



Caring for UASC (Unaccompanied Asylum Seeking Children)

“You have to understand, that no one puts their children in a boat unless the water is safer than the land.”

Warsan Shire, a Somali-British poet.

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Introduction



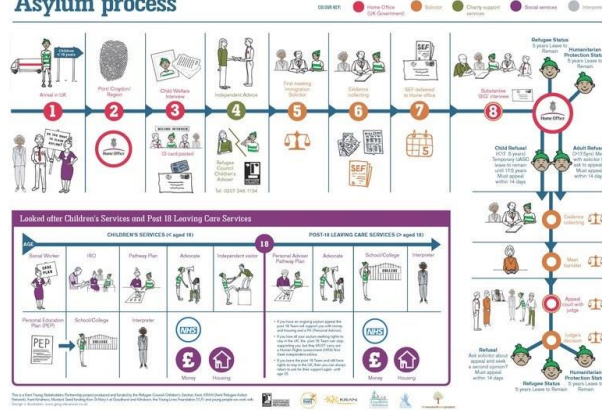
This information pack has been put together by foster carers and social workers to help you consider whether taking a UASC is the right choice for you, and to help you prepare for and navigate the early days. It's by no means an exhaustive list, and one that will be constantly added to, but we hope it provides a small insight into lived experience, and information that you will find helpful. Ultimately we hope it enables you to feel confident looking after somebody who speaks little (if any) English and whose culture, communication style or expectations may seem very different. This manual should compliment the support and advice you receive from social workers. If you discover something useful that is not covered in this information pack please do share within your UASC support group or with your social worker so it can potentially be added in.

The Asylum Process



Children arrive in the UK having fled their country for a mixture of reasons, and it can take a while for a child to settle in and understand the social care system, the asylum process, and what is happening to them; especially if their country didn't have systems of support or people who cared for them safely. The Asylum process is a complicated journey to navigate - the Refugee Council have helpfully designed the following flow chart that explains the process step by step. (**Click on picture below to enlarge**)

Asylum process



The First Few Days.....



Before the child arrives some carers download google translate as it is a very useful tool; just being able to say "hello, welcome" can be helpful (but not all young people who arrive can read and write even in their own language).

The children arriving at your home may be tired, malnourished, traumatised, wary of authority, and confused as to what is happening and who you are; it can take a while for a child to understand what

Foster care is, so one day at a time. Most arrive with no possessions other than the outfit they are wearing, so once you have assessed their size you can do a quick essentials shop somewhere like Primark.

Many children are anxious about eating and drinking, whether it's safe, halal etc. Providing some fruits/nuts/snacks and a jug of water in the room for the first few days can be helpful. There are many regional differences but some googling of basic national dishes is also a good start - food is often the best way to engage new children into settling into your home as they help you shop and cook.

Understanding which toiletries are for what is very important as many of these products are new to the children (writing on the bottle in a sharpie can be helpful) as well as miming while explaining 'this is shampoo for your hair'. Showering regularly, or even feeling safe to get undressed in a new home are all things that can take time, and many children may sleep in their clothes - so it can take some time to understand a routine of changing clothes, using pyjamas at night etc.

Please treat any items the children arrive with carefully as even though they may look worn out, some carry great importance, such as being the last item given by a mother or someone important - it's recommended to wash and return items to the children to do with as they wish rather than suggesting throwing them away.

In the paperwork that the children arrive with is a copy of their initial interview record from the port - this has some basic family details, how long their journey has taken, and if they are practising any religion; or you can ask the SW that brings them to your house - for many of these children religion is key to who they are and has often kept them going during their journey. When the child arrives at your home you will also be told if they are age disputed. Also ask whether the child is allowed access to a phone, and if they are there are many affordable sim card options such as GiffGaff where you can pay as little as £10 a month.

This link who is who¹ goes to a site where you can access child friendly information (available in English plus many translated versions) enabling the child to gain an understanding of the role of all the people supporting them, including you as a foster carer.

