

# Competency framework for the assessment and management of the emotional health and wellbeing of UASC in reception centres

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April 2016

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# Table of contents

|  |           |
|--|-----------|
| <b>Purpose</b> .....   | <b>3</b>  |
| <b>Background</b> .....  | <b>3</b>  |
| Global law and context: .....  | 3         |
| Sussex Partnership NHS Foundation Trust strategic vision and objectives: ..... | 3         |
| The UASC Network Aspirations:.....   | 3         |
| <b>How to use the framework</b> .....  | <b>4</b>  |
| <b>Other Considerations</b> .....  | <b>5</b>  |
| <b>Interpreting the Framework</b> .....  | <b>5</b>  |
| <b>Case Examples</b> .....   | <b>13</b> |
| <b>Level 1</b> .....   | <b>14</b> |
| Case Background .....  | 14        |
| Problem .....  | 14        |
| Assessment .....   | 14        |
| Intervention .....   | 14        |
| Outcome .....  | 14        |
| <b>Level 2</b> .....   | <b>15</b> |
| Case Background .....  | 15        |
| Problem .....  | 15        |
| Assessment .....   | 15        |
| Intervention .....   | 15        |
| Outcome .....  | 16        |
| <b>Level 3</b> .....   | <b>17</b> |
| Case Background .....  | 17        |
| Problem .....  | 17        |
| Assessment .....   | 17        |
| Interventions .....  | 17        |
| Outcome .....  | 18        |
| <b>Level 4</b> .....   | <b>19</b> |
| Problem .....  | 19        |
| Assessment .....   | 19        |
| Interventions .....  | 19        |
| Outcomes .....   | 20        |
| <b>Training in level 2</b> .....   | <b>21</b> |
| <b>Emotional Health and Well-Being Competencies</b> .....                      | <b>21</b> |
| <b>Advanced Communication Skills for clinicians working with UASC.</b> .....   | <b>21</b> |
| Profile of training: .....   | 22        |
| The aims and objectives of the training:.....                                  | 22        |
| The training:.....   | 22        |
| Analysis of training:.....   | 23        |
| Format of training.....  | 23        |
| What this training could achieve: .....  | 23        |

# Purpose

This document provides a clear competency framework for professionals providing all levels of psychological assessment, support and interventions to Unaccompanied Asylum Seeking Children<sup>iii</sup>. It will enable clinicians and those managing or developing services to identify the level of psychological support they are currently able to offer, responsibilities of staff working at different levels, steps which need to be taken to fill any gaps in competency levels, and guidance on the employment of staff, their continuing professional development and supervisions requirements.

# Background

In response to the identified and evidenced emotional health and wellbeing needs of this vulnerable group of children there is a need to put interventions in place that are protectors to a child's resilience and help them to manage their emotional health and wellbeing. A clinical network is being developed to help clinicians to meet the complex needs of this cohort of children.

The network has identified aspects of the United Nations Convention on the Rights of the Child (UNCRC), Sussex Partnership NHS Foundation Trust vision and objectives as well as 5 aspirations from which the network is being formulated, those being:

## Global law and context:

Article 22 of the UNCRC assert that UASC's:

1. Receive the appropriate protection and humanitarian assistance in the asylum process.
2. Are treated with humanity and respect.
3. Have their voices heard.
4. Have the best interest of the child principle applied to them when decisions are made about their future.

## Sussex Partnership NHS Foundation Trust strategic vision and objectives:

- To work in a spirit of partnership and openness
- Deliver safe, proactive and preventative care
- Device consistent high quality, evidenced based care and treatment

## The UASC Network Aspirations:

All UASC in reception centres with compromised emotional health and well-being are identified

All UASC in reception centres are offered screening using a validated tool in respect of their emotional health and well-being

All UASC in reception centres have an identified emotional health and well-being MDT using a dialogical framework from which care is delivered

Measured improvements in UASC's emotional health and well-being

Increase ability and confidence of staff to provide interventions in respect of identified emotional health and well-being requirements

To enable the human rights, the vision and objectives, as well as the aspirations to be met a work plan was devised that identified the need for a competency framework from which psychological intervention and appropriate qualifications for professionals at each level of the NICE model could be identified. This would enable the responsibilities and levels of working of existing staff in each agency to be more clearly identified, and gaps in services or individuals' training to be highlighted.

