**Working with Unaccompanied Asylum Seekers in Kent**

A pilot training for foster carers to deal with distress, restore well-being and promote resilience of children and young people who have suffered extensive trauma

**Summary and recommendations**

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Child and Family Training

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**Working with Unaccompanied Asylum Seekers in Kent**

***A pilot training for foster carers to deal with distress, restore well-being and promote resilience of children and young people who have suffered extensive trauma***

***A modular toolkit coping with stress and traumatic responses for children and young people***

**Arnon Bentovim and Carol Jolliffe**

Child and Family Training

**Summary and Recommendations**

**C&FT was commissioned by Kent County Council Mental Health, Childhood Adversity service** to develop and deliver a training for Foster Carers looking after **Unaccompanied Asylum-Seeking Children and Young people** (UASC).

* **Foster carers had reported high levels of traumatic stress symptoms** in these young people. It was felt that training foster carers to help young people directly might be a helpful approach to mitigating these symptoms, and that the Hope for Children and Families Intervention Resources, which had been the basis of ACEs Awareness and Trauma Informed Intervention training in Kent would be a helpful model to utilise.
* **A pilot training** was planned based on the guides ‘***Working with children and young people addressing emotional and traumatic responses***,’ and the guide ‘***Addressing disruptive* behaviour’** with modules from the ***‘Positive Parenting guide’***

**The goals of the training**

* **Share knowledge about adversity, stress, resilience and traumatic experiences** of the children and young people in their care, the emotional and behavioural responses they have observed
* **Develop additional skills** to help their young people in the light of their understanding of the emotional and behavioural responses of the children and young people they are caring for.

**The guide ‘Addressing emotional and traumatic responses** ‘

* + **The first part is a generic set of modules** dealing with responses common to all children and young people who are exposed to high levels of stress including relaxation skills, being safe, managing feelings, and developing activities and coping skills. Modules were integrated into a structured approach the***‘4D model of Dealing with the Distress’*** (Mansell et al 2021) which helps individuals **‘*Distract*** from sources of stress, **‘*Dilute’*** the impact of stress, and ‘***Develop’***and **‘*Discover’*** the sources of stress, and develop coping strategies. **A guide/workbook** was developed for foster carers, and for young people outlining the steps to follow.
  + **The second part of the addressing emotional and traumatic responses** guide is focused on addressing specific problems of anxiety low mood traumatic responses establishing a trauma narrative and modules on addressing disruptive behaviour and positive parenting managing challenging behaviour was included in a second **guide/workbook** for foster carers and for young people

**The training was established for two groups of 15 foster carers,** one group **exclusively** caring for UASC and a second group carers for UASC and general fostering. Four hourly sessions were planned at monthly intervals.

* **The first session** focused on gathering information about the needs of the young people, and introducing the ‘4D Dealing with Distress’ approach
* **The second session**, fed back on the experience of utilising the 4 D Dealing with Distress approach, and introduced the Anxiety, Low mood, and establishing a ‘My Journey’ ‘Trauma Narrative.’
* **The third session** fed back on the use of the anxiety, low mood and trauma narrative modules, introduced the Disruptive Behaviour modules and the relevant Positive Parenting modules, and general feedback, and recommendations for the future.

**The foster carers observation about the UASC in their care**

* **The enormity and extremity of the UASC experiences** surprised and shocked foster carers despite their number of years of experience, but - physical assaults, seeing death and destruction, committing atrocities. Listening to distressing nightmares could be highly stressful for foster carers, and secondary traumatisation could result
* **The UASC were described as generally respectful**, despite the tears and nightmares, what was enormously frustrating at first was not being able to communicate, until their English improved. In addition, even with translators, young people initially did not have a language to talk about worries, feelings, or low mood. Foster carers found a variety of ways of communicating, drawing, art based, establishing safe spaces to communicate. others were very silent, foster carers had to find a variety of ways of communicating.
* **Interpreters, sharing experiences of the UASC** could be helpful, and supportive, but there were anxieties about information getting to the wrong hands, fearing criticism when they revealed necessary survival actions. Social workers with parental authority were helpful, but not always.
* **The role of women** was often a very important issue, e.g. some young people were surprised seeing the Queen on banknotes. They expect women to do domestic chores, women being in control challenges their expectations, particular when young people are placed with a single female carer .
* **Reflective groups –** It was evident from the nature of the experiences shared that foster-carers would benefit greatly from sharing in reflective groups

