This report provides a high-level overview of key demographic data and maps unaccompanied asylum-seeking children’s (UASC) emotional wellbeing and mental health services. It has been drafted using secondary data and current reports and will be used to help support the implementation of research and inform future research. It should be noted that this information does become out of date and should be used as a guide only.

For further information: Kent, Surrey and Sussex Applied Research Collaboration - Starting Well: Children’s Mental Health | ARC KSS (nihr.ac.uk)
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Background

Definition of Unaccompanied asylum-seeking children (UASC)
According to the Immigration laws (Home Office, 1 October, 2021), an unaccompanied asylum-seeking child is defined as a person who:
a) is under 18 years of age when the asylum application is submitted.
b) is applying for asylum in their own right; and
c) is separated from both parents and is not being cared for by an adult who in law or by custom has responsibility to do so.

How do UASC arrive in the UK?
There are various routes by which unaccompanied children can arrive in the UK:
Spontaneous arrival: Young people arriving illegally in the UK who are discovered by Police or Border Force staff (e.g. travelling on lorries coming into a port) (Field, Whetstone and Webb, 2019).

Dublin iii regulation: An EU law which addresses where asylum should be sought. An unaccompanied minor who has a family member (including siblings) in a member country can seek to join them and make their asylum claim that country (Field, Whetstone and Webb, 2019) (See appendix 4).

Dubs amendment: This relates to the UK’s commitment to the resettlement of children in refugee camps in Europe (Field, Whetstone and Webb, 2019) (see appendix 3).

Vulnerable children’s resettlement scheme: Introduced in 2016, the scheme focuses on the resettlement of vulnerable children from the Middle East and North Africa in regard to the Syrian Conflict (Field, Whetstone and Webb, 2019).

Refugee Status
Refugee status will be granted by the secretary of state if:
(i) they are in the United Kingdom or have arrived at a port of entry in the United Kingdom;
(ii) they are a refugee, as defined in regulation 2 of The Refugee or Person in Need of International Protection (Qualification) Regulations 2006;
(iii) there are no reasonable grounds for regarding them as a danger to the security of the United Kingdom;
(iv) having been convicted by a final judgment of a particularly serious crime, they do not constitute a danger to the community of the United Kingdom; and
(v) refusing their application would result in them being required to go (whether immediately or after the time limited by any existing leave to enter or remain) in breach of the Refugee Convention, to a country in which their life or freedom would be threatened on account of their race, religion, nationality, political opinion or membership of a particular social group.

There may be many reasons why someone is seeking asylum. For example, conflict or persecution in their home country. A person may be persecuted due to their race, religion, nationality, political opinion or anything that puts them at risk because of the social, cultural, religious or political situation in their country such as gender, gender identity or sexual orientation (Gov.UKa).

National Statistics
In 2019/20, there was a significant increase in applications made by children/young people seeking asylum from Iran, Iraq, Vietnam and Afghanistan. During this period, 89% of
applicants were male, with the majority of new applications being for young people aged over 16 years (Kent County Council, nd).

At the end of March 2021, there were 26,903 asylum applications (relating to 32,411 people), around a quarter (24%) fewer than the previous year and similar to levels in 2017. Amongst these applications, 2,044 were from UASC, which were down 42% over the period prior to the outbreak. During the period 2019/20, 3,463 applications for asylum were made by UASC across England, an increase of 116 on the previous year’s numbers (Kent County Council, nd). The latest figures will have been affected by the impact of the COVID-19 pandemic and the impact on migrants’ movements globally. Following the COVID-19 outbreak, the period 2021 Q1 saw a marked reduction in applications. Despite an increase since, they continue to remain below pre-pandemic levels (Q1 2021 saw 30% fewer applications than the same period in 2020) (Home Office, 18 June 2021).

In February 2021, under the Vulnerable Person Resettlement Scheme (VPRS), the UK reached the target of resettling 20,000 refugees. This scheme took place between March 2014 and February 2021. It was put in place to resettle those fleeing the Syrian conflict, 49% of those resettled were children. Under the Vulnerable Children Resettlement Scheme (VCRS), 1,838 people were resettled between October 2016 and February 2021. The scheme aimed to resettle 3,000 refugee children from the Middle East and North Africa, with the predominant nationality being Iraq. The UK Resettlement Scheme (UKRS) was introduced and replaced the VPRS, the VCRS and the Gateway scheme (Home Office, 18 June 2021).

![Image](Figure 1. People resettled under the VPRS and VCRS (Home Office, 18 June 2021).)

Iran was the top nationality claiming asylum in the UK in the year ending March 2021 and has been since 2016, this is followed by Albania (Home Office, 18 June 2021).
In Care
Local Authorities’ Children’s Services Departments are responsible for supporting UASC. As UASC are designated Looked After Children (LAC), the Council has the same range of obligations to this group as they have to British-born children. Consequently, this is often challenging (East Sussex County Council, 2019a).

