

# 7 MINUTE BRIEFING

## Unaccompanied Asylum Seeking Children (UASC)

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A 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 united 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 on false papers with an adult claiming to be a relative.

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Their journey

- UASC have often travelled from their original country without their parents or legal guardian.
- Their status, age and circumstances can be uncertain and they may have experienced significant hardship prior to coming to the UK; they may have witnessed or experienced trauma including the death of a parent or carer and be suffering extreme loss.
- There are a number of reasons why children may leave their home country, including: fear of persecution, their religion, nationality, ethnicity, political opinion or social group, parents having been killed, imprisoned or disappeared, war, conflict, poverty, deprivation and being sent abroad by parents/family.

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General health

- Many UASC will suffer from a variety of general health complaints including 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 infestations commence on the journey to the UK due to overcrowding, poor sanitary conditions and inadequate nutrition. Skin infestations such as Scabies and Tinea capitis 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, struggle to settle and frequently have nightmares. These difficulties often contribute to poor concentration and often will impact on their emotional wellbeing.

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Emotional health and wellbeing

- 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 48%. The most common mental illnesses reported 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.

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Screening needs

- Within this group of young people there have been cases of reactivation of latent TB as well as known high endemic rates of blood borne infections in the country of origin or transit. All UASC are therefore screened for Tuberculosis, Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV). Screening requests are made at the statutory Initial Health Assessment (IHA) and results will be sent to Primary Care for follow up.
- All UASC are referred for vision and dental checks ups at IHA due to 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 as their immunisation status is nearly always unknown or unproven.

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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 there may be delegated authority to foster carer and the social worker should be contacted if necessary.

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Further information

- For a variety of resources to support the health needs of unaccompanied minors please see: [www.uaschealth.org](http://www.uaschealth.org)
- NHS E Guidance for interpreting services in Primary Care: <https://www.england.nhs.uk/wp-content/uploads/2018/09/guidance-for-commissioners-interpreting-and-translation-services-in-primary-care.pdf>
- Immunisation schedule for those with incomplete history: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/852475/Algorithm\\_immunisation\\_status\\_Jan2020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/852475/Algorithm_immunisation_status_Jan2020.pdf)
- Mental Health Migrant Health Guide: <https://www.gov.uk/guidance/mental-health-migrant-health-guide>