## How to use the framework

This framework is based on recommendations made by the NICE Guidance on Supportive and Palliative Care for adults with cancer; psychological support services model, 2004, NICE quality guidance (QS8, March 2011). This guidance is for multi-agency and multi-professional models of care delivery. Added to this Bronstein et al (November 2012) evidence that UASC have significantly higher rates of diagnosed mental health illness and they are recipients of multi-agency services as a result of the complexity of their requirements. The King Fund and The Centre for Mental Health report (February 2012) show that people experiencing mental health concerns have significantly poorer health outcomes. This coupled with trauma, migration with no parental support and socio-vertigo put this cohort of children at high risk of both physical and mental health concerns. This framework recognises that there are many agencies and professionals working with UASC provide psychological support and interventions. It also sees that a dialogical methodology which provides intensity of support at the point of crisis, that being when arriving in Kent and declaring the need for asylum. It looks to ensure that every contact and interaction with a UASC enhances their resilience and reduces and manages the heightened risk to mental health concerns.

The framework identifies four levels of assessment and intervention. Each level is assumed to also encompass the tasks of the previous ones and there is considerable fluidity between these levels. Therefore the work carried out by an individual may take place across more than one level. This document also provides case examples, which aim to clearly show the level of case complexity, assessment and intervention typical of each level of the NICE model.

At various points in the framework, reference is made to referrals to other agencies. There will be some overlap with general psychiatric/mental health services. The primary responsibility of people working within this framework is to deal with the psychological concerns associated with UASC and their treatment. This may at times involve working with children who have pre-existing mental health problems which would be identified in the initial health assessment. However, this would not involve taking over the Childs' long-term mental health difficulties. General mental health services will still be necessary to provide care for mental health concerns not related to the asylum process, as well as emergency back-up, including emergency admission to psychiatric hospital. In these situations close liaison with mental health services may be required and pathways should be made. There will also be a need for access to specialist mental health services, e.g. trauma mental health services, drug and alcohol services, etc.

# Other Considerations

Further to this framework there are some other key factors to be considered. These arise from the requirement to ensure quality and consistency:

- The identification of level 3 and 4 psychology clinicians working with UASC.
- The development of agreed pathways, both internal and external, to access psychological services.
- The consistent use of agreed psychological need assessment tools across agencies working with UASC.
- NHS commissioning of level three and four services with clearly defined types of psychological interventions
- Supervision structures and CPD advice

# Interpreting the Framework

- Each Level incorporates the previous level, for example level 2 incorporates level 1 requirements etc.
- The sections – ‘Minimum Training Guidelines’ and ‘Competencies’ should be looked at jointly and should be seen as minimum standards to adhere to when planning services; the other sections are indicators of the work professionals at each level would be doing.
- The framework applies to a range of professional groups – professionals such as social workers, reception centre staff, health psychologists, psychotherapists, clinical psychologists, counselling psychologists, counsellors, psychiatrists, nurses, doctors, social workers, border agency staff, police officers, children’s solicitors and others are eligible to work at any of the four levels. However, regardless of profession we would expect practitioners to meet the minimum training guidelines and competencies for the level that they work at stipulated in this framework.

|                |                |                |                |
|----------------|----------------|----------------|----------------|
| <b>Level 1</b> | <b>Level 2</b> | <b>Level 3</b> | <b>Level 4</b> |
|----------------|----------------|----------------|----------------|