The vast majority (93%) of UASC are male with 75% aged 16 years or older. Need is mainly attributable to absent parenting (91%) with 5% due to abuse or neglect. Children and young people are not evenly located across the country; local authorities with access routes into the UK have highest numbers.

In 2019, 5140 UASC were Looked After Children (LAC), 4390 (85%) were 16 years and older with 4650 (90%) male. Ethnicity included: total white 460 (9%); total white and Asian, Black African or Black Caribbean 60 (1%); total Asian or Asian British 1110 (22%); total Black or Black British 1640 (32%); total Other ethnic group 1800 (35%). In 2020, the number of LAC UASC was 5000, 4330 (86%) were 16 years and over, 4500 (90%) male. Ethnicity included: total white 360 (7%); total white and Asian, Black African or Black Caribbean 60 (1%); total Asian or Asian British 1160 (23%); total Black or Black British 1470 (29%); total Other ethnic group 1860 (37%) (Gov.UKb, 4 October 2021).

Funding
The government provides funding to local authorities for the care of UASC. Values given differ between authorities as they are dependent on whether the authority has reached or is below the 0.07% threshold. UASC are considered to be a person under 18 when their asylum claim was submitted. This does not include those who are living with a responsible adult or those who are receiving asylum support from the Home Office (Home Office, July 2021).
Section 95 of the 1999 Asylum Act (Gov.UK, 1 October, 2021) outlines funding strategies provided by the Home office for UASC and asylum seekers over the age of 18. Support includes a fixed rate of £39.63 per person in the household. Accommodation may also be provided. If asylum is refused, it is possible to apply for short term housing before the return to country of origin.

Supporting UASC
Due to a range of additional needs, supporting UASC is complex and challenging. UASC often have little or no spoken English. In addition, due to trauma suffered in their country of origin and/or during the journey to the UK, they need specialist therapy. Typically, UASC will arrive with little known background information (East Sussex County Council, 2019a).

Mental Health Needs
The mental health needs among UASC are considerable, with symptoms being reported in up to 48% of this group. A recent report: Distress Signals – Unaccompanied Young People’s Struggle for Mental Health Support (The Children’s Society, 2018) emphasised the need to improve the provision of services for UASC. The effects of traumatic events encountered by this group of young people may continue to affect them for considerable periods of time. Symptoms may include: flashbacks, sleep disturbances, memory impairment, anger and disruptive behaviour, self-harm and even suicide (Kent County Council, 5 February, 2021).

The majority of UASC are aged 16 to 17. Although they are legally considered children, their mental health needs are likely to be aligned to those of adolescence and young adults. However, many refugees do not experience mental health issues, and not all emotional difficulties experienced are adequately captured by existing diagnostic categories (Kent County Council, 5 February, 2021).

Mental health risk in refugees is primarily associated with the number of traumatic events experienced and the level of involvement in these events. Typically, traumas occur in the individuals home country however, they can also happen during the journey to the UK or once they arrive. A person’s mental health or emotional wellbeing may also be affected by postmigration factors (for example: an unknown immigration status) (Kent County Council, 5 February, 2021).

Types of placement
Residential Care Home
This is a placement within an Ofsted registered children’s home. Foster Care: Foster care is a way for children to be cared for within a family setting when their own family is unable to care for them. It is considered temporary in that there is no legal split from the family (as with adoption), but can be long term where this is in the best interests of the child.
Supported Lodgings
Supported Lodgings are a placement whereby a young person can live in a family home, but with a lower level of monitoring than in foster care. The young person will have their own room but will share the kitchen and bathroom facilities with the family or householder (referred to as 'host'). A host can be a family, couple or single person. The recruitment, scrutiny and approval of a host’s accommodation is provided by the local authority or by an independent organisation.

Shared Housing
Shared housing is where a young person lives in a multiple occupancy house which is shared with other young people to provide peer support, with additional visiting support. This type of accommodation allows a young person to live with independence but usually with vising support to provide that additional level of care and support.

Supported Accommodation
Supported accommodation is a shared living space with multiple rooms and facilities which is usually staffed 24/7 (East Sussex County Council, 2019a)

Local Authorities Responsibilities for UASC
Section 17 of the Children Act (1989) imposes a general duty on local authorities to safeguard and promote the welfare of children within their area and who are in need. Children seeking asylum who have no responsible adult to care for them (UASC) are considered to meet this ‘in need’ criterion. As UASC are LAC under Section 20 of the Children Act (1989) they are eligible for support in the same way as any other child in the care of the council. This duty of care remains in place until the young person is 21 and can be extended to 25 if the young person is in education (East Sussex County Council, 2019a)

Social Care Support
Local Authorities provide Corporate Guardianship which includes the allocation of a named social worker to each unaccompanied child and the provision of suitable accommodation. The local authority will provide immigration legal advice and supporting asylum application. They oversee a health plan which includes an Initial Health Assessment, including assessment of physical, emotional and mental health and a personal education plan (Kent Public Health Observatory, March 2016). For a child with disability need along with UASC – a referral to adult services under the Care Act 2014 can be made for planning for adulthood.

