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Unaccompanied minor refugees leaving care

A phenomenological study of three unaccompanied minor refugees' experiences of leaving public care.

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Foreword

This thesis marks the end of 12 years at the master program in counselling. It hasn't been a particularly goal oriented journey, but my purpose of learning something has been fulfilled, not least during the last year of working with this thesis.

Working with refugees is some kind of vocation to me, and facilitating the transition out of care and also being responsible for an after care service for former unaccompanied minor refugees, is part of my daily work. It has therefore been a meaningful experience to dig deeper in the processes that are at work during the period of leaving care.

A word from Philippians 4 in the Bible has been important to me during periods of limited progress and doubt about whether my efforts would lead to anything of worth:

“I can do everything through him who gives me strength.”

The next verse is, funny as it appears, just as important, and confirms some of the results of my research; *“Yet it was good of you to share in my troubles!”* ☺ The writing process has had its ups and downs, and I want to thank colleagues, friends and others for “sharing in my troubles” by asking how it goes, giving inputs and showing interest in my work. It has given me some badly needed energy to carry on. Relationships are what makes us human, and hopefully I still have some friends after being so focused in my own little world this autumn.

I thank my parents for their understanding concerning few visits during the last few months. Learning more about the attachment has shown me more of how much I have to thank you for.

A special thanks to co-student Anne-Marthe Woll and my friends Kjetil Hindar and Rudi Etnan, who shared their expertise of academic writing and computers and gave some last minute help with the text, references and table of content.

My most important supporter in the process of writing the thesis, has been my supervisor, Jonathan Reams. Your positive attitudes, flexibility, professional advice and patience concerning poor drafts, punctuation rules of academic writing that I never seemed to learn and my Norwegian habit of lumping together words ☺ have made it possible for me to complete this master program. I am going to miss our meetings.

More than anything I want to thank my three brave informants who allowed me to take part in their lives by sharing a part of their life stories with me. You are the main reason I was able to write about this topic. The openness and honesty you showed by sharing both joys and sorrows, made an impact on me and I am very grateful.

You will always have a special place in my heart.

Abstract

Unaccompanied minors' experiences of the process of leaving care is the topic of this thesis. In Trondheim, the exit from public care usually happens at the age of 20. My research is carried out by interviewing three adolescents who differ in sex, outcome of the transition and country of origin. They differ strongly in how they relate to the transition and what seems to have been important to them as they were taking their first steps towards life without public support.

The method used to conduct the research, is qualitative, with a phenomenological research design. Data was collected by using a semi structured interview.

The theoretical framework used in the thesis is theories of resilience, attachment theory, the theory of self-efficacy, a theory about transitions and research literature about relation, trauma and care leaving. All these perspectives have given valuable insight to the complex processes of leaving care. The way that working models of attachment influence resilience factors, self-efficacy and relational learning is discussed, and so are the dynamics that unfold in how these interact with each other.

Individual attachment experiences seem to be fundamental to these processes, and I therefore suggest some interventions to how one in the future may work even better with unaccompanied minors that carry within them unresolved issues of attachment. These suggestions involve stable and long-term relationships to contact persons who are specialized at working with such issues.

Abstract in Norwegian

Temaet for denne oppgaven er enslige mindreårige flyktningers erfaringer med å avslutte tiltaket i barnevernstjenesten. I Trondheim skjer denne avslutningen vanligvis ved fylte 20 år. Denne studien er gjennomført ved å intervju tre ungdommer som er ulike i kjønn, hvordan overgangen fortonte seg og nasjonalitet. Det var store forskjeller mellom dem med tanke på hvordan de forholdt seg til prosessen og hva som synes å være viktig for dem i overgangen til et liv uten støtte fra barnevernet.

Forskningsmetoden som er brukt i oppgaven er kvalitativ, med et fenomenologisk design. Data ble innhentet gjennom et semistrukturert intervju med hver av ungdommene.

De teoretiske perspektivene jeg bruker i oppgaven er resiliensteorier¹, tilknytningsteori, teorien om mestringstro (self-efficacy), en teori om overganger samt forskning og annen litteratur om relasjon, traume og overgangen fra barnevern til voksenliv. Alle disse perspektivene har gitt verdifull innsikt i de komplekse prosessene som finner sted når en ungdom vokser ut av et barnevernstiltak. Måten et individs tilknytningsrelaterte arbeidsmodeller påvirker resiliensfaktorer, mestringstro og relasjonell fungering diskuteres, og det gjør også dynamikken i hvordan tilknytning, traume, resiliens, mestringstro og relasjonell fungering samvirker med hverandre.

Den enkeltes tilknytningserfaringer synes å være grunnleggende i disse prosessene, og jeg kommer derfor med noen forslag til hvordan det i fremtiden kan jobbes enda bedre med ungdom som er preget av tilknytningsproblematikk. Disse forslagene omhandler langsiktige og stabile relasjoner til kontaktpersoner som har et særlig fokus på å jobbe med ungdommenes tilknytning.

¹ Psykologiske teorier om evnen til å håndtere stress og katastrofer. Det engelske ordet *resilience* betyr *motstandsdyktighet*.

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1. Introduction

My focus in this master's thesis will be unaccompanied minor refugees' (UMs) experiences and feelings in the process during and after leaving care, usually when they turn twenty.

Being a social worker who has worked with unaccompanied minors for most of my vocational life, I have met many of them on the street after they turned twenty, and heard many accounts of how life is going. One that sticks out was a girl I met on the bus, who named the experience of leaving care a huge shock. That stirred my curiosity about the topic of care leaving, and I see this as one of the main contributions behind my choice of research question.

This transition that UMs in Trondheim face at twenty, has many similarities with the transition that teenagers that for various reasons have been taken care of by the authorities, undergo as they grow out of "care-age", which is often as they turn 18. The unaccompanied minor's process is however also different and in some respects more complex due to different aspects of being a refugee and the integration processes. Traumatic experiences and losses before and during the flight to Norway may be some of these complicating factors. So are the necessity of reorientation (language learning being one) and the different ways of life that they have to adjust to here. Lack of family and network, worries and in some cases uncertainty about family, is also part of what they have to relate to.

When they get a positive answer on their staying permission, leave the refugee centers where they may have stayed for more than a year and start their lives in a new municipality, there are already many losses (not least of relationships) and transitions that they have had to undergo. This has been the subject of research for a long time both in Norway and around the world.

Unaccompanied minor refugees are, according to the Norwegian governmental definition; "children and adolescents under the age of 18 who come to Norway without parents or other caregivers, seeking asylum" (*Regjeringen.no, 2017*)².

Research shows that unaccompanied minors have diverse experiences and stories; they are far from being a homogenous group (Valenta & Berg, 2012, p. 183). Some have lived relatively protected lives with good education until a crisis occurred, others were victims of human trafficking, witnessed dear one's being killed and lived for prolonged periods without parental care and little or no education. Their preconditions for starting a new life after the flight are therefore very different.

² The governmental Ministry of Children and Equality. Barne- og likestillingsdepartementet (2006 - 2009, 2016 -

The number of unaccompanied minor refugees that apply for asylum in Norway varies greatly from year to year. The contrast of arrivals between 2015 and 2016, with 5480 in 2015 and 320 the year after is striking. The most represented nationality is by far Afghani. 3537 Afghani unaccompanied minors were applying for asylum in Norway in 2015, which made up 64.5% of all UM applicants that year. Eritreans have been the second largest group UMs the last ten years, with Syrians coming up as the third largest group the last 4-5 years (UDI, 2017).

The majority, 83 - 91% in 2015/2016 of the UM asylum seekers are boys. The most typical unaccompanied minor refugee in Norway in 2017 is in other words an Afghani boy.

The kind of support the unaccompanied minors receive in Trondheim depends on what the needs are assessed to be. If aged below 16, it is very plausible that the adolescents get to stay in an institution or a staffed home with other UMs. They usually move out of this accommodation at 18 years. At the time UMs in Trondheim turn twenty, the support measure they most frequently receive from the Child Welfare System (CWS)³ is individual accommodation with support from Opal. Opal is a municipal service that provides support to UMs. This support consists of a contact person whose task is to do a mapping of the UM's resources, needs and functioning and further to give guidance on areas like school, health, social network, finance and to be of social support when needed. Part of what all UMs receive, is also access to a UM base, which is open two days a week with available social workers who can talk or offer help. This base also runs groups and courses, offers trainee jobs during the summer holiday and helps them to find spare time activities or part time jobs.

Research question

I have so far, very briefly described some of the realities for unaccompanied minor refugees in Trondheim by the time they approach twenty and start preparing for leaving care. All transitions carry within them, I believe, a lot from past situations, and I wanted by this overview to give my readers some insight into the unaccompanied minor refugees' life and reality before they reach the age of leaving care.

An increasing body of research has been done, especially in the last ten to fifteen years, on adolescents leaving care. In Norway, Jan Storø is probably the one who has contributed most to this. His work on the topic of leaving care and aftercare is available in articles and books

³ Barneverntjenesten

and provides both practical and theoretical knowledge that especially students and social workers will benefit from reading. I refer to some of his literature in the theory chapter.

However, not much research has been done on unaccompanied minor refugees leaving care, and my wish is to contribute to that. The research question of my thesis will therefore be; *“What are former unaccompanied minor refugees’ experiences and feelings about the transition out of care?”*

It is my intention to investigate in a scientific manner how this transition has influenced them psychologically; how it affected and affects their feelings of security and of wellbeing and also how it affects their functioning when they have to manage on their own. I am, among other things, curious to find out how it affects their lives that their relationship with the contact person, who follows them closely from the time they arrive, for most of them at 16 or 17 until they leave care at 20, is ended or changed from being their closest caregiver to someone they might meet occasionally on the street.

One essential question will be whether they feel emotionally ready for this transition when it happens. Another is how they prepare for it.

Clarifications

The term *environmental therapist* (Norw.; miljøterapeut) refers to a therapist who works outside the therapy room in the environment and also with the environment in order to facilitate the adolescents’ growth and development. In Trondheim, each UM has one *contact person* who as an environmental therapist works towards goals defined in an action plan.

“Leaving care” is a term used in international literature concerning the exit from public care as adolescents reach the age of majority and therefore are no longer entitled to receive assistance because of being a minor. I further choose to use the term *leave care* for leaving both institutional care and support measures provided by the Child Welfare System, even if some literature (Paulsen and Berg, 2016) seems to distinguish between leaving a support measure on one side and leaving foster care or institutional care on the other.

“Aftercare” is in legislation all measures from the CWS after the age of maturity. For unaccompanied minors in Trondheim it is politically decided that because of this groups vulnerability, they may receive help till the age of twenty. Because of the way the help is organized in Trondheim, the only practical difference for the UMs before and after eighteen is that they sign a paper consenting to receive aftercare support after they turn eighteen. For the

sake of clarity in this thesis, I refer only to the measures or the “base 20-25 service” offered after they turn twenty when I use the term aftercare. I do however pinpoint that the legally “correct” use of the term is all formal help from the Child welfare system after 18.

For the sake of convenience, I sometimes refer to unaccompanied minor refugees as UMs.

I do see the question of adolescents who leave care and also the question of aftercare as relevant for counselling, as lots of counselling and environmental therapy need to be and are done in this process. This therapy does not happen within the same setting as traditional therapy or counselling however, but in the kitchen, while supporting the adolescent in writing a job application, when going for a walk or driving to IKEA to buy furniture for the adolescent’s new residence. I therefore see the UM’s relationship to the contact person and other environmental therapists in the system as a therapeutic relation. The three fundamental values that Carl Rogers (C. R. Rogers, 1992) prescribed should be present in the counselling situation; relationship, unconditional positive regard and empathy are no less crucial in this therapeutic setting as in a therapy room in order to achieve a good working alliance with the adolescents (Ivey, D'Andrea, Ivey, & Simek-Morgan, 2002, p. 28).

Structure of the thesis

In chapter two, I give the readers an overview of relevant theory and research that I base my thesis on. I have chosen to both present research and theory that is directly relevant to the topic of this thesis but also some theories and literature that place this thesis in a broader perspective. I have based my thesis on a phenomenological research method, and in chapter three, I give a brief explanation on this and other methodological choices I made during the process, as well as a description of how I conducted the interviews and how the analysis of data was carried out. In this chapter I have also given some space to ethical considerations, which I found necessary due to the topic and the informants I’ve chosen to interview. Chapter four entails the presentation of the analyzed data, and finally in chapter five, I discuss the data in the light of the research question, theory, and previous research as presented in chapter two. A summary with conclusions make up the last chapter in the thesis.

2. Theory chapter

A lot of theoretic lenses/orientations may be useful in trying to understand the nature of unaccompanied minor refugees transition to life out of care. I present some of them here. The selection is based partly on my professional interests and beliefs, but also on the basis of what the data material showed.

The theory chapter is divided into two main parts. First, a part where I present theories I use in the thesis, then a second part where I present topics relevant to the thesis from research and other literature that I have read.

I choose to start the theory chapter with a presentation of a theory that has a resource oriented perspective on humans; Bandura's theory of Self-efficacy (Bandura, 1986). It's focus is the individual's belief in one's ability to handle situations and tasks. The sections about attachment and object relation theory are given relatively much space. This is a result of my way of interpreting the data I collected, and also due to an interest in helping myself and other UM workers to better understand and help those UMs that are most difficult to help because of adverse experiences that they carry with them. The last theory I present, is William Bridges Transition theory (Bridges, 2004), where I find it most interesting to focus on the first stage which is endings.

In the literature review, I start with presenting literature about resilience, herein elements of the Salutogenesis theory (Antonovsky, 1987). These are also resource oriented perspectives with a focus on coping strategies and Antonovsky's (1993) notion sense of coherence. A section about trauma is included because this is something that many UMs are influenced by, and that I believe often influences the transition. This is followed by presentations from a growing body of research on the topic of leaving care and social support, which is probably the most necessary prerequisite for a successful transition. All theories applied in this thesis do in one way or another relate to relations. Chapter two is therefore summed up by a perspective of relation. Here I draw heavily on theories and literature from my two former lecturers Eleanor Allgood and Ragnvald Kvalsund, but also from others that write about interdependence.

All translations from Norwegian to English are mine.

Theory review

Self-efficacy

Albert Bandura's (1997) construct of self-efficacy is essential in social cognitive theory. Bandura was influential in the early 60's in the transition between behaviorism that sees human behavior as more or less instinctive or learned responses of environmental stimuli and cognitive psychology with its emphasis of psychological processes, such as cognition, motivation and the human will. This major shift in the social sciences implied seeing human beings as agents who actively choose and pursue goals, rather than merely responding to environmental events.

Self-efficacy is defined as "belief in one's capabilities to organize and execute the courses of action required to produce given attainment (Bandura 1997, p.3). Those beliefs are linked to areas like interpersonal competence, coping ability, healthy lifestyles, work performance, parenting behaviour and experiences in romantic relationships (Riggio 2012, in Britner, 2012, p. 1). Not only does it refer to confidence in certain skills, but also to the belief that one will be able to use these skills in certain situations, for example a project at work.