## Responsibilities

|  |   |   |  |
|--|---|---|--|
| <p>Recognising psychological need and supporting UASC through periods of distress.</p> <p>Providing essential information.</p> <p>Recognising boundaries of own professional responsibility and competence.</p> <p>Avoid causing psychological harm to UASC.</p> <p>Referring on to appropriate agencies for more severe, complex and/or long-term psychological problems.</p> | <p>Assessing and screening general psychological well-being at key points of the UASC asylum pathway utilising appropriate screening and assessment tools as per UASC Network guidance.</p> <p>Offering supportive interventions and advice, and providing some psycho-educational and problem-solving techniques.</p> <p>Ensuring that other forms of care is delivered in ways that minimise psychological distress and trauma.</p> <p>Accessing regular supervision and training.</p> <p>Ability to have psychologically informed conversations with UASC e.g. solution focused interventions.</p> | <p>Providing specialist assessment and intervention for mild to moderate psychological distress with UASC and the professionals working with them.</p> <p>Promoting high standards of psychological care by offering consultation, supervision, and education to less specialist staff (levels 1&amp;2), working as part of multi-disciplinary teams, and liaising with other agencies.</p> <p>Providing consultation on the psychological consequences of medical interventions, environmental and institutional aspects of care, to minimise psychological distress and trauma for UASC</p> <p>Maintaining professional and local standards for own practice and for professional supervisees.</p> <p>Facilitating links, through supervision, consultation and management, to alternative models of therapeutic intervention when necessary.</p> <p>Involvement in local research and development into psychological care within the UASC Network.</p> | <p>Delivering specialist psychological/psychiatric assessment and treatment for severe and complex psychological distress and psychopathology related to physical health.</p> <p>Planning, developing, co-ordinating and monitoring the provision of specialist psychological care within locality to ensure quality of psychological care and equity of access and provision.</p> <p>Ensuring that locality service delivery is consistent and coherent and meets national and local standards and guidelines. Ensuring that standards for accountability and clinical governance are met by all professionals providing specialist psychological care.</p> <p>Providing consultation and liaison to organisational management, other service providers, as well as the UASC Network.</p> <p>Form and maintain links with local mental health services and develop relevant referral protocols.</p> <p>Develop, supervise and provide training to staff working at levels 1 to 3.</p> <p>Lead local research and development into psychological care within the UASC Network including applying for any necessary research grants.</p> <p>Maintaining, developing and auditing psychological services to meet clinical governance principles, highlighting areas of unmet psychological needs and proposing improvements.</p> |
|--|---|---|--|

| Level 1   | Level 2   | Level 3  | Level 4  |
|---|---|--|--|
| <b>Competencies</b>   |   |  |  |
| <p>Basic listening skills.</p> <p>Ability to recognise psychological needs. To offer general support and to communicate honestly and compassionately.</p> <p>Inform UASC and other professionals about the range of emotional and support services available to them.</p> <p>Knowledge of when and how to refer on to appropriate agencies.</p> | <p>Knowledge or experience of emotional illness issues pertinent to UASC.</p> <p>Eliciting worries and other feelings by establishing trust and listening in permissive and non-judgemental manner.</p> <p>Knowledge of psychological theories of adjustment and loss.</p> <p>Training and experience to communicate 'bad news', offer supportive interventions, and offer some psycho-educational and problem-solving techniques.</p> <p>Ability to access and use appropriate case work supervision and training.</p> <p>Ability to enhance UASCs' and their support system capacity to cope and meet their own needs for support, making use of any family, cultural and community groups.</p> | <p>Expertise in at least one, and knowledge of at least two specific psychotherapeutic models, and experience of applying their skills with individuals, families and groups appropriate to their level of training.</p> <p>Knowledge and critical understanding of the evidence-based rationale for the use of specified therapies.</p> <p>Knowledge of psychological theory and models that is most relevant to health, including advanced knowledge of the nature of adjustment, loss and trauma.</p> <p>Knowledge of professional guidelines and local and national NHS policies to ensure high standards of service delivery.</p> <p>Ability to provide supervision, support and education about psychological issues and interventions.</p> <p>Ability to promote high quality psychological care by providing consultation to and working with members of the multidisciplinary team.</p> | <p>Specialist knowledge and experience of assessing and intervening with complex and severe psychological problems relating to trauma, social-vertigo and asylum issues.</p> <p>Knowledge of, and expertise in, a range of psychological therapies appropriate to the needs of UASC. This includes having access and the ability to understand the required care of UASC with mental health needs who also may be prescribed psychotropic medication.</p> <p>Skills to provide organisational leadership for specialist psychological services.</p> <p>Ability to act as a specialist resource to local health care services by providing expertise in consultation, liaison, education, supervision and research.</p> <p>An ability to work and liaise at an organisational and strategic level to promote the provision of high standards of psychological care.</p> <p>Experience/training in working with UASC care needs.</p> |

| Level 1   | Level 2  | Level 3  | Level 4  |
|---|--|--|--|
| <b>Minimum Training Guidelines</b>  |  |  |  |
| <p>Essential Communication Skills 1 day course</p> <p>Training in cross-cultural ways of being.</p> | <p>Advanced Communication Skills 3 day course.</p> <p>Introduction to/basic counselling skills course</p> <p>Training on how to assess psychological needs including using screening tools as per UASC Network guidance.</p> <p>Other relevant workshops/training courses e.g. bereavement care, CBT skills, relaxation, trauma management, cross cultural ways of being, etc.</p> | <p>Qualification in a psychological therapy accredited by or eligible for accreditation by a recognised psychological/psychotherapy body such as BABCP, UKCP, BACP etc.</p> <p>Registered or eligible to register as a practitioner with a recognised psychological/psychotherapy/psychosocial body such as BABCP, UKCP, BACP, GSCC etc.</p> <p>(If currently training, must have appropriate levels of supervision for a trainee, and supervisor must assume responsibility for clients)</p> <p>Training in psychological theory, including advanced knowledge of the nature of adjustment and loss</p> <p>Experience/training in working with people with trauma and socio-vertigo.</p> <p>Experience/training in current issues in emotional health and wellbeing care.</p> <p>Demonstrable competencies and experience in providing psychological therapies through CV, references and at interview.</p> | <p>As per Level 3 with 8 years of post-qualifying clinical experience.</p> <p>Demonstrable competencies and evidence of an ability to work in more than one therapeutic paradigm through CV, references and at interview.</p> <p>Registered as a practitioner with a professional mental health body such as BABCP, UKCP, BACP, GSCC</p> |