Health Care Support
Primary Care
Universal access without charge including prescription costs, dental services and assessment of eyesight.

Secondary Care
For any person who has an ongoing asylum application, or has been granted refugee status, entitlement to NHS secondary care is the same as for a UK citizen, i.e. full access without charge. It is common practice in the UK that the final decision on an asylum application in an UASC is deferred until the child is aged 17.5 years. Therefore, the majority of UASC will have full access to secondary care pending a decision on their asylum application.
Secondary Care where an asylum application has been refused
Treatment which could save a life or prevent a condition becoming life threatening should not be delayed regardless of asylum status. However, if it subsequently transpires that the person is chargeable then the charges still apply and the hospital trust should take ‘reasonable measure’ to recover the charges.

Urgent treatment is treatment which is not immediately necessary, but cannot wait until the person returns to their home country. Urgent treatment should not be delayed but will be chargeable. The hospital trust should take ‘reasonable measures’ to recover the charges. Additionally, treatment for certain urgent conditions is exempt from charges, including family planning, treatment for certain communicable diseases (e.g. Tuberculosis and Hepatitis B), and compulsory treatment for mental health conditions.

Maternity Care
UASC are entitled to free antenatal, maternity and postnatal care, where this is necessary. If an asylum application has been refused maternity care qualifies as ‘immediately necessary’, and therefore should be provided to all women who require this regardless of ability to pay (Kent Public Health Observatory, March 2016)
South East
Kent and Medway

Kent has always received UASC and young people due to its close proximity to Europe, the Port of Dover and Channel Tunnel (Kent Clinical Commissioning Groups April 2018-March 2019).

In 2015-16, Kent saw a significant number of UASC entering the county (Kent County Council, 5 February, 2021). The following 2 years saw a reduction in the numbers of new arrivals as demonstrated in the Table below. This downward trend did not continue in 2019-20, which witnessed a 100% increase in numbers of new arrivals. 2020 saw 352 arrivals in Kent between 1st April and 17th August necessitating the opening of two additional reception centres. The year ended with 384 arrivals. Kent County Council (KCC) stopped receiving UASC in August 2020 after reaching capacity. KCC then recommenced accepting arrivals in December 2020 with 125 arrivals in Kent between this date and April 2021 (Kent County Council, nd).

<table>
<thead>
<tr>
<th>Month</th>
<th>2017-18</th>
<th>2018-19</th>
<th>2019-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
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</tr>
<tr>
<td>May</td>
<td>13</td>
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<td>June</td>
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</tr>
<tr>
<td>July</td>
<td>14</td>
<td>20</td>
<td>43</td>
</tr>
<tr>
<td>August</td>
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<td>18</td>
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</tr>
<tr>
<td>September</td>
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<tr>
<td>October</td>
<td>19</td>
<td>12</td>
<td>42</td>
</tr>
<tr>
<td>November</td>
<td>23</td>
<td>20</td>
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</tr>
<tr>
<td>December</td>
<td>13</td>
<td>16</td>
<td>49</td>
</tr>
<tr>
<td>January</td>
<td>17</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>February</td>
<td>8</td>
<td>11</td>
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<tr>
<td>March</td>
<td>10</td>
<td>29</td>
<td>37</td>
</tr>
<tr>
<td>Total</td>
<td>196</td>
<td>189</td>
<td>384</td>
</tr>
</tbody>
</table>

Table 2. Looked after Children’s team- Annual Report, April 2019 – March 2020

The countries of origin of the 384 new arrivals during this reporting year, is detailed in the table below. The local profile mirrors that of the national one, in that the largest numbers of new arrivals are from Iran and male, 16-18 years old.