Strong beliefs in one's competence influence the outcome of a task to such an extent that the outcome will be better than with a person with the same competence, but less self-efficacy (Britner 2012, p.3). Belief in your ability to cope affects both persistence and what kind of goal one sets to oneself. The higher the level of self-efficacy, the more challenging the goals one individual aims towards and the larger the selection of options, for example career options, tend to be (Britner, 2012, pp. 3-4).

Emotions are also influenced by self-efficacy. Beliefs of being incapable of accomplishing tasks important to a goal, produce feelings of helplessness and fear. Such feelings will be reduced as a high levels of self-efficacy state that "I can" (Britner, 2012, p. 4).

According to Bandura (1986), one of the main sources of self-efficacy are *experiences of mastery* within specific tasks or behaviours, from the very beginning of life and throughout the lifespan. "Prior successes contribute to a strong sense of confidence and capability to perform in the future" (Bandura, 1997, p. 79; Britner, 2012, p. 7). Observing others performing (vicarious experience) – and especially those we are likely to compare and identify with, is also one major source of self-efficacy. In social cognitive theory, this process is called model learning.

Social persuasion, that might also be called positive reinforcement, is another contribution to self-efficacy. It refers to positive comments about one's achievement/behaviour that enhances the belief that one is coping well. Here too, the comments from people important to one, like parents or other people one easily identifies with are the most effective. *Psychological and affective states* influence the sense of self-efficacy. "Induced positive mood enhances perceived efficacy, whereas induced despondent moods diminishes it" (Bandura, 1997, p. 112). According to Thomasson and Psouni (2010), research indicates that

relations between physiological sensations and feelings of efficacy, are reciprocal, such that physiological sensations associated with anxiety, lead to a lowered sense of self-efficacy, resulting in use of dysfunctional coping behaviours, which then leads to poor performance and even lower feelings of efficacy, and greater anxiety. (in Britner, 2012, p. 8)

Finally, the *integration of efficacy information* from the four former types of sources, differs between individuals. These are among other things monitored through cognitive processes biased by emotional states (Bandura, 1997, p. 115).

Self-efficacy provides inner strength; "...it provides one with the fortitude and toughness ... to persist in the face of life's hardness and setbacks" (Britner, 2012, p. 12). A strong sense of self-efficacy will thus be a priceless resource for anyone facing challenges like one of leaving care, especially when the transition creates emotional turmoil feelings of fear, helplessness and rejection for the adolescent.

Psychodynamic theories

An important foundation of psychodynamic theory is given by Sigmund Freud's psychoanalytic theory (S. Freud & Rieff, 1963). One of Freud's contributions to many later theories related to the human psyche, is the notion of the unconscious, and its connection to human development and psychological problems (Ivey et al., 2002, p. 97). The unconscious mind - the id and superego - are in constant conflict with the conscious part of the mind (the ego). This conflict creates anxiety, which could be dealt with by the ego's use of defence mechanisms. Defence mechanisms are responses to anxiety and how the consciousness and unconscious handle the stress of a social situation. Anna Freud defined five main defence mechanisms: repression, regression, projection, reaction formation, and sublimation (A. Freud, 1992). Ivey, Andrea, Ivey and Simek-Morgan add the defence mechanism denial, and describe this as "the most difficult and troublesome" (2002 p. 104). The theories about

defence mechanisms are today widely acknowledged, also outside of the field of psychodynamic theory.

Another assumption held by most psychodynamic thinkers is that childhood experiences are determining one's present and future life (Ivey et al., 2002, p. 97). Critics of psychodynamic theory, point at the deterministic nature of its presumptions; as the human will seems to have no or little role in how the present or future may turn out for an individual (Ivey et al., 2002, p. 99).

I will in the following present two constructs within psychodynamic theory; attachment theory and object relations theory, that I find particularly relevant to this thesis.

Attachment theory

Attachment theory (Bowlby, 1988) has strongly influenced research and theorizing about the nature of human relationships. Bowlby's (1988) theory of attachment introduces the notion of parent-child bonds. In times of distress, the child seeks comfort and safety from the person he is attached to (Cassidy and Shaver, 2016, p. 12-13). Bowlby's theory was influenced by Darwinism, seeing biological predisposition for proximity to caregiver(s) as caused by the necessity of proximity to the caregivers in order to survive in an environment of predators (Cassidy & Shaver, 2016, p. 4). Mary Ainsworth, who worked closely with Bowlby, identified three different attachment styles; one of them classified as secure, the two others as insecure. The two latter are caused by dysfunctional parenting like neglect, unpredictability, rejection, intrusiveness, abuse or absence. Insecure attachment has sub types of anxious resistant attachment and anxious avoidant attachment (Ivey et al., 2002, p. 110). Ainsworth found that children with a secure attachment are easily comforted when the caregiver returns, have a flexible exchange between seeking proximity and autonomy and they are able to engage in exploring the surroundings when the attachment figure is at no more than a tolerable distance. Their parents were emotionally available and attentive to their needs. The children classified as anxious resistant or anxious avoidant either showed no or little attachment and affection to their parents or were abnormally focused on not losing them out of sight, hysterical when they left and inconsolable at their return. These parents seemed to have either rejecting or unpredictable parental styles.

A fourth insecure attachment style; disorganized/disoriented attachment was later added (Crittenden, 1988). These children seemed frightened, and displayed symptoms such as "freeze", staring gazes, and they sometimes were hard to achieve contact with. Hagen, Silva

and Thelle (2016) describe them as unable to find an organized strategy of attachment behaviour. Their parents/caregivers are violent, abusive and have a more insensitive approach to their children than the three former groups (p. 69-70).

An important concept in attachment theory is Ainsworth's concept "*secure base*" (Ainsworth, 1978). A secure base refers to caregivers who are predictable, attentive, responsive, comforting and who also encourage the child to explore the world (Pistole, 1999, p. 440).

Longitudinal research strengthens the claim that early attachment patterns are highly predictive of later behaviour (Main, Kaplan, & Cassidy, 1985, in Levy, Blatt and Shaver 1998). A secure base, that facilitates exploration of the world, leads to certain qualities in the child. Munafò and Attwood (2009) say that "secure attachment styles are related to initiative-taking, social competence and the ability to form friendships in later childhood. Insecure attachment styles on the other hand, are related to subsequent social withdrawal and difficulty in forming friendships" (p. 108). Qualities of being goal oriented and able to take initiative impacts the processes of establishing friendships and an independent life. A study by Main, Parkes, Stevenson-Hinde and Marris (1991) also found that children who in early life are securely attached are more likely to react to failure with more effort than children who were less securely attached (Ivey et al., 2002).

Object relations theory

Bowlby is also one of the major contributors to object relations (OR) theory. He was at the same time heavily influenced by the idea of earlier OR theorists in suggesting how "the history of interpersonal relationships is transferred from the past to present behaviour" (Ivey et al., 2002, p. 109). He proposes that early interactions with attachment figures create inner representations of self and others, called working models. (Levy et al., 1998, p. 408). The internal working models consist of expectations about the self, significant others (attachment figures being the most significant), and the relationship between the two. Working models are thought to include specific content about attachment figures and the self that is stored within a well-organized representational structure (J. Bowlby, 1980). Working models are also assumed to involve processes that influence what kind of information individuals attend to, how they interpret events in their world, and what they remember. These processes may take part outside of conscious awareness (Levy et al., 1998, p. 407).

Relevant for the topic of transitions, is that a securely attached child/adolescent is more able to separate and individuate than an insecurely attached child (Ivey et al., p. 110), who will likely encounter more challenges in making significant life transitions.

During one of his studies, Bowlby discovered that children who were separated from their parents, reacted with acting out aggressive or avoidant behaviour when their parents came to visit. He saw the defence mechanisms the children displayed as rational ways to protect themselves against further emotional pain and feelings of loss when the parents left.

Following from Bowlby, it is important that we understand antisocial behaviour as a set of defence mechanisms used to protect the individual from harm. Underlying such behaviour are too often needs of dependency that never or too often not were met (Ivey et al. p. 106).

Clients' attempts to leave a therapeutic relationship before agreed upon by both parts, may be an expression of defence mechanisms (Ivey p.106). Bowlby's attachment theory can assist helpers to use the displayed defence mechanisms in order to understand clients, help them to better understand themselves and aid them in their work with dysfunctional ways of acting.

Transition as inner transformation

William Bridges (2004) suggests an additional perspective on transitions, defining them as inner transformations. Such processes may start because of external events, but the focus in Bridges' theory is the inner maturing that may take place in the individual. Such transitions are displayed in traditional societies through rites of passages and are composed of an ending, a neutral zone and a new beginning. It is crucial, Bridges claims, that one starts with the beginning, which is the end. Admitting and accepting that something, a season or relationship, is ending, or has ended, clears the ground and gives the opportunity for something new to arise. The ending is not only a termination, but may also be the initiation of a process (p. 132). "Considering that we have to deal with endings all our lives", Bridges claims, and continues;

...most of us handle them poorly. This is in part because we misunderstand them and take them either too seriously or not seriously enough. We take them too seriously by confusing them with finality - that's it, all over, never more, finished! (Ibid, p. 107)

The phase of ending consists of processes of disengagement, dismantling, disenchantment and disorientation. The ending is, as Bridges says, easy to either overlook, because one is so eager to get started with whatever lies ahead, or one doesn't want to dwell at it, because it is painful. This has implications both to how one relates to traumatic or less severe events, periods or relationships that one feels uncomfortable to relate to, and to the termination of care.

Literature review

Resilience

Stein (2006) defines resilience as “the quality that enables some young people to find fulfilment in their lives despite their disadvantaged backgrounds, the problems or adversity they may have undergone or the pressures they may experience” (p. 427).

Unaccompanied minors are, in spite of hardships and sometimes cumulative adverse experiences, also strong, coping and resilient beings, able to endure tough times. Most of them sooner or later find solid ground under their feet again.

Carlson, Cacciatore and Klimek (2012) mention three categories of protective factors specifically relevant to UMs: The first being *individual* factors like intelligence, easy temperament, problem-solving skills, female gender and religious orientation. Second, *family* factors like attachment to at least one parent, close parental supervision and support and stability. Finally, there are *larger environmental* factors like close attachment to other adults and prosocial institutions like church or school (Carlson, Cacciatore and Klimek, 2012, p. 262).

Aaron Antonovsky’s (1987) theory of salutogenesis was launched to counterbalance pathology. It gives some complementary insights to the questions of why people stay well or at least do better than expected. He adds more factors with a positive influence on people’s health and wellbeing: *Physical attributes* like a strong immune system, good genes and fitness are resources that contribute to health and wellbeing. So do material resources like money, clothes and good accommodation (living conditions). Antonovsky (1987) also mentions some *coping strategies* that elaborate on the notion of resilience factors mentioned above; flexibility, emotional self-regulation and ability to act. The theory does not make a point out of what kind of social support a person has (family or professional), but states that the quality of social support is essential. Social support is also emphasized by Bandura (1997), as a core factor to wellbeing and health (p. 157, pp. 398-399). He further mentions that “indigenous sources” have a particular impact in establishing beneficial behaviour and health-promoting practices (Ibid., p. 308). In the setting of being a foreigner in Norway, I read this as if being in contact with people from your own social and ethnic group may give larger health benefits than connecting with people from other groups.

Antonovsky’s (1987) notion “sense of coherence” refers to the feeling that the world is predictable and meaningful, and when it is not, a confidence that one will have the resources

to deal with it (Hagen, Silva & Thelle 2016, p. 39-44). Waaktaar and Christie (2000) also point to the restoration of coherence in all areas of life as essential in trauma processing (p. 21).

Trauma

Unaccompanied minor refugees are a group at risk due to their exposure to traumatic experiences. A Belgian report from 2013 with 103 UM participants, shows that “the prevalence of some trauma types decreased over time, whilst others increased. Overall, the mean number of reported daily stressors increased over time, in particular experiences related to discrimination” (Vervliet, Lammertyn, Broekaert, & Derluyn, 2014, p. 340). Time had no significant impact on their mental health. This survey had follow-up interviews 6 and 18 months after the initial interview. One of their findings indicates that mental health problems in UMs often are long lasting (Vervliet et al., 2014).

A definition of trauma is according to Hagen, Barbosa and Da Silva (2016): “a subjective reaction to a potentially traumatizing incident that exceeds the person’s mental capacity of integration of the traumatic experiences into the history of themselves as explicit memories” (p. 26). The trauma is not the tragic incident that took place once or several times in the past, but the effect it has on the individual today (Ibid p. 90).

Common symptoms of trauma are; re-experiences (dreams, flashbacks, bodily sensations), avoidance behaviour, increased alertness and numbness (apathy, sadness, indifference). Late effects of traumatic events may also disturb functions of personality development, learning ability, emotion regulation, self confidence and coping ability and the relationships to others (Dyregrov, 2010, pp. 36-43). Waaktaar and Christie (2000) add cognitive functions like sensations, memory, attention and the feeling of coherence and meaning that are likely to be affected (p. 21). These are normal effects mirroring that our mental and bodily systems need time to process what happened, so that it gradually can integrate it into the mental schemas used to organize and understand the world and other people (Dyregrov, 2010, p. 24) There is larger risk of traumatization during childhood and adolescence, and when the traumatic events take place in close relations several times and over an extended period of time. The latter are in everyday language called neglect, abandonment or abuse, and are in recent trauma literature also categorized as relational traumas. They are closely related to and underlying disorganized attachment (Hagen et al., 2016, p. 13).

When the trauma is so overwhelming that the ordinary psychological system of emotion regulation can't handle it, dissociation may take place. During dissociation the individual detaches himself emotionally so that the pain of the events gets more endurable. Then if not treated this may have negative effects on the individual's coherent consciousness, memory and sense of having a coherent identity (Hagen, Silva & Thelle, 2016, p. 92).

One of two processes lie behind the development of dissociation: Either something traumatic that happened once or repeatedly, or something that did not happen during infancy/childhood. This may be the absence of someone who helped the infant and child to regulate his feelings (comforting being one of the most essential) or lack of emotional availability from an adult over time. (Ibid, 2016 p. 89). Due to living under conditions of war and sometimes many years in exile, with or without parental care, this is too often the history of unaccompanied minors.

Trauma informed care

As *environmental therapists* we meet teenagers every day that are more or less impacted by traumatic events. Some do not recognize the need for trauma therapy, and some might get over it without intervention or learn to live with the symptoms without psychotherapy. There is an increasing awareness among health practitioners that psychotherapy is not the only method of treatment or help that may be offered. Trauma informed care is a practice that considers how one can facilitate the different aspects of the environment and life for people suffering from trauma symptoms (Hagen et al., 2016, p. 28). In Bath (2015) the same practise is called trauma wise care. There are three pillars in trauma informed care; *safety* entails an environment where one can feel secure, calm, and attend to normal developmental tasks. Maslow (1970) describes safety needs as closely connected to survival, but also to higher level growth needs. Greenwald (2005) states that "healing starts with creating an atmosphere of safety; formal therapy is unlikely to be successful unless this critical element is in place" (in Bath, 2015, p. 6).