¹<https://miclu.org/who-is-who>

Social Worker Visit/Supporting the care of the child



Newly arrived children are often initially allocated to the UASC Duty Team, and they have an allocated SW from that team until they are transferred to a local Child in Care team. This can cause delays but within 5 days the child should meet their SW at your home to discuss their needs/safe care plan (like any looked after child). At this meeting you should find out if they are on the NTS (National Transfer Scheme), and can discuss education plans, applying for school or college, booking health appointments, applying for a bus pass, etc.

The National Transfer Scheme was launched to encourage all local authorities to volunteer to support Unaccompanied Asylum-Seeking Children (UASC) so there is a more even distribution of caring responsibilities across the country; children can be in Kent for only a few days or up to several months, it varies. (please see appendix giving details of how the NTS scheme is explained to children)

If a child's age has been contested they will go through a series of interviews over a period of weeks/months with social services, and a decision made at the conclusion of these interviews as to how old they believe this child is - your thoughts are included should you have an opinion on this.

During this first visit there will be an interpreter available also and it can be helpful to have a list of questions that you need answering with their help, such as: 'are there any foods you would like us to buy/make, do you have any questions or anything you don't understand about our house?' etc. At any time you can ask your SW for access to an interpreter if you have important conversations that need to happen.

The child will be allocated a solicitor by the social work team; if the solicitor has not been in touch with you after a month or so, you can follow this up with the child's SW. You can support and advocate for the child by liaising with the solicitor, especially where there are delays; but it is best to do this with guidance from your SW - and please refer to the asylum process section for information on the different stages of the immigration process for UASC. You can help prepare children for their first meeting by

discussing the process and trying to answer any questions, the document 'Who is Who'² will help children understand all of the different people supporting them.

An important discussion point is also the fact that children can be vulnerable to hate crime, in particular racist attacks on UASC children, and it can be helpful to spend some time ensuring they are able to understand what to do in a situation - especially how to call you or give you their location - for example the 'what3words' app gives a very precise location; and google maps or WhatAapp location drops are also good.

Children can be taught to record an incident on their phone, if safe to do so, but mainly need to understand how to remain safe and who to call - i.e: yourself/101/999 etc.

Medical



If a child has been in the UK for a period of time in a reception centre then they should have had some basic medical assessments, it is worth asking for this information if it is not included in their arrival paperwork.

If the child comes straight to you from the port they may need some medical treatment immediately - an example being a skin condition called scabies (scabies info)³ which can be caught on their journey -

²<https://miclu.org/who-is-who>

³<https://www.nhs.uk/conditions/scabies/>

they will have itchy and red hands and feet and sometimes other parts of the body - cream is available over the counter and they will need to apply this on day one if possible (carers may keep a tube of cream ready for new arrivals). Many children also have bruises or wounds so it's important to ask if they are in pain or need any help as soon as it feels comfortable to do so.

It is also wise to be aware of other conditions children can arrive with such as TB (TB info)⁴ or hepatitis, and symptoms to look out for; these conditions are rare, but can be spread if not diagnosed and treated, your local pharmacist can also be very helpful answering any questions you may have. As per child in care protocols you will need to register the child at a GP, dentist and optician - timescales for this will be discussed at the placement plan meeting for children on the NTS (National Transfer Scheme).

Click here⁵ for a website dedicated to asylum seeking children and their health, mental well being, immunisation and vaccine information, and signs to look out for with different health conditions. Country profiles and information as well as translated documents are also available.

A LAC health assessment should be carried out within 20 days of arrival - this is where a Registered Medical Practitioner will ascertain general physical and mental well being alongside providing you with written requests for any blood tests needed - you will then need to book this appointment as soon as possible. Please note that if you have urgent concerns about your child do ask for advice and guidance rather than waiting for this appointment. Medical assistance, particularly around mental well-being, may not have been received previously by the child and questions need to be carefully worded/culturally appropriate. This assessment should feel like it is being provided with differing needs in mind - please assist the child if you feel their needs are not being met.

Many children struggle with their sleep, especially with nightmares. There are many causes, for example remembering traumatic experiences, which children may not feel ready to talk about; listening when they want to talk and encouraging open dialogue can all help. A night light can be useful for a while, as can calming tea in the evening, lavender bags, a teddy bear or a fluffy cushion.