| Level 1   | Level 2  | Level 3   | Level 4   |
|---|--|---|---|
| <b>Types of Psychological Difficulties</b>  |  |   |   |
| <p>General adjustment issues related to the experience of asylum/ trauma and/or .</p> | <p>Mild mood and adjustment difficulties, experienced at key points in the UASC asylum seeking pathway (e.g. arriving, survival, assessment and resource allocation, survival and assimilation). This may include the impact of the asylum process, assimilation concerns on a person's daily life which will address mood and past and present family and social relationship issues such as displacement, socio-vertigo and trauma.</p> <p>Distress and coping difficulties.</p> | <p>Mild to moderate psychological distress &amp; psychopathology associated with migration and associated asylum status.</p> <p>This includes a range of personal and family crises, and, for example, anxiety problems (e.g. panic, stress reactions), mood disorders (e.g. depression), anger, somatoform difficulties (e.g. pain, body image difficulties), eating difficulties and sleep problems, sexual problems, as well as other psychological difficulties related to emotional health (e.g. complex bereavement).</p> | <p>Severe and/or complex psychological difficulties experienced by UASC.</p> <p>This includes severe and/or complex forms of psychopathology included at level 3, as well as somatoform disorders, disorders of cognitive dysfunction (e.g. delirium, confusion) psychotic reactions (e.g. brief psychotic disorder, schizophrenia), dissociative disorders and other severe and complex psychological difficulties (e.g. self-harm, and challenging behaviours, presenting personality difficulties), which are only undertaken in conjunction and collaboration with existing mental health services.</p> |
| <b>Case Examples</b>  |  |   |   |
| See Pages 13 - 20   |  |   |   |

| Level 1   | Level 2   | Level 3   | Level 4  |
|---|---|---|--|
| Level of assessment   |   |   |  |
| <p>Recognise and acknowledge psychological distress.</p> <p>Identification of UASC and professional concerns.</p> | <p>Assess general psychological well-being.</p> <p>Assess the impact of asylum on UASC's daily lives, mood, relationships (including sexual relationships) and work.</p> <p>Screening for psychological distress (using UASC Network agreed screening tool).</p> <p>Eliciting worries and other feelings.</p> | <p>An ability to differentiate between moderate and severe levels of psychological need.</p> <p>An ability to undertake assessment of some psychopathology, e.g. anxiety, depression, psychosexual problems.</p> <p>Specialist psychotherapeutic assessment, based on explicit knowledge of psychological theory and models. This should be done with an understanding of the individual's social and cultural context.</p> | <p>Assessment of complex and severe psychological problems.</p> <p>Advanced psychological assessment and interventions in conjunction and in collaboration with identified mental health services.</p> <p>An ability to use clinical experience and judgement, objective testing and access appropriate medical and mental health history in order to identify presenting mental health problems and develop a meaningful formulation which guides evidence based interventions.</p> <p>An ability to undertake a comprehensive risk assessment of psychological, social, familial, cultural and other systemic needs.</p> |

