

Unaccompanied Asylum Seeking Children Emotional Health and Wellbeing Early Interventions **An Action Research Project**

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ongoing.

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Therapeutic formulations towards enhance emotional health and wellbeing on arrival to the UK.

This therapeutic formulation is for early emotional health and wellbeing interventions with Unaccompanied Asylum Seeking Children (UASC) in Appledore and Milbank reception centres and those newly living in supported accommodation in Kent.

As with all action research this representation will evolve and the ideas and interventions discussed are under review, critique and modification.

In the use of this methodology, Sussex Partnership NHS Trust is taking as a given that every human is naturally resilient. Yet there is risk for a decreased ability to sustain patterns of wholeness and healing behaviours to adverse situations or moments of crisis. There is therefore a need to inoculate against natural resilience being compromised and to understand from the perspective of a UASC, who is living the experience, what it is that would protect and support their resilience to what has already taken place and to the asylum process they are undertaking.

In the literature there are recognised protectors to resilience which are:

- Knowledge and effective strategies
- Own strengths and resources
- Health promotion activities.

With this in mind, the following interventions have been formulated with knowledge gained through conversations with social workers, reception centre staff and UASC's, in which a thematic understanding of issues of concern and compromise were identified.

The thematic understanding, as part of the current literature has shown that a UASC may experience one or more of the following:

- Poor sleep (a lack of sleep or disturbed sleep)
- Vivid flashbacks
- Intrusive thoughts & images
- Nightmares or sleep terrors
- Lack of concentration
- Hyper vigilance
- Poor emotional regulation
- Poor understanding of nutrition
- Deliberate self-harm (RARE)
- Irritable and aggressive behaviour
- Issues with cultural acclimatisation
- Intense distress at symbolic or real reminders of trauma (RARE)
- Physical manifestations: trembling, sweating, pain and nausea (RARE)
- Self-destructive behaviours or recklessness (RARE)

Many of these symptoms are contextual to the journey they have made to reach the UK and a natural by-product of the experiences had and the passage made. Therefore it is understood that the context and detail of the experience had will have communality of themes. Yet there will be variants in the story and the character of the individual may also affect the behavioural response. To enable the right support systems to be given according to identified need of a child, the UASC project has developed a

set of competencies from which any professional can deliver EH&WB interventions and has the right training and support to ensure quality in the work being undertakenii.

If the symptoms which may be natural in the context of the experience had and the journey made, are not managed and supported with protectors to the UASC natural resilience, it is possible the above issues and symptoms can manifest into chronic mental health disorders such as:

- Severe Anxiety
- A phobia
- Depression
- A dissociative disorder
- Suicidal feelings
- Personality issues later in life
- Post-Traumatic Stress Disorder
- Severe deliberate self-harm
- Alcoholism
- Drug use

To avoid chronic mental health issues from developing, we need to know and test which interventions are going to make a difference at the early stages of arrival in the UK.

We therefore have taken time to listen and witness the dilemmas of staff in reception centres, to UASC who are in reception centres and to social workers who are the parental custodians. The early intervention framework has come from the stories being told and lived by UASC in the first few months of arrival.

As already stated, this framework is designed to be a form of inoculation in which the intervention acts as a protector to their natural resilience. It is multi-factorial in that as mental health clinicians we recognise that the formulations we make have to be supported by the staff living along-side these young people and by the young people themselves. Therefore in addition to the development of this framework, we are also consulting, training and supporting staff in the daily interactions they have with each individual child. The teaching and training taking place links to the competency framework which has been agreed as the clinical quality standard by a large group of stakeholders who have formed an EH&WB Network for UASC in Kentiii.

The proposed interventions are designed to be multiple protectors to a young person's resilience and wellbeing. They are interlinked and act in conjunction with each other. Yet like with all protocols there needs to be awareness that each child is an individual and that their particular story will have some similarities and yet will not all be the same.

The following formulations will be used within the reception centres and UASC in supported housing, as part of an action research process from which all concerned and affected by such symptoms can assist the understanding and development of quality, evidence based interventions.

The method

Action research is a step by step methodology, in which the researcher(s) plan, act, observe and reflect. It is humanistic as it looks to work with and collaborates with those involved and affected to explore the emergent meaning and understanding under observation. In observing the effect of our actions at each stage of the cycle from which change emerges, we were looking to build a scaffolding of knowledge which allowed us to continuously incorporate findings into subsequent stages of the investigation.

As already stated the project team, staff at reception centres, social workers and UASC are all within the observations and actions taking place. Therefore all those involved, affected and connected are an active part of the research team and relational in nature. Bjorn (1996)iv and Shotter (1998)v refer to participatory action research as multi-dimensional, dialogical and a fluid form of self-development.