<table>
<thead>
<tr>
<th>Nationality</th>
<th>Number</th>
<th>Nationality</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>Afghanistani</td>
<td>62</td>
<td>Libyan</td>
<td>1</td>
</tr>
<tr>
<td>Albanian</td>
<td>10</td>
<td>Mali</td>
<td>2</td>
</tr>
<tr>
<td>Chad</td>
<td>5</td>
<td>Moroccan</td>
<td>1</td>
</tr>
<tr>
<td>Eritrean</td>
<td>33</td>
<td>Nigerian</td>
<td>2</td>
</tr>
<tr>
<td>Ethiopian</td>
<td>4</td>
<td>Pakistani</td>
<td>1</td>
</tr>
<tr>
<td>Guinean</td>
<td>4</td>
<td>Sudanese</td>
<td>28</td>
</tr>
<tr>
<td>Iranian</td>
<td>107</td>
<td>Syrian</td>
<td>11</td>
</tr>
<tr>
<td>Iraq</td>
<td>73</td>
<td>Turkish</td>
<td>5</td>
</tr>
<tr>
<td>Ivorian</td>
<td>2</td>
<td>Vietnamese</td>
<td>32</td>
</tr>
<tr>
<td>Kuwaiti</td>
<td>1</td>
<td>Total</td>
<td>384</td>
</tr>
</tbody>
</table>

Table 3. Looked after Children’s team- Annual Report, April 2019 – March 2020
Of the 1362 UASC that Kent County Council have responsibility for; 429 are under the age of 18 and 933 are 18 years and over and form part of the care leaver’s population. The majority of the under 18’s are placed within the county, with 53 placed in neighbouring areas, of which 29 are placed in Medway (Looked after Children’s team- Annual Report, April 2019 – March 2020).

**Medway**
During the period covered by this report Medway Council was responsible for 16 unaccompanied young people (11 male and 5 female). Six were placed in Medway and ten out of area, with 4 of these placed into Kent Medway (Looked after Children’s team- Annual Report, April 2019 – March 2020).

<table>
<thead>
<tr>
<th>Nationality</th>
<th>14 years</th>
<th>16 years</th>
<th>17 years</th>
<th>18 years</th>
<th>Total</th>
</tr>
</thead>
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<tr>
<td>Afghanastani</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Eritrean</td>
<td>1</td>
<td></td>
<td>3</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Ethiopian</td>
<td>1</td>
<td></td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Iranian</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Sudanese</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Syrian</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2</strong></td>
<td><strong>2</strong></td>
<td><strong>5</strong></td>
<td><strong>7</strong></td>
<td><strong>16</strong></td>
</tr>
</tbody>
</table>

Table 4. Looked after Children’s team- Annual Report, April 2019 – March 2020

**Services**
In Kent and Medway, the mental health and emotional wellbeing needs of UASC are currently (and will continue to be) met within the mainstream health services. Specialist Children and Young People’s Mental Health Services in Kent (CYPMHS) and Medway Young People’s Wellbeing Service (MYPWS) are commissioned to meet the complex and specialist mental health needs of all Kent and Medway children and young people (Kent County Council, 5 February, 2021).

UASC access these specialist services but there are currently no bespoke services commissioned for this group. Whilst specialist assessment and intervention are provided by CYPMHS and MYPWS, UASC need a range of 3 services at different levels. Refugee paper for the Home Office: Executive Summary’ recommends: “For child refugees, a stepped care model should be established including Education Mental Health Practitioners (EMHPs), schools and Looked After Children teams” (Kent County Council, 5 February, 2021).

NHS Kent and Medway Clinical Commissioning Group will be imminently commissioning a short-term emotional wellbeing support to Unaccompanied Asylum-Seeking Children, aged up to 21, living in Kent and Medway to address and support the wellbeing, social and cultural needs, resilience-building and empowerment of Unaccompanied Asylum-Seeking Children. This will include for example:

- Group work/programmes
- Educational, social and cultural programmes
- Art therapeutic/creative workshops
- Cookery groups; transition groups
- Sports skills-based programmes
- Group-based psychoeducational programmes
Other innovative interventions
Later this year NHS Kent and Medway Clinical Commissioning Group will also be commissioning a UASC Mental Health Service.

Help
KRAN - support refugees and asylum seekers in Kent and Medway. Provides mentoring and befriending service, wellbeing and activities, casework support, youth engagement and outreach, youth forum and youth ambassadors.
My View Children’s Therapeutic Service Kent – Therapeutic service for UASC and refugees
UASC Health - A Kent based website that provides clinical resources and useful information for UASC www.uaschealth.org
Young Lives Foundation – an independent children’s charity with expertise in Advocacy, Mentoring, Befriending and Activity Programmes www.ylf.org.uk

East Sussex

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>UASC in care</td>
<td>40</td>
<td>32</td>
</tr>
</tbody>
</table>

Table 5. UASC in care for periods 2018-2020

In 2018, migration in East Sussex was dominated by children and young people, with 46% of all migrants (546 people) in the 0 to 17 age group (East Sussex County Council, 2019b).
At the time of producing this report, it was stated that East Sussex County Council was caring for 32 UASC under 18 during 2019/20 (plus 48 care leavers). The UASC cohort were mainly male and over 16 years old, although 25% of this group were under 16 years. In the last year, 2 children have come via The Vulnerable Children’s Resettlement Scheme and the remainder have been spontaneous arrivals, found either by the Police or at Newhaven Port or transferred via the National Transfer Scheme mostly from arrivals at Dover. The majority of these children came from Vietnam and Iran followed by Sudan, Iraq, Albania and Afghanistan with one child each from Ethiopia, Mali, Kuwait and Kurdistan (Carnie, 2020).

