

# The health, social, educational, legal, accommodation, and care needs of unaccompanied asylum-seeking children

Perspectives of UASC care leavers, foster carers and other professionals



Blerina Këllezi Haya Fakoush Kay Bridger Sara Bdeir Tadeusz Jones

**Funder: East Midlands Councils** 

September 2025

## **Contents**

1.	Executive summary	5	j
	1.1. Study background and aims	5	5
	1.2. Study methodology	5	5
	1.3. Health and well-being	5	5
	1.4. Legal	6	ò
	1.5. Social connection and activities	6	ò
	1.6. Education and training	7	7
	1.7. Accommodation and housing under age of 18	7	7
	1.8. Accommodation and housing needs after care	8	3
2.	Background to the study	9	)
	2.1. The study aims	9	)
	2.2. Research design	10	)
3.	UASC and UASC care leavers health needs.	11	ĺ
	3.1. Health context of migration based on literature review	11	ĺ
	3.2. Health needs and outcomes of the former UASC care leavers that took part in the research.	12	)
	3.3. Causes of psychological and health challenges	13	3
	3.4. Satisfaction with care	15	ŝ
	3.5. Health assessment	16	5
	3.6. Access to health services	16	ò
	3.7. Healthy or unhealthy habits: Young people's perspectives	20	)
	3.8. Recommendations on health needs and services	21	1
4.	Legal status and the experience of the legal system	22	2
	4.1. Legal outcomes	22	2
	4.2. Experiences of the process of asylum	22	2
	4.3. Solicitors	24	ļ
	4.4. Role of foster carers and other supporters	25	ŝ
	4.5 Recommendations	26	5
5.	Social connections and activities	27	7
	5.1. Outcomes on social connections	27	7
	5.2. Forming social connections and friendships	27	7
	5.3. The value of social connections and friendships	28	3
	5.4. Connections with own culture and tradition	29	)

	5.5. Challenges to friendships and social integration	31
	5.6. Social activities	33
	5.6. Recommendations	34
6.	Education and training	35
	6.1. Overview on educational outcomes of young people involved in this research:	35
	6.2. Quality of Education	35
	6.3. English Language Learning	37
	6.4 Employability and future aspirations	38
	6. 5. Social Relationships within education	39
	6.6. Financial wellbeing and independence training	40
	6.7. Good examples: Education providers identified by the participants involved in the project	42
	6.8. Recommendations	44
7.	Experience of foster care and other care before turning 18	45
	7.1. Care outcomes	45
	7.2. Background on housing care provision	45
	7.3. Initial temporary accommodation	46
	7.4 Supported accommodation and shared accommodation before 18	47
	7.5 Preconceptions and moving into foster care	48
	7.6 What makes a good care experience?	49
	7.7 Challenges in foster care	52
	7.8. Life after care	53
	7.9 Recommendations	54
8:	Training needs of foster carers	55
	8.1. Overall perspective on training received	55
	8.2. The value of cultural and background knowledge	55
	8.3. The value of therapeutic, trauma and other specific issues training	57
	8.4. Challenging conversations and language used in training	61
	8.5. Training on legal processes, regulations and advocacy	62
	8.6. Training on how foster carers can look after themselves	64
	8.7. Recommendations	65
9.	Experiences of accommodation and housing for UASC care leavers	66
	9.1. Shared accommodations after 18	66
	9.2. Managing own home	68

9.3	3. Accommodation facilitation social connection	69
9.4	4. Recommendations	70
10. E	Employment and training	71
10	0.1. Barriers and facilitators to accessing work	71
10	0.2. Cultural expectations and understanding	71
10	0.3. Positive work experiences	73
10	0.4. Apprenticeships and voluntary work	73
10	0.5. Recommendations	74
Refe	rences	76

To cite: Këllezi, B., Fakoush, H., Bridger, K., Bdeir, S., Jones, T (2025). The health, social, educational, legal, accommodation, and care needs of unaccompanied asylum-seeking children (UASC): Perspectives of UASC care leavers, foster carers and other professionals. Nottingham Trent University

Corresponding author: <a href="mailto:blerina.kellezi@ntu.ac.uk">blerina.kellezi@ntu.ac.uk</a>. Associate Professor in Social and Trauma Psychology. Nottingham Trent University, 50 Shakespeare St, Nottingham NG1 4FQ

Report design and typeset design by



# 1. Executive summary

#### 1.1. Study background and aims

East Midlands Councils (EMC) coordinates the National Transfer Scheme and leads on Unaccompanied Asylum-Seeking Children (UASC) strategy and policy in the region. EMC has initiated this study to inform and influence future policy and practice through evidence-based research. The importance of this work is driven by several key pressures that local authorities face which include, the increase in UASC transfers to the region (a total of 228 to the East Midlands in 2024 alone; [1]), increased numbers of UASC care leavers, delays to achieving status which means local authorities have to continue to provide housing, and finding move-on accommodations for those being given status. This evidence will be critical to advocate for more equitable and sustainable funding mechanisms but also to support capacity building, improve inter-agency coordination, and enhance the quality and consistency of care across the East Midlands.

#### 1.2. Study methodology

The study examines UASC experiences across six dimensions, Health and Well-being, Legal, Social Integration, Education and Training needs, Employment, and Accommodation. The project team undertook 62 interviews (13 UASC care leavers, 9 foster carers, 1 foster carer trainer and 39 other professionals). These interviews combined with review of literature were used to identify outcomes and recommendations across the six dimensions and training needs of foster carers which are presented in detail in the report. Priority has been given to UASC care leavers perspectives given the focus and limited length of the report. Further information from foster carers and other professionals' perspectives can be obtained by contacting the research team.

# 1.3. Health and well-being

UASC often face multiple traumas before, during, and after migration, impacting their physical and psychological health in the short and long term. Common physical issues include infections, dental diseases, and persistent pain and psychological issues include post-traumatic stress disorder (PTSD), depression, anxiety, loneliness and suicidal ideation. Access to primary and secondary care and mental health support is crucial. Cultural, language, and legal barriers as well as changes in accommodation and legal status can impact access to health services. Acceptable and quality healthcare and education of health and other professionals on UASC/UASC care leaver needs is vital.

#### Recommendations for Health Services

- Comprehensive and Repeated Assessments: Ensure comprehensive psychological and physical assessments takes place not only on arrival but also at repeated intervals.
- Integrated Support: Health assessments should integrate physical, psychological, and functional health aspects and address issues that could have been influenced by experiences in the home country, journeys to the UK and challenges of life in the UK.

5

- **Communication Support:** Enable UASC to communicate effectively with healthcare providers, using interpreters and culturally sensitive approaches.
- Education and Training: Educate health professionals, foster carers, social workers
  and other care providers on the specific needs of UASC and the barriers they face in
  accessing healthcare. The foster carers, personal advisors and social workers must be
  prepared for the key role they take in explaining UK healthcare system and advocating
  for the young people.
- Holistic, multi-agency and co-located care provision: Provide holistic, multiagency, and co-located care (e.g., all key health professionals to be located in the same building/area) to address the diverse needs of UASC.

# 1.4. Legal

The asylum process can be lengthy and stressful, with many UASC and UASC care leavers waiting years for legal status. Legal uncertainty can contribute to mental distress. Access to competent solicitors is crucial. Issues with legal representation can severely impact UASC/UASC care leaver outcomes. Foster carers and social workers play a key role in navigating the legal system and providing emotional and practical support.

#### Recommendations for Legal Support

- Reducing Distress: Providing education and clear guidelines about legal processes
  and timelines for UASC, UASC care leavers can help reduce distress and improve
  understanding. Minimising changes in solicitors can help reduce the distress
  associated with the asylum process. At national policy level, it would be beneficial to
  introduce time limits on waiting periods.
- **Support for Carers:** Educating foster carers, social workers, and personal advisors on legal systems and processes is essential, given their key role in facilitating access to legal support for UASC.
- Improving Legal Representation: Ensuring access to competent and stable legal representation is crucial for improving outcomes for UASC and UASC care leavers. This includes providing training for solicitors on the specific needs and challenges faced by UASC and UASC care leavers.
- Trusted source of information: Immigration policies should be clearly and sensitively communicated to young people through trusted adults—such as carers, teachers, or solicitors—to prevent confusion and reduce reliance on potentially misleading information from social media or other informal sources.

#### 1.5. Social connection and activities

Friendships and social activities are crucial for UASC and UASC care leavers to form social connections and support their well-being. Education settings often facilitate these connections. Language barriers, cultural differences, and feelings of loneliness present significant challenges for young people navigating new environments. Organised social activities—such as hobby-based events like art workshops and sports sessions, as well as celebrations of UK traditions alongside international cultural events—play a key role in fostering

inclusion, building peer connections, and promoting a sense of belonging. Connections with own culture and community might provide support but can also hinder language learning and integration.

#### Recommendations for Social Connections and Activities

- Enhance Organised Social Events: Develop and enhance organised social events to bring UASC and/or UASC care leavers together, helping them overcome the challenges of loss, uncertainty, and loneliness.
- Education on Establishing Relationships: Highlight the importance of education and care contacts (especially foster carers) in establishing relationships and friendships. Discuss these options with UASC when making decisions about their care.
- Prepare UASC and UASC care leavers for Life in the host country: Prepare UASC
  and UASC care leavers for life in the UK by highlighting the benefits and potential
  challenges of embracing the new culture. Recognise that UASC/UASC care leavers
  have different expectations and needs around connecting to their own community and
  the new culture, which can change over time.
- Promote Meaningful Engagement: Create activities that offer UASC and UASC care leavers the opportunity to engage in their development and delivery, emphasising the importance of feeling useful and giving back. This can help foster a sense of purpose and community involvement.

# 1.6. Education and training

Early access to education can facilitate UASC integration and better mental health while ESOL (English for Speakers of Other Languages) classes facilitated language learning. Clear guidance on education pathways is needed. Foster carers and social workers have a key role in supporting UASC education and career aspirations.

#### **Recommendations for Education and Training**

- Early Access: Prioritise early access to education for UASC to improve overall outcomes.
- **Holistic Approach:** Take a holistic approach to language learning, combining ESOL classes with community activities in arts and sports.
- **Financial Training**: Expand and enhance financial independence training to improve financial resilience.
- **Clear Guidance:** Create clear guidance materials explaining progression pathways for education, apprenticeships, and work.
- Mentorship Programs: Facilitate mentorship programmes where experienced UASC care leavers can support new arrivals, providing guidance and positive role models.

# 1.7. Accommodation and housing under age of 18

Foster care is generally beneficial, providing a safe and stable environment, emotional support, help adjusting and learning practical skills and integration opportunities. Foster carers often act as mentors and advocates providing guidance and helping UASC navigate their new lives.

Foster carers play a key role in preparing UASC for independent living, but more support is needed. While most care experiences identified were positive, some of the challenges reported included cultural disconnect and foster carer family conflict. Experiences of supported accommodation vary, with some UASC finding them supportive and others facing challenges like cleanliness and noise.

#### **Recommendations for Care Provision**

- **Prepare young people about arrival in foster care and other care**: Provide materials that explain the care options and context to UASC.
- **Comprehensive Support**: Ensure comprehensive support for UASC, including emotional, practical, social, educational and financial support.
- Language Support: Ensure early access to an interpreter at the point of placement
  and when making decisions about education. This would enable assessing language
  needs and accurately identifying prior educational experience for appropriate school
  placement and support.
- Discuss care options with UASC where possible: If possible, discuss care options
  with UASC so they can make an informed decision about which type of care they
  would value.

#### 1.8. Accommodation and housing needs after care

Upon arrival, UASC may be placed in temporary accommodations or initial reception centres. This period can be marked by uncertainty and anxiety as they await more permanent housing. Experiences in shared semi-independent accommodation before and after turning 18 vary widely. Some UASC and UASC care leavers find it supportive and enjoy the company of peers, while others face challenges such as cleanliness issues, noise, and conflicts with housemates.

#### Recommendations for Accommodation and Housing

- Preparation for Life After Care: UASC need to receive training on financial management and key skills they will need for independent living. This includes budgeting, cooking, and household management.
- Conflict Resolution: Implement effective conflict resolution strategies in shared accommodation to address issues like cleanliness and noise. Support from key workers and social workers is crucial.
- **Location and Accessibility:** Where possible, ensure that accommodation is well-connected to essential services and activities. This includes access to education, healthcare, and social activities.
- Holistic Support: Adopt an approach to housing support that addresses the physical, psychological, and social needs of UASC/UASC care lavers (e.g., need for access to own community, or shared accommodation to meet social isolation needs). This includes multi-agency collaboration and co-located services.

# 2. Background to the study

Local authorities across the East Midlands support a large number of Unaccompanied Asylum-Seeking Children (609 by end of 2024) and former UASC care leavers (1,264 by end of 2024) [1]. In 2024 alone, the total number of new Unaccompanied Asylum-Seeking Children (UASC) arrivals in the East Midland was 382. Of these, 70 (18%) were from asylum hotels, 84 (22%) were spontaneous arrivals and 228 (57%) [2], were transferred through the National Transfer Scheme (NTS). The East Midlands Councils (EMC) coordinates UASC arrivals (n=228, 9% of the total 2,454 in 2024 alone) from the National Transfer Scheme on behalf of the Home Office [2]. EMC also takes the regional lead for UASC strategy and policy to support local authorities in the East Midlands in their care of UASC and UASC care leavers. Local Authorities are responsible for UASC care, it is part of their duty of care toward children under the Children Act 1989. The Act mandates that local authorities provide UASC with appropriate care, support, and accommodation, ensuring their safety and welfare.

Resources and funding continue to be scarce for the provision of care for UASC and former UASC care leavers as they navigate the oversubscribed local services such as education, health, housing and legal aid, exacerbated by the cost-of-living crisis. In the recent migration briefing dated December 2024 [2], EMC urged the government to increase the funding for services in the region as the current funding falls short, covering only 59% of the costs associated with supporting UASC care leavers.

The role of local services is crucial for newly arrived migrants, particularly young people. Well-functioning services are essential not only for achieving better outcomes for UASC and UASC care leavers but also for safeguarding their welfare and ensuring their integration into society. These services provide vital support in areas such as education, health, housing, and legal protection, helping to create a stable foundation for young migrants to thrive in their new environment.

# 2.1. The study aims

This research conducted primary data collection to examine the experiences of UASC UASC care leavers, and carers, focusing on identifying the constraints and opportunities provided within the East Midlands region across a range of services. The study assessed both the short-and long-term needs and outcomes of UASC, UASC care leavers and carers by engaging with multiple actors, to address the following overarching questions:

- What are the challenges of UASC and UASC care leavers across the six key dimensions: accommodation, education and training, employment, health and wellbeing, legal support, and social connections?
- How can support be structured to address the needs of UASC and UASC care leavers across the six key dimensions?
- How can foster carers be supported to continue their work effectively in provision of care for UASC?

#### 2.2. Research design

The research consists of three main elements: a literature review, primary data collection and an advisory board. We conducted a literature review alongside primary data collection. The primary data collection included 62 interviews. Finally, the research took a participatory approach by involving 3 UASC care leaver consultants that advised the research at different stages.

We interviewed 13 UASC care leavers (aged 18+). The UASC care leavers interviewed identified a pseudonym they preferred us to use in the research. Of the 13 UASC care leavers interviewed, 11 (84%) were male and 2 (16%) were female. Most, 8 (62%) were based in Nottingham, 2 (15%) in Northampton, 2 (15%) in Leicester and 1(8%) in Nottinghamshire. The UASC care leavers came from: Iran/Kurdish Iran 3 (23%), Sudan 3 (23%), Afghanistan 3 (23%), Iraq/Kurdish Iraq 1 (8%), Eritrea 1 (8%), Ivory Coast 1 (8%), and The Gambia 1 (8%). All the young people had arrived in the UK aged 17 and under. The earliest year of arrival was 2017 and the latest 2023.

We interviewed 9 foster carers and 1 foster carer trainer. Seven foster carers were recruited from across different local authorities within the East Midlands. Given the challenge in recruiting foster carers, we also recruited 2 additional foster carers from outside the East Midlands and one professional training foster carers. The foster carers interviewed were located in Nottingham (n=2), Newark (n=1), Leicester (n=2), Derbyshire (n=2) and outside the East Midlands (n=2). Of these, 4 (44%) worked for fostering agencies, 4 (44%) for LA in the East Midlands and 1 (11%) for supported lodgings.

We also interviewed 39 professionals from a range of professions such as social workers 5 (13%), personal advisor 3 (8%), GPs 3 (8%), charity workers/volunteers 3 (8%), youth workers 2 (5%), education professionals (teachers and well-being support, 16; 41%), mental health professionals 1 (3%), leaving care practitioner 1 (3%), UASC practice supervisor 1 (3%), residential support worker 1 (3%), review officer 1 (3%), and legal advisor 1 (3%). The professionals interviewed were located in Nottingham 18 (46%), Leicestershire 2 (5%), Leicester city 3 (8%), Leicester, Leicestershire and Rutland 2 (5%), Derbyshire 5 (13%), Derby 6 (15%), Northamptonshire, 1 (3%), and Lincolnshire 2 (5%).

# 3. UASC and UASC care leavers health needs.

The report now explores the health needs of UASC and UASC Care Leavers

#### 3.1. Health context of migration based on literature review

Like other migrants, UASC could have endured multiple types of traumas at different points on their migration journey: before, during and after. UASC could have witnessed the harm of close family and community members [3], or they could have been forced to participate in the violence (e.g. child solders) or even become specifically targets of violence (e.g. gender-based violence, sex slaves) [4]. During migration, UASC could have experienced trafficking and smuggling [5]. An unpublished UK study of 41 UASC found a high prevalence of sexual abuse during their migration journey (9.8%) [6]. These experiences took place at a time when the UASC had lost the supportive environment of family and friends who could have helped UASC avoid or cope with such experiences [7].

Even when arriving safely in a host country, UASC could face stigma, racism, discrimination [8,9] and prolonged legal processes [10,11] which can undermine their health and wellbeing. For example, there is an increased risk of suicide attempts among UASC who undergo age evaluation [12], in part because of the threat of loss of standard social and care protection that the child categorisation offers [13]. Policies that are perceived as hostile (e.g., deportation to Rwanda) can further add to the stress of this process, particularly if the UASC is classified as an adult following the age assessment process [14]. The concerns with the legal system led around 5% of UASC in Sweden to go missing between 2014-2017 [12].

The challenges in the new country also derive from the need to adapt to a new way of life including social structures, education system, cultural habits, legal status [8,15,16,17], language barriers [18], the dilemma towards maintaining one's culture and integration into the new culture [17], and loneliness due to loss of social connections [19]. Social isolation due to the above challenges can be associated with higher symptoms of PTSD [20]. The challenges can be diverse for the different genders although research on non-binary individuals is limited. For example, when Sweden faced a large increase of UASC applications in 2015, the emergency response led to girls being housed together with boys which increased the risk to gender-based violence [12]. Evidence also shows that being female increased the risk of psychiatric disorders [21], in part due to the additional threats and risks that girls and women face due to gender-based violence in countries facing war and conflict [22].

Another key source of struggle of migrants like UASC in the new country is the negative portrayal in the media. There are two key discourses regarding UASC, both of which can be problematic for different reasons. The first relates to their depiction as vulnerable and traumatised, lonely and in need of protection. This negative view can be internalised and reinforce perceptions of loss and disconnection among the young people [12]. The second depicts them at best as exploiters of welfare systems and at worst as dangerous and a threat to public order [23].

This combination of trauma due to conflict or war, separation from loved ones, difficult migration journeys, and challenges in the new country can best understood through what

Durluyn and Broekaert, define as 'sequential traumatisation' [24]. The term sequential traumatisation has been considered useful in understanding the UASC experiences and needs [25].

Age is a further potential vulnerability factor. Most UASC are between 15-18 years old which is an important age where critical physiological, cognitive and emotional developments take place [5]. During this age, adult identity is formed, and important social connections are created which can impact on quality of life and wellbeing [26]. Separation from family and experience of war, trauma and migration undermine this identity formation, leading to loss of important social connections and role models and high levels of distress [27,28]. Eide and Hjern further argue that we must distinguish between the needs and experiences of UASC who are over or under 15, with the younger ones being more vulnerable [10].

# 3.2. Health needs and outcomes of the former UASC care leavers that took part in the research.

Many of the young people taking part in the research reported struggling with their physical or psychological health.

#### Physical health

The participants' physical health challenges included medical conditions such as hernia and persistent pain. Three (23%) of the participants reported experiencing physical health needs that required use of secondary care. Two (15%) reported being diagnosed with infections (e.g. TB) which were successfully treated by the General Practitioner (GP). All (n=13, 100%) had used primary care at least once. As our sample was not representative and we did not conduct a structured health assessment, the issues reported are only an indication of the types of concerns UASC care leavers reported facing whilst in care and in the aftermath. The literature however has documented similar types of health needs as those reported by the participants in the present study.

A study of 1,718 UASC accessing services in Serbia, found a complex presentation of medical, psychological and social needs [29]. Physical health needs were prevalent such as visual and hearing problems (10% of the children) [30]. A UK study that screened 1,104 UASC in London found that 407 (37%) had at least one infection, and 116 (11%) had multiple infections. Some of the common infections included tuberculosis (18%), schistosomiasis (17%), hepatitis B (4%), giardiasis (7.7%), tapeworms (3%), and Strongyloides (3%) [31]. Another study of 154 UASC in Kent, found that dental diseases were present in 60 (46%), infections in 26 (17%) and that 71% of them met the criteria set by WHO on screening for tuberculosis but also came from countries with high prevalence of hepatitis B infections [32]. Another unpublished UK study of 41 UASC found a high prevalence of tooth decay (88%), emotional problems (73%), sleep difficulties (44%), injury and pain (42 %) [6]. Another study found that overall, 5% of UASC were identified to be in immediate care need [30].

Existing research suggested that while the assessment of healthcare needs is essential, it must be done at the same time as psychological needs and function assessment [33]. For example,

Yim et al, reviewed literature on the physical needs of UASC and found that these young people would benefit from a combined approach which included sleep hygiene and psychoeducation about sleep, changes in nutrition and refeeding interventions [34].