The second pillar; *connections* involves trusting relationships with caring adults as well as normative community supports like found in spare time activities. This fosters resilience by meeting growth needs for belonging and generosity (Bath, 2015, p. 6; Hagen et al., 2016).

Third; *coping* enables the individual to meet life challenges as well as to manage emotions and impulses underlying traumatic stress. In resilience terms, successful coping strengthens growth needs for mastery and independence (Bath, 2015).

A multicultural perspective of trauma and attachment

Do such reactions exhibit universal (etic) characteristics that are comparable from one cultural milieu to the next or are such etic approaches another example of a western scientific imperialism that fail to assign proper weight to culture-specific (emic) idioms of distress (Wilson & Tang, 2007, p. vii). Clinicians disagree whether PTSD is the best idiom from one culture to the next. It is clear, however, that western ideas that focus primarily on individual psychopathology, must expand to incorporate collective cultural, psychosocial, and historical considerations.

The idea about one primary caregiver as in attachment theory may also be a result of western ideas and culture. As well, the idea of individual psychotherapy is similarly criticized. Much is undone in research on non-western ways of treating the effects of trauma and much is undiscovered in learning how different culture expressions of trauma display around the globe. There is a growing body of research on these matters (Wilson & Tang, 2007).

Leaving care

Transition defines the process of leaving one stage or period of life and moving into another. The shift from kindergarten to school might be one, from vocational life to retirement another. These in-between-periods are often connected to uncertainty, as one no longer is who one was and it is still not clearly known what one is to become. This is highly relevant, because the transition from adolescents to independent living is the subject of this thesis, more accurately the transition of unaccompanied minor refugees that leave public care.

A lot is written the last twenty years about care leavers in general. Young people who live under publicly arranged care until they reach the age of 18 have, by definition, not been able to return home to live with their families, and so do not have the continuing source of emotional, social and financial support that is available to most young people in their transition to early adulthood.

These young people therefore face the challenges of this transition with fewer resources and less support, and at an earlier age and in a more abrupt way than young people of the same age in the general population. One interesting point about these transitions is made by Ruth Rogers who introduced the concept “instant adulthood” (R. Rogers, 2011). It describes the already mentioned fact that teenagers who spent all of their childhood and teens with their family of origin, are allowed to return to their home both as a visitor or to stay if needed and in this way have a base to return to (both physical and psychological) if desired or if things go

wrong. Leavers of public care on the contrary, have no such possibility. The service stops at a certain age or their room is taken by someone else. The time of the transition is mainly regulated by laws and not by the adolescents needs or development. It most often happens at 18 years for care leavers in Norway, for UMs in Trondheim the age is 20. Exceptions happen in both cases.

Stein (2012) prescribes some points of “connected interventions” that need to be involved if young care leavers are to move into “settled, safe accommodation” (p.40): They should be having a choice about accommodation and when to leave care. This is closely connected to the feeling of being and feeling safe, which is again supported by the access of social and financial support from family, friends and workers. By allowing the adolescents to shape the services, they gain some increased feelings of autonomy. Being prepared in practical and social skills is something the youth often mention themselves when asked what is important at the time of leaving care (Stein 2012). Storø (2012) additionally mentions school/work, a meaningful spare time and an assessment of herself/himself as an independent person.

Stein names three *outcome groups* among those leaving care (Storø 2012, p. 88, Stein 2006). *Moving on* adults are doing fine. They experience continuity and stability in their lives, are able to relate adequately to friends and others and participate in studies or work – as they also did before leaving care. They are at peace with their family relations, took part in preparing the transition/ moving out and they also felt psychologically ready to leave care. *The survivors* have experienced more break-ups and relocations than the previous group. The instability continues after leaving care, and instability also characterises their working situations and their network/ friendships. Many of this group see themselves as strong and tougher than their peers, but in reality, they are often more helpless. They are at high risk when it comes to developing long term social problems, but one positive element in their situation is that they are able to receive personal support. Stein (2006) says that they will need long term support to get back on track. The last group, *the strugglers* are those who really struggle. They`ve had a turbulent childhood, and their lives within the care of the social welfare system have just added to the experiences of breakups and losses. Many of them have developed emotional and behavioral problems. Unemployment, social problems and poor living conditions, are most likely to define their lives after leaving care. They are often not able to benefit from the help the welfare system offers. Statistics says that the future isn`t too bright for this group of young people. (Stein, 2006, p. 430). If help is going to be helpful, it needs to be long term and intervention is needed at many levels.

Being an unaccompanied minor care leaver, may mean having grown up in a safe and well-functioning society (like that of Syria seemed to be before 2011 for children not having parents who opposed the government) with stable caregivers until the fight and the flight started. If the flight did not bring with it too many hardships (which seems to be the case for some UMs), the time in public care in the resettlement country and the following leaving care, may not be too much to handle. It still however means having to take care of oneself without the approximate presence of relatives or kin and with the disadvantage of not fully mastering the language or understanding where to turn when things go wrong.

Being an unaccompanied minor care leaver, may just as well imply having to deal with the same challenges and stressors as ethnic Norwegian care leavers do. UMs may have suffered from failure of attachment due to parental dysfunction or absence, PTSD symptoms, lack of parental support and many transitions and losses, just like children and young people in public care in general. In this case, being of a different cultural origin, not mastering/understanding the language and cultural codes/system well, adds to the challenge, and those will be likely to find in one of the two latter by Stein described groups.

Social support

Several studies show that young people receiving help from the child welfare system, are especially vulnerable in transitions, the transition to adulthood perhaps being the most significant one (Paulsen & Berg, 2016; R. Rogers, 2011; Stein, 2006, 2012; Storø, 2012). Researchers argue that "... social support is needed by everyone, and that supportive relationships might be particularly useful to vulnerable youths to enhance resilience and to decrease the probability of poor outcomes" (Collins, Spencer, & Ward, 2010; in Paulsen & Berg, 2016).

Paulsen and Berg define (2016) four categories of social support: Practical support means financial advice, help to find a job or housing and other daily practicalities. Emotional support meant for the adolescents in the study that someone cares and are there for them. The relation in itself seems to be of importance here. Paulsen and Berg also underline that this kind of support is more difficult for the adolescents to get access to, but for several it seems to be the most important support. The third kind of support is termed affirmational guidance support. This has to do with guidance and feedback to their performances and behaviour and also helps to make well considered choices. Finally, participation support has to do with getting the opportunity for making their own decisions and making choices regarding their own lives.

Paulsen and Berg (2016) report in their recently published report from a study in Norway with 43 care leavers aged from 17 to 26 years, that the adolescents express both an urge for freedom and a need for social support. These adolescents, Paulsen and Berg argue, have a more challenging background that would normally call for more support, but instead they approach independence with fewer resources and less support (Paulsen and Berg 2016). The expressed wish for freedom in some cases causes the child welfare system to end the formal support too early (Paulsen and Berg 2016, Stein, 2012, p. 42).

A longitudinal study of people exposed to the terror attacks in Norway on July 22nd 2011, shows that people with high rates of psychological issues recover more quickly because of good social support (Birkeland, Nielsen, Hansen, Knardahl, & Heir, 2017). Social support is also the most significant buffer concerning resilience after child maltreatment, and towards the development of trauma after potentially traumatic events. The lack of such support is regarded as a main cause of the development of dissociative diseases, and it may maintain a structural dissociation of the personality. Social support is therefore crucial in a therapeutic process, when the person is given a new chance to process and integrate the trauma (Hagen et al., 2016, p. 39).

Relation

When asked of what it is that constitutes one's quality or meaning of life, most people will answer that it is the relations to others, be it children, spouse, friends and so on. Allgood & Kvalsund (2004) say that "...the unit of personal existence is not the individual, but two persons in personal relation" (p. 16). I will base this section about relation on Kvalsund's (1998) and Allgood & Kvalsund's (2004) writing about *a theory of the person* and relational learning. They draw heavily on John Macmurray's (1999) much cited work *Persons in relation*, whose intention was to show that the essence of human existence is relation. One of his basic presuppositions in his theory is that "the Self exists only in dynamic relation with the Other" (Macmurray, 1999, p. 17).

Kvalsund (1998) describes psychological development through three phases: They occur as part of the natural maturing of a child in relation to her parents, but they may also manifest themselves in other relationships like a counselling process or any other helping relationships such as the one between a social worker and an adolescent in public care. The latter, the unaccompanied minors' relationship to their caregivers, and the manifestations of the following relational dimensions will be one focus in investigating how they experience to leave care.

Dependence

At the dependence stage the child depends on the parents (or other caregivers/helpers) for survival, physically and psychologically. The exercise of the parents (or helpers) authority and expertise is a life-giving necessity in this stage and they have great power that should not be misused. Necessary qualities in the helper/ caregiver at this stage, is attentiveness, care and acceptance. Through a close relationship to significant others where basic needs are met, the child develops an ability and a desire to explore independence, and thus enters the next stage, independence.

Independence

Entering this stage, the child or client wants and needs to individuate and to act for herself where the parents/ helper previously acted on behalf of her. This process implies a development of the child's/ client's self, and she establishes herself as a separate being (individuation) who is able to take control of her own life. Usually, this most visibly manifests itself around the age of three years and in puberty. As in developmental psychology, a sound solution at this stage requires that a healthy and safe attachment be established at the dependency stage.

Interdependence/ mutuality

The last stage, *interdependence, or mutuality*, carries both former stages within it. The qualities acquired in the two first stages are thus still at work at this stage. This stage is, according to Kvalsund (1998), revealed when the child or adult begins to care about the other as herself. Now the adolescents or adult acknowledges that he/ she needs others, being able both to accept help when needed and having acquired the ability to draw back, be different and setting boundaries for himself. An interdependent person accepts that he needs other persons, and he sees others not as objects that are there to fulfill his needs, but as equal individuals. Allgood and Kvalsund (2004) discuss learning as they...

... understand relational learning within the context or paradigm of interdependency. By this I mean the fact that in spite of the illusion promoted by the current independency paradigm that a person can and should be self-sufficient, standing apart from others. We are not isolates, neither do we live our lives in some solipsistic world without relations to others. (Allgood & Kvalsund, 2004, p. 4)

Such a person is able to form meaningful relationships with others.

Interdependence further has to do with seeing oneself as connected to others, the recognized need of fellowship, feeling and showing solidarity with others and being part of society (Storø, 2012). This is the kind of interpersonal quality Martin Buber (1937) points at when he describes the I-Thou relation. There is a relational equality in the helper-helpee relation as I understand Allgood and Kvalsund (2004), not to be confused with equality in status.

Storø (2012) states that “we should work both to make the young ones independent and at the same time assist them in forming positions of interdependence to others, where asking for help seems reasonable” (p. 54). Likewise Propp, Ortega and Newheart (2003) state that at some point there should be a shift in the work with the youth, from a help yourself focus to interdependence. Cooperation, relational skills and attachment become more important than individuality and practical skills (in Storø, 2012 p. 58).

Simon (2008) found that adolescents that received aftercare services, learned how to ask for help to a larger degree than those who did not receive aftercare. It thus seems as if aftercare stimulated interdependence, not dependence (in Storø 2012, p. 56).

Due to this relational theory, the desired goal for counselling or therapy, is interdependence. I will be looking into how this manifest itself in the process and the time following leaving care for my informants.

Theories and research on attachment, resilience, trauma, self-efficacy, relations, transitions and social support are highly relevant theories concerning the field of counselling as they all give different perspectives on humans, their resources and the challenges they face in their lives. In the work of facilitating more understanding and growth within the clients or adolescents, both environmental therapists and more traditional counsellors need to have a broad understanding of what it is that facilitates health and wellbeing as well as social problems. Such an understanding makes it easier to meet the adolescents or the clients where they are. When this meeting has taken place, the two of them can walk part of the journey ahead together aiming at the same, agreed upon destination. Many of these theories that I have presented, also suggests working methods of promoting understanding, coherence and growth.

3. Methodology chapter

In this chapter, I intend to describe the choices behind my research design and the methodology I've used in the thesis, starting by describing what qualitative method is. I then describe phenomenology that is the main choice behind my research design, and also naturalism that has informed my method, even if to a lesser degree. I then explain some constructs concerning research quality. This is followed by a description of the process of building the interview guide and likewise how the interviews were carried out. Towards the end I recount how I conducted the data analysis along with some descriptions of my presuppositions, thoughts and feelings that might have influenced me during the process, and how I managed that, in order to stay as true to the data as possible. Not least, I make some effort of showing how I try to meet the ethical challenges of my study, which is research on a vulnerable group.

Qualitative method

The scientific theoretical paradigm that this thesis takes place within, is qualitative method. Denzin and Lincoln (2013) explain how qualitative research differs from quantitative research by saying that it has an emphasis on qualities of entities, processes and meanings and that the socially constructed nature of reality is what is under scrutiny (p. 17). Qualitative method does not claim to give a basis for generalizability, as the number of participants interviewed or observed often are rather small. What it does say something about, however, is the feelings, experiences and meaning systems of individuals or smaller groups, which may be transferable to other groups or individuals (Thagaard, 2013, pp. 23, 194).

Phenomenology

What it means to experience something subjectively, can be illustrated through the application of phenomenology. Phenomenology is a scientific method which had its breakthrough with the philosopher Edmund Husserl (Zahavi, 1997). The method describes a way to observe and to encounter phenomena in the field of experience the way they appear. Experience will always be a relation between a subject and the "object" being experienced, whether these are one's own feelings or external objects. Every individual opts the direction of his or her attention by choosing the focus of what is seen, heard, felt, thought and assessed in relation to the occurring phenomenon. Phenomenology thus points out the difference between the (objective) phenomenon and the way it is perceived. Carl Rogers (1959) described it this way:

... it appears to me that though there may be such a thing as objective truth, I can never know it; all I can know is that some statements appear to me subjectively to have the qualifications of objective truth. Thus, there is no such thing as Scientific Knowledge, there are only individual perceptions of what appears to each person to be such knowledge. (p.192)

This shows, according to Rogers (C. Rogers, 1959), that the nature of knowledge cannot be grasped apart from taking the person who knows (experiences) into consideration. The subjective and the objective realities of a phenomenon are strongly entangled.

Clifford Geertz`s (1973) anthropological method of doing fieldwork, thick description, contributes to the phenomenological scientific tradition. Geertz pointed out that interpretation is woven into all that a researcher does, and that the focus of anthropology and the social sciences is the understanding of meaning. By identifying values and meanings that are essential in a given culture, the descriptions of phenomena can become increasingly thicker, and thus lead the researcher closer to an actor oriented way of understanding phenomena (p. 14). It is not, however, Geertz`s intention to say that the researcher can attain the same insight as the indigenous he studies, but the understanding can become deeper as the researcher`s cultural knowledge increases (Silverman 2011, p. 148-149).

Bracketing

According to a phenomenological approach to research, no data is uninterpreted. As it reaches some other than the sender`s receiving system, it is interpreted, and understood in a way specific to the receiver. It is important that the researcher as far as possible makes explicit to herself and her audience what theories, worldviews, religious and political beliefs that may affect her way of perceiving what she finds.

