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AFTERCARE EXPERIENCES OF UNACCOMPANIED MIGRANTS IN FINLAND

ABSTRACT

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A considerable number of unaccompanied migrants in Finland leave family group homes every year to begin their lives alone. After spending a significant period of their lives in home care facilities, they are excited to experience real lives in aftercare. However, they hardly anticipate what transpires living in aftercare. Experts have expressed concerns about the challenges confronting these young migrants and their ability to cope while living independently. This study explores the experiences of unaccompanied migrants in aftercare to ascertain the coping measures to overcome their adversities.

A qualitative study was carried out on four unaccompanied migrants in aftercare in Finland. All participants were over the age of eighteen and living alone. Semi-structured interviews, based on the research questions were conducted to collect the research data. The interviews ensued remotely via social media platforms and were recorded for eventual data transcription. The data were coded into themes and analysed using thematic analysis.

The study's findings revealed that unaccompanied migrants in aftercare face challenges such as loneliness, social relationships, and psychological issues. These challenges result from their past traumas before arriving in Finland and living in the family group homes. According to the study's results, self-reliance and social needs were also uncovered to be protective factors in the participants' ability to deal with aftercare challenges. Though the participants exhibited their self-determination to cope despite their difficulties, they also admitted seeking other supports from family members, peer groups, and professional workers to facilitate their coping.

This research urges further follow-up studies to support unaccompanied migrants to cope with challenges in aftercare. The experiences of the young migrants are not enough; the study recommends that professionals' views must be sought to determine the best outcomes. Furthermore, producing standardised and best practices will facilitate a smooth transition of aftercare unaccompanied migrants in Finland.

Keywords: aftercare, resilience, unaccompanied migrants, independent living, coping.

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1 INTRODUCTION

The number of unaccompanied asylum seekers in Finland increased after the global refugee crisis in 2015 (Kauko & Forsberg 2018, 2). Many of these young migrants who first entered Finland as unaccompanied asylum seekers leave care homes every year to live independently. They are eager to taste the actual life after care after living in the confines of home care institutions for a substantial period of their lives. Islam and Fulcher (2017, 257) point out that gaining autonomy is an overwhelming experience. However, leaving the care comes with several challenges that affect these unaccompanied migrants' resilience to adapt to the realities of living alone. The Act on the Promotion of Immigrant Integration stipulates that municipalities provide aftercare services for unaccompanied young people until the age of 25 (A 1386/2010) to ensure a proper transition from care to independent living.

However, the coping ability of the unaccompanied migrants in aftercare differ. Some young migrants can cope with staying alone better than others. A study finding indicates that many of these care leavers have high resilience in the transition to adulthood, while others are not adequately served/supported (Paulsen, Höjer & Melke 2018, 2). Thus, this study aims to make an in-depth investigation of the challenges unaccompanied migrants in the aftercare face and explore how they cope when confronted with such adversities while trying to live independently.

Not many kinds of research have been conducted on unaccompanied migrants in aftercare in Finland. Much has been said of the aftercare system; however, what transpires after these unaccompanied migrants leave the care has not been paid with much attention, and there is insufficient research to that effect. Though studies have been conducted on aftercare in Finland, this study specifically and uniquely investigates unaccompanied migrants in aftercare and how they cope with the challenges facing them: a topic with little or no attention in Finland by English researchers. Barn, Andrew and Mantovani (2005, 1) claim that care leavers studies have not paid adequate attention to results for ethnic minority youth leaving care. Pundits claim that leaving care for specific care leavers (unaccompanied migrants)

differs from other care leavers. The focus is on adapting to a contemporary society rather than reintegration (Söderqvist 2017, 61).

The research area is also relevant in the social work settings and can serve as a supplementary guide to improve the support of unaccompanied migrants in aftercare. This study can serve as a follow-up study to uncover the progress of unaccompanied migrants who have left the care unit.

This research addresses the following research questions to achieve the aims of this study. What are the challenges faced by the migrant care leavers in Finland? What are the contributing factors affecting the adaptation of migrant care leavers in Finland?

In collaboration with the Federation of Special Welfare Organisations (EHJÄ ry): the working life partner, this thesis fulfilled its purpose. They assisted by providing relevant information regarding aftercare services in Finland. The working life partner further enabled the gathering of data and analysis. EHJÄ's overall contribution was enormous as they guided the entire thesis process.

2 BACKGROUND AND WORKING PARTNER OF THE STUDY

This chapter looks into the study's background, EHJÄ (working life partner), and the legislation governing Finland's aftercare services to unaccompanied migrants. It is vital to acknowledge EHJÄ as an aftercare service provider and how they work within the guided legislation in taking care of the young adults in their care. The study aims to enhance support and facilitate aftercare unaccompanied migrants' coping abilities to independent living.