#### Psychological health

All 13, (100%) of young people interviewed reported having experienced mental health problems when in the UK. Psychological problems included symptoms of depression, anxiety, suicidal ideation, sleeping problems and post-traumatic stress. As our sample was not representative and we did not conduct a structured health assessment, the issues reported are only an indication of the types of concerns that UASC care leavers reported having faced whilst in care and in the aftermath. For this reason, it is not possible to indicate prevalence of diagnosis. The literature however has documented similar types of health needs as those reported by the participants in our study.

Given the diverse experience of trauma, loss and migration, it is not surprising that there is strong evidence on the health and wellbeing outcomes of UASC. One study found that one in three UASC had healthcare needs [30]. UASC also report high levels of psychological distress. These include evidence from non-UK studies on PTSD/PTSS (posttraumatic stress) ranging from 20%-51% [35, 20, 36], and qualitative evidence on loneliness [19], and depression (40% of the sample in Oppedal et al., 2020). A study of 154 UASC in Kent, found that 73(41%) of UASC reported psychological symptoms and 24 (16%) met the criteria for PTSD [32]. This high prevalence of PTSD, anxiety, depression and internalised problems are maintained from arrival to at least two years afterwards [37]. Some of these studies compared prevalence to accompanied children and found that UASC diagnostic rates were higher. For example, UASC reported higher levels of PTSD and sleep disturbance [38], PTSS [39], psychiatric, affective and neurotic disorders [40] and higher exhibited suicide and self-harm behaviours [41]. The diagnostic methods, samples and control variables in these comparative studies range substantially to allow a detailed discussion in this report (see review [35] for a detailed discussion).

The way UASC deal with the distress of migration could also be different compared to other children facing trauma. Mental health distress in UASC has been linked to a range of externalised behaviours [42, 43] which can be perceived as non-cooperative and breaking rules, as well as difficulty with coping with care experiences [23]. While these behaviours can be present in citizen children in care [44,45], for migrants with no legal status such behaviours could be perceived to threaten their asylum case [46]. Furthermore, there is strong evidence that legal uncertainty due to asylum process is a strong contributor to migrant mental distress [47,48,46] as is experience of discrimination, daily challenges and language barriers [35].

# 3.3. Causes of psychological and health challenges

The participants in the present study believed that some of the health needs they faced were due to their life challenges and traumas they had faced in the past. These included difficult journey to the UK:

I got an appointment for a tuberculosis .... I ended up positive. And because I travelled in lots of country, Sudan, Libya and other countries, ... I just finished (taking) my medicine ... I go to the doctor, and they say you don't have to take anymore, and they give me the certificate. (Young person, Arin)

Similarly, psychological needs were attributed sometimes to the challenges they faced, like adaptation to a new home. This participant reported needing sleeping tablets to be able to sleep in an unknown house while sharing a room with someone he didn't know. However, the tablets made this young person lethargic, so he eventually stopped taking them:

When I came in the first (foster) family, I used to use sleeping tablet because that time, everything's new. I'm in the room with strangers. I shared the room because there was another guy with me. .... I couldn't sleep. GP gave me sleeping tablet prescription .... till this day I don't know how it works ... whenever I go sleep it doesn't make me wake up... I stopped myself. ... I fed up with it because I can't wake up. (Young person, Bakri)

The loss of family and social networks they had back home also contributed to the participants' distress. In the case of this former UASC, visiting the sister that lived in the UK was painful because it reminded him even more of the loneliness he experienced when not with his family:

And the first time I was going a lot to my sister, like three or four times. .... I was happy with them. And after that, I came back to Nottingham. I find Nottingham empty. I was thinking, OK, I'm alone always. I was alone in my room. I was mostly alone so it leads me to become depressed. When I realised that and I just stopped going there. (Young person, Zeka)

Previous research has shown that separation from families can become traumatic leading to higher depressive symptoms among UASC compared to those that migrated with their families [42,43]. This next participant explains how their mental distress was so severe that they could not seek help and started to self-isolate at home, not eating and self-harming:

I'm pretending that I'm happy. I'm good. ... I was scared to show people that OK, I'm depressed or I'm like, not really happy. When they were asking me, you know, you OK? I said, yeah, OK, I'm good. But in fact, I wasn't good. ...all the time I wasn't happy. I didn't like to eat. I didn't like to go outside. I didn't like nothing...Sometimes I was leaving the house for ten to twelve hours I was going outside. ... like just running outside, just punching the walls, punching the things, just like hitting myself and that kind of stuff. And it was crazy. (Young person, Zeka)

14

Nottingham Trent University

<sup>&</sup>lt;sup>1</sup> The grammar in the extracts from the interviews has been partly corrected to aid understanding.

Mental health was such a concern, that when we asked UASC care leavers what they would recommend to any other UASC who have just arrived in the UK, many highlighted the importance of looking after mental health and seeking professional help:

Take care of your mental health, because it's really important because when I look back at what I've been through. I feel like. Yeah, the mental health is really important. So, if you need to speak to counsellors or therapists or GP, try to find help somewhere you know, you might get your help from somewhere you don't know, but try to get your mental health is really important because when you're not good mental, there's a lot of things that you cannot do. (Young person, Kadi)

Home Office interviews, and legal processing were also a source of stress. The experience of the legal system will be discussed in more detail in part 4 of this report.

These multiple contributors to physical and psychological ill health identified in our research, support findings from previous research, e.g. [49,50] which are summarised at the start of this section.

#### 3.4. Satisfaction with care

Some of the young people had used a range of healthcare services such as GP, dentist, opticians and had generally positive experiences.

I had all the support to be honest ... to the dentist and then to the optician for my eyes. And you know, when I was going to see doctors (Young person, Saha)

Some participants reported having used facilities multiple times, although some were not sure about the specific treatments received.

I have the GP I have a GP. (visited) more than 10 times. (Young person, Diari)

Interviewer: Did you have NHS support when you arrived?

Participant: Yes, I had.... but I don't remember what kind of vaccine. (Young person, Alan)

When asked what made health services satisfactory, the participants valued being given the opportunity to communicate and feel understood by the professionals using interpreters:

I went to GP. Yeah, first time. Its easy way to understand. ... There is one interpreter you know with me in GP, translator. My English is not good. (Young person, Shad)

The participants also found it useful when the procedures were explained to them. This young person nearly fainted during a blood test but found the explanations very helpful:

I don't like the injection; I'm scared of them... they explained it to me... they said OK, don't worry... everything good, ...Dentist, yeah, I've been...It was not bad, it was good. (Young person, Max)

#### 3.5. Health assessment

Some young people remembered having a health assessment and reported these taking place in the first few months after arrival, which included GP, dentist and opticians:

After three months, I told them I do have some problem because I have some tonsillitis ... I got an appointment for a tuberculosis ... And I go to the optician. They told me you are short sighted and should get glasses. (Young person, Arin)

Some assessments were staggered over time and this proved useful in the case of this participant who faced health issues a few months after his arrival:

First time when I arrived there had some checks. Like how healthy I am. But after 6-7 months they had another one ... I had some stomach pain. And at that time, I was thinking that probably it's normal, but it wasn't. And after that the doctor saw me and I just told the doctor that I had this problem for three months, more than few months, almost a year. So, he found out that I got hernia ... They will arrange surgery for me.... I've tried a lot, but they don't do, but I'm struggling so much. ... I can't sleep really good. (Young person, Zeka)

Other participants were not sure if they had health assessments or when they had taken place. A few participants reported the benefits of the assessment being facilitated by the care facility where they were living:

This care centre that is called (name of care provider) and there is the lady, the boss there, (name of person) she is one of the nicest ones ... she did take us to the hospital, and we went to register in a GP where we had our blood test and got some injections for vaccinations about some other that I don't know. ... They told me about a sickness to prevent. (Young person, Saha)

#### 3.6 Access to health services

Sometimes, participants were apprehensive about accessing certain services because they had never done so in the past, as was the case with the dentist in this next interview.

Dentist was also good. Dentist was angry, it was difficult for me, it was my first time ever going to the dentist (Young person, Shad)

In fact, many of the participants had little prior knowledge of the UK health system and initially relied on their own cultural expectations (e.g. health issues can pass on their own with time). Despite this, many of the participants accessed GPs when they needed them. Whilst in care they were encouraged by their foster carers, support worker and/or social workers to access services which led to successful and appropriate engagement with primary care.

I feel like I never really needed the GP. The only time I had something on my skin, they give me sort of shampoo, cream and they get rid of it straight away. All I know is that paracetamol is good for headache. If you ask me about science, hospitals, I have no clue. ... in our country they go to sleep, and you will be fine. .... when I had the rash on my skin, I was living with foster family, that is why I went to GP. (Young person, Bakri)

I was going with my social workers, and they support me to do it because there is nothing, I was doing for myself. They were actually supporting me with every single step. (Young person, Saha)

And those support workers do when I need something they call even the blood test for the tuberculosis... The support workers help us calling the GP... (Young person, Arin)

For the next participant access was facilitated at the start by a foster carer, but this was not easy due to language limitations. With time they became confident to make appointments and found interpreters very useful. However, for some topics they would have preferred to communicate directly with physicians.

It's really easy to go, but for the beginner it's hard because especially because of language... my foster carer they helped me to get a GP and dental ... because I was too small and I couldn't tell. And my English wasn't that good, and so just she tried to get me appointment. If I was sick or like shaking. ... I had an interpreter, or you can say things. ... You don't feel comfortable. ... especially have like some sickness you don't want to ... somebody else. And you feel embarrassing if you tell. So, the best thing to do learn English. (Young person, Diari)

Not all young people felt they were supported by their care providers in accessing health support whilst in care. This led to decisions not to report any issues or seek further help:

Because about surgery so it's a bit strange for me. ... I wanted some support from our staff to be with me in there. ... I don't know why because I've asked for support for my college like a month ago and they said no, we can't support you with that. ... I told them that I will never ask for support from you guys because I've asked many times for any other appointments, but this is 'no we can't because we don't have enough staff'. (Young person, Zeka)

Navigating health services with complex health needs could be very demanding. However, this participant eventually received the help they needed, thanks to the emotional and informational support from their friends and health workers:

So, my friend just advised me to go to the (name of hospital) since it's urgent to go to emergency ... the doctor took my all my details and then they did brain scans. ... I did have my papers at the time and then he just came to give me the results. He said... it's really serious because there is a bleed in your brain and it's really, really not good. ... The surgeon told me I had (name of condition). That's why you couldn't move, and you couldn't talk. ... I stayed there for two weeks. They I had treatments, obviously. (Young person, Kadi)

The next former UASC care leaver also reported reluctance to talk about mental health due to their cultural practices growing up. This impacted willingness to seek support for mental health challenges.

During lockdown just was so hard ... I used to be that person who wasn't open to talk, to express myself emotionally. It's just the way I was brought up and, in your heart, you'll be like Oh yeah, I'm fine, I'm fine (Young person, Murni).

This reluctance to seek help was concerning when some young people talked about the struggles with mental health and how difficult they found coping with them:

Unfortunately, at that time for after two months that I arrived in the UK after two months or three months later, I've been in depression, stress and anxiety for almost more than five to six months, and it was really hard and even like for 24 hours, sometimes I didn't speak to anyone, and I didn't eat anything. I was just hating myself. It was much difficult for me to communicate with people. I was scared. I was shy, I was depressed... And that was such a tough time. (Young person, Zeka)

These mental health struggles undermined many areas of life like participation in school, friendships, as well as ability to seek professional support for mental health. These will be discussed in more detail in the education and social connection sections of this report. For some participants, access to health services stopped once they left care (in the case of the next participant, foster care)

I still have not registered with the GP. When I was at foster care I had GP. When I was in shared accommodation, I still had the one in (name of city). When I moved in my flat my GP stopped, and I never go to the GP (Young person, Bakri)

Another challenge to service access once they left care was due to the financial burden of services such as private dentist:

I had an accident, and I had some dental issues when I fell, I banged my front teeth on the pavements. I had to pay ... if I was not having that money at the time, to be honest, it will be a really, really had situation for me because the NHS was hard. And then they gave me an appointment where... long, you know, appointment was long like next year, they're telling me there is no space for now. So, and then I was in pain, I couldn't wait and I went for the emergency one. ... So I had to go for a private dentist to do it. And it was expensive. (Young person, Saha)

The barriers identified by the participants in accessing health services support findings from previous research. Previous research also has found that barriers are multidimensional including cultural, institutional, language, juridical and even ethical dimensions [25]. For example, research with undocumented migrant adults in the UK showed that uncertainty and prolonged legal process can limit access to health services and increased distress [25]. Intergroup distrust, uncertainty around legal status, uncertainty around rights to health, stigma around mental health and fear that accessing health services can undermine their legal case, impacted on willingness to disclose mental and physical health issues and seek support among undocumented migrants [47].

UASC research has shown evidence of specific barriers such as commissioning challenges (e.g. access to and provision of child and adolescent mental health services) [34]; understanding of mental health and health services [51], navigating the system, poor or limited services [34], diverse presentation and understanding of symptoms and distress [52,34], anticipated stigma from health professionals, limited communication skills/access [8], lack of parental guidance [21], legal status and limited language skills [53], and lack of trust in health professionals [54,55]. There is also evidence that UASC do not understand the value of talking about their past experiences and their current mental health [54]. These barriers can all contribute to disengagement with health services and interventions [56] or overrepresentation in emergency care services with health crisis and self-harm concerns [41]. The contradiction that professionals sometimes face in fulfilling their roles where they must consider legal restrictions in providing support and specific needs of UASC, can undermine appropriate provision of support and access to services [24, 50].

Evidence from the interviews with foster and other carers in this research and prior research suggests that access to healthcare is facilitated by placement in supportive living environments, as opposed to more restrictive settings. This is because supportive carers are better able at identifying potential signs of distress [57]. Another facilitator would be taking a stepped-care approach to delivering services to address psychological and social barriers [58]. A stepped-cared approach is an approached based on two key principles: first providing the least restrictive care model and second for the care to be self-correcting [59]. Multi-agency

work and co-location of care and health staff would be helpful in supporting better access to healthcare [34]. A comprehensive psychological and physical assessment from the start would identify those most in need, but repeated assessment can also identify those with late or diverse manifestation of distress [34]. Yim et al, propose a UASC and UASC care leaver specific pathway to accessing health services [34]. Education of health professionals on the UASC and UASC care leaver needs will improve assessment and ultimately service provision [60]. Similarly, taking a holistic approach to assessment and care provision in all points of access to health care, from primary to secondary and emergency care, can also improve UASC and UASC care leaver outcomes [61]. Other key contributors to health were building resilience through social connection and education (discussed in parts 5 and 6 of this report) and health habits which will be discussed in the next section.

### 3.7. Healthy or unhealthy habits: Young people's perspectives.

Several of the young people interviewed were mindful of the importance of participating in healthy lifestyles by engaging in sports and exercise.

I'm actually being a healthy person. I eat well. I go to gym, I look after myself, I go on long walks. As I said, I don't smoke and drink (Young person, Arman)

The participants reported that foster carers, personal advisors, friends or even families back home had a key role in facilitating this engagement with healthy lifestyles.

I love going to gym. I love doing exercise, staying healthy... I came from educated family. My dad always tells me go gym, do training, makes you more confident... look good .... healthy. (Young person, Bakri)

The participants reported several barriers to engaging in healthy behaviours, such as physical access to sport facilities and financial constraints:

My only problem is to going to gym is the distance from my house to the gym. It's like 25 minutes by the bus and not all the buses go. ... I pay myself as a membership. .... Stopped going to gym when I was in the family. ... Cause with the food. I couldn't always make my own food (Young person, Bakri)

One young person spoke about their attempts to read the right literature and engage with life philosophy that helps them cope better with stress, especially with home office interviews, and look after themselves:

Just teach myself. You have to relax, and you have to stay calm. After six months, ... I'm just still waiting for the interview. Yeah, but you're staying calm. You're being patient. That's the only option I have. ... This is about building self-esteem patience. (Young person, Arin)

#### 3.8. Recommendations on health needs and services

- Comprehensive and repeated assessment: Ensure a comprehensive psychological and physical assessment takes place not only on arrival and but also at repeated timepoints. Repeated assessment can be beneficial to uncover delayed manifestation or to allow time for UASC to feel more confident to disclose issues and understand the support available.
- Integrated support: Health assessments should integrate physical health (especially around infections, dental care, nutrition and immunisations), psychological health (PTSD, anxiety, depression, suicidal ideation) and functional health (sleep, social isolation and behaviour).
- The nature of physical and psychological support: Ensure physical and psychological support address issues that could have been influenced by experiences in the home country, journeys to the UK and challenges of life in the UK.
- **Communication support:** Enable UASC and UASC care leavers to feel understood and able to communicate when accessing psychological and physical support whilst in care and afterwards. Through the use of interpreters and enhancing the understanding of cultural issues around confidentiality for professionals.
- Enhancing access through education: Access to services can be facilitated through education of all services users and providers on a) UASC and UASC care leavers needs, and b) barriers and facilitators to health access. Health provision needs to include trauma-informed practices in terms of identifying needs of UASC/former UASC, facilitating accessing of services, facilitating delivery of healthcare and support, and improving health interactions. The foster carers, personal advisors and social workers must be prepared for the key role they take in explaining UK healthcare system and advocating for the young people.
- Holistic, multi-agency and co-located care provision: Provide holistic, multi-agency, and co-located care (e.g., all key health professionals to be located in the same building/area) to address the diverse needs of UASC.
- **Financial Support:** Continue providing financial and practical support to access health services and activities that enhance physical and psychological well-being.

# 4. Legal status and the experience of the legal system

A key aspect of this project was to explore the legal experiences for UASC.

#### 4.1. Legal outcomes

The UASC care leavers that participated in the present study were asked about their experiences with the legal system in general terms. Overall, 7 (54%) reported currently holding temporary or permanent right to live or remain in the UK and 6 (46%) were still waiting for the outcome of their legal application. The waiting time for those who did not have a status yet ranged between 2-6 years.

#### 4.2. Experiences of the process of asylum

For many of the participants the process of seeking asylum was a difficult experience. As the next young person explained, waiting after travelling for two years was hard and stressful. The Rwanda policy [62] was discussed, and the young people feared the implications that this policy would have on their case. Another concern was lack of understanding of the legal process which is common among asylum seekers [63]:

No one explains about (asylum system), just they set up all things like to talk to my solicitor, or I didn't get any advice like how to get a paper .... the translator. Yes. He speaks and I speak, so I just explained everything clearly. I hope he is also explained that one. ...It has been like, probably more than five months since we signed that paper. They didn't call me for interview, just waiting for the interview. It, it has been very long time. I ask myself, what what's going on ... And I hear about the Rwanda thing. ...maybe that's the reasons they didn't call me for the interview ... I have been travelling two years to UK, so it's five months (wait). ... You have to relax and you have to stay calm. That's the only option I have. (Young person, Arin)

The next participant also struggled with the length of the interview and waiting time, making them feel they had no control or agency over the process:

It is hard to wait for this long. It's gonna make you learn how to patient. ... Tell them to get an interview and then find a solicitor. And then I'm waiting for court more than. 14 months. Nothing. Still no response from them. (Young person, Diari)

This other young person also found the four years wait and the legal experience very difficult and doubted themselves about what she was saying or why to the officials. While the social worker and foster carer tried to prepare them for the process, this young person still struggled especially with the age assessment:

It was so hard because I was constantly worried about what was going to happen. When social services used to ask me questions. The answer that I used to say ... Why did I say? Should I have said that, or you know, it was just constant worry about what was going to happen. What if they deport me? ... I was really stressed. Especially when they had to do the age assessment ... oh my God, he's so crazy. ... The whole you know how to answer... they asked me a lot of questions, and it was really, really stressful. I was really anxious. ... foster carer before we start, she just said well, just gonna ask your questions and just relax and answer the question. There's nothing serious about it. (Young person, Kadi)

The varied time it took for the participants to obtain their legal status in the UK was an indicator of lack of predictability in the system. For example, this next young person reported receiving their status in 8-9 months without much help, while 6 (46%) participants still did not have it 2-6 years after arriving in the UK:

Interviewer: Did you get any support from the government about the process of

applying for asylum?

Participant: No, nothing.

Interviewer: Are you still waiting for your paper or do you have it?

Participant: I have that.

Interviewer: Congratulations. How long did you wait for it?