Bracketing, or *epoche* as it was originally called by Husserl, is a method whereby the researcher suspends or neutralizes a particular belief about the world or the phenomenon she studies (Zahavi, 1997, p. 58). As Tufford and Newman (2012) point out, there is no current consensus about the definition or procedures of bracketing. I chose to define and apply it as an ongoing process of making myself aware of the preconceptions I bring to this study about UMs leaving care. I do make some of them explicit in the introduction as well as in the following.

Some of my biases that I believe might influence how I see the occurrence of acts, feelings, meanings and other patterns of social life, is that I believe in the psychodynamic paradigm of

childhood experiences influencing adult functioning. I also strongly agree with Mendes and Moslehuddin (2004 in Storø 2012, p.175), saying that age in itself isn't a good predictor of when an adolescent should leave care. Another conviction and presupposition I have, is that the children that strive the most; in Storø's words the strugglers, are those that we, the UM system in Trondheim - which I am a part of - in too many cases manage to help least.

Naturalistic approach

A basic presupposition within the naturalistic approach to research is the belief in the realness of social reality (Ryen 2002, p. 62). The scientific endeavour is that the scientist accesses the world of the actor and attempts to see it the way she/ he sees it. Trying not to influence the outcome (data) is an important value, and this reveals that naturalism has some values that seem close to positivism. The use of the informants' own words and quotes from the informants in the report are naturalistic techniques frequently utilized. The informants' quotes and their own expressions are thus held to support a high reliability in the research (Ryen 2002, p. 62). A problem with this stance is that informants sometimes lie on purpose, or they just partly tell the truth. I believe that the latter was true for one of my informants on one of the subjects that we discussed, but it was a detail that does not change any meanings or threaten the basis of any of my conclusions.

My research design is among other things influenced by a naturalistic approach to research as I choose to reproduce word for word much of what the informants said during the interviews.

Semi-structured interviews

One of my reasons for initially wanting to use narrative interviewing instead of a semi-structured interview, was that telling stories is something familiar to people from oral cultures (Thao, 2006, p. 7). Mainly coming from countries in the Middle East, my informants are used to telling stories, while being interviewed is something only those who have applied for residence in another country have experienced, and usually it was a frightening experience. I discussed this with one of my potential informants, and he said that having stayed in Norway for 3-4 years or more, as my informants have, will make them understand that this is another kind of interview. I do trust that our relationship - the fact that we know each other more or less - will also make the interviews a good and relaxing experience for them, even if the last interview they did (the asylum interview with the police) wasn't. It was however a desire for me that the interview became a relaxing experience for my informants. I thought that would maximise the chances of openness and rich data. At the same time there were certain topics

that I wanted everyone to say something about, so that I could make comparisons between the interviews (Ryen, 2002, pp. 97-98). The term *purposeful conversation*, that sometimes is used to describe the semi-structured interview, seems appropriate to describe the three interviews I conducted (Ibid., p. 99).

Building the interview guide

The design of the interview guide was informed not only by the research question and the theory used in this thesis, but also by my 14 years of personal contact with and hence insights into the lives of a number of unaccompanied minors that has left care. This background made me well informed about their world, and enlightened what kind of questions it would be relevant to ask according to the research question. There were a number of priorities to make in the process of building the interview guide. One of them was what questions that should be asked first. In my first draft, the questions about feelings were on the top of my list, probably mirroring that this is what I am most curious about. After some reconsideration, I decided that it would be better with more practical questions first. It makes a softer entrance into something that for some might be hard to put into words. (Ryen 2002, p. 100). It also might help the adolescents to recognize and remember what the feelings were like, if they first get to talk about and remember the situation.

Another priority was deciding whether *chronology* or *themes* should be the priority in how the questions were ordered. I started out making chronology the ordering principle, but ended up at finishing the different themes, instead of moving back and forth between them in order to achieve chronology. I also believe that the adolescents would not have followed instructions about for example telling about their relationship to the contact person before the transition in the first part of the interview and then holding back the rest of the story (the relationship during and after the transition) until the last part. The possible gain with ordering questions chronologically would perhaps be stronger emphasis on temporal development (for example of the relationship to the contact person or the development along a dependency-independency-interdependency scale. My feeling turned out to be that it will give richer data if we finish each theme without interruption. It might also bring us deeper into their feelings and world to talk about each theme in past, present (and maybe also future) all at once.

After deciding to structure my questions by themes, I found it helpful to put in some headlines which grouped the questions and defined the main themes. However, I also ordered both some of the main themes and the questions within each theme chronologically. In this way,

my interview guide is both theme- and chronologically structured. During the interviews, however, the order of the questions was not always followed, as I made the flow of the conversation a higher priority than a rigid obedience to the order in the interview guide.

The last questions focus on the adolescents' assessment of how the transition was conducted, and also how they relate to and assess the aftercare that is offered. It was important to me to give them a chance to tell me how they see the aftercare and the public services handling of the transition, as part of my goal with my thesis is to redistribute my informants' assessments to colleagues, whom I trust will consider my findings in their continuous evaluation and improvement of the way we facilitate the transition. Some of the adolescents expressed before the interview that they saw this as important, that their voice on these topics are heard. (See Appendix A for the full interview guide).

Selection of informants

The informants are of different nationality and gender. Aware of the fact that qualitative research with such a small number of informants not can be used for purposes of generalization, I still attempted to recruit informants that I thought had different outcomes of the leaving care process. This is in Silverman (2011) termed purposive sampling (p. 388). My intention was to interview former UMs who would place themselves in more than one of Storø's three defined groups of care leavers (Ryen, 2002, p. 85). It is probably easier to recruit informants that feel they cope well, and the selection of UMs that agreed to participate, might not be of those who struggle the most. Most people are, understandably enough, reluctant to talk about their failures and shortcomings and unaccompanied minors are probably no exception in that respect. That may have been the reason why I got negative answers from some of the potential informants I initially asked. Fortunate as I was to know many potential informants on beforehand, I attempted to recruit someone that I believed would dare to share some difficult tasks and feelings as well as those areas where they cope well. I believe I was successful in finding brave informants in this respect. Knowing some of them well probably contributed to their willingness to be interviewed. My original plan was to interview four or five informants, but due to shortage of time, I stopped at three.

Preparing and conducting the interviews

In the process of recruiting informants, a telephone call was the first contact made. I then asked them if we could meet in order to talk more about what it is all about. I informed them about their right to withdraw at any time from the process, and that this would not make me

mad. In this meeting I explained the purpose of the interview, how it is going to be carried out, and we went through the questions in the interview guide.

All those who agreed to meet with me once also agreed to participate. The participants could choose the time for the interview and also the place. The interviews were carried out in a location where the informants had been before and a time of the day when we could talk without anyone interrupting. Two of the interviews were taped on a tape recorder. (Ryen, 2002, p. 110). The third interview was not taped but the answers were typed directly into a word document on my computer. This brought some advantages and some disadvantages. The advantage was that the conversation demanded some regular breaks as I did not type quite as fast as he spoke. That, I believe, made the conversation less intense and especially the informant got some more time to think. I believe that it also made the interviewer speak less. The drawback was of course that I missed some of the full sentences and words he used to describe things. For reasons of anonymity, I do not mention why this interview was not taped.

Language is a challenge when the interviewer and the interviewee does not have the same mother tongue. In two of the interviews my experience was that language was an obstacle in respect of my understanding. Sometimes I asked some additional questions to check if what I thought was the informants meaning was right. Sometimes I feel I got things cleared out, other times I wasn't quite sure. One example of this was when one informant talked about independence. I was not sure if he referred to feelings of loneliness or being left alone or feelings of mastery and pride. It turned out to be accounts of the latter (Ryen, 2002, p. 91).

I used the interview guide slightly differently from interview to interview. As the informants said things that sounded interesting, I asked some additional questions on some of the topics. Thagaard (2013) points at the relevance of paying attention to the informants' body language (p. 107). In one of my interviews one of the UM's body language seemed to give some extra information to what he said, by displaying feelings of anger.

Labelling and coding the data

My experience was that the analysis of data started when I conducted the interviews, which makes sense due to a phenomenological approach to research. After the second interview, I immediately went through it even before transcribing it, searching for themes and things of interest. This was motivated by curiosity, and it gave some feeling of having found something I could work with further on. Some of the things I found at that time corresponds with what Kleiman calls meaning units meanings rendered in the words of the participants (Kleiman,

2004, p. 14). I did the same sort of scan on interview one after doing it on number two. I then left these summaries until I was done with the initial labelling and coding of all three interviews. For the two first interviews, I see the coding process as starting there. After having labelled and coded all three interviews, I again looked at the summaries of the two first ones, and to my surprise found that there were some patterns in the initial scan of the interviews that did not appear so clearly in the result of the coding process. Hence, the initial scan, that I had not found in any method book, gave me some other impressions and ways of seeing the data, and added to the richness of my interpretations. I believe this has more to do with the freshness of newly collected data than me inventing some new methods of analysis.

The labelling of the first interview was easier than the two following. This probably has to do with the kind of answers informant one gave. His answers were short, not very loaded with emotion and not so elaborated. The two next informants gave more complex answers both in seeing things from different angles, and also to the degree of sharing feelings. This could be because their language skills were better. Paradoxically, good lingual skills seemed to contribute to making the coding more challenging.

At first, I labelled and coded the interviews one by one. My labels correspond with what Kleiman (2004) calls meaning units. To preserve this information, I wrote down some of the essence of it in the descriptions of each informant. (See chapter 4).

Some of the labels appeared to be quite similar between the interviews. My next step was to merge the labels from three interviews into one system of fewer codes which encompassed all three interviews. There were five codes when this process was finished. The average number of labels after coding the interviews one by one, was six for each interview. Two of the new categories have the same name as some of the labels from the individual interviews, three have new names. The two with unchanged headings, mirror the fact that there were many similarities between the data especially from two of the interviews. I partly used these names as headings in the analyses chapter, but two of them were changed as I started to write the analysis. This was due to the need to do these categories more general, and also because I realized that I already had begun to apply too much theory on the findings. The process of labelling and coding was not a linear one. One example of this is that after I had done the labeling of interview three, six labels were left in an unnamed leftover group with six different labels in it. After I made the broader categories common to all interviews, I realized that five of them fitted into two of the new broader categories I had made. Creswell mentions this movement from the specific towards the general in analysis (Creswell 2009, p. 184).

Ethics

Research - pursuing truth

The search for truth should always be any researcher's goal in her scientific endeavours. The Guidelines for Research Ethics in the Social Sciences, Humanities, Law and Theology state that the most fundamental obligation for science is the pursuit of truth (NNCRE, 2016)⁴. This pursuit requires openness about prejudices and biases of political, ideological, religious, professional, financial and other kinds that the researcher may have concerning the topic of her study. Thus, it is crucial that the researcher pursues to be as open as she can regarding how her attitudes or values may influence her findings, uncertainties during the process, accuracy in documentation and impartiality in assessment. This is also called transparency and it refers to the attitude of openness and honesty the researcher pursues and displays in all steps of the research process (Ryen 2002, p. 207).

The above mentioned committees also mention freedom of research as an important principle. This means that research should be protected from external or internal forces that may have interests in influencing the results of a study. This could be of relevance for this study, as the phenomenon I study is directly related to my daily work. I do as an example believe that it benefits the adolescents who leave care that they get to keep the aftercare arrangement Base 20-25. This belief also makes it become an interest of mine. I did however do my best in also referring to the answers my informants gave that do not strengthen this belief. Another element that could have become influential was if it was important for me to display the efforts the UM workers in Trondheim, including me, in a most favourable way. My position in this respect would rather be the opposite. I find it important to highlight areas where we fail or where improvements can be done, in order to give more appropriate support.

Anonymity

To keep the principle of anonymity I have given all informants fictive names and I've made all of them boys. I also rewrote some of the accounts they gave and sometimes do not reveal which of the three the informant is, if I thought it might contribute to identification. I tried to do so without changing the essence of the accounts concerning this study. It was also with respect to anonymity that I do not tell why one of the interviews were not taped. On the recorded tapes and in the transcriptions, no names are mentioned. The transcription documents are password protected, and the recordings are kept in a safe place.

⁴ The Norwegian National Committees for Research Ethics

Both documents and tapes will be deleted as soon as the writing of the thesis is over.

Informed consent

Consent means that the informants should be informed that they take part in a research project, and what purposes the information they give will be used to. My informants were told that this is a master degree, and that I hope to share the information they give with colleagues and others, and that it will be done in a way that protects their anonymity. In a pre-interview with all participants, we also briefly went through the questions of the interview guide. They were told that they at any time could withdraw from the project, ensuring that they could do so without further explanations and that I would not be mad if they did. The informants did sign a paper saying they understood the purpose of the study and the right to withdraw. (See Appendix B for the letter of consent).

Research on vulnerable groups

Many ethical considerations are needed when one's informants belong to vulnerable groups. Ethnic groups are listed as one category of vulnerable groups. The Norwegian National Committees for Research Ethics further lists national minorities, immigrants and people indigenous to Norway as encompassed by the term ethnic group. The issue of free and informed consent becomes more complicated when vulnerable people are studied (Silverman 2011, p. 92). (See Appendix C for NSD approval of this study). In this study, I believe that individual consent was given freely. I believe some of them were partly motivated by the chance to help someone they knew. I also believe at least two of them enjoyed the attention.

The researcher-informant relation

The researcher-participant relation in this research project was not one of equality. Both as a researcher intending to do research on them, which not least gives me the power of defining their meanings, purposes and acts, and as a former helper. I am aware that the context for the interviews and the entire process, was one of inequality of power. This power may easily have been misused. I do believe that all three participants chose to take part out of their free will. But I also believe that they would not necessarily have consented if they had not known and trusted the researcher from beforehand.

Creswell (2009) states that both researcher and participants should benefit from the research (p. 90). Part of the benefit for my informants, could be the feeling that they might help people in the UM system in Trondheim understand better what it is like to leave care, and perhaps also influence how this process is facilitated. This point was made at the recruitment

conversation I had with them. Each participant also got a gift card of 250 NOK that I wanted to give to show my appreciation for their help. I did on purpose not tell them about this reward on beforehand, as I did not want that to be influential or decisive for their consent.

As a researcher who encounters participants, one needs to be conscious not only doing research in a way that does not harm them, but also that you enter into a relationship with them. The ethical guidelines of the Norwegian National Committees for Research Ethics (NNCRE) say that researchers are responsible for avoiding “serious physical harm or other severe or unreasonable strain as result of the research” (NNCRE, 2016, n.p.). As an additional explanation to how this should be applied, they continue by saying that “the risk of causing minor strain must be balanced against both the benefit of the research for society and the value for the participants” (n.p.). This applies well to this study, as I felt that one of the informants felt rather uneasy during parts of the interview. We did however have a good talk afterwards that seemed to make him more at ease. We also talked on the telephone a couple of days after the interview, and he seemed to be fine then. It is my opinion that the purpose of this study does justify some moments of strain for this boy.

