

Refugee Week Special

Sharmeen Ziauddin:

Hi. You're listening to The Social Work Community podcast. I'm Sharmeen Ziauddin, careers editor at Community Care.

As it's Refugee Week, 16-21st June, we thought it would be great to speak to practitioners who work with unaccompanied asylum-seeking children (or UASC, as it's called for short). That is children who have fled their country of origin without the care or protection of their parents. According to figures from September 2024 there were 4,017 unaccompanied asylum-seeking children that were under the care of local authorities in England. That was 30% less than March 2024.

Now, both guests on this episode have been doing this work for 10 years now, and through their work they have developed this area of social work in each of the organisations they have worked in.

So, firstly we have Zahraa Adam, a senior social worker, holder of two National Social Work awards. She currently works in a local authority UASC team within children's services. Zahraa's practised as an independent social worker in a specialist UASC consultant role, independent age assessor and trainer as well.

And joining her is Aimee Hinton, also a National Social Work award-winning senior practitioner who also holds a BEM, the British Empire Medal. She currently practises as an independent social worker in a specialist age assessment consultant role.

So, welcome to the podcast Zahraa and Aimee. How are you both?
[0:01:31.8]

Zahraa Adam:

Thank you. Thanks for having us.

Aimee Hinton:

Yeah, thank you very much. We're good, thank you.

Sharmeen Ziauddin:

Great. So I guess I'm just going to start off with asking you how you started working in this space. Was it something deliberate or something you just stumbled upon? [0:01:47.0]

Zahraa Adam:

Funnily enough, for both Aimee and I it was an accident, actually. So I started in the UASC team as a student. It was my student placement, my first 100 days. I didn't know what UASC was or it was even such a thing. So that was 2013, so a long, long time ago, before UASC became such a thing that everybody knew about. And yeah, by accident I got placed in a looked-after children's team that also specialised in UASC because they were one of the unique local authorities who had spontaneous arrivals, before the small boats started. So yeah, accidentally ended up there. And then it just opened up this world where I was just like, 'I really love this work, and it's so

fulfilling, the work that we do.' So it became, naturally became a specialism. But I didn't know anything about it, and I didn't choose it or, you know, go after it. I didn't know anything about it.

Sharmeen Ziauddin:

That's the same for you, Aimee, is it? [0:02:35.5]

Aimee Hinton:

Yeah, so similar. So when I qualified, back in 2013, I took a role in a CAMHS Tier 4 inpatient unit, and that was where I first met an unaccompanied asylum-seeking minor for the first time. Again, never knew what UASC meant, what that meant or anything. And I was just absolutely fascinated by him. I found him extremely interesting and I really resilient young person. And I wanted to move back...I moved away for that role and I wanted to move kind of back home way. And a random job came up in a specialist UASC team and I thought, 'Well, I've loved this. I'm obviously going to love that.' And that was it. And I kind of fell into it from there and have loved it ever since.

Sharmeen Ziauddin:

I'll ask you in a bit what you love about it so much. But can you just tell me a little bit about what the work actually involves and how it kind of differs from working in other teams? [0:03:28.2]

Zahraa Adam:

Yeah, of course. So, they are looked-after children, regardless of, you know, immigration status or how they came into our care. But they are looked-after children. So they still go through all the statutory processes. But unlike, I guess, what we call out 'indigenous English young people', we're working in zero. So we have zero information. We're completely reliant on the stories and the information that they tell us because we have nothing – no documents, no past history, no information from professionals to say, you know, 'This is the referral.' And it's almost that they refer themselves. So you're working with zero and it's so...it's the rapport and the relationship-building that creates the basis of the work that you do.

I guess, Aimee, you would...yeah, basically say that that's the crux of it. So whilst we go through the statutory processes we're working on the basis of that rapport and trust you're building with, you know, the child and the young person to kind of get that picture of how and what they've been through.

Aimee Hinton:

And the first three months is absolutely critical because, like Zahraa said, there's literally nothing. And as a social worker there's lots of paperwork to fill out, lots of documents to do. So you're trying to build up that relationship, get as much information as possible, whilst also recognising the barriers with that, the fact that, you know, they won't have any trust for you whatsoever. You're speaking an alien language to them. You're talking about completely alien concepts. You know, where they've fled they probably don't have any trust in government officials or anything like that. So there's so many barriers that you're trying to kind of work through and overcome in order to get the information you need in order to then meet their needs within the service. So it's quite an intense first few months while you're doing that process. [0:05:05.8]

Zahraa Adam:

Feeding on from what Aimee said about, like, statutory social work forms, for instance we get a young person and you've got to do a placement form. But you've got zero information. You might have a

name and maybe a language. You know their country so you're going to assume the language but it could be ten different dialects. You're trying to do a risk assessment and trying to, you know, prepare them for that placement. So you're going into a placement and trying to explain to either a foster carer or a provider, 'They've just come in the country, today, right now, and I need a placement tonight.' And trying to fill out that form. Whereas for another young person who might have been through the care system or come through assessment and, you know, those other teams, we've got so much information and we could say, 'This is what they like. These are their hobbies. These are their interests. This is what they can do for themselves.' Whereas with UASC it's like...it's all...yeah, we react to it. It's like, 'Okay, this is what we know so far.' And then we'll have more information tomorrow and the next day and the next day. But that's how we build on it, build on the story.

Sharmeen Ziauddin:

So there's no genogram or anything like that? [0:05:55.0]

Zahraa Adam:

Oh, no, no, no. And then when the genogram starts, it's like you do a basic one and then it's like two months down the line they'll be like, 'Oh no, but my father had two wives,' and, 'Yeah, I've got half-siblings here and half-siblings there,' and then later on it'll be like, 'No, no, no. I don't mean that wife. I meant the third wife.' So the genogram just keeps building and building and then it's always like, 'No, that's not my blood uncle, but he's my uncle. Oh, that's not my real cousin. No, no, he's my cousin, I have to be with him!.' So there's so many elements to it and the genogram expands and changes, and it's always developing, to be honest.

Sharmeen Ziauddin:

So I guess there's a bit more investigative work involved than, say, other cases? [0:06:28.2]

Zahraa Adam:

Yeah. Yeah, very. And like Aimee said, they have come from an environment and a life where they've not had the best treatment. They've come from governments that don't support them. They're already fleeing, you know, corrupt governments or humanitarian crisis, and then gone through probably hostile countries that don't really want them to be there, especially when they've come from France and they've had poor treatment from the police or, you know, any kind of government officials. So meeting us, they're scared. They're already scared. The barrier's already up. So they're resistant to engage straight away anyway, so we're also working, you know, towards that and trying to build that trust and say to them, 'Look, we're here to help you. Don't worry. You can share information with us and we're going to support you. We're not going to...' You know, they have this vision that they're going to be sleeping in a tent under a bridge outside somewhere but that's not how it is. But that's in their mind. That's all they know. So building that three months is so crucial. So, so, so important.