Participant: Around 8,9 months. (Young person, Alan)

One challenge with the process and interaction with solicitors related to the young people being asked questions they did not understand, were not able to answer, or even feared answering. Fearing the process exacerbated these issues:

My solicitors used to just ask me questions. .... you just find yourself here. You don't know what's happened. You don't know what's going on. You're just like, OK, what's this? And my solicitor ... she's got so frustrated with me because there's some questions she just asked on that I don't know. I don't know why it's even happened. I don't understand. So she thinks she's going to get answers from me, but I don't even have those answers to give it to her. (Young person, Murni)

This other participant also spoke about the challenges of not understanding the legal process or what to expect. While access to solicitors was initially quick after arrival for him, the availability of solicitors longer term varied. This young person emphasises the challenges of engaging in a complex system at a young age and in a new country. It also highlights the challenges of temporary permissions and the need for reapplication:

Me not knowing anything and me not understanding anything ... That's why I am still in that problem, with legal because the way it started was the main issue. I did have so many difficulties on the legal side; I had to go and pay for some legal.... I went to the solicitor .... It's hard to talk to them. You don't know what's going on. You don't hear from them. If you want to talk to them, you can't ... there was a time that I needed a work permit to start to start the work. ... I had to do it myself. I had to find out a way and then apply my own way. And then I end up receiving it.... I am working to submit these documents that the Home Office been asking you to submit. Then I can wait for the decision to be made at this point (Young person, Saha)

This next young person explains that they felt the legal process was mismanaged. They believed the issues would have been resolved if they had been informed better about the process, and if the solicitors had taken the case seriously. They struggled with their worries and negative feelings about the process and the financial burden of paying for a solicitor:

Really disappointed, but I blame it on myself anyway. ... For my case, my legal was not telling me anything, and then when I faced the Home Office on the interview and then I was asked questions and then I answered these questions. The Home Office replied back to make some clarifications on some other points, but the solicitor, she did not tell... the main reason is they actually don't take you seriously, the solicitors, the company, they will give you maybe the amateurs. The one that was handling my case, I don't think she knows a lot and that is the problem. ...the Barrister told me the solicitor left so many things behind because there were audios which were meant to be presented, which they did not bring them all forward. And then he told me the solicitor messed up so many things because the age on your statement, there are things that you said is available. They should have provided it. The Home Office or the immigration judge will want to see that. ...which really jeopardise so many things. ... I complain to my PA. And then I told my PA that I don't think I will be able to continue paying the solicitor because, right now I'm doing the apprenticeship because I was getting some little bit of allowance. It's not that much, which I was able to pay bit by bit. (Young person, Saha)

#### 4.3. Solicitors

As outlined in the section above, solicitors were key to the young people navigating and engaging with the legal processes. A few of the young people were very happy with their solicitors. When asked to describe what makes a good solicitor, they explained that the solicitor helped them get their status:

My solicitor was very good. I was happy with my solicitor. ... Home Office gave me the interview. After the interview, I think one month, and they give me the visa. Solicitor has helped me. (Young person, Shad)

Accessing solicitors was not always easy as this young person explains that it took 5-6 months to find a solicitor. Once they found them, they struggled communicating with solicitors:

I think 6 months later they give me solicitor. 5-6 months no solicitor, no courage, no anything. (Young person, Shad)

This next young person also spoke about frequent changes to solicitors even within the same firm and struggles with understanding the process:

We had to go through this process, do an interview with Home Office, you know, to get your papers. 2-3 solicitors changed. So one has left, one is on holiday. Whatever. (Young person, Bakri)

Trusting solicitors was essential for the young people who had to navigate the complex asylum process, which in this next case did not work. This young person felt the solicitor's mistakes led to the negative outcome and missing the appeal opportunity. However, changing solicitors was hard and costly. This next participant's case was also an example of friends helping to identify or pay for private solicitor:

It was horrible enough, so she (the solicitor) tried to make a long story and I meet her like 14 or 15 appointments. ...So then I got an interview with Home Office and then because the story was really long.....really hard .... after six months they contact me to do it again. Another interview, and was to take around 5 hour so. Altogether was around 12 1/2 hours. Talked with them and then after three months I got ....refuse because of my solicitor, I don't know. He is on holiday or somewhere else but he didn't tell me I got refused so. ... I just left the company. And then try to get near solicitor but I couldn't get near solicitor for free in a legal aid... I asked my mate ... they just support me with the money to get private solicitor (Young person, Diari)

# 4.4. Role of foster carers and other supporters

Foster carers especially provided valuable emotional and practical support (within their own knowledge and abilities) to deal with the legal system. This included support with forms, physical access to solicitors, and access to the asylum interview:

Language and the culture and a lot of other things and (name of male foster carer) honestly, I ask him a lot of things. I call him uncle because he's like my

uncle. He helps me with a lot of things, whether it's legal stuff, documents this, that visa passport... He used to take me and drive me, ...to my solicitors ...my interview, my asylum-seeking interview. Honestly, the whole process was great, and I got my papers in one year and five months. (Young person, Arman)

The social workers and personal advisers could also have a key role on how young people engaged with the legal processes. The next example illustrates help with understanding the process:

It wasn't that easy and it wasn't that hard as well, because I had my social worker and as well, my PA. So I didn't have to do that kind of stuff myself. So they used to do that for me.... they explained to me. They explained to me... Kind of clear, it was important because if you don't know what it means... So it is difficult and it was difficult and right now I'm struggling with that and because I don't have my asylum ... right now as well still, I'm waiting for that. Yeah, and hopefully soon going to come hopefully (Young person, Murni)

#### 4.5 Recommendations

- Education on Legal Processes: Providing clear education and guidance on legal processes and timelines is crucial for UASC and those who support them. This helps reduce distress and improve understanding among UASC and care leavers. Equally important is equipping foster carers, social workers, and personal advisors with the knowledge they need to navigate the legal system. as they play a key role in facilitating access to legal support.
- **Reducing Distress:** Ensuring better understanding of legal processes and minimizing changes in solicitors can help reduce the distress associated with the asylum process. At national policy level, it would be beneficial to introducing time limits on waiting periods.
- Improving Legal Representation: Ensuring access to competent and stable legal representation is crucial for improving outcomes for UASC and UASC care leavers. This includes providing training for solicitors on the specific needs and challenges faced by UASC and UASC care leavers.
- Communication through trusted adults: Immigration policies should be clearly and sensitively communicated to young people through trusted adults—such as carers, teachers, or solicitors—to prevent confusion and reduce reliance on potentially misleading information from social media or other informal sources.

# 5. Social connections and activities

This next section of the report explores the role of social connections and activities.

#### 5.1. Outcomes on social connections

Many of the former UASC that took part in the study spoke about the value of social connections they had built in the UK over time. Foster carers and educators helped facilitate building these connections. Despite this support, many of the participants had faced isolation and loneliness at the start and at transition points like when they left care, moved accommodation or changed education establishment. This section will discuss experiences of social connections and activities.

# 5.2. Forming social connections and friendships

Many of the social connections and friendships were formed through college (the role of education in forming these connections is also discussed in section 6 of this report).

Going to college.... I made a lot of friends there that I'm still in contact with today. (Young person, Kadi)

Other connections were formed through social activities which the UASC care leavers found had a long-lasting positive impact on them:

There are these community gatherings that the City Council (Nottingham) normally organise. They should be doing a lot more of that because it unites. It makes us know each-other and became more friends rather than just looking at each other like who's this guy? ... we play games ... I came to know even more people. Today when I see them, we hug each other. Even if we met once, next time we met outside, it's like we have known each other for so long. We will be chilling and then that in, smiling to each other because that it happens once and it's gonna keep happening like so it's very important. They will organise this event and they will tell us that maybe on Friday afternoon we will gonna be in Mansfield Road. ...they took us to... Skegness, to the seaside. I will never forget those memories (Young person, Saha)

As several of the young people interviewed had arrived during COVID-19 restrictions, making friendships under such circumstances was difficult.

At Uni, I have friends. It's just college that was hard for me to get friends because everything was online. .... I started in the middle of everything. They already made friends, so I was the only new girl there. (Young person, Murni)

Other friendships were made through care. This next participant was referring to supported accommodation which facilitated valued social connections:

Interviewer: If you have any problem who is the first person that you talk with?

Participant: My friend (name of person). He is like my brother.

Interviewer: When did you first meet him?

Participant: 2 years ago. He was my roommate in (name of city). (Young person,

Alan)

#### 5.3. The value of social connections and friendships

The young people valued being able to give and receive support in times of need. They also valued peer relationships because they introduced and enabled accessing key opportunities such as education as the next account illustrates:

I met a lot of friends. (name of friends) is doing midwifery. And then my friend (name of friend) was doing psychology ... they didn't want to go to university, but I motivated them, and I think that's why I got awarding in inspiration for the year ... The other friends I have now in university ... The good thing is about it is I have friends, so when I need anything or when I need someone to chat to, I have friends, and we see each every day. ... They helped me out when I was struggling to, you know, get my first assignment done, it was really helpful because I got 80% overall (Young person, Kadi)

Friendships enabled engaging with a key part of home culture, which was sharing food with others (invited and hosting):

I have an Indian friend. Every time she keeps saying 'That's why I like inviting you because you can eat anything'.... I like cooking where there are people. I feel good. I just cook and then I'm going to share with them. (Young person, Murni)

Friendships were also important to cope with challenges of life in the UK, integrate into the new culture, and create connections around activities and food. Again, many of these friendships were built through education establishments like college and university.

I am a kind of a guy that loves to be with friends. I have met so many friends in college ... I like football and I like cooking, I like nature, going out on the mountains... making friends was one of the most significant things that helped me a lot because as I make friends, I feel like I am home because I have really, really good friends ... mutual feelings on the friendship because we care about each other, we respect each other. We have fun, we joke and then we cook together, we eat together and then we go to each other's house, we go play

football, So, making these friends has helped me a lot. Most of these friends I managed to get when I started going to college. (Young person, Saha)

The value of social connections and friendships is well recognised in previous research. Social integration is key to facilitate positive UASC experiences whilst in care and as they transition to adulthood [64]. Social networks and social support can facilitate adaptation and resettlement in the new country [65]. Experience of safety, belonging and success are also significant components of social integration and resettlement [66]. Other evidence highlights the importance of access to education and training, integration into customs and cultures, having a supportive place to live, and having future opportunities [66,67] on social integration. Building new and positive social relationships can also create hope which is essential to deal with the stressors of migration as can participation in meaningful activities [68]. Social relations can also mitigate the impact of social exclusion [69].

The role of positive relationships in coping with trauma is well-established in the general literature including migration [70] and in UASC literature [68]. On the other hand, lack of supportive relationships can lead to increased mental health difficulties [68]. Social integration is not equally easy for male and female UASC. Some UASC girls might have to overcome further cultural barriers to social integration in the host country, but when given the opportunity they can successfully take on these challenges [71].

Given this evidence, educating UASC on how to achieve social connections can be very beneficial. This can be achieved in part through education about cultural knowledge and learning host culture language [69], but also through changes in policy and practice that enable the removal of the many challenges to integration that UASC face. These are summarised in the next section.

#### 5.4. Connections with own culture and tradition

Friendships made in the UK with those who share at least in part a similar background were very important for some of the UASC care leavers. For example, this participant talked about college friendships from Pakistan and Afghanistan. He believed that having some key common experiences enabled participation in shared practices (e.g. praying, food sharing):

It's good (having friends from shared background). Play is good for me. Yes, same religion. My religion is everything .... prayer ... Yes, we fast together Everything is together ... sometimes I cook, sometime my friend (Young person, Shad)

Another example of this positive experience from shared background comes from connections made in shared accommodation. This former UASC really enjoyed sharing accommodation with a fellow countryman leading to a very positive (family-like) friendship.

We shared the kitchen and the sitting room, the toilet. ... And that was the best thing that ever happened. Because as I'm talking to you, I am at that (name of country) guy's house right now. Since then, we became brothers ... We play football together. We play games. We go outside. We talk about relationships, we joke, we do everything basically that friends do. It's like a brother. (Young person, Saha)

The shared language and understanding were especially valuable at the start when the UASC care leavers felt most lonely and did not speak English:

We spoke the same language, and they understood you and you understood, ... ... this body language .... I'm not understand nothing. Even when I'm going out, I feel like I'm like different of them, right here, you feel upset and now it's getting better. .... When I start the college or high school, ... Yeah, that I meet my friends and then, we went out and then we did a lot of things. (Young person, Max)

I can relate to them because they're also new to the country, so it was good to understand each-other because they were also new to the country (Young person, Murni)

Other participants were more cautious concerning contact with their community, and on occasions even avoided contact. This reflects the complexity of needs and experiences of UASC care leavers such as diverse ambitions around higher education:

I never go to my community. Because their mindset is different. They're more likely to work and make money right now, and I'm more about future. ... They all work in barbershop, restaurant. I am a friend with them, but I don't have like a close every time going out stuff. ... My people, my community, they don't like studying. Because my family's well-educated family. (Young person, Bakri)

Some of the UASC care leavers were ambivalent about the potential benefits of connecting to their own community. While it could be beneficial to be able to share experiences, these friendships could limit learning English, and adapting to the new culture and place:

You only speak your language. So, you are not improving your language. It's good to have your community totally, but I believe to myself is not the right time. A blind person cannot lead a blind, so we are the same. We cannot go together ... It's better to have like another from another country. ... to build your language (Young person, Arin)

I can learn much more. I'm going to speak to them. My speaking will improve. I'm going to listen to them. My listening skills will improve. So it will improve me a lot. So right now, I don't want to communicate with people who are from my country cause they're gonna speak the same language as I do. It's not like I hate

my language. I love it. ... I want to build my life if I want to make money, I have to know English in this country. So English is much higher value for me. (Young person, Zeka)

#### 5.5. Challenges to friendships and social integration

Some participants found it hard to share their concerns with their friends. There was also evidence that they could not share their worries with their families to avoid creating distress for them.

I would not go to friends or family. I don't want to tell my problems to friends and strangers. ... I don't have parents here... so I won't tell them on the phone and make them sad. I tell them everything is fine, everything is good. I will make you proud I promise. (Young person, Bakri)

Differences in cultures and expectations could also make friendships harder. While this former UASC valued some of the UK customs, these could be challenging to adapt to:

Is hard for me to build a relationship with a friend. I have a good relationship with my classmates, but the moment is close, finished, nothing! I didn't grow up in this kind of culture. In our country (we) interact (with) people and they say hi, how are you doing? Some random guys also? But in here ... no one asks here and there is what they call privacy. ... So those things are hard to adapt. ... And you are already leaving your country. (Young person, Arin)

Previous research has shown that adaptation to new culture can be complex. Some of the challenges to social connections and integration can derive from perceived differences between old culture and new culture, and how the adaptation can impact on the sense of self [72]. Navigating these differences and finding the balance between these cultures is important for successful integration [73]. The ability to navigate the two cultures can also distinguish the different migration trajectories of UASC (resilient/vulnerable, healthy/unhealthy) [74].

Some participants reported experiencing loneliness and relied on local resident (non-diaspora) community members or support workers for company and support:

I don't have friends at all .... I spend the most alone. Have those support workers if I need to. Or have someone some English guy. .... and he's a good person. ...he does help me with something like he gives me some advice .... sometimes.

When I need some things.... I just call him. ... He's very old, 70 something, but still works. ... because he knows everything. He just accesses it and he gave me something that I need. (Young person, Arin)

Sometimes, the difficulties with making friends (especially true friends) related to the fact that the former UASC did not feel they could replace the type of friendships and connections they had in their home countries.

We just live together. Sometimes we eat together, sometimes we go outside together, but not really. ... I didn't have any friend ... I found some friends in college. ... they are not really true friend. I know some of them that even I don't say hi to them anymore... your best true friend is you. .... the only way that to find out that kind of friend, they've been with you since childhood till now. Mostly they are your true friends. ... your cousin and the people who know from childhood but still you connect with them sometimes, maybe in 6 months you had a call to him, but you when you talk to him you are happy to talk to him. And that's true love. ... we are friends in our hearts. (Young person, Zeka)

These experiences are reflected in previous research. A Belgian qualitative study with 12 UASC found that their Belgian peer groups were not able to provide any support [75]. A larger survey of Belgian adolescents found evidence of challenging peer relationships among migrant adolescents and host peers [76]. A Swedish study found a mixture of both positive and negative outcomes in terms of UASC social connections with host peers and own culture peers [77]. On the other hand, transnational social support from families and friends abroad and in the host country, help UASC increase their cultural competence and cope better with discrimination [78].

Friendships in college were also hard sometimes due to limited language and academic abilities, and sometimes due to poor mental health:

They put me in GCSE math and English class and on that time my English was worse ever. I couldn't communicate with people...most of the time I didn't understand what teacher says. ... I was shy to be with them because I couldn't speak English, and I didn't have the confidence ... And after that they moved me from to a lower class .... I arrived in the UK after two months or three months later, I've been in depression, stress and anxiety for almost more than five to six months, and it was really hard. Even like for 24 hours sometimes I didn't speak to anyone, and I didn't eat anything. I was just hating myself. It was much difficult for me to communicate with people. I was scared. I was shy, I was depressed, ....it was such a tough time. (Young person, Zeka)

Existing research also shows that language proficiency is essential for social connections and integration. Host language proficiency contributes to many functions including ability to complete daily activities, build hope about the future and belonging to the host society [79,80]. On the other hand, lack of language is linked to poverty, marginalisation, poor educational outcomes and access [80], poor legal access [70], and poor social relationships [81].

#### 5.6. Social activities

Several of the former UASC participants reported a range of hobbies which enhanced their ability to connect, create and maintain friendships, share food and enjoy time together:

In free time every time I like to go to cricket with my friend. ... Go to the park, bring something, drink some juice and biscuit and chips. ... When raining ... card game. ... sometimes watch movie. (Young person, Shad)

==

Sometimes football with friends. Quite good. ... I got a lot of friends. I meet them 2021 when I arrived after probably, three or four months, I meet them. We had good time with each other.... Yes. Loyal friends. (Young person, Diari)

==

I like, communication with people, go out, and I like to visit different places. I like to play basketball ... I got team you play every week two days (Young person, Max)

Social groups and activities at college and university also provided good opportunities for friendships (e.g. in this case the international students society)

I'm doing International Society. They're so good. We do trips around cities, ...And you meet with people from different countries because it's international. ... You learn different culture. It's a good society (Young person, Murni)

One of the young people argued that organised social events were key to bringing people together, and help them overcome the challenges and loneliness they faced as migrants who have lost connections with their home social networks:

Organise more sports events. This will unite, this will ease people's hurt. I mean, so many of them, so many of these young people here, they lost their families. Some of them they have no one. And some of them, they are really, really lonely. They feel lonely and they feel left out. And then these things help them a lot, make a connection ...I'm giving an example of my own and then how I am and then how my family is. ...how I came back to life, because back then I feel like I was a dead passing ball. Like the way I came here and the way I managed to get this, I was lucky to be in (name of care facility), they organise so many things with the young people, which really helped me, ... house party ... going to the parks to do volunteer cleaning, painting. We did all of that. It was really fun. We do call each other bro ... it was the council that organised it. ...any day I see them outside towns, we do hug each other and remember, you know, these kind of things that happened. (Young person, Saha)

#### 5.7. Recommendations

- Enhance Organised Social Events: Develop and enhance organised social events to bring UASC/UASC care leavers together, helping them overcome the challenges of loss, uncertainty and loneliness they face as migrants.
- Education on how to establish relationships: Highlight the importance of education and care contacts (especially foster carers) in establishing relationships and friendships. Discuss these options with UASC when making decisions about their care.
- Prepare UASC for Life in the UK: Prepare UASC for life in the UK by highlighting
  the benefits and potential challenges of embracing the new culture. This
  preparation should focus on developing positive friendships while maintaining
  their own culture. It should also recognise that UASC/UASC care leavers have
  different expectations and needs around connecting to their own community
  and the new culture, which can change over time.
- Promote Meaningful Engagement: Create activities that offer UASC/UASC care leavers the opportunity to engage with and organise, emphasising the importance of feeling useful and giving back. This can help foster a sense of purpose and community involvement.

# 6. Education and training

'Getting them into education really quickly is vital. The amount of young people I get who come in and have experienced really bad mental health from being stuck in a room by themselves, because until they get into education and start learning English and start mixing, they don't have any confidence. They get isolated very quickly, even if they're in foster care. They are saying I was too scared to go out because I didn't know any English. And if I got lost, I wouldn't know how to get back, so they just stayed in their room. So, getting them into education, it just opens the world to them' (Professional in an Education setting)

# 6.1. Overview on educational outcomes of young people involved in this research:

Of the 13 young people interviewed, only 2 (15%) attended mainstream schools whilst in care. Some of the 13 young people started immediately upon arrival while others had to wait for 3-4 months. At the time of the interview, 3 (23%) were on a higher education course or about to start one. The higher education courses were mental health nursing, bioscience, and law. Another young person had been accepted on a course in social care after taking the social care pathway in college and an apprenticeship. However, he was unable to enroll as he is still waiting for his refugee status to be eligible for student finance. The college access courses were the gateway to higher education for UASC. Key barriers and opportunities for better outcomes in education are rooted in factors outlined next.

# 6.2. Quality of Education

Education is the most interconnected contributor to wellbeing, shaping young refugees' economic prospects, mental health, and overall quality of life [66,82,83]. However, research in the UK has long recognised that the education of newly arrived children contributes to increased pressure on services provided by local authorities [84] and that access to quality education is a persistent barrier to success in education.

Overall, the young people we spoke to, had a positive experience of the education provision once they had access to education, despite the different education offers available to UASC. Across the authorities we examined, the local college was predominately the education provider for UASC with exceptions of mainstream school for those under the age of 15 in foster care, bespoke newly arrived children provision NEST in Nottingham, and Catch 22 in Nottingham. Young people had different views on whether they preferred a full time or part time study: this was highly dependent on how they perceived education.

Teachers were instrumental in shaping positive educational experiences. The participants appreciated teachers who tried to connect with them.

Teacher helped me. Very good teacher. .... Miss (name of teacher), because they helped me with lot of things. (Arman, Young person)

This is supported by previous research which has found that positive teacher-student relationships create a supportive environment and enhance academic achievement [85]. The participants' experience in education in their country of origin influenced their appreciation of the teachers but also their ability to access the education system. The criticisms the young people had were mainly about the lack of guidance about progression to the next stage of education. For example, when asked about college support with the Universities and Colleges Admissions Service (UCAS) application, one young person responded that they received very limited support:

The college (said) 'You need to apply for five universities' and that's it. Literally. That's it! (Young person, Shad)

ESOL (English for Speakers of Other Languages) classes or college remained largely accessible for the young people we spoke to, although there were delays for some of them. However, access to education beyond the age of compulsory schooling was influenced by immigration status [86]. One young person who was academically eligible for higher education or other courses with compulsory work experience (such as social care or nursing) found these courses practically beyond reach due their legal status which prevented them from accessing funding or working. Apprenticeships were also difficult to maintain. Despite valuing the learning support, the lower pay compared to a full-time job forced one of the young people to leave his apprenticeship at a garage for full-time work. Such barriers are documented in existing literature. Wilkinson argued that the current systems in the UK fail to adequately address the educational and vocational needs of UASC, where systemic shortcomings prevent pursuit of their best options [87].

Other barriers to quality education were identified from interviews with the educational professionals, which included oversubscribed courses, rigid admission dates, varying arrival times of young people, and limited time and resources for colleges and teachers to meet their specific and diverse needs. BEGIN, a not-for-profit partnership in Nottingham, developed good practice on co-ordinating the city's ESOL provision. However, as a charity, they relied on external funding, which created barriers to the sustainability of their work.

Young people participating in the research found that uncertainty about what happens next, or prolonged waiting periods could lead to anxiety. Being able to understand the education systems and their rights would help with this level of anxiety. This can be achieved by using a visual guidance document (see for example the asylum process journey map in [88] designed primarily for the young people but also useful for professionals and carers. The visual guidance used by Derby college offers a clear explanation of processes, journeys, or new information in education and other areas. Therefore, creating materials like the example below would bring some clarity to an otherwise unfamiliar or complex system.