The relationship that occurs between the researcher and the researched, carries with it a certain degree of responsibility (Silverman 2011, p. 88, Denzin and Lincoln 2013 p. 217). In studies of young immigrants as this one, I believe that it among other things is important to not promise something that cannot be kept. This could be tempting to do, as the desire for social contact is significant. This could be regarding possibilities for further contact that the informant may ask for, or what kind of help or advice the researcher could give during or after the interview. I work on the 20-25 aftercare base which is open once a week, which means I can invite them or remind them to come there if they want some help or contact.

Research quality

The questions about quality in qualitative research are controversial and much debated, as two of the most used terms to determine quality; reliability and validity, are constructs deriving from the paradigm of natural science and quantitative research. They have been, as time has passed redefined within the discourse of qualitative method, and this is how I explain them.

Validity and reliability

Both validity and reliability are concerned with credibility (Thagaard, 2013, p. 193).

Reliability is according to Thagaard (2013) related to how well the researcher accounts for how she develops the data and what may have influenced them. By making the research

process transparent other researchers can assess the quality of it (p. 194). Silverman (2011) elaborates on the notion of transparency by suggesting that the researcher both accounts for methodical choices, procedures and theoretical choices (p. 360).

The notion of validity in qualitative research point at whether the results of the research represents the reality that we have studied. This has to do with the validity of the interpretations that the researcher does during the process. Transparency in all steps of the research process is essential in assessing the validity of the results. Thagaard (2013) also mentions that the validity is strengthened if the researcher can show that other interpretations are less relevant, and also if different studies confirm one another (pp. 205, 208). A slightly different explanation of validity is the coherence between what the researcher claims to examine (the research question) and the actual scrutinizing carried out during the research project. Hammersley (1990) advocates this perspective on validity by saying: “By validity, I mean ... the extent to which an account accurately represents the social phenomena to which it refers” (in Silverman, 2011, p. 369).

Transferability

More appropriate than talking about generalisability and representativeness of the data in the same way as quantitative researchers do, many qualitative researchers find transferability to be a useful approach when assessing the usefulness of a study’s relevance to other situations, contexts or cases (Thagaard, 2013, pp. 194, 204). Thagaard refers to Nielsen (1994) who says that a criterion on the transferability of the interpretation is if readers with an understanding of the field studied, recognize in the interpretation (in Thagaard 2013, p. 213).

The master student’s experiences during the process

The design of the interview guide was a good experience for me as a researcher. Finding questions to ask, somehow seemed to come easy, and I felt good about producing something after long periods of reading and searching for theories and literature. Analysing the data was likewise a fulfilling experience as I saw similarities, themes and patterns emerge. I believe this was the part of the process when I at first noticed feelings of self-efficacy. The process of searching for theory has been a demanding process, spending many hours on the internet, trying to find the word combinations that generated the best results and reading through articles and bibliographies. At the end of this project, getting to know theories I’ve chosen and reading all the good literature produced about relations, trauma, care leaving, unaccompanied minors and resilience has been the most fulfilling even if most demanding part of the work.

4. Analysis chapter

I will start this chapter by presenting the three informants separately. The three informants I interviewed were very different persons, and I find the findings in all three interviews to be very different, but with some similarities. Following the presentation of the informants, I will present the themes, contrasts, differences and similarities I found in seeing the collected data as one. All interviews were conducted in Norwegian, and all translations are mine.

A short presentation of the three informants

Ahmad

My initial discovery during the interview with Ahmad, was that there was not one major transition out of child welfare system, but several transitions during his time in care. It included moving out of an institution and to a Norwegian supportive host family with additional support from Opal, then after some time he moved out of this arrangement into independent accommodation, still receiving support from Opal and then finally at twenty, he left care and now lives independently. He describes the transition of leaving the host family as the hardest one. The transition between Opal and independent living wasn't so hard, he says.

Ahmad describes the institution he first lived in as the best part. There were people around all the time, and help was available whenever he needed it. He also describes some of the contact persons he had as good and some not so good. The criteria for being good was whether they were able to help and give guidance. Receiving help was something this boy mentioned a lot.

He is still in touch with one of the contact persons from Opal and the supportive host family. The host family is described as very nice.

When leaving care, the relationship to Ahmad's friends seemed to be activated. He knew them well on beforehand, but after leaving care he spends more time with them. He describes his friends as nice and very good friends.

Although he felt it was a bit difficult and it made him sad to leave care during the last transition, he knows where to ask for help when he needs it, and he describes his life as good.

Mohammed

The most striking impressions after interviewing Mohammed, was the contrasts he drew so vividly in his accounts. He spoke about the difference between being in care where his experience was that he received all kinds of good things, being watched after without having to ask for it and on the other side life after care where there was nothing. Another coinciding

contrast he mentions, is that between the Child Welfare System and NAV. With the latter he has to line up, make phone calls and send e-mails, but it still takes months to get an answer.

Another striking thing with this boy's answers, was his way to balance his answers. If he mentioned something that he thought had been hard, he often balanced it with "on the other side." Such as when he talked about leaving care as both good and bad. He was reflected in the way that he saw nuances, and also thought of possible explanations to why things were like they were. He appears as very goal-oriented, identifying his main goals as education and a job he feels happy with.

Mohammed had supportive hosts that he lived with and still is in touch with. Friends are also important to him, and he describes it as if his group of friends are strongly connected and that they are having a good time together.

Mohammed draws an affectionate picture of his relationship to his contact persons. He is still in touch with them, and attributes good qualities to all of them. They taught him something about believing in himself, he says. He also seems to have been able to receive a lot of emotional support from them. He describes the act of leaving care as a rather scaring affair that brought on a lot of feelings, but the outcome is described as "life today is nice."

Hakim

Hakim stayed at an unaccompanied minor's institution his two first years in Trondheim. His experience of life here was not so good, as he describes that they gave little help and taught him nothing.

When he some years later left the care of Opal, he left in spite of not being twenty yet. His experience was that he got very little help as he approached twenty, so he did not understand why he should stay in care. His feeling of Opal was that he did not get heard, nor did they contact him or care for him as he approached the time of leaving. He could not stand the feeling of not receiving help, therefore he left. His feeling of being abandoned is contributed to by the belief that he believes that they contact (call) other UMs that left care, but not him.

He says that he has no contact today, neither with Opal or the institution. A lot of emotional force comes with it as he says that he is not in touch with the institution.

He never had, nor was he offered a supportive host-family.

He displays few other feelings than rejection, but he sees some nuances between the contact persons he had, as some of them gave help, but others not so much. He thought it could have

been good to stay in care some longer if he had received more help than he did. But the way it had become, he felt it was just as well that he had left.

Today he finds that life is quite normal, but he thinks it is hard to find help, and he says that one needs a family to ask for help after having left care. He doesn't always know where to turn to, but he says that when you have some questions, you need to ask for help. He did not know how things would be for him without further support, but he compared himself with some friends that did well and figured he would cope when they did. Other helpful things after leaving care was; exercise, school, work and maybe some friends were important.

Transition-generated feelings and responses

The three informants had very different emotional experiences and responses to leaving care. My interpretation of data makes me think of three different descriptions of this emotional process they went through, which could be emotional turmoil, rejection and rational/future-oriented. For all of them it was obvious to me that there were feelings involved. Hakim says that he both regrets and not regret having left care so early. He also expresses some feelings of being differently treated than the rest, believing that they receive phone calls from former contact persons and he does not. Apart from this, he does not verbally express much about feelings. As a response to the two direct questions I made about feelings in the interview, his response was "*I don't know*" and "*no feeling.*" What I read out of his body-language as we did the interview, was however that there was anger and the feeling of rejection and maybe some bitterness. It was his facial expression and the intonation of his voice, together with the denying character of his answers that made me believe that he had such feelings. Also, expressions like "*the institution taught me nothing*" and "*it was not okay, because when I had passed twenty, they didn't care anymore*", contributed strongly to the impression of negative feelings. By saying that he had no feelings, one also may think that he suppresses some of his feelings. Ahmad seems to have had a more cognitive than emotional response to the process of leaving, even if he also describes feelings of sadness and the experience that "*leaving care made life a bit more difficult.*" For Ahmad, it was not the last transition of leaving Opal that was the most significant, but leaving the Norwegian supportive family that he lived with for some time. The sadness he mentioned was something he felt in leaving Opal, and it had to do with thoughts about how things will go, and losing contact. It did not take long for him to feel that things were going well: "*It... it's a bit hard to... at first a bit hard to quit right away... after two – three days it's alright. I think it's alright*". He also had some feelings of mastery, expressed as such; "*I was thinking; it's okay, I can manage on my own.*"

Mohammed describes some feelings of mastery too. For him, the settings are the interactions with the contact persons that try to make him do things on his own, in order to achieve more independence. He also says that thinking of leaving care was scaring in the beginning and he describes some feelings of helplessness in the face of losing his contact persons. He expressed his feelings this way;

I did not know what to do, really. Extremely confused. The question that came to my head was; what shall I do?" If I don't have this and that, right, I ask my contact person: Can you talk to my doctor? Then they talk to my doctor. But all I said was; how can I do it? Shall I just call them and say it? These were my feelings; so, what shall I do without them? That was the only question in my head, really.

Eventually the feelings of fear and helplessness in Mohammed's life was superseded with feelings of mastery and belief in himself. In retrospect he says of the process he has been through; *"but it really makes you more independent."*

This process that Mohammed described to me in two sequences of his contact persons trying to make him do more things without their help, was scaring to him in the beginning. He moved out of the house of his supportive hosts, just before turning twenty, receiving a lot of support from his contact person at that time.

But then, sometimes they believe that you can make it on your own, and that turns out a bit hard. Because I usually ask my CP about things. The question in my head was; what can I do without them? I was so confused. But it makes you more independent really.

Mohammed both described the process as happening way too fast and at the same time gradually. These two contrasting descriptions, may refer to different stages of the process. Being in the middle of it, it might have seemed to happen overwhelmingly fast, but looking back he may view it differently. Ahmed describes the same feeling several times by using the words independence and referring to that he thought; *"it's okay, I can manage on my own."*

Both Mohammed and Hakim are describing some of the same experience of attention that ceases or ends as they approached twenty. Mohammed seemed to have handled this by accepting the fact, but for Hakim it became proof that they did not care anymore. His following response seems to be rejection by choosing to leave care before he had to. One other tough experience for Mohammed is when his current contact person is absent for a period of time, and Mohammed does not want someone else to replace her. He protests by

telling about his bad feelings and in our interview, he reports that he felt a bit bad in doing so, but eventually by his own choice he invites the new contact person (CP) to his home, and then says that things worked out well. The same boy also masters the art of seeing the good in the (momentary) experience of something bad, like when the CP asked him to do things for himself. Hakim hence says that he doesn't have any contact with his former contact persons neither from the institution nor from Opal. Mohammed and Ahmed are still in touch with several of them.

Relationships

In the following paragraphs, I will describe what the interviews in my eyes display about how the informants think of and relate to relationships. The relations that we talked about in the interviews were relationships to contact persons, supportive hosts, friends and teachers. The information about friends, supportive hosts and teachers came up without being directly addressed in the interview questions.

Relationships to contact persons and other parental figures

Two of the informants described the different contact persons as good or not so good. The reasons for perceiving some of them as less good were that they did or could not help so much. Two of them also expressed affection in their former relationship with the contact person, and also still communicate with and receive help from some of them. One of them describes the contact person he liked most as; *“she was like some kind of mother who helps me.”*

The third informant, only had good things to say about each of his contact persons, viewing them all as nice, doing their best. All three informants expressed that they saw both emotional and practical help as important contributions from their CP. But for one of them practical help was what seemed to be in the foreground, and for one of the other, the emotional support (especially that the CP enhanced more self confidence in him) was what he by far talked most about. For Mohammed, it seems as if he had strong emotional bonds to his contact person when she was quitting. For this reason, he tried to protest when he heard the news of her leaving. That did not succeed, but he was able to establish a new relationship to the next one, even if that was only for a few months. He describes that he felt more adult in his relationship to the last one. This re-bounding, contrasts the strategy of Hakim, who seemingly thinks of his teacher as someone that will only be around for a year or so, and therefore he doesn't seem to feel like investing in this relationship: *“...because one leaves after one year in school, and*

then the teacher disappears.” As a contrast; Ahmed accounts of a meeting with his teacher where he had asked him for help and got it.

Hakim shares very little direct information about his relationship to his contact persons. One of the things he says is that “*When I had a contact person, some days were good and some were not. Life goes up and down.*” When reading this statement after the interview, I at first grasped (perceived) it as a piece of wisdom of life. I believe it is that too, indeed. But thinking more about what it might also mean, I wonder whether it might be a way of saying that the bad days had nothing to do with him. Life just happens, you cannot stop bad things from coming. The context of analysing his statements this way is other things he said, for example about Opal having changed in to him incomprehensible ways as he approached twenty. This way of viewing his statement reveals the use of the defence mechanism, possibly denial.

He also says that it wasn't OK with so many contact persons as he had. That is a perspective all three of them share. Both Mohammed and Ahmed are still in touch with their former supportive hosts. One of them describes the relationship as mutual useful in sharing that they help each other. The other describes them as very nice. Both receive some help from them and get contacted of the host for example at birthdays.

Relationship to friends

Both Ahmed and Mohammed mention friends as important in the process of leaving. For Mohammed it is one of the main reasons why his life is now as good as he says it is. He describes his group of friends as being tied together, and that they are having good times when they meet together. Ahmed too describes his friends with enthusiasm, exclaiming that he has very good friends. For him one important feature is that they help each other. It seems as if the transition to independent living, activated his relationship to friends in that way that he spent more time with them and also used them as mentors in coping on his own, as some of them were older than him. Hakim says very little about his friends, but mentions friends as something that may have been important to him. He also says that his relationship to friends did not change during the transition.

Good outcome factors

By outcome factors, I mean factors that may have contributed positively in the process of leaving care. The three former UMs relationships to friends and important adults in their lives are already displayed. These were obviously good outcome factors for two of them. In this

sub chapter, I will point at some other factors that may have contributed to a good outcome of leaving care.

Mental preparation and self-instructions

Something not mentioned in the previous paragraph about friends, is what Hakim said about comparing himself to friends. He figured out that when they could cope with independent life, he would make it too. *“I had several friends who also had left, and they were doing fine, so then I thought that I’ll be fine too!”* Using his friends as models, seems to have given him self confidence to believe that he would make it too. This shows an optimistic and empowered attitude, that might have been a contributor of coping. He also revealed another mind-set that was repeated twice: *“If you do the right things in life – then it goes well.”* He also mentioned doing things right along with patience as a reason to why he has managed after leaving care. I see these statements as some way of assuring himself that he can be in control and therefore master independent living. My belief is that it is also a positive instruction to himself that helps him cope and keep up the belief that he will continue to do so. He also several times stated that he is an independent person. He said that in the context of telling me how he talked to people when he needed to find information about something. I believe that by characterizing himself as independent he referred to the ability of finding out of things on his own. Without needing to be helped.

