# Practising with care in mind: Learning from professionals and Unaccompanied Asylum-Seeking Children

**Training 1: Introductory activities: Thinking about ‘care’**

<https://www.open.edu/openlearncreate/course/view.php?id=9170>

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# **About this course**

The materials in this downloadable resource are designed to be used by trainers of social work and/or other social care professionals and practitioners. You can either follow the activities directly or lift particular exercises and adapt them for your own purposes. The materials contained here are part of an 8-hour online course which has been broken down into manageable parts.

## What is the broader aim of this course?

The purpose of this course is to help qualified and differently qualified practitioners and professionals to think about their reflexive practice in relation to care with Unaccompanied Asylum-Seeking Children (UASC) and separated/lone migrant young people. The capacity to reflect is a core part of professional competence and helps social care professionals think about their own practice, their approach to their work and to learn from the process.

The course recognises that working in any kind of social care capacity with vulnerable young people is extremely tough, dynamic, and an often emotionally draining job, so it is useful to think about what shapes practice and why. The attendees of this course will be introduced to the thoughts and opinions of practitioners and professionals who work with UASC and young people who are themselves, unaccompanied migrant young people.

This training will enable social care professionals to better understand their own and others’ perspectives on young people’s care relationships – including, their care of each other.

## The aim of this exemplar session

The activities in this session explore what it means to ‘care’. The activities can be used as a standalone or may be useful as ‘introductory’ activities to further sessions.

As the trainer, you may also find it useful to mix and match the activities in this exemplar session with activities from other available training sessions (see sessions 2-4).

PowerPoint slides associated with these activities have been made available to you to adapt and re-use.

## Who is this training for?

This course is aimed at social workers, senior practitioners, personal advisors and other social care professionals and practitioners working with UASC.

If your attendees are qualified social workers you can remind them to add this course to their CPD record to meet the requirements for registration. By the end of this course they will be able to answer the two key requirements: describe what they have learnt; then state how the CPD has had a positive impact in their practice on the people they work with. If you are delivering this course to differently qualified professionals, this course will enhance their reflexive practice skills.

## How long will the course take to deliver?

Between 1 and 2 hours

Notes to Trainers: You can pick and choose which activities to deliver as part of this course. Some activities are very short and others are designed to stimulate discussion and reflection, and therefore, may require more time.

## Learning outcomes

By the end of this course you will:

* Been introduced to evidenced-based training and the Children Caring on the Move project
* Have reflected on meanings of ‘care’ in relation to working with UASC and unaccompanied young people
* Have been introduced to some of the academic literature on the concept and complexities of ‘care’

# **Using evidence-based training**

A core feature of this course is that it is evidence-informed – in other words, the core content is based on research findings as opposed to anecdotes or opinion.

In this training you will be drawing on both academic literature and data evidence from a research project called [Children Caring on the Move](https://www.ccomstudy.com/).

The data provided comes from what young people, professionals and social care practitioners have told us about their lives, their working practices and a key element of our study: young people’s care of each other. We have provided you with both young people’s and adults’ data so that you can explore some of the synergies and differences in their perspectives.

**At times your attendances may agree or disagree with what the young people and adults say in our study. That is ok! A key component of the course is to encourage your participants to reflect on where your own views relate or diverge and why that might be the case.**

## The Children Caring on the Move project

**You may find it useful to ‘set-the-scene’ of this evidenced-based training by introducing your attendances to some key bits of information about the Children Caring on the Move project.**

The Children Caring on the Move project set out to examine Unaccompanied Asylum-Seeking Children’s (UASC) experiences of care, and caring for others, as they navigated asylum and welfare systems in England.