The value of attending education provisions for UASC can be categorised into four main categories: English language learning, pathway to higher education, employability skills and space to build social relationships. For a detailed review of existing literature on the barriers to education for refugee children see [89].

#### 6.3. English Language Learning

Regardless of their background or aspirations, all young people strongly believed in the need for English language learning. English was perceived to be the gateway to employability, integration and other subject learning, such as science:

Because English is our second language, and to learn science through another language and doing the key terms, it was really good, very helpful (Young person, Kadi)

Poor knowledge of English affected young people's ability to communicate and integrate as illustrated in the next quote.

I just understand the simple words. Like simple communication. Hi, how are you? And not much more than that. I could ask the direction.... sometimes I understand that I said something wrong... I was shy to say to them that I was shy and I didn't understand how to say that I didn't mean like that. It was such a tough time. That's because language is not only about knowing and understanding the words. Sometimes words are used differently, and it takes time. That's for everyone. (Young person, Zika)

The value of language learning on integration is documented in previous literature. Ward argued that the challenges faced in communicating with English language learners in a school or college setting must be overcome to help UASC feel a sense of belonging [90]. The young people in the research found that starting education early was beneficial for their level of confidence, interaction with others and enhanced the ability to speak English.

Starting immediately. ... that was really helpful. I couldn't speak English. You know, I was ashamed to speak, but when I see people saying as me and I just try to do it and speak. That was good for me. (Young person, Diari)

While many found it beneficial to learn English in college, one young person believed that they might find it easier to learn through other methods:

Yes, it is important (leaning English).

Interviewer: So, why you don't want to go to college?

If I go to college, I'll learn Afghani or Romany, not English, because people there speak these languages. My English became better by watching Netflix, but I can't speak very well. (Young person, Ahmad)

Other young people enjoyed the diversity in ESOL classes as it meant they could speak their mother language again:

Yeah, it's good when same nationality was around, ... for two years I haven't even spoken my language again and it's felt so strange on my mouth. I even forgot some words ...this is so bad. ... I wanted to learn English, to be perfect English and then the more I was in English, the more I was starting to forget my mother language. (Young person, Arian)

We have discussed the value of social connections in detail in part 4 of this report. Nevertheless, learning English was perceived as more beneficial for most of the young people, who felt that speaking English would allow building a better life in the new country.

At that time, I don't want to speak anymore with my language. It's not like I hate my language. I love it. ... if I want to build my life if I want to make money, I have to know English in this country. So English is much higher value for me. (Young person, Zika)

Language learning and adaptation to the new culture has been explored in depth in literature, including by the UK government. For example, the research found a critical link between developing fluency in English, integration and societal cohesion [91]. Similar findings have been found in other research around the world linking learning the host language and loss of home language to identity formation and social integration [92].

## 6.4 Employability and future aspirations

Multiple factors influenced employability and future aspirations, including support from colleges, parental influence, and the involvement of carers (foster carer or social worker including PAs). This next young person spoke about cultural expectations on education:

First, I studied medicine. As a typical brown person. Right. Because you know back home, Middle East, they always ask their kids to be either a pilot or a solicitor or a doctor, right? (...) When I went to college, I took the A levels, biology and chemistry and stuff so I can go to Uni and actually do medicine (....) But I didn't because I said for the rest of my life if I, let's say, become a doctor, I'm going to live my parents dream, not my own dream? I said I can't just wake up every day and go to hospital and deal with people's teeth and blood and everything else. (Young person, Bakri)

Other research has also shown that parental expectations regarding education can significantly influence children's academic success, as these expectations shape children's own aspirations, level of engagement, and self-perception [93]. In the case of UASC, parental support included that from foster carers. Our analysis shows that foster carers contributed significantly to the young people's ability to navigate the expectations related to employment by guiding young people in navigating local employment opportunities and fostering practical life skills but also by providing practical support to access employment as the next quote illustrates.

Not a little bit (of help), a lot. I even nowadays if I apply for a job or if I do something, well, I .... send them to (name of female carer) to proofread it because she used to be an English teacher and she would always come back to me and say, OK, well, this is a great letter you've written. This is a great text, but it would be better if you changed the sentence to this and do a lot of change, a few bits and bobs and all the time she's been helping me and she still does to this day. (Young person, Bakri)

Studies on future aspirations and employability of young migrants are limited, and those on UASC are even more limited. Research with young Syrian refugees in Scotland [94] has found that migration routes can make a difference in outcomes (e.g. those coming through the resettlement route have more positive outcomes compared to those coming through the asylum route). The same research has also found that support is essential in accessing the job market, and that support available differs across locations (e.g. better in England than Scotland). Furthermore, UASC future employability in the UK is closely linked to their asylum status and their proficiency in English [95]. Wilkinson argues that the current system in the UK does not adequately prioritise the educational and vocational needs of UASC which are essential for their successful integration into the UK labour market [87]. For further reading on refugee employability, see the systematic review of Borsch, et al. where they discuss health, education and employment outcomes for young refugees [96].

# 6. 5. Social Relationships within education

Education settings were instrumental for young people to form social relationships and begin long lasting friendships. The friendships then contributed towards feeling 'at home':

Making friends was one of the most significant things that helped me a lot because as I make friends, I feel like I am home because I have really, really good friends ... we care about each other .... respect each other. We have fun, we joke and then we cook together, we eat together and then we go to each other's house, we go play football, .... Most of these friends I managed to get from the college when I started going to college. (Young person, Saha)

For Saha and other young people we spoke to, peer motivation and support was also useful in navigating the education systems, especially the choice of higher education. Kadi spoke about how she helped other UASC navigate higher education choices and access:

I met a lot of friends. {name of young person} is doing midwifery. And then my friend {name of young person} was doing psychology. And then another friend of mine, doing IT .... So we were all in the access course. ... they didn't want to go to university, but then I motivated them, and I think that's why I got inspiration award for the year. (Young person, Kadi)

The role of peer support is discussed in detail in the systematic review by Boruah that examines how positive peer pressure can promote healthy social and emotional development in adolescents [97]. A review by Barbaresos, et al. discusses the role of peer support in refugee adolescents' well-being and examines the effectiveness of peer-based interventions in improving mental health and coping strategies among young refugees [98].

As illustrated in section 6.2, relationships with teachers were also important for the young people in the current study. Existing research has shown that these positive relationships are essential for school engagement among refugees. For example, Molla conducted a scoping review on refugees and school engagement to explore how social relationships within schools influence refugee students' learning experiences [99]. We discuss the role of peer support in the Mental Health (part 3) and social integration (part 5) of this report.

## 6.6. Financial wellbeing and independence training

Financial well-being is described as the ability to meet basic needs, manage financial obligations, and have a sense of security about one's financial future that significantly impacts overall mental health and life satisfaction [100].

The participants' knowledge and attitude toward money and finances were shaped by several factors. One of them was the type of housing they found themselves in. When in foster care the young people felt they received financial support and advice. However, when moving to independent living, they faced worries and challenges in managing their own finances:

That was a challenging for me when it's because if you don't have money how can you survive? ..... It's very difficult because I stay with the family for like 3 years, 4 years. You feel like it's your family and you stay with them and you have contact with them. Suddenly you have to move out and while you move out, there's lots of things going around. (Young person, Karim)

Like Karim explained, after leaving care (aged 18), most young people felt the pressure of financial strain. Their income was largely consumed by basic needs like food, clothing, and personal care, leaving little for other priorities. Budgeting given the financial support they received was very difficult especially at the start.

So, after that they told me you will have £45 every week for your own food. And in that case, you will have to (budget) yourself and then see what, how the £45 will sustain you for the whole week. .... for the first week and not knowing you're just going to go buy whatever. And then when the money ran out and then you sit, you sat down one day, two days without no money. Next time you, you be like, nah, this is not happening. (Young person, Saha)

Young people like Saha, felt unprepared to deal with the challenges they faced. However, other young people spoke about the financial advice and preparation they received from foster carers or support workers. Almost all young people received some form of financial skills advice or training, though the reported quality varied significantly. Support that was focused and practical was well-received, as it helped them see how learning certain life skills directly impacted their ability to save money.

Support worker taught some finance advice. ... They ask me, can you cook or can you do some things by yourself? (Young person, Arian)

Despite these challenges, many of the young people showcased capacity to develop positive attitudes in relation to money and saving. The value of money was not merely for basic needs.

We came from our home country to this country because we had to come here, we didn't have any other choice. So, when we came to this country, we don't have to spend all our money for food. We can use half of them, and our stomach is full. So, the rest, you can save it. You can make a target for yourself. You can use your money to reach to that goal. ....And I've learned from YouTube videos like how to become disciplined? How to become, how to think positive, how to dress (Young person, Zeka)

None of the young people downplayed the significance of money, though their financial challenges varied, some attributed them to insufficient funds, while others saw them as budgeting issues.

My friends, they call me kangaroo. Because I have shorthand, I'm good at savin. If I need something .... I'm good at saving. I'm just saving, saving. (Young person, Arian)

The young people's attitudes reflected their unique context and dictated their behaviour which stemmed from a profound financial need with a desire for financial independence. Many of them had to rely on themselves for financial survival before arriving in the UK and after leaving care given the separation from their family of origin. The cost-of-living crisis has also impacted UASC care leavers even though they spent their funds on basic needs such as food. Max

explained that the funding used to be sufficient but has recently become more challenging to manage.

That time I feel like enough, but after that I feel like now not that much. Why is everything being here expensive. Even food is different, before, If you shopping like £30 you will get all the week .... but right now .... £50 is not enough right now (Young person, Max)

Money was clearly connected to work, and this link was evident to young people. Six of our participants did not have the right to work, while others reported difficulties finding work. While research with UASC is limited, it is possible to reflect on some of the challenges UASC faced based on research with other populations. For example, Starr et al. reviewed the financial aspects of independent living for young people transitioning from out-of-home care [101]. The review synthesises longitudinal research on the development of independent living skills, highlighting key domains such as financial management, housing, and access to support systems.

# 6.7. Good examples: Education providers identified by the participants involved in the project

The following providers described in Table 1 have been identified as having specialist knowledge for UASC education in the East Midlands:

Table 1. Provisions for UASC education identified

Provider name	Location	Service Provided
After 18	Leicester	After18 supports unaccompanied young people in
		Leicester as they transition into adulthood, helping
		them access mainstream services while tailoring its
		programmes to their needs. Over the past decade, the
		organisation has developed initiatives such as an
		education project, a young women's group, and a
		summer activity program, all shaped by the input of the
		young people it serves. Currently, After18 assists over
		200 young individuals annually.
BEGIN	Nottingham	BEGIN serves as the central hub for information, advice,
		and placement for English for Speakers of Other
		Languages (ESOL) classes in Nottingham. Due to high
		demand and limited availability of formal college
		courses, BEGIN provides a stepped approach to
		learning. Individuals can start with informal language
		and conversation groups, progress to community-based
		courses, and eventually transition to formal college
		courses with exam options. BEGIN collaborates with
		various providers, including Nottingham College,

		community venues, private language schools, and
		organisations like Catch-22 and BELONG, offering both
		in-person and online classes to accommodate learners of all ages and needs.
Catch 22	Nottingham,	Catch22 in offers a broad range of support beyond
Catch 22		
	Nottinghamshire	education, including vocational training, ESOL, life
		skills, employability workshops, and personalised
		pastoral care. Young people benefit from small class
		sizes, tailored learning plans, and one-to-one
		mentoring, as well as practical work experience and
		careers guidance. The provision also includes
		emotional wellbeing support and financial help to
		improving long-term outcomes for learners.
Derby College	Derby,	Offers structured ESOL classes, life skills tutorials,
	Derbyshire	behavioural support, and enrichment activities for
		integration.
Northampton	Northampton	ESOL courses from entry-level to Level 1, enabling
College		learners to progress academically and vocationally.
Nottingham	Nottingham,	The college offers a wide range of courses and
College	Nottinghamshire	qualifications to students aged 16 and above including
		providing ESOL and vocational and academic courses
		for UASC and refugees.
Nottingham	Nottingham,	Education provision for newly arrived young people aged
Education	Nottinghamshire	between 15 and 18. Hosted within the Hospital and
Sanctuary Team		Home Education Learning Centre Nottingham.
Nottingham	Nottingham,	The Refugee Forum continues to support activities for
Refugee Forum	Nottinghamshire	UASC and refugee youth, working with organisations like
		Nottingham Forest and Notts County Foundation to
		provide engagement opportunities for UASC through
		courses and activities.
NTU Navigate	Nottingham,	An initiative organised by Nottingham Trent University
	Nottinghamshire	offering summer ESOL classes combined with social
		activities and different taster session of NTU courses.
		This provides youth with language support during
		college/school holidays and aspires to inspire them to
		think about studying at university.
Refugee Council	Northampton	Previously ran online ESOL classes.
Upbeat	Derby,	The organisation was founded to support refugees
Communities	Derbyshire	arriving in the UK, helping them integrate and rebuild
		their lives through community connections and
		practical assistance. By listening to their needs, it
		developed initiatives like a multicultural community
		café, offering employment, volunteering, and a space
		for activities. Collaborating with partners such as Derby
		Tot activities. Collaborating with partiters such as Delby

		City Council and Refugee Action, it fosters inclusive
		communities where refugees can thrive.
Virtual School	Nottingham,	An online platform offering language and basic skills
(Flash Academy)	Nottinghamshire	development.
	Northampton	
Virtual Schools	Derby,	Offers one-to-one English tuition, laptops, and Rosetta
in Derbyshire	Derbyshire	Stone access for UASC who cannot access formal
		education.

#### 6.8 Recommendations

- **Prioritise early access to education for young people** our evidence highlights that this can improve young people's overall outcomes because it contributes to their ability to build social relationships, learn English, integrate into society and promote early detection of safeguarding concerns as well as health related issues.
- Take a more holistic approach to language learning, in addition to ESOL classes at
  college which predominately serve newly arrived migrants, local authorities can
  promote community activities in the art and sport sectors to give young people the
  opportunity to engage with different segments of society.
- The current financial independence training should be expanded and enhanced.

  Our research highlighted that this was provided within education and care services, and it was beneficial. This work should be developed further to enhance skills, and financial resilience-oriented content to significantly improve outcomes.
- Ensure there are central government funded mechanisms to co-ordinate space available for UASC (ESOL, Education and Training). The inefficient allocation of spaces often results in a young person being on multiple waiting lists, leading to confusion and over-allocation. BEGIN, a not-for-profit partnership in Nottingham, developed good practice on co-ordinating the city's ESOL provision. However, as a charity, they relied on external funding, which created barriers to the sustainability of their work.
- Create clear guidance material explaining to young people and their advisors
   (social carer, PAs and Foster carer) the progression pathway for different routes to
   education, apprenticeship and work. Our research shows that lack of guidance is
   considered a barrier to the engagement in education and training, and appropriate
   guidance provided by knowledgeable advisors is a significant contributing factor to
   better outcomes such as employment, university admission or gaining qualifications.
- Facilitate learning and mentorship among UASC once they leave care. Given how
  influential other UASC can be in informing decisions about education, apprenticeship
  and employment, facilitating learning from or UASC mentoring roles could be
  beneficial. These experts by experience can be positive role models and help navigate
  the challenges UASC faced once leaving care. Any mentorship roles would require
  careful safeguarding considerations and can be best implemented as part of existing
  support services offered by educational institutions (e.g. Universities) or other
  organisations providing training and education.

# 7. Experience of foster care and other care before turning 18

#### 7.1. Care outcomes

The UASC care leavers that participated in this study were asked about their care experiences in general before turning 18. Six (46%) had been housed in supported accommodation upon arrival in the UK (sometimes this took a few weeks to be organised) before they turned 18. Seven (54%) were housed in foster care at least part of their time before they turned 18.

#### 7.2. Background on housing care provision

UASC accommodation provision is varied across the world including foster care, supervised group homes, unsupervised housing and institutions. Existing research around the world suggests that UASC provisions regarding housing are not always sufficiently flexible in terms of meeting the preferences of the individual, making them choose between one option of care or no support [102]. Hancilova et al. found that many UASC felt they had no choice [103]. The social political context of the host country has been shown to impact the choice of accommodation based on priorities in each specific context (e.g. integration and language skills over preservation of UASC cultural heritage)[104]. An understanding of living conditions and patterns before arrival into the new country (e.g. refugee camps, independent living) is important in reflecting how accommodation in the host country could impact UASC [105].

As highlighted in section 3 of this report UASC and UASC care leavers can face many physical and psychological challenges. While there is limited conclusive evidence on what accommodation type addresses these issues most effectively, foster care or small group homes are viewed positively by practitioners and children [103]. A systematic review based on eight studies found evidence of the benefits of foster care in terms of mental health and education outcomes [106]. Fostering UASC in an English-speaking family has been shown to help learn the language more quickly [107] and help integration by being 'plugged in' to the local community [108,109,110]. UASC can also benefit from high levels of emotional support and continuity within a traditional family environment [107,111] resulting in less stress and better mental health [112,113]. For a population that has experienced signification dislocation, continuity may be particularly important [114]. Matching foster children with families that have some shared culture or religion is preferred [106], as would fostering more than one child together from the same background. Stability is important and changes in accommodation can enhance experiences of loneliness [115].

Some evidence suggests that UASC also might prefer housing in larger cities rather than rural settings, as there are more likely to be links to relevant cultural institutions and other UASC. This preference is supported by Wade, who found that unaccompanied asylum-seeking children placed in areas with greater ethnic diversity and stronger refugee support networks reported more positive experiences during their transition from care [116]. Urban settings are more likely to provide such networks, as well as access to specialist services, interpreters, and peer support.

This might also reflect the fact that UASC are often young adults who have experienced considerable independence. Siedel and James argue for the importance of careful consideration in choosing the location and community where the UASC will be placed [12]. For example, while it is important to place the children near family or friends, locations that are small and remote could have fewer relevant communities and organisations to support the children and develop their networks. Some evidence showed that remote village locations made some UASC feel more isolated and struggle to build social connections [117]. On the other hand, it is possible that children with specific needs might benefit from the less busy environments but whether this is enough of a benefit to counter the disadvantages is not known as evidence on UASC is limited. Our study interviewed 9 foster carers, a foster carer trainer and 39 other professionals who provided useful insight on this issue supporting the value of better connected and larger cities. However, the foster carer perspectives and those of professionals (around the child) are outside the remit of this short report.

Despite the potential benefits of foster care, some researchers call for a more nuanced approach where a range of options should be available to suit different needs and for the wishes of the UASC themselves be taken into account [104,118]. Supervised group homes can also be high quality and provide UASC with specialist care and can allow greater contact with other young people from their home countries or similar cultures [107 20,119], which can be helpful [120]. Our findings support those of previous research.

#### 7.3. Initial temporary accommodation

When arriving in the country the young people did not know what to expect (for example if they would be detained or not) or how long they would be there. One participant was placed in a hotel where they spent one week. They found this a positive experience despite the anxiety and uncertainty about the place:

As first newcomer to this country, I don't know where they take to me. I didn't have any phone or something, I followed the taxi driver. He took us to the (name of city) ... We don't know if it is a camp² or hotel. ... 3 days or five days .... that time they treat us very well. Even the food is very nice. And even sometimes they take us to swimming and football games...I met some three or four friends. I don't know where they are because I don't have any phone. I don't have any contact. (Young person, Arin)

Some young people moved to more than one location. This next young person was moved from London to two different cities in the first few weeks after arrival:

We came, we were in the hotel somewhere near to London, 45 minutes or an hour. We were there for two weeks. After that they moved me from there to

<sup>&</sup>lt;sup>2</sup> Camp is a common term for Immigration detention in the UK.

(name of city). I've been in (name of city) for four days. And from there they moved me back to (name of city) (Young person, Zeka)

One of the young people reported sleeping outside the first night in the UK. They were very lucky that the next day a chance encounter led him to a refugee organisation which made a referral to the council. The council found accommodation that same day.

When I first came here as a clueless and then don't know what was going on ....
The first night was a hard night because I stayed outside. It was January, it was that cold. .... there was a security guard that was walking by that place. He saw me when I woke in the morning.... he said to me, I will direct you somewhere if you want to go there, you might have some help from (name of organisation). So, he later took me around there ... they find out I was that young at the time and they contacted the council, the (name of city) City Council and the one of the members came and then pick me up from the asylum centre .... and they took me to one of the carers, living care called (name of agency). ... I was given a house that very day from the City Council. They gave me a money to buy food that very day as well. So, it was quite a nice experience compared to wherever I went to before I get here. ... without this guy's help, I would have just been on the street like that. (Young person, Saha)

# 7.4. Supported accommodation and shared accommodation before 18

Views on shared accommodation were quite mixed. This next young person really enjoyed the shared accommodation which provided opportunities to have their own space (their room). The friendships created there were very important (making reference to brotherhood). One key aspect of the experience was that another young person was from the same country, and this was very helpful while their English was very limited.