| Level 1   | Level 2   | Level 3  | Level 4   |
|---|---|--|---|
| <b>Types of Direct Psychological Interventions</b>  |   |  |   |
| <p>General psychological support and information giving.</p> <p>Honest and compassionate communication.</p> <p>Establishing and maintaining supportive relationships.</p> <p>Signposting</p> <p>Treating UASC with kindness, dignity and respect.</p> | <p>Information giving, including breaking bad news.</p> <p>‘Holding’ (containment) of distress through periods of crisis and adjustment (e.g. at times of change).</p> <p>Being supportive and offering advice.</p> <p>Using psycho-education to support the coping strategies of UASC.</p> <p>Psycho-educational approaches to deal with specific symptoms such as trauma, disorientation, anxiety, fatigue.</p> <p>Interventions to enhance self care skills and control.</p> <p>Specific psychological techniques (e.g. problem solving, anxiety management strategies, such as relaxation, distraction) based on training and experience.</p> | <p>Individual or group psychological interventions, delivered according to an explicit theoretical framework, e.g.:</p> <ul style="list-style-type: none"> <li>• Brief solution-focused therapy,</li> <li>• Relationship counselling,</li> <li>• Bereavement counselling,</li> <li>• Family Systems Therapy,</li> <li>• Cognitive Behavioural Therapy (CBT)</li> <li>• Eye Movement Desensitisation and Reprocessing (EMDR).</li> </ul> <p>Managing mild to moderate levels of psychological distress, including anxiety, depression and anger.</p> <p>Providing psychological input to multi-disciplinary management of care.</p> | <p>Longer term and specialist psychotherapeutic interventions.</p> <p>This will include, for example,</p> <ul style="list-style-type: none"> <li>• Cognitive behavioural therapy (CBT),</li> <li>• Family Systems Therapy</li> <li>• Psychodynamic therapies,</li> <li>• Psycho-sexual therapy,</li> </ul> <p>Co-ordinating care in complex physical/psychological/social cases.</p> <p>Ensuring access to emergency psychiatric services for UASC with acute mental health problems.</p> |

# Case Examples

The following case examples aim to clearly show the level of case complexity, assessment and intervention typical of each level of the competency framework. They also indicate the level of competency expected in the professional providing the interventions at each level. The examples focus on addressing psychological issues and it is assumed that other relevant agencies would also be involved which have not been alluded to here. The examples given are entirely fictitious and constructed. Any similarities with real people are purely due to coincidence.

Bear in mind when reading the case examples given that there are numerous professionals who *could* operate at the various levels – the professionals used are not an indication of who *should* be working at each level but are examples only. Professionals such as social workers, health psychologists, psychotherapists, clinical psychologists, counselling psychologists, counsellors, psychiatrists, specialist nurses and doctors, border agency staff, police and children's solicitors and others who may work as practitioners in this field, however regardless of profession we would expect them to meet the minimum training guidelines and competencies for the level that they work at stipulated in this framework.



# Level 1

## Case Background

Isam is a 15 year old Syrian who has recently arrived in Dover and is seeking asylum. Isam is an unaccompanied minor, having been displaced from his family group on the journey. He reports having a mother and father and older brother. He also reports having grandparents in the UK. After disclosing his asylum status, Isam started to experience feeling numb and in shock and did not have time for things to sink in before being interviewed, health assessed, and moved to a reception centre.

## Problem

After the initial move, whilst still in the reception centre the seriousness of Isam's situation began to sink in. He began thinking about what the future might hold and had worries about what might happen to his family. He felt worried about being able to cope and manage the asylum process.

## Assessment

One of the staff in the reception centre recognised that Isam was distressed and offered him a chance to talk about things when an interpreter was present. S/he helped him go to a private space where Isam had the opportunity to discuss his concerns in privacy and with dignity.

## Intervention

The member of staff had undertaken the essential UASC communication skills course where s/he had learnt how to talk to someone in distress without minimising their concerns or making their distress worse. S/he was able to listen to Isam's concerns and reassure him that it was normal to have these kinds of worries at this stage and that his team would be fully supportive of him whatever happened. Isam wanted to find out more about the asylum process, what the next step would be and when he will be moved from the reception centre. The member of staff was able to give Isam information about the asylum process and told him that s/he had made a note of his concerns to discuss with his asylum team. S/he was able to inform him about who he could speak to if he needed more information and also told him about future services where he would be able to access support in the future should he need it. S/he recorded these outcomes and during handover to the afternoon shift s/he reported to colleagues that Isam had been distressed and asked that they check how things are later on that day.

## Outcome

Following their conversation, even though he still had concerns, Isam felt that he'd been listened to and felt valued as a person. He felt reassured that should the worst happen there were people around who could support him getting through it. He also felt better for having 'gotten things off his chest' and had information regarding who he could approach if he was not coping.



# Level 2

## Case Background

Isam is a 15 year old Syrian who has recently arrived in Dover and is seeking asylum. Isam is an unaccompanied minor. Isam has family in Syria and ran away from traffickers. Following his arrival in Dover, Isam was concerned that he could be sent back and would be trafficked again.

