



**UK TRAUMA  
COUNCIL**

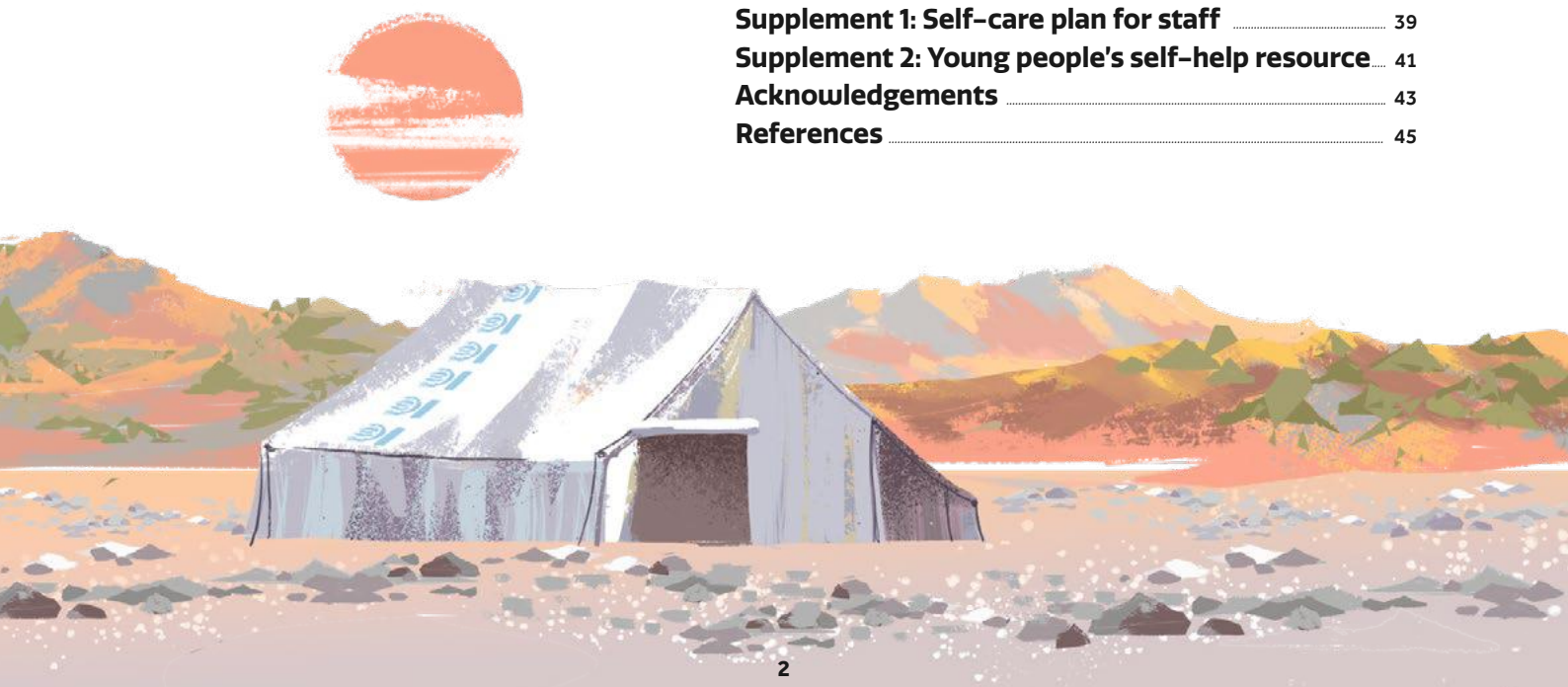
# **CHILDHOOD TRAUMA, MIGRATION & ASYLUM**

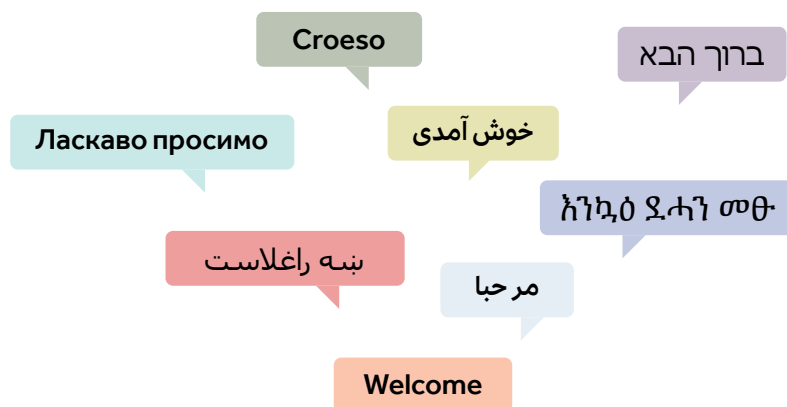
**Toolkit for  
PROVIDERS OF SUPPORTED ACCOMMODATION**

# CHILDHOOD TRAUMA, MIGRATION & ASYLUM

## Toolkit for PROVIDERS OF SUPPORTED ACCOMMODATION

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## Let's get you started

Hello, thanks for taking a look at this 'toolkit'. It has been designed to help you think about the 16-17 year olds in your care as a provider of supported accommodation and to help you with the job you are already doing, not to give you more things to do or more responsibilities. We hope that this toolkit will help you see just how important your everyday ordinary interactions can be with the unaccompanied and separated children and young people living in the accommodation you provide.

We hope that this toolkit highlights for you the many small ways that you and your teams can support the psychological wellbeing of children and young people, living alone in an unfamiliar country. We hope that there may be some new things, or ways of doing things, that you could easily incorporate into your work. In putting this toolkit together, we have been guided by our best understanding of trauma and what helps children and young people cope best, based on research evidence.

### Who is this toolkit for?

This particular toolkit is for providers of supported accommodation for unaccompanied asylum seeking children, sometimes abbreviated to UASC. By providers we mean anyone registered with Ofsted in one of the four categories of supported accommodation run by companies or non-profit organisations, including local authority settings, where unaccompanied asylum seeking young people are housed when they are 16 and 17.

We recognise that living in supported accommodation following a host of potentially traumatic experiences may not be an ideal home setting for many young people who arrive here without family members. Supported accommodation is not automatically the right setting for unaccompanied young people seeking asylum, especially if they are not yet ready for greater levels of independence and preparation for adult living. There are other types of accommodation, such as foster care or residential care (children's homes) that may be more appropriate for these young people. Local Authorities must always consider the individual needs of the young person when making decisions about accommodation, ensuring their varying circumstances and histories are recognised and met by their care plan.

We know that whilst meeting the Quality Standards, levels of support in this accommodation may differ from provision to provision. When we met with providers, you told us that although you know a lot about the needs of unaccompanied young people seeking asylum, many of you are not trained mental health practitioners and would like to know about trauma specifically, how to recognise it and what to do about it. We also learnt about the heavy impact this work can have on staff at times, so we produced a section on self-care. This toolkit is for you.



## Why does trauma matter?

The repeated states of conflict and crisis that occur the world over mean that millions of people are forced from their homes, in search of safety. The process of relocating following war, violence or persecution is complicated by the impact that these events have on the emotional worlds of young people. Sometimes these events are traumatic, and the effects of this trauma can be short, or long-lasting. In addition, this particular group of unaccompanied or separated children and young people are now isolated without the protective care of family members to help buffer the impact of these events. They are also at risk of further harm if they try to flee their accommodation and run away somewhere. If we seek to ensure the safety and success of children and young people, we must be sensitive to how trauma can shape the way they see themselves and participate in the world around them. This toolkit aims to give some guidance on how to spot reactions to trauma, and shift everyday interactions into ones that are protective and enabling for children and young people who may be struggling.

## How are we using language?

Language is complicated! It can mean different things, to different people, at different times. It has the capacity to exclude, discriminate, undermine, offend, and harm. We have thought hard about the language that we use in this set of resources, and we have consulted widely. But, we continue to learn how to use language inclusively and are always receptive to any feedback or comments.

**Separated children and young people:** This toolkit is all about the needs of the many young people aged 16-17 years often referred to as "Unaccompanied Asylum Seeking Children" or it's abbreviation UASC. Whilst we use the term unaccompanied within this resource, because people are more familiar with it, we prefer "separated children and young people" because it's a more accurate description of their situation. The term "unaccompanied" can be interpreted as referring to a temporary planned short period apart from caregivers, but these young people may be separated from their families for a long time, and sometimes forever as eventually gaining refugee status might mean they are unable to ever return to their country of origin.

Although the words "refugee" and "asylum seeker" are commonly used, our understanding is that the people to whom these words apply, prefer words that refer to their situation and experience as

human-beings rather than their legal status, as this can feel dehumanising. That said, there are important differences between seeking asylum and having been granted refugee status. Those who have been granted refugee status will most likely experience more stability and will have more access to resources than those who are seeking asylum and have not yet had their claim for asylum decided.

**Refugee status:** is granted when the UK government has decided that an individual who has claimed asylum meets the definition of a refugee according to the UN Refugee Convention i.e. someone who "owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country" (Article 1, 1951 Convention Relating to the Status of Refugees).

**Asylum seeking status:** The definition of an asylum seeker is someone who has arrived in a country and asked for asylum. Until they receive a decision as to whether or not they are a refugee, they are known as an asylum seeker. In the UK, this means they do not have the same rights or access to basic supports as a refugee or a British citizen would. (Refugee Action).

**Country of origin and receiving country:** We have chosen to use "county of origin" rather than "home country" because for some young people it didn't feel like a 'home' because of what happened to them. And we have chosen to use "receiving country" rather than "host country" because some young people feel that "host" makes it sound as if they are just temporary guests.

خوش آمدی

بنه راغلاست

مر حبا



**Children and young people:** We use both “children and young people” throughout because we want to recognise the fact that these 16-17 year olds are still children not adults, and still need and deserve provision that respects and caters for their childhood, particularly as some will be having their age disputed.

## Final Thoughts

In building this toolkit, we have tried hard to work in partnership and collaborate closely with many young people with lived experience, and with various agencies that support them. You can find out who we worked with in the acknowledgements.

The anonymous quotes and case studies included in the toolkit are from actual young people, and those working with those seeking asylum or based on real examples shared with us.

We hope that this toolkit will help all those involved with separated children and young people seeking asylum, to work more collaboratively and not feel that you have to do this on your own. You could and should draw on the support of the wider network of this sector including social workers, local and national organisations that have particular expertise as well as staff in schools and FE colleges, and other professionals such as local Educational Psychology Service (EPS), counsellors, general practitioners (GPs) and NHS mental health practitioners.

Although it might not be possible for you to read this all from cover to cover right now, we think it is probably helpful to look at each section of the toolkit in turn, to help you best apply the ideas included.

### **Anna Feuchtwang**

*Chief Executive, National Children's Bureau  
& UK Trauma Council member*

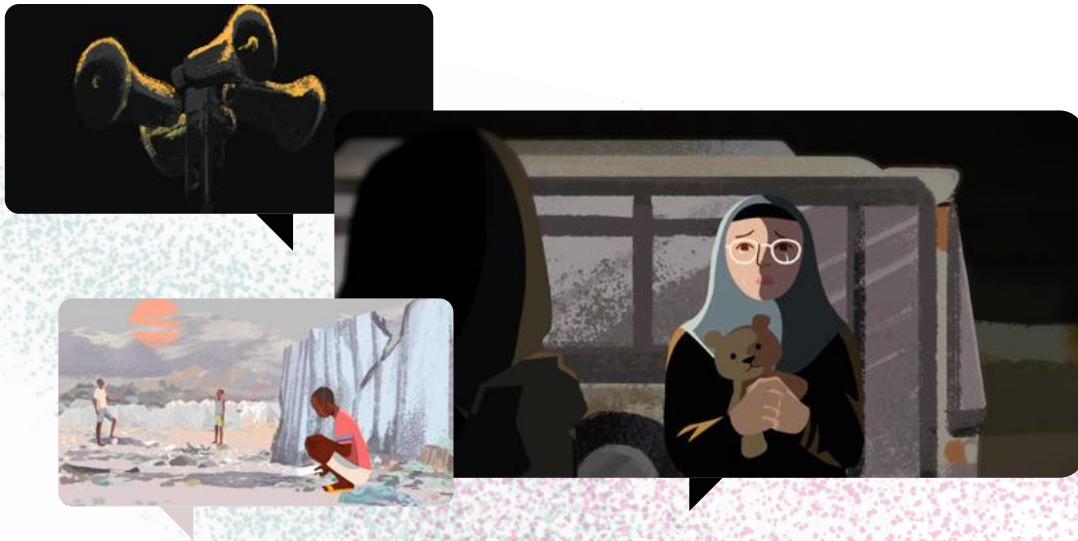
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UK Trauma Council*





## Section 1

# Trauma in unaccompanied children and young people seeking asylum

In this section we provide an overview of some of the experiences of trauma that unaccompanied or separated children and young people seeking asylum may experience. Before we do that, we want to recognise the potential impact on you of listening to, learning about and working with those affected by trauma. This impact can be positive, in terms of inspiring you and reminding you of the valued work you do. At times however, the work can also have a negative impact on your wellbeing. Because of this, section 5 is devoted to considering your own wellbeing. You may want to read that before you go any further into the toolkit.

As frontline workers supporting children and young people in supported accommodation, you have seen the impact that trauma from experiences of war, conflict and persecution has on them. You may also be well informed about the types of trauma those seeking asylum may have experienced. This section summarises much of what you already know and sets the scene for later sections on how to recognise and how to respond in a trauma-informed way.