It was it was a live in care for young people. And I was living with two other people, one other guy because I was living in a 2-bedroom house. So, we shared the kitchen and the sitting room, the toilet. But we all have our bedrooms. And then that was a (name of country) guy. ... And that was the best thing that ever happened. Because since then we became brothers.... This is the first friendship I'm making this country. And as I'm talking to you now, I slept in this house last night until this morning. (Young person, Saha)

This next young person also had a very positive experience in the shared accommodation before turning 18. He lived with three other young people with shared background. They were able to share everything and enjoy each other's company.

in the previous house there were 3 (nationality) people together, so we cook together, play cricket together. ... everything together (Young person, Shad)

This next young person found being in a shared house very difficult and lonely especially because he could not communicate in English:

House, single... when I feel like I don't know people here and are gonna (be) friends, I feel bored. ... Like I got no English, When someone say to me, hi and how are you and I don't know how to answer them. I feel bored sometimes... it's my own room, yeah, but we live in a shared house like 4 people. (Young person, Max)

Sometimes a poor experience in supported accommodation led to the social worker helping the young person move to foster care:

When I came. I was around 16 years old and that was really hard because I never been this country like that and when I came, there was a house I used to live on my own and I couldn't speak English at all, and that was really hard to live with. ... On my own. In the room. Support workers, they sometimes visit to see me and if I need something to help me. And after that I got a social worker and mentioned, I am a child and I need to do somewhere else to live. Because I can't live on my own and that's why I just moved to foster care and I used to live there around 1.5/2 year. After six months I live with foster carers. (Young person, Diari)

# 7.5 Preconceptions and moving into foster care

The participants found arrival in foster care difficult. Many had experienced difficult journeys and most did not know what foster care involved. Several of the young people described how challenging this time was:

You literally don't know anything?...I don't even know why am I in this family?.... What am I doing here? It was all strange, all weird to me. Like I came from different place and now I'm a different place and I live with different family. I sit in different tables. (Young person, Bakri)

This young people also described feeling scared at first:

Scary 'cause you don't know what people you're going to live with. If they're going to be nice to you. ... A different experience which I never thought that I would experience, but life happens. (Young person, Murni)

This young person also described how apprehensive they were about joining a care family especially after spending 2.5 years travelling to the UK and facing many challenges during their journey. What they found was a home where they were taken care of and they built positive relationships:

I never knew about those stuff till I arrived. At the first you see what people say about foster care family and how they are in themselves. So the first few days ... pretty much you get confused... you just want to be behave... But the father, as soon as I arrived to their home because I was Muslim as they are, as soon as I arrived to their home was like everything was there for praying and stuff. I told myself, this home that finally you safe, because I was on the journey with hope and fears. ... I was on the way for 2 and half year. Finally, I arrived to and it's pretty much like move to us, change from cooking, cleaning to health wise, education and everything is wonderful. ... So, when you arrive in the country, you don't have any safe place to stay, they can do anything for you, so it's good to do that concept and keep doing that to give children safe homes like foster care. I had some amazing time with the foster care home. So, once you get to the foster care and home, you start living. All the first days are a bit tragic (Young person, Fadil)

The practicalities of the first days were also hard to manage such as going out, understanding and managing money and finding the way back home:

It was horrible because in the beginning I couldn't go anywhere. I had no phone, no money and so my clothes weren't that good and I couldn't tell anything about (name of city) because I didn't know. ... city all same to each other. And I went outside and just I went to somewhere to get something to eat and I just, if I go far, I'm going to lose myself. So straightway back home. (Young person, Diari)

Not all young people were allocated to foster care. This next young person believed that they would have benefited from being part of a family and learning skills such as the English language:

The only thing that's missing for me, it's my family and first time I came to UK I was hoping that they're gonna give to me to a family so I get support from them. ... I can improve my English faster, I won't become depressed at that time. So I was hoping with that, but unfortunately, no I didn't. ... It's really hard. I was just 15 years old when I left my country and I came (Young person, Zeka)

## 7.6 What makes a good care experience?

There are several key features in the care experience that the young people valued including feeling a part of the family and even being introduced to the outside world as a member of the family. The day to day (food sharing) contributed to feeling part of the family:

I never felt like I was living in a foster care home because there were a wonderful place and not only the lady (name of carer), her husband, her son, her daughter. When I used to go with her son he introduce me as his brother, which is like, wonderful. No one does that .... We didn't feel embarrassed. I'm really glad that I know them, because they're basically if I didn't know them, I would feel like something is less in my life because they're good people. I learned a lot from them .... she used to buy for everyone, not just for themselves. Shopping once a week and buy Halal. (Young person, Fadil)

A good foster carer experience included the carer (or both carers) taking a parental role and even name (often referring to their 'mother'):

They (foster carers) were pretty good to me. She act like my mom. She tried to get me in college, and get away from bad things. With her husband as well. ... she take care of me, ... I couldn't speak English and that was really hard too. ... I didn't want to live with foster carer, but I had to because I was young. ... she came to me straight away. She like my mom, sits next to me and her hands on my shoulders and she said something in English, but my English wasn't that good. I felt good then that that's why I decided to stay there (Young person, Diari)

As evidenced in the above account feeling part of a home was important, and this included helping with practical skill and learning important life skills such as learning English and accessing education. The effort made by the foster carers was perceived as very positive by the young people. This next young person also valued being taught these skills and being taught about the English culture, applying for jobs, legal advice, how to deal with finances and more. This young person refers to the male carer as uncle:

They taught me a lot of things ... They helped me develop .... (name of female carer) was the person who was teaching me all about the English language and the culture and all the other knowledge. But (name of male carer) was teaching me the practical side of things like how to use things, how to build things, do this, do that. And a lot of other things. You know what I mean? When I first arrived, I was 15 years in like 10 months.... even nowadays if I, you know, apply for a job or if I do something well ... I used to like to send them to (name of female carer) to proofread. ... He's like, he's, I call him uncle because he's like my uncle. He helps me with a lot of things, whether it's legal stuff, documents this, that visa passports, how to build something, how to do this. Honestly, he's a great person. (Young person, Arman)

The participants believed that their own behaviour in foster care could contribute to the relationship with the foster carers. This young person treated them with respect and was respected in turn, in part through having their cultural needs (e.g. food) met:

Some foster care is good, some of them treat you bad and some of them treat you good. So especially when you're acting up with them. So I used to live with them around 2 1/2 years. And that time they liked me, how I act, how I go, it's important that you also how you act... They were good to me. What you eat, what don't eat? (Young person, Arman)

The emotional distress (loss of family and home) and the distress of immigration process could make the experience of care difficult. It was a credit to the carers when they were able to successfully understand and support the UASC to cope with these difficult situations. As this example illustrates the foster carer took on a family role by trying to help this young person cope with the distress:

We stayed in contact, like I just see her, as family now. ... at the beginning it was a bit difficult because obviously no matter what, she's not blood, like she's not my family and sometimes I used to get angry, obviously because my family is far away and because I was living with someone that I didn't know. And I was like, you think you're my mom. But then I was saying that only because I didn't have anyone and I was going through a lot, so it wasn't really about her. It was mostly about what I was going through, but overall it was a great experience because she understood what was going on with me.... I was only 16 years old and people were asking me questions, and it was just draining? And I was just constantly stressed and anxious ... because I didn't have my papers. ... It was really good to live with her because I learned a lot from her. You know, even today when I have my own place, I still remember some of the things you used to say. ... And she just encouraged us to always be grateful for what we have. ... I won't say she was trying to be family. She was trying to help out, but because she didn't know what was going on, I wasn't talking much. ... even the way I was behaving, she wasn't surprised and talking about that when I go and see her, I feel like it's more like a mom and a grandma. ... it's just someone that you know and someone that you can trust you. There and you know you can just ask her anything. Talk to her about anything she will understand (Young person, Kadi)

For this and a few other participants the care experience was very positive. The carer felt like family, was encouraging, positive, understood her and helped her manage money, the legal system and asylum application, and life more generally. This account also illustrates the importance of trust building between young person and foster carer. The next young person emphasised the help the foster carer provided to access education, but also to learn practical skills and how to live a healthier life (being active and joining activity groups) and to seek help when in need:

And then they told me I need to go to college. ...I've never been ... I struggle a lot since. ... That's why I think I stay with (name of foster carer). Because she's been helpful since day one. She helped me to integrate at college. Anything I wanted. I remember I had to do my English again. She told me everything. She's so good.

... I learned to cook from there. ... I just used to sit in my room thinking about how everything is going and then she told me to be like instead of staying in your room, you can do stuff like go out, do some activities, hobbies, something you like. ... So she introduced me to swimming which I still do. ... Also, she's the first person who told me, if I ever feel like angry about anything just write or talk to someone. I didn't used to be open to talk to even someone like, even if you hurt me, even if you said something, I'll just keep quiet. I'll keep saying I'm fine, even if I'm not fine.... She'll tell me things to do and yeah, I feel good. (Young person, Murni)

The young people appreciated adaptations that foster carers made to meet their needs such as food requirements or access to social life:

Fish every Friday for her and every Friday for me it used to be pizza. ... We can go visit our friends or we do some... we go out for park. She just adventurous like... We used to just go visit (name of city). Go to visit her family. Meet Sunday, go to church. Come back. Watch TV. ... We do like some activities. We go for bowling. It used to be a good time. (Young person, Murni)

Social activities were important to the young people and carers alike. Social activities provided an example of family life but could also facilitate integration and connection [121]. Foster care (and shared accommodation) also offered the opportunity to connect with other young people in care, either because they lived in the same home, or because the carers socialised with each other:

When I was there were around 6 or 7 foster care that they change. So when I was there, there was three of them ... I'm still friends with them. (Young person, Fadil)

# 7.7. Challenges in foster care

While most of the young people were positive about experiences of care, one participant really struggled. For this young person the whole experience of foster care felt like a business transaction even though both foster carers were described as nice people. He listed several issues including sharing a room, conflict between foster carers which ended in divorce and the perception of the care provided felt like a business transaction:

The guy and the woman, they were very nice. The only thing is that they had a problem between them so, but they were like pretending that it's not going to affect us. But I always say I respect them. I will always remember them. However, till this day, it was a business and not really a family that cared about children and a family that wanted to adopt the children....it was me and another guy (child in care) and then they had two more after that. ...They are divorced now so... I lived with them for almost two years. ... All they cared about is the money that they get. It's not like something personal. They didn't do this for

me. ... When I came when I was in the first family, I used to use sleeping tablet because that time, as I said, everything's new. I'm in the room with the strangers. I shared the room because there was another guy with me, ...but when the social service comes apparently, we're not in the same room. ...one night I sleep on the bed and they don't sleep on the mattress on the floor. The other night I sleep on the mattress .... It was one year, and then moved the house he bought. ... And then in there we had different rooms (Young person, Bakri)

Language was also a big challenge in foster care especially as the young people did not know what to expect from life in the UK and struggled with the loss of their own families.

My whole life went upside down the other way around, because I've never been to UK. ... And I've never been to Europe anywhere before, and when I came here, I was young, very young age... Nearly 16, I wasn't even 16 that time.... they put me in first family after ... the first night I came to this country ... And that, I would say the hardest thing. It was not knowing anything because it's literally the language is different. The country's different the people's different. I ain't got no family and I've got no one to talk to. No one speaks my language. I didn't know English. (Young person, Bakri)

#### 7.8. Life after care

Most young people (with the exception of one stating the contrary) felt that foster care did prepare them for life after care. As discussed in the previous section, the foster families prepared them for life after care in multiple ways. When the experience of care was very positive, it became hard and difficult to leave. The difficulties included uncertainty about the next accommodation, moving into shared accommodation (discussed also in part 9), and managing finances (discussed also in part 6 and 9)

It's very difficult because you stay with the family for like 3 years, 4 years. You feel like it's your family ... Suddenly you have to move out and while you move out, there's lots of things going around. Because most of the time, council doesn't give you your own place ... when you want to move from there you have kitchen white goods and everything that you can use in the home and you get shocked how I'm gonna buy this, buy that and everything. So you get pretty bombarded with everything once you get 18 like meetings after meeting, you're gonna go out, you have to live on your own and stuff. But fortunately, ...my foster carer allowed me to stay with her until I studied even after I turned 18 ... you get bombarded with financial stuff, ...You have to decide what to do, whether to go on your own, whether to leave it. ... I couldn't stay in the shared house and stuff, cause many people smoke there. I was studying as well .... but then I couldn't sleep properly. So, the noise and stuff. It was very difficult for me. (Young person, Fadil)

Some of the young people maintained the relationship with foster carers and cherished them. Foster carers were important in their lives especially in key moments such as when they moved accommodation. This next young person, who refers to the carer as 'first mum' explains how she maintained the relationship with her foster carer:

I live in a student accommodation but sometimes I go to visit my first mom. I also invite my friends ...will meet at my first mom (house) we cook. I get help, of course ... Yeah, I'm still in touch with her. Even now she's so good. She's been so good to me (Young person, Murni)

I am still in contact with my foster carer. I still speak with her. She's one of the best persons I know. (Young person, Fadil)

The young person who felt the experience as a care transaction however did not stay in touch with the foster carers:

No, really. You know. That's why I think it's a business stuff. ... So it's more than it's almost two years it was [date of 3 years since he left]. I've only seen them once. (Young person, Bakri)

#### 7.9. Recommendations

- Prepare young people about arrival in foster care and other care: This could be
  done through a welcome package explaining the concept of foster care, with
  photographs and key details of the foster carers/supported care facility, preferably in
  the language of the UASC. The information package could also include a map of the
  location. Provision of a phone can help navigate these initial trips and help the young
  people feel safer.
- Comprehensive Support: Ensure comprehensive support for UASC, including
  emotional, practical, social, educational and financial support. This includes regular
  health assessments, access to education, and preparation for independent living.
- Language Support: Ensure early access to an interpreter at the point of placement
  and when making decisions about education. This would enable assessing language
  needs and accurately identifying prior educational experience for appropriate school
  placement and support.
- Discuss care options with UASC where possible: If possible, discuss care options
  with UASC so they can make an informed decision about which type of care they
  would value. This could include foster carers or supported accommodation with other
  young people with some shared background. Build in regular checks on individual
  experiences/needs regarding accommodation with Social Workers.

Recommendations relating to foster care practice are captured in Section 8. One such recommendation relates to the preparation of foster carers to support the range of UASC needs, e.g., practical life skill such a finance, cultural needs, social integration, education and legal system knowledge.

# 8: Training needs of foster carers

Foster carers were spoken to about their views on training. Six key areas emerged which are discussed here.

#### 8.1. Overall perspective on training received

Several of the foster carers had received only generic foster care training and no specific UASC training.

It's just wild. I had a really good understanding of the fostering task. And my husband, via the sort of generic fostering training that we did... but we didn't have anything that was specifically about unaccompanied children. (Foster carer, Fatma)

Even when the training felt appropriate, there were some concerns about the transition point when they would start taking UASC in their homes.

There was certainly a lot of training and there was a multi-agency interview thing. ... the whole process took nine months and there's a lot of support or discussion, [name of agency] were good supporting us as carers ... you're qualified to take someone and they just dump them and you think, there's something not quite right here in terms of the training, support and safeguarding and all that we can talk about all that sort of stuff. So, there wasn't a recruitment process per se. (Foster carer, Tom).

Other training the foster carers found useful included first aid, and clarity around the roles of foster carer and other professionals:

First aid stuff is very useful, ... I always remember doing an exercise where you had cards saying things like haircuts, doctor's appointments, you had to say who was responsible, like was it the social worker, the parent or the foster carer. ... less for the older asylum-seeking kids because they can give their own permission for it, ... with the 9-year-old, I'm often thinking well, who has the right to do what for him (Foster carer, Ela)

# 8.2. The value of cultural and background knowledge

Several foster carers argued that cultural knowledge about the places the UASC come from would be useful before the UASC were allocated to them. They were prepared to do some of this research themselves if they were given background information beforehand:

I think it's important for whichever foster care, getting information about the cultural background. They're aware where they're coming from.... Because children don't generally want to talk about that at first. So, if I don't know about a

place, I'll go and learn a little bit about it, if you go on the video and you look, you can see your video, my journey in Eritrea and things like that. So, a little bit of research and background. (Foster carer, Ana)

And understanding who they are, and their background before getting here. So that's making sure that the foster carers and the social workers and anybody who's dealing with a team around that child needs to have do their homework. It would be quite useful to have a bank, actually you know of information on each area that can be passed across. It wouldn't be too difficult to educating foster carers, (on) country of origin and the issues. Yeah, the same thing but then also food, clothes, religion. You know all the stuff that they might need to think about. (Foster carer, Beca)

This foster carer found it useful to have cultural knowledge around what the UASC might expect and what is normal in their country, but the training provided tended to be general:

Generic to all the asylum seekers because and by the way if you've got one and then list all the countries click on this one and here's some resources like the recipe, the recipes, cultural information they had like networks. Because the (organisation name), but there's some specific networks for different nationalities ... The cultural stuff, so where it sort of went into a little bit about, you know the sort of expectations the children might have and what's normal in their country. (Foster carer, Clare)

This next foster carer received training on cultural diversity online. However, she preferred a combination of face to face and online. Face to face can facilitate meeting other carers and online training can help reduce time:

Cultural diversity. ... before [boy name] arrived. I can remember going for first day training, so that was the day's meet up training. ... l like a combination sometimes. You know, face to face is great and I think you retain it better and it's nice to meet up with other people. ... I went for the first aid. And so, it is quite time consuming. So, it's quite nice just doing a quick online training sometimes ... I like a combination. (Foster carer, Sue)

Culture specific leaflets developed by some of the agencies (BAAF adoption and fostering) on geography, language, politics, education, religion, food etc were useful to learn more about the children.

Right, there is the BAAF, adoption and fostering. ... They did this is called caring for unaccompanied asylum-seeking children and young people from Eritrea. And so that's a national thing. So, in that, it's got about the geography, the language, the politics, the education, ethnic groups, food, religion and so on. We used to

get these little booklets according to which country they're from. Then we are all linked to foster care, which is the national organisation. (Foster carer, Susan)

Several foster carers received no UASC specific training or training on the unique cultures which led to self-directed learning. As this next participant explains, information about culture, their prior life experiences and access to interpreters would have also been very beneficial:

I think we should have had access to an interpreter, especially right at the beginning... I don't know why we couldn't have it, given that he didn't speak English. ... that's just terrible. ... are things about our guy that's quite unique. So does he have some family in the in the country and he is really shy and stuff like that. ... we got sent some like handouts but then there would be about all of different countries and until you've got somebody from a country and then there was nothing that followed up with anything specific about that country. .. we researched that for ourselves. (Foster carer, Fatma)

Foster carers also needed to be educated about the young person's background so they could better understand and support them.

You have to know the child that you've got in front of you. Have you got a child that's come from the rural areas that's never had any education needs to start 01/01 or do you have a child who's been top class all the way through and needs to then therefore transfer into that. ...learn about their culture. You know where that country they've come from? Do your homework, find out what's going on in their country, why they've run, why they've been persecuted. So many people don't even bother with that. So yeah, education, education, education for me. And timing. ...Don't push it. Don't force it. Let them unveil at their pace. If they're traumatised, especially, imposing your timing on them is not fair. (Foster carer, Beca)

This background knowledge can be essential to deal with behaviour issues and trauma which are explored in more depth in the next section.

# 8.3. The value of therapeutic, trauma and other specific issues training

Therapeutic parenting training could be very helpful especially among those with less experience of foster care and no prior experience of working with children. Good examples highlighted by the foster carers in the study included training that was active, and encouraged empathy and curiosity, active listening, as well as training that contained knowledge about normal development (e.g. brain plasticity):

My understanding of therapeutic care is so much greater than any training I've received, and I can read for myself anyway. ... But I did love a couple of the things

that we did. Which I thought were wonderful. 'I can't dance' that was just looking at what happens to a child? But putting the people in the training into situations she got people on their feet and she made them act out little scenarios ...It was very child centred in a in a brilliant way about this. I can't dance. ... I can't do these things because of all their baggage that they brought with them. And you, as a foster carer, being the person that could open up those channels and say actually, You Can Dance and let's do it like this. Really good, that was. Pace, which they put a lot of reliance upon this. ...and curiosity, empathy. ... we should always treat the children. And bearing that in mind in your interactions with them. You don't shut them down. Make sure you're listening. ... They did quite a bit on plasticity. So you can unlearn things and reshape. Which was quite interesting as well. Knowing that you were able to do. (Foster carer, Beca)

Similarly, this foster carer found that UASC specific training on behaviour management and processes (e.g. on autism, preventing radicalisation, sexual behaviour, exploration, eating disorders, substance abuse and dealing with allegation), as well as therapeutic care was very useful:

The unaccompanied asylum-seeking young people one is more relevant, but also behaviour management. ... you've gone halfway across the world and then somebody's telling you need to be in by a certain time. We've had some issues with that. Therapeutic care as well is another one that is relevant .... behaviour management, that's the main one and, health and safety, obviously it's always good at any time. So, understanding trauma, and unaccompanied asylum seeker training ... Managing difficult behaviour. ... it was more about knowing what the process is ... you're supposed to report and document and what to do and so on. ...fire safety, attachment, and preventing radicalization, autism, sexual behaviour, child sexual exploitation, medication, paediatric first aid, secure base training. Dealing with allegations, which is a big one because sometimes the kids implied that you're the one who is... You need to know what to do, substance awareness and it goes on, eating disorder. (Foster carer, Alma)

A further foster carer highlighted the value of therapeutic training but noted this was not specific training for UASC or children from different cultures. This led the foster carer to self-directed learning and using their own experience to manage challenges around gender and independence:

We had lots of trainings, but most of it was therapeutic work. The team didn't know how to deal with because they don't have any asylums, you know, or Muslim children with them. I use my own experience, ... with therapeutic, you have to be really, really calm with them. I mean, not every time it works here, but I've learned, especially with Afghans, they are very tough. You can't raise your voice, you have to be like, OK, stay calm. And the other thing that was difficult for them, I think was because I'm a woman and I was in charge. ... There was

nothing for UASC. There was other trainings which I always did and my husband. We said, yeah, this is fantastic for our white British children. But this training is not relevant to our young people's needs because they're not doing things that they're doing. (Foster carer, Rara)

Barnardo's training was very useful to learn about normal behaviour, trauma, triggers, behaviour issues, how to interpret situations. The face-to-face nature of the training where different participants were able to share their experiences enhanced the value of the training:

It was very good. ... it covered, things about identifying normal behaviour, ... sexual, you know, then things that trigger, if you see people, behavioural issues ... as adults we tend to interpret things from our adult point of view rather than from... children. And talking about people that experience trauma, how sometimes it takes a little while to come out and some of it is.... it was a free training as well and foster carers went on it, cause you don't find free training very often.... things like they talked about how to try and calm people down if they're high, bringing them low techniques, you know, breathing, you know, things like that. ... I found it very useful. You appreciate the bit of face to face because people were able to talk and you know, interject and give their experiences and talk a little about, and a lot of was from foster carers. (Foster carer, Ana)