The Refugee Council run a service called 'My View' which your child's social worker can refer them into for therapeutic support if they are ready.

⁴[https://www.nhs.uk/conditions/tuberculosis-tb/#:~:text=Tuberculosis \(TB\) is a bacterial,glands%2C bones and nervous system.](https://www.nhs.uk/conditions/tuberculosis-tb/#:~:text=Tuberculosis%20is%20a%20bacterial,glands%2C%20bones%20and%20nervous%20system.)

⁵<https://www.uaschealth.org/>

Places of Worship



Religion can be a very important part of a child's identity, and in many cases their faith has helped them stay strong on their journey to safety. For Muslim children Friday prayer at a local Mosque is an important tradition whenever possible.

Mosque's:

Masjid Al-Noor Mosque - 99 Camden Road, Tunbridge Wells, TN1 2QR⁶

Maidstone Islamic Centre – 20 – 28 Mote Road, Maidstone, ME15 6ES⁷

Folkestone Islamic Cultural Centre – 8a Foord Road, Folkestone CT20 1HJ⁸

Masjid Abu Bakar – 60 Crayford High Street, Dartford, DA1 4EF⁹

Gravesend & Dartford Muslim Association – Albion Terrace, Gravesend, DA12 2SX¹⁰ (Also runs a Sunday football team for teenagers)

There is also a mosque (prayer room in the angel centre, open for prayer every Friday). Angel Centre, Tonbridge, TN9 1SF

⁶<https://tunbridgewellsmosque.com/contact/>

⁷<https://maidstonemosque.com/contact/>

⁸<https://folkestonemosque.com/contact/>

⁹<https://nwkma.org/contact/>

¹⁰<http://www.gravesendcentralmosque.com/contact>

Al-Birr Community Centre - Former Church, Union Crescent, Margate, Kent, CT9 1NR¹¹

Canterbury Mosque - The Markaz, 1 Giles Ln, Canterbury CT2 7LT¹²

Catholic Churches:

Ss Austin & Gregory with St Anne - 38 Charlotte Place, Margate, CT9 1LP¹³

St Augustine's Abbey Catholic Church - St. Augustine`s Abbey, Ramsgate, Kent, CT11 9PA¹⁴

Eritrean Orthodox:

Debre Sahl – 78 Edmund Street, London, SE5 7NR¹⁵

St Peter's Methodist Church, Canterbury, CT1 2BE¹⁶

The nearest Buddhist temples are in London.

¹¹<https://www.mosquedirectory.co.uk/mosques/england/kent/galway/cliftonvile/Al-Birr-Community-Centre-Thanet-Margate-Kent/53>

¹²<https://canterburymosque.co.uk/cmcc/>

¹³<https://margatecatholic.org/contact/>

¹⁴<https://catholicdirectory.org/Catholic-information.asp?!D=6033>

¹⁵<http://www.debresahl.com/contact/>

¹⁶<https://stpetersmethodist.org.uk/contact.php>

Food Shops and Restaurants



Food is often the fastest route to building a relationship with children. Try to find out any food allergies, likes and dislikes, and if they are Muslim, whether their food needs to be Halal.

There are many places to purchase Halal meat and the most supermarkets now have Halal frozen sections. Bookers¹⁷ (membership available to foster carers) sell a selection of halal products. as do many shops throughout Kent. Most Kebab shops, Turkish and Indian restaurants are Halal (but always good to check).

It is beneficial to take children food shopping, (some have never been supermarket shopping so it can be exciting but also overwhelming).

Below are some useful shopping recommendations from foster carers and Social Workers.