The UK Trauma Council describes trauma as the way that some distressing events are so extreme or intense that they overwhelm a person's ability to cope, resulting in lasting negative impact. For children and young people who have experienced war, conflict or persecution and been forcibly displaced from their country of origin, it is highly likely that they will have experienced multiple traumatic events. One study found that young people seeking refuge reported an average of eight potentially traumatic events, with their migra-

tion journey being the most widely reported traumatic experience<sup>1,2</sup>. And for those who are unaccompanied, evidence suggests they may have experienced twice as many stressful events as young people seeking asylum with family<sup>3</sup>. To make things more complicated, you may not know everything that they've been through. So instead, you may need to hold in mind a possible timeline of traumatic events that the young people may have lived. This could include:

- They may have witnessed the killings of others, including loved ones; have had their homes and communities bombed; been tortured; raped; and been forced to fight (even as young children).
- Some will also have been discriminated against because of their religion, ethnicity, culture, gender, sexuality or disability.
- Some girls and young women may have also undergone female genital mutilation (FGM), be at risk of FGM and/or been married at a very young age (sometimes as young as 10 years old).
- As unaccompanied young people they will have been separated from their family and may be additionally vulnerable as they went through some or maybe all their traumatic experiences without the support of family, in their country of origin, during their migration journey and now living in the UK.

- As well as being apart from family, they may have continued difficulties connected to the ongoing stress and worry about family members, their grief at the loss or separation from them.
- Family members may have died and this may lead to some complications in their bereavement as the difficulties in processing the trauma of the death can make it harder to grieve their loss.
- They may have been living in complex political and economic environments and experienced adversity such as persecution, discrimination and poverty.
- Some children and young people may have never known peacetime in their lives before leaving their country of origin.
- Many will have traumatic journeys to the UK, facing additional danger and seeing others die. They may have been at risk of exploitation over months and sometimes years and have had lengthy stays in refugee camps or been detained by authorities in other countries. Because of this, important health concerns may have been missed or been unattended to.
- Some may have experienced sexual violence in their country of origin, on their migration journey or since reaching the UK.
- Arrival in the UK does not mean their trauma will necessarily be 'over,' as unaccompanied and separated children and young people face ongoing stress, uncertainty and may receive a hostile response from people in the UK all without the protective support of family.
- Within the UK, some may be vulnerable to trafficking, modern slavery and sexual exploitation. Many unaccompanied children and young people have gone missing from their accommodation.
- Children and young people may well continue to live with considerable uncertainty - about their legal status, about relocation within the UK, and

about whether they will be sent back to their country of origin or to another country that they didn't choose. The ongoing legal process to claim asylum and be granted leave to remain can be traumatising as children and young people might be required to tell and retell their experiences of trauma in interviews with different professionals without access to therapeutic support.

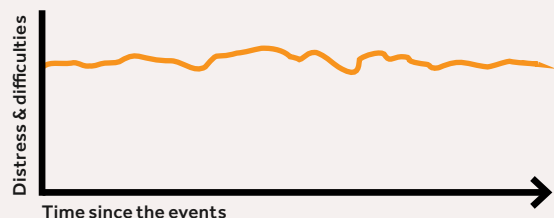
- Some young people may be subject to an age dispute process, which they may find incredibly distressing, because it makes a difference to what resources they are eligible to receive such as access to housing, social workers and financial support. They may also find this process upsetting because the clear implication is that they are not being believed. This may have resulted in them spending time in adult accommodation before being reassessed and moved to provision for under 18s.
- They may have been moved several times within the UK to new and unfamiliar areas and often without notice, as well as having ongoing uncertainty about when and where they will be moved next. They may take quite desperate measures when unwanted decisions about them are made.
- Separated children and young people are known to experience additional psychological distress and have higher rates of suicidal behaviour than those with family in the UK<sup>4</sup>.

It isn't inevitable that a child or young person will develop mental health difficulties following traumatic events. Some will appear to be coping relatively well and some will recover over time. However, many may have enduring problems following trauma and research suggests that rates of post-traumatic stress disorder (PTSD), anxiety, depression, self-harm and suicide are all significantly higher in this population than in children and young people who have not been displaced<sup>5</sup>.

The graph below (based on the work of Bannano<sup>6</sup>) shows how, very broadly speaking, children and young people react in one of the four ways following traumatic experiences:

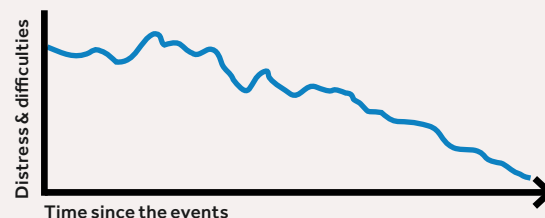
### Enduring

The distress and difficulties persist over time



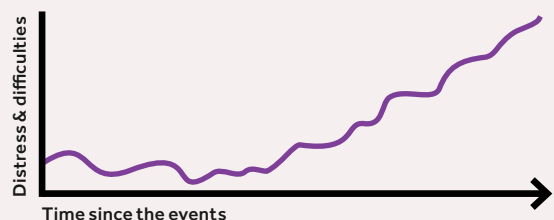
### Recovery

Distress and difficulties at first, but they get less over time



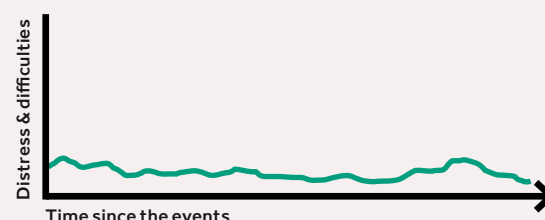
### Delayed

Appear not to be distressed or have difficulties at first, but start to struggle at a later stage



### Unaffected

Appear not to have any difficulties



## Help – I'm working in the dark!

It is quite likely that you will have little or no information about the children and young people that are living in your supported accommodation who may arrive at very short notice. What's more is that they may not be in a position to tell you very much about their experiences. From the work you do in this field you may already know a lot about the countries from which your children and young people have fled. But if not, it can be really helpful to do a little bit of research to give you some insight into the kind of experiences that are common. You will need to be sensitive and not assume that they have experienced exactly these things. Also be mindful that experiences might be different depending on the particular ethnic group or community to which the child or young person belongs as well as traumatic events specific to their gender or sexuality (see the [Refugee Council's briefings for up to date information](#) about different countries.)

If you are new to working in this field it can also be helpful to learn about the asylum process so that

you understand a little about what they have been or are still going through. (The Refugee Council has [a helpful map of this process.](#))

## Meaning making

Whilst you will keep your knowledge and understanding of the child or young person's history of war, conflict and persecution in mind (what you know about it) it is not necessarily the actual threat and danger of their traumatic experiences that is the most important factor in understanding their level of need. What their experiences mean to them, and what sense they make of them is the key to really understanding why they may continue to struggle<sup>7</sup>.

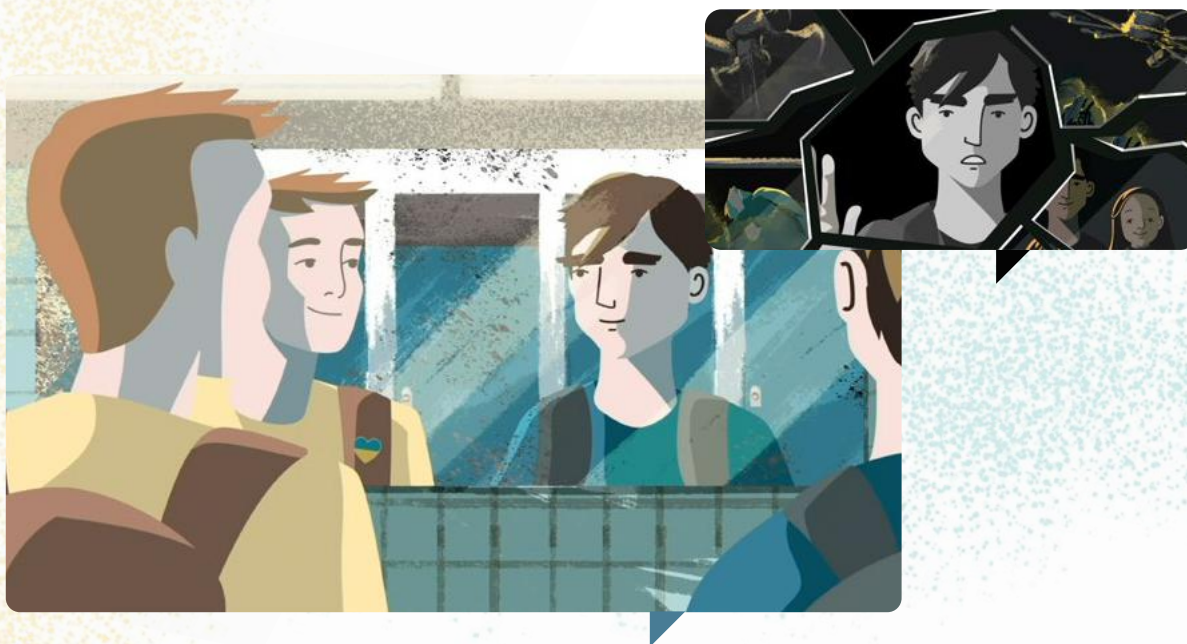
For example, two children may both have experienced their fathers being shot and killed in their country of origin. But one child might be clear that the event was unique to that place at that time, whereas the other child might now believe that the world in general is dangerous, that others are violent and that they are vulnerable



## Section summary

- **Range of traumatic experiences:** Unaccompanied children and young people seeking asylum are likely to have gone through a number of difficult and potentially traumatic experiences and may have been alone and without family support for much of these.
- **Trauma timeline:** This may include traumatic events in their country of origin, during their migration journey and here in the UK.
- **Avoid assumptions:** It isn't inevitable that they will have mental health difficulties and post-traumatic stress reactions but it is helpful to look out for these so they can be well supported.
- **Do your own homework:** You may well be working 'in the dark' so finding out a bit about common experiences from their country of origin can help you understand what might have happened to them.
- **Meaning making:** It's not always the actual threat or danger but the meaning the distressing events have for them that is often key to why they might continue to struggle.





## Section 2

# Recognising reactions to trauma in children and young people seeking asylum

## Why it's helpful to be able to recognise traumatic reactions

Being able to recognise when a child or young person housed in your accommodation has experienced traumatic events is important so that you can provide helpful responses that support their recovery. You will also be better placed to consider when they might need additional support beyond your supported accommodation.

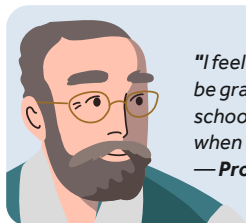
It is both natural and understandable to have difficulties following 'extraordinary' experiences. For some this is a short-term response and although the memories of what happened will likely always be difficult, they recover well and find ways to have a positive future. However, experiencing traumatic events can lead to a range of mental health difficulties such as post-traumatic stress disorder (PTSD), anxiety and depression. Such difficulties may need specialist help to enable the child or young person to learn to manage and then move beyond them. Early intervention and effective support can mitigate the impact that these problems can have on wider health and social outcomes. Without

effective support, problems can last into adulthood and positive outcomes can sadly be limited.

One of the challenges is that people see things differently. Children and young people who have experienced war and conflict or persecution in particular, may not recognise that the difficulties they have are a result of their traumatic experiences. Trauma and mental health may not be a concept that is familiar in the young person's culture and so they may not yet make the link between their experiences and the challenges they are facing. They may prioritise or prefer to use their faith and culture over a Western medical model and so draw on their beliefs to make sense of events and how to cope with them.

Some children and young people will tell you or show you about their traumatic experiences through their activities, although this may take them a long time to do. Others will tell their peers in your accommodation who may or may not then tell you. Many may not yet have enough English language to communicate to you what they are thinking, feeling or finding hard. And even if they were proficient in English, they may not feel able to explain how they are struggling because to do

so might trigger the very memories they are working to avoid. Additionally, they may have learnt to mask their feelings of fear and distress as a way of surviving in an unsafe place or out of fear of being seen as ungrateful.



*"I feel these children think they have to be grateful to live here and come to this school, so they find it hard to talk to me when they're unhappy about something."*  
— **Professional**

Some children and young people may have special educational needs and disabilities (SEND) which may or may not have been identified prior to them moving into your accommodation. Determining which of their difficulties are due to their traumatic history and which are the result of a learning support need will take time, care and sensitivity. Monitoring these children and young people for the reactions described below will, however, be a good place to start.

## Different reactions to traumatic experiences

**Internal and external** Much of what happens when a child or young person is affected by traumatic events occurs internally; in their thoughts, feelings and beliefs about themselves, others and the world around them. They may wonder how safe the world is, how trustworthy others are or how vulnerable they are. These internal effects are understandably difficult for others to see and recognise, in fact they may be difficult for the child or young person to recognise. What you may see however, is the external presentation of their trauma through their reactions, mood and behaviours. Below we describe some ways to spot and interpret these signals.

***Ibrahim** repeatedly reported chest pains, fearing a fatal problem with his heart. It took several GP visits and even a trip to A&E before staff were able to help him understand that there was no physical health problem, but that the traumatic experiences were leaving his body in a state of ongoing panic and stress.*

**Physical or bodily reactions** Firstly, let's look at some of the physiological reactions that can occur following traumatic events. This can be difficult to unpick as you won't want to presume that any report of physical difficulties is definitely a trauma response

because they could reflect an underlying medical cause. Equally, some of the very intense bodily reactions could well be a result of the very painful and distressing aspects of trauma and it may be easier to report these to you than to describe emotional pain.