A further foster carer also found training around sleep, motivations around missing foster children or running away and trauma very useful. Some of this training was delivered after the UASC placement in the foster carer family, but this still proved useful to understand some of the challenges the UASC faced. In the case of this specific carer, the training was again provided by Barnardo's highlighting potential differences in training provision across providers and locations.

online reusable learning object stuff where there are bits of video and you had to learn about that and then you clicked and answers and then went to the next video. ... there was a section on sleep which I hadn't clocked, I hadn't really worked that out, but she still has trouble sleeping ... If they're traveling at night, their sleep patterns would be such that that's when they'll be awake And naturally that adds to mental health problems if you're fatigued. And that means that you you'll find it hard to go to college and all these other things, So, it's just linking those things up was really helpful. And then and the stuff about trauma and some people reactions to trauma, which is not being in a confined space, they might run away and things like that. ...make sure you take a sense of what they look like before they go out the house in the morning, So if they're wearing a green hoodie and some trainers and some things, then if they go missing then you can tell the police about that. So, a lot, a lot of the training was quite intense, so they were talking about some people escape sex trafficking .... I learned a lot through it. I think I was scared a lot in some of the some of the training because

of the things now, for example, if it's what happens if you're a young person accused you of sexual assault. You think, what am I letting myself in for, ... Even though a lot of it, I just think, you're just perpetuating stereotypes, still part of me going, you know, put an extra lock on the door, (Foster carer, Tom)

Training should also include information about potential challenges UASC, and foster carers are likely to face and different manifestations of trauma responses. This foster carer argued that information can best be delivered through discussion with those who have prior experience, and had found solutions and strategies:

I think preparing people for some of the challenges. ... these might be some of the issues you might encounter. ... the trauma people would go through and maybe looking at... ... and maybe get somebody experienced to come and talk about some of the things that they found helpful information (Foster carer, Ana)

Therapeutic training can be valuable for this, and one foster carer suggested it should be part of every foster carer training. That shift in understanding what the UASC may have been through and a more adaptive approach to parenting can be essential. As this carer argued, this kind of training is most efficient when it is UASC focused:

Is so important that we connect with them. Yeah, we don't treat them like, oh, they just need a roof over their head.... therapeutic training is important for everybody. It will help the foster carer as well and the young person. ...they need to make so many changes coming from the third world country or no matter where and now you're in UK. It's a different culture all together. They have to adapt to that and to do that you have to get merged slowly. You don't shove everything down in one day. What you're going to wear this, you're going to eat this. You can't do this. You cannot do that. They're so confused. That this much freedom, even, looking at the females. ... But you have to explain to them slowly... when they saw my husband ironing and hoovering. That's a shock. ... And then before you know it, they'll accept it because then, well, actually there's nothing wrong with it. ....?.. But therapeutic is very, very important. Keep them calm. They need to be. You need to be calm. Your body language needs to be calm. So the more anger you're showing, then they're not going to calm down. (Foster carer, Rara)

Learning about psychological processes of trauma and loss, is valuable to understand the processes that young people go through as they deal with their past and adapt to their current lives. For example, transition points can be times where the distress is finally expressed. Foster carers need to recognise the key transition points and what they can do to support the UASC in their care during those points. Understanding the role of trauma is key in points of transition and other times:

Transitions are very poor... School to college, right? Leaving care. You know any anything that involves a big move from one thing to another, all needs extra layers, extra scaffolding, because the scaffolding is essential. When you, when you're not speaking the language and you don't understand the culture and it's not just the culture of the country you've come into, it's the cultures within the culture, the school culture. The school cultures will be very different to anything they've experienced. The home culture is very different. ... How do we get that psychological support in there? I mean, one of the things I did with another girl who was clearly suffering from PTSD. You've got to know that. How do you identify that? ... in terms of understanding the psychological process. when the training for these foster carers is put together I really think that that needs to be very much part of it. That it's a real, deeper, much deeper understanding of the psychological processes that they go through, that's what I meant by process. (Foster carer, Beca)

Thus, supporting young people's mental health needs and trauma should be part of the training for foster carers. Some foster carers already have useful background in mental health, but many others do not:

He wasn't sleeping. ...he got referred and literally within three months, he's got seen with somebody, somebody psychiatrist, then talked about things he can do to make him sleep, and again talked a little bit about the he's worried and overly worried. And because he would sleep in, he said, but that started again once he started doing that intense extensive interview. ...so we can get someone for you to speak to, but again it's not part of their culture. So I think most of the time they say no, no, no, we don't want nobody. .... I've got background managing mental health services. So I've got a little background and I was a nurse as well in a previous life.... you get a lot of that (in training). ...because of resource limit a lot of the training now is online and I don't think it's good. (Foster carer, Ana)

## 8.4. Challenging conversations and language used in training

The foster carers recognised that some conversations were difficult to engage with, such as those around race. Before training on such topics is delivered it is important to create the right conditions for such conversations to take place. This foster carer argued that the trainer can have an important role and that such training needs to be ongoing:

Somebody who's not afraid to talk about race because there's so many people who feel it's a hot potato and don't like to go there. And that makes it almost impossible to have those frank and honest conversations that are required. I mean I, I've done it for years, worked with race. The reactions to things that you might say. ..., society's got so woke. That it's difficult to, can I say black anymore. Can I say, you know, just the nouns you used are difficult? .... I'm happy for

somebody to tell me. ...And that's tricky, especially if you're training. (Foster carer, Beca)

Areas of training that could be improved related to how support work for refugees is discussed. This foster carer advocates for discussions about race and stereotypes becoming part of the training:

Some of it was could have been improved and I think some of it was unhelpful in a way. I remember someone coming to talk to us from (city name) Council about their experiences of asylum seeking and it was basically lots of stereotypes. And there was no training on things like microaggressions and silencing. And I wouldn't expect them to say, here's my epistemic injustice training, There's nothing, There's no sense of that. Actually, a lot of the problems might be systemic problems we've created because of our racist views. There's no discussion. ... We had a little support group who are doing the same sort of stuff and we got together for virtual sort of discussions and that was good, although again it felt a bit a bit either white saviour...also the other side was well, you know, if they're male, ... then they probably won't understand women's rights and all. It's all these stereotypes mixed in stuff. And that very, you know, they they don't, they disrespect women or whatever ... the trainers could have done with some training on these sort of issues about stereotypes, It's a bit like you get really bad Prevent training, ..., people are a bit smarter running the training I mean by I don't mean just book smart, I mean just bit more experience and a bit more aware of a lot of the issue, I think that would have been helpful, ... someone who can say, OK, so you're gonna face this person, you're the young person's probably gonna face the certain assumptions, implicit biases, microaggressions, There's gonna be issues to do with assumptions about, you know, race, gender, whatever And here are, let's let's surface them and chat about them in an honest, safe environment that would have been good ....they're rubbish because it was very much a tick box exercise (Foster carer, Tom)

#### 8.5. Training on legal processes, regulations and advocacy

Almost all the foster carers agreed that more training is required on awareness of legal processes because legal status impacted every aspect of UASC life from education to healthcare and wellbeing:

I would want to know more about the legal process. ...Most, none of mine has had any ID, so there's no proof of age, no proof of name, no nothing. ... Some of them do age assessment. ... so then for the legal process, you got to get the solicitor ... because obviously it's a legal process. In the early days you have a lots of people giving advice and then the government stop that and they... if you're doing family work, you got to have that training, ... and then they stop people giving advice because they thought they were helping people to get around the system, instead of following the system. (Foster carer, Alma)

Foster carers believed that legal advice and support was a key part of their role and essential to provide the best care for the UASC they were looking after:

So my husband's dealt with that side of it and he was a solicitor ... Social worker probably told us a bit. But he's researched it, ... He's sat in on all the interviews with the solicitor and then he's made amendments to the statement that she sent through. ... he (UASC in their care) has been really vague. So, he'll say I don't remember the journey. ... we don't really know whether it's in his interest to take that line or whether we should be saying, you need to be really honest with everything that you do remember. It's a bit of a grey area and we don't know anything in terms of how long it might take or anything like that. ....you're doing the best for the child that's with you. And you don't know if you're doing the best if you don't understand the system. (Foster carer, Fatma)

A key part of the training should also be on procedures and how to respond to situations when things go wrong:

I was gonna say if I think there's a gap in the training, it's the, What can you do when things aren't going as they should, That's where the gap will be in the training.... I would pick all the worst examples of things that have gone wrong and how they dealt with because I mean obviously you need to start with this is how it should be, this is how it should work, But these are, you know, what might not happen and when they don't, this is what you can do. (Foster carer, Ela)

This foster carer believed that training for their role should include knowledge on all key needs of UASC. This included knowledge on arrival, being part of a new culture, how to communicate and enhance their language skills and education. Training should also teach foster carers on how to create aspirations for UASC and how to advocate on their behalf to access for example education and the right interpreters:

For UASC, I'd go through each of their needs. 1 by 1.... at arrival. ... there's a huge transition... First of all, it would be language in education for me and that would include translations. Because the times this wrong or you get some inadequate translator. ... Very important because you how are you going to express yourself until you've got a translator? So language and education is the biggest. Education is the key to their future. And that we have to get right. We have to aspire. ... No, he shouldn't be in that class. He's incredibly intelligent. And back in his own country was in top classes, so you need to move him into the top classes and support that to make sure that he's getting his. ... There's an awful lot of foster carers that find terrifying going into school. They've got to feel supported. The city needs to get behind the foster carers and behind the children themselves and fight and advocate for them. (Foster carer, Beca).

#### 8.6. Training on how foster carers can look after themselves

Many of the foster carers spoke about the emotional impact of working with UASC who can become like family, suggesting compassion fatigue training could be useful.

I would love to sit and join in these groups and share stories ... there's a course that my agency runs called compassion fatigue or something like that. I like the sound of it because you know it can get quite tiring ... I'm not someone who absorbs negativity, but you know, these kids will tell you trauma things that are quite traumatic to hear. ...even just hearing one story after another after another, if you're not quite resilient it could affect people. (Foster carer, Viv)

Some of the anxiety and worry of providing care was enhanced by the topics covered in the training itself, when for example discussing worse case scenarios. While this training is necessary, it should be accompanied by strategies carers can use to deal with worry and anxiety which are part of their role:

I think some of the fears I had were perhaps perpetuated or created by them, ...you can see why it's Prevent safeguarding training ... They have to say you know, what happens if you lose the child you know, or you know the person goes missing. Or would you be happy if they brought home a boyfriend or these sort of questions which they you have to think in order to train to be effective. But that just creates in you these big sort of visions of really bad stuff happening and however rational you are, you're still creeps in like they must think it is like possible and so then it might happen. (Foster carer, Tom)

The impact of foster care on health and wellbeing of carers is well documented in literature but there is very limited evidence on UASC foster carers. There is growing interest in the psychological impact of fostering generally, particularly in relation to the care of children who have experienced trauma or adversity [122]. Negative impacts on carers may come through direct trauma (e.g. injury) or indirect trauma (e.g. exposure to the suffering of the children they look after), the latter potentially contributing to psychological responses such as compassion fatigue or secondary trauma symptoms (STS). STS has been found to be common in foster carers in the UK [123] and US [124] with the latter study noting incidence of post-traumatic stress disorder in foster carers to be double that of the general population. This may be important to the retention of foster carers, since the incidence of secondary traumatic stress has been linked negatively with foster carer intention to continue fostering [125]. However, most of this research has focused on foster carers or adoptive parents in general, not on carers of UASC. There is little detail available on how such impacts may differ between carers of British-born children in care and UASC.

The following experiences in general foster carer populations may be relevant to those focused on UASC: perceptions of the limited preparation offered by training [126] also in foster care populations: [127]; feeling unsupported by agency staff [128]; and the stigma of broken down placements [122]. Finally, a recent study offered insight into potential buffers to foster carer

stress from exposure to foster child post trauma stress symptoms; Teculeasa et al. found that higher levels of burnout and STS negatively impacted foster carers responsiveness to trauma symptoms in children, and through that job satisfaction [129]. Their recommendations included ensuring foster carers have training that helps them 1) recognise their own burnout and STS and 2) confidently deal with foster children's trauma symptoms. While there is limited material with a specific UASC fostering focus, the trends identified above offer a starting point to understand the experiences of the current population.

#### 8.7. Recommendations

- UASC specific training: Provide UASC-specific training on trauma, therapeutic care, cultural knowledge, and legal processes. This training should be tailored to the unique needs of UASC i.e. that their experience of trauma may differ greatly from citizen children in care. Fosters carers would also benefit from specific training on: how to connect and develop relationships with UASC, types of experiences UASC have been through, how to deal with UASC trauma and loss, how to deal with transitions, supporting UASC mental health, and how to engage with difficult conversations (including role of foster cares, race, sexism etc).
- **Trauma informed care:** Understanding past trauma is key to understanding some of the behaviours of young people and the distress they present with. Noting that behavioural issues in UASC may differ significantly from other fostered children.
- Looking after themselves: Train foster carers to recognise and respond to burnout, anxiety, and secondary traumatic stress. Provide access to support networks and resources for self-care.
- Advocacy Skills: Enhance foster carers' advocacy skills to help them support UASC in accessing services, supporting aspirations and navigating the legal system. This would be supported by exploration of pressure points (education; asylum process etc) during transition to living in the UK. Ongoing peer support networks would aid this. Increasing the foster carers' confidence to advocate for UASC can make a significant difference as they need to support young people who themselves are not confident or knowledgeable enough to ask for what they need.
- **Cultural Knowledge:** Provide resources and training on the cultural background of UASC, with information about their country of origin, cultural practices, recipes, and experiences. These should be provided shortly before placement to give carers time to welcome the young people appropriately.

# Experiences of accommodation and housing for UASC care leavers

The UASC care leavers that participated in this study were asked about their care experiences in general after turning 18. All young people had experience of shared accommodation and semi-independent living after they turned 18.

#### 9.1 Shared accommodations after 18

Views on shared accommodation were mixed. This young person who had a positive experience of sharing before turning 18, found the new placement after 18 much more difficult. A few young people preferred living on their own due to challenges of shared housing which included noise late at night and cleanliness:

I want council house, not shared house. Now I live with two others, and no cleaning, music in the night, so I am not happy. So, I want to be on my own..... In the kitchen, every time it's dirty, I clean one time, two times, three times. Every time they cook, they do not clean the dishes. I like my room. ... I like my bed comfortable. Yeah, it's very big. Great. (Young person, Shad)

The issues with cleanliness in the case of the next young person led them to isolate themselves into their room:

I have been in (name of city) one year. I keep tidying my room. My wardrobe is very nice and everything is clean. And those new people when they can, they clean their room, only they don't clean the kitchen. Is all messed up and the supporters (workers) decide to give us a day. I do cleaning .... when I saw it is dirty, ... I just stay in my room if they need something, they come to my room. (Young person, Arin)

Issues around cleanliness in the shared house become such a concern to the point that the next young person felt they were mistreated due to their race. In this example the key worker was not able to de-escalate the conflict. However, this young person was able to move to their own home after one year in the shared accommodation:

Horrible, like horrible, horrible. .... Luckily we had cameras there and they could see like who washes the dishes and who doesn't. ... The place is nast, ..... she start looking at the cameras .... There was two boys and two girls. .... with the girl we used to get along, but then she always used to say that I'm the one, you know, putting all the dirt in the house and not washing the dishes and not cleaning and stuff like that. That's why the kitchen is so disgusting. And the other as well, were following the same thing that she used to say. And obviously they all thought it was me. .... So the main building coordinates all the shared house

and in the area. ..... And I was really angry at her, obviously, but then my first, my key worker said just get along and that's it. Just said forget about it. You know, just be friends again, like you used to be. She apologised ... I was the only black. And I was thinking, OK, it's because I'm black. (Young person, Kadi)

Some types of shared accommodations allowed more opportunity for independent living and privacy as was the case of this young person:

But I had my own flat. It's like it was like a house with like 10 different flats. And then I got one of the flats. It had, like, it was like an ensuite kind of thing. You had the bedroom. It had the same room. It had a kitchen. It had its own obviously shower. And, you know, bathroom area. But yeah, it was like a proper complete flat really. And I was happy with it. And then I stayed there for six months and then six months later I got a Council house. (Young person, Arman)

Another young person discussed the difficult choice between shared accommodation or being placed in a hostel. This next young person argued that shared accommodation does not facilitate learning English which is very important for adapting to life in the UK and accessing different resources:

My problem is about accessing housing. ... my choice was to either share like they put us like in this hostel. ... if you're in a hostel, you are with the same people, like the same people. You don't even talk. Uh, they don't even talk English. How are you going to learn English?... Because if you put like 5 people, they don't speak English from same area, how can someone going to improve? (Young person, Murni)

This next young person instead wanted to remain in his current shared accommodation. They spoke about the importance of sharing a similar language with other young people whilst in care. They really liked the house and friend they live with, and did not want to move but were being asked to. Other young people also spoke about this sense of lack of agency when it comes to housing. What they enjoyed about the shared housing was friendships but also sharing the food and something akin to a home life:

There is with one person. We do speak the different language, but he can understand my language and I can understand his language as well a bit, but not that much. ... . It's clean, sturdy and I mean... ... I love it. Recently they want to move me from there to somewhere else, but I don't want. I told them many times that I need to be here. When they told me you have to, but I don't know where they want to move me from there. Hopefully I'll find they will find another house to be the same or great.... We just live together. Sometimes we eat together, sometimes we go outside together. (Young person, Zeka)

Whilst the current housing was a positive experience, this same young person spoke about the challenges in their previous accommodation, which was overcrowded and dirty, both contributing negatively to his mental health. Eventually they were offered the opportunity to change home. This example also illustrates the importance of feeling supported by the support workers when they raised concerns about issues they were facing:

The house was dirty because we used to live there seven people with stuff. We had a staff for whole of a week but wasn't really serious and the people that were living there, most of them they were untidy and I hate somewhere that's not tidy and If I clean the kitchen like now, half an hour later it will be dirty, like you will think they haven't cleaned it for a while. .... And I was angry. I just left as well. ... The support worker, they come to me and said no, the house is perfect. Everything nice, clean. But wasn't. I just said OK, they are doing nothing. So I just stopped saying the truth, said no, everything is good. .. I got control if the other person even is not, he's not clean, I can clean myself because he not gonna get it dirty that much. ... I prefer with a person that's who thinks like me. (Young person, Zeka)

For those who went to university, student accommodation could also be problematic:

I've also lived in a student's accommodation but it was a horrible experience. So I didn't like that. I just need to find the house. One (flatmate) is international, but one is British. But both of them, they speak good English (Young person, Murni)

## 9.2. Managing own home

While there were many benefits to having their own home, there were also challenges, often arising because the young people were not sufficiently prepared for the financial and practical challenges of managing a home. As illustrated in section 7 of the report, this young person did not feel foster carers helped them prepare for life after care including how to live on their own. A key part of foster carer education for many others was life skills that enable independent living:

After foster care I moved on to shared accommodation. ... I was 19 When I get to my own flat... And I had no job that time. I remember I was really bad financially. When I got the money, I didn't put it on the housing account for rent. I was in debt and then it went up by the time all you realise the rents going up. .. I spoke to someone from the housing Office to how to make an arrangement, how to pay .. If I be if I'll be honest with you, I had no clue. I don't know this till this day, I don't know. So I was like, what do you mean? I've all I've already paid like 400 something # like on top of it. Like I paid, like 30-40 quid. More rather than saying no, you haven't even paid your monthly is like £412. .... So imagine me going to the court for the judge because I've done something, ... Everything I'm very deficient. I still don't know how to use the washing machine. (Young person, Bakri)

This next young person enjoyed their own space and felt prepared for independent leaving. They received a lot of help to prepare for this step in their life. Having their own space meant they could avoid conflict and invite friends and foster carer around for dinner. They enjoyed being able to cook and havening a clean place to live in:

I have my own place, my own space. You know, I can do whatever I want, you know, ... I invited my foster care to come. She really loved it, she said. It's really big. It's really nice. Somebody even told me, you can even buy it, you know, and rent it and. I was like, alright.... I guess I'm still young 23. I would say, you know what the future holds (Young person, Kadi)

This pride in their own home was also observed in another young person who moved from foster care to shared accommodation and then own flat. He was working to fix the council house because he believed it was important to have a nice house:

I've been living in that Council house. I've been renovating it myself. ... We just love to like, live in nice houses. So you know, we do like to spend money in our house because this is literally where we live. ... I feel like our culture for that kind of thing is a bit superior, if that makes sense. I as a single guy, I tend to keep my house really clean. Like every time my friends come over they they're just surprised. (Young person, Arman)

#### 9.3. Accommodation facilitation social connection

Several of the issues with shared or single accommodation (e.g. cleanliness, noise, conflict, loneliness) are outlined earlier in this section. An additional issue related to how well connected it was to services and activities. Sometimes accommodation was not ideal for accessing facilities the young people wanted to access:

That far for me or I don't know, because I spend my time in the gym and swimming so. Yeah, I just losing interest going to that one took two buses from yeah, from (name of location) to city centre from city centre to that. (Young person, Arin)

One young person did not provide many details around his accommodation but made it clear that they did not like their living conditions at present and that they had to change accommodation frequently. They spent most of their time in their room and would prefer to move to a bigger city (in this case Liverpool).

They felt like contact with their personal advisor was quite limited but on the positive side, had maintained valuable relationship with another young person they had shared a house with (note, he is considered like a brother). This highlights the multiple relationships that are created as the young people move from one form of accommodation to another:

Interviewer: What is the best place that you moved in?

Participant: I like Liverpool. When I turned 18, I no longer had care workers. I have PA but every 12 weeks I saw her 2 times.

Interviewer: If you have any problem who is the first person that you talk with?

Participant: My friend (name). He is like my brother.

Interviewer: When did you first meet him?

Participant: 2 years ago. He is my roommate in (name of city). (Young person, Alan)

#### 9.4. Recommendations

- **Preparation for life after care:** UASC need to receive training on financial management and key skills they will need for independent care.
- Conflict Resolution: Implement effective conflict resolution strategies in shared accommodation to address issues like cleanliness and noise. Support from key workers and social workers is crucial.
- Location and Accessibility: Ensure that accommodation is well-connected to essential services and activities. This includes access to education, healthcare, and social activities.
- Holistic Support: Adopt a holistic approach to housing support, addressing the physical, psychological, and social needs of UASC. This includes multi-agency collaboration and co-located services.

