Unaccompanied Asylum-Seeking Children

Overview description

Classification

An Unaccompanied Asylum-Seeking Child (UASC) is someone who is;

- under the age of 18
- · applying for asylum in their own right
- · separated from parents or carers

With no appropriate adult to care for them, they are placed into the care system with the Local Authority (LA) becoming their corporate parents. The Children Act (1989) places responsibility upon local authorities to safeguard and promote the welfare of UASC. As Looked After Children (LAC), they should benefit from all the services, support and care that any looked-after child can expect.

UASC have crossed international boarders in search of safety:

Why?

There are different reasons why a child or young person may feel that they are no longer safe in their home country, such as;

- war or conflict
- fear of persecution
- poverty or deprivation

Be aware that asking a UASC the reasons why they are in the UK is a sensitive and personal question.

How?

UASC journey to the UK could take months or years, and along the way they could have experienced: violence, separation, loss, exploitation and trafficking.

Other adverse experiences that UCAS could have been subject to include malnutrition, poor accommodation, fear of death, uncertainty and an inability to feel settled or a sense of calm.

The local and national picture:

In the year ending June 2020, **2,868 UASC applications** were made, with the largest numbers of children and young people coming from Iran (456), Vietnam (420) and Afghanistan (409) - Home Office, 2020.

In Manchester, as of 03/2021, there are 110 UASC.

Trauma

"The exposure of UASC to traumatic events will vary widely, although only a small number will have no direct experience of persecution" (Rutter, 2013). It is important to recognise that "trauma is not just an event that took place sometime in the past; it is also the imprint left by that experience..." (Bessel Van der Kolk, 2015).

41-69% of UASC meet criteria for mental health diagnosis (Coyle et al 2016)

- 64.7% PTSD
- 42.6% depression
- 38.2% anxiety (Muller et al 2019)

Professionals should be aware of how the trauma could present in UASC. What are the possible symptoms?

Depression or Intrusive recollection Mood changes (anger, feeling sad, lack reliving the trauma (images, distress, restlessness, of motivation, thoughts, dreams and irritability) loss of interest in flashbacks) Aggressive, Repetitive Hyperarousal/ **Avoidance** of things reckless or selftraumahypervigilance related to the trauma destructive and poor related play (people, places, behaviour concentration smells)

How can professionals support UASC suffering from trauma?

NICE guidelines and decades of theory recommend a <u>staged approach</u> to treatment focusing on:

- Establishing safety and trust Safety needs must be met, such as housing, benefits, asylum concerns and physical health needs. A therapeutic relationship should be established. This stage also includes psychoeducation and equipping the young person with strategies to overcome symptoms and cope with emotions.
- 2. <u>Trauma focused intervention</u> Cognitive behavioural therapeutic approaches involving imaginal exposure to traumatic memories, cognitive restructuring of distressing trauma-related cognitions and facilitating exposure to associative cues; providing an opportunity to 'update' the traumatic memory and associations. This work should be carried out by a professional who has undergone appropriate levels of training.
- 3. <u>Reintegration</u> the process of reengaging with others, and with oneself as an autonomous individual with rights and choices. 'Letting go' of aspects of the self, formed by the traumatic environment. Increasing self-respect and achieving individual goals. "Post-traumatic Growth" positive personality change following a traumatic experience.

Potential UASC Experience and associated needs

All those involved in the care UASC should be aware of potential experiences of UASC and understand the needs that these children may have.

<u>Cognition & Learning</u> – UASC may have had no previous experience of formal education, or it may have been heavily disrupted. There may be no accurate information held on the cognitive ability of UASC. They may be speakers of different native languages with no previous experience of English.

How to meet need: timely and clear pathway to education provision; robust procedures to monitor educational progress; plan to support language needs

<u>Social</u>, <u>emotional</u> and <u>Mental Health</u> – UASC could have experienced traumatic events throughout their journey to the UK, involving loss, separation, suffering and exploitation. They could hold feelings of shame, isolation, detachment and fear. This could be exacerbated by their ongoing experience in the UK, in which they are likely to experience negative portrayals of refugees in the media, negative stereotypes and suspicion about their asylum claim.

How to meet need: NICE Staged Approach; Specialist mental health assessments and treatment (Trauma-focussed interventions, CBT); establishing key therapeutic relationships/peer support groups (promoting sense of safety and trust); emotional coping strategies/resilience building; creating calm moments; attuned interactions/relationships; 'post-traumatic growth'; CAMHS Local Offer.