## Problem

Isam found it difficult to trust staff in the reception centre and was concerned that his translator may have links to traffickers. The staff at the reception centre were concerned that he seemed vigilant and could not relax. Yet there were times when Isam relaxed and engaged with other boys in the centre. Isam felt that his family were at risk as a result of his escape and felt guilty about not being able to protect them. He felt torn between the need to escape and the risk of harm this might cause to his family. This made him feel stressed and low in mood and he found himself getting irritable with the other people staying at the reception centre.

## Assessment

Whilst attending a health assessment, Val, the doctor, carried out a holistic assessment of Isam, which included using a screening and assessment tool, which she had been trained to use and score. The tool allowed Isam to indicate the problems which most affected his quality of life and emotional wellbeing. The assessment identified fatigue, stress, and low mood as being problems and also identified that the concerns Isam had about his family.

## Intervention

Val was able to arrange a member of Isam's asylum team to talk about the problems he had identified. He talked to he/r about the difficulty he was having in relaxing, and said that he felt tired all the time and stressed out. S/he had undertaken the advanced communication skills course, an introductory counselling skills course and a session on problem solving skills and felt she was able to help Isam identify his problems, come up with possible solutions and develop an action plan to deal with the most immediate ones.

Following a problem solving approach, Isam was helped to consider alternatives ways to manage his fears for his family and the guilt he was experiencing.

S/he also participate in a weekly MDT in which she was able to update Isam's asylum team on what he had disclosed, the interventions put in place and to explore other solutions.

The MDT agreed that he be sent for blood tests to rule out any physiological causes for his fatigue. The blood tests failed to show a physiological basis. Strategies were explored with Isam in respect of sleep hygiene and therapeutic sports activities that would enhance his sense of wellbeing.



## Outcome

Isam decided to participate in sport therapy activities, and to attend the English teaching sessions at the centre. The asylum team were aware of Isam's vulnerability and how this could compromise his resilience.

He put into practice the learning he did at the reception centre. After a few weeks he found that he had more energy to do the things he enjoyed, he was less irritable with others and his mood improved. The asylum team were able to appreciate his vulnerability and to understand his asylum status better.

Isam's allegation of trafficking was reported to the National Referral Mechanism.



# Level 3

## Case Background

Isam is a 15 year old Syrian who has recently arrived in Dover and is seeking asylum. He reports running away from interfamilial honour killings. He reports being scared that his cousins may be traveling to the UK to kill him. He maintains a relationship with his mother via phone communication and yet is scared that if this is disclosed it will affect his asylum outcome. Following his move to the detention centre he is hyper alert and vigilant, he has night terrors and is wary of strangers.

## Problem

As Isam is in a reception centre with 30 other UASC, his symptoms of distress are becoming difficult to manage. He is very concerned that if his level of vigilance dropped he would not be able to run from family members should they track him down. The local GP prescribed anti-anxiety medication and yet his symptoms are still escalating. The vigilance and anxiety are affecting his relationship with other UASC and he has begun displaying increasingly destructive behaviour. The reception centre staff are reporting to Isam's social worker the increase in difficult behaviour and night terrors. Isam's settlement into accommodation has been delayed and he is also frustrated by what he experienced as an unfair process. He began to feel he could no longer cope with the situation and felt increasingly depressed.

## Assessment

During an appointment with his social worker, Isam spoke to her about his feelings and the difficulties he was experiencing. He said that he was struggling to cope with things and felt that his concerns were not being taken seriously. S/he was concerned about this and other aspects of the asylum process which had caused the delay in leaving the reception centre. He talked about how concerned he was about the effect it was all having on his ability to cope. The social worker also asked Isam to complete a mental health screening tool to help to identify his level of anxiety and depression. This showed that the problems were impacting quite badly on Isam's quality of life and physical health and the social worker decided that the severity of the case warranted a referral to a psychologist assessment from the designated UASC mental health worker. Isam was pleased and consented to this referral and felt that his problems were now being taken seriously.

The mental health worker visited Isam at the reception centre and spent time with Isam on his own, the staff on their own and with them all together. S/he formulated that Isam's increasing depression was due to the family circumstances and trying to come to terms with the reported increased threat reported by his mother. S/he also identified with Isam and staff the issues which were causing the arguments and patterns in escalating behaviour and communication which were preventing them from being able to contain the anxiety and depression. S/he assessed that a systemic intervention would be appropriate at this stage and the Isam and the staff agreed that they would give this a go.