2.1 Background of the study

Unaccompanied migrants in aftercare in Finland face several challenges that hamper their ability to cope despite the state's effort to fund the various municipalities to offer aftercare support to these young migrants. The challenges they faced result from their experiences and living in care. These young migrants in their early years have gone through constant movement, loss of contacts, abuse and other related issues in their journey to the country of host. What is unclear in these years is how they handle these challenges and what happens to them after leaving care (Barn, Andrew, & Mantovani, 2005, 2). The past trauma of the unaccompanied migrants has affected the smooth transition from residential homes to aftercare. This study seeks to investigate the evolution of unaccompanied migrants from residential facilities to aftercare in Finland.

2.2 Unaccompanied migrants in Finland

The EU classifies a person unaccompanied as long as he/she enters a member state territory without the care of a person. The EU defines an unaccompanied migrant as a third-country national or a person who enters the Member States territory without a right or an established adult (European Migration Network 2010, 12.). Unaccompanied migrants' journeys to the host country are diverse and exclusive (Kauko and Forsberg 2017, 5). Some have arrived in Finland either all alone or with a group. Most unaccompanied migrants enter the country as asylum seekers, but others come as quota refugees.

Unaccompanied migrants in Finland have come from countries with a long history of armed conflict (Outi 2012, 8). These children experience much trauma in their journeys to the host countries. They suffer from both psychological and psychosomatic disturbances. Apart from war, unaccompanied migrants have experienced abuse and violence during the trip, separated from their families, and may have been victims of human trafficking (Parsons 2010, 38.). Many believe that their traumatic experiences before arriving in the host country make them vulnerable in society (e.g., UNHCR & European Council 2014, 14; Parsons 2010, 38). Their journeys to settle in other countries are worth taking, regardless of the situation they go through. The children stand the risk of becoming child soldiers or prostitutes when they are left behind (Outi 2012, 8).

Most unaccompanied migrants coming to Finland are from countries such as Somalia, Iraq, Afghanistan (Outi 2012, 8), and Pakistan. After arriving in the country, they are considered asylum seekers in fulfilment as required by the European Migration Network directives. The directives state that all unaccompanied migrants arriving in a member state should be entitled to a legal guardian responsible for their well-being. In Finland, the representatives' role ensures that the children's best interests are realised, and their voices shall be heard in the authorities' decisions concerning them. They will also help children handle official matters, such as obtaining a residence permit and a domicile (Outi 2012, 8.). The directive ensures unaccompanied minors are placed with adult relatives, reception centres with facilities suitable for children. If the person is 16-year-olds and above, he/she can be placed in reception centres for adult asylum seekers (European Migration Network 2010, 20.). Kauko and Forsberg (2018, 2) attest that unaccompanied migrants in Finland are placed in group homes, supported housing units or reception centres awaiting the Migration authority's decisions.

After being granted residence permits, these young adults are then transferred to a municipality and placed in a group or family home (Outi 2012, 8 and Kauko & Forsberg 2018, 2). Unaccompanied migrants aged 16-17 years are provided with supported housing units and receive full social assistance to cater for themselves within the group or family homes. The idea of supported housing is to prepare young migrants to live alone to cope with their challenges. There should be a social counsellor present at each of the supporting units (Parson 2010, 39.).

2.3 EHJÄ ry

EHJÄ ry (The Federation of Special Welfare Organisations) is a national child protection organization established in 1983. The organisation began as an umbrella organisation for various child welfare institutions, including Finnish Save the Children and SOS Children's Villages (Kursula, Machira & Niemi 2007, 14 cited Toivikko 2006, 6-7). They offer development work within the field of child protection services. EHJÄ offers aftercare services as supported housing and professional support person for young migrants. The organisation aims to create new functional models for child protection with municipalities and member organisations.

The Federation of Special Welfare Organisations aims to strengthen the condition of young people in aftercare. They strive to improve the content of aftercare to satisfy the unique needs of their clients. EHJÄ organises seminars and looks after its member organisations' interests in questions concerning their action fields. The organisation also provides training voluntary support persons and families for interested municipalities to improve child protection national voluntary services. In 2005, EHJÄ published a handbook for support person to guide professionals and families.

The organisation organises support activities for the young people in aftercare. EHJÄ also enters arrangements with municipalities to provide individualised aftercare programs to individuals. The aim is to promote young people's well-being and life management skills and strengthen their social networks and help them integrate into Finnish society.

EHJÄ has been offering supported housing services for young migrants since 1996. Their services are for unaccompanied asylum-seekers aged 18-25 years old. The support includes school support, handling official matters, seeking jobs, daily surviving skills and psychosocial support. The organisation currently offers services in Helsinki and operates in other cities including Järvenpää, Porvoo, Raisio, Vaasa, Kokkola, Espoo, Vantaa, Turku, and Naantali (EHJÄ 2020.).

2.4 EHJÄ's aftercare/supported housing services

EHJÄ develops aftercare support and services in collaboration with the young person to better fit the young person's circumstances. Aftercare assistance provides holistic, personal advice, and psychosocial help for the young person during the independence process. On a practical level, the service entails developing the young person's ability to live independently, providing counsel and assistance with official matters, education, job search, and finding hobby opportunities. Psychosocial help is at the centre of the organisation's operation. EHJÄ uses dialogue, interpersonal work, the GAS (Goal Achievement Scale) process, and outcome pedagogy as working methods. The support should facilitate young people's incorporation into Finnish society and help and enhance their self-sufficiency. The idea is to establish and reinforce young people's links to Finns. Additionally, young people are supported in preserving their cultural identities.