They may not yet know about the link between their traumatic experiences and their physical well-being, leaving them thinking that they are ill and need to see a doctor. At times, heightened reactions of panic and fear such as chest pains can prompt an emergency response before finding that there is no medical issue. You might find that they:

- **describe having** repeated headaches or stomach aches
- **report struggling** with chest pains, racing heart and shallow breathing
- **struggle** to sleep or experience nightmares
- **have problems** with their appetite.



***Khalil** struggled to settle in class, with his teacher suspecting attention issues. In reality, he excelled at staying alert, but mostly to potential threats. He constantly scanned the room, fixated on the door, vigilant for any potential intruders.*

**Being on high alert** Experiencing traumatic events can leave them on high alert. You might see them:

- **be easily triggered** by overwhelming emotions of distress or anxiety
- **lose their temper** more easily – this can sometimes be misinterpreted by staff
- **be easily startled**
- **on the lookout** for potential threats
- **find it difficult** to settle and relax – this might be particularly true in an unfamiliar environment.

*During lunch at school, a loud tray crash startled **Luwam**, causing her to hide under the table. The supervisor sat beside her and reassured: "Luwam, that was a very loud noise, right? It's understandable you got scared. It was just a tray. Nothing bad. You're safe here. Everyone's okay."*

**Intrusive thoughts and memories** If they are struggling with distressing intrusive thoughts or flashbacks, you might see them:

- **lose focus** from current activity because they are interrupted by sudden, unwanted thoughts or memories of their experiences



- **'zone out'** and lose touch with the 'here and now'
- **repeatedly express** their distressing memories or themes of it in their, art, stories, interaction with peers
- **describe difficulties sleeping** or having nightmares
- **be anxious** about being separated from family or trusted adults.



*Ibrahim would often get defensive and angry when asked about his life in Sudan by his friends. The support worker spoke with Ibrahim about managing his anger and worked with him on self-regulation. She also helped his friends notice when he was becoming more stressed.*

**Avoiding trauma reminders** If they are avoiding reminders of their trauma, you might see them:

- **appear anxious** to avoid people or places that remind them of traumatic experiences
- **not want to think** about or talk about what happened to them
- **struggle to cope** with things that remind them of their distressing memories
- **work hard to avoid** things although it might not always be obvious what exactly they are avoiding or why.



*Farah often seemed distant in class and efforts to help her integrate didn't work. She later revealed her deep worry about family back home. They filled her thoughts all day, even in her dreams. If there were no recent calls, she feared the worst.*

**Feeling anxious** Some children and young people might struggle with anxiety so you might see them:

- **stuck** in a constant cycle of worry
- **repeatedly expecting** that something bad will happen
- **struggling** to cope with uncertainty and unpredictability
- **undertaking** rituals and habits that make them feel safe
- **experiencing** a range of physical reactions such as fast/shallow breathing, heart racing as well as those listed in the earlier section about being on high alert.

*Bilal kept his belongings including his bag and coat on him lap at all times. This was part of making sure he could escape at any moment.*

**Struggling with low mood** If children and young people are struggling with low mood you might see them:

- **appear low** and lacking enjoyment
- **sound hopeless** with no optimism about the future
- **disengage from activities** and interactions – this can be difficult to recognise if they are also struggling to learn English
- **lack the motivation** to do things you would expect them to enjoy or show interest in their peers.



*After initially settling well, Modi became withdrawn from his classmates and wouldn't join in with the sports games that he previously enjoyed.*

**Impact** When you think about the difficulties a child or young person might be experiencing it is important to consider not only *what* is happening to them but *how* it is impacting their lives. The impact of the traumatic reactions described above might affect them in different areas of their life including:

- **home life:** relationships with staff and peers in your accommodation
- **education:** relationships with adults and peers as well as their ability to concentrate, engage and learn
- **social life:** relationships with those they spend time with and ability or motivation to participate.

These reactions can also impact development in several ways. For example, they can:

- **affect the ability** to do certain things with appropriate levels of independence such as needing more help from to complete everyday tasks including homework, cooking and travelling.
- **negatively affect** the way they think about themselves, others and the world around them
- **compromise their ability** to keep themselves safe (see paragraph below on self-harm and suicide).

## Self-harm and suicidal thinking or behaviour

Struggling with any of the painful and distressing aspects of trauma can result in children and young people finding it very hard to manage, and they may be vulnerable to self-harm and suicidal thinking or behaviour. For unaccompanied children and young people this risk is significantly increased so it is important to be alert to any signs. They might, for example:

- **have unexplained marks**, cuts, burns, scratches or bruises
- **avoid showing body parts** such as arms or legs because they have self-harm injuries (however, some young people have cultural clothing traditions which mean their skin may not be exposed and therefore it can be more difficult to notice this)
- **make comments** such as 'What's the point?' or 'I can't take it anymore'.

In relation to suicide risk, you will need to follow the risk and safeguarding protocols within your organisation closely. This may mean that it may not be your role to formally assess risk of self-harm and suicide. However, it is important to be aware of and alert to relevant concerns and seek help from those who can assess risk and put appropriate safeguards in place.

Some safeguarding practices can at times feel punitive and can cause further upset to the young person, e.g. being woken repeatedly through the night to check they are alive thus heavily impacting sleep. Whilst the safety of your young people is paramount: seek advice about ways to support them in line with your organisation's protocols whilst reflecting on how such measures can be put in place without adding to their mental distress.

But of course, self-harm and suicidal thinking do not necessarily have visible signs, so if you are concerned you may need to look out for some of the trauma reactions listed earlier. Despite how it may appear, self-harm does not necessarily indicate suicidal thoughts or behaviour, and might be used as a method for coping with distress, sometimes in quite extreme ways. The key is to remain open-minded and curious and not jump to conclusions or make assumptions. If you're worried, don't be afraid to ask questions. Although you need to find a way to do so that is different from normal questions where they are expected to work out what the 'right' answer. They need to know that when you are asking these questions, you don't actually know the answer, but you're keen to find out.

Although being part of a faith group can be a protective factor for some people, be mindful that suicide may be heavily stigmatised in some communities. Young people may therefore be cautious and feel very ashamed about disclosing suicidal thoughts. You'll want to think about when and where you might have these conversations so that they are managed safely and sensitively for both you and the child or young person. It is also important that you familiarise yourself with the safeguarding protocol in your own organisation before undertaking these conversations and know how to respond to any disclosure or risk that becomes evident. If it is appropriate for you to do so, and when you are in a safe and private space and have time to check in with the child or young person without either of having to rush you could try asking:

*"When things are really tough for you, how do you manage?"*

*"Have you ever hurt or harmed yourself?"*

*"I heard you say that you don't see the point. Can you tell me a bit more about what you mean?"*

*"Do you think about dying or want to die?"*

*"Have you thought about ending your life /suicide?"*

*"Have you made a plan how to end your life?"*

You may also need to think about using an interpreter so that you can be more confident about the accuracy of the communication if the young person does not yet have sufficient spoken English. This is of course not necessarily straight forward, as it can add further challenge to an already difficult conversation that requires a good degree of trust. However, these are important conversations and need prioritising when you are concerned about one of your young people. If someone discloses risk to themselves or others you should of course follow your policy regarding safeguarding and contact your designated safe-guarding lead (or use local safeguarding procedures). Organisations such as **Papyrus** have helpful resources



and a helpline for young people and anyone concerned about them. Disclosures regarding suicidal thoughts or feelings can be worrying and anxiety provoking for the listener – do make sure that you also reach out and seek support for yourself in these situations. We speak more about staff self-care in section 5 of this toolkit.

**Triggers** When children and young people are in highly dangerous or traumatic situations, they learn to stay alert to keep themselves safe. However even when the immediate danger has passed, their bodies may not 'reset' and so they continue to stay in 'survival mode', seeing, hearing, smelling, touching and tasting more 'efficiently' as a way of staying alert to danger. This means they may notice all sorts of potential threats and may be triggered by a whole range of everyday things that seem quite benign to others such as school alarms, fireworks or other apparently ordinary sudden noises, smells or experiences. They might not always know what triggered them and you won't always be able to tell what it was either. What you might see is a powerful reaction as they respond in fight, flight or freeze mode, perhaps becoming angry, anxious, distressed or paralysed with fear.

*When Farah saw a tall, uniformed male arrive in the doorway of her home this immediately triggered a fear that she would be hurt. She ran through the back door and down the road.*

*When Modi smelt the smoke from a nearby barbecue this triggered a flashback of the bombing in his town. He became very agitated and refused to join in with activities.*

*Following a legal appointment, Khalil came straight back home but struggled to reengage as he was so distressed at having to retell his traumatic experiences. He then became very frustrated and shouted at everyone.*

*When the smoke alarm went off while Farah and peers were cooking their meal she froze. Even though her friends tried to lead her outside, she zoned out and didn't seem to hear anything they said. They tried pulling her outside while staff checked the building but she hid herself in the corner.*

*During a trip to the park Ibrahim heard a helicopter noise in the distance and this triggered his memories of war. He threw himself to the ground.*

*In the shared living space, news items were showing on a TV screen including the ongoing conflict in Ibrahim's country of origin. During a games activity the adults noticed him appearing distant, and unable to focus. When an adult raised his voice in response to another young person's unsafe behaviour, Ibrahim immediately dissolved into tears.*

**Making sense of trauma reactions** The varied range of reactions outlined above are all understandable and natural following traumatic and distressing events. With good support many of these responses will diminish over time. But for some, these difficulties may remain persistent, severe and frequent. They may be a marked change from the child or young person's previous behaviour (although you are unlikely to know about this without discussion with those they lived with prior to their trauma) and put the child or young person at risk from themselves or others. When these problems are enduring and have a significant impact on the child or young person, they may need additional specialist help (find out more about this in section 4).

If a child or young person has a special educational need or disability it may be even more difficult to work out if their difficulties are a reaction to traumatic events. You might need to be even more observant and spend a bit more time figuring out how they express their emotions such as distress. Sometimes, you may never be sure about the cause of their difficulties. There are a number of organisations that have developed materials on this, for example [The Bell Foundation resource on EAL Learners with SEND](#).

At times the responses of children and young people who have experienced trauma may be difficult for you to manage in your accommodation, as they may not be in keeping with your expected standards of behaviour. This might include angry or even violent outbursts. It will be useful to stop and think about how their history of trauma might be contributing to their actions, what those behaviours might mean and then work out what response from you and colleagues will be most likely to help them get back on track. Thinking about the five principles outlined in section 3 below can be a useful framework to help with that thinking.

## Section summary

- **Recognising trauma reactions:** Being able to spot typical trauma reactions can help you identify when a child or young person is struggling.
- **Internal and external:** Trauma affects children and young people internally, but they may not be able or wish to tell you about any difficulties so you will want to look for what they are showing externally.
- **Typical trauma reactions:** Common trauma reactions might include difficulties with intrusive thoughts and memories, avoiding reminders and being on a high state of alert.
- **Range of difficulties:** Traumatic experiences can result in anxious feelings, being low or easily overwhelmed by strong emotions of anger or distress. Some with more extreme responses might be at risk of self-harm or suicidal thinking or behaviour.
- **Triggers:** Everyday things they hear, see, smells, touch or taste may trigger distressing memories.
- **Considered staff responses:** It is important to help staff consider a child or young person's potential trauma history and the meaning behind their behaviour and reactions to their environment so they can be responded to and supported in sensitive and helpful ways.





### Section 3

## Responding to trauma in children and young people seeking asylum in supported accommodation settings

Supported accommodation homes are important as places of socialisation, integration and rehabilitation for young people affected by war, conflict and persecution<sup>9</sup>. As you work to support those in your accommodation, thinking about their recovery is likely to be central to your work.

You might feel helpless when faced with a child or young person who has experienced terrifying and distressing events. You might fear saying the 'wrong thing' and somehow making it worse. You may feel that you are not equipped enough to do anything helpful

and wonder if they need specialist support. However, you can create an environment that promotes recovery from trauma by using five evidence informed principles<sup>10</sup>. The principles simply consist of helping children and young people to feel:

- **safe**
- **calm**
- **connected**
- **in control**
- **hopeful**

## Helping children and young people to feel safe

Even though every supported accommodation home in the UK should be a physically safe place for a child or young person to be in, we need them to actually feel safe. Traumatic experiences might shatter the assumptions that most children and young people have about the world being safe enough. With many unaccompanied young people running away from their UK address, helping those who live in your accommodation feel safe enough is vital. What each separated child and young person needs might be quite individual, but here are some ideas for you to help establish a sense of safety using relationships, language, routine, the physical environment, medical services and legal help.

**Relationships** A key part of feeling safe (for all of us) is the ability to trust others. This is closely related to the principle described later of helping children and young people feel connected. Some children and young people who experienced trauma at the hands of adults, particularly those in positions of authority, might not readily feel able to trust new adults. Their first hours in the UK may have been frightening experiences with border force staff and police and they may not have understood where they were being taken or why. Their current experiences of the legal asylum process might then further add to their uncertainty about professionals. Living in your supported accommodation has the potential to offer them something similar to a safe family setting where they might begin to feel safe. As the vast majority of unaccompanied or separated young people are boys you may need to take additional steps to work out how to support any girls in your accommodation. There may be a number of additional challenges in helping them feel safe. Although it may take a while to foster a feeling of safety in new relationships, you can start with helping them feel seen, known and valued.



*"It feels like a family here. They actually see me and know me. They even know what bus I take."*  
—Young person

### This might include:

- Knowing their chosen name and how to pronounce it.
- Making them feel significant:  
*"It's good to see you."*

Finding out a bit about them – if they're okay to tell you.