* We started with the premise that care is not necessarily limited to what adults (or the state) provide for young people.
* Our work has shown that young people provide a lot of care for each other, but we wanted to understand what that care looks like. We also wanted to explore how professionals and practitioners who work with UASC and other separated child migrants thought about young people’s care of each other.
* On the one hand, the duty to care is a central tenet of any practice when working with vulnerable children such as UASC and other separated child migrants. On the other hand, stringent immigration practices, policies, bureaucracy and structural challenges undoubtedly present personal tensions and professional constraints for those whose role is meant to foreground ‘care.’

## Who took part in our study?

*Collecting data from young people:*

The way in which we wanted to gather data from our young people was quite unique compared to many research projects. First, we recruited a group of enthusiastic unaccompanied young people to work with us collaboratively as Young Researchers. We trained them in social research skills that students might learn at school or University when conducting their own research projects, such as interviewing skills. The Young Researchers then conducted interviews with other UASC with the support of the University researchers.

We carried out a total of 75 interviews with 38 unaccompanied young people in two major cities. Each young person was invited to 2-3 interviews over a 6-12 month period. These included (i) object-based interviews where participants were asked to bring an object that represents care; (ii) photo elicitation focused on a ‘day in the life’ of the participant; and (iii) walking interviews to see places of (un)caring.

*Collecting data from adults:*

We conducted 64 semi-structured interviews with adult participants about their understandings and perspectives on care.

For ethical reasons we have developed a broad set of descriptions for the range of adult stakeholders that we interviewed. They include:

* Project Coordinators (in Education/Charity) who oversee multiple projects in their settings.
* Project Managers (in Education/Charity, State Social Work, Arts in Charity, NGO sectors) who tend to line mange those who work directly with young people.
* ‘Direct workers’ (e.g., Charity advocates, state and independent social workers, foster carers, educators, paediatricians and educators), who are those who have direct and regular contact with young people.
* Other stakeholders covered areas such as mental health/therapy (working in NGO settings), interpreters, immigration lawyers and border force.

Our interview questions focused on examining the interviewee’s background, their broad experience of caring for separated child migrants and their role in their lives; the interviewee’s own understandings of care, care relationships and caring practices; how care changes over time; their views on the wider economic, social and political priorities and challenges that influences their ‘care’ and support practices.

# Training 1 – Thinking about care: What does care mean?

## **Activity 1 – Warm-up exercise [approx. 15 minutes)**

This activity may be useful to help start a dialogue amongst your attendees.

## Background

The Children Caring on the Move project sits against a backdrop of rising numbers of children who have been separated from primary care givers during migration. According to the International Data Alliance for Children on the Move, 2020 saw a record number of international child migrants at an estimated 35.5 million. The Covid-19 pandemic, war and unrest countries like Afghanistan and Ukraine, and reoccurring natural disasters all suggest that this picture is unlikely to change and may get worse.

**The Activity**

Let’s take a look at some of the key data about child migrants – as your attendees to work in pairs or as a group to choose the right answers.

|  |  |  |
| --- | --- | --- |
| Question 1 | In 2020 there were an estimated 35.5 million international child migrants. How many of these are thought to be refugees and asylum seekers? | 3.5 million  11.5 million  18.5 million  26.5 million |
| Question 2 | In 2021, how many unaccompanied children are reported to have claimed asylum in the UK? | 1,458  2,820  3,762  5,105 |
| Question 3 | Between January and June 2020, which of the following countries had the highest percentage of children arrive as unaccompanied (as compared with children who were accompanied)? | Greece  Spain  Italy  Malta  Bulgaria  Cyprus |
| Question 4 | In the first half of 2020, which was the most common country of origin amongst child asylum seekers to Europe? | Afghanistan  Syrian Arab Republic  Iraq  Venezuela  Colombia  Eritrea |
| Question 5 | In 2019 the grant rate for asylum or other forms of leave for separated children was? | 56%  69%  79%  82%  94% |