The organisation's support for young people includes one-on-one meetings, home visits, telephone support, networking, and social events. Individual sessions usually occur at the young person's residence, at EHJÄ's office, or another location decided upon by the young person. The young person receives assistance with managing his or her official affairs and is encouraged to practice life management skills. On weekdays, counselling is given according to the young person's needs, either by appointments or telephone support. If desired, assistance can also be provided online. EHJÄ provides weekdays mobile emergency services to young adults from 8 a.m. to 8 p.m.

3 THEORETICAL FRAMEWORK AND KEY CONCEPTS

Theories explain the observational relationship between phenomena. This study investigates the challenges unaccompanied migrants in the aftercare face and explores how they cope with such adversities while living independently. Therefore, this theoretical background focuses on the resilience of unaccompanied migrants' transition to adulthood. This section briefly reviews earlier researchers' literature on critical concepts such as aftercare, independent living, aftercare challenges, and coping mechanisms.

3.1 Resilience theory

The theoretical framework for this study is resilience. The term resilience has been perceived from diverse angles or situations. It is commonly defined as the ability to adapt positively to life circumstances despite being exposed to many adversities and distress (Jones 2012, 515; Rafaeli 2017, 2). Resilience is the ability to withstand or bounce back from adversities (Newman & Blackburn 2002, 1). Stein (2005, 1) also describes resilience as overcoming the odds, coping, and recovery. These definitions of resilience one common feature, thus, the inner capability to strive over every situation and become successful in life.

The study's target group is unaccompanied young migrants who are in aftercare in Finland. History indicates that these young adults have experienced many difficulties through wars in their respective countries before arriving in Finland. Many unaccompanied migrants still undergo psychological trauma even as they reside in Finland. Gorman-Smith and Tolan, cited in Luthar (2003, 392), affirm that exposure to community violence affects these young adults' well-being and has many related short-term or long-term developmental issues. Here, resilience is referred to as the ability of unaccompanied migrants to cope in aftercare despite the traumas they experienced during their journey to Finland.

Daniel (2003, 6), citing Schofield (2001), proposes that a resilient person has internal and external adaptive qualities. The coping rates of resilience are derived from three

significant areas: the attributes of the young adults, their family connections, and the characteristics of their social environments at large (Stein 2005, 1; Rafaeli, 2017, 2). These resilience resources are protective factors that facilitate coping among people who have experienced a traumatic event (Rafaeli 2017, 2). Therefore, a resilient person is “better equipped to resist stress and adversity, cope with change and uncertainty, and to recover faster and more completely from traumatic events or episodes” (Newman & Blackburn 2002, 1).

Resilience theory can identify, assess, and determine coping factors with care leavers who have been confronted with difficulties transiting to adulthood. Besides, a study shows that people who show resilience respond to crises or sources of distress in their lives and demonstrate practical approaches for coping with these challenges (Rafaeli 2017, 2.). This study used the resiliency theory to develop effective coping measures for unaccompanied migrants in aftercare to emerge triumphantly and live independently, notwithstanding the many adversities or challenges they have faced.

3.2 Description of aftercare in Finland

In Finland, the validity of care is indefinite until the need for it and substitute care no longer exists. The care service ends when the child concerned turns 18 years old (A 417/2007, 47). All young adults who have a history of out-of-home care are entitled to aftercare support in Finland (Cameron, Hollingworth, Schoon, Van Santen, Schröer, Ristikari & Pekkarinen 2018, 4; Törrönen & Vauhkonen 2012, 14) until they turn 25. The aftercare service also includes young people placed on their own as a supportive measure in open care and have continuously been in out-of-home placement for six months (Törrönen & Vauhkonen 2012, 14).

Unaccompanied migrants receive aftercare based on the Act on the Promotion of Immigrant Integration. The Integration Act determines the criteria for aftercare services provided for unaccompanied migrants (A 1386/2010). Section 27 of the Integration Act also states that support measures may cover a young migrant until he or she reaches 25 or until he or she has a guardian in Finland. The Integration Act was amended at the beginning of 2020 to set the unaccompanied migrants’ right to aftercare on an equal footing with those young people whose aftercare services are based on the

Child Protection Act. It was impossible to implement the amendment so that support for unaccompanied migrants would be provided under the Child Welfare Act because the criteria for child protection are not always met for unaccompanied minors. Therefore, support for this group has been sought under the Integration Act.

The child welfare handbook defines aftercare as comprehensive support provided to young adults after substitute care or long-term out-of-home placement (Finnish Institute for Health and Welfare [THL]). The Child Welfare Act Section 75 states that the various municipalities responsible for social services may provide aftercare service