Ahmed too, seems to have done some mental preparing work before he left the institution. He tells me that he was thinking about independence and about what his plan was. He said this as a response to my question about whether it was hard for him to move out of the institution. He also accounts that he had the feeling that he must do his best. These thoughts he had about independence, his plans and about doing his best seems to me to have been a way for him to prepare for what was coming and in this way helped him orientate towards the future.

Structuring activities.

All three participants are in the education system and in this way they have something that structures their days and weeks. For two of the adolescents, exercise is mentioned as important and all three answers that they believe that Base 20-25 is important to them. But for one of them it is more important as he came there a lot and got a lot of help, for the two others they have been there but not as much.

Social and practical skills

Ahmed, future oriented as I perceive him, reflected some during the interview about having gotten experience from the different places he lived. This experience he says, taught him how to live in the future. He has learned Norwegian, applying for jobs, how to be a colleague. At school he learned budgeting, something he finds very useful and important, and still uses. Mohammed on his side says that the skill of prioritizing has helped him cope. Especially in times of stress, like one incident with NAV, he made some decisions about what should be most important, in this case school. When he explained this a bit further, it also seems to me like some stress management skill. This prioritizing skill, is for Mohammed connected with his goals: To get good grades at school and ultimately a job where he can thrive. He emphasizes strongly how important it is for him to have goals and that his goals helped him prepare for leaving care and they help him manage today.

Long lasting emotional support

Mohammed tells a nice story from life in care, where he experiences to be emotionally affirmed by his contact person. He'd had a hard experience, and his CP saw that something was wrong even if he claimed to be alright. The contact person then said that "sometimes it is okay to say that life is not okay. Mohammed's assessment of this incident in our interview is that "he gave me energy by saying that sometimes it's okay to say that life is not okay." When I asked if he still feels some of this support, he says that he still carries it with him. This statement contrasts that of Hakim that claims that he got very little help from his helpers.

After transition-life

All three informants reply when asked how they think they are doing, that they are doing fine today. The paths they were walking until they reached the independent life they all live today was however very different. For Mohammed, as illustrated below, the process he describes is one of one single major significant transition; that of leaving Opal and the contact person. Ahmed had a different journey, consisting of three transitions; leaving the institution, leaving the supportive hosts and finally leaving Opal. He describes the stay at the institution as the best part, but the leaving of the supportive hosts was the hardest. It seems as for Ahmed, the last transition, the one of leaving care for good, was the easiest one.

Mohammed shares a memory of a dinner with some more care leavers and their contact persons. This is some kind of ritual offered to everyone who turns twenty and have or soon are to leave care. He describes this as a nice and a sad experience, where lots of nice words

that he didn't know about himself was said. Neither Hakim or Ahmed remember attending or being invited to such a dinner.

Hakim had two transitions in Trondheim. One of leaving the institution and one of leaving Opal. For him, neither of them seems to have been good experiences. The way he stressed the word “*never*” when he said he had not been in touch with the people at the institution since he left, told me that this was probably not a harmonic ending and transition. He had some hope and thoughts about whether life under Opal might become better. What he expresses about the last leaving of care from Opal, also seems to have been characterized by the feeling of rejection and in turn, acts of rejection from him:

You were not heard so much, nor contacted. They did not care that much, you did not get enough help, not as much as before. Don't know why. When having a bad contact person, it is better not to have one. But if you have someone who cares it is good to have. If your contact person is busy all the time, then it is better not to have one.

But Hakim chose to leave and reports that he has no further contact with his former contact persons. For him this might have been an attempt to protect himself from the rejection he felt when he did not get as much help as he felt he needed. He did not verbally share any feelings about the transitions other than that he might (under given circumstances; if he had received more help) regret leaving.

The bridge

In one of the questions during the interviews, I asked the adolescents to describe the transition with one word or one term. Only one of them could think of such a word, and he described it as a bridge he had to cross over. He also gave very vivid descriptions of the contrasts on both sides of the bridge. One side representing life in care, the other representing life after care.

I here choose to make his image of a bridge a model into where I put his description of how he sees the differences before and after the transition:

Getting lot of good things without asking
Got all help when I needed it.
Lots of activities, going for walks
Met new adolescents
When sick, I called my contact persons
and said something.
Had to stay in touch when on holidays.



You are the only one who asks
Doing everything yourself: Making phone
calls, writing e-mails, waiting at NAV, but
the answer takes months
No more stress and pushing from CP, but it
feels so sad
Feeling independent, trying out adult life
No one calls you on vacation
Attention disappeared
Missing that someone cares and misses you

When talking about how the transitions had affected him, one of the former UMs accounted of a situation that made a lot of stress to him. One of them was caused by that the rent wasn't paid for several months. NAV was supposed to pay, and he did not know that this was not taken care of. It took four months before this was fixed, and the young man describes this as a hard experience. Fortunately, he had a part time job, so he wasn't completely without money. One of the other boys described a situation where he was moving out from where he used to live but wasn't able to find new accommodation right away. He had to live with friends for a period, and experienced that all the contact persons said to him was "wait, just wait". In the end he found his situation so unbearable that he demanded to speak to his executive officer and then action was taken right away. In fact, he refused to leave the office before he got to see this person. He describes this as the worst experience he had under Opal. Another incident with the system also was described with some mistakes being done in the interaction with NAV about money. This situation did not lead to shortage of money, but to some stress and difficulties about getting in touch with NAV to clear things out.

5. Discussion chapter

I have so far presented the theory and some relevant research literature, accounted for the methodology used in the thesis, and presented some main features of my data. Below is a discussion of how I see all this as being relevant to my research question about what the experiences of the care leaving process are for unaccompanied minor refugees. I start the chapter with a discussion of which resilience factors seem to have been present in the transition and their relevance for leaving care, with social support being considered as one of the resilience factors. Then I proceed to investigate what the effects of self-efficacy seem to be on the outcome of the transition. Not least, I consider how attachment theory and knowledge about trauma may apply to an understanding of the act and process of care leaving and. Trauma is also applied in other sections. Finally, I look at the data with the theoretical lenses of relation theory to see if I find any traces of relational learning in the processes described by my informants. In this section I also apply Bridges theory of transitions. At the end of this chapter I sum up my findings, and compare them with the findings in Norwegian and international literature about young people leaving care.

Resilience factors of significance during and after the transition

The period of transition is a vulnerable period for adolescents in general, and even more so if the amount of potentially traumatic events and stressors so far in life has been large. Theories and research on resilience give valuable insight to what it is that makes people manage in spite of multiple stressors and adversities. In a period like the UM's transition out of care, the amount and strength of resilience factors will be crucial to compensate the stress and loss of support that takes place. The use of healthy coping strategies is regarded as one essential resilience contributor (Carlson et al., 2012). My informants displayed many coping strategies during the interviews. Ahmed tells how he went to the office of his executive officer and demanded to speak to her, in order to achieve help to find accommodation. Likewise, the meeting he arranged with his teacher after he left care, in order to get some extra help, also indicates coping strategies of problem solving, ability to act and the use of the social skill to ask for help. It worked, and needless to say, contributed to his wellbeing in life after care. He also mentioned that he had found the skill of budgeting, that he learned from school, very helpful.

Dyregrov (2010) describes that the social skill of emotion regulation may be affected during trauma (p. 41). It seems as if the absence of emotion regulation is something that applies to

the informant that shows continuous anger at the thought of his former care takers. It may have affected their relationships so much that the former UM does not want any contact, and it thereby may have made it difficult to facilitate a good transition and ending of the caregiving relationship.

As a very conspicuous contrast, Mohammed mastered the skill of emotion regulation. He describes at first being so sorry that he cried at the prospect of another contact person, but then he was able to regulate himself so well that he invited the new one for a visit and reports that he came along well with her. At the day when the support ended, he recalls that two of them exchanged gifts. In the situation with the money from NAV that he reported as a stressful event, he answered this way to my question about whether this disturbed his sleep or concentration; *“No, not so much, because I give room for myself first. I make school and how I live, my first priority. The other things are secondary”*.

He realized there was little he could do, and purposely focused on school. Being able to deal with stress without a helper that fixes what needs to be fixed is a valuable quality in adult life.

Lazarus (1999) mentions two types of stress management; one is coping oriented, the other is emotion oriented (in Waaktaar et al., 2000, p. 37). Mohammed describes an emotional kind of coping; there was nothing more he could do. Ahmed also uses stress management in a situation that he describes as the worst experience he had while staying in care. His approach is coping oriented – he just does the job.

Antonovsky's (1987) notion “sense of coherence” in salutogenic theory is seen as a major contributor to wellbeing and health. It is also a buffer towards trauma (Hagen et al., 2016, p. 41). This is of particular relevance concerning refugees who lost, or lost contact with, both family members, country and the cultural settings familiar to them. They have often experienced a dramatic disruption in their lives. The younger the child or adolescent was when that happened, the more incomprehensible those events were perceived. Christie and Waaktaar (2000) explain how the consequences of traumatic events may be an experience of discontinuity in sensations and bodily sensations, disturbances of memory, attention and consciousness and the loss of coherence and meaningfulness. The stories told by Ahmed and Mohammed on one side and Hakim on the other, differ in many ways. Hakim does not account on any particular event even if asked the same questions as the two other. He says that *“there were good days and not so good days”*, but he does not recount of any experiences he had with the contact persons or anyone else that are situated in time and space. Memories

and stories give coherence, and through telling stories, meaning is created. McAdams (2011) explains this by saying that...

... emerging adults living in modern societies construct integrative narratives to explain how they came to be, where their lives are going, and how they hope to fit into the adult world that awaits them. Narrative identity is an internalized and evolving story of the self that provides a person's life with some semblance of unity, purpose, and meaning. (pp. 99-100)

Whether this lack of definition of himself in time and space comes from a low sense of coherence is hard to tell, but he doesn't use this opportunity of identity construction or meaning making in the same way as the two others did. The reason for this could be that he was reluctant to reveal too much of his life in an interview that he knew would be referred to in a printed thesis and an oral presentation, or it could be that the topic of the interview was such a difficult one that it exceeded an otherwise willingness to share his narratives. If the reason for the absence of narratives was a lack of coherence in his life, he encounters the stresses of future transitions and independent living with one resilience factor less than the two others. Chhuon, Kyratzis and Hudley (2010) link the understanding of experiences and the ability to "sequentially locate these events in her life" to the sense of belonging. No longer being part of the social structures that the CWS offer, a young care leaver without a sense of belonging is from a health perspective more exposed to psychological problems. We will continue by taking a closer look at the importance of fellowship and social affiliation.

Bandura's (1997) suggestion that "indigenous sources" (p. 308) are in particular useful for health, is interesting, considering that two of my informants expressed much gratitude and joy when they talked about their friends from their own ethnic group. By relating to values, practices and people from one's own ethnical origin, these serve as identity builders, and thus strengthens a person's sense of coherence. Social support is mentioned by resilience researchers as one of the most important and powerful resilience factors (Paulsen & Berg, 2016; Stein, 2006; Waaktaar et al., 2000, p. 46). Mohammed and Ahmed tell of drawing regularly from these resources while Hakim does not to the same extent do so when it comes to being with friends. The insecure working models that seems to characterize him, probably influences his ability to form friendships and thereby impair his access to the social support that the two others benefit from. The relationship between attachment style and friendship-generating skills is supported by Munafo and Attwood's (2009) statement; "secure attachment styles are related to initiative-taking, social competence and the ability to form friendships in later childhood. Insecure attachment styles on the other hand, are related to subsequent social

withdrawal and difficulty in forming friendships” (p. 108). The results of insecure attachment in this boy, may compromise his ability to form friendships and thus cut him off from the social support he otherwise could have had.

Considering the level of anger that he displays when he talks about his former helpers, it is very likely that the anger affected these helping relationships and likewise reduced the amount and quality of support that took place therein. He may have been so angry with his helpers that he dismissed possibilities of support, and the degree of anger displayed will likely have influenced the responses of social workers who are unaware of attachment related mechanisms that were at work. This leads us to a closer look at attachment related issues.

The significance of trauma and attachment style for the process of leaving care

Due to the effects that war, poverty and political instability have on individual’s life, many of the UMs that arrive in Europe have experienced potentially traumatizing events as seeing people being killed or injured, being afraid of getting hurt or killed, been subject to trafficking, forced to fight (and sometimes kill) or tortured. They may also have experienced broken parental and caregiver relations. Some of them have also spent their early or later childhood with parents that, because of their own difficulties, were unable to provide sufficient care. Looking at my informants’ responses to the process of leaving care, it seems as if they are operating with different working models of attachment. The patterns of attachment that are assumed to form within the individual during the early years of childhood and the subsequent internal working models, also seem to have influenced my informants differing ways of going through the transition process. The treatment applied on people with insecure attachment styles by therapists and counsellors oriented towards attachment theory, is more than anything aimed at establishing a secure relationship. Pistole (1999) refers to Bowlby (1988) and others that see the counselling relationship as a caregiving-attachment bond. In the following, I choose to view the contact person – UM relation as a potential caregiving-attachment relationship. This implies that there is a therapeutic potential in this relationship too. However, the fact that my three respondents told of having three to five different contact persons during their two to three and a half years in Opal, (and an even higher number of caregivers for those who had a stay at one of the institutions before receiving support measures from Opal), limits the possibilities of forming such therapeutic adult attachment bonds to the contact persons.

When the UM approaches the age of leaving care, the contact person will reduce the amount of help offered, and encourage the adolescent to try to handle more tasks himself. This is a stage in the independence process that the environmental therapists are obliged to facilitate. Two of the UMs explicitly described negative feelings related to the experience of being offered less help as they approached twenty. For one of them it was mainly fear and sadness, for the other anger. The third said that it made him sad to think of that he might lose the contact with the contact person. Two of them, Mohammed and Ahmed, are still in touch with one or several of their contact persons. Those are the two that seem to have handled the relational aspects of the transition best.

For the third adolescent, he seemed not to be able to handle so well that the level of help decreased. He said that when that happened;

I felt that I didn't get as much help as when I started. When I entered the room, I felt that things had changed. I felt that they did not want me at the waiting room, and you don't get as much help from them. You were not heard as much, not contacted, they did not care as much, and you did not get as much help as before. Don't know why.

Bartholomew and Horowitz (1991) have categorized four internal working models of adults that correspond with the attachment styles identified with Bowlby (1988) and Ainsworth (1978) and a fourth launched later (Crittenden, 1988). They are theorized along two scales; model of (trust in and appreciation of) self and model of others. Secure subjects (secure working models) were found to have high scores on both model of self and model of others, anxious ambivalent subjects (preoccupied working model) scored highly on positive models of others, but had negative views of themselves. The anxious-avoidant (dismissing working model) and disorganized-disoriented attachment styles (fearful working model) are characterized by a negative view of others. They partly view themselves as unworthy and undeserving of love too, and additionally, they feel that others are unworthy of their love and trust because they expect that others will reject or hurt them. According to this study (Bartholomew & Horowitz, 1991), given these groups negative view of self (especially for the fearful group, the avoidant group had higher scores of assertiveness and less social insecurity) and their view that others are bound to hurt them, they tend to avoid close involvement with others in order to protect themselves from anticipated rejection (Bartholomew & Horowitz, 1991; Bowlby, 1973).