## Interventions

The mental health worker worked with the Isam and staff using a systemic approach. S/he met with Isam and staff for several sessions and helped them to realise the blocks to communication which escalated difficult behaviours between Isam and the staff and also with Isam and the other UASC. The sessions enabled Isam and the staff to talk about worries and concerns they had and helped them to



see that there were alternative ways of managing things together. Staff were able to talk about how difficult they found it seeing Isam's distress and his escalating behaviours. Isam was able to talk about how difficult he was finding it to come to terms with living in the UK, how worried he was for his family and for the future, and the pressure he felt to make a success of his asylum application. Isam started to realise that there were new rules that seemed to contradict old beliefs and patterns of behaviour from his culture of origin. The sessions enabled him to be open up the lines of communication with staff and his social worker. The therapist helped them to look at their strengths and how they had managed to cope with stressful situations in the past and how they could apply some of these strategies now. They were also able to explore the fact that Isam would be moving soon and to explore the losses and gains this would create for him.

The mental health worker was able to speak at an MDT to all of Isam's asylum team to enable them to understand some of the vulnerability he is experiencing and the on-going concerns about safety. An action plan was put into place with Isam that gave him contact numbers and personnel who could support him should he be concerned that a family member who wished to harm him had arrived in the UK.

## Outcome

Once the MDT supporting Isam were able to communicate with each other in a productive way, Isam became less vigilant and stopped having night terrors. Staff at the centre were able to understand more about what was happening, and had strategies to support him when he was displaying his distress. As the relationship and communication between Isam, the centre staff and his asylum team improved, then the difficult behaviours and depression lessened, Isam was able to engage in educational sessions to support his cultural understanding of living in the UK.



# Level 4

## Problem

Several months later Isam has bad news about his asylum application. His children's solicitor felt concerned about the impact of the decisions being made on his anxiety and depression levels. Isam was now focusing on the fact that he might be deported and the fear he has for his safety should this happen. He became more anxious and depressed and his night terrors returned. His anxiety became so bad that he found it difficult to leave the flat he was living in. He started having panic attacks when contemplating going out.

When his social worker visited s/he was shocked at the state the flat was in. Isam's anxiety, patterns of hyper-vigilance and loss of sleep increased and his mood plummeted. He began having suicidal thoughts and felt that his life was putting additional stress on his mother who he feared may be tortured if it became known that she still communicated with him. He decided to get back in touch with the mental health worker who had supported him a few months previously.

## Assessment

The mental health worker visited Isam at home and was concerned about the seriousness of his anxiety difficulties and suicidal ideation. S/he consulted with her colleague and arranged for an assessment in respect of his emotional health and wellbeing needs. This clinician was qualified to assess and intervene with people with severe and enduring emotional health problems.

The new clinician was aware that Isam had a history of panic episodes in response to trauma. Trying to cope with the news that his application for asylum has been rejected has triggered an extreme anxiety response. S/he assessed Isam to be suffering from panic disorder with agoraphobia. The evidence base indicated that cognitive behavioural therapy would be one effective intervention to help Isam overcome the agoraphobia and panic, which were the primary presenting problems.

She assessed the level of risk involved in Isam's suicidal thoughts and concluded that although he had thoughts of regret and guilt he had no specific plan or immediate intent and thus his risk was currently minimal.

## Interventions

Following the assessments, the clinician met with the mental health worker and discussed her formulations. They both felt that once some therapeutic work was done with Isam's anxiety, and work managing his response to the asylum process, there would be further benefit in managing the support required from the asylum team through systemic consultation.

The clinician worked individually with Isam to tackle the agoraphobia and panic using cognitive behavioural therapy over several sessions. Isam was able to engage with the therapy and gradually learnt how to manage his symptoms better. S/he also spoke to Isam's GP and they agreed for a course of SSRI antidepressants to be prescribed. S/he also spent some time on managing his distress and suicidal ideation using cognitive therapy.

Once Isam's primary symptoms had been stabilised, the mental health worker was able to do some further systemic work with the asylum team managing the issues of uncertainty while preparing for the future.



## Outcomes

After a couple of weeks of taking the antidepressants, Isam noticed that his mood improved and that he was able to think more clearly about things. He had learnt from the sessions how to manage his distressing thoughts, as well as his anxiety and mood more effectively and was able cope better with day to day activities and to express his concerns for the future. He was able to engage with his asylum team and resolve some of the issues pertinent to the asylum process.



## Training in level 2

# Emotional Health and Well-Being Competencies

Advanced Communication Skills for clinicians working with UASC.