**The 4 D Model dealing with Distress**

1. **Distraction - Coping activities** that act as a temporary distraction from distress. Their aim is to temporarily remove the experience of distress. The module ‘Ways of Feeling Good’ is the first module to help as a temporary distraction.
2. **Dilution is a collection of techniques (Dilute)** that enable the young person to circumvent some of the processes that temporarily exacerbate distress. Their aim is not to remove the experience of distress, but to reduce its intensity whilst still experiencing some, manageable, degree of distress.
3. **Develop.** The third step introduces the opposite side of the coin – the need to think about, and talk about the problems, even though this can feel distressing.
4. **Discovery,** encourages the benefits of speaking one’s problems out loud to hear them in one’s own voice, develop new perspectives

**Feedback on the use of the 4D Dealing with Distress Approach**

* **The general feedback**. Foster carers found going through the work-books helpful. Working through material without sufficient language could be challenging. Young people in high states of anger and frustration could not hear or focus. Foster - carers waited for the volume to settle down, the right moment. Foster carers felt that if they had something to offer the right time would come, the resource would be available, natural curiosity has an important role to play and good timing.
* ***Distract and Dilute -***The Butterfly Technique a form of***EMDR*** -*Bi-lateral Eye Movement, Desensitisation and Reprocessing* approach, with breathing techniques was found to be particularly helpful to deal with distressing images, flashbacks, feelings, and thoughts. We introduced the ‘***Fast -feet Forward Approach*** developed in Kent by Ana Draper – another form of EMDR Bilateral movement
* ***Developing and Discovering*** - revealed extreme experiences - a brother being kidnapped, a dead body of a relative being returned, shared losses; tears and crying triggered, experiences shared and witnessed. There were many triggers for memories being shared - Home Office interviews, a plane or helicopter flying past, fireworks, torches, images on the television. Coping techniques were essential. These included, practical cooking, caring for animals, all promoting a feeling of safety, essential elements to manage such highly stressful experiences. The process of managing stress - distracting, diluting, developing, and discovering and sharing experiences was a constant process which had to be addressed frequently over the course of the training.

**Addressing Specific Mental Health Responses-**

**Addressing Anxiety**

**Steps Included**

1. **Understanding the distinction between true and false alarms** situations which give rise to anxiety and understand which are true alarms, needing avoidant action, or which are false.
2. **Understanding the process of threat** triggering a process of anxiety, and avoidance, and the way anxious thoughts are bult up, and need to be confronted.
3. **The Fear -Ladder Controlling anxiety** –List worries and fears in order from the least to the most worrying, check if fears are true or false alarms, by putting oneself in the field situation; practice being in situations which caused fear and understand that fears can only be overcome, by being confronted
4. **STOP -Countering anxious thoughts** Work out first steps that could be taken in as much detail as possible to identify a scared situations, worrying thoughts, and generate other thoughts and alternative thoughts, practise three or four times a week

**Feedback**

* **The theme of anxiety resonated for foster carers**, young people were described as suffering persistent sleeping difficulties, some were in a highly anxious state, a perpetual state of fear. Young people described having the roof of their home blown up, remaining fearful. The value of a systematic step by step response was recognised
* **Some UASC’s fears were attributed to previous actions,** the fear that having been involved in killing, that anger might cause a repetition associated with intense guilt. Foster carers were concerned about realistic risks true or false alarms of young people who have been responsible for serious violence living in their homes. Steps to confront these fears were relevant.
* **A foster carer described using the steps** to help a young person who wanted to go to the library but was fearful of travelling on the bus.