Sharmeen Ziauddin:

And other than trust and the things you've mentioned, what are the main challenges you face when supporting these children and young people that you are assigned to? [0:07:27.9]

Aimee Hinton:

So a lot of them now...because of the conflicts that they're fleeing from, it's the trauma, the significant trauma that they're experiencing

in their home countries and also from the journey as well. So trying to work with young people who have experienced that significant amount of trauma where, again, therapeutic language, talking about feelings and emotions and coping skills and things, again is just an alien concept to them. So trying to make sure that you can provide them with the right support is extremely difficult. Because obviously they don't have the language to voice it. So you have to go through an interpreter. But again, trying to do a therapeutic intervention through an interpreter where, again, they might be so familiar with it as well, it's extremely challenging.

So I think that is a real key issue. And then you've obviously got survivors' guilt. So you know, when they've come here and they've finally made it, they're absolutely relieved but then they feel awful because they've left family and friends behind. So it's really difficult to get through to them and to help them in terms of their mental health.

Zahraa Adam:

Just following on from what Aimee said, you're working with young people who, say for example they come in at 12, 13, 14, we're talking about 12-16 years of...well, we can't reverse the trauma. It's impossible. But we're talking about young people or children that have been born in war. That's all they've seen and known. They've not known normality. So it's constant survival. So them coming to a country where things are normal or stable now, that adjustment and adapting to life, being with a family, with a foster family or living in a shared house when they've been used to living in a tent or, you know, being on the move for so long, that adjustment period takes such a long time. And there's no time limit to it. You know, the whole cycle is upside-down. They're nocturnal creatures because of the nature of the journey is that they travel through the night. So we're trying to reverse sleep cycles, help them to adapt to routines and different cultures and different ways of life. So yeah, like Aimee said, the trauma-informed practice and the trauma that...that is the forefront of our practice.

But another barrier I would say for me significant is services, access to services, resources. Educating people about their care and how to care for them. I'll give you a prime example. Education services, the lack of education services. We just don't have it. If a young person comes in very young where they're in academic school age, like Key Stage 2 or 3, for me it's actually a barrier because they're put into classes where they don't understand what's going on. So instead of targeted English support they're going into Geography and Science and History but it's in a foreign language so they're just sitting there, where is we have targeted support for ESOL [English for Speakers of Other Languages], for English, and they're learning solely English, Maths, you know, a little bit of life skills, that is so much more productive than just them being in mainstream school and going to classes that they don't understand things.

Attendance, big problem. They've got so much going on. Education, as much as they love it and they go every day, it's at the back. They're thinking about their family, they're thinking about, you know, what's going on back home. They're thinking about their asylum claim. They're still trying to fix their sleep. They're having night terrors, they're having nightmares. And then we've got school

emailing saying, 'Oh, blah-blah-blah turned up late to school today. His attendance is going to drop.' Or, 'Blah-blah-blah didn't come to school on time, or college, and we're going to take him off-roll.' And those are the kind of barriers where we're having to constantly fight, where I'm fighting and saying, 'He's got his asylum interview coming up and he's really stressed. Please just give him a bit of leeway. His mind's not there.'

Or you know, the health. Again, that's another big gap in the service. Because of the journeys that they're going through, living in what they call 'the jungles', I'd say most predominantly, Aimee, they come with scabies most of the time. And we can't fix it straight away. You know, we try. We get them to a GP, get the creams and all that, but it's not an instant fix. So like, I have a young person, bless him, from Afghanistan who's...it's gone on for such a long period of time and he's like, 'Zahraa, I'm itching all night. I can't wake up in the morning 'cause I'm itching all night. And then I get to school and I'm still itching, and I don't want to be sitting in class itching so I just don't go 'cause I'm embarrassed.' And me trying to explain that to the teacher where she's saying, 'Oh, if he misses one more class then we're going to take him off,' and I'm like, 'No, this is what's going on for him so that's why he, you know, education might be a gap.' So educating people and constantly fighting services, whereas I think with a different cohort of people they might be a bit more understanding of, you know, what's happening in their life and family background and things like that.

Sharmeen Ziauddin:

I mean, what is the process of when, say, you're working for a local authority and a child is assigned to you to support. How quickly do things happen? Like, since they arrive and when they get to you. [0:12:07.3]

Zahraa Adam:

It varies. I mean, if you're in a local authority that's been in the game for a long time and they've got all the processes set up, fantastic. But Aimee and I have both worked in local authorities where they don't. They're quite new to the systems and the things. So it's almost starting everything fresh. Like, when we first started in our team there was no ESOL provision. So the local authority had to work with the local college and say, 'Look, we've got a cohort of young people. We can't be sending them to London to access ESOL.' So that was some work the local authority did with the education department and then they bought, at least, a programme solely for our young people. But again, we had to start that. And now it's expanded so much that, you know, it's gone massive. But that was...they didn't have anything. And we were sending young people miles just to learn English, into London from the surrounding outskirt boroughs. So you have to be creative. We're creating packages, we're creating ideas and, yeah, just being creative about it.

Sharmeen Ziauddin:

I mean, there's a lot of rhetoric in the media about refugees, asylum-seekers. How do you deal with that? And do you feel negativity from other professionals or people outside of work when you tell them what you do? [0:13:15.3]

Aimee Hinton:

I don't tend to tell anyone I'm a social worker, in all honesty. Not just because of working with unaccompanied minors. I think unfortunately

social workers in whatever you do, you just have a bad reputation, don't you? So best not to say anything at all!

I think, yeah, I think there's a misunderstanding or a lack of understanding in terms of what we do and how we support these young people and, you know, unfortunately, like you said, they have such...there's such negativity about them and why they come here and, you know, awful things like economic migrants and things like that. So yeah, there's a lot out there.

In terms of the impact on our young people, that can really vary depending on where they're living. So we've had some really awful situations where they're attacked, they're assaulted by the local community, where there's just such a complete ignorance into their plight. So absolutely, it definitely impacts on the young people that we're working with and supporting, and on us ourselves, yeah.

Sharmeen Ziauddin:

What about you, Zahraa? [0:14:12.5]

Zahraa Adam:

Yeah, similar to what Aimee said. The barriers are everywhere, even within professional networks...some services are failing because they're not providing that care because it's almost like the...you know, the migrants are second-class citizens. So it's like, 'Well, we don't have education so what...there's just nothing there. What can we do?' Or, 'Oh, he's too far away. We can't support that.' But it's like, if this was not a UASC child you would be going above and beyond, you would be getting the mental health support, you would be sorting out tuition, you would be getting them education. All of these things would be happening because you have a statutory duty and the law says that you need to look after these children in a certain way. But with the UASC it almost seems like there's excuses.

So again, we're always fighting the barriers. And like Aimee said, yeah, depending on the environment and the areas it can be difficult. Even, like, with placements. We've had certain placements that, when neighbours have got wind that there's a children's home opening and it's going to house unaccompanied minors, we've had issues. We've had major issues. I've got one going on now with, bless them, three lads who have now moved onto independent living. And almost every other day we're getting messages about the neighbours shouting all sorts and, you know, trying to cause problems. So yeah, even within the professional network we're having to advocate and fight for them and, you know, get rid of that negative mindset that, you know, they're not what you think they're here to do.