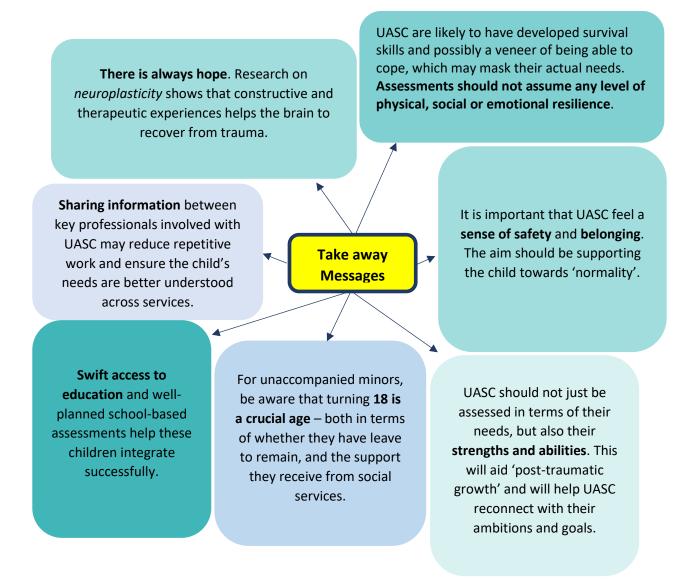
<u>Sensory and/or physical</u> – UASC often present with complex physical health needs for a variety of reasons; such as previous abuse or as a result of poor conditions whilst travelling. They often have no details of vaccination history or pre-existing health conditions, and undiagnosed and untreated injuries are common upon arrival to the UK.

How to meet need: LA assessments should be used to produce a care plan which outlines how health needs; provide support with registering at local GP to establish a longer-term health plan and so health conditions can be monitored.

<u>Communication & Interaction</u> – UASC could have been exploited financially, emotionally and sexually, and their trust could have been abused many times throughout their journey. In the UK, they are likely to be experiencing an unfamiliar culture and language. Because of this, UASC may struggle to interact with, and trust, new people in the UK. They may present as particularly anxious or largely unwilling to engage.

How to meet need: Opportunity to improve language skills; establish key therapeutic relationship; reintegration into society with support forming social group and attending meaningful clubs/activities (see Manchester City of Sanctuary below); normalisation.

The Way Forward



Relevant Contacts/Information in Manchester:

Manchester's Migrant Children's Team – Duty Contact 0161 2345839

Manchester UASC Safeguarding Policy -

https://www.proceduresonline.com/manchester/cs/chapters/p_uasc.html

Child and Adolescent Mental Health Services (CAMHS) -

https://hsm.manchester.gov.uk/kb5/manchester/directory/service.page?id=nC3-EYe8HLQ (Duty Contact - 0161 603 4500)

Manchester City of Sanctuary - https://manchester.cityofsanctuary.org/

Research Base

- Cummins, J. (2003). Basic interpersonal communicative skills and cognitive academic language proficiency. *BICS and CALP. Accessed on March*, 8th, 2021
- King, D., & Said, G. (2019). Working with unaccompanied asylum-seeking young people: cultural considerations and acceptability of a cognitive behavioural group approach. *The Cognitive Behaviour Therapist*, 12.
- Morgan, A. L. (2018). The educational needs of unaccompanied asylumseeking children in UK in one local authority in England: Professional and child perspectives.
- Recommendations | Post-traumatic stress disorder | Guidance | NICE. (2018, December 5). National Institute for Health and Care Excellence. https://www.nice.org.uk/quidance/ng116/chapter/Recommendations

Statutory Guidance

- Practice Guidance
 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/656429/UASC_Statutory_Guidance_2017.pdf
- Safeguarding UASC
 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/656425/UASC_Safeguarding_Strategy_2017.pdf

Practical tools

- Inclusion Checklist Devon:
 - https://devoncc.sharepoint.com/sites/PublicDocs/Education/Children/Forms/AllItems.as px?id=%2Fsites%2FPublicDocs%2FEducation%2FChildren%2FSupport%20for%20sch ools%20and%20settings%2FInclusion%2FEthnic%20Minority%20and%20Traveller%2 0Service%2FRefugees%20and%20asylum%20seekers%2FUASC%20Inclusion%20Ch ecklist%2Epdf&parent=%2Fsites%2FPublicDocs%2FEducation%2FChildren%2FSupp ort%20for%20schools%20and%20settings%2FInclusion%2FEthnic%20Minority%20an d%20Traveller%20Service%2FRefugees%20and%20asylum%20seekers&p=true&ga=1
- Welcome Guides for new refugees A guide for new refugees
- UASC Beginner Survival Pack: https://www.devon.gov.uk/support-schools-settings/inclusion/ethnically-diverse-education-achievement-service/refugees-and-asylum-children/unaccompanied-asylum-seeking-children-uasc-advice-guidance-and-resources/uasc-beginner-survival-pack-resource/
- Supporting UASC in schools and colleges <u>Unaccompanied-Asylum-Seeking-Children-(UASC)-Exeter-College-pdf.pdf</u> (babcockldp.co.uk)

Education Resources

- What is child trauma? <u>Trauma types</u>
- Impact of Trauma work on professionals https://www.nctsn.org/resources
- Families and Trauma <u>trauma-informed-care</u>
- Amnesty International Educational Resource <u>Activities for Primary aged children</u>



Further information on the UASC experience

- Process of UASC upon arrival in the UK <u>National UASC protocol</u>
- How UASC are transferred between local authorities Transfer Flow Chart
- Most shocking second a day https://youtu.be/Aa3o7vWG93w