**Addressing low mood**

* `**Depression is relatively common** in children and young people, by seeming cranky rather than sad or losing interest in doing activities once enjoyed,
* **What causes depression** -Being a sensitive individual, social factors (such sustaining losses, particularly the traumatic losses UASC young people suffer

**Steps**

1. **Use the feelings thermometer** to think of times when they have been most happy or sad what contributed to those feelings
2. **What are you like when you are down,** different ways of reacting and responding to stressful situations?
3. **Changing feelings** changing what we feel, what we think and what we do.
4. **Changing our thinking** when there are ‘BLUE’ Catastrophic thoughts, is to substitute ‘TRUE’ more realistic thoughts, feelings and behaviour
5. **Changing behaviour -** Presenting a positive optimistic self can improve mood and have a positive effect on relationships
6. **Exploring difficult situations. ’Hot spots’** difficult situations, which are upsetting you, and made you feel low, e.g., Home Office Interviews?

**Feedback**

* **Depressive states**. Foster carers described UASC as having periods of dark moods, being sulky, describing empty spaces in their minds, having blanked out so many experiences. The younger people could share experiences, extreme anger and unhappiness was expressed more as tears rather than rage. Young people could respond with extreme responses to stressful events. “Hot Spots’ e.g. a Home Office interview, could trigger low mood, when they were confronted with not knowing the fate of their families, fearing the worst for themselves, having to leave the country. Distraction and dilution techniques, activities all help to improve mood.
* **Distress and low mood may be triggered** when young people hear about events in their own country - volcanoes erupting, loss of life. Periods of sadness, and grief may follow. Foster carers found it important to emphasize that the young people were alive, they could rebuild their lives, could help their country giving money directly to their countries. UASC had to cope with losses, and the traumatic nature of losses, complicating the process of recovery. From grief. Young people were often distressed and low, if they thought they had forgotten the sound of their parents’ voices. It was essential to capture memories, photographs drawings of their homes and parents to restore the past, rather than being overwhelmed with the sense of loss.
* **Having a set of techniques- resources ‘in the bank’** Foster carers indicated they found it helpful to have different approaches to improve mood - getting into a happier place, when young people are feeling low. One foster carer indicated how helpful she found this approach was with her own children. Carers emphasised how important positive activities were for young person who could spend a good deal of time in the dark on their phones

**Creating a Narrative to cope with Adverse Life Experiences – Past or present**

* **A related activity** to discovery talk is creating and sharing a narrative as a way of coping with **Adverse Life Experiences ACEs associated with traumatic responses** currently or in the past which are continuing to have an impact
* **Traumatic memories are different to memories of other events** -tend to come into people’s minds uninvited, flashbacks often vivid, feels as if the event is happening again. Sleep may be invaded, nightmares and bad dreams triggered by sights, smells of places which remind of the original event. Lives feel fore- shortened, they sre on edge, aroused, angry, irritable, cannot settle to sleep
* **Memories of events or events need to be brought to mind** and processed, likely to be accompanied by a great deal of fear horror and helplessness. However thinking or talking through events might help to reduce symptoms, and become a bad memory not current reality

**Steps**

1. **Gradual Exposure** - The basic idea is gradual exposure gradually work through the scary and upsetting things. You don’t have to talk about all this all at once but the more you talk about all of this the sooner the whole you can cope and take over will be able to move on and get on with your life.
2. **Utilise all the ways of coping already explored** -to manage feelings and thoughts, feel safe, use the distress scale to keep a check on feelings. Experiences are in the past and bad memories you are so much more than that.