So it's about education. It's about education. And people don't know. I've met so many people...I was on a charity trip and there were women on that trip that didn't know that migrants come on dinghies. They didn't know. And I was like, 'What do you mean you don't know? Don't you watch the news?' And to me it was just like, Wow. People actually don't know.' And these were people on a charity trip to help other migrants. I was just like, 'Wow, so people actually don't know.' And I don't know if it's because people just don't watch TV, lack of, you know, being around that environment. But some people genuinely don't know. And then the ones that do know are misinformed. So it's...there's a balance about who knows what and

how. And I think if you're not in the field you don't really know the reality of the stories because what's on the press and on the newspapers is always, you know, spun in a way to make them look, you know. But we've had so many success stories and so much positive things that come out of it. And we know the real stories and the reasons why they've come. So for it's like, we know we're doing, you know, the right thing and supporting them through these journeys.

Sharmeen Ziauddin:

So this might be a good opportunity to share one of those stories. You know, people genuinely, like you said, don't know. So when young people have shared their background with you and why they've come and what they've been through, what are the kind of things you're hearing? [0:16:45.2]

Zahraa Adam:

So, I guess the predominant of our young people are from countries, for example, Afghanistan, Sudan, Eritrea. People don't know where Eritrea is. I've met so many people that are like, 'Where is Eritrea? What, is that a country?' And I'm like, 'Yes.' You know, this part of the world. And people don't know that Eritrea is so censored and so guarded from the rest of the world that nobody knows what's going on in there. It's so heavily militarily controlled and government controlled. Like, I've had a young person there and I've tried to call back home to speak to his mum just to, you know, let her know he's okay and stuff. I heard the government tap into the phone and the interpreter told me, 'The government's tapped in now. They're going to be listening to your call so just be mindful of what you say.' I said, 'Okay, that's fine. I'm just letting her know that her son's safe and I'm looking after him.' So the predominant of the young people we work with are from war zones and from conflict. So that is the worst humanitarian crisis going on right now, which people don't even know about. Like, I know we hear Palestine. It's on the news every day. But Sudan is on a much different and larger scale, and that crisis has been going on for years. So the young people we get from there, it's almost like they're so desensitized to trauma because it's all they've ever know. Like, some of our young people have only lived in refugee camps. They've never lived in a home. They've lived in UN or Red Cross refugee camps. And when we're doing the assessments and the work with them we're like, 'Talk about your daily routine,' they're like, 'Well, we wake up and we take our refugee card and we go to Red Cross and they give us our food package for the day and then we go...' you know, and that kind of stuff. And you're just like, 'Oh my gosh. This is your life. This is...' And then we're thrusting them into a world where we're putting them into this routine, this, you know, 'You're going to live in a house and this is your bed, and you can't share rooms with your friends.' We are working with severe trauma and young people who have been through and seen what we cannot imagine. We can't imagine what they've seen. Family members, you know, being killed, literally all sorts of horrific things happening in front of their eyes that we can't imagine. We can't even put it into words but we hear it on a daily basis. We've heard the stories. We've seen the evidence. And it's not like they're just stories. They show us things on their phones. You know, 'My mum sent me this last night,' 'This is what I heard,' 'This is why I didn't sleep,' or, you know. We've seen the evidence. We know that it's happening. It's right in front of our eyes. And it's like, how do

you console that? As a social worker, as a practitioner, what can I say to that? You know? There's no way of fixing that. It's just about helping them manage the situation and kind of giving them that hope that things will get better and that you are building a life for yourself. But like Aimee mentioned earlier, the survivors' guilt, that never goes away. It doesn't go.

Sharmeen Ziauddin:

You mentioned, both of you, that you love this work and you both have volunteered, as Zarhaa you do volunteering. You've done it with, you know, in Syrian refugee camps and in Calais in Dunkirk in the jungle. So clearly you are both really passionate about this role. What is it that you love about this compared to other social work?
[0:19:38.1]

Aimee Hinton:

When I first started in this role, the amount of trauma that these young people are experiencing has massively increased. So when we first started, a lot of them, don't get me wrong, they had really difficult experiences and things like that, but they didn't present the kind of symptoms and behaviours that they are expressing now.

So then it was more...it was just fascinating learning about different cultures, different language, different customs and different ways, and I really loved learning about people's completely different experiences. So I really enjoyed that.

And also, being a social worker is quite a challenging job, isn't it? You're dealing with quite tricky situations, you know, people that are experiencing very difficult situations so they're presenting challenges themselves, whereas unaccompanied asylum-seeking minors, they tend to be the most genuine, kind, caring, gentle children and young people, and they're so grateful for...don't get me wrong, some of them are proper teenagers and they present those teenage behaviours, of course, like normal, but honestly they're so happy to be here and they just want to do well. They want to go to school, they want to learn English, they want to contribute to society. So it's quite refreshing working with a group of young people that are so keen to do well and to learn. They just want to learn everything, learn everything about you and the world here. So I think that has always been something that I've loved.

And you know, getting to know them and...obviously you have to be really creative, like Zahraa said, about how you build and develop that relationship with them because you haven't got the language base, you have to go through an interpreter, and that could be quite difficult as well. So you have to use different ways. Like, I remember I had a really young Vietnamese boy. He was like 11 when he came, so really diddy. And I used to take him to badminton with the interpreter because he literally had no words of English and that was the only thing I could work out that he liked. And he was absolutely terrified so literally for about six months I played badminton to develop that relationship. And now he's doing amazing. I think he's even going off to university now. So he, honestly, he's such a success story.

So I think the kind of people that you work with, they're just so lovely to work with.

Zahraa Adam:

Yeah, similar to what Aimee said. Do you know what? They're, I'd say, the most resilient cohort of people that you ever...despite all the adversities, everything they've been through. They make me cry with laughter. Their sense of humour, the things that they do and the way that they do things is just phenomenal. And do you know what? It's inspiring. Because I always remind...like, when I'm having a crappy day and I've just...I just think of all...'Do you know what? He's been through all of that. I can do it.' But yeah, they're some of the most resilient young people. And it's so rewarding. The rewards you get. Like, I've got kids that travel two hours to go to school, to go to education. And they're like, 'I don't care where I have to go. Just get me a college place and I will get there.' And they go. They will travel the two hours in the morning, come back late. They don't care. They'll go. They go to the gym. They're involved in everything. And, like Aimee said, that relationship-building, how we do it, participation and direct work are number one. In social work, with this cohort, participation and direct work is so important. Like celebrating culture. We celebrate everything. Like, we have our Eid parties. We do Eritrean Independence Day. We celebrate [unclear – 0:23:00.3]. We have Eid barbecues every year, Aimee, and it was the best. And we all dress up. We wear the... you know, wear their cultural clothes. We've got music. We play their games, have their traditional food. And they absolutely love it. And we take them to restaurants. We take them to their own cultural restaurants. We do cooking with them. All of these things is building that rapport. And minus the language barrier you wouldn't believe the things that you learn and see and observe. I've had a young person that couldn't speak. He was deaf and mute. And the first time I met him I was like, 'Oh my God, how am I going to assess the situation? I need to place him and I don't even know how...' And we did a role-play. We had to act. So it was between me and the interpreter, who was trying to write things for him to understand. And yeah, we were literally...I was like, 'Okay, me, coming, house, sleep.' And it was so funny. It was so humorous. But at least by the end of it I got the basis of, 'Do you have any allergies? Do I need any medical attention now?' But you have to be, yeah, you have to be creative. We use a lot of direct work. Colouring, drawing, you know, making models and things to help them explain. Going out and eating their own cultural food, that kind of stuff. Events, cooking together. Very community-based things. So we do a lot of things in a group. So you know, we'll get like an Afghan group together or a Sudanese group together or an Eritrean group together. And also within a mixture, like a household. So a lot of them live in shared housing. So we do things with them together – cooking sessions, activities, going to the gym, sports days. A range of things, all of that to just kind of build that rapport and get mucked in and have fun with it, basically. Not just sitting there.