International Food Centre - 223 Church Hill Rd, Margate, CT9 2PJ¹⁸

Dubai Market - Unit 1, 220-228 Northdown Road, Margate, CT9 2RP (no website)

Tonbridge International Food Centre (Halal) - 7 Quarry Hill Parade TN9 2HR¹⁹

¹⁷<https://www.booker.co.uk/home>

¹⁸<https://www.yell.com/biz/international-food-centre-margate-8398026/>

Belal Halal Meat and Grocery - 39 High Street, Maidstone, ME14 1JH²⁰

Kent International Food Centre - 9 Granada House, Lower Stone St, Maidstone, ME15 6JR²¹

Maymana Market Halal Butcher, 9 Knightrider St, Maidstone, ME15 6LP²²

Fresh Market Halal Food & Meat - 43 – 45 Camden Road, Tunbridge Wells, TN1 2QE²³

The International Shop - 135 – 137 Camden Road, Tunbridge Wells, TN1 2RA²⁴

Canterbury Grocery Halal Store, 24 Lower Bridge St, Canterbury, CT1 2LG²⁵

Dover International Food Centre, Dover, CT16 1BW (no website)

Mieszko Supermarket - 51 – 55 High Street, Gravesend, DA11 0AY²⁶

Arya Food Centre - 159 – 160 Parrock Street, Gravesend, DA12 1ER²⁷

A La Turka ²⁸- Fantastic Turkish restaurant with locations in Canterbury, Herne Bay, and Ramsgate

Kassa Coffee – Afghan and Iranian inspired food – 15 Grand Parade, Saint Leonards-on-Sea, TN37 6DN

Edgware Road, London also known as Arabic street as it is full of good shops and restaurants

¹⁹<https://business.facebook.com/Tonbridge.international.food/>

²⁰<https://nicelocal.co.uk/maidstone/shops/belal-halal-meat-and-grocery/>

²¹<https://nicelocal.co.uk/maidstone/shops/kent-international-food-centre/>

²²<https://maymanamarket.co.uk/>

²³<https://nicelocal.co.uk/south-east/shops/fresh-market-halal-food-meat/>

²⁴<https://www.yell.com/biz/the-international-shop-tunbridge-wells-10136151/>

²⁵<https://nicelocal.co.uk/south-east/shops/canterbury-grocery-halal-store/>

²⁶<https://mieszko.uk/en/about-us.html>

²⁷<https://nicelocal.co.uk/south-east/shops/arya-food-centre/>

²⁸<https://ala-turka.co.uk/>

Education and Activities



Children over 14 can be referred into local provisions, such as KRAN²⁹, whilst awaiting a school placement or move - or into other organisations providing in person or online groups, such as the Red Cross³⁰. You will need to find out provision in your area through the VSK team (helpful contacts for EK2 are Jeff Reene 07857 401048 or Steve Green 07786 191274).

²⁹<https://kran.org.uk/>

³⁰<https://www.redcross.org.uk/>

VSK can sometimes provide a language specific welcome pack with a picture dictionary and some colouring and language worksheets. Investing in a picture dictionary and flash cards is helpful for identifying foods and items needed as well as giving you some tools to help the child begin to learn the language.

There is little education provision for anyone under 14, although VSK will assist in gaining a school placement if they are not being age assessed - school/college can only be accessed once age is confirmed.

VSK can provide a learning tablet with ESOL provisions loaded - this can be requested at the child's first PEP meeting.

Trips and activities are occasionally planned for UASC children through the Social Connections Team, so keep an eye on emails sent out by VSK and your fostering team. Some carers find it helpful to link up with other carers in their area who care for a child from the same country, this can be achieved via the support groups, via social worker recommendations, and also by joining your local UASC WhatsApp group.

It's worth encouraging your child to access the 18+ information sessions which are run across the county, in order to get answers to queries about their futures and also to start making links with the teams supporting them post 18.

Click on the links below for further information on some local provision:

OPEN ARMS AT PIE FACTORY MUSIC ³¹

UASC youth group for age 13-21, Every Friday, 5pm - 7pm at Pie Factory Music, Ramsgate, CT11
OQG FREE ENTRY - turn up on the day, no booking required.

Kent Refugee Action Network ³² (also known as KRAN) providing English, and life skills to UASC not in formal education

Arts Education Exchange³³ - Margate ESOL provision.