## Profile of training:

Eight sessions of training will be offered to professional working with UASC for two hours in the afternoon once every other week.

The training will be run over a 6 month period, consisting of theoretical exploration, practice of ideas and connecting these to basic assumptions.

## The aims and objectives of the training:

### Aims of the training are:

- To enable the participating professionals to be able to communicating with UASC using reflexivity in the conversations.
- To enhance the growing abilities of these clinicians in the process of co-ordination with other professionals and clients.
- To provide a theoretical framework that informs the practise.
- To create teams of workers that support, enable and reflect on each other's practice.

### How we hope to meet these aims:

- By providing ongoing training that informs and develops the skills of clinicians working with UASC.
- Creating a context in which consultation can take place.
- By creating relationship between multi-agency clinicians through the training and consultation process.

## The training:

The training will focus on tools that would assist clinicians in the exploration of aspects of the asylum process that create concern for professionals and UASC in resolving dilemmas.

The theoretical exploration consisted of the following themes:

- Introduction and language as meaning making
- Curiosity, neutrality and hypothesis
- Circular questions and reflexive inquiry
- The social GRRACCEES and their use in meaning making
- Review of learning and feedback

The practical exploration will consist of:

- Practice of reflexive inquiry using circular questions



- Experiencing reflection.
- Role-play to allow exploration in a safe environment to develop communication skills.
- Case presentation to allow for curiosity, neutrality and hypothesis.
- Second order conversations to enable different perspectives to emerge.
- The use of live supervision within the clinical setting

## Analysis of training:

The members of staff attending will evaluate each session of training and this will be collated to inform the trainer in respect of future training modules. The findings of the evaluation process will be reposted to the commissioning agencies.

## Format of training

The clinical lead and consultant systemic psychotherapist, Dr Ana Draper has been a registered nurse and has a doctorate in Systemic Psychotherapy and Consultation, will deliver the training. She has managed and has experience of leading a multi-disciplinary team and supporting competencies from an emotional health and wellbeing perspective. .

The training will consist of both theory and practice, enabling those attending each session to experiment with the theoretical ideas with UASC as their main focus.

The sessions will be delivered in a narrative style, with power point presentations, story telling with examples from practice. Role-play will be used to expand the experience of the theory and made clear in its use with UASC.

Notes of each session will be provided to enable the participants to further reflect on the session.

## What this training could achieve:

The following outcomes will be key indicators of the success of this training:

- Clinicians will be able to engage in the process of communication with other professionals and UASC that enables conflict to be resolved in moments of disagreement and new understanding to emerge.
- Clinicians are supported to develop as level two competent.
- Creates a preventative strategy in the well-being and valuation of both professionals and UASC that supports a productive working environment and ethical practice in the care of this group of children.
- To establish patterns of working that gives account for a clinician's abilities and enables transcendence to emerge for professionals and UASC.



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<sup>i</sup> based on the NICE Guidance on Supportive and Palliative Care for adults with cancer psychological support services model, 2004, NICE quality guidance (QS8, March 2011), as well as the King Fund and The Centre for Mental Health report on Long Term Conditions and mental health (February 2012)

<sup>ii</sup> In this document we will be describing levels of work from an emotional health and well-being perspective internal to the UASC Clinical Network and therefore we are not describing other levels of work which may be undertaken before or beyond the level 1 or 4 criteria.



# Other Considerations

Further to this framework there are some other key factors to be considered. These arise from the requirement to ensure quality and consistency:

- The identification of level 3 and 4 psychology clinicians working with UASC.
- The development of agreed pathways, both internal and external, to access psychological services.
- The consistent use of agreed psychological need assessment tools across agencies working with UASC.
- NHS commissioning of level three and four services with clearly defined types of psychological interventions
- Supervision structures and CPD advice

# Interpreting the Framework

- Each Level incorporates the previous level, for example level 2 incorporates level 1 requirements etc.
- The sections – ‘Minimum Training Guidelines’ and ‘Competencies’ should be looked at jointly and should be seen as minimum standards to adhere to when planning services; the other sections are indicators of the work professionals at each level would be doing.
- The framework applies to a range of professional groups – professionals such as social workers, reception centre staff, health psychologists, psychotherapists, clinical psychologists, counselling psychologists, counsellors, psychiatrists, nurses, doctors, social workers, border agency staff, police officers, children’s solicitors and others are eligible to work at any of the four levels. However, regardless of profession we would expect practitioners to meet the minimum training guidelines and competencies for the level that they work at stipulated in this framework.