Aimee Hinton:

And build on their support networks as well because obviously they've come here, they don't have family here.

Zahraa Adam:

No.

Aimee Hinton:

So having those support networks with developing those friendships is massive, you know, is key, isn't it, to make sure that they can settle. And they have people around them. [0:24:47.7]

Zahraa Adam: That's one of the main things. Because they're unaccompanied there's nobody attached to them. So generally there's no parents ringing your phone every single day and saying, 'I need this, I need this,' or you know, contact issues or whatever. From the day you meet them, we are their everything. Like, they rely on us and they see us as the entity that's going to, you know, fix everything and provide everything. So they look to you for everything. So my kids will message me for silly little things or, you know, even if it's a big thing or a little thing, but they'll text me about it or call me about it because we are their first and everything throughout. And after years, Aimee you remember, we've had young kids for, like, six, seven, eight years and then it's time to say goodbye because they've turned eighteen, oh my God, it's heartbreaking for me! I'm just, 'Awww, I've seen you through all this and you've achieved so much, and now you're going to uni and you're learning to drive.' Or you've had a baby. And one of Aimee's young people has had a baby.

Aimee Hinton: Yeah. I went to the baby shower!

Zahraa Adam: Yeah! Yeah!

Sharmeen Ziauddin: Aw, that's so lovely.

Zahraa Adam: To say goodbye and transferring to a PA is, yeah, it's probably more heartbreaking for us than it is for them!

Sharmeen Ziauddin: So it does sound like there's a lot more involvement as a social worker than for...

Zahraa Adam: Oh yes.

Sharmeen Ziauddin: ...other teams. There's a few things I wanted to pick up.

Zahraa Adam: Sure.

Sharmeen Ziauddin: So obviously you've developed all these skills and you've learnt so much, like you've said, over the 10 years that you've been working in this space. By the sounds of it, I'm sure lots of other social workers will actually be interested in getting into this realm of work because...I know not all local authorities have specialist teams but they all, I think, do work with unaccompanied asylum-seeking children. What skills do you think are necessary, or training is necessary, for anybody who wants to work with these children before they even get into the job? [0:26:28.2]

Aimee Hinton: Well, definitely trauma-informed...based practice. That is the absolute key. You need to be very confident with that because you're working with a completely different cohort of children. And like we said, relationship-based practice. That is the key with this...again, the young people, because I think if you're interested in this kind of work you need to be in it for the long-term. Because everything that they're been through, to then only...you know, for them to have a social worker for, like, a year, to then move on and then have another social worker, it's really quite disruptive. And it's just not very nice for that young person to then have to put everything in. Especially because of their story. They have to tell their story literally to several different professionals over several different times. It's extremely difficult for

them. To then have that relationship with that worker and then for them to say goodbye and to have another worker and build that relationship again, it's asking too much for them. So I think if anyone is interested in this type of work, you would want to do long-term relationship-based work, practice.

Zahraa Adam:

Yeah. And like Aimee said, we don't want to be part of the re-traumatisation. Because that story, and the traumas and the depth of the things that have happened to them, how many times they're going to say and how many times they're going to tell it, it's not fair. So 'cause they go through so many different services, for instance, you know, they'll have their Home Office interview and do their asylum stuff. Then they have their solicitor, telling their story to them. Then they'll have the social workers. Then you have your LAC reviews. It's so many stories to so many people, a) you get confused. I can't remember what I did last week, or yesterday or what I had...do you know what I mean? Whereas it's asking them, 'Oh, but two years' ago when you left Afghanistan, you know, what...?' Those kind of very intricate, small details and then telling them to repeat and repeat it. And what they might tell you one day might be different from another day. It's not because they're lying. It's because they're just confused because they've told so many people.

And the backlog in the system, right...I've got a lot of young people right now that are waiting for interviews, and they're just coming in now after, like, two years. My young person right now, Afghan young boy, and he's like, 'Zahraa, I've forgotten the dates. I don't remember the day I came in the country. Like, it's been two years.' And he was so scared for his interview. And the prep work that we had...we did role-plays, we did a witness statement, we read it over and over again, we had cue cards. You know, there was so much different things...we had a group discussion with other young people, just to prep him and get him ready for, you know.... And I was like, 'Look, all you have to say is, "I don't remember the date. It was such a long time ago. But I do remember this detail or that detail."' And he has memory blocks because of the trauma and the things that he's been through. And he's in contact with some parts of his family that send him quite traumatic things. Because obviously the Taliban has retaken control and there's...his family are part of the government so things are happening in his life constantly and he...when I see him on visits it took me at least four months to build that rapport, for him to fully open up in the first instance. And then he was like, 'Oh Zahraa, I went to the solicitor and I forgot to say this bit and I forgot to say that bit. But it came to me in my mind later.' So we came up with a strategy. I was like, 'Look, every time you remember something I want you to get out your phone. Either voice note it to me on WhatsApp or you write it. And then when we're together we're going to build the story.' And that's what we did. We then built a witness statement with his whole story. But that took months of me building that rapport with him and getting to know him and letting him know that he could trust me, for him to tell me those key pieces of information. And within that, he was able to produce documents, media coverage. Like, there was so much evidence that we submitted. The interview went, you know, fantastic, and we're just, you know, fingers crossed now we're waiting for the outcome. But it took time. It took time for us to get there, build

that rapport, get the information, let him feel comfortable. Because he doesn't know the person that's on the screen that's doing the interview. He doesn't know them. How can you tell your deepest secrets and your deepest traumas about somebody passing away or being killed or, you know, whatever to a stranger?

So yeah, like Aimee said, we're being creative. We've being very, very creative on how that work goes on. And it is about relationship-building and building that long-term trust over... 'cause the information's not going to come out at the beginning. It's really, really not. And there's going to be so many different ways, like Aimee said about the Vietnamese. The Vietnamese predominantly have been trafficked into the UK for a variety of different criminality, you'd call it. Aimee, I had a young female who was trafficked and forced into sexual slavery and prostitution, and I think for the first few visits, silence. Not a word I couldn't get out of her. She was very religious. She was a Buddhist. So I was like, 'Right, this is not working. Whatever I'm doing is not working.' So I took her to, I think it's called Buddhapadipa in Wembley. It's a massive Buddhist temple. I didn't know what I was doing. I didn't know what the plan was. I was like, 'Do you know what? I know religion is important to her. Let's go.'