Checking in with them:  
*"How are you doing today?"*

If you know about something happening in their lives you could try: *"I wonder how you've been since ....?"*

Noticing when they join in if they were previously isolating themselves:  
*"It's good to have you eating with us this evening."*

*"I couldn't believe it when staff from my accommodation came to my college music performance. I realised that I mattered to them."* — Young person

Working in a diverse group, who may well speak many other languages you will be skilled at facilitating communication. Remember the value of your non-verbal communication and how you can still communicate that you have 'seen' someone through your non-verbal manner- the way you acknowledge them with a smile, nod or high five.

Safe trusted relationships can flourish if they are developed within a safe and supportive environment. As a supported accommodation provider you can play a role in addressing discriminatory attitudes and hostility within your wider community. Children and young people feel safer when they know that they are taken seriously and are being championed.

As you are well aware, the key relationship outside your accommodation will likely be with the young person's social worker. You will be well positioned to help the young person to develop and build this relationship. As someone in close contact with the young person you can advocate for their needs to better enable the social worker to understand how best to support them.

*"We give our newly arrived young people a welcome pack including key words/symbols so they can immediately communicate basic needs to us: needing the toilet, feeling unwell, being thirsty etc."* — Support worker

**Language** It can be hard for children and young people to feel safe if they cannot communicate effectively in their environment. You will be well placed to both support young people who are learning English in a safe environment and also to normalise not speaking English and maybe even having fun by having times when there is no English being spoken. Where accommodation providers have access to interpreters



or where staff members speak the languages of the young people then the potential barriers to feeling safe might be easier to reduce.

Young people have told us that they really like it when adults make an effort to translate things or have a go at learning some key phrases in their first language, even if it's not always successful it shows them that they are cared for and valued.



*"My support worker tries to translate the key parts of the lesson using his iPad. It doesn't always work, but that makes us both laugh."*

— **Young person**

**Familiarity and routine** Children and young people feel safe when there is some certainty, stability and predictability in their lives. This can be difficult to achieve if their current accommodation is very temporary and they don't yet have financial or legal stability. The separated children and young people are also being looked after by unfamiliar adults with whom it might take time to build trust, particularly if their experiences with adults have been difficult. Although they may not cope with being sent straight into school or college within the first few days of arriving, getting some things in place to help them have a sense of routine e.g. of day and night with some structure of mealtimes and leisure time can start to embed a sense of security.

**Physical environment** Psychological safety may also be related to the physical environment. Some children and young people will feel safer in rooms that have plenty of light and clear exits so they know how they could get out. Smaller rooms might trigger memories of being trapped or imprisoned. You of course, can't redesign your entire physical environment but might want to keep these things in mind, particularly if you notice they are finding it difficult to settle.

#### **You could try asking:**

- Does this home feel safe to you?
- Does your room feel safe? What can we do to help more with this?
- Is there a good place for you to sit at mealtimes?
- Is there someone it would help to sit with?

**Medical care** Access to medical care will also be important in contributing to their sense of safety. Young people may have health needs that haven't been identified or treated. Experiences of sexual abuse are sadly common in unaccompanied children and young people and there may be physiological as well as

psychological implications of this, for example needing treatment for sexually transmitted infections. They may need help to check whether any bodily reactions have an underlying medical cause or are reactions to traumatic experiences.

**Legal help** The legal situation and likely uncertainty about their status may contribute to an ongoing sense of instability. Any support you can offer in helping your young people navigate and make sense of the asylum process and keep in contact with their solicitor will help them feel they are not doing this entirely alone.

## **Helping children and young people to feel calm**

Experiences of trauma can leave a child or young person constantly alert to potential danger or threat. They may quite quickly become overwhelmed by environmental triggers and reminders. When thinking about how you can help them feel calm you will want to consider ways of preventing distress as well as ways of responding to them becoming overwhelmed.



*At Ibrahim's youth club the young people all discussed ideas for where their safe space could be. They then set up a corner with a makeshift sofa and cushions and a screen to make it a bit more private.*

**Calm environment** Ensuring there is access to a safe space within your home for a child or young person to use if they are feeling overwhelmed. This may well be their bedroom, but to try to avoid them remaining isolated, thinking about calm spaces in any shared spaces might be helpful. These safe spaces might include access to resources that help the child or young person to regulate, such as those drawn from the calming activities suggested below.

Make sure young people have the names of staff they can speak to if they are struggling. You might have this displayed on posters with the name and photo of the relevant adults or it might be in a leaflet you give to them when moved in- ideally translated into a language which they can read. Make sure they know when and where they can find or contact key members of staff, especially if there are times when the accommodation does not have staff on site.

**Calm communication** Building on your work using relationships to help children and young people feel safe, when internally they are struggling with the ongoing impact of trauma, the way you communicate

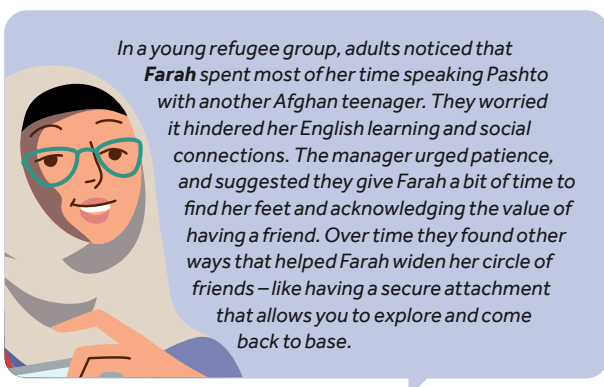


is vital to helping them feel calm. Loud noises, shouting and cross faces might be particularly triggering to those who have experienced trauma and they may be highly skilled at detecting anger even when others do not. Their experiences may have taught them just how important it is to notice threats quickly to keep them safe, and they may now be a little too good at it, possibly seeing threats where they don't exist. And because noticing threats is about survival, it may not be that easy for them to unlearn those danger cues. They may interpret mild frustration or irritation as potentially dangerous anger. Your face, body language, gesture, tone and words can all help to convey calm. Making a deliberate effort to speak in a quieter, calmer tone can be really helpful.

In a busy home, it can be hard to have capacity to communicate calmly and give your traumatised young people a little bit extra time. Sometimes it might be helpful to 'defer attention' by saying calmly, 'I really want to hear more about this. Right now I just need to set the dinner on. Can we talk about it later?' Just make sure you do come back to them later so they learn that you are reliable and that their stories aren't too much for you.

You might find that images or stories of trauma appear as themes in creative activities you do together. Responding to these calmly and with care, rather than showing that their experiences are too much for you will be important, even if they might be upsetting to see or read about.

At times, sharing traumatic memories might be triggering for others in your accommodation, so you might sometimes have to intervene gently, balancing the needs of everyone as best you can.



**Calming techniques** At times, traumatised children and young people might suddenly feel overwhelmed and you may see their outbursts of tears, anger, fear. They may even dissociate – this is where they temporarily lose touch with the here and now, or they lose connection with their own bodies. They may also become absorbed in a difficult memory. At times, young people may engage in harmful or risky strategies in an attempt to manage difficult emotions, so helping them learn healthier ways to feel calmer and regulate their emotions in moments of distress and frustration will be important.

*During a creative workshop with a visiting artist, **Ibrahim** drew a detailed picture depicting his traumatic experience fleeing his hometown due to conflict. While explaining it to the group, some found it difficult to listen because of their own recent trauma. The youth worker thanked Ibrahim for his courage and offered to listen to the rest of his story privately.*

Consider having a range of things they can try out when they are calm so they can use them when they really need them. This is not about getting rid of their feelings, but more about finding ways to recognise and manage them when they feel strong or overwhelming. This might be done on an individual level with someone from your team that they are getting to know or might be done as a group as the ideas can be helpful to other young people in your accommodation. We have created a workshop plan for community organisations. This could be used with a group in your accommodation setting or adapted for use on a 1:1 to help have conversations about mental health. If you are interested, you can find [the workshop plan](#) on the UKTC website

The ideas below are just that - ideas. Use your own, or even better, those of the young person. Things that draw on their interests and cultural practice can be effective, such as using prayer, drumming, traditional cultural music or their interests in swimming or superheroes. In trying these out with young people we have found it better not to 'gatekeep' by deciding what we think would be most age appropriate. Many young people have liked the playful activities and enjoyed having fun and finding out what works for them. Having had disrupted childhoods, play and creative activities might be really valuable.

These activities are also included on the young people's self-help resource, the English language version in Supplement 2 of this toolkit with [versions in other languages on the UKTC website:](#)

#### In touch

Find things that feel nice to touch or hold. Maybe things that feel soothing and help bring you back to the here and now.

*For example: playdough, slime, soft fabric, feathers, a squeazy ball, a smooth pebble.*

#### Bubble breathing

Use a pot of bubbles. breathe slowly and steadily to create large bubbles. This can help make your breathing more steady and help your body feel calmer.

#### Mind travel

Build a picture in your mind of somewhere that feels calm and relaxing. *What can you see, hear, smell, touch and taste there? Who would be there with you? What would you be doing?* You could even draw a picture of your mind travel place to help you bring it to mind more easily.

#### Cool it

Drink a cup of cool water slowly through a straw.

#### Feelings Journal

Use a notepad to keep a journal of your thoughts and feelings.

*Can you describe the feeling?*

*If it had a colour, what colour would it be?*

*Where do you feel it? If it were a type of weather, what would it be?*

You could write in your first language, in English or you might fill it with drawings.

Choose what to share and what to keep private.

#### Nature

Get outside to feel the sun, wind or rain. Feel the air on your face or hands.

#### Mountains and valleys breathing

Calmly and slowly trace up and down each finger on your hand.

Breathe in as you trace up each finger.

Breathe out as you trace down each finger.

#### Move it

Do something physical that you enjoy.

For example: running, swimming, dancing, football, cricket.

#### Music for my mind

Listen to a piece of music that feels calming or reminds you of a good memory.

You could make a playlist of the best tracks to help your emotions settle.

#### Tense and relax

Tense and relax different muscles in your body. Maybe start with your feet and move upwards.

Hold the muscles tight in one part of your body for ten seconds and then breathe out slowly as you relax them.

#### 5 4 3 2 1

Try noticing:

5 things you can see

4 things you can touch

3 things you can hear

2 things you can smell

1 thing you can taste

#### Reset meditation

Sit down and be quiet and still.

This might be at a time of prayer or following a short meditation, maybe using an app.

Together with your young people you could build a 'comfort box' to keep the resources or cards with activity ideas for in. Some young people might need to use your safe place or go to their bedrooms to use these ideas if they are overwhelmed. You can also support them by reminding them that it is safe here and that it's okay and that they are not in danger right now.

*"Luwam... Luwam.... Hi, it's Yusuf. I can see that you're having a really tough time just now, it's ok, I'm here with you at home with your friends, you're safe now, you can be calm, let's do that breathing we practiced last week."*

You could use the self-help resource for young people (Supplement 2) during a 1:1 to record the strategies that help them.' Additionally, [Children and War UK](#) offer training for non-mental health workers in running a group programme called Teaching Recovery Techniques. [Mina Fazel's mental health toolbox](#) for those working with children and young people seeking asylum might also be useful.

## Helping children and young people to feel connected

Connection is a key part of helping children and young people recover from trauma. By this we mean a meaningful, trusted connection rather than just having contact with others. Experiencing trauma can lead children and young people to withdraw and isolate themselves, and this is even more likely if they are separated from trusted family. This sense of isolation is not going to support their recovery. Developing a sense of connection and belonging in the UK, although very important for wellbeing might also be an ongoing stressor. Acculturation is a word that describes the process as children and young people strive to fit in in their new country and community. This may bring additional tensions as some aspects of culture here may not align with the values and traditions of their family.

**Connections with family** Being separated from family, often for long periods is a cause of great distress for many unaccompanied young people. They have told us about their sense of urgency in being able to contact family members as soon as possible after arrival in the UK. Moving to live in your accommodation is often their first opportunity to do this. Appreciating

this urgency and offering any support you can to facilitate connection with family through phone or email will be a helpful step in reducing some anxiety and building a bond with them by showing you recognise this priority.

*"When it was our Eid celebration, we got our dinner ready and managed to Facetime my family back home for a few minutes so we could eat and share together."*  
— Young person

But of course, this may not be possible. Some young people may not know of the whereabouts of their family and friends or even if they are still alive. **British Red Cross offer an international family tracing service** which might be able to help. This ambiguous loss can trigger ongoing distress and a grief that is difficult to identify and talk about but is nevertheless powerful. There are no 'wise words' to be offered in this situation. Acknowledging the pain and anxiety of this situation and responding with care as you would to any other kind of grief will go some way to validating their emotions.

Young people may also be grieving for the death of loved ones back home or those who died during their migration journey. Bereavement often triggers a range of powerful emotions and responses and for separated young people they will not have access to many of the things and people that typically help them grieve, for example the chance to say goodbye, to be supported by people who also knew and cared about the person who died or to visit places to help remember them. You may however be able to gradually support them with their grief drawing on expertise from their faith community if appropriate as well as local child bereavement services. This might help you support the young person to find ways to say goodbye, find a place or things that help them connect with the person who died and ways to preserve memories. The trauma of the person's death may however make it harder for them to actually grieve for the person, if every time they remember them it triggers traumatic memories that are very hard to tolerate. Grief itself can be traumatic and it will be important to consider the impact of losses when you try to understand what is going on for each of your young people. **The UKTC resources about traumatic bereavement** might have some useful ideas to support with this.