This seems to have been the case of Hakim. The thought of the coming exit from care and the decreasing amount of help, may have triggered some feelings of being abandoned and rejection, and he seems to have reacted with anger and rejection (by refusing to stay in care until he reached twenty). For unaccompanied minor refugees like Hakim and his companions, loss of proximity to parents and other caregivers is something they all have experienced at some time in their lives. Pistole (1999) mentions that the sorrow that some clients may feel due to termination of the relationship with the counsellor might be a resonance of previous losses (p. 443). He further describes what it might feel like that one's safe haven is about to disappear: "Emotionally, the experience of separation and loss may be like reviving within oneself the world of the child whose survival, both in a biological and psychological sense, literally depends on the reliable and trustworthy presence of a nurturant caregiver" (Strupp & Binder, 1984 in Pistole 1999, p. 443). Bowlby (1973) theorizes about the correlation of attachment, separation and anger:

Although sometimes the aggressive behavior of a child who has experienced a separation appears to be directed towards all and sundry, often, ... it is plainly directed towards a parent or parent- substitute and is an expression of anger at the way he has been treated. Sometimes it is the anger of hope; sometimes it is the anger of despair. (p. 285)

The mechanism of rejecting, in order to prevent being rejected again is well known, and that may have been what happened in Hakim's situation. The kind of irrationality that here is at play, in extreme cases resulted in children killing one's parents so that they would never be abandoned again (Bowlby 1973, p. 290). Hakim's anger is still there, and it shows that neither he himself nor his helpers have been able (to a noticeable degree) to regulate his feelings. Dyregrov (2010) pinpoints emotion regulation as one of the functions that may be suffering due to the effects of trauma.

This strongly differs from the way that Mohammed handled the disruption of the relationship to his contact person as he had found a new job. Even if he found it hard to accept another helper, the flexibility he displayed in how he accepted and welcomed the new one, witnesses of a high sense of relational competence and secure working models.

For Hakim, there may have been some defense mechanisms at play as well. In answering that he has no feelings or "don't know" on questions related to how he feels about the exit from care, he seems to repress and deny some feelings that would be natural to have in this

situation. The following passage may reveal something of what he felt about his former caregivers:

Independence – you can't just walk out into the streets, when in care one has to guide the adolescents carefully – it doesn't work if they just sit in their office sipping their coffee, they have to do their job properly. When I was at the institution, they ought to have taught me how to drive, how to find a job. They taught me nothing!

The intonation in his voice as he said this, showed anger. In an attachment theoretic understanding one tends to see this as anger (and sorrow) at having been left again. The defence mechanisms at play were in an attachment perspective once used to protect himself, but now work as irrational strategies that unfortunately confirm the negative working models he has of others and possibly also of himself (Ivey, 2002, pp. 98, 104-106). The pain he felt at this topic became even more visible as he told of the belief that the contact persons at Opal probably contacted others, but not him.

One of my respondents said that he loved the course in social competence that the UM base offered, one of the others saying that he learned nothing in his time in Opal. Both of them went through the same course that is mentioned. Could that have something to do with the sorting of information/ what one remembers according to the internal working models of people with insecure attachment styles? Levy, Blatt and Shaver (1998) says that “Working models also are assumed to involve processes that influence what kind of information individuals attend to, how they interpret events in their world, and what they remember.” (p. 407). I cannot claim that Hakim does not remember any of the good experiences that I know he participated in during his time in care, but I know that this was not at all in the foreground of his mind at the time of the interview.

Mohammed's contact person also seems to have fostered safe haven and secure base functions as she saw and confirmed his feeling the day he came from school and felt like crying. She told him that; “sometimes it's okay to say that things are not okay!” By saying this she created a safe haven where it was allowed to show feelings, and she regulated his feelings by the assurance that everything would be fine by saying “it's okay”. Ahmed's contact person may have served as a safe haven/secure base to him as well as he describes her as “a mother who helps me.” He seems to at least have been able to receive both practical help and emotional support from her.

Experiences and outcomes of self-efficacy

The belief in one's capability to master the life that follows a transition is of tremendous importance to how the transition proceeds.

There are many things the UM has to handle for himself when his contact person is not there for him anymore. As in Mohammed's case, he was bewildered whether he would manage to do all the things that the contact person earlier had taken care of. Mohammed describes what he felt was the most important contribution regarding the support from the CP in his life:

I needed some persons who told me that "you can do it". It's hard to believe in yourself sometimes. Sometimes when you feel like very low, you feel that I can't do it. Afterwards you can do it anyway. So, you just need someone that says; "yes you can do it, it's very easy."

The social persuasions from the contact person(s) were important to Mohammed and led to an increased belief in his own ability to cope. When he was asked if the effect of these social persuasions from the contact person still last, Mohammed answers that he believes that he still carries it within him. For Mohammed, the experience of *mastery within specific tasks or behaviours*, like when the contact person pushed him to make a phone call to the doctor, seems to have enhanced a feeling that he would also master this and similar tasks in the future. The experience Mohammed describes of handling the stress with NAV by the help of prioritizing and stress management skills, may also have enhanced the feeling of self-efficacy in him, as he in retelling the story, seems to know that he can handle situations like that. Likewise, his contact persons also seem to have facilitated some independence training as he remembers that *"all they said was you can do it yourself, you can do it yourself"*. He further recalls that

... In the beginning it was scary. Sometime before twenty, I moved out of the supportive hosts accommodation and in a way had to do everything myself before starting with NAV, so I received a lot of help from my CP really... sometimes they believe that you can manage yourself. But it makes you more self-reliable, really. When they say that you can do it yourself, you feel that "yes, I can do it".

Mohammed's contact person led him through some independence training. The way he described this process, reminds me of a bird mother that teaches her little ones how to fly. She does so by kicking them out of her nest before they really know how to fly. The baby birds are scared and attempt to protest by screaming. When they think they are falling to the

ground, the mother is there to rescue them before they encounter the ground. Little by little they learn how to fly (see illustration on page 56). The skill of mastery eventually become an internalized part of the subject's basic skills, and in this way adds to the level of self-efficacy.

Ahmed's account of how he himself took responsibility for the situation when he did not have a place to live, shows strength, an ability to act and the social skill of asking for help (Antonovsky, 1987). In addition to being able to use multiple coping strategies, he also displays a belief in his abilities to persuade others to help him. This belief also appears as he asks his teacher for help. The trust in his own ability to persuade (Bandura, 1997, p. 80) interacts with the trust in that others will be willing to help (John Bowlby, 1982, 1988). Both are based on earlier experiences and show how resilience factors influence on self-efficacy. It also shows how *enactive mastery experiences* (Bandura, 1986) are sources of self-efficacy. Ahmed's strategies worked, and added to the portfolio of success experiences that he carries with him.

Hakim seems to have achieved self-efficacy through called model learning, in Bandura (1986) called *vicarious experience*, when he looked at some friends and figured out that "*if they can manage, I can too!*" His beliefs that he would be able to take care of himself were confirmed. When interviewed, he told me that he has no problems taking care of himself in activities of daily living like shopping, cooking, cleaning and so on.

Mohammed's interview displays high degree of targeting. His goals are to get good degrees at school, and after that, a job where he can thrive. He also mentions that first of all he focuses on getting good degrees, as he knows that achieving this can give him more possibilities when he shall choose a career. Along with having friends, he says, having goals is why he is coping so well after care. Ahmed did mention his career as something important to him, he already had decided on what he will choose as his further education. In Hakims case, neither school, work or other potential goals were mentioned, apart from that he pointed at school as important for him after having left care. These three positions may show a difference in how aware the three of them are of what is important to them, and thus of their own inner life, but it also may show differences in levels of self-efficacy, as Britner (2012) mentions that "the higher the level of self-efficacy, the more challenging the goals one individual sets for himself and the larger selection of options, for example career options tend to be" (pp. 3-4).

The occurrence of anxiety, depression and other psychosomatic disorders are high amongst UMs (Carlson, Cacciatore, & Klimek, 2012; Vervliet, Lammertyn, Broekaert, & Derluyn,

2014). Britner (2012) describes such bodily sensations as affecting the feeling of self-efficacy negatively; “they may lead one into negative spirals of less self-efficacy that causes the use of dysfunctional coping behaviours, which then leads to poor performance and even lower feelings of efficacy, and greater anxiety” (p. 8). Whether it is anxiety or other trauma symptoms like depression, aggressiveness, concentration problems, apathy or dissociating, it takes little imagination to see how such symptoms influence on self-efficacy. UMs with such additional problems are as such at great risk of losing the sense of self-efficacy that they may have held so far. The sources of self-efficacy and resilience factors mentioned here will be of great significance to prevent such development for these UMs. As it appears in the case of my informants, they all benefit from one or several of the mentioned self-efficacy sources.

Relational learning

Kvalsund’s (1998) *A Theory of the Person* gives some interesting insights to what it is to grow up and into the process of becoming a psychologically mature person. I often hear colleagues, and previously myself too, stating that the goal we work towards with the unaccompanied minor refugees, is that they become *independent* (enough) by the time they turn twenty. The intention behind these statements is that they should be able to take care of themselves and thus not be dependent on us professionals. This is a good and necessary perspective. Less spoken of, however, at least in everyday life, is the stage of interdependence. In their theorizing about counselling and interdependence, Allgood and Kvalsund (2004) say: “The practice we call counselling in the pedagogical context, is really about healing the subject-object split of independency, about re-connecting persons to their wholeness in interdependency” (p. 41).

As long-time helpers, a secure relation is one of the best investments in working with the youngsters’ independence and interdependence. It is, as attachment theory also states, through experiences of having a safe haven relationship of dependence that humans start exploring and thus develop independence (Ibid s. 54). Independence is a presupposition to interdependence, and as earlier mentioned, Storø (2012, pp. 53-61) states that we need to pay attention to both working towards independence and interdependence.

Two of my informants mainly reports good relationships to their contact persons. The third describes his view (and feelings?) of his former contact person like this: “*some days were good, some days were not.*” This statement indicates that he not only recalls the days with his former contact persons as bad, but there were also good days. Still he doesn’t feel like

initiating contact with them again as he feels bad about thinking of that they probably call other care leavers but not him. This shows that the relational outcome of the transition hasn't been solved too well for this boy. The thoughts he shared on this topic display little mutuality but more strategies from a dependency level of function. I interpret it as if he wants to be taken care of (wants them to call him which displays dependency needs), but he does not do anything to initiate contact himself (lack of interdependence). It seems as if this boy's relationships to his contact persons were insecure, and that makes it difficult both to leave (explore from a secure base) and also difficult to return to (initiate contact again or come back to a safe haven) in an interdependence manner. Hakim several times during the interview states that he is an independent person. His accounts of how he is able to manage his finances, make food, go to school and take care of his room, confirm that he in many respects is independent. On the other side, he might also not have had a healthy resolution of dependency issues that could have equipped him to more easily move on into the two next stages, as he seems not to have been able to embrace the helpers (dependence) that offered a relationship, nor did he handle that the help decreased (independence) as he approached twenty. The logic behind this may be that it is hard to let go of a relation that never really was there? The fact that he wanted to participate in the interview also points in the direction of interdependence; it might be that he did it because he felt like being helpful to me, as I believe was also the case with the two other informants.

Both Ahmed and Mohammed seem to have achieved a certain level of mutuality/interdependence in their relationships. This manifested itself among other things through the relationship to their friends. They both express satisfaction about these relationships, and Ahmed also tells that they help one another. He also displays a high degree of interdependence as he asks his teacher for help. He tells the teacher about his needs and challenges and gets the help he needs and probably also some more emotionally oriented support as he describes this teacher as very nice. Mohammed's account of his fellowship with friends reveals feelings of solidarity and of belonging. When asked what it is that makes him cope so well he answers that;

the first thing is that we (friends) are all a bit linked with each other. All those I got to know, my friends and all of those, we are linked to one another, so our goal is to have a good time together.

Mohammed also seems to have a relationship of mutual help and support with his former supportive host family as they from time to time help each other. This may also show that this

relationship also has developed into a more mutual relationship than it probably was in the beginning. That probably adds to Mohammed's belief in himself, his feeling of security, and also to his self-efficacy; he could help them with something that they could not so easily manage on their own.

Mohammed and Ahmed express that both friends and the former supportive hosts are important to them, and that these are relationships that are important to them. Most explicitly do they mention that their friends mattered a lot to them during the transition from care.

In the process of leaving care, the disappearance of easy access to help and support and the termination of formally structured relationships with helpers, seems to be the most essential feature of the transition. Bridges (2004) writes about the necessity to pay attention to endings, for in endings lies the seeds to new beginnings. An ending of something, says Bridges, is also the first step in a transition. The ending that here has taken place, is most of all the formal relationship to the contact person, but also the phase of their lives where someone else took care of them.

In order to facilitate processes of inner maturing, the first part of the transition process, the ending is what the UM workers most easily can facilitate, for example by attempting to make everyone participate at the dinner at twenty. Both Ahmed and Hakim seem to have missed at least part of the organized leaving procedures that most UMs are offered and participate in as they turn twenty. Neither of them remember being invited to this dinner, while Mohammed talks about it with tears in his eyes. For him it was *"both a sad experience, but also a very nice one"*, as he *"got to hear a lot of nice words about himself, words that he did not know"* as he expressed it. For him, the termination of the formal relationship seems to have been a subject of a lot of attention, both because of this dinner, but also the interactions with the contact persons where exchanges of gifts took place. Mohammed had bought a gift to his CP, something that also shows a high degree of interdependence.

By facilitating good endings, even if it brings with it some tears, the ground is better cleared for something good to come (Ibid p. 108).

6. Summary / Conclusion

Unaccompanied minor refugees arrive Trondheim with more risk factors to their health and wellbeing than the average adolescent. They also both arrive with certain qualities and skills as well as they may develop such assets while staying in care. During my efforts to shed light on the research question “*What are former unaccompanied minor refugees’ experiences and feelings about the transition out of care?*” I have shown how some of these assets have become utilized in the leaving care process of three of them. I have also displayed how different their paths and experiences during the transition to independent living has been. One of them had a major, significant and in the beginning tough process of accepting the transition and the changes away from what he had grown used to, the second described three smaller transitions, whereas the second transition was the worst for him. The third informant shared a story that gives me the impression that he refused to relate to the transition, but rejected the help that he could have received for some more time. To elaborate on the picture one of my informants gave me; his experience of the transition as crossing a bridge, the second informant, Ahmed, was crossing three bridges, each of them leading to larger self-sufficiency. The last informant, on his hand, refused to walk any bridge, he probably waded in the water!