It was a beautiful temple and there was a monk there who blessed her, and she cried and cried and cried. And that was the first time she spoke to me and told me that. But I had to create that space and that environment for her. It wasn't working in placement. It doesn't matter what I did. I took her out. That didn't work. But that environment where, you know, she probably felt a little bit at home, it's after that when all the stories came out and the depth of what had happened to her. And I still remember, I was new then. I was a new practitioner. I cried. It was such an emotional experience. And I came back, you know, to the office, and Aimee and I have been very lucky that we've had incredible managers and supervisors across the years that we've been able to have these open, fluid discussions with them. But I remember it vividly 'cause I was teary and my manager was like, 'Are you alright?' And I was like... I was holding it because I was so overwhelmed by what had happened. But that was kind of like the setting in stone of, 'Right, we have to be so creative. We can't sit there with a computer and do an assessment and ask questions. We've got to be really, really creative about how we're going to really tackle this level of trauma.' Because there is no fix or, you know, 'Here's the book, here's the textbook. This is how you fix, you know, trauma from this, this and this.'

Aimee Hinton: You learn on the job. You learn on the job.

Zahraa Adam: Basically.

Aimee Hinton: But I think it's the same with...to be honest, all the kind of skills that you learn as a social worker and you utilise as a social worker...

Zahraa Adam: Very transferable. Yeah.

Aimee Hinton: ...it's transferable. Your empathy, your compassion, your genuineness, your transparency, your honesty, your accountability. All of those, all very relevant...

Zahraa Adam: All that, yeah.

Aimee Hinton: ...to this kind of work. And your assessment skills, risk assessment. You know, it's all very relevant. It's all very transferable. So it's nothing...

Zahraa Adam: I guess it's the cultural competence...

Aimee Hinton: ...different.

Zahraa Adam: ...is the little bit that...what it would be different.

Aimee Hinton: Yeah. And just being a bit more creative and flexible.

Zahraa Adam: Yeah. And they absolutely love it when you know even like 1% of their culture. They're like, 'Oh, you know about that food?' or you...

Aimee Hinton: Yeah. Or if you learn some of their language. Just like a phrase. Just thank you or good morning or good day or something. It literally, they love it. And especially the way you...because clearly we've got clear accents, haven't we? So I apologise every time I say something because it's clearly not right. But they appreciate the gesture anyway. It's just...

Zahraa Adam: They do.

Aimee Hinton: ...it's just nice, isn't it, to make that effort?

Sharmeen Ziauddin: Look, I felt emotional listening to that story about the Vietnamese girl. How do you guys switch off? Do you ever switch off? [0:33:23.0]

Zahraa Adam: I'm not going to lie. No, I don't think we do. But I think in general social work, it's not 9-5. 'Cause even after five I'm still thinking about my...especially if I've had an intense...I'm still thinking about them. And it might be that I ring up Aimee or Aimee and I will meet for dinner or something, and again it's a social time but we find ourselves talking about work because it is so impactful. And I think with the work that we do, you're constantly...because you've having...there's no process, like a strict process, right, 'You have to do this, you have to do that,' I'm constantly thinking, 'Alright, let me think of something creative. What am I going to do for this session? What am I going to do for that session?' For me, it's hard to switch off. It is really hard. But that's where supervision and having a good support network and colleagues who get it make it so profound. And that's why I...I'm quite an advocate for specialist teams because it's within that realm that you're able to have that group supervision, that unity, that support each other.

And we've had times like when me and Aimee went to France on a voluntary thing, even though it was with a different organisation our manager – who was not supervising that project – we rang our WhatsApp in the middle of the night because we were so affected by what we were seeing and what... But it's that trust. Having that trust with your manager, your supervisors, your colleagues, being given that space helps. But for me, no. You can't switch off.

Aimee Hinton: No. It's very difficult. It is very difficult. I think you just have to, you know, you have your own ways of coping, don't you?

Zahraa Adam: Yeah.

Aimee Hinton: And you just have to utilise that.

Zahraa Adam: Yeah. Especially when you're hearing things on the news and stories, and there's always a bulletin. And it triggers so much. 'Cause I think about, you know, there's always a kid that's connected to it and I always think about, 'Ah, that's what, you know, so-and-so was talking about. That's what so-and-so was talking about.' I had a young person yesterday who...he's not even mine. I picked it up on duty. And the placement just said, 'He's feeling down and we don't know what's wrong.' So I just rang him on a whim because I know him from other kids, and I could just tell from his tone something was wrong. He wouldn't open up to me. I'm not his social worker. We don't have, you know, a rapport. I see him now and then. So I rang my young person who lives with him and has got a close relationship with him and I said, 'Listen, can you call and check on him 'cause I'm actually worried?' 'Cause his tone wasn't how it always is. He's normally jolly and happy. It turns out that he's had...his uncle, who was basically his father, passed away last night. His mum passed away recently in an explosion. He didn't tell anybody. He didn't tell anybody but we just noticed a change in behaviour. But that, for me that stayed in my mind all day. I couldn't...how can I forget that? Because all I was thinking about was, 'You didn't even get to say bye, and you can't even go to the funeral to go through that grief process.' So how can we manage that? It's very...it's...like we're celebrating Refugee Week and the theme is 'Community as a Superpower', and it's so profound right now because it is the community. It's the community that we're raising these kids as a community and, you know, with other young people, like, we have a mentoring service. We're raising other young people to become mentors to support each other and create that community, again through creativity and building that foundation base of how we want services to be and to move on for the next generation. So when the new generation of social workers start in the next ten years, UASC is going to be a thing, it's normal, like everyone's going to know about it and they're going to know what to do.

So I think for Aimee and that's what's important for us – we're building that foundation now for it to be like a practice guide, basically.

Sharmeen Ziauddin: You mentioned going to France. Was that when you went to support the Dublin Dubs Amendment? Can you tell me a little bit about that? [0:36:36.5]

Zahraa Adam: Yeah. Aimee, go on.

Aimee Hinton: So, back in November...yeah. So we were invited along with a group of...a small group of social workers, to a company, the Home Office, to go to France. We were deployed all over France. Zahraa and I were in a team that was deployed down to the south of France. And basically the jungle was...the Calais Jungle was completely disbanded. They had relocated everyone in that jungle to the various parts of France, into like reception centres. And we were in a small taskforce going out doing best interests assessments and kind of eyes-on age assessments.

Zahraa Adam: Safeguarding welfare, that kind of stuff.

Aimee Hinton: Yeah, and working with the Home Office to make the decisions as well. So we were there for, I think, about two weeks, weren't we, Zahraa? And it was...

Zahraa Adam: Initially a week. Initially we were told a week.

Aimee Hinton: It was initially a week. That's it.

Zahraa Adam: And then it was like, 'No, we're not finished.' It was like another week.

Aimee Hinton: Yeah. So that was really an intense trip.

Zahraa Adam: It was intense, yeah.

Aimee Hinton: We would spend twelve hours...

Zahraa Adam: More.

Aimee Hinton: ...in different reception centres. No food. No, like, snacking while we were processing loads of different people. There was nowhere to really process them. I remember interviewing women that were...

Zahraa Adam: In the toilet at one point. Do you remember the women's centre? Yeah.