# 10. Employment and training

The UASC care leavers that participated in this study were also asked about their experiences of employment and training. Six (46%) of the young people that took part in the research did not hold a temporary or permanent status to live in the UK which prevented them from being able to work.

#### 10.1. Barriers and facilitators to accessing work

The young people who did not have the right to work yet, could not engage with employment experiences or earn a living:

If I got permission to work, I could work and make money and make my life better now. .... I think about travelling tour before dentistry. I asked a couple of customers and friends, and you know who's got experience from that and they said travelling tours. Everybody can do that. ... So I took the hard chance to do it. This year I'd like to do it an apprenticeship ... and you're gonna get money as four days you're gonna get work as the experience until you learn one day is a study. ... But because I have no permission to stay, that's why... I'm just waiting for governments hands. So there's no opportunity, there's nothing to do. (Young person, Diari)

Like many other young people, the participants found accessing the work market could be challenging, and those studying had to negotiate the time management for both study and work.

Any kind of job really, because I just want to work. You know, instead of always staying in a house and thinking. I tried to apply but I got rejected many. ... I don't want work to take enough space in my education. Because I don't wanna be distracted like you can start working because you have money. You just forget about the fact that you're studying. I just want to have a balance. (Young person, Bakri)

A number of the young people interviewed discussed the role of carers in providing support to facilitate accessing employment opportunities. This young person explains how even after they had left care, the foster carers helped them with job application:

Not a little bit (of help), a lot. I even nowadays if I, you know, apply for a job or if I do something, (Young person, Arman)

## 10.2. Cultural expectations and understanding

For some young people the role of their families and cultural background was important in informing their decisions about education and professional futures. This young person referred

to the cultural expectations around certain professions like medicine and law. However, for him it was also important to follow their own dreams and their own happiness:

So first I studied medicine. As a typical brown person because you know back home, you know, Middle East, they always ask their kids to be either a pilot or a solicitor or a doctor, right? So obviously growing up, even back home, when I was studying, I was aiming for being a doctor, becoming a dentist or becoming a, ...I took the A levels like biology and chemistry so I can go to university and actually do medicine, but then I was like, you know what? I finished the first year and then I had one year left but I didn't because I said for the rest of my life if I, let's say, become a doctor, I'm going to live my parents dream, not my own dream, right? I said I can't just wake up every day and go to hospital and deal with people's teeth and blood and everything else. (Young person, Arman)

This same young person then explains how once leaving education, taking the next step was also difficult because they lacked experience. They understood that working was important to avoid becoming unemployed which they believed was more acceptable in places like England. So, they were driven to achieve economic stability, housing and so on:

I knew I don't want to do science, but I didn't know what I want to. And as a young person, I wasn't really experienced, so I didn't know what I'm doing with my life... unfortunately, that's what a lot of English kids have noticed. Do they drop out of college? ... I was too mature for wasting that, you know, wasting my life. So I started working there. I started saving up... You know, as I said, I moved into that house on the in 2021. So I spent a lot of money on my house. And then I got my licence. I bought a car ... I saved up because I was always aiming to start a business. And then when I when college started again, I did a two year course of electrical installations, which I've finished and I actually got distinction and I'm really good at it. ...hopefully by, you know, next 1 1/2 years, 18 months, I will be qualified and you know start working towards it. (Young person, Saha)

For one young person cultural expectations clashed with work environment which led to their losing their job. The also found the work environment did not meet their values:

Obviously, I stopped working at the warehouse because he was just kind of, I would say it was slavery. Honestly, working in a warehouse is slavery, right? For the money you get, carrying all that heavy stuff and, you know, being disrespected by all these managers that think they're God, if that makes sense. And it's just the warehouse, right? .... Then I got fired. .... I got fired because I was defending my human rights. Well, not my own human rights but those of someone else (Young person, Arman)

## 10.3. Positive work experiences

After difficult prior experiences one of the young people reported a very positive work experience, where they had been invited to join the business where they worked as a partner. This has led to a very positive work environment and financial benefits they were content with. This positive relationship continued outside of work as well:

We're (boss at work) literally like brothers. He trusts me for everything because the previous workers ...they used to steal from him. They used to scam him. They used to, you know, stuff like that, basically, .... I was always doing my job properly looking after him. I was going above and beyond.... If you stay with me and if you keep being, you know, the same, you know, nice, kind hearted guy and all of that. We're literally like brothers now. ... We always go out together. Honestly, because he deserves it and he likes me. And I like him and all of that. So anyway, we sold, we sold the shop and he bought a different shop in a different place. He said I'll actually give you a share of the shop and that's how I became a business owner and now have a share of the shop. (Young person, Arman)

## 10.4. Apprenticeships and voluntary work

While those who did not have right to work could not take on paid employment, they could engage in work experience. This provided valuable experience for future career, but also opportunity to connect with other people. These opportunities were facilitated by NEST and friends for this young person:

Young person: Different things like number as my own language and something like basic to let them know and help them studying. So that's what I did there... That was good.

Interviewer: The work experience as a barber, how do you feel about it now?

Young person: Well, yeah, I'm into it. Very well. So this now is really normal to me, like I can do it easily cutting hair and talk to them. And make them comfortable. (Young person, Diari)

Another young person who did have right to work decided to volunteer to gain experience while on holiday from her studies. In this case she was advised by her friends on what roles to access and how. Participation in research projects was another way they could be working and building their experience.

I was doing a volunteering job at school board, charity shop ...then I just stopped because I started university in September .... My friend just advised just say go and do some branching job and he was really a good a good experience because I met new people, met new friends. ... It was, it was stressful, but it was OK. It

The health, social, educational, legal, accommodation, and care needs of UASC.

was an experience. So all these actually teach me for like when I go for my next job interview. So I have experience for all. (Young person, Kadi)

Another young person also spoke about the training they were receiving and was required of them to qualify as a mechanic. While in the UK they had received all the training and qualifications required for this work:

I did the level 1. It was a digital business. I did the level 2 motor vehicle which is the technician, so....I didn't have any idea when I arrived, What I'm gonna do ...And I didn't know much about cars, to be honest. I learn all of them in the UK, like driving, even with the cars and everything (Young person, Fadil)

Some of the volunteer opportunities came due to their lived experience in care. At least two of the young people interviewed in the study had been invited to participate in conferences, meetings and research (including the present one). The young people involved in these opportunities found them very positive. One such event led one of the young people to an employment opportunity. They also believed in the importance of helping others reflecting on the challenges they themselves had had to face when arriving in the UK.

Because as I said, I attend conferences. I attend meetings with, for example, (on name of event). They came from London, you know, we talk about education for kids, young people. I always attend all the meetings. ... I just come in. ... Because that thing's not been done for me. So I wanna be done for the others. Because literally it affects, I did some change. (Young person, Bakri)

One of the young people spoke about a voluntary experience in an art gallery which offered the opportunity to make friends and learn about photography:

We visit many different places and then we eat. Some art and then we, for me, I took, a picture they give it to my camera and then I use it..... First of all, I go new friends there and then yeah, I met many people. And they give me experience about photography and then... You learn more things from them, yeah, More information about the life or experience. (Young person, Max)

## 10.5. Recommendations

• Peer support: Given how influential peer UASC can be on making decisions about education, apprenticeship and employment, facilitating mentoring roles from UASC care leavers to current UASC would be very beneficial. These experts by experience can be positive role models but can also help navigate the complexities and uncertainties of around employment and adaptation to a new country. Finally, peer supporters can become value members of the UASC social networks which are essential for wellbeing and integration as discussed in part 5 of this report.

The health, social, educational, legal, accommodation, and care needs of UASC.

- Legal Support: Enhance current funding and resources that would enable UASC and UASC care leavers to access legal support to obtain the necessary documentation for employment. Current provision at Local Authority levels has been reduced due to issues with legal aid.
- Career Guidance: Offer career guidance and support to help UASC explore different career options and prepare for job applications and interviews.

## References

- EMC. Unaccompanied asylum-seeking children (UASC) coordination [Internet]. 2025.
   Available from: <a href="https://www.emcouncils.gov.uk/our-work/asylum-and-refugee-resettlement/unaccompanied-asylum-seeking-children-uasc-co-ordination/">https://www.emcouncils.gov.uk/our-work/asylum-and-refugee-resettlement/unaccompanied-asylum-seeking-children-uasc-co-ordination/</a>
- 2. EMC. Quarterly Migration Brief [Internet]. 2024. Available from: https://emcouncils.pagetiger.com/Quarterly-Migration-Briefing/december-2024
- 3. Kellezi B, Bajri G. Blood in the blackbirds' field. A story of war, justice and resilience. Documentary Film. 2023.
- 4. Derluyn I, Broekaert E, Schuyten G, Temmerman ED. Post-traumatic stress in former Ugandan child soldiers. Lancet [Internet]. 2004;363(9412):861–3. Available from: <a href="https://doi.org/10.1016/s0140-6736(04)15734-6">https://doi.org/10.1016/s0140-6736(04)15734-6</a>
- Derluyn I, Broekaert E. On the Way to a Better Future: Belgium as Transit Country for Trafficking and Smuggling of Unaccompanied Minors1. Int Migration [Internet].
   2005;43(4):31–56. Available from: https://doi.org/10.1111/j.1468-2435.2005.00332.x
- 6. Banerjee T, Ajmal S, Khan A, Arora R. G526(P) Health needs of unaccompanied asylum seeker children- observations from initial health assessment in community paediatric clinic. British Association For Community Child Health And British Paediatric Respiratory Society [Internet]. 2019:A212.2–. Available from: <a href="https://doi.org/10.1136/archdischild-2019-rcpch.509">https://doi.org/10.1136/archdischild-2019-rcpch.509</a>
- 7. King D, Said G. Working with unaccompanied asylum-seeking young people: cultural considerations and acceptability of a cognitive behavioural group approach. tCBT [Internet]. 2019;12:12–e23. Available from: https://doi.org/10.1017/s1754470x18000260
- 8. Davies M, Webb E. Promoting the Psychological Well-Being of Refugee Children. Clin Child Psychol Psychiatry [Internet]. 2000;5(4):541–54. Available from: <a href="https://doi.org/10.1177/1359104500005004008">https://doi.org/10.1177/1359104500005004008</a>
- 9. Watters C, Ingleby D. Locations of care: meeting the mental health and social care needs of refugees in Europe. Int J Law Psychiatry. 2004;27(6):549–70.
- Eide K, Hjern A. Unaccompanied refugee children vulnerability and agency. Acta Paediatr (Stockh) [Internet]. 2013;102(7):666–8. Available from: <a href="https://doi.org/10.1111/apa.12258">https://doi.org/10.1111/apa.12258</a>
- Laban CJ, Gernaat HBPE, Komproe IH, Schreuders BA, De Jong JTVM. Impact of a Long Asylum Procedure on the Prevalence of Psychiatric Disorders in Iraqi Asylum Seekers in The Netherlands. Journal of Nervous & Mental Disease [Internet]. 2004;192(12):843– 51. Available from: https://doi.org/10.1097/01.nmd.0000146739.26187.15
- 12. Seidel FA, James S. Unaccompanied Refugee Minors in Sweden: Challenges in Residential Care and the Role of Professional Social Work. Residential Treatment for Children & Youth [Internet]. 2019;36(2):83–101. Available from: <a href="https://doi.org/10.1080/0886571X.2019.1571982">https://doi.org/10.1080/0886571X.2019.1571982</a>
- 13. Malmqvist E, Furberg E, Sandman L. Ethical aspects of medical age assessment in the asylum process: a Swedish perspective. Int J Legal Med [Internet]. 2018;132(3):815–23. Available from: <a href="https://doi.org/10.1007/s00414-017-1730-3">https://doi.org/10.1007/s00414-017-1730-3</a>
- 14. The Guardian. Lone children at risk of deportation to Rwanda after being classified as adults, says charity [Internet]. 2024. Available from: <a href="https://www.theguardian.com/uk-">https://www.theguardian.com/uk-</a>

- news/2024/may/01/lone-children-at-risk-of-deportation-to-rwanda-after-being-classified-as-adults-says-charity?CMP=twt\_b-gdnnews
- 15. Ferenci B. Separated Refugee Children in Austria. International Journal of Refugee Law [Internet]. 2001;12(4):525–47. Available from: https://doi.org/10.1093/ijrl/12.4.525
- 16. Howard M, Hodes M. Psychopathology, adversity, and service utilization of young refugees. Journal of the American Academy of Child and Adolescent Psychiatry. 2000;39:368–77.
- 17. Kohli RKS. Social work with unaccompanied asylum seeking children and young people. Social work with unaccompanied asylum seeking children [Internet]. 2002;12:47–74. Available from: <a href="https://doi.org/10.1007/978-0-230-62575-4\_3">https://doi.org/10.1007/978-0-230-62575-4\_3</a>
- Bashir N. Community Gatekeepers: Power, Pitfalls and Possibilities When Recruiting and Researching Black, Asian, and Minority Ethnic (BAME) Participants. TQR [Internet]. 2023May24;28(5):1501–9. Available from: <a href="https://doi.org/10.46743/2160-3715/2023.5549">https://doi.org/10.46743/2160-3715/2023.5549</a>
- 19. Thommessen SAO, Corcoran P, Todd BK. Experiences of arriving to Sweden as an unaccompanied asylum-seeking minor from Afghanistan: An interpretative phenomenological analysis. Psychol Violence. 2015;5(4):374–83.
- 20. Geltman PL, Grant-Knight W, Mehta SD, Lloyd-Travaglini C, Lustig S, Landgraf JM, et al. The "lost boys of Sudan": Functional and behavioral health of unaccompanied refugee minors resettled in the United States. Archives of pediatrics & adolescent medicine. 2005;159(6):585–91.
- 21. Werthern M, Grigorakis G, Vizard E. The mental health and wellbeing of Unaccompanied Refugee Minors (URMs). Child Abuse Negl. 2019;98:104146.
- 22. Kellezi B, Reicher S. The double insult: Explaining gender differences in the psychological consequences of war. Peace and Conflict: Journal of Peace Psychology [Internet]. 2014;20(4):491–504. Available from: <a href="https://doi.org/10.1037/pac0000043">https://doi.org/10.1037/pac0000043</a>
- 23. Pettersson T, Vogel MA. Compulsory care placements among unaccompanied male refugee minors. Nord J Criminol [Internet]. 2023;24(1):1–22. Available from: <a href="https://doi.org/10.18261/njc.24.1.5">https://doi.org/10.18261/njc.24.1.5</a>
- 24. Derluyn I, Broekaert E. Unaccompanied refugee children and adolescents: The glaring contrast between a legal and a psychological perspective. Int J Law Psychiatry [Internet]. 2008;31(4):319–30. Available from: <a href="https://doi.org/10.1016/j.ijlp.2008.06.006">https://doi.org/10.1016/j.ijlp.2008.06.006</a>
- 25. Ulrich H-S, Kohler E, Spallek J, Richter M, Clauß D, Mlinarić M. Explaining psychosocial care among unaccompanied minor refugees: a realist review. European Child & Adolescent Psychiatry. 2022;31(12):1857–70.
- 26. Ajdukovic M. Displaced adolescents in Croatia: Sources of stress and posttraumatic stress reaction. Adolescence. 1998;33:209–17.
- 27. Ajdukovic M, Ajdukovic D. Impact of displacement on the psychological well-being of refugee children. International Review of Psychiatry. 1998;10:186–95.
- 28. Bruce B. Toward mediating the impact of forced migration and displacement among children affected by armed conflict. Journal of International Affairs. 2001;55:35–58.
- 29. Topalovic T, Episkopou M, Schillberg E, Brcanski J, Jocic M. Migrant children in transit: health profile and social needs of unaccompanied and accompanied children visiting the MSF clinic in Belgrade, Serbia. Confl Health. 2021;15(1):32.

- 30. Hjern A, Kling S. Health Care Needs in School-Age Refugee Children. Int J Environ Res Public Health [Internet]. 2019;16(21):4255. Available from: https://doi.org/10.3390/ijerph16214255
- 31. Eisen S, Williams B, Cohen J. Infections in Asymptomatic Unaccompanied Asylumseeking Children in London 2016–2022. Pediatric Infectious Disease Journal [Internet]. 2023;42(12):1051–5. Available from: <a href="https://doi.org/10.1097/inf.000000000000004087">https://doi.org/10.1097/inf.000000000000000004087</a>
- 32. Coyle R, Bowen S, Mullin S, Sayer N, Siggers G, Bennett S. Physical and mental health needs of unaccompanied children seeking asylum: a descriptive analysis in Kent, UK. Lancet [Internet]. 2016;388:S40. Available from: <a href="https://doi.org/10.1016/s0140-6736(16)32276-0">https://doi.org/10.1016/s0140-6736(16)32276-0</a>
- 33. Costa D, Biddle L, Bozorgmehr K. Association between psychosocial functioning, health status and healthcare access of asylum seekers and refugee children: a population-based cross-sectional study in a German federal state. Child Adolesc Psychiatry Ment Health [Internet]. 2021;15(1):1–5. Available from: <a href="https://doi.org/10.1186/s13034-021-00411-4">https://doi.org/10.1186/s13034-021-00411-4</a>
- 34. Yim SH, Said G, King D. Practical recommendations for addressing the psychological needs of unaccompanied asylum-seeking children in England: A literature and service review. Clin Child Psychol Psychiatry. 2024;30(2):245–63.
- 35. Bamford J, Fletcher M, Leavey G. Mental Health Outcomes of Unaccompanied Refugee Minors: a Rapid Review of Recent Research. Curr Psychiatry Rep [Internet]. 2021;23(8):1–1. Available from: <a href="https://doi.org/10.1007/s11920-021-01262-8">https://doi.org/10.1007/s11920-021-01262-8</a>
- 36. Oberg C, Sharma H. Post-Traumatic Stress Disorder in Unaccompanied Refugee Minors: Prevalence, Contributing and Protective Factors, and Effective Interventions: A Scoping Review. Children [Internet]. 2023;10(6):941. Available from: <a href="https://doi.org/10.3390/children10060941">https://doi.org/10.3390/children10060941</a>
- 37. Jensen TK, Skårdalsmo EM, Fjermestad KW. Development of mental health problems a follow-up study of unaccompanied refugee minors. Child Adolesc Psychiatry Ment Health [Internet]. 2014;8(1):29. Available from: <a href="https://doi.org/10.1186/1753-2000-8-29">https://doi.org/10.1186/1753-2000-8-29</a>
- 38. Hjern A, Kling S. Health Care Needs in School-Age Refugee Children. Int J Environ Res Public Health [Internet]. 2019;16(21):4255. Available from: https://doi.org/10.3390/ijerph16214255
- 39. Müller LRF, Gossmann K, Hartmann F, Büter KP, Rosner R, Unterhitzenberger J. 1-year follow-up of the mental health and stress factors in asylum-seeking children and adolescents resettled in Germany. BMC Public Health [Internet]. 2019;19(1):908. Available from: https://doi.org/10.1186/s12889-019-7263-6
- 40. Norredam M, Nellums L, Nielsen RS, Byberg S, Petersen JH. Incidence of psychiatric disorders among accompanied and unaccompanied asylum-seeking children in Denmark: a nation-wide register-based cohort study. Eur Child Adolesc Psychiatry [Internet]. 2018;27(4):439–46. Available from: <a href="https://doi.org/10.1007/s00787-018-1122-3">https://doi.org/10.1007/s00787-018-1122-3</a>
- 41. Ramel B, Täljemark J, Lindgren A, Johansson BA. Overrepresentation of unaccompanied refugee minors in inpatient psychiatric care. SpringerPlus [Internet]. 2015;4(1):131. Available from: <a href="https://doi.org/10.1186/s40064-015-0902-1">https://doi.org/10.1186/s40064-015-0902-1</a>

- 42. Bean T, Derluyn I, Eurelings-Bontekoe E, Broekaert E, Spinhoven P. Comparing Psychological Distress, Traumatic Stress Reactions, and Experiences of Unaccompanied Refugee Minors With Experiences of Adolescents Accompanied by Parents. Journal of Nervous & Mental Disease [Internet]. 2007;195(4):288–97. Available from: https://doi.org/10.1097/01.nmd.0000243751.49499.93
- 43. Seglem KB, Oppedal B, Raeder S. Predictors of depressive symptoms among resettled unaccompanied refugee minors. Scandinavian journal of psychology. 2011;52(5):457–64.
- Sempik J, Ward H, Darker I. Emotional and Behavioural Difficulties of Children and Young People at Entry into Care. Clin Child Psychol Psychiatry [Internet].
   2008;13(2):221–33. Available from: <a href="https://doi.org/10.1177/1359104507088344">https://doi.org/10.1177/1359104507088344</a>
- 45. Rolnick AC. Assimilation, removal, discipline, and confinement: Native girls and government intervention. Columbia Journal of Race and Law. 2021;11(3):811–60.
- 46. Kellezi B, Bosworth M. Mental health services inside immigration removal centres (access, perceived quality of health care and the ACDT process in. IRC Morton Hall; 2017.
- 47. Këllezi B, Wakefield J, Bowe M, Stevenson C, McNamara N. Healthcare provision inside immigration removal centres: A social identity analysis of trust, legitimacy and disengagement. Applied Psych Health & Well [Internet]. 2021;13(3):578–601. Available from: https://doi.org/10.1111/aphw.12263
- 48. Kellezi B, Bosworth M. Mental health, suicidal thoughts and self-harm inside immigration detention. University of Oxford and Nottingham Trent University, Criminal Justice, Borders and Citizenship Research Paper. 2016 Nov 1(2867358).
- 49. Bhugra D. Migration and mental health. Acta Psychiatr Scand [Internet]. 2004;109(4):243–58. Available from: <a href="https://doi.org/10.1046/j.0001-690x.2003.00246.x">https://doi.org/10.1046/j.0001-690x.2003.00246.x</a>
- 50. Fazel M, Stein A. The mental health of refugee children. Arch Dis Child [Internet]. 2002;87(5):366–70. Available from: <a href="https://doi.org/10.1136/adc.87.5.366">https://doi.org/10.1136/adc.87.5.366</a>
- 51. Fathi Afshar S. Access to Health Care for Refugee Children and Unaccompanied Minor Aliens in The Netherlands: A Qualitative Study. University of Twente. University of Twente; 2019.
- 52. Lynch MA. Providing health care for refugee children and unaccompanied minors. Medicine, Conflict and Survival [Internet]. 2001;17(2):125–30. Available from: https://doi.org/10.1080/13623690108409566
- 53. Spallek J, Tempes J, Ricksgers H, Marquardt L, Prüfer-Krämer L, Krämer A. The health situation and health care needs of unaccompanied minor refugees-an approximation based on qualitative and quantitative studies from. Bundesgesundheitsblatt-Gesundheitsforschung-Gesundheitsschutz. 2016;59:636–41
- 54. Demazure G, Baeyens C, Pinsault N. Review: Unaccompanied refugee minors' perception of mental health services and professionals: a systematic review of qualitative studies. Child Adolesc Ment Health [Internet]. 2022;27(3):268–80. Available from: <a href="https://doi.org/10.1111/camh.12486">https://doi.org/10.1111/camh.12486</a>
- 55. Majumder P, O'Reilly M, Karim K, Vostanis P. 'This doctor, I not trust him, I'm not safe': The perceptions of mental health and services by unaccompanied refugee

