The information in this leaflet has been produced by a group of North Lincolnshire foster carers and our Children and Young People’s Mental Health Service (CAMHS) staff.
Who are unaccompanied children?

• Unaccompanied children are defined as any child under the age of 18 who is either an asylum seeker, recognised refugee or other displaced person, and is physically separated from both of their parents.\(^1\)

• Unaccompanied children are likely to have been exposed to many risks on their way to North Lincolnshire. They may have travelled alone and will have been very frightened. They may have been physically beaten and/or threatened and/or sexually exploited. Most will have been separated from their families. Some will have experienced the violence of war and all will have experienced significant loss.

What North Lincolnshire foster carers say about the challenges they have faced:

• Feeling less prepared (compared to fostering non-unaccompanied children) due to the lack of information known about the child.

• Lack of confidence in their ability to meet the child’s needs due to a lack of knowledge about the child’s cultural and religious background and about ways to support them.

• Misunderstanding the child’ needs and desires.

• Unaccompanied children may not be open to sharing their experiences and feelings; they may not want to talk about it or may not know how to.

“I didn’t take into account that they may not be able to read or write in their own language.”

“With unaccompanied children thier story is invisible ...it’s a long time before they know enough English to talk about their feelings.”

“He wore layers of clothes; he thought he had to take all of them with him, he didn’t know he was staying at my house.”
What the research says about the challenges faced by unaccompanied children:

Overall, more information is needed about unaccompanied refugee children’s views and experiences of fostering, and their needs and wishes more generally. However the following information has emerged from research so far:

- Children may have experienced loss and may be experiencing feelings of loneliness, sadness, fear and guilt. However feelings may be expressed differently in the child, or the child may not wish to show or talk about their feelings.

- Children may feel overwhelmed by the experience of being suddenly in the midst of a different family.

- It may be more difficult for the child to understand and adjust to the new culture and family system provided by the foster family.

- The child may feel isolated due to cultural and language differences and fostering may not offer peer interaction.

- Children may not be able to contact family members, and others may not wish to.

- The child may be unfamiliar with fostering, the education system, the laws and social rules of the new country.

- Child may experience post-traumatic stress disorder and/or other mental health difficulties.
Advice North Lincolnshire foster carers’ would give based on their experience of fostering unaccompanied children:

- Foster carers can provide practical and emotional support to the children as much as possible (given language barriers).
- Foster carers to be available, attentive, accepting and empathic.
- Social workers to explain to the child about what fostering is like in the UK.
- To try and be adaptive and creative when communicating with the child. It may be useful, in some circumstances, to use Google translate to aid communication.
- Foster carers, with support from the local authority, should try and identify the child’s religious or cultural background as soon as possible so that links with religious communities can be set up. Having some understanding of their culture can make a placement feel more welcoming for the child.

“**You need to give them more than just a bed, love and food. They need communication about perceptions, emotions and feelings.”**

“**I tried to integrate myself in the Muslim community, through finding a mosque.”**

“**Really hard to Google translate everything, it takes all day. I would screenshot the translation and show them the pictures.”**

“**If I was sat with other people speaking another language I would feel like an outcast.”**

“**Rather than punching me... I would let him kick the bike and let his frustration out. It’s about acceptance, saying its okay, its normal, this is how I would feel as well.”**

“**I tried to convey that it’s not a prison, this is a family, I am a voluntary carer...he probably wondered why are they looking after me.”**
• Using bi-lingual workers/interpreter during social worker visits can improve communication and prevent misunderstanding and isolation.

• Supporting children to access education as soon as possible can prevent isolation, improve awareness of the host (new) culture and communication skills.

• It may be useful to meet with other foster carers for support and sharing of ideas.

• The young people might benefit from having contact with other children of a similar background and/or similar experience.

What the research says about looking after an unaccompanied child:

• Foster carers to try and create a safe space in which the child is able to discuss any painful experiences if they wish to, however shouldn’t pressure them to talk as they may not want to or not feel ready to.\textsuperscript{2,3}

• Foster carers to try and adjust the family structure, relationships, routines and practices to incorporate the child as part of the family.\textsuperscript{3,6}

• Foster carers should try not to assume a parental role with the child as this may be resisted by the child however should try and create a welcoming environment and a family atmosphere as much as possible.\textsuperscript{5}

• Foster carer should try and be adaptive and flexible in order to develop family-like relationships in the household. It may be helpful to talk about similarities and differences, e.g. language, race, culture, religion and hobbies.\textsuperscript{7}
Trauma Checklist

- Unaccompanied children are exposed to many risks pre-flight, during their flight, and upon arrival, which makes them vulnerable for the development of mental health problems. Post-traumatic stress disorder (PTSD) is an anxiety disorder caused by very stressful, frightening or distressing events.

Symptoms of PTSD

- Emotional numbing (they may try to deal with their feelings by trying not to feel anything at all, which can lead to them becoming isolated and withdrawn).

- Avoidance (they may try to avoid being reminded of the traumatic event, which may involve avoiding talking about the experience, avoiding certain people or places that remind them of the trauma).

- Re-experiencing - vividly re-lives the traumatic event in the form of:
  - Flashbacks (re-experiencing a memory involuntarily).
  - Nightmares (Themes might include: threat, death, dying, being chased).
  - Repetitive and distressing images or sensations (they may report seeing or hearing things related to their experiences and be distressed by this).
  - Physical sensations – such as pain, sweating, nausea or trembling.
  - Anxiety (could be general about going places or could be related to a specific situation).
  - Difficulty relaxing (may be always on the go, agitated).
  - Bedwetting.
• Irritability.
• Hyperarousal (being constantly aware of threats and easily startled).
• Angry outbursts.
• Sleeping problems (insomnia).
• Difficulty concentrating.

What to do if you suspect the child has PTSD?

• These symptoms listed above could be indicative of other mental health difficulties as well as PTSD.

• If you notice a number of these symptoms persistently over a couple of weeks then contact your social worker to discuss your concerns.

• Speak to your GP if you are concerned that they have thoughts of self-harm or suicide.

Some things you can do to support them

• Make a reassuring and supportive environment, offering support, reassurance and understanding.

• Let them talk about the traumatic event if they feel ready. It’s important not to force the issue if they don’t want to talk about it.

• Do not criticise regressive behaviour (returning to a previous level of development) as this may be helpful for them during this difficult time.
Important Contacts

• Fostering Social Worker
  Telephone number: 01724 297024

• Yorkshire Refugee Council
  Website: https://www.refugeecouncil.org.uk/contact

• Migration Yorkshire
  Website: http://www.migrationyorkshire.org.uk/

• North Lincolnshire Children’s Services
  Telephone number: 01724 296500

• Action for Children

  Action for Children provides support for children and young people who have trauma related difficulties.

  The social worker can refer to Action for Children.

• Children and Young People’s Mental Health Services (CAMHS)

  CAMHS provides support for children and young people who have emotional or mental health difficulties.

  The GP, the social worker or the Mental Health Champion at school can refer to CAMHS.
References


6 Wade, J. et al. (2012). Fostering Unaccompanied Asylum-Seeking Young People: Creating a Family Life across a “World of Difference”.

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