining, cuts to public spending and broader reform in the provision of public services mean that even when legal provisions still exist, access to public services for irregular migrant children can be limited and varied in its quality.

Finally, the study shows that in both Birmingham and London, support organisations that have played an important role as facilitators of access to public services and as providers of emergency assistance for irregular migrant children and families, are now struggling due to lack of funding. This is leading to cuts in services that inevitably will affect the most vulnerable migrants.

Implications for public policy

Securing children's effective access to public services is essential to address the specific vulnerabilities of irregular migrant children. This study found that, while current legislation provides this population of children with a limited entitlement to public services, in practice, even this limited access may be hindered. This study highlighted that the increasing cooperation between public service providers and the UKBA can undermine the ability of social workers, teachers and health professionals to carry out their statutory obligations, resulting in the *de facto* exclusion of a considerable number of children from public services.

Our estimate regarding the high proportion of irregular migrant children who are either born or have spent most of their childhood in the UK invites a refocus of public understanding of this population. More attention should be paid to the impact of current policy and practice on the early years of irregular migrant children in the UK, starting even before birth with antenatal care. Two areas should be afforded particular consideration: firstly the impact of NHS charging policy for overseas visitors on mothers and babies without legal immigration status, and secondly how existing levels of support are affecting children's overall development in the foundation years.

The study also shows the extent to which the immigration system contributes to the destitution of irregular migrant children, which in turn negatively impacts on their health status and educational achievements. The government should therefore consider if, in addition to the legal provisions already in place to protect access to education and primary and emergency healthcare, there are further measures that could be taken to address the specific causes of irregular migrant child destitution in line with its Child Poverty, Social Justice and Social Mobility strategies and the recent Supreme Court's judgement in *ZH (Tanzania) v Secretary of State for the Home Department (2011)* which reaffirmed the priority of the best interests of the child over immigration status considerations.

The study has also highlighted the centrality of families in the experience of migrant children and argues that an analysis of the impact of irregular status on children cannot isolate the children from their families and circumstances. It has shown in particular the negative impacts of income insecurity and parents' precarious working conditions on the family as a whole. The promotion of secure, strong and stable families, in line with the government's own policies, should therefore be at the centre of policies aimed at promoting the best interests of migrant children.

Finally, given the *de facto* non-deportability of children who were born or spent most of their childhood in the UK and the potential negative impacts on society of a long term excluded population, proposals should be developed to provide effective pathways for irregular migrant children to regularise their legal status.

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