**Connection with country of origin, faith and culture** You will be aware of how hard young people work to find ways to settle and make connections in

the UK. Life here may be vastly different to the one the child or young person left. Additionally, keeping a connection with their country of origin is often really helpful. Even though it may have been the location for traumatic events, many children and young people feel pride in their nation and community and welcome opportunities to tell you about and celebrate it. This also extends to having a continued connection with their faith and culture. You may share a cultural heritage with them which can add to their sense of connection with you. Look for opportunities to learn about the festivals and celebrations that may be unfamiliar to you and find ways to include children and young people in this. Young people have told us about the very significant value of having their culture recognised. They won't expect you to know all about their culture and traditions but can tell if they're being treated with kindness and respect.



*"Sometimes the staff here remember my festivals even when I'm not aware. The fact that they have bothered to find out and say something to me is really good."*  
— Young person

*"When I saw a message saying Eid Mubarak I was lost for words, I couldn't believe it, I felt at home."* — Young person

**Connection with staff** Meaningful connection with adults is a key element for recovery following trauma. Connections might take a while to establish, particularly if their traumatic experiences were perpetrated by adults. The ideas about relationships within the section about feeling safe will be a good place to start. Children and young people have told us that it helps to know that adults in their network genuinely care about them and are not just checking in because it is their job to do so.

If you have built a trusted connection with a child or young person, they are more likely to be open about their thoughts, feelings and memories. You are then well placed to listen; not to act as their therapist but to have supportive conversations with them. They may avoid giving details about their exact experiences because this might be too painful right now. But just being listened to can be helpful in itself as it gives children and young people an experience of being validated and of their distress being tolerated by others. Having such conversations can be hugely rewarding for the adult, but it will be important to be aware of the impact of this on you. Please use Supplement 1 on self-care for help with this.

**Conversations that build connection** Conversations are just one way of building relationships with children and young people. You won't want to jump straight into asking them about any traumatic experiences, unless they are already bringing them up, in which case some of the ideas below might help you feel more confident to respond to them. But as they settle into your accommodation, you can use opportunities to get to know more about:

- their interests
- their likes and dislikes
- their talents
- their dreams.

You might then ask them a little about their life now generally:

- whether they have made friends at school/college
- how they are finding lessons
- what they would like to do in the evening or at the weekends
- what they like to eat, for example their favourite food or meal

You might also gently ask about any family, friends or pets in their country of origin. Cooking meals that they enjoyed in their country of origin might be a comfort. You could ask them if they are able to find ingredients or cooking equipment they need.

Some of this might be sensitive for them to talk about, so look out for signs that they don't want to talk or need some comfort. Usually if children and young people want to talk they will, and if they are unsure they probably won't, so as long as your approach is gentle, as long as you remain sensitive to their reactions and as long as it doesn't feel like an instruction to talk, it's probably okay. Some of these conversations might occur as part of everyday communication in your setting. Others might need a bit more planning to think about a safe place and an appropriate time.

Over time, you will then be well placed to continue to have gentle conversations that help you understand more about any difficulties they may be having. We all have our own way of wording things, so this is not intended to be a precise script. These are just some ideas here to get you started, or to reassure you about your current approach. Your tone and manner will probably be more important than the exact words you use. You could also use the young people's self-help resource (Supplement 2) to support some of your conversations if and when you feel this is appropriate.

### Conversation starters

- “ I know that you had to leave your country because it wasn't safe. Is there anything you want me to know about that?”
- “ I heard you mention some difficult things that you have been through. Would you like me to know anything more about them?”
- “ Sometimes I notice that you look a bit worried/stressed/upset. Can we think about how we can best help you?”
- “ Are there things we can do here that help you to feel more calm/safer?”

Responses when the child or young person shares something personal about their experiences:

- “ Thank you for telling me about ... It helps me to learn more about you.”
- “ It took courage to tell me that. Thank you for trusting me.”
- “ It is understandable and normal to have really strong feelings about really difficult memories. It doesn't mean there is something 'wrong' with you, but it might be good to think together about what would help.”

When a child or young person is reacting in ways that may be the result of traumatic experiences, you will want to respond gently and sensitively. If you just go out of your way to avoid their distress, it may communicate to them that it is too much for you and this may increase their sense of isolation.

### Careful curiosity

- “ I noticed that you seemed far away and distant when we were busy just now. Can you tell me what you were thinking about?”
- “ It looked as though something upset you this evening. Can I ask you about that?”

Some children and young people may be very private about their feelings and memories, but you can still let them know you care:

- “ It's good to see you today.”

“ Thank you for helping to make dinner today.”

“ You did well to speak up in the meeting with your social worker tonight.”

**Connection with peers** Having good relationships with peers is fundamental for the adjustment and wellbeing of children and young people seeking asylum. Experiences of discrimination, isolation and bullying can potentially compound previously traumatic experiences<sup>11</sup>, so finding ways to support and foster effective peer relationships will be really important. Whilst young people in your supported accommodation may share some common experiences of being separated from family, there will of course be individual differences and potentially tension between young people or even distrust if they come from groups or regions that may have current or historical conflicts. In your accommodation life doesn't need to be as reliant on speaking English for them in comparison to other aspects of their life, for example school or college.

You may also be able to connect your young people with others in the local community who have had similar life experiences. Young people have told us the importance of meeting others from the same ethnic group and for them this is their most trusted source of support. This might even help to reduce post-traumatic stress and depression symptoms<sup>12</sup>. However, those who have experienced political or religious persecution may feel unsafe around others from the same group if they fear further discrimination from them. We can normalise these feelings and ask each young person what they would prefer.

When children and young people settle well and have a good sense of belonging in your accommodation this can act as a buffer against some of their traumatic reactions. Being busy with activities offers a welcome distraction. Young people have told us that they find weekends and particularly holidays much harder. They feel more isolated and can struggle to cope with intrusive thoughts and memories as they have less to distract them. If you can increase your support capacity to offer extra activity during the holidays this is likely to be very welcome. You may also be able to gently monitor those who may be vulnerable during extended breaks.



*It was really hard when I first went to college as I only had lessons 3 days per week. I had so much time alone and really struggled to cope with my feelings.*

—Young person

## Helping children and young people to feel in control

Traumatic events, particularly experiences of war and conflict can leave children and young people feeling that their world is out of control. Understandably they might feel that they have little control over their own lives and what happens to them, which can be further impacted by the asylum process. Those who will be shortly turning 18 may be aware that further change is likely, and they may have no choice about where they are moved, tearing them from their current home and local community in which they were perhaps just beginning to feel safe. This can shatter any confidence they had in their ability to influence what happens. Sometimes caring adults can inadvertently compound this by doing everything for them, adding to feelings of powerlessness and uselessness. While it is important to consider the potential risks, many of these children and young people will have developed significant resilience, resourcefulness and independence, perhaps more so than their UK peers. This doesn't mean we should dismiss their needs as children and young people, but we can look for opportunities to help develop the sense of agency, and control they have over their lives.

There is a lot that you can do in your supported accommodation to promote a sense of control; opportunities to offer choice, involve them in decisions and actively engage them in aspects of their lives will all boost their confidence and sense of being capable.

*“Be careful of not making assumptions about what young people need. We need to ask them!” —Professional*

### You may well give choices over:

- the **leisure activities** offered
- how their **day** is structured
- cultural **food** and snacks shared.

### You also look to involve them in decision making by:

- **making sure** they are included in conversations and meetings and given time to express their views on decisions about them
- **involving them** in recruitment of new staff
- **hearing their views** when new initiatives in your accommodation are being debated
- **making sure** discussions about referrals for support include the child or young person
- **ensuring** they are giving informed consent to participate in projects and really understand what it will involve.





*"We asked the young people to help us to work out our priorities when restructuring our service."*

— **Support worker**

### And have sought to build their confidence by:

- **giving them activities** that draw on their strengths and give them ways to feel successful
- **encouraging them** to lead activities on matters about migration so they can feel that their voice is being heard
- **inviting them** to share and express important aspects of their cultural heritage.

*"We offered the chance to get involved in the recruitment of new staff and they helped us make a welcome pack for newly arrived young people." — **Support worker***

## Helping children and young people to feel hopeful

Having lived through traumatic experiences and now living with potential uncertainty about the future can make it hard to feel hopeful. As adults around a child or young person we will want to make sure that our efforts to be hopeful don't appear to dismiss their horror and distress. We can, however, play a valuable role in holding a sense of optimism about the future and a belief that things can get better.

This is not about trampling over their past and telling them to think positive things about the future rather than dwelling on the past. "Things can only get better" might make for a catchy tune or a political slogan, but it's unlikely to be helpful when working with children and young people. It is possible to weave some positive thoughts about the future into their thinking. Asking about their hopes for their future and helping them to start to imagine a future that is different from their past. Helping them to make specific and realistic plans can be helpful. Combining this with a trusted adult holding the hope for them sometimes can help to change their expectations of the future.

You will be mindful of the role that faith, religion and culture might play in the child, young person's or family's concept of hope.

As a supported accommodation provider, actively supporting those affected by war and conflict is a significant statement of hope. Acting as an advocate and encouraging young people to develop skills again gives them a positive message that their future is worth investing in.

*"We do not dwell on the past, the past kicks down our doors, comes rushing in, grabs us by the throat and starts punching us."*

[Video about PTSD on Mind website](#) ►

### Young people have also told us that they find these things helpful:

- “ When an adult believes in me even when I don't believe in myself.”
- “ When others talk about my future in a positive way, it helps me to imagine the future as a good thing.”
- “ I was helped to get work experience even though I didn't think anyone would offer me a placement as I have no contacts in this area.”
- “ The staff helped me with my college application, telling me that by the time I transferred to college my English would be good enough.”
- “ Others have hope that one day my country and my community, will be a peaceful place. This really helps because sometimes I can't see this.”

### Hope isn't always straightforward:

Even when a young person has hoped for and is successful in being granted leave to remain their relief may co-occur with a sense of sadness and grief at not being able to return to their country of origin or be reunited with family.

### Hope can be contagious:

Not only can you play a role in fostering a sense of hope in children and young people living in your accommodation, but you might find that hope arises from the work you do with them. Those you support may also inspire hope in you as you witness their ability to adapt and grow in confidence and resilience.

## Section summary

- **Safe:** The whole world can feel unsafe after traumatic events. Consider how relationships, language, familiarity and routine, the physical environment, medical services and legal help can all contribute to helping children and young people beginning to feel safe.
- **Calm:** Traumatic experiences might leave children and young people seeking asylum feeling on edge and easily overwhelmed. You can use your environment and communication as well as developing regulation techniques that all help them feel calm in moments of distress.
- **Connected:** Struggling with trauma reactions can leave unaccompanied children and young people vulnerable to being isolated and this can then make their difficulties even harder. Look for ways to support their grief as you foster connection with their country of origin, faith and culture as well as develop trusting relationships within your supported accommodation setting.
- **In control:** Experiences of war, conflict and persecution can leave children and young people without any sense of control or belief in their own abilities. Use opportunities to give them choices, involve them in decision making and seek to build their confidence.
- **Hopeful:** Having experienced traumatic events and living with ongoing uncertainty can make it hard to feel hopeful about the future. Holding the hope through believing in them and their potential can give a powerful message that the future can be better.





## Section 4

# When to seek specialist help

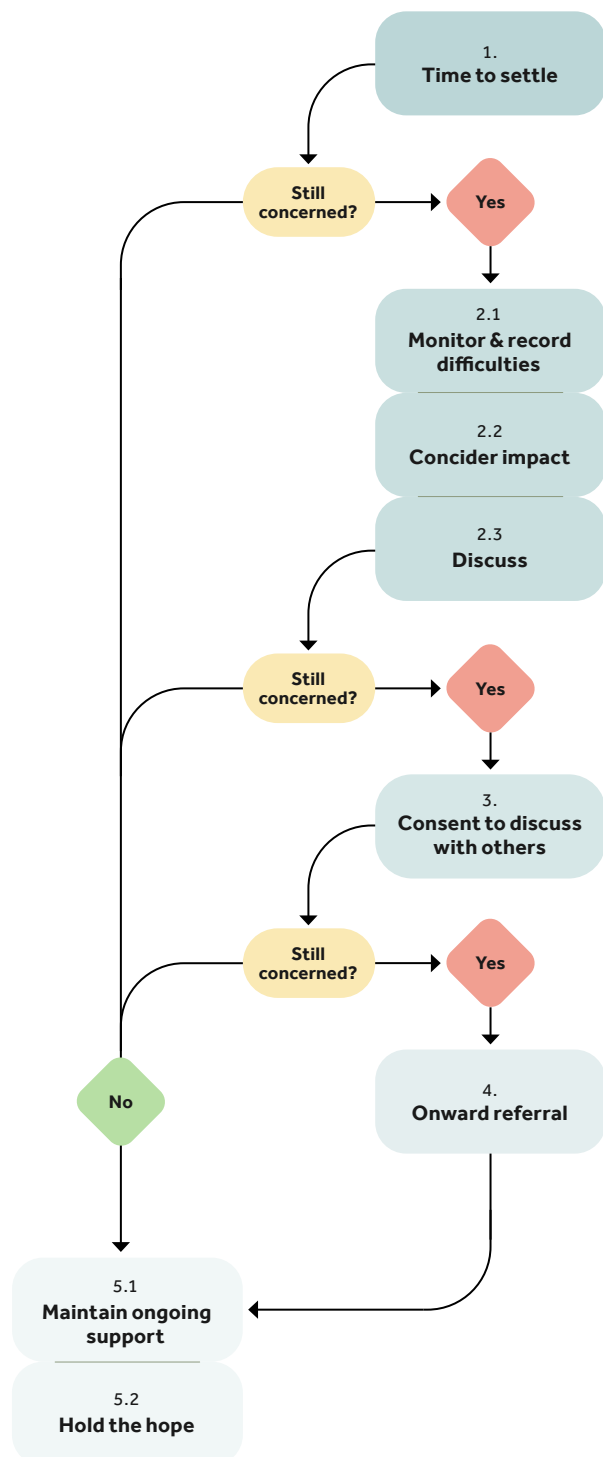
Trauma reactions are natural and understandable responses for unaccompanied and separated children and young people who have experienced the trauma of war, conflict and persecution. Even though you can play an important role in their recovery through the environment you have created, sometimes extra help is needed.