What we are finding is that the action research steps are a mirror to the process being undertaken in interventions being developed. These interventions are responsive to the needs identified with UASC in reception centres and link to Shotters ideas that everything is related to everything else.

Alex Ntung who has experience of being a UASC described what he called the 'steps' to success (see appendix 1) and has been involved in supporting and advising on the interventions being observed. Therefore the framework is interlinked step's from which protectors are collaboratively made and UASC are supported with new understanding being a practical relational responsiveness.

The current framework has the following steps:

- Sleep education and packs as well as circadian rhythm re-set formulations.
- Nutritional intervention and re-feeding strategies
- Sports therapy to aid bilateral movement for desensitisation and reprocessing to take place as a natural enhancement to the body's healing abilities.
- A dialogical process using the multiple faces of hope – a therapeutic support system to identify aspirations and hopes as drivers beyond the asylum process.

These interventions will be the interlinked steps being made in developing the protectors to resilience framework that support emotional health and wellbeing to be maintained.



Sleep disturbance for UASC newly arriving in the UK and those in supported living:

In the Initial Health Assessment (IHA) which is undertaken by every UASC there was a high incidence as part of the Post-Traumatic Stress Disorder (PTSD) screening of young people reporting sleep disturbance.

In the reception centre's a key theme in the conversations witnessed with staff and UASC was in respect of their sleeping habits. Most of the young people slept during the day and were unable to sleep at night. This created an issue as the routine of the centre were not able to be established and the opportunities for English and skills training were being lost.

The teachers in the centre also reported that the young people were often sleepy in the sessions and that some failed to attend classes because they were asleep in the mornings when lessons took place.

In therapeutic conversations with UASC, they described travelling during the night and sleeping in the day. This happened for several months at a time. Others described becoming fishermen and working through the night to catch fish and then needing to sleep during the day.

Reception staff also reported that many of the young people slept in packs in one room with the light on, which is something they had learnt to do to protect each other. There were also repeated requests from staff that the young people stop putting towels over the main light, as this could be a health hazard and the young people reported that they could not sleep with the light off and yet the brightness of the main light hampered their ability to sleep.

The steps taken in the participatory action research were:

- To witness and be in the dilemmas being described.
- To formulate an immediate orientation of past and current circumstances in relationship to sleep
- To explore each situated participation in relationship to other situated participations, as per the dialogical descriptions made above.
- To develop a sleep hygiene presentation as a practical relational responsiveness.
- To continue to witness and be in the dilemmas being described
- To develop sleep packs as a practical relational responsiveness
- To continue to witness and be in the dilemmas being described
- To develop a circadian rhythm body clock reset formulation
- To continue to witness and be in the dilemmas being described
- To understanding of the effects of Ramadan on circadian rhythm reset formulations.

The sleep hygiene presentation

This presentation was formulated and the aims given were to:

- Gain better sleep
- Achieve more
- Look good
- Feel good



- Have more energy

For the full presentation see:



Good Sleep (2).pptx

Some of the young people reported that they had learnt not to smoke before going to bed, others reported that they didn't realise that blue light from their phones might hamper sleep and other reported that they had been drinking high energy drinks and hadn't realised this might affect their ability to sleep.



Sleep packs

Due to the continued reports of lack of sleep and the different narratives that have emerged in which the lack of sleep becomes coupled with night terrors and being disturbed by others in shared rooms we devised sleep packs, which the young people put together and gave each other.

The good sleep packs contain:

- A plug in night light
- Night masks
- Ear plugs
- Lavender bags
- Worry dolls

The plug in light enables the young person to have ways in which they can manage the hyper-vigilance they have developed whilst on the journey to the UK. The night masks and ear plugs support them being able to block out noise and light to aid their ability to sleep. Lavender is a known smell that enhances calm and the worry dolls are there to support them letting go of concerns about their friends and families while they sleep.

These items are in response to the themes described by the young people and those who look after them.

An initial trial has been made with the packs and all the UASC in a reception centre said they had aided their sleep and were a useful resource. They showed their pleasure at the difference the packs had made by standing up, cheering and clapping their hands when asked.

Coupled to this, staffs are requesting additional packs for when people arrive, as they have found that they make a huge difference in the young people's ability to sleep on arrival at the reception centres.

Despite this, there were still some young people whose circadian rhythm started in the early hours of the day from which sleep took place and they would naturally wake in the early afternoon.

A circadian rhythm reset formulation

Due to the nature of the journey these young people have made travelling across Europe, their circadian body clock rhythm has been set into a nocturnal pattern. On arrival to the UK, these young people start to experience an intense form of Jet Lag of which the symptoms are:

- Indigestion
- Constipation
- Diarrhoea
- Nausea
- Loss of appetite
- Difficulty concentrating
- Feeling disorientated
- Anxiety
- Irritability



- Memory problems
- Clumsiness
- Lethargy
- Light headedness
- Confusion
- Headaches
- Sweating
- Muscle soreness
- Generally feeling unwell^{vi}

The general practitioner reported that many of the young people described some of these symptoms and staff also reported a lack of appetite.