³¹<https://piefactorymusic.com/events/event/open-arms/?occurrence=43764>

³²<https://kran.org.uk/>

³³<https://artsedex.org/>

Fostering Support Network and Other Organisations



Each area has a UASC WhatsApp Group that we encourage you to join - just send a text asking to be added

North, West and South Group: **07866 145 603** - East Kent 2 - **07834 417 436** - East Kent 1 - **07825 925 632**

North, West and South Kent have a joint monthly UASC support group (the three areas are combined) EK2 & EK1 have a monthly UASC support group too.

Paul Lusher (foster carer) is also a great resource if you are in the West Kent area **07515 565 731**

Links to organisations & Local Services

- Refugee Council³⁴ - Offers support and advice to young people and carers - including, explaining the asylum process document with an interpreter if needed
- Barnardos³⁵ - Is a British charity providing support to vulnerable children
- UASC Health³⁶ - A useful website with tons of information on UASC
- Red Cross³⁷ - Provides local refugee projects - contact your local team for info.
- Refugee children's legal information³⁸ and a link to the who is who document under the resources section

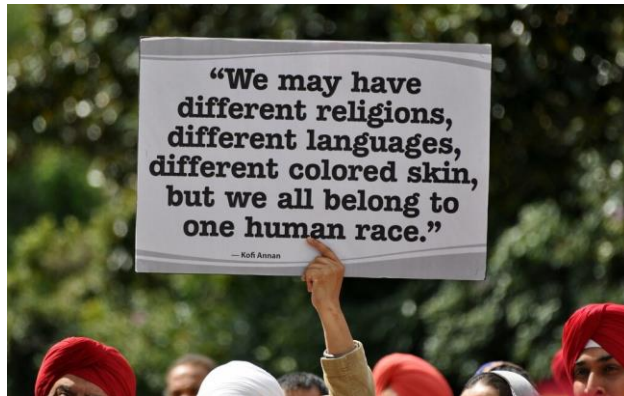
³⁴<https://www.refugeecouncil.org.uk/our-work/children/>

³⁵<https://www.barnardos.org.uk/>

³⁶<https://www.uaschealth.org/news/>

³⁷<https://www.redcross.org.uk/get-help/get-help-as-a-young-refugee-or-asylum-seeker>

³⁸<https://miclu.org/>



Appendix 1: Child's Guide to the National Transfer Scheme

- 1000s of children, like you, are arriving to the UK for safety and to start a new life.
- Like your home country, the UK is made up of different areas, districts.
- Kent is the district (**show map on page 3 of this guide**) where most children arrive because it is closest to France, where most people arrive from.
- However, Kent does not have enough homes, schools, doctors, or social workers for all the children to stay.
- So, the National Transfer Scheme (NTS) allows you to move from Kent to a new home in another district, where you can start your new life.
- Children should move from Kent to their new home in 10 days (not including weekends). However, the length of time it takes to move from Kent varies alot. This is because so many children are arriving to the UK and there are not homes ready and waiting for them. Many must wait in a hotel before Kent or another district can give them a home.
- Some districts can find children new homes quicker than others. It can mean someone who arrived in the UK after you, might move to their new home before you. This is not something Kent managers/social workers/reception centre staff/foster carers can control. However, everyone works as hard as possible to make sure you will move to your new home as quickly and safely as possible.
- Unfortunately, you cannot choose where in the UK your new home will be. The UK Government, not Kent, chooses which children will move to which districts. However, if children have immediate family (brothers, sisters, uncles, aunts) in the UK but who cannot care for them, then Kent will request a move to a home near to where the family live.



Moving to your new home – step by step



Appendix 2: Common illnesses for Unaccompanied Asylum-Seeking Children

Background

A significant number of refugees and asylum-seeking children and young people (accompanied and unaccompanied) arrive from countries where blood-borne and other infections are highly prevalent, there is a possibility that they may have been exposed to or contracted these illnesses enroute to the UK. Many of these young people will not have had access to vaccinations and are therefore susceptible to diseases/illnesses including Tuberculosis, Scabies, Diphtheria, Measles, Mumps, Rubella and many more. It is recommended that all children up to 18 years of age who are at risk of blood borne infections should be tested. In most cases our UASCs are at a high risk of blood borne infection and the current recommendation from Public Health England is that our UASCs are tested for all the following infections (Tuberculosis, Hepatitis B, Hepatitis C, HIV and Syphilis).