Services
East Sussex County Council Through Care Service focuses specifically on UASC and became fully operational at the end of November 2018.

Help
Barnardos (Crawley: South East Regional Office): Fostering services for children and young people who arrive in the UK on their own. Help children get the healthcare and schooling they need while they are in the UK.
Enthum House: specialist supported semi-independent accommodation for UASC aged 16-18 in Eastbourne.
East Sussex County Council’s Work Experience Service (WEX): WEX service provides access to a range of work experience placements for pupils and includes a bespoke placement matching service.

Brighton and Hove
In 2020, 379 Children were Looked After in Brighton and Hove. This figure was slightly down from 391 the year before. Of these, 34 were UASC (9% of the total).

A growing area of business is the specialist provision of advice and support to UASC and young people. The Refugee Council (a large national charity based in London) has now based a specialist advisor for UASC in Brighton & Hove, though the remit of this post covers a large part of South East England (Condon & Hill, 2018).

As of August 2017, Brighton and Hove children’s social care services were accommodating and supporting around 40 unaccompanied asylum-seeking children (UASC) and a similar number of care leavers (aged between 18 and 25). These children are from 15 different...
countries, most commonly, Afghanistan, Iran, Iraq and Eritrea. The majority of young people are male and aged 15 and over. This figure has been on an upward trend since 2011 when there were only 7 UASC under 18.

Not all of the children are placed in the city. The council aims to place them within 20 miles, but some are in London. Of the UASC that Children’s Services are working with, 65% are placed in Brighton & Hove and 90% are placed in Sussex. In terms of accommodation, 34% of children are placed with in-house foster carers, whilst 32% are placed with agency foster carers and 34% are housed in semi-independent supported accommodation which provides a more suitable environment for young people who are more independent. UASC are increasingly being placed by Brighton & Hove and other local authorities in housing provided by accommodation providers with a specialism in helping this particular cohort of young people. Foster carers and those providing supported accommodation need to understand the cultural background, faith, food, cultural norms, etc. of these young people in order to support them (Condon & Hill, 2018).

Help
Pathways to Independence UK (Brighton): provides integrated package of services to asylum seeking young people aged 16-21, from point of arrival in the UK to transition to independence.
Youth Advisory Centre (YAC): (Under 18s) – Local Children’s Adviser who works with unaccompanied children.
The Global Social Club (Brighton): run by the refugee and asylum seeker support charity organisation, ‘The Hummingbird Project’ for 14-25 year olds. It provides a venue which allows young people from all backgrounds to meet and expand their social networks, increase their intercultural understanding, build their self-esteem, confidence, resilience and creative skills. GSC is delivered in partnership with the Refugee Council, Pathways to Independence.
Young People’s Accommodation and Support Team (Brighton and Hove City Council): specialist help to unaccompanied asylum-seeking children and young people under 18 who arrive in Brighton & Hove
BERTS (Brighton Exiled/Refugee Trauma Service): 16+ but will offer service to under 16. Dedicated trauma service hosted by Brighton & Hove CBT, for refugees, asylum seekers and destitute migrants in Sussex. BERTS is a no-cost service.
Refugee and Asylum Seeker Project (RASP) Facebook (Rasp Brighton): This project runs group activities for young refugees and asylum seekers (16-25)
Refugee Radio: Provides an opportunity for refugees to talk about their experiences and to play music from their countries.
Voices in Excile (VIE): Includes generalist advice on welfare benefits, housing and homelessness, asylum support, children’s and adult community care.
Sudanese Women and Children: Looks after the welfare of the children and promotes women’s and children’s cultural, social, economic and educational needs. It has an open monthly meeting for women to meet and discuss their problems
Where to go for (online): Website listing services for young people including refugees and asylum seekers
Young People 16+ team (incorporating young people’s asylum service): This team, within Brighton & Hove City Council’s Children’s Services, assesses and provides accommodation
and social work support to UASC and young people who arrive in Brighton & Hove. They also support young people once they have left care, generally up to the age of 21.