Aimee Hinton: Yeah. In the toilet. Yeah. Interviewing women in toilets that were talking about awful sexual assaults that they'd been through and experienced awful things, horrific things that were happening in their home country. So yeah. So that was...yeah, an experience. But it was incredible, wasn't it? I mean the...

Zahraa Adam: One of the best experiences...

Aimee Hinton: ...I remember going to a hotel

Zahraa Adam: ...we've ever had.

Aimee Hinton: It was, it was. It was incredible because the kind of interventions that we were able to have with the young people there was amazing. And I remember one of them was we went to a hotel that was just full of Afghans. And they just got so excited that they wanted to all come to England. And then they were showing us all their war wounds where they'd been blown up. Like, they had missing limbs.

Zahraa Adam: Prove themselves, yeah. Evidence.

Aimee Hinton: Scars.

Zahraa Adam: Like, 'Look, this is what's happened to me.' Yeah.

Aimee Hinton: Honestly, yeah. 'This is why I need to come to your country. This is why. Please help me, please help me.' So it was really...yeah, it was...yeah. I don't...

Sharmeen Ziauddin: What was the aim of the trip? What was the aim? [0:38:51.5]

Zahraa Adam: It was the Dublin Amendment to bring over...it was an agreement to bring over young people who were basically going to be offered

asylum. So yeah, we went to assess, I guess, who was most in need and who had a connection to the UK.

Sharmeen Ziauddin:

Right. Okay.

Zahraa Adam:

So a lot of family reunification. So a lot of them had family and already had established roots. So you know, they were kind of on one side. And then it was those who were most at need. So at the time it was the Syrian crisis obviously going on. And Sudan. So it was Syrian and Sudan that were the priority and then any ones after that that needed immediate and urgent care. And then, yeah, once we finished the assessments they managed to bring them over and, yeah, they've had successful lives since then.

Sharmeen Ziauddin:

You're both qualified in age assessing. What does that assessment entail and how do you get trained in that? [0:39:41.1]

Zahraa Adam:

My gosh. How much time have you got, Sharmeen?

Sharmeen Ziauddin:

Briefly!

Aimee Hinton:

We love talking about age assessment.

Zahraa Adam:

Again, Aimee, we fell into it, didn't we?

Aimee Hinton:

Yeah, we did.

Zahraa Adam:

Back in the day there was no such thing and it was just kind of like...

Aimee Hinton:

There was a...so there was a training. When we first started there was a training provided by a firm in London. And it was like a day training giving us the kind of basics. So it's a social work assessment, basically, and you cover things...so you basically you gather the whole story of this young person. So you start from...

Zahraa Adam:

From birth.

Aimee Hinton:

...where they were born, their date of birth, how they know it, their name, any other names, things like that. And then you just basically go through their whole history of their whole life, as much as you can. Obviously if there are really quite traumatic things that have happened in their lives then if you can get that information from other documentation such as their...like their asylum interview or their pathway plan or whatever, then that's best practice to do that. But yeah, and then you look at, like, their development. You look at education, independent skills, their health. All of these things. So you're trying to gather as much evidence as possible to...that, you know, you're looking at what confirms their date of birth and their claimed age, and what might dispute it. And then when you've got evidence that is in conflict with the claimed age, you have to then have a separate kind of interview with them to put that to them, to say, 'Look, you told us this but you've actually said this to someone else. What's accurate?' or, you know. And then you give your provisional view about their age, and then again they have the opportunity to respond. So it's a really, really big piece of work.

The thing with age assessments is there is no...

Zahraa Adam: It's not a science.

Aimee Hinton: ...it's an interesting...no, it's not a science.

Zahraa Adam: We're never going to know. We're never going to know.

Aimee Hinton: No, we won't.

Zahraa Adam: We're never going to pinpoint an exact age.

Aimee Hinton: Yeah. And there's always a margin of error. So if you think that they could be around the age, if you have any doubt at all, then you give them the benefit of the doubt and you accept the claimed age as they are. But it's something, I think, it's changed so...you know, we've been doing this for 10 years. It's changed massively from when we first started it was an extremely brief assessment, whereas now you're looking at a 50- to 100-page report, court report...

Sharmeen Ziauddin: Wow.

Aimee Hinton: ...where you are literally...

Zahraa Adam: Yeah.

Aimee Hinton: ...and you're not just gathering the information from the young person. You're going away and you're looking at the whole social care file. Or the paperwork that the Home Office have.

Zahraa Adam: The country, mainly.

Aimee Hinton: If they've gone through a European country. When I...in my previous position I developed some contacts in European countries and they sent over information about that young person as well. Which they don't have to do. That was just out of their generosity. So yeah. So then...and you also do research as well about their home country. So anything that you think, 'Oh, I don't...is that quite right?' and then you look it up and then you put all of this to the young person. So it's a massive piece of work. There is training out there. I definitely...you need to have the training in order to do it because if there's a challenge in the court you need to show that you're experienced within this type of work, really. [0:42:41.4]

Zahraa Adam: From a local authority point of view, in terms of, like, case-holding and managing, it's a humungous piece of work. Like, it takes up a significant amount of time, resources. Like Aimee said, it's such a lengthy document, that then basically the long goal is that it could end up in court where you're then having to...you get cross-examined and you have to explain why you've written what you've written, and based on what. And because there's no factual way of proving anything, the judge relies a lot on experience. So they want to know how many young people you've worked with from Afghanistan, from that village, from that tribe.

Sharmeen Ziauddin: Right, as in how experienced you are? [0:43:18.4]

Zahraa Adam: Yeah. So I've had to do witness statements where, you know, they've asked, 'Okay, well how many Afghans has she worked with? How many from that province? How many has she made over? How many

has she made under?' They want to know the specifics of your experience and how many you've worked with. Because I can confidently say, 'Well, I've worked with Afghan young people for over ten years, so I know the provinces and I know the districts and I know what language is spoken where and I know, you know, their customs or...' any of those countries, whereas maybe a newly qualified social worker, or a social worker that hasn't necessarily worked with UASC so much, wouldn't be able to give that comparison. Because what we're working on is the basis of comparing a genuine child from that country to one that might be a different age. It's a comparison-based...because we don't have the factual evidence. We just don't have it. So after the visual, you know, assessment that we do and the information gathering, you're then comparing, 'Well, my other child who is fifteen and, you know, I've worked with for five years, doesn't do X, Y and Z, which makes me think that this person isn't within that developmental stage.' So the judges are heavily relying on experienced workers, but you can't get that experience unless you're in the field and doing that work. So yeah, it's a very complex, very, very complex... Like Aimee said, there are trainings available. We've done trainings. We've also trained other people. But it is experience-based, and the more you learn and the more you do it, the more, you know, you will learn so many things from directly the young people. Like, they have taught me so much about their culture. You know, things like...I don't know if you've heard this one but one of the young people...I said, 'When did you start school?' and he said, 'When my right hand could touch my left ear.' And I was like, 'What do you mean?' And he was like, 'Yeah, when you can do this, that means it's time for you to start school.' I was like, 'What?' That's the first time I've heard of it. I then went and done some research and scientifically there is a certain age where you can do that. And it's around 6, 7 years old, when you can scientifically...yeah. So at that stage, that's when they know they start school. So do you know what I mean? Knowing things like that and working with things like that is...that's how you know, where you can build... You can't expect them to say, 'Oh yeah, I was six months and six years old and this is when it happened and that's when I went to school.' No, you'll get responses like, 'Oh, it was when I could touch my ear,' or, 'Well it's when my big brother got married. Then I know it's my turn to go to school.' You know, so you're working, like I said, cultural confidence. You need to know it. You need to know the...