This section outlines some ways of identifying when a child or young people may require more specialist support, should you continue to worry about their difficulties. These are very much suggestions, with no fixed 'shoulds' or 'musts'. How much you follow these ideas will not only depend on the need of the individual child or young person but also on the skills, capacity and experience you and your staff team have around mental health. You don't have to do this on your own. Look to work alongside others who also know the child or young person well to facilitate shared discussion. This might include collaborating with their

social worker as well as their school or college.

Although rates of mental health difficulties such as post-traumatic stress disorder (PTSD), depression and anxiety are understandably higher in this population than in peers born and raised in the UK, not every separated child or young person seeking asylum will need a specialist psychological intervention.

Working out if a young person might need additional support, and when and how to take those next steps isn't necessarily straightforward. The graphic below isn't an exact process to be followed precisely but offers some ideas about how to explore the difficulties a child or young person might have. Each step is then outlined in detail below. Use it to guide you, along with your usual processes for supporting children and young people who may be at risk of enduring difficulties. Even when seeking specialist help, it's important to keep the relationship you have with them central to whatever you do.



## 1. Time to settle

Give the child or young person time to settle in, with support from trusted adults drawing on the principles outlined in section 3. You're unlikely to get an accurate picture of their difficulties within the first few weeks or even month or so, particularly as they are adjusting to life in the UK and in your accommodation setting. With a supportive environment that helps them feel safe, calm, connected, in control and hopeful (as described in section 3) you will be maximising their chances of recovery from their traumatic experiences.

## 2.1 Monitor and record difficulties

If you start to notice things that make you concerned about a child or young person, don't feel that you need to jump straight in, unless there are risk or safeguarding concerns. Use your usual processes for observing, monitoring and recording concerns. If you usually only routinely record safeguarding concerns you may need to adapt these processes to capture more subtle things that you are monitoring. Perhaps you hold welfare check meetings routinely, these may be ideal opportunities to check in and monitor their difficulties alongside how you and other staff see them managing or not managing with day-to-day life. You may also have other concerns about special educational needs, neurodiversity or learning difficulties—maybe these are being discussed with the college and social worker. There is no straightforward process or strict order, but it is usually worth considering what role trauma might be playing, as you explore other aspects of their development but also don't assume the problems are all trauma related. Trauma responses can look like difficulties with engagement or attention and are likely to make it harder to learn.

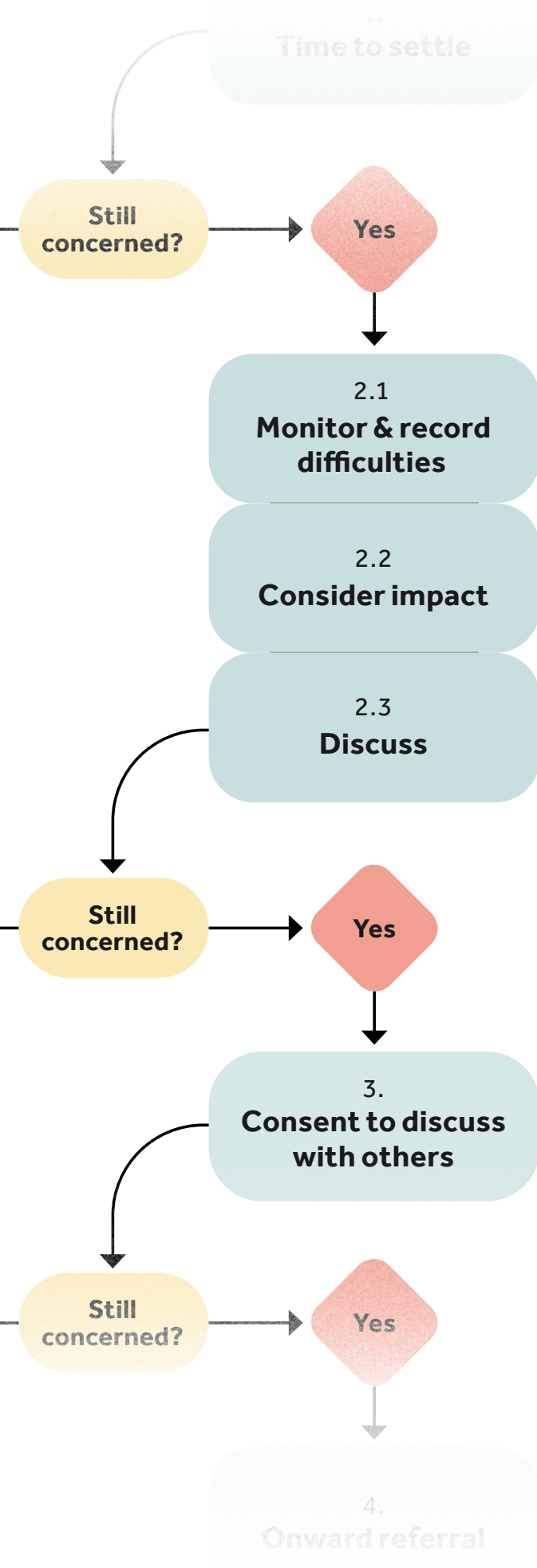
If you can, gather observations from a range of adults so you can see the breadth of impact the difficulties are having across their life. Remember that much of what occurs when a child or young person has been traumatised happens internally and for some, their outward reactions may be quite subtle.

## 2.2 Consider impact

After monitoring for at least a few weeks/ month, consider whether the reactions you have noticed appear to be:

- severe • persistent • frequent • broad
- enduring • a change *(this is likely to be difficult to monitor as you probably didn't know them before their trauma)* • put them at risk • having a significant impact on their day to day life.





If their difficulties suggest they are at significant risk of harm discuss with your safeguarding lead/safeguarding team immediately and follow your usual protocols..

### 2.3 Discuss with the child or young person and their family or caregivers

Discuss what you have noticed with the child or young person and with their social worker as appropriate. These are important conversations, so if their English is not yet fluent enough, be sure to use an interpreter.

This might be an ongoing conversation rather than a one-off meeting. You are trying to build their trust, and this is unlikely to happen if the first conversation you have is about a problem or a concern. Try to normalise what you are concerned about – this means making sure that you explain that what you have noticed is a natural response to very difficult experiences. Explain that sometimes if difficulties don't reduce over time, children and young people can really benefit from having some additional help. Find out a little more about any difficulties you have observed in your setting for example with their sleep or appetite and whether they have been able to talk about their traumatic experiences with anyone else or in their trusted social network. Seek to hear and understand their perspective, bearing in mind that trauma may not be a familiar concept. In some communities, such difficulties may be understood through a framework of faith and religion rather than mental health. They may feel uncomfortable even discussing these problems with you, as this might be a very different approach to that taken within their culture.

### 3. Consent to discuss the young person's needs

If there is agreement about ongoing difficulties they are experiencing, seek consent to discuss their needs with other professionals already involved in their care or to contact new ones. This might include their school or college, their GP or mental health service or other community specialists in mental health support for those seeking asylum. The information you have gathered will be really valuable in informing decision making about if and what kind of help might be needed. The child or young person's school or college, GP or mental health service may be able to use a screening tool / questionnaire to 'measure' the difficulties the young person is experiencing.



#### 4. Onward referral

From your ongoing conversation with the young person and/or caregivers, alongside consultation with other professionals you may collectively decide that the young person would benefit from an onward referral to access specialist support to address specific difficulties. You may have access to counselling or therapy available within your community networks. Discuss with those who work in that service as to whether they could offer support specifically to address post-traumatic stress reactions. Depending on the outcome, seek consultation with and or referral to a local mental health service/organisation that offer therapeutic support to children and young people seeking asylum.

Your local NHS mental health service may have a trauma service and be in a position to offer a consultation ahead of a referral. Also consider contacting any specialist services- in your locality that might hold particular expertise in culturally adapted therapy for children and young people affected by war and conflict. They may also be able to offer therapy in their first language or have access to interpreters. You might also consider getting training from [Children and War UK](#) to run groups using the teaching recovery techniques manuals. These groups have been run widely by non-mental health workers for young people affected by trauma following war and conflict.

#### 3. Consent to discuss with others

Still  
concerned?

Yes

#### 4. Onward referral

#### 5.1 Maintain ongoing support

#### 5.2 Hold the hope

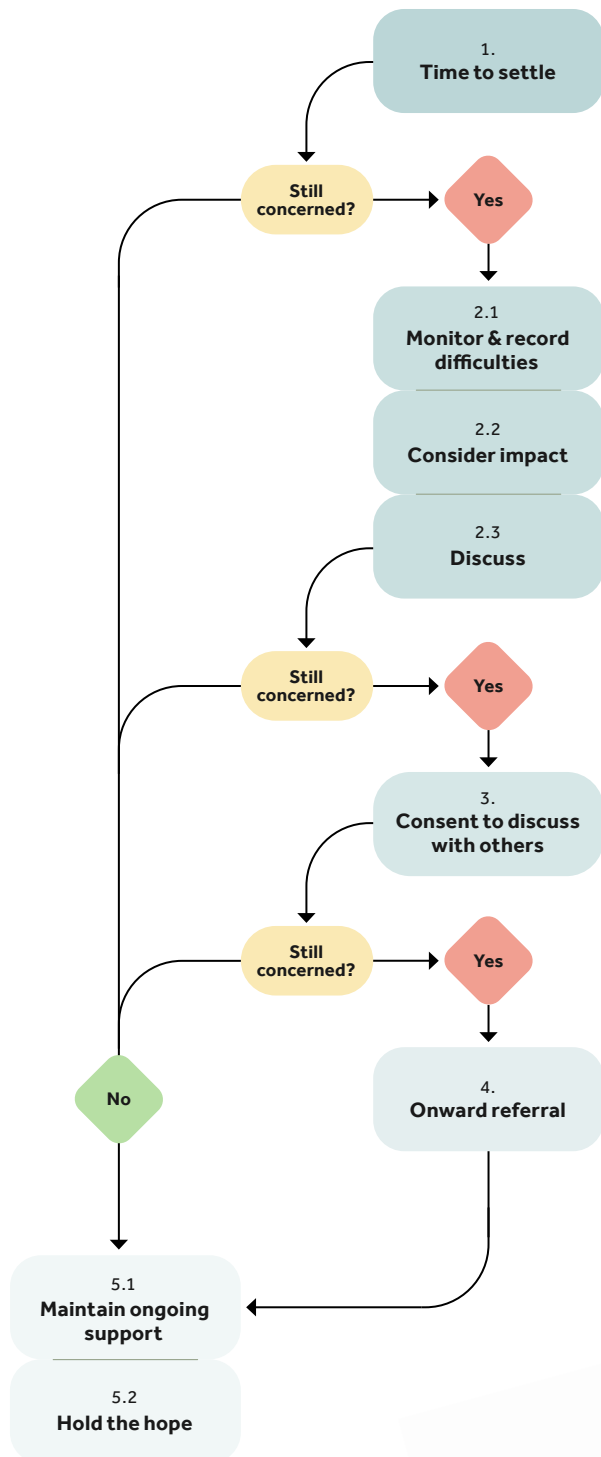
#### 5.1 Maintain ongoing support

Continue to build your relationship with the child or young person and put in place any further support to help them when they are overwhelmed.

Whether the outcome is that the child or young person is to have additional specialist support or not, the help you offer in your accommodation remains valuable. Recovery takes many forms, talking therapy is just one! It may be that building confidence through activities, developing positive coping strategies and building social connections with people they can trust are equally or more valued by the young person.

#### 5.2 Hold the hope for their future!

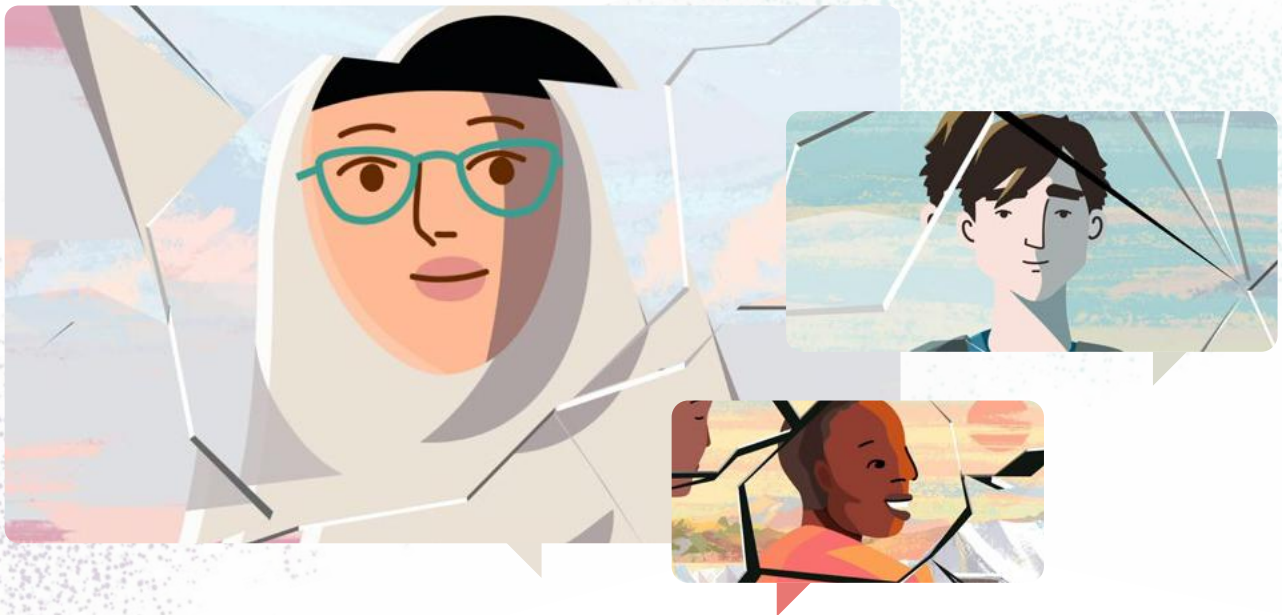
It will take time, care and support for a child or young person to rebuild their life after experiencing traumatic events. Your capacity to believe in and hold onto hope for them can play a vital role in their recovery.



