uasc health

Sport Therapy Sessions for UASC in Reception Centres in Kent

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Overview

There is a new UASC Clinical Network which aspires to implement a clinical governance framework from which partner services deliver therapeutic interventions within every contact with this cohort of vulnerable children. This framework has a screening process, competency base and supervision to ensure that there is clinical quality and safety in the delivery of emotional health and wellbeing resilience for each child from the moment they declare their asylum status.

Current data from health screening in Kent of UASC shows that 45% of these children are exhibiting post traumatic symptoms which require additional quality standards to be met which include a reduced repeat of story-telling about traumatic events, a vigilance in respect of flashback moments and a relational containment that supports desensitisation and reprocessing to take place, anxiety to be relieved and other associated symptoms to be normalised and supported. If the right interventions are not in place, there is likelihood that the traumatic symptoms could be exacerbated into a complex post-traumatic stress disorder (PTSD).

UASC come under article 22 of the United Nations convention on the rights of the child (UNCRC) which require measurers to be in place that ensure that each child receives the appropriate protection and humanitarian assistance which includes the best interest of the child principle. Children subject to immigration control under section 55 of the Borders, Citizenship and Immigration Act 2009 have a statutory duty to ensure immigration and nationality functions exercise ‘having regard to the need to safeguard and promote the welfare of children who are in the UK. Case law also establishes that this phrase reflects the best interest obligation in the UNCRC which applies to both policy making and individual cases.

Statutory services such a Social and National Health Services therefore need to ensure that all service provision and interventions reflect this need to safeguard and promote the welfare of this cohort of children. The Kings Fund is an advocate for integrated care as the evidence shows that such care enables a good experience to be had; it improves long term outcomes and is cost effective. Due to the fact that integrated care centres round the needs of the client, with this as the organising principle from which service delivery is distributed, evidence has shown that it reduces the fragmentation of care and the falling thought gaps that is currently evident from research undertaken about the care received by UASC.

Therefore what is required is a horizontal integration between social and health services as well as other providers through a co-ordinated provider network. This would enable a multi-professional team to work around the needs of the child, as well as to share outcomes, goals and values. The evidence asserts that this would reduce the risk associated with cohorts who are complex and high risk.

What currently exists

There are a variety of protocols and interview that are undertaken with each individual child by a variety of stakeholders due to the complex nature of a UASC presentation. These stakeholders currently work in silo and there is evidence that different stories emerge at different times that need to be shared and understood by all stakeholders.

The child is required to tell their story to each individual stakeholder with a high likelihood of exacerbating the trauma symptoms they are likely to be experiencing. This way of working could lead to complex PTSD which will increase their anxiety, reduce their ability to integrate and to build healing interpersonal patterns of behaviour and relationships. Therefore the current silo pattern of working which requires the child to repeat trauma stories increases the likelihood of long term mental health concerns.

Currently a child is health screened by a paediatrician, is interviewed by the border agencies and is assessed by Social Services which causes fragmentation and reduces story to a linear understanding from which the needs of the child is evaluated and understood. Other agencies such as the police, legal and mental health services may also be called upon to interact with the child and would ask them to recount their story.

Stories are a part of life and are shared in most cultures and there is evidence that shows that it helps people make sense of their lived experiences, dilemmas and hardships. Stories are also known to be constantly changing, reconstructed and disregarded. It is also known that forming stories about experience help improve people's physical and mental health. Yet stories are complex in nature as they act as conductors from which the following takes place:

- Communication
- Educating and informing
- Building rapport
- Establishing connections
- Preserving cultural identity
- Inspiring and encouraging
- Clarifies emotions
- Coping with experiences
- Healing and honouring.

In Kent we have a rare opportunity in that as a county we are the first communication a UASC has with the UK. It is the first place from which they can formulate the story of their arrival, their experiences on the journey and the things that made them migrate. How we hear the story told and are curious about those that are untold, how we understand and respond to emergent stories will affect the health of the child.

Emotional health and well-being

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 and learning therefore is enhanced. Also 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 already stated the evidence shows that many of UASC show signs of PTSD in the health screening undertaken on arrival. Sports such as running, cycling and swimming are bilateral in nature and NICE recommend bilateral movement which causes the memory that is looping in the emotional side of the brain to integrate with the cognitive side of the brain as the preferred treatment for PTSD.

Coupled with the above evidence some of the narrative feedback given by UASC in reception centres has been that they have been unable to do sport or any physical activity and would welcome the opportunity to do so.

The intervention:

There is a need to access sport that is bilateral in movement as a regular activity that a UASC 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.

What is required:

To enable this early intervention to take place, there is a need to employ sessional sports coaches 3 times a week to undertake bilateral physical activity with UASC in the reception centres. There is a need to scope these activities, so that it fits with the routines and time frames already in place.

Cost:

- Two sport coaches to deliver swimming, running or cycling sessions with UASC in receptions centre's for 2 hours 3 times a week.
- Pre and post Emotional Health and Well-being screening to evaluate the intervention.
- Initially it is envisaged that the intervention be piloted for 12 months to see what the outcomes are using quality measures to determine success.

- Two coaches at £30.00 per hour for 36 hours per month in the first 6 months at one reception centre.
- One session of pool hire per week at £160.00 per month in the first 6 months at one reception centre.

Following an evaluation after 6 months, it is anticipated that the second reception centre could then have the intervention replicated for the following 6 months.

The total cost for a year would be: £9,320.

Potential outcomes:

There is a likelihood of the following which would need to be evidenced:

- Enhanced emotional health and wellbeing
- A protector to levels of anxiety and depression
- Enhanced ability to learn and acclimatise culturally.
- Reduction of PTSD symptoms.