**West Sussex**

In 2020, West Sussex 812 Children were Looked After, up from 704 the year before. Of these, 79 were Unaccompanied Asylum-Seeking Children (UASC), 10% of the total. The rate per 10 000 population aged 0-17 years in West Sussex was 47. The corresponding rates in March 2019 were 65 for England and 51 for Statistical Neighbours. Most Children (37%) were aged 10-15 years, followed by 29% in the 16+ age group. All Data March 31 2020 (Lomas, Siddens, Roper-Brooks, & Brugess, 2020)

**West Sussex County Council Support for UASC**

West Sussex County Council has a specialist team of social workers who support unaccompanied asylum-seeking children. The Child Asylum Team (CAT) is part of the Children Looked After Service.

West Sussex were in receipt of two years funding from the Controlling Migration Fund which was used to support the recruitment of an advanced practitioner social worker. This funding recently ended; however West Sussex continued funding for this post until the end of June 2021. This social worker supported the recruitment of specialist foster carers and supported lodgings carers. The role developed training programmes and facilitated groups to support foster carers and promote placement choice and stability. The social worker also raised knowledge and awareness of the profile of unaccompanied asylum-seeking children within children’s services and across other agencies, including the voluntary sector.

At the time, there were 24 family-based care households (including Staying Put and Supported Lodgings) that were UASC specific registered with West Sussex County Council. Of these 21 households had children placed with them (Butler, 18 September 2020)

**Mental Health Support for UASC**

Over 80 vulnerable young people were helped by the mental health assessment and treatment service for unaccompanied asylum-seeking children (Children and Young People’s Mental Health and Emotional Wellbeing Commissioners, September 2019).

SPFT provides the service for children who are looked after by the council. The practitioner sees children with various trauma related and behavioural issues including anxiety, self-harm and difficulties with sleeping, often working with interpreters and liaising with other services. Activities have included art groups, allotment projects and ‘staying safe’ workshops (Children and Young People’s Mental Health and Emotional Wellbeing Commissioners, 2019).

**Help**

**Sussex Partnership Foundation NHS Trust (CHAMPS)** provide a mental health therapeutic service for UASC through the CAMHS LAC Services.

**Asphaleia**: provide accommodation (3 staffed houses and 16 non-staffed houses) service for 16-24 year olds including emergency placements, UASC reception projects, Advocacy, Independent Visitor Services and Specialist Services such as child sexual exploitation and have particular expertise working with UASC. Support includes educational and employment
support. Run On Track ESOL (English as a Second Language) for 16-18 year olds with very low levels of English and newly-arrived in the country.

**Surrey**

Although the number of Looked After Children has increased, the percentage of UASC has decreased by 5.3% between the years 2019 and 2020. As at 31st March 2019, the number of UASC within the care of SCC was 114. This number decreased to 108 in 2020 (Surrey County Council, Annex 2).

### Table 6. Surrey County Council, Annex 2

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2020</th>
<th>Difference</th>
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<tbody>
<tr>
<td>Surrey</td>
<td>114</td>
<td>108</td>
<td>-6</td>
</tr>
<tr>
<td>SN</td>
<td>476</td>
<td>358</td>
<td>-118</td>
</tr>
<tr>
<td>National</td>
<td>5,14</td>
<td>5,00</td>
<td>-140</td>
</tr>
</tbody>
</table>

This decrease in percentage for the UASC can also be seen for the Statistical Neighbours and at the National Level. For the Statistical Neighbours, the percentage for 2019 was 9.1% this went down to 7.0% in 2020. A decrease in 2.1%. Similarly, the National percentage for UASC in 2019 was 7.0%. In 2020, this had decreased to 6.0%; a drop of 1.0%. UASC make up a significant proportion (27%) of Surrey’s 16-17 year old Looked After cohort (Surrey County Council, Surrey Sufficiency Strategy 2020-2025).

The chart below shows that the number of non-UASC care leavers has kept reasonably steady with only a slight increase in numbers of 11% in 5 years. Numbers of UASC Care leavers has shown a much larger increase of 130% over the last 5 years. It is likely that the number of UASC care leavers will stabilise over the next 5 years to reflect the plateau in numbers of new arrivals (Surrey County Council, Surrey Sufficiency Strategy 2020-2025).
Figure 5. Surrey County Council, Surrey Sufficiency Strategy 2020-2025

UASC are more likely to live outside Surrey, and in semi-independent accommodation. Further work is needed to ensure placements within Surrey can be provided that provide the level of support, and access to local services that young people may need, given their likely issues of trauma and loss (Surrey County Council, Surrey Sufficiency Strategy 2020-2025).

The forecast model predicts that Surrey is going to have a steady number of UASC in care (albeit with heavy seasonality). However, there is a nationally set target for each local authority to support 0.07% of their child population as UASC. For Surrey, with a child population of 260,305, this would equate to 182 children. Surrey have 110 as of 31/03/2020, Surrey is under that target figure by 40%. It is therefore reasonable to assume that the number of young people coming into Surrey as UASC is going to increase over time. Thus, a significant increase in the number of Supported accommodation placements is going to be required to meet this increasing need (Surrey County Council, Surrey Sufficiency Strategy 2020-2025).