It was never my intention to interview my informants about whether they experience or what kind of trauma symptoms they suffer from, or any childhood experiences they may have had. I can therefore not give any certain account about their experiences before they arrived in Trondheim other than suggest some perspectives on each of their strategies derived from what came forth during the interviews. During my reading of attachment theory, it became likely to me that the kind of mental strain one of the boys in my study had been subject to, may stem from childhood experiences that have led to an insecure attachment style. Applying attachment theory to understand his responses and transition has therefore made sense to me.

Insecure working models of attachment and other traumas are as I have shown likely to influence on resilience factors like coping strategies of emotion regulation, initiative-taking and other skills that promote relationships (Munafò and Attwood, 2009, p. 108), and thus compromise possibilities for social support. The absence of social support and other resilience factors, in its turn deprives a person of important sources of self-efficacy, like social persuasion as it seems to be in the case for one of my informants. The level of independence and interdependence an adolescent is likely to achieve can be affected by the degree of self-efficacy he feels, like in Ahmed’s situation, when his beliefs in his ability to make someone

help him, or his belief in his ability to (with some support) cope with curriculum challenges at school, demonstrates interdependence by using the coping strategy asking for help. Relational learning is influenced by former experiences of attachment and trauma and also by factors of resilience like social support, initiative-taking and problem solving (for example asking for help). Everything seems to be more or less connected with everything. The most influential force in these processes seem to me, both from theory and from the material collected during the interviews, to be attachment, more specifically each individual's internal working models.

One of my informants, seems to have been entangled in some of these negative reciprocal circles. The two others on their hand, seem to be in positive cumulative processes concerning secure working models, resilient functioning with good networks and social skills which in their turn generate more relationships and support.

Recommendations for social work interventions

A study of adolescents leaving care in Australia conducted by Cashmore and Paxman (2006), shows high correlations between stability in care, continuity as they left care, the sense of felt security and the outcome 4-5 years later. This is worth noting, as all of my informants reported of having high numbers of contact persons (3-5) in just 2-3 years. This will perhaps be perceived as less desirable and hard for most UM's, as all of them are in need of stability. A frequent change of contact persons does not facilitate attachment relations, which I want to emphasize the importance of in cases where the adolescent displays insecure attachment styles. For those with the most insecure working models of attachment or other severe trauma symptoms, the time in care may be their last chance (unless they later start going to therapy) to experience a relationship to someone stronger and wiser than them, with whom they may be given help to work with their attachment issues. To help UMs like Hakim more effectively, I will also suggest that environmental therapists (contact persons) that are especially trained at it and feel comfortable about it, are prioritized for this group of adolescents, and as already mentioned are allowed to work long time to facilitate a therapeutic process better than what may have happened in some cases. It will be necessary that they in addition are provided the necessary guidance and support in enduring such at times hard work. My impression is that in Trondheim, this priority of targeted work is in some cases already organized. The possibility for former contact persons to stay in touch with care leavers, also seems to be accepted and to some degree also facilitated. This prevents the occurrence of instant adulthood experiences that Rogers talks about (R. Rogers, 2011).

According to Stein (2012), finances should be settled as the young leave care. Being a presupposition of survival, this contributes to the feeling of safety that amongst other Cashmore and Paxman emphasize as important (Cashmore & Paxman, 2006). This was not fully in place for more than one of the UMs in my study, and it was by one of them described as very stressful and the worst experience he had during the time in care. More connected interventions between CWS and the Social Security would be desirable to prevent this.

My prejudice that we (the UM workers) are least able to help those who need most help, has unfortunately not been falsified through this study. Not least endings will be very difficult to facilitate when there is a lot of anger at play and the feelings of the UM are so mixed and characterized by rejection that he or she refuses to participate in anything right then, as might be the case. As this study reveals, much good work is being done with unaccompanied minors and their transition to independent (and hopefully also interdependent) living in Trondheim. In order to give more care leavers the experience that Mohammed had at the dinner at twenty, maybe several chances to participate at the “dinner at twenty” and similar rituals could be something to emphasize even more?

Limitations and future directions of research

Social work with unaccompanied minor refugees is a complex field to work in, and as I have also experienced, a complex field to do research on. One of the limitations of my study is that I have chosen to apply many theoretical perspectives on the leaving care process. This has, caused both the interviews, the analysis and the discussion to become relatively superficial in relation to the amount of literature, research and theories I have used.

One area I especially want to suggest for further research, is the relationship between continuity during and after leaving care and the outcome 5 or even more years later, as was the case in Cashmore and Paxmans study. Another interesting research topic would be whether there are differences between different ethnic UM groups in the way they handle the transition. A third suggestion is whether indigenous sources of social support are experienced as more healing than other sources when it comes to relationships to adults like foster parents, supportive hosts and contact persons.

Finally, it is also my wish to help my colleagues and other UM workers understand that what we give the unaccompanied minors while they are in our care, is of great importance. It may make a significant change, not just to the individual young adult, but also to their children and grandchildren.



kicked out of the nest

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Appendix A

Interview guide

“Unaccompanied minor refugees’ experiences of leaving care”

Practical and emotional reactions at the transition before and during the transition

1. Thinking back at the last months before the transition; how did the transition influence you in a practical way?
 - a. Finances?
 - b. School and homework?
 - c. Relationship to friends?
 - d. Spare time activities?
 - e. Sleep, food and appetite?
 - f. How you took care of the place where you lived (cleaning and so on)
 - g. Anything else?
2. Then I am curious about the emotional side of it
 - a. What feelings did it give you that the time in care soon was over?
 - b. If you were to choose a word that describes your transition out of care, what would that word be?
 - c. Do you remember some events that were good or not so good?
 - d. Do you remember anything particular from the last meetings between yourself, your executive officer (saksbehandler) and yourself?
 - e. Did you attend the “dinner at twenty”, and if so, how did you experience it?

Relationships to contact person/ others in Opal

3. How would you describe the relationship to your contact person the first years in Trondheim?
 - a. How did the relationship develop during your time in Opal?
 - b. What was the most important thing for you by having a contact person?
 - c. Are you still in touch with your contact person?
4. How did you experience not to have a contact person any longer?
5. Were there other persons (except from the contact person) that was important to you during the transition?
6. Were any organizations, spare-time activities or helping services important to you?

Preparing the transition

7. What made you prepared to manage without help (or less help) after you turned twenty?
 - a. Is there something you feel the Child Welfare System (CWS) did well in the transition?
 - b. Something they did less well?
 - c. Did you do anything in particular to prepare living without support?
 - d. Someone else that helped you prepare?
8. Did you feel ready to leave the care of the CWS and the contact person as you became 20?
 - a. If not, in what ways did you not feel ready?
 - b. What feelings did that give you?

Life after the transition

9. How was your life the first months after the transition?
10. How would you describe your life today?
11. Do you know where to turn if you need help?
 - a. How does that affect you?
 - b. Does it give any particular feeling?
12. Would you say that life is bad, both bad and good or just good today?
 - a. Did you have any hopes or wishes as you arrived Norway that has not become what you hoped for?
13. Any tasks that you feel you need help or support to that you do not have or miss. Would you mention what?
14. What is it in your life today that make you cope well?

Assessments

15. What do you think of the 20-25 Base?
 - a. Is it important for you? If yes, how?
 - b. How can Base 20-25 become more useful to those who has passed 20?
16. Any thoughts about what Opal and the CWS could do differently to make the transition a better experience?
 - a. What else can be done to help UMs that has passed 20?

Appendix B

Request on participation in a research project

“Unaccompanied minor refugees’ experiences of leaving care”

Background and purpose

The purpose of the study is to find out how it is experienced for some unaccompanied minor refugees (UMs) to leave care when they are 20 years or older. The study will both have a look at the emotional sides of the termination and how it has affected them practically.

The plan is that the findings be conveyed to the leadership of the UM workers in Trondheim municipality and that this information may lead to changes and improvements in the way that transitions are prepared and conducted.

I write this master’s thesis as a student at NTNU.

3-5 unaccompanied minor refugees that left the support measures of the Child Welfare System 4-18 months ago are asked to participate. I will attempt to find former UMs of both sexes that are willing to be informants.

What does participating mean?

If you choose to participate in my study, it means being interviewed for 40-60 minutes where I ask some questions of how you experienced ending the support from the Child Welfare System and your contact person (Opal). I will also ask what you think the Child Welfare System and Opal could have done differently, more, or less of. The conversation will be recorded, so that I do not have to write down everything you say. I may ask to meet you one more time if I recognize more things I want to ask you.

What happens to the information about you?

All personal information about you will be treated confidentially.

My supervisor at NTNU and I are the only persons that have access to the information that you have given. When writing my thesis, I will anonymize the information so that it is not

possible to identify who said what. Nobody except from me (and those you choose to tell) will know that you are one of those I interviewed. The interviews will be stored on my laptop with a password protection on the document that only I know. The recording with your voice will not be stored with your name. It will not be possible for those who read the thesis to recognize you in what is written. The project is planned to be completed by December 1st 2017. All recordings and written information that you have given will then be deleted. The master thesis will be written in English.

Voluntarily participation

It is voluntarily to participate in the study, and you can at any time withdraw your consent without giving any reason. If you withdraw, all information about you will be deleted.

If you want to participate or you have further questions, contact Hilde Torunn Aas, telephone number 91759487.

Supervisor at NTNU is Jonathan Reams, 48148900.

The project is registered at the Data Protection Official for Research (Personvernombudet for forskning, NSD) – Norwegian Centre for Research Data.

Consent to participate in the study “UM refugees experiences of leaving care”.

I have received information about the study, and I am willing to participate.

I have understood that I can withdraw from the study at any time, without telling why I withdraw.

(Signature by project participant, date)

Appendix C



Jonathan Reams
Institutt for pedagogikk og livslang læring NTNU 7491 TRONDHEIM

Vår dato: 06.07.2017

Vår ref: 54666 / 3 / AH

Deres dato:

Deres ref:

TILBAKEMELDING PÅ MELDING OM BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 07.06.2017. Meldingen gjelder prosjektet:

54666	<i>Unaccompanied minor refugees experiences of leaving (Public) care/Enslige mindreårige flyktningers erfaringer av å avslutte med barnevernet.</i>
<i>Behandlingsansvarlig</i>	<i>NTNU, ved institusjonens øverste leder</i>
<i>Daglig ansvarlig</i>	<i>Jonathan Reams</i>
<i>Student</i>	<i>Hilde Torunn Aas</i>

Personvernombudet har vurdert prosjektet, og finner at behandlingen av personopplysninger vil være regulert av § 7-27 i personopplysningsforskriften. Personvernombudet tilrår at prosjektet gjennomføres.

Personvernombudets tilråding forutsetter at prosjektet gjennomføres i tråd med opplysningene gitt i meldeskjemaet, korrespondanse med ombudet, ombudets kommentarer samt personopplysningsloven og helseregisterloven med forskrifter. Behandlingen av personopplysninger kan settes i gang.

Det gjøres oppmerksom på at det skal gis ny melding dersom behandlingen endres i forhold til de opplysninger som ligger til grunn for personvernombudets vurdering.

Endringsmeldinger gis via et eget skjema,

http://www.nsd.uib.no/personvernombud/meld_prosjekt/meld_endringer.html. Det skal også gis melding etter tre år dersom prosjektet fortsatt pågår. Meldinger skal skje skriftlig til ombudet.

Personvernombudet har lagt ut opplysninger om prosjektet i en offentlig database, <http://pvo.nsd.no/prosjekt>.

Personvernombudet vil ved prosjektets avslutning, 01.12.2017, rette en henvendelse angående status for behandlingen av personopplysninger.

Vennlig hilsen

Katrine Utaaker Segadal
Åsne Halskau

Dokumentet er elektronisk produsert og godkjent ved NSDs rutiner for elektronisk godkjenning.

NSD – Norsk senter for forskningsdata AS Harald Hårfagres gate 29 Tel: +47-55 58 21 17 nsd@nsd.no Org.nr. 985 321 884
NSD – Norwegian Centre for Research Data NO-5007 Bergen, NORWAY Faks: +47-55 58 96 50 www.nsd.no

Kontaktperson: Åsne Halskau tlf: 55 58 21
88 Vedlegg: Prosjektvurdering
Kopi: Hilde Torunn Aas hilde.aas@gmail.com

Personvernombudet for forskning



Prosjektvurdering - Kommentar

Prosjektnr: 54666

Formålet er å finne ut hvordan det oppleves for noen enslige mindreårige (EM) flyktninger som har vært i tiltak gjennom barneverntjenesten i Trondheim kommune å avslutte med barnevernet når de er 20 år eller eldre.

Førstegangskontakt og rekruttering gjøres av masterstudent som også jobber med enslige mindreårige. Personvernombudet legger til grunn at taushetsplikten ikke er til hinder for førstegangskontakt og rekruttering. Vi legger også til grunn at frivilligheten ivaretas og understrekes ved rekruttering. Dette kan gjøres ved å opplyse tydelig om at det er frivillig, gi potensielle informanter betenkningstid, samt understreke at det ikke vil få noen konsekvenser for eventuelle tilbud om støtte/oppfølging som vedkommende måte ha om de velger å takke nei. Vi anbefaler også at informasjon om prosedyre for rekruttering, og en forklaring på hvordan potensielle informanter er plukket ut og kontaktet, forklares i informasjonsskrivet.

Utvalget består av tidligere enslige mindreårige asylsøkere, nå myndige. Data samles inn via individuelle intervju. Fokus i intervjuene vil være reaksjoner og erfaringer med å avslutte oppfølging av barnevernet.

Utvalget informeres skriftlig og muntlig om prosjektet og samtykker til deltakelse. Informasjonsskrivet er godt utformet. Personvernombudet viser imidlertid til kommentar ovenfor angående førstegangskontakt og rekruttering, og ber veileder og student vurdere om en forklaring på prosedyre for førstegangskontakt bør taes inn i informasjonsskrivet. Siden

tematikken for intervjuene kan være sensitiv og til dels inngripende, anbefaler vi også at intervjuguide legges ved samtykkeskriv, slik at potensielle informanter kan vurdere om de vil delta eller ikke i lys av hvilke spørsmål som stilles mer konkret.

Personvernombudet anbefaler også at veileder og student vurderer om det bør være en beredskap i prosjektet dersom noen av informantene får behov for hjelp/oppfølging i kjølvannet av intervjuene.

Det behandles sensitive personopplysninger om helseforhold.

Personvernombudet legger til grunn at forsker etterfølger NTNU sine interne rutiner for datasikkerhet. Dersom personopplysninger skal lagres på mobile enheter, bør opplysningene krypteres tilstrekkelig.

Forventet prosjektslutt er 01.12.2017. Ifølge prosjektmeldingen skal innsamlede opplysninger da anonymiseres. Anonymisering innebærer å bearbeide datamaterialet slik at ingen enkeltpersoner kan gjenkjennes. Det gjøres ved å:

- slette direkte personopplysninger (som navn/koblingsnøkkel)
- slette/omskrive indirekte personopplysninger (identifiserende sammenstilling av bakgrunnsopplysninger som f.eks. bosted/arbeidssted, alder og kjønn)
- lydopptak slettes