Answer Key:

|  |  |
| --- | --- |
| Question 1 | **Correct answer:**  **11.5 million** |
| Question 2 | **Correct answer:**  **3,762** |
| Question 3 | **Correct answer:**  **Malta (93%)**  Greece (12%)  Spain (38%)  Italy (84%)  Bulgaria (48%)  Cyprus (30%) |
| Question 4 | **Correct answer:**  **Syrian Arab Republic (22%)**  Afghanistan (13%)  Iraq (6%)  Venezuela (4%)  Colombia (4%)  Eritrea (4%) |
| Question 5 | **Correct answer:**  **79%** |

Data sources:

https://data.unicef.org/resources/international-data-alliance-for-children-on-the-move/

https://www.gov.uk/government/statistics/immigration-statistics-year-ending-december-2021/list-of-tables

<https://www.unicef.org/eca/emergencies/latest-statistics-and-graphics-refugee-and-migrant-children>

<https://separatedchild.org/our-work/refugee-facts>

## **Activity 2 – the unique challenges of working with UASC [approx. 20-30 minutes]**

The immigration conditions within countries like the UK are noted to be difficult for both young people and the professionals working with them (Crafter et al., 2021). This activity may begin a discussion amongst your attendees about the challenges that are unique to working with this particular group of young people within the care system.

## Background

One key assertation in the academic literature is that there is an inherent contradiction around ‘care’ and ‘immigration’. On the one hand, young people must be protected because of their ‘child status’ and, in theory, have the same rights and entitlements as any other children in care. On the other hand, their ‘immigration status’ means they are afforded time-limited welfare and care support under [Schedule 3 of the Nationality, Asylum and Immigration Act of 2022](https://www.legislation.gov.uk/ukpga/2002/41/schedule/3)(Chase and Allsopp, 2013). From a practice point of view, these divergent pathways to adulthood arguably present a different set of challenges for working with UASC compared to ‘citizen’ children.

**The Activity**

Working in pairs or as a whole group reflect on the following questions:

* What challenges do you think are unique in working with UASC compared to ‘citizen’ look-after children? What are the similarities?

## **Activity 3 – What does it mean to care? [approx. 20-30 min]**

This activity asks attendees to explore why it is important to look at ‘care’ and how might this concept fit with their professional practice

## Background

If you work in social care, you will be very familiar with the concept of care as the core of social care professional values, theory and practice. This is evident in the idea of a ‘duty of care’ which underpins ethical practice, though some argue it is easy for the concept to get lost in the ‘managerialisation’ of social work (see Meagher and Parton, 2004), whilst others point to the significant negative impacts of austerity (Hadwin, 2022).

But ‘care,’ when you think of the word in its broadest sense, can mean a lot of different things to a lot of people. On the surface the term seems simple, even common sensical, because it is deeply embedded in our everyday language. Generally, it evokes a sense of concern outside of yourself and your own interests. The opposite of this might be to state a negative claim ‘I don’t care’.

Importantly, you might think about care in different ways depending on the situation and context. Do people think about care in the same way if they are at work compared to at home, with their families? Is this different than giving money to charity because you cared about something you saw on television?

**The Activity**

Give each attendee an opportunity to reflect and make notes on the following questions:

1. When you think of the word ‘care’, what does it mean to you?
2. Take some time to think about care as it relates to your own family life and then what comes to mind when you think about care in the context of your professional practice

|  |  |
| --- | --- |
| **‘Care’ in the context of my own family life** | **‘Care’ in the context of my professional practice** |
|  |  |

**Notes for trainers**

You might provide an opportunity for attendees to share their thoughts on how they view care differently across different contexts of their lives, as a group. It might be worth mentioning that people can think about care in quite different ways depending on what ‘hat’ they are wearing at the time. For example, we might think of our own children or children within their family, as more vulnerable than someone else’s child of the same age. This is quite normal; after all, you know your own family better than other peoples’. Never-the-less, it is worth reflecting on why we do this and how that influences our ideas and thoughts about other children.