At the current rate of growth, SCC could see over 800 care leavers in total by 2025 (Surrey County Council, Surrey Sufficiency Strategy 2020-2025).

The chart below shows the length of time in care for all UASC at the end of the period with a comparison to the same point in time 12 months ago (Anderson, 7 September 2020).

When compared to the same period in the previous year, there has been an increase in the number and proportion of unaccompanied asylum-seeking children who have been in care for 1-2 years and a corresponding decrease in children who have been in care for between 1 and 6 months (Anderson, 7 September 2020).
Help

**Big Leaf Foundation**: small charity working with displaced young people (16-25 years) living in Surrey. Provides programme of activities, projects and events that focus on combating social isolation and improving wellbeing.

**Flash Academy**: online learning platform. When a UASC arrives in Surrey, Flash Academy will be offered to them as a means of educational support until a school or college place is found and will continue to be available to them to complement their educational studies.

**Surrey Virtual School**: funds an assessment from Race Equality and Minority achievement Service – SCC (REMA) for each UASC which includes an assessment of both English and first language skills

**Refugee Action Kingston** – Supports including legal advice, counselling, language skills, housing, health and education.

**Voices in Exile** – provides practical and legal support to refugees, asylum seekers and vulnerable migrants
References


Kent Clinical Commissioning Groups (April 2018-March 2019). Looked After Children Report for the Kent Clinical Commissioning Groups. NHS. URL:


Appendices

Appendix 1.

Unaccompanied Asylum-Seeking Children (UASC)

1. **Definition**

- UASC are young people under 18 years who are applying for asylum in their own right, are separated from both parents and not being cared for by an adult who has legal responsibility for them.
- They are looked after children and have the same rights and access to care as UK children and will be placed with foster carers or in semi-independent placements.
- A young person may move between being unaccompanied and accompanied during the time their asylum application is being considered. Sometimes a child arrives alone but is later reunited with other family members already here, or a child arrives with parents or relatives but is later abandoned, or a victim of trafficking, or brought in false papers with an adult claiming to be a relative.

2. **Their journey**

- Many UASC will suffer from a variety of general health complaints such as abdominal pains, backaches and headaches - which at times are associated with gastrointestinal infections. Poor nutrition and constipation are common, often due to the change in diet. Vitamin D deficiency has been found as have parasites such as Giardia and Helicobacter.
- Many skin complaints and infections come from the journey to the UK due to overcrowding, poor sanitary conditions and inadequate nutrition. Skin infections such as scabies and lice are common and not always recognised by the young people so may persist without medical attention.
- Many UASC struggle with sleep as they have often travelled by night. Many are nocturnal sleepers and frequently have nightmares. These difficulties often contribute to poor concentration and affect their emotional well-being.

3. **General health**

- UASC are at high risk of mental illness. The prevalence of symptoms consistent with a mental illness in UASC has been reported as up to 88%. The most common mental illnesses represented in UASC are post-traumatic stress disorder (PTSD), mood disorders and agoraphobia.
- 77% of UASC suffer from anxiety, sleep disturbance and/or depressed mood on arrival.
- UASC may have delayed presentations of mental illness, necessitating ongoing surveillance and repeat assessment over time.
- Professional interpreters should always be used to explore mental health issues rather than a family member or friend interpreting. Health practitioners should familiarise themselves with both the cultural background and individual understanding of the patient.

4. **Screening needs**

- Within the group of young people there have been cases of reactivation of latent TB as well as known high endemic rates of bloodborne infections in the country of origin or transmigrated. All UASC are therefore screened for Tuberculosis, Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV).
- Screening will be completed at the statutory initial Health Assessment (1HA) and results will be sent to Primary Care for follow-up.
- All UASC are referred for vision and dental checks at 1HA due to the high rates of visual defects and dental caries.
- Most UASC will need to start the immunisation schedule for those with unknown immunisation status as recommended by Public Health England and as their immunisation status is nearly always unknown or unconfirmed.

5. **Language barriers**

- Many unaccompanied young people will require interpreting services and this necessitates a longer appointment.
- Interpreters will need to be arranged by the health provider as they are not provided by children's social care for these young people, except during statutory health assessments.
- UASC should have access to translated documents to support their understanding. This is especially important when they are providing consent for treatment. Most UASC are old enough to provide their own consent with an interpreter. If they are not competent then there may be delegated authority to foster carer and the social worker should be contacted if necessary.