## Section summary

- **Consider impact:** Although not all children and young people seeking asylum will experience ongoing difficulties, for some the significant impact on their life may indicate that they might need specialist help.
- **A considered approach:** Taking a carefully considered and systematic approach to monitoring, gathering information and discussing with the young person and their social worker can help you work out if and when a referral might be helpful.
- **Collaboration:** Working together with colleagues from mental health and education can help with making sense of difficulties and working out what might be helpful.
- **Prioritise relationships:** Keep the relationship with the young person central to discussions and decision making about next steps.





## Section 5

# What about you?

*"You cannot wipe  
the tears off another's  
face without getting  
your own hands wet."*

— Zulu proverb

You might be tempted to skip this section and only bother with the sections concerned with children and young people. Try not to. Self-care is a professional responsibility which is vital in helping these children and young people. But it is also something you are entitled to as a valued and valuable person. Research<sup>12</sup> suggests that understanding more about wellbeing and risks of vicarious trauma can go some way to protect you from the longer-term negative impact of the work and make you more aware of when you might benefit from additional support. Have we convinced you to read on?

When working with children and young people seeking asylum you will likely be exposed to the stories of their traumatic experiences as they share something of their lives, their feelings and thoughts with you. You might also find out about their trauma from their responses in creative activities, look at their

artwork and maybe even watch them interact with others. Learning about their lives is likely to affect you as a compassionate fellow human. You may feel emotionally moved by what the children and young people share and sometimes find yourself thinking about it in the hours and days to come, even when you are not at work. This is understandable, normal and probably makes you well suited to your role. Sometimes, however, the impact is heavy and deep, it intrudes too often, and can have a longer-term negative impact on you. Additionally, you may have your own experiences of trauma, these might be similar experiences to those you are hearing about or bring them to mind in ways that you may not have expected or anticipated.

### In this section we will:

- consider how your organisation can create an environment that helps support staff
- explore what is normal wellbeing for you
- invite you to identify your support network
- outline some ideas if you find things become more difficult for you
- highlight some of the personal strengths and growth that can come from this work.

## Culture of self-care

Being part of a team that has an explicit culture of self-care is an important foundation of your wellbeing at work. Ideally this would be at an organisational level, where the value of the staff team is prioritised. But if this is not yet the case, a culture of self-care can be nurtured within smaller teams of like-minded workers who commit to doing what they can to support and promote the wellbeing of each other.

There are a range of approaches that might be used to support staff wellbeing including supervision, peer mentoring, wellbeing activities, reflective spaces and staff training on this topic. But for any of these things to be effective and create sustainable change the working environment also needs to be considered. Earlier on in the toolkit we introduced five principles that help create an environment for recovery for children and young people who have experienced traumatic events. These principles will also be useful to help you when you are working with traumatised children and young people. As a team, (or with selected peers) have a think about ways in which your working environment can help staff feel safe, calm, connected, in control and hopeful.

## Wellbeing – What's normal for you?

We all have individual responses to our work lives. Some of us may frequently carry some of the emotional impact from our work home with us, whilst others may have clearer mental boundaries, such that work stays more at work and home stays more at home. How all this impacts our wellbeing will be individual too. What good wellbeing looks like for one person, may be quite different for another. Being self-aware of what good wellbeing looks like for you can be a good place to start. You can then identify what your own warning signs are when things are slipping and you are not doing so well.

Think about what good wellbeing looks like for you across different parts of your life. You could write some notes identifying how some of these things look when you're doing okay e.g., your mood, sleep, ap-

petite, physical activity, social activity, concentration, relationships, day-to-day life.

You could build this exercise into a team meeting and if you are all happy to, discuss some of your ideas together.

You are now better placed to notice when your wellbeing is affected. What might you notice?

- I'm not sleeping so well.
- I'm not bothered about socialising.
- I'm feeling overwhelmed by everyday tasks.

## Know your limits

When we are working with children and young people who have significant needs it can be easy for our professional boundaries to slip. You may find you work longer and end up undertaking additional work in your drive to help. As a one off you might be able to manage this but working outside of your professional role in the longer term can impact your wellbeing and might compromise safe professional working. In spite of the frustration you might feel at the lack of resources and provision available to help children and young people, it is important to know your role, both the extent and the limits of it. Know what you can do and then do it as well as you can in the time you have available. Having boundaries in place doesn't mean placing a limit on your kindness but might protect your wellbeing and enable you to keep doing your role. As this toolkit has however illustrated, there are many ordinary human things you can do that will be powerful in supporting the recovery of children and young people.

But also consider when and where you need to pass things on. Working alongside other professionals to share the load will help you manage better in the longer term, and can also help your wider organisation reflect on an effective collective response. These challenges cannot rest on the shoulders of any one individual.





## Your support network

Before you consider who is good to support you when your wellbeing is low, consider who it is that notices when you are slipping. What do they notice? Having people who really know you and can spot when you're not doing so well is really helpful; they may notice before you do. You might want to let them know how useful this is to you.

You can then start to identify your support network or back up team, identifying those who look out for you and play a supportive role when your wellbeing is negatively impacted. These might be colleagues that you work closely with and friends and family that you spend time with outside work.

An effective back up team will have people that play different supportive roles. Think about the roles those in your support team fill. Is there a 'cheerleader' who celebrates you? A 'coach' that motivates you? A buddy that is good to simply be around, even if you're not doing anything super special? Maybe your pet has a key role in giving you unconditional affection. You could even add yourself to your back up team along with a commitment that you will be a good friend to yourself.

Make a list of those who are in your back up team. Don't worry about how long or short your list is; quality is more important than quantity here. When you look at that list, if it doesn't meet your needs, think about if there are some small changes you can make. Do you need to make time to reconnect with important friends and family or look for opportunities to grow your network?

low then you might then find it really hard to find the motivation and energy to do those things.

You might want to start by identifying a few brief 'micro-holiday' activities that just give you a few minutes of respite from working with trauma. You can then draw on these when needed during your working day. Your 'micro-holiday' ideas might include: listening to one song that helps reset your emotions, looking out of the window at the sky for 30 seconds, applying some hand cream, using something sensory that focuses your attention on the here and now.

But you will also want to build in some self-care activities that really give you a break from thinking about your work. Effective strategies for our wellbeing are as individual as we each are. Choosing self-care strategies that work for you is important. If we were to provide a list below, maybe none of them would be quite right for you, so finding things that are in line with your values is often a better approach. This means finding self-care strategies that mean something to you and align with what is important to you.

So, if health is a priority value, then going to the gym might be great for your self-care. If creativity is important, you might join a club for your chosen hobby or enhance your skills alone. If nature is important, then choosing activities that mean you can spend time outdoors might be effective for you.

List just a handful of meaningful activities and plan for how you can (and will) fit them into your life.

A five minute approach can be helpful here, so try giving something a go for 5 minutes. If after 5 minutes you want to stop, you can, but you might find that after 5 minutes you are happy to carry on.

## When your wellbeing is low

There are different ways your wellbeing can be impacted from working with trauma. It might be that you feel more stressed or anxious, you might experience feeling low or depressed. Sometimes you can experience compassion fatigue, when you are exhausted by the emotional aspect of the work. This can make it difficult to engage fully with your work as you are 'saturated' by trauma and may find it difficult to connect with the children and young people you usually support. When this is in the short term, use your network of support and share with trusted colleagues. If the difficulties become severe or persistent you may benefit from accessing professional support. It may also be helpful to discuss this with your manager.

## Self-care strategies for you

Research<sup>13</sup> tells us that building self-care into our lives can help protect us from the risk of longer term difficulties related to the work that we do. Some of you may be really good at building self-care into your daily lives but others may find it harder to prioritise your own needs. You may tend to wait until your wellbeing is low before remembering the things that are good for you. The problem with this is that if you have become very





## Vicarious trauma

Vicarious trauma (sometimes called secondary trauma) describes the uncommon but significant longer term negative impact on your own wellbeing from being exposed to the trauma of another. So rather than experiencing some trauma reactions over a few days or a few weeks, these reactions don't decrease in frequency for you. This would mean that you have trauma reactions, similar to those experienced by children and young people with PTSD. You might find things have changed and that you are now:

- **disrupted by intrusive thoughts** or images of the child's trauma
- **triggered by things** related to the child's trauma
- **occupied** trying NOT to think about their trauma because it feels too distressing
- **experiencing a change** in sleep patterns or bad dreams
- **easily startled**
- **experiencing overwhelming emotions** about things you would usually manage
- **more anxious** than normal
- **feeling low** or depressed
- **lacking motivation** or energy to do the things which usually give you pleasure or enjoyment
- **withdrawing from people** or places
- **finding** that the work has negatively coloured the beliefs you hold about the world.

These are normal responses in the short term but if they persist for more than a month or so, and mark a significant change for you, they might be becoming more problematic and be considered vicarious trauma.

**Why does this happen?** There are some risk factors for developing vicarious trauma, the most significant one being the intensity of the trauma workload for you. So, if most or all of your work is trauma related it is more likely that you may become overwhelmed by the level of exposure. You might also find that you are impacted heavily by the ongoing stressors for children and young people seeking asylum and this frustration can make it hard for you to feel optimistic about their future.

You might also find that your own experience of trauma can be triggered when working with other people's traumatic experiences. Maybe you relate generally to traumatic experiences or maybe you have

your own refugee experience and identify very closely with the children and young people you support.

If you relate to some of the reactions above, you might want to use a questionnaire or screening tool to gather more information about your reactions. One such tool is the [Secondary Traumatic Stress Scale](#) designed for professionals working with traumatised people. Think about when and where you want to fill this in and who you can discuss the results in an informal way. If your results suggest you are experiencing vicarious trauma that is impacting your life, then consider what steps you can take to help reduce the impact. This might include seeking professional support using your GP or NHS mental health services.

As well as drawing on the self-care strategies you identified earlier, that give you a break from your work, there are some other things that can help. In the same way that offering a child or young person some time and space to express the memories, thoughts and feelings about their trauma is known to be an effective and supportive strategy, the same applies for the supporting adults. Find a trusted colleague who can listen as you put the emotional distress you are carrying into words. Or try writing it down and getting it out of your head and on to a page. Or even try talking to your dog, who maybe provides you with comfort, is pretty good company and is often an excellent listener.

## Vicarious resilience

Working with those affected by trauma is hard. It might have been part of what attracted you to your current role or might have become a more unexpected part of your work. However, there is also the possibility of personal growth as a result of this work. This is known as vicarious resilience. Stories of resilience can inspire you to want to continue to do this work. Witnessing the adaptability and resourcefulness of children and young people can motivate you to reassess your own approaches to problem solving. Observing the hope which children and young people draw on to help them cope can positively influence your own perspective on life and the world around you. The benefits of vicarious resilience are seen to extend beyond your role or organisation to positively impact other areas of your life.

Have you experienced positive personal growth from the work and relationships you have with children and young people seeking asylum? In what ways has your work positively impacted you?

## Make your own self-care plan

It can be useful to make some notes about how to support your own wellbeing and what to do if you're worried as outlined above. You might want to do this with your colleagues, or maybe you'd prefer to on your own. You could use our self-care plan supplement found later in this toolkit.



### Section summary

#### As a supported accommodation provider

- Commit to embedding the five principles for recovery for staff as well as children and young people.
- Plan team meetings that focus on wellbeing.
- Offer psychoeducation about trauma, vicarious trauma and vicarious resilience.
- Plan for how to limit or reduce trauma workload for team members who are supporting very distressed and traumatised young people
- Set up reflective spaces for staff.
- Set up peer mentoring for staff.
- Provide access to mental health services for affected staff.

#### Self-care for you

- Know 'your own normal' wellbeing.
- Identify your back up team.
- Identify effective self-care strategies and try to build them in as preventative tools.
- Recognise if your wellbeing is being affected severely and persistently.
- To help you process the traumatic stories or images that are on your mind, find someone to talk to about them.
- Consider using the **Secondary Trauma Stress Scale** if you are worried about your wellbeing
- Consider accessing specialist support if vicarious trauma reactions persist for over a month.
- Identify ways in which you have been positively impacted by working with children and young people seeking asylum.



Section 6

## Other information and resources

### Other UK Trauma Council resources about children and young people seeking asylum



**For young people seeking asylum:**  
[animation and resource](#) →

### See also UK Trauma Council resources



[Childhood Trauma and the Brain](#) →  
[Critical Incidents in Educational Communities](#) →  
[Childhood Trauma and PTSD](#) →  
[Traumatic Bereavement](#) →

### Other sources of support and information

**Barnardos BOLOH helpline Advice** → emotional, therapeutic and practical support for those seeking asylum.

**Bear us in Mind** → resources to provide adults with early intervention tools for children and young people affected by loss and bereavement following experiences of war and conflict. Resources are available in English, Ukrainian, Russian, Dari, Pashto and Arabic.