Signs and Symptoms

- Tuberculosis- Persistent cough, weight loss, night sweats, fever, tiredness/fatigue, loss of appetite
- Scabies – Itching that is worse at night, rash, sores, thick crusts on the skin

- Diphtheria – Sore throat, high temperature, swollen glands in the neck, difficulty breathing and swallowing
- Measles- Fever, rash, cough and runny nose, red, watery eyes
- Mumps – Fever, headache, muscle aches, tiredness, loss of appetite and swollen salivary glands
- Rubella- Fever, sore throat, rash, headache, and red itchy eyes
- Hepatitis B- High temperature, tiredness, pain in upper tummy, feeling sick, patches of raised skin that may be itchy, yellowing of the skin and whites of the eyes (jaundice)
- Hepatitis C- Bleeding easily, bruising easily, tiredness, poor appetite, yellow discoloration (jaundice), itchy skin
- HIV- Fever, headache, muscle and joint pains, rash, sore throat and mouth sores, swollen glands on neck, diarrhoea, weight loss

If you have any concerns regarding a young person displaying any of these symptoms, please go straight to your GP- do not wait for the Initial Health Assessment.

Hygiene

Good hygiene practice can minimise the risk of being exposed to infection and must be applied when there is a possibility of direct contact with blood or any body fluids from another person. Of the three viruses Hepatitis B is the most contagious one and all short-term foster carers who receive emergency placements (and their families) should be offered immunisation against Hepatitis B. Permanent foster carers (and their families) who accept a child known to be at a high risk of hepatitis B should also be offered immunisation.

The following hygiene precautions have been recommended:

- Washing of the skin with soap and water following any contact with blood or body fluids.
- Appropriate care of cuts and abrasions by covering them with waterproof dressings.
- Avoid sharing items which might be contaminated with blood e.g., Toothbrushes and razors.
- Use of rubber gloves as appropriate, if there is a risk of mixing body fluids between carer and child, e.g., presence of cuts, eczema.
- Prompt clearing up of spillages of blood or other body fluids using freshly diluted bleach and disposable tissues.
- Careful disposal of nappies or any disposal items soiled with blood or body fluids – these should be burnt or put out in sealed polythene bags.
- Washing of soiled clothing in hot water and detergent in a hot wash cycle.
- Cleaning of dishes and cutlery in the usual way with hot water and detergent.

Please use the links below for more information on the common illnesses that unaccompanied asylum-seeking children may face and a checklist on how to identify their symptoms.

Tuberculosis (TB) - NHS (www.nhs.uk)³⁹

Scabies - NHS (⁴⁰www.nhs.uk)

Diphtheria - NHS (www.nhs.uk)⁴¹

Measles - NHS (www.nhs.uk)⁴²

Mumps - NHS (www.nhs.uk)⁴³

Rubella (german measles) - NHS (www.nhs.uk)⁴⁴

Hepatitis B - NHS (www.nhs.uk)⁴⁵

Hepatitis C - NHS (www.nhs.uk)⁴⁶

HIV and AIDS - NHS (www.nhs.uk)⁴⁷

³⁹<https://www.nhs.uk/conditions/tuberculosis-tb/>

⁴⁰<https://www.nhs.uk/conditions/scabies/>

⁴¹<https://www.nhs.uk/conditions/diphtheria/>

⁴²<https://www.nhs.uk/conditions/measles/>

⁴³<https://www.nhs.uk/conditions/mumps/>

⁴⁴<https://www.nhs.uk/conditions/rubella/>

⁴⁵<https://www.nhs.uk/conditions/hepatitis-b/>

⁴⁶<https://www.nhs.uk/conditions/hepatitis-c/>

⁴⁷<https://www.nhs.uk/conditions/hiv-and-aids/>