6. **Further information**

- For a variety of resources to support the health needs of unaccompanied minors please see: www.unicef.org.uk

Kent and Medway CCGs Looked after Children's Team: TCCG.CCGLACEEnquiries@nhs.net
Appendix 2
National Transfer Scheme (Department of Education, 15 March 2018)

National Transfer Scheme (NTS). The location of UASC across the UK is not evenly spread and local authorities with “entry points” such as ports and airports have a disproportionate number of UASC in their areas. The NTS was set up to manage this with the aim of dispersing young people more evenly across the country. Local Authorities that signed up for the scheme agreed to take unaccompanied children up to 0.07% of the total child population (East Sussex County Council, 2019a).

- Works alongside the Dublin regulation
  - If a UASC can be placed with a family member regardless of if the local council is over the 0.07% threshold of their child population
  - If a child is transferred under the Dublin regulation they are no longer eligible for movement under the national transfer scheme
- Enable safe transfer of UASC between local authorities
- Ensure even distribution of UASC across authorities
  - 0.07% of child population
    - Figure does not include care leavers or looked after children living in a local authority who are not the legal responsibility of that authority
- In accordance with section 69 of the 2016 immigration act
- Includes UASC transfer team
  - Look at UASC on a case by case basis
    - Specific needs of child – location of any family members, access to legal representatives, suitable place of worship
- UASC who arrive to the UK shortly before their 18th birthday and do not qualify for leaving care support are not eligible for the transfer scheme
  - May be special cases
- If the child first presents in an authority under the 0.07% they will remain in this authority
  - Unless child may have been trafficked in which case the child will be moved to another authority away from the alleged trafficker
- When first presenting the UASC will be the responsibility of the duty social worker who will arrange a welfare interview with the presenting local authority
- If it is thought that the UASC has been trafficked emergency action will be taken to ensure safety of the child under section 47 of the children act 1989
- UASC will not be referred to the scheme until their asylum claim has been registered with the home office
- Entry local authority must record all information known about the child
  - Health reports, safeguarding concerns, familial links, if the child arrived with a sibling
- Children referred to the transfer scheme will be placed in suitable temporary accommodation
- Registered practitioner carries out immediate medical assessment on UASC upon entry and the child is registered to a local GP
National Transfer of UASC in the UK

National transfer scheme (Association of Directors of Children’s Services (ADCS), November 2016) (see Appendices - Government Policies: National Transfer Scheme (Department of Education, 15 March 2018) for further explanation).
Appendix 3.
Dubs Amendment (Home Office, 27 July 2020)

- Section 67 of the Immigration Act 2016
- Transfer of 480 children from Europe into England
  - Specifically Greece, Italy and France
- Included children transferred under the Calais Operation
  - 220 children, 107 male and 113 female
  - From Afghanistan (26), Egypt (1), Eritrea (79), Ethiopia (55), Kuwait Bidoon (1), Pakistan (1), Sudan (55) and Syrian Arab Republic (2)
Appendix 4.
Dublin III Regulation (Home Office, 14 August 2020)

- Prevents individuals moving between States to find most desirable regime of protection
- Prevents ‘refugees in orbit’ – where no State allows access to an asylum procedure
- Lays down principle that those seeking asylum should do so in the first safe country they reach
- Allows individual to give information on family members that may be in other Dublin States which may help determine the responsibility for the asylum claim
  - Family unity and the best interests of a child are primary considerations when choosing the State to carry out the asylum claim
    - Based on European Convention for the Protection of Human Right
- The member states include: the UK, Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and Switzerland
- An unaccompanied minor will be put in the care of a relative of theirs in the Dublin state
  - In the UK this family member must be a British citizen
  - Placement may depend on whether it is in the best interests of the child
- After UK’s exit from the EU the Dublin regulation no longer applied to the UK from 1 January 2021
Appendix 5.
UASC Leave to Remain

For an unaccompanied asylum-seeking child to be granted leave to remain in the UK, the following criteria must be met:

a) the applicant is an unaccompanied asylum-seeking child under the age of 17½ years throughout the duration of leave to be granted in this capacity;

b) the applicant must have applied for asylum and been granted neither refugee status nor Humanitarian Protection;

c) there are no adequate reception arrangements in the country to which they would be returned if leave to remain was not granted;

d) the applicant must not be excluded from being a refugee under Regulation 7 of the Refugee or Person in Need of International Protection (Qualification) Regulations 2006 or excluded from a grant of Humanitarian Protection under paragraph 339D or both;

e) there are no reasonable grounds for regarding the applicant as a danger to the security of the United Kingdom;

f) the applicant has not been convicted by a final judgment of a particularly serious crime, and the applicant does not constitute a danger to the community of the United Kingdom; and

g) the applicant is not, at the date of their application, the subject of a deportation order or a decision to make a deportation order (Home Office, 1 October, 2021).
Appendix 6.
Asylum Process (Kent Partnership)