- Sharmeen Ziauddin: And they're children so, as you said, they don't remember things as well about when they were four, when they were three. Like, who does? Nobody, really. [0:45:39.4]
- Aimee Hinton: With age assessments, though, I would want to point out that you don't do an age assessment if you think they're a child.
- Zahraa Adam: Yeah, yeah, yeah. Only if there's a doubt.
- Aimee Hinton: It's only when you've got doubt.
- Sharmeen Ziauddin: Okay, I see, I see.

Aimee Hinton: Or say, like, if they're claiming to be thirteen and you have significant doubts, they're more presenting like seventeen, then yes, you would do one.

Sharmeen Ziauddin: Of course.

Aimee Hinton: It's about the significant doubt as to the claimed age.

Sharmeen Ziauddin: Yeah.

Zahraa Adam: The word is significant. And we get ones the opposite end as well, by the way.

Aimee Hinton: Yes.

Zahraa Adam: We get kids presenting to be older, who are not, who are actually much younger, and some that want to be adults for various reasons. A lot often involve trafficking, criminality or they've been told stories, 'Oh, but if you're sixteen you'll live in a shared house. You don't want to live with a family,' and that kind of stuff. Or there's so many different reasons. Some that genuinely don't know. I've got one now that I've been battling with for the last four months and I'm like, 'Oh, you're not fifteen, you're not sixteen. You look like a twelve-year old.' And I'm still having to do that work with him. And yeah, I don't know if we'll get to the end of it but every time I see him I'm like, 'Ah, you know, did you think about what I said?' 'Cause he's so tiny and he's so...like, the development, everything is not as what I would expect for my, you know, other sixteen-year old Afghan lads. But yeah, you do have two ends of the spectrum.

Sharmeen Ziauddin: That's so interesting because what we hear generally is that they're 16-, 17-year olds, or saying they're 16 or 17-year olds but they're actually 24. And that's not the case. The case is that it works both ways? [0:47:00.4]

Zahraa Adam: Yeah. Yeah.

Aimee Hinton: It is majority, though, isn't it, Zahraa? It is the majority, the older ones.

Zahraa Adam: Yeah, yeah, yeah.

Aimee Hinton: 16, 17, and then potentially older. Yeah.

Zahraa Adam: But the reasonings why, Sharmeen, are very...they're profound. It's not just for fun. It's not for a jolly. They've either been very, very ill-informed by their traffickers and smugglers that tell them, 'If you don't say you're 16 they're going to deport you right back to where you came from,' or you know, or various reasons, 'Oh, if you don't tell them this you're not going to get a house. You're going to be living in a tent. You're not going to get education.' So there's so many different reasons why they, you know... I've often had so many that have said, 'Okay, I'm not. Sorry for wasting your time. I'm not.' And they hold their hands up and say, like, 'It's because my agent told me if I don't say this then you're going to deport me today back to...and I can't go back to where I came from.' So there is, you know... And some of them, a small cohort of them, bless them, that have basically

been in a village all their life and never been in civilisation, they don't know their age.

Aimee Hinton: No. It doesn't matter.

Zahraa Adam: There's a running joke in Afghanistan that you stay 40 forever. So you can ask somebody how old they are and they'll always be 40 because they don't count...age is not important to them. Why would that be important? So they come and they're like, they'll stay 14, 14 years old forever. Like, every...and I'm like, 'Do you know it's your birthday?' 'Oh yeah, okay. I've gone up a year.' The concept of age is not how it is in western society. So when they come here and all we talk about is, 'How old are you? When's your birthday? When are you going to be...?' they're like, 'What is this?'

Sharmeen Ziauddin: And they don't celebrate birthdays every... [0:48:21.2]

Aimee Hinton: They don't. No.

Sharmeen Ziauddin: ...everywhere so...it is...it's not...

[cross-talk]

Zahraa Adam: ...that he didn't have a birthday cake and I said, 'Oh, did you celebrate birthdays?' He was like, 'No, I don't even know what it is. But I saw on social media that in England you have...you celebrate birthdays. So I was expecting a birthday cake and candles and all of that.' And we did do a party and stuff for him. But it was just, for me it was so amusing 'cause I'd never had a young person that had said that their birthday was so important. But this one had seen everything on social media, heard about these birthdays, so he wanted to have one. And he did. But yes.

Sharmeen Ziauddin: And didn't the Home Office, was it last year, want to carry out scientific ways of measuring and have social workers assess age like that? What happened about that and what are your thoughts on that? [0:49:05.9]

Aimee Hinton: They want to do scientific measures alongside social workers doing age assessment. So it wasn't like it would just be scientific measures. Not at all. It was just to be an additional sources of information or evidence for social workers to consider alongside their actual age assessment. But obviously with the different government that now has been scrapped, so I don't believe they are going to be doing that anymore.

Zahraa Adam: I think there's pros and cons to it on both ends. Because age assessment is a holistic assessment anyway. So we should be getting, as best as we can, all the evidence available to us to give us the strongest chance of getting it as correct as we can, whether that be a dental check...'cause we've had foster carers that have rung us after a dentist appointment and be like, 'By the way, this is what the dentist said, that he's had...the teeth development is not to what, you know, the age.' And Aimee, you had...

Aimee Hinton: [cross-talk]

Zahraa Adam: ...who...that had a recent X-ray.

Aimee Hinton: Yeah. Bones slightly older than his actual claimed date.

Zahraa Adam: Not massively. Slightly, which he would have fallen within the benefit of the doubt anyway. But it's good to have evidence from, like, you know, from schools, from everyone involved in their care plan that's interacting with them, to give us an observation, basically. So it would help us but it's still a social work skill, it's still a social work assessment that can't, you know... And the bone accuracy, is it 78%, Aimee? I can't remember the exact figure but it's not 100% that it's going to be accurate.

Aimee Hinton: No, it's not 100%. And it would have been a combination, a combination of three different types, not just based on one...

Zahraa Adam: And certain things can affect that. If you've been working as a child on the farm all your life, of course your bones are going to be developed differently. If, you know, in Iran they do Kulbari where they smuggle goods across the borders. And if you've been doing that for the last...of course your shoulders are going to be broader, more developed and, you know, those things need to be taken into consideration, not just, 'Okay, this is what the X-ray says and that's it.' Genetic...

Aimee Hinton: And we do that, don't we?

Zahraa Adam: Yeah.