**Feedback**

* **Recognition of the importance of establishing a Trauma Narrative of their journey**. Despite reluctance to share the story of their journeys, it was recognised that having a full narrative - a hardback version of the journeys -could demonstrate e.g. to the Home Office the range, extensiveness, and depth of the traumatic experiences. Memories gradually return, e.g. watching a TV program about their country, gathering together information, pictures of housing in in their hometowns, images, stories, details.
* **Getting ensnared in their stories**. Some UASC could become caught up in their experiences, watching films of highly traumatizing bombing and barbaric events. This could be highly risky in terms of developing deep sense of grievance, feelings of revenge and dangerous behaviour.
* **Constructing their experiences**. Some UASC wanted to construct a detailed account of their journeys, videos with commentaries in their own language. Young people want to be in touch with their family and their siblings making connections to establish what really happened what was true. Memories may be stored as files on computers, photographs on phones, kept up to date, stored in a memory box, finding regular times to communicate, putting materials into a book, bringing memories up-to-date. Memories and experiences need to be slowly unwrapped
* **Regular times to communicate**. A foster carer described the way that she would sit watching the television, a young person would sit behind her. When she started speaking the foster care knew that this was the point to pause the TV and listen. The more serious and darker the experience to be shared and witnessed, the longer the pause before communicating

**Managing angry disruptive behaviour**

**Steps**

**1.Rationalising Anger/Irritable Mood -**Gettingangry, irritable, argumentative, defiant or vindictive, losing temper, touchy, easily annoyed, angry and resentful, non-compliant

**2.Analysing incidents when young people find themselves getting angry and losing their tempers** -Two pathways –thoughts, feelings, behaviour and consequences. In the top is the path of what happened, the lower pathway is to see if there might be an alternative pathway. Explore Justifications for anger blaming others, assuming the worst, minimising the impact

**3.Turning over a new leaf – Old lives and New Lives.** Getting in the habit of losing our temper, getting grouchy and irritable, can define who you are, and temper is in control, and the real you is disappearing. You can use all the skills in your tool -box, to find solutions and ‘Defeat Mr Temper, and let ‘Mr Cool’ emerge.

**4.Positive Parenting to manage disruptive behaviour.** Children and young people’s challenging behaviour of younger people are best managed through parenting interventions. Older young people require both parenting and direct work. The aim of promoting positive parenting is to understand factors associated with the development and maintenance of negative behaviour, and to introduce a number of different approaches to improve the behaviour through positive approaches.

**Feedback**

* **Serious sulking behaviour.** Foster carers describe some UASC showing serious sulking behaviour, not communicating, talking in their own language despite knowing English, making demands which foster carers do not have the authority to arrange e.g. meeting relatives. There is a tendency for some UASC to lie, say what they think people want to hear. There may be phases of defiance, boundary breaching, not respecting space, shouting on their phones, turning the music up, slamming doors day and night, perhaps testing whether they are accepted, will they be punished, arrested deported. Foster carers find their tolerance is stretched, they need good humour, a variety of positive parenting techniques are essential
* **Defiance of female foster carers**. Some UASC find it hard to accept that a female foster carer is in charge, and can be particularly defiant to them, less to male foster carers. Some young people have shown extreme aggression, violence and loss of control. High levels of destructive behaviour may need specialist placements.

**Application** a foster carer described a situation when a young person had been questioned by the police, when he had smashed a vodka bottle in frustration against the door of the house, when he was not admitted to the party. Going through the steps of thoughts, feelings, and responses to find an alternative approach was seen as potentially helpful. The concept of ‘*Old Me’* and ‘*New Me’* was seen as as helpful concept to help young people establish a new identity, leaving behind the feelings thoughts and behaviour associated with their journey

**Comments re polls used in training**

We used zoom polls at intervals during the zoom training sessions, both to give us brief in the moment feedback about aspects of the course and for some indication of overall usefulness from the carers.

**Do you see yourself using these ideas/approaches with your young people (yes/no)**

* Results were universally positive with groups scoring ‘yes’ 90-100 %

**How helpful are the workbooks?**

* A 5-point rating scale from 1 ‘not helpful’ to 5 ‘extremely helpful’ with most participants scoring at 4 or 5.
* Workbooks for young people, more options for access requested in ‘easy read’ and audio recordings of the content.
* **Is the Working with children and young people: Addressing emotional and traumatic responses guide helpful?**
* A 5-point rating scale from 1 ‘not helpful’ to 5 ‘extremely helpful’ all groups rated the scale at 4 or 5

**Is the Dealing with Distress model helpful? (yes/no)**

* A 5-point rating scale from 1 ‘not helpful’ to 5 ‘extremely helpful’ with most participants rating at 4 – 5.