Also the UASC team within the Children in Care, Child and Adolescent Mental Health Service reported that many of the UASC in foster care and supported living were experiencing prolonged difficulties with sleep.

Despite the previous interventions in the reception centre, there was for some young people a need to consider ways in which their circadian rhythm could be reset.

A formulation was devised from literature on sleep disorder which suggested that any change to the circadian rhythm should be gradual and incremental. There was also a given wisdom that suggested that 7 hours sleep per night was optimal. This said it was also understood that each individual has their own optimal sleep requirements.

Therefore the following formulation was devised:

- The current circadian rhythm
- The desired circadian rhythm
- 15 minute incremental change to current circadian rhythm every two days.

This formulation has been set into a calculation from which a programme can be devised and used when a UASC is reporting a continued inability to sleep and experiencing some of the symptoms of continued lack of sleep deprivation.

See the attached body clock calculator which we have devised to support a UASC to re-set the circadian rhythm.



bodyclock
calculator.xlsx

The effects of Ramadan on circadian rhythm reset formulations

Many of the UASC are muslim in faith and practice, therefore Ramadan is an important ritual which they are keen to adhere to.

Within the faith there are exemptions for people in which



Presentation on nutrition and guides to nutrition that enhances emotional health and wellbeing.



Consultation and training for staff ; as well as an action research process from which a mutuality of learning can take place.



Sports & by-lateral movement (cycling, swimming and running, etc.)

There is a body of literature that shows that sport and physical activity triggers chemicals in the brain that make you feel happier and more relaxed. It also supports your brain to process information, thus learning therefore is enhanced. Physical activity is a distraction from daily stresses and reduces the level of stress hormones secreted and stimulates the production of endorphins, keeping stress and depression at bay. It has been shown to improve the quality of sleep which also has an impact on mood and general outlook.



As per the symptoms described above, many of the UASC would benefit in the early days of arrival and assimilation into the UK from sports related activity to reduce the symptoms which can escalate into long term and chronic mental health concerns. Many of the symptoms are suggestive of trauma experiences, which given the right support and can be naturally processed by the brain. There is a volume of evidence that shows that bi-lateral movement helps the brain to process and desensitise from traumatic experiences.

To enhance the body's natural ability to process, there is a need to access sport that is bilateral in movement as a regular activity that

a young person can undertake while in a reception centre. It is an early intervention strategy that acknowledges that trauma is likely to be present and put protectors in place that enhance not only the body's natural ability to process and desensitize, but enhances on multiple levels a sense of emotional wellbeing.



Story's in regards to hope for the young people





What is hope to a UASC, how can we enhance hope stories in a way that these young people can thrive wherever their paths take them. These young people live with constant uncertainty which can heighten a sense of permanent loss and trauma. Hope can be hidden or clouded, it's not until we unravel the young person's story that we get the full narrative and are able to identify their needs and aspirations. In teaching reception staff and social workers how to connect these young people into hopeful narratives; we are tapping into the resources they have from past relationships into present connections linked to the choices they are making about how to go on and live their life in the UK.

Beginners Art club to build positive relationships and teach art skills as a way of articulating emotional expression.





The act of artistry has been evidenced and used in Education to enhance emotional wellbeing and social integration. Art uses the right side of the brain which is the side of the brain before spoken language develops and is where visual memories are stored. Creativity is also recognised as a way to aid healing in the ability to express beyond words, deduce stress, fear and anxiety and promote a sense of autonomyvii.

Also, it's a way to develop and build relationships and give confidence, there is no right or wrong in creating art as long as the process is therapeutic and enjoyable for the young people subjectively. In supporting a UASC to learn artistic skills and techniques; it provides a useful way to express emotions and

to develop a coping strategy in the present and future. Art is also beyond language and creates an equalising process where linguistic disability is not a barrier to communication or participation.

Stepping stones towards the future:



Alex Ntong in his presentation to a group of UASC in a reception centre spoke about his experience of coming as an unaccompanied minor seeking asylum to the UK. See appendix 1 for the scripting of his presentation.

He talks about learning English, assimilation into the UK and having access to education. He also supports the idea that the uncertainty of an asylum outcome should not be a deterrent from progressing as an individual.

Many young people in supported accommodation are struggling to access education or work. This has a negative impact on their emotional health and wellbeing, as they have no focus, purpose in the daily routine of their lives.