Aimee Hinton: Yeah. And we do that. 'Cause obviously physical appearance is something that we have to take into consideration when we do our age assessments. And obviously, yeah, those kind of factors that Zahraa has said, we have to take those into consideration. And physical appearance is extremely unreliable in terms of age assessments. So yeah, so the scientific measures, I think it could have probably helped in a way, because then you would have had some actual scientific data to complement the age assessments, not that social workers should ever just rely on that data at all, and again that was never the intention. So I think it's a shame, and I know that a lot of European countries do rely on scientific measures, don't they? I think we're probably one of the only ones that don't.

Zahraa Adam: Yeah, yeah.

Sharmeen Ziauddin: What would you say to sceptics who think that other teams are more needy of funding, resources? And you may have touched on this earlier. How can you persuade other professionals and, I guess, the wider public that, you know, there needs to be more access to services for these children? [0:51:54.0]

Zahraa Adam: Regardless of their status or even...they're human beings that are in need. Aside of everything else. Aside from their Section 20 or their legal...or what team they sit in, whether it's, you know, child protection or the UASC. They're human beings that are in need. So to me, the buck stops there. If they need, they need. That's it. Human beings first. They're children first, they're looked-after first. Then the asylum stuff, that's all secondary. Like, that's not the first...you know, they're children, they're human beings first before they're asylum-seekers and before they're looked-after children.

Aimee Hinton: And they didn't ask for this. You know, this is the hand that they've been dealt. I say to so many people, 'If we were in that situation where war broke out in our country and the only chance for our children to survive would be to send them across the sea on a horrendous journey to another country, you'd do it.' Of course you'd do it. So if you were in that position... So I can't understand the lack of empathy for these young people that didn't ask for this. They don't want to be away from their family, their home, everything they've ever known to go to a completely strange, alien place. Why would they? But this is the hand they've been dealt. And they're trying to do their best for it.

So you know, the basics that we can do is meet those needs and provide them with the right services so that they can thrive in this new environment.

Zahraa Adam: I think when we had the Syrian crisis it was so profound for us, Aimee, 'cause we were working with a different cohort of young people. We were so used to those resilient Afghans, Sudanese, Eritreans, who had always known war, that they were just ready. They were ready, rough and tumble, ready to go. They didn't, you know, care about anything. The Syrians, at the time of the height of their crisis, the predominant ones that we worked with were all affluent, from highly educated, professional, rich families who had then seen their lives completely, you know, turned upside down. They didn't know what to do. And it was...again, we had to change our practice again because we were then working with a different style of trauma. These weren't resilient kids. These were kids who grew up in normality and saw their life completely turned upside down. And when I was at the Syrian refugee camps, ironically it was the time when the government was overthrown. You know, they've got rid of their dictator. The kids were...they were getting ready to go home. They were so happy and overjoyed. They were like, 'We've been here for ten years, living in this camp. We're going home now. We're finally going home.'

But then there were others who also said, 'We can't go back. What are we going back to? Rubble. There is no home. There is no business. We've built a life here now.' So you know, it's not that they want to. This is just something that's happened to them without their...any kind of, you know, involvement. And they've just had to deal with it.

Aimee Hinton: They're just complete victims. They are victims. They are vulnerable people and they deserve to have the right services for them.

Sharmeen Ziauddin: I mean, I could actually speak to you both all day about this but we're probably going to have to cut it short. But before I do that, I do need to ask you, Aimee, what was your BEM for? [0:54:50.0]

Aimee Hinton: Oh. So I got that...I don't really...well, I got it for my contributions to children in care. So working with unaccompanied asylum-seeking minors and British indigenous children. And that was it. I don't know who nominated me for it.

Zahraa Adam: To this day we still don't know. We have suspicions of foster carers, maybe, but yeah...

Aimee Hinton: I have no idea!

Zahraa Adam: ...we don't really know.

Aimee Hinton: Yeah. It must be some of the foster carers. I don't know. But yeah, I got it back in 2019, 2020. And yeah, so I got to go to county court where I got the...was presented with the medal. And I met the Queen at Buckingham Palace, which was just an incredible experience. I got to chat about age assessments with Princess...I always forget her name. Eugenie?

Zahraa Adam: Beatrice? Oh, Eugenie, yeah.

Aimee Hinton: Literally, I told her about age assessment!

Sharmeen Ziauddin: Brilliant!

Aimee Hinton: She found it fascinating!

Sharmeen Ziauddin: I mean, it is fascinating.

Zahraa Adam: It is, yeah.

Aimee Hinton: It is a really interesting area of work. But yeah, so I got it purely for my work as a social worker with children in care. So yeah.

Sharmeen Ziauddin: Well done. That's amazing. You both are actually amazing, and the work you do is clearly so important and rewarding and difficult. So thank you for all that you do. Yeah, it's been great talking to you. Thank you for giving up so much of your time to tell us all about this because it really is such a fascinating area of social work, for me anyway, and I'm sure anybody listening would agree.

Zahraa Adam: No, it is. I just want people to remember Refugee Week and the message that we're sending out, the 'Community as a Superpower', because together we're united. And just a reminder of what's going on in the world. Keep your eyes on Sudan. In Tigray, Eritrea, Palestine. Everywhere, everywhere. We're here, we're watching. We're trying.

Sharmeen Ziauddin: Thank you. No, that's a really great reminder. And I was supposed to ask you, are there any special activities you have planned for the week? [0:56:38.8]

Zahraa Adam: Yeah, we're doing lots. So there's lots of practitioner-led stuff happening during Refugee Week. Coram's doing a fantastic event on, I think, Wednesday. So it's working with unaccompanied minors. So as practitioners we're going to things, but in my local authority we're holding, yeah, a massive event, community...celebrating community. We're having a cricket match, family fun day, barbecue. And it's not just for UASC, it's for everybody. You know, everyone supporting each other. And I'm very, very fortunate that – and Aimee as well – all the managers that we have, and the current support that we're getting, any idea that I bring to them they're all up for it. They're so up for it. They're like, 'Yeah, let's do it. Great. Sounds fantastic.' So

yeah, shout out to my manager, Helen King, and to Debbie Taylor. They're fantastic and they're always on board with all my crazy ideas and initiatives that I come with. They're like, 'Okay, let's see how we can work around that. But sure, in theory, yeah.' But yeah, no, we've been very fortunate that we've been received and welcomed with all our ideas and the participation and, you know, the things that we want to do.

Sharmeen Ziauddin: It sounds amazing. Thank you both so much. [0:57:42.0]

Aimee Hinton: Thank you.

Zahraa Adam: Thanks, Sharmeen.

Sharmeen Ziauddin: That was Zahraa Adam and Aimee Hinton. If you want to find out more about this kind of social work, then Community Care Inform is running an exclusive webinar on trauma-informed practice with unaccompanied asylum-seeking children, led by Dr Wuraola Bolaji on 2 July at 10:30am. And if you're listening to this after that date then it will be available on Community Care Inform Children's website. You just have to be a subscriber, so if your university or employer does not subscribe, then have a word and get in touch with us here at communitycare@markallengroup.com for more info.

The details of the webinar can be found on our homepage as well. That's www.communitycare.co.uk under the Events tab where you can register. And please do follow us on your podcast app of choice, and on social media. We are @communitycareofficial on Instagram and @communitycare on Facebook and LinkedIn. That way you'll be updated with all things social work.

That's it for now. See you next time.