**Bell Foundation** → EAL information and resources for welcoming refugee and asylum seeking learners supporting children.

**British Red Cross | Afghanistan** → Information and support for people from Afghanistan settling into life in the UK. Resources translated into Dari and Pashto. Includes information on the **Red Cross' Family Tracing service** → videos about life in the UK, and information on how to contact **ARAP, the Afghan Relocation Scheme** →

**British Red Cross | Help for Ukrainian nationals** → Information and support for people from Ukraine, including the family migration visa and the Ukrainian family scheme. Download 'Advice for Ukrainians arriving in the UK' and 'How to talk to children about war' in Ukrainian.

**British Red Cross | Psychosocial support** → A range of resources, including TikTok videos to support people with psychological and emotional issues. Many are translated into multiple languages.

**Children and War UK** → Trains local adults in supporting children and young people affected by war and conflict using proven trauma recovery techniques.

**Coram Children's Legal Centre | Immigration, asylum and nationality** → Legal casework advice, assistance, and legal representation as well as a range of free resources and online information on issues affecting children subject to immigration control.

**Doing What Matters in Times of Stress (WHO.int)** → A free stress management guide for coping with adversity. The guide aims to equip people with practical skills to help cope with stress. It has been translated into 19 languages, including Arabic, Chinese, Dari, Farsi, and French.

**European Society for Traumatic Stress Studies | Helpful resources for mental help professionals and persons affected** → A list of resources and with links.

**Foundation 63** → evidence informed approaches for the care of unaccompanied refugee minors.

**GOV.UK | Welcome: a guide for arrivals to the UK from Afghanistan on the locally employed staff relocation scheme** → A guide for families arriving under the ex-gratia scheme (EGS) and the Afghan Relocations and Assistance Policy (ARAP). Dari and Pashto translations available.

**International Rescue Committee** → Work in over 40 countries supporting those affected by humanitarian crises. Information, resources and support.

**Mental Health and Psycho Social Support network | Caring for Children through Conflict and Displacement** → Resource translated in Ukrainian, Russian, Polish and German. Additional relevant resources translated in multiple languages in the resources section.

**Mina Fazel's Mental health toolbox** → Video outlining a range of mental health therapy tools for children for refugee and asylum seeking children.

**National Children's Bureau | Resource Hub for sector awareness and provider preparedness programme** → Free tools and resources for providers of supported accommodation.

**Psychological Society of Ireland | Psychological First Aid for Refugee Care: Helpful Do's and Don'ts (PDF)** → A rapid response psychology tool for the general public to assist the response to Ukrainian refugees arriving in Ireland. Includes advice for children and adolescents.

**Refugee Action** → Refugee Action offers support and information to help people with the basic support they need to build safe, happy and productive lives in the UK.

**Refugee Council | Children and young people** → The Refugee Council offers support to all separated children who arrive alone in England. They provide asylum and welfare support, help trafficked children and those whose age has been disputed, as well as provide mental health therapy. They offer a range of free resources for practitioners and refugees on their website.

**The Rucksack Project** → A book and accompanying resources for children from Ukraine.

**Schools of Sanctuary** → Part of City of Sanctuary UK. Includes a range of resources and guidance on how to be accredited for your good practice in fostering a culture of welcome and inclusion.

**Scottish Government | Age assessment: practice guidance** → A trauma informed guide to age assessment. **Appendix 4: Trauma-informed Age Assessments** → covers applying the framework to the needs of separated asylum-seeking children.

**UNHCR** → guidance on working with refugee children struggling with stress and trauma.

**UNODC resources** → (From University of Manchester resources) in both written and audio formats to help caregivers looking after children through conflict and displacement and buffer from psychological harm (including multiple translations).

**University of East London | Resources on refugee & asylum-seeking children** → Mental health resources and guidelines on supporting asylum-seeking and refugee children.

**University of Manchester | Information for adults looking after a child or children through conflict and displacement** → Two page leaflet developed based on the experience of displaced Syrian parents translated into Ukrainian, Russian, English, German and Polish.



## Selected reading

### For adults supporting children and young people seeking asylum

**A Practical Guide to Therapeutic Work with Asylum Seekers and Refugees** by *Angelina Jalonon and Paul Cilia La Corte* — written for a range of professionals including therapists and teachers, this guide offers a person-centred framework for supporting refugees.

**Helping your Child with Loss and Trauma** by *David Trickey* — a self-help guide offering informed advice and step-by-step ideas for parents and other adults supporting children after experiences of loss and trauma.

### Books for or about children or young people who are seeking asylum

**Rucksack** by *Di Redmond, Lilia Martynyuk and Prof. William Yule* — a story about a Ukrainian child losing his possessions and trying to replace his memories.

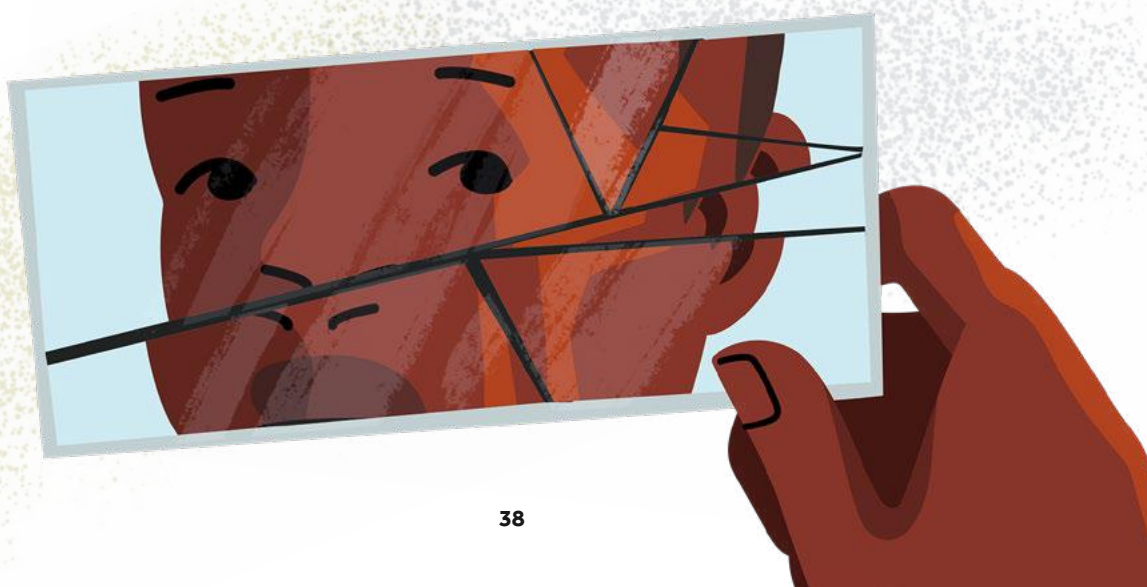
**Lift the flap – Questions and answers about Refugees** by *Katie Daynes, Ashe de Sousa and Oksana Drachkovska* — direct questions and thoughtful answers about living as a refugee (written with the Refugee Council).

**A Refugee's Story and When the War came** by *Beyond Words – books in pictures* — intended for people with learning disabilities.

**When Stars are Scattered** by *Victoria Jamieson, Omar Mohamed, Iman Geddy* — a graphic novel about two brothers living alone in a Kenyan refugee camp.

**The Boy at the Back of the Class** by *Onjali Rauf* — an award winning story about a refugee boy joining his new school.

For a comprehensive booklist see <http://arts.cityofsanctuary.org/resources/books> →



# Self-care plan for staff

Working with children and young people affected by trauma can be tough so it is vital to take care of your wellbeing.

## Self awareness

**Good wellbeing for me looks like:**

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**Warning signs that my wellbeing is declining:**

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## My limits

**What is my role?**

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**What can I pass on to others?**

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**Who else can help?**

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## Micro-holiday ideas

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### Values based self-care activities:

[illegible]

## Vicarious resilience

**In what ways has my work positively impacted me?**

## My support team

## Who's there for me?

This image shows a full page of primary-ruled paper. It features ten sets of horizontal lines across the page. Each set consists of three lines: a solid top line, a dashed middle line, and a solid bottom line. The lines are evenly spaced and extend across the entire width of the page, providing a template for handwriting practice.

## Things to note

Our wellbeing goes up and down from time to time. If you are worried about your wellbeing, use the people and self-care ideas you've identified above to help support you.

If your wellbeing remains low and is having a significant impact on your day-to-day life, consider getting additional help.

If it feels as though you may be experiencing vicarious trauma and having some of the same trauma reactions as those you work with, over a period of more than one month, consider seeking professional help.

## Additional help

- Speak to managers / leaders in your organisation
- Ask your GP for advice about mental health support
- Use an employee assist service
- Contact Samaritans 116 123
- Contact Education Support:  
[www.educationsupport.org.uk](http://www.educationsupport.org.uk)  
08000 562 561

A resource by and for young people

# Trauma from war and conflict: what's difficult and what helps?

## What's difficult?

It can be really difficult for young people to leave their home because it wasn't safe to stay. They may have had to leave family and friends. They may have had a number of traumatic events and sometimes these can still affect them even after the danger has passed. Although these challenges are normal and understandable sometimes they can still be difficult to cope with.



## Do you recognise any of these?

"My body hurts, I often get headaches or stomach aches even though I don't have a physical illness."

"In my mind the past is happening again right now."

"Sometimes I can't think for hours."

"Distressing memories come into my mind during the day or night."

"I feel guilty about what happened."

"I feel so sad and alone."

"It's difficult to feel motivated to do things."

"It's difficult to sleep, I often have bad dreams."

"I am anxious and have lots of worries about things."

"I don't want to talk about or think about the difficult things that happened in my past."

"I get angry or upset more easily."

"Is there something else you find difficult? Write it in here."

"I can't concentrate easily."

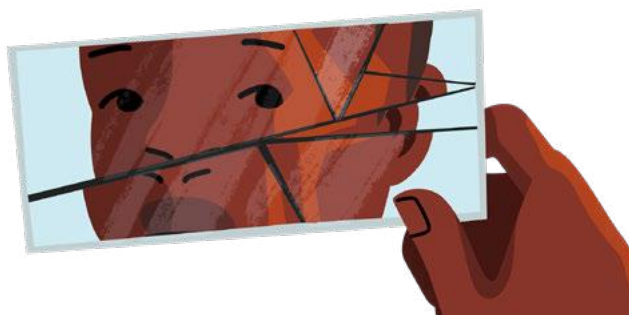
"Thinking about the future is difficult. I try to cope each day."

"Even though I know I'm probably safe, I keep watching out for something bad to happen."

"I am jumpy and nervous all the time."

"I stay away from things, people and places that remind me of what happened."

Having some of these difficulties is normal, in fact young people all over the world experience the same kind of reactions after traumatic events. But just because it's normal, it doesn't mean it's easy or that it has to be like this forever.







## What helps?

**In the present** There are some things that can be helpful in the short term if your feelings are difficult to manage. Different people find different things useful. Try some of these things out and see which work for you:



### In touch

Find things that feel nice to touch or hold. Maybe things that feel soothing and help bring you back to the here and now.

For example: playdough, lime, soft fabric, feathers, a squeezable ball, a smooth pebble.

### Bubble breathing

Use a pot of bubbles. Breathe slowly and steadily to create large bubbles.

This can help make your breathing more steady and help your body feel calmer.

### Mind travel

Build a picture in your mind of somewhere that feels calm and relaxing.

What can you see, hear, smell, touch and taste there? Who would be there with you? What would you be doing?

You could even draw a picture of your mind travel place to help you bring it to mind more easily.

### Feelings Journal

Use a notepad to keep a journal of your thoughts and feelings.

Can you describe the feeling? If it had a colour, what colour would it be?

Where do you feel it? If it were a type of weather, what would it be?

You could write in your first language, in English or you might fill it with drawings.

Choose what to share and what to keep private.

### Nature

Get outside to feel the sun, wind or rain.

Feel the air on your face or hands.

### Mountains and valleys breathing

Calmly and slowly trace up and down each finger on your hand.

Breathe in as you trace up each finger.

Breathe out as you trace down each finger.

### Music for my mind

Listen to a piece of music that feels calming or reminds you of a good memory.

You could make a playlist of the best tracks to help your emotions settle.

### Tense and relax

Tense and relax different muscles in your body. Maybe start with your feet and move upwards. Hold the muscles tight in one part of your body for ten seconds and then breathe out slowly as you relax them.

### 5 4 3 2 1

Try finding:

5 things you can see  
4 things you can touch  
3 things you can hear  
2 things you can smell  
1 thing you can taste

### Reset meditation

Sit down and be quiet and still. This might be at a time of prayer or following a short meditation, maybe using an app.

### Cool it

Drink a cup of cool water slowly through a straw.

### Move it

Do something physical that you enjoy.

For example: running, swimming, dancing, football, cricket

**In the longer term** Finding ways to manage your memories can really help. Try talking to someone you trust. You might prefer to write or draw about your memories – anything that helps you get them outside of your head. If your thoughts and feelings are making everyday life difficult, you might want some extra support. You could speak to a trained therapist. It's not always easy to ask for help, or to find the right help, but it can really make a difference.

## Finding support

If you are struggling and looking for more help, you could contact:

**Your school or college, your doctor, a local community group,**

**Boloh helpline:** 0800 151 2605 or [boloh.helpline@barnardos.org.uk](mailto:boloh.helpline@barnardos.org.uk) or other professionals who support you: **a social worker, key worker, foster carer...**

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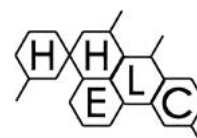
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