Yet there are many forms of education and one of these is apprenticeship from which a young person can learn a trade. Kran, Timpson Foundation and the UASC action research project have identified a potential partnership where these young people can access an apprenticeship or work experience in a Timpson business.

The success of this intervention would be monitored by Kran in respect of the enhanced emotional health and wellbeing of those participating.

Spirituality:



Many of the UASC report not having access to their religious communities. Staffs and voluntary agencies report the difficulty of accessing religious observance practices due to most communities being in London and the expense of travel. Also these young people are vulnerable and there are risks associated to traveling alone in London.



The Mental Health Foundation reviewed the literature about mental health and spirituality and found that there is a volume of evidence that shows that spiritual activity is a significant contributor to emotional recovery.

They cite 11 studies that have shown links between religious observance and enhanced recovery from post-traumatic stress disorder. This association of improved recovery is also seen in depression and anxiety presentation.

There is therefore the need to map current religious communities in Kent and to look at gaps in provision so that steps can be made to support the accessibility of religious observance for this group of young people.

Once the mapping has taken place and gaps identified there is a need to identify religious communities and leaders who can improve availability to this protector to a UASC's resilience.



The journeys we make; A UASC story

We are similar; you and I have shared situations, journeys, loss.
We have escaped with one beginning journey to a journey's end,
Just to start all over again.
So it is a beginning again and the journey is hard and long, similar and yet different.
This new journey is made step by step, it has many paths from which more loss can come
And yet there are steps that take you to your dreams and hopes;
The dream of belonging, of safety, of freedom to be;
The dream that my kin will be safe and free.
In the beginning; at the start of the first journey, I turned to run from the massacre
To escape the torture,
To run into your arms of safety.
And at that journey's end I was left naked of tongue, or knowing how to be,
I was left alone because of the fear in your eyes that spoke of my loss.
So I arrived, to start the journey again;
I arrived to a new place, a new culture and the socio vertigo that made me dizzy
It put me into a spin.
I heard the stories that made the fear in your eyes,
I climbed the steps that made the fear go away.
I proved the lies of your fear to be untrue.
Each step a milestone; each step a victory.
Your lie said I would not speak, so I dived deep into your sounds and found I could make them,
Your lie said I would always take from you, so I learnt how I could earn and give you back more than
you have given,



Your lie said that I would hurt you, so I learnt how to bring peace through a kaleidoscope of knowledge made up of the journeys, of BA's and MA's and the socio vertigo that I now understand and can translate.

Each step is a challenge; and the challenge is not the end of the world, it will change.

The challenge is never as bad as what you have seen and what could be;

In the moments of anger and fear, of not knowing, there are hands holding you, wishing you well.

Don't forget that you bring with you amazing things;

The stories our grandparents told us;

Our culture,

Our way of being community.

People here like to know these things and it is a way we can contribute and share these good things.

When I came and started this journey, I shared my music and the music made people look at me without fear and we became friends. The music is now something we share and celebrate together, it is us and our community, and we have all been changed.

What the home office decides it does, what it does,

Yet in every other way you are in control;

So follow the steps, my steps, the steps of success, and the steps of doing and being your dreams.

I am a leader,

I am making a difference,

I am changing things,

My story is shared and told and retold – it honours my loss;

Yet my loss is never gone, it is in my breath, in my eyes, in my steps.

I am in a place of safety and I can achieve.

Today is not my worst day;

Today I am held and I hold you by sharing my steps to success.

ⁱ UASC in their journey through the continent describe traveling at night and sleeping during the day to

ⁱⁱ See Competency Framework for UASC in Kent.

ⁱⁱⁱ The stakeholders who have formed the UASC EH&WB Network consist of Sussex Partnership Foundation NHS Trust, The Refugee Council, Kent County Council, The Red Cross, Kent Refugee Action Network, Asphaleia, Save the Children, Mind, Focus for Change, Diocese of Canterbury, Sevenoaks Baptist Church, Samphire Project, Kent Kindness, Migrant Help UK, Home for good, Barnados, Headstart and Kent Virtual Schools.

^{iv} Björn Gustavsen (1996) Development and the social sciences: an uneasy relationship. In Toulmin, S, and Gustavsen, B. (Eds.) *Beyond Theory: Changing Organizations through Participation*. Amsterdam and Philadelphia: John Benjamins

^v Shotter, J; (1998), Participatory Action Research in a New Age of Distributed Learning and multidimensional dialogically discursively structured flexible, decentralised, heterarchical, fluid forms of self-developing organizations. *Work Organization and Europe as a Development Coalition*, Brussels, Jan 28th, 1998

^{vi} See <http://www.nhs.uk/Conditions/Jet-lag/Pages/Symptoms.aspx>

^{vii} Duncan, K; Art-works; Using art to promote emotional health and wellbeing; city-art.org (10/05/2016)