**Overall Feedback and recommendations**

* **Overall view** there was a consensus that delivery of the sessions had been helpful. They found the course leaders kind and empathetic, they felt safe, and this was essential if they were to share some of the extremely painful material they have heard, which they must process themselves. A zoom training meant there were fewer opportunities to have individual discussions, but some foster carers would be unable to attend face to face trainings.
* **Feedback on skills trained** indicated many of the skills trained were valuable in helping these often deeply troubled young people who had been subjected to extremely stressful traumatic experiences both in their home countries, during their journeys, and in the UK.
* **Feedback on resources**. Foster carers found it valuable to have a ‘bank’ of resources, the workbooks ***‘****Dealing with Distress and restoring well-being’* – promoting resilience -*A modular toolkit coping with stress and traumatic responses for children and young people* were helpful as tools to work through with young people. When a young person is placed with them they would be able to work through the modules, the guides give a starting point and a ladder to follow The Guide ‘*Working with children and young people, emotional and traumatic responses’* was a valuable detailed resource to help when delivering particular modules.
* **Helpful points raised.** There were some helpful points raised – the need to be able to differentiate the guides through numbers as well as colours. It would be helpful to have an audio guide to help young people work through the guides, with introductions to skills in a variety of languages. Given the excellent bank of translators available in Kent it was felt this would be feasible. It would be helpful if worksheets could be personalised so young people could own them, and they could be coloured in. It would also be helpful if guides for UASC could be delivered in an Easy-Read format.
* **Specific needs of UASC.** There was a need to focus down on the specific needs of UASC young people, given language difficulties, the role of translators, audio guides, and Easy Read They often presented with extreme anxiety, tension and continuing stress, which was an obstacle to work though steps systematically. The focus needed to be on the core issues for them, calming techniques, the EMDR derived techniques – Butterfly Techniques and Bilateral activities, Sleeping Techniques, and approaches to being able to establish a coherant Trauma Narrative. This was needed to include in their ‘*Journey Books’* to convey the nature of their experiences, training. The need for Foster Carer reflective group support to prevent secondary traumatisation was essential.
* **The value of the course for general training of Foster Carers**. Views were expressed that it would be more useful if the training had come earlier, as part of their core training. Preferably in their second year, rather than in the first year. It was felt that there was a need to have a reasonable amount of experience of working with looked after children before appreciating the need for the skills which are part of the training. For experienced foster carers, the training confirmed and reinforced what they were already doing day to day, what they had learned from their work with young people.
* It was they felt that a 6 – 9 session course on ***Working directly with the mental health needs of looked after young people*** could be an excellent complement to the ***Fostering changes approach*** which is basically an 8-10 session course focused on developing parenting skills.
* **Feedback on training content** it was also felt that it would be preferable to have a training over 6 to 8 sessions, at a greater frequency – weekly/fortnightly there was rather too much in each of the sessions, too much information to process, so much material. It would have been helpful to have material spread out over a number of sessions. This would give more time to ‘play’ with the material, try out the steps. It was felt that it would helpful to initiate group techniques in developing skills directly with young people, because they listen to each other they can reinforce each other share and talk perhaps facilitated by carers or somebody they don’t know. .
* **Ongoing Support.** Foster carers felt that it would be very helpful to have opportunities for refreshers, and regular consultations to discuss their work with young people. They feel their work is not validated, they are not told that they are doing a good job. Experienced foster carers found the course helpful to understand what they were doing and what they needed to do more clearly, s

**Potential Training Plan**

* **Session 1** Introductions – Establishing the needs of children and young people
* **Sessions 2** Introducing the 4D Dealing with Distress including Bilateral EMDR related activities
* **Session 3** – Addressing anxiety
* **Session 4**– Addressing low mood
* **Session 5–** Establishing a Life Journey – Trauma Narrative
* **Session 6**  – Addressing disruptive behaviour and developing positive parenting skills.
* **Session 7** -Integration of intervention, endings.

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