- adolescents. Int J Soc Psychiatry [Internet]. 2015;61(2):129–36. Available from: https://doi.org/10.1177/0020764014537236
- 56. Majumder P, Vostanis P, Karim K, O'Reilly M. Potential barriers in the therapeutic relationship in unaccompanied refugee minors in mental health. Journal of Mental Health [Internet]. 2019;28(4):372–8. Available from: <a href="https://doi.org/10.1080/09638237.2018.1466045">https://doi.org/10.1080/09638237.2018.1466045</a>
- 57. Mitra R, Hodes M. Prevention of psychological distress and promotion of resilience amongst unaccompanied refugee minors in resettlement countries. Child Care Health Dev [Internet]. 2019;45(2):198–215. Available from: https://doi.org/10.1111/cch.12640
- 58. Portnoy S, Ward A. Unaccompanied asylum-seeking children and young people Understanding their journeys towards improved physical and emotional health. Clin Child Psychol Psychiatry [Internet]. 2020;25(3):636–47. Available from: <a href="https://doi.org/10.1177/1359104520925865">https://doi.org/10.1177/1359104520925865</a>
- 59. Bower P, Gilbody S. Stepped care in psychological therapies: access, effectiveness and efficiency. Br J Psychiatry [Internet]. 2005;186(1):11–7. Available from: <a href="https://doi.org/10.1192/bjp.186.1.11">https://doi.org/10.1192/bjp.186.1.11</a>
- 60. Williams B, Cassar C, Siggers G, Taylor S. Medical and social issues of child refugees in Europe. Arch Dis Child [Internet]. 2016;101(9):839–42. Available from: https://doi.org/10.1136/archdischild-2016-310657
- 61. Chawla J, Houbby N, Davies S, Stewart C. 1655 The 'CCHILDS' screen: a practical guide to a consultation with refugee and asylum seeking children within the Paediatric Emergency Department (PED). Emerg Med J [Internet]. 2022;39(12):A979.2–80. Available from: <a href="https://doi.org/10.1136/emermed-2022-rcem2.31">https://doi.org/10.1136/emermed-2022-rcem2.31</a>
- 62. UK Government. Safety of Rwanda (Asylum and Immigration) Act 2024: Chapter 8. London: The Stationery Office. 2024:16. Available from: <a href="https://www.legislation.gov.uk/ukpga/2024/8">https://www.legislation.gov.uk/ukpga/2024/8</a>
- 63. Vickers T, O'Nions H, Kellezi B, Acha E, Alici N, Sacchetti I, et al. Fighting asylum destitution through quality legal advice: evaluation of the Hope Projects (West Midlands) legal service. Final report. 2024.
- 64. Ntagka K, Cochliou D. Psychosocial and integration needs of unaccompanied children in Greece. Int Soc Work [Internet]. 2024;67(3):650–63. Available from: https://doi.org/10.1177/00208728231196368
- 65. Garcia MF, Birman D. Understanding the migration experience of unaccompanied youth: A review of the literature. American Journal of Orthopsychiatry [Internet]. 2022;92(1):79–102. Available from: <a href="https://doi.org/10.1037/ort0000588">https://doi.org/10.1037/ort0000588</a>
- 66. Kohli RKS. Working to Ensure Safety, Belonging and Success for Unaccompanied Asylum-seeking Children. Child Abuse Review [Internet]. 2011;20(5):311–23. Available from: https://doi.org/10.1002/car.1182
- 67. Wimelius ME, Eriksson M, Isaksson J, Ghazinour M. Swedish Reception of Unaccompanied Refugee Children—Promoting Integration?. Int Migration & Integration [Internet]. 2017;18(1):143–57. Available from: <a href="https://doi.org/10.1007/s12134-016-0472-2">https://doi.org/10.1007/s12134-016-0472-2</a>
- 68. Thommessen SAOT, Corcoran P, Todd BK. Voices rarely heard: Personal construct assessments of Sub-Saharan unaccompanied asylum-seeking and refugee youth in England. Children and Youth Services Review. 2017;81:293–300.

- 69. Beirens H, Hughes N, Hek R, Spicer N. Preventing Social Exclusion of Refugee and Asylum Seeking Children: Building New Networks. Social Policy & Society [Internet]. 2007;6(2):219–29. Available from: https://doi.org/10.1017/s1474746406003484
- 70. Kellezi B, Bowe M, Wakefield JRH, McNamara N, Bosworth M. Understanding and coping with immigration detention: Social identity as cure and curse. Eur J Soc Psychol [Internet]. 2019;49(2):333–51. Available from: <a href="https://doi.org/10.1002/ejsp.2543">https://doi.org/10.1002/ejsp.2543</a>
- 71. Hosseini M, Punzi E. Integration from the perspective of young women who came to Sweden as unaccompanied asylum-seeking girls from Afghanistan. An interpretative phenomenological analysis. Eur J Soc Work [Internet]. 2022;25(2):263–75. Available from: https://doi.org/10.1080/13691457.2021.1954888
- 72. Brook MI, Ottemöller FG. A new life in Norway: The adaptation experiences of unaccompanied refugee minor girls. Child Youth Serv Rev [Internet]. 2020;117:105287. Available from: <a href="https://doi.org/10.1016/j.childyouth.2020.105287">https://doi.org/10.1016/j.childyouth.2020.105287</a>
- 73. Andersson ES, Øverlien C. Navigating cultural transitions during resettlement: the case of unaccompanied refugee minors. Front Psychol [Internet]. 2023;14:1080072. Available from: <a href="https://doi.org/10.3389/fpsyg.2023.1080072">https://doi.org/10.3389/fpsyg.2023.1080072</a>
- 74. Keles S, Friborg O, Idsøe T, Sirin S, Oppedal B. Resilience and acculturation among unaccompanied refugee minors. Int J Behav Dev [Internet]. 2018;42(1):52–63. Available from: https://doi.org/10.1177/0165025416658136
- 75. Mels C, Derluyn I, Broekaert E. Social support in unaccompanied asylum-seeking boys: a case study. Child Care Health Dev [Internet]. 2008;34(6):757–62. Available from: https://doi.org/10.1111/j.1365-2214.2008.00883.x
- 76. Derluyn I, Broekaert E, Schuyten G. Emotional and behavioural problems in migrant adolescents in Belgium. Eur Child Adolesc Psychiatry [Internet]. 2008;17(1):54–62. Available from: https://doi.org/10.1007/s00787-007-0636-x
- 77. Wallin A-MM, Ahlström GI. Unaccompanied Young Adult Refugees in Sweden, Experiences of their Life Situation and Well-being: A Qualitative Follow-up Study. Ethn Health [Internet]. 2005;10(2):129–44. Available from: <a href="https://doi.org/10.1080/13557850500071145">https://doi.org/10.1080/13557850500071145</a>
- 78. Oppedal B, Idsoe T. The role of social support in the acculturation and mental health of unaccompanied minor asylum seekers. Scand J Psychol [Internet]. 2015;56(2):203–11. Available from: https://doi.org/10.1111/sjop.12194
- 79. Agostino D, M. L'italiano e l'alfabeto per i nuovi arrivati. Testi e linguaggi. 2017;11:141–56.
- 80. Dirosa RT, Gucciardo G, Argento G, Leonforte S. Educational requirements and skills for social inclusion: the CPIA resources for unaccompanied migrant minors. LESLLA Symposium Proceedings. 2021;14(1):189–213.
- 81. Eisenring A. Social relationships of unaccompanied minor asylum seekers [Doctoral dissertation]. Ghent University. Ghent University; 2024.
- 82. Fuller M, Hayes B. What are the experiences of education for unaccompanied asylum-seeking minors in the UK? Child: care, health and development 2020;46(4):414–421.
- 83. McIntyre J, Neuhaus S. Theorising policy and practice in refugee education:
  Conceptualising 'safety', 'belonging', 'success' and 'participatory parity'in England and Sweden. British Educational Research Journal 2021;47(4):796–816.

- 84. Reakes A. The education of asylum seekers: Some UK case studies. Research in Education 2007;77(1):92–107.
- 85. Zainullah, Mahfud M, Riniati WO. Exploring the Role of Teacher-Student Relationships in Academic Achievement: A Qualitative Study in Primary Schools. The Eastasouth Journal of Learning and Educations. 2023;1(02):76–83.
- 86. Refugee Education UK. Asylum Seekers options for Further Education [Internet]. 2025. Available from: <a href="https://www.reuk.org/strategy">https://www.reuk.org/strategy</a>
- 87. Wilkinson HN. Educational interventions for the labour market integration of young unaccompanied asylum seekers in the UK. University of York. University of York; 2016
- 88. Bogen-Johnston L, Newman S. Kent, Surrey and Sussex Services for Unaccompanied Asylum-Seeking children (UASC) [Internet]. Vol. 17. 2022. Available from: <a href="https://arc-kss.nihr.ac.uk/document-download/181-unaccompanied-asylum-mapping-report-20-jan-2022/file">https://arc-kss.nihr.ac.uk/document-download/181-unaccompanied-asylum-mapping-report-20-jan-2022/file</a>
- 89. Ndibalema P. Barriers to accessibility of learning among minority refugee children: A systematic literature review. Child Youth Serv Rev [Internet]. 2024;156:107261.

  Available from: <a href="https://doi.org/10.1016/j.childyouth.2023.107261">https://doi.org/10.1016/j.childyouth.2023.107261</a>
- 90. Ward C. Practitioners' perspectives and needs: Developing skills to support unaccompanied asylum-seeking children (UASCs) in experiencing 'belonging' in English educational spaces. Br Educ Res J [Internet]. 2022;48(2):311–29. Available from: https://doi.org/10.1002/berj.3768
- 91. UK Government, Understanding asylum seeker and asylum-route refugee vulnerabilities, needs, and support (2022) (2025) Website: https://www.gov.uk/government/publications/understanding-asylum-seeker-and-refugee-vulnerabilities-and-needs-2022 (Accessed May 2025)
- 92. Schmid MS. First language attrition, use and maintenance. 2002.
- 93. Pinquart M, Ebeling M. Parental Educational Expectations and Academic Achievement in Children and Adolescents—a Meta-analysis. Educ Psychol Rev [Internet]. 2020;32(2):463–80. Available from: <a href="https://doi.org/10.1007/s10648-019-09506-z">https://doi.org/10.1007/s10648-019-09506-z</a>
- 94. Karyotis G, Mulvey G, Skleparis D. Young Syrian refugees in the UK: a two-tier system of international protection? Journal of Ethnic and Migration Studies 2021;47(3):481–500.
- 95. Morgan AL. The educational needs of unaccompanied asylum-seeking children in UK in one local authority in England: Professional and child perspectives. : University of Exeter (United Kingdom); 2018.
- 96. Borsch AS, de Montgomery CJ, Gauffin K, Eide K, Heikkilä E, Smith Jervelund S. Health, Education and Employment Outcomes in Young Refugees in the Nordic Countries: A Systematic Review. Scand J Public Health [Internet]. 2019;47(7):735–47. Available from: https://doi.org/10.1177/1403494818787099
- 97. Boruah A. Positive impacts of peer pressure: A systematic review. Indian Journal of Positive Psychology. 2016;7(1).
- 98. Barbaresos F, Georgiou N, Vasilopoulos F, Papathanasiou C. Peer support groups and peer mentoring in refugee adolescents and young adults: A literature review. Glob J Community Psychol Pract [Internet]. 2023;14(2). Available from: <a href="https://doi.org/10.17161/gjcpp.v14i2.21037">https://doi.org/10.17161/gjcpp.v14i2.21037</a>

- 99. Molla T. Refugees and school engagement: A scoping review. Policy Futur Educ [Internet]. 2024;22(8):1625–46. Available from: https://doi.org/10.1177/14782103241229013
- 100. Utkarsh, Pandey A, Ashta A, Spiegelman E, Sutan A. Catch them young: Impact of financial socialization, financial literacy and attitude towards money on financial well-being of young adults. Int J Consum Stud [Internet]. 2020;44(6):531–41. Available from: <a href="https://doi.org/10.1111/ijcs.12583">https://doi.org/10.1111/ijcs.12583</a>
- 101. Starr M, Cordier R, Pakpahan E, Robinson M, Speyer R, Chung D. Understanding how young people transitioning from out-of-home care acquire and develop independent living skills and knowledge: A systematic review of longitudinal studies. PLoS One [Internet]. 2024;19(6):e0304965. Available from: <a href="https://doi.org/10.1371/journal.pone.0304965">https://doi.org/10.1371/journal.pone.0304965</a>
- 102. Lynch MA, Cunninghame C. Current topic: Understanding the needs of young asylum seekers. Arch Dis Child [Internet]. 2000;83(5):384–7. Available from: https://doi.org/10.1136/adc.83.5.384
- 103. Hancilova B, Knauder B, Sutter P. Unaccompanied minor asylum-seekers: Overview of protection, assistance and promising practices. Budapest: IOM; 2011.
- 104. Zulfacar D. Alternative forms of care for unaccompanied refugee minors: a comparison of US and Australian experience. Int Soc Work [Internet]. 1987;30(1):61–75. Available from: <a href="https://doi.org/10.1177/002087288703000107">https://doi.org/10.1177/002087288703000107</a>
- 105. Derluyn I, Broekaert E. Different perspectives on emotional and behavioural problems in unaccompanied refugee children and adolescents. Ethn Health [Internet]. 2007;12(2):141–62. Available from: <a href="https://doi.org/10.1080/13557850601002296">https://doi.org/10.1080/13557850601002296</a>
- 106. O'Higgins A, Ott EM, Shea MW. What is the Impact of Placement Type on Educational and Health Outcomes of Unaccompanied Refugee Minors? A Systematic Review of the Evidence. Clin Child Fam Psychol Rev [Internet]. 2018;21(3):354–65. Available from: <a href="https://doi.org/10.1007/s10567-018-0256-7">https://doi.org/10.1007/s10567-018-0256-7</a>
- 107. Mougne C. Vietnamese Children's Home: A Special Case for Care? Save the Children. 1985.
- 108. Kalverboer M, Zijlstra E, van Os C, Zevulun D, ten Brummelaar M, Beltman D. Unaccompanied minors in the Netherlands and the care facility in which they flourish best. Child Fam Soc Work [Internet]. 2017;22(2):587–96. Available from: <a href="https://doi.org/10.1111/cfs.12272">https://doi.org/10.1111/cfs.12272</a>
- 109. Rana M, Qin DB, Bates L, Luster T, Saltarelli A. Factors Related to Educational Resilience among Sudanese Unaccompanied Minors. Teachers College Record: The Voice of Scholarship in Education [Internet]. 2011;113(9):2080–114. Available from: https://doi.org/10.1177/016146811111300905
- 110. Wade J, Sirriyeh A, Kohli R, Simmonds J. Fostering unaccompanied asylum-seeking young people. A Research Project. 2012.
- 111. Stanley K. Cold Comfort: Young Separated Refugees in England. London: Save the Children Fund. 2001.
- 112. Hodes M, Jagdev D, Chandra N, Cunniff A. Risk and resilience for psychological distress amongst unaccompanied asylum seeking adolescents. Child Psychology Psychiatry [Internet]. 2008;49(7):723–32. Available from: https://doi.org/10.1111/j.1469-7610.2008.01912.x

- 113. Hollins K, Heydari H, Leavey G. Refugee Adolescents Without Parents: A Survey of Psychological and Social Difficulties Amongst Unaccompanied Refugee Minors in Haringey. London: Barnet, Enfield and Haringey Mental Health NHS Trust. 2003;
- 114. Kauko O, Forsberg H. Housing pathways, not belonging and sense of home as described by unaccompanied minors. Nordic Social Work Research [Internet]. 2018;8(3):210–21. Available from: https://doi.org/10.1080/2156857x.2017.1343743
- 115. Herz M, Lalander P. Being alone or becoming lonely? The complexity of portraying 'unaccompanied children' as being alone in Sweden. Journal of Youth Studies [Internet]. 2017;20(8):1062–76. Available from: <a href="https://doi.org/10.1080/13676261.2017.1306037">https://doi.org/10.1080/13676261.2017.1306037</a>
- 116. Wade J. Preparation and transition planning for unaccompanied asylum-seeking and refugee young people: A review of evidence in England. Child Youth Serv Rev [Internet]. 2011;33(12):2424–30. Available from: <a href="https://doi.org/10.1016/j.childyouth.2011.08.027">https://doi.org/10.1016/j.childyouth.2011.08.027</a>
- 117. Vistårinteut. Suicid och suicidförsök ensamkommande unga sammanställning av #vistårinteut [Internet]. Vol. October. July 2025. 2017. Available from:

  <a href="https://www.mynewsdesk.com/se/number-vistaarinteut/pressreleases/suicid-och-suicidfoersoek-ensamkommande-ungasammanstaellning-av-nummer-vistaarinteut-2232475">https://www.mynewsdesk.com/se/number-vistaarinteut/pressreleases/suicid-och-suicidfoersoek-ensamkommande-ungasammanstaellning-av-nummer-vistaarinteut-2232475</a>
- 118. Lundberg A, Dahlquist L. Unaccompanied Children Seeking Asylum in Sweden: Living Conditions from a Child-Centred Perspective. Refugee Survey Quarterly [Internet]. 2012;31(2):54–75. Available from: <a href="https://doi.org/10.1093/rsq/hds003">https://doi.org/10.1093/rsq/hds003</a>
- 119. Omland GB, Andenas A. Peer relationships at residential care institutions for unaccompanied refugee minors: An under-utilised resource?. Qualitative Social Work [Internet]. 2020;19(5-6):917–33. Available from: https://doi.org/10.1177/1473325019860183
- 120. Porte Z, Torney-Purta J. Depression and academic achievement among Indochinese refugee unaccompanied minors in ethnic and nonethnic placements. American Journal of Orthopsychiatry [Internet]. 1987;57(4):536–47. Available from: https://doi.org/10.1111/j.1939-0025.1987.tb03569.x
- 121. (UNHCR) Promoting integration through social connections (2024). Website: https://www.unhcr.org/handbooks/ih/social-connections/promoting-integration-through-social-connections (Accessed 30 May 2025)
- 122. Duncan M, Fearon P, Woolgar M. A qualitative exploration of how adoptive parents experience the direct and indirect trauma of their child's early maltreatment. Adopt Foster [Internet]. 2024;48(2):167–83. Available from: <a href="https://doi.org/10.1177/03085759241251854">https://doi.org/10.1177/03085759241251854</a>
- 123. Bridger KM, Binder JF, Kellezi B. Secondary Traumatic Stress in Foster Carers: Risk Factors and Implications for Intervention. J Child Fam Stud [Internet]. 2020;29(2):482–92. Available from: https://doi.org/10.1007/s10826-019-01668-2
- 124. Whitt-Woosley A, Sprang G, Eslinger J. Exploration of factors associated with secondary traumatic stress in foster parents. Children and Youth Services Review [Internet]. 2020:118–05361. Available from: <a href="https://doi.org/10.1016/j.childyouth.2020.105361">https://doi.org/10.1016/j.childyouth.2020.105361</a>

- 125. Hannah B, Woolgar M. Secondary trauma and compassion fatigue in foster carers. Clinical child psychology and psychiatry 2018;23(4):629–643.
- 126. McKeough A, Bear K, Jones C, Thompson D, Kelly P, Campbell L. Foster carer stress and satisfaction: An investigation of organisational, psychological and placement factors. Child Youth Serv Rev [Internet]. 2017;76:10–9. Available from: <a href="https://doi.org/10.1016/j.childyouth.2017.02.002">https://doi.org/10.1016/j.childyouth.2017.02.002</a>
- 127. D'Amato S, Brownlee K. Qualitative Studies of Foster Carer Experiences in Providing Out of Home Care for Children: A Scoping Review and Narrative Synthesis. The British Journal of Social Work [Internet]. 2022;52(6):3078–94. Available from: <a href="https://doi.org/10.1093/bjsw/bcab223">https://doi.org/10.1093/bjsw/bcab223</a>
- 128. Tullberg E, Vaughon W, Muradwij N, Kerker BD. Unpacking "support": Understanding the complex needs of therapeutic foster parents. Child Youth Serv Rev [Internet]. 2019;105:104420. Available from: <a href="https://doi.org/10.1016/j.childyouth.2019.104420">https://doi.org/10.1016/j.childyouth.2019.104420</a>
- 129. Teculeasa F, Golu F, Gorbănescu A. What Mediates the Link Between Foster Parents' Sensitivity Towards Child Posttraumatic Stress Symptoms and Job Satisfaction? The Role of Compassion Fatigue and Foster Parent-Child Relationship. J Child Adolesc Trauma [Internet]. 2023;16(2):309–20. Available from: <a href="https://doi.org/10.1007/s40653-022-00513-x">https://doi.org/10.1007/s40653-022-00513-x</a>



The health, social, educational, legal, accommodation, and care needs of UASC.

blerina.kellezi@ntu.ac.uk