## **Activity 4 – Different approaches to care [approx. 20 mins]**

In the academic literature, ‘care’ as a concept , is quite a complex notion. In this part of the training, you have a chance to explore deeply what this word really means.

## Background

Research literature suggests that we can broadly understand ‘care’ to include both practical and emotional support that we undertake on behalf of other(s). Care involves the things that we do, our practices, and the feelings, disposition or values towards those actions (Tronto, 1993). Another way to think about this, is to see ‘care’ as ‘*caring for*’ (tending to someone else’s needs) and ‘*caring about*’ (emotional concern for another). It is possible to ‘care for’ someone without really ‘caring about’ them.

There is a tendency to think of care as flowing in one direction – an active caregiver and a cared-for recipient. However, there are many examples of care relationships that are reciprocal, where we are both the givers of care and the receivers of care. When we thinking of caring for the elderly, disabled, young people, friends or workmates, it is easy to see how care might come in different forms, involve different exchanges of care over a long period of time, as well as be open to power inequalities (Bowlby, 2012).

The care literature also makes a distinction between ‘formal’ and ‘informal’ types of care. These somewhat blurry distinctions came about because some carers see what they do as ‘work’ whilst others see it as something more reciprocal and loving (Milligan and Wiles, 2010). Formal care is usually paid and formally organised. Informal care is usually unpaid but highly diverse and may include anything from everyday acts of concern to sustained care over time. A key point is that the boundaries between formal and informal care are blurred. Formal care might become extended into an informal relationship over time. Your relationships with the young people in your care may be fleeting but there may be others that have endured over time.

One widely well-known approach to care is the ‘ethics of care’ framework, which suggests that care involves taking a social, moral and political position (Fisher and Tronto, 1990; Tronto, 1993, 2013). For example, society decides who gets to be cared for and how, what institutional rules and resources might govern that care and the related practices. The Covid-19 pandemic offered a good example of how the social, moral and political connect to each other. The decision to release hospitalised elderly who were testing positive for Covid into care homes was a political decision with significant social and moral implications. Moral decisions may be based on limited resources and geographical inequities. Similarly, research suggests that political decision-making made it ethically challenging for social workers to operate during the Covid pandemic (Banks et al., 2020).

**The Activity**

Below are the phases of care developed by Fisher and Tronto (1990, pp. 40, cited in Tronto 2013, pp. 22)

Link the different phases of care with their associated explanation. You can also ask your attendees:

* What did you think about these phases of care?
* Do you recognise these within your own practice? Are there any that don’t apply and why?

|  |
| --- |
| **Phases of care** |
| Caring about |
| Caring for |
| Caregiving |
| Care receiving |
| Caring with |

|  |
| --- |
| The caring needs and ways in which they are met demonstrate a commitment to justice, equality and freedom for all |
| The actual care work and actions are done |
| Someone or some group noticing/recognising people’s needs |
| The care receiver (or those around them) respond to the care that is given by the caregiver |
| Once the need is recognised, someone or some group takes responsibility to ensure that people’s needs are met |

Answer key

|  |  |
| --- | --- |
| **Phases of care** | **Explanation of phase** |
| Caring about | **(Correct answer)**  Someone or some group noticing/recognising people’s needs |
| Caring for | **(Correct answer)**  Once the need is recognised, someone or some group takes responsibility to ensure that people’s needs are met |
| Caregiving | **(Correct answer)**  The actual care work and actions are done |
| Care receiving | **(Correct answer)**  The care receiver (or those around them) respond to the care that is given by the caregiver |
| Caring with | **(Correct answer)**  The caring needs and ways in which they are met demonstrate a commitment to justice, equality and freedom for all |

One of the criticisms of this model is that it doesn’t include some of the elements associated with informal caring such as reciprocity. In many care relationships (such as friendships) care may be reciprocal, even when it is unequal in power. Care may change over time. Care is ‘embodied’ which means that there is some form of ‘co-presence’ through physical contact or non-verbal communication (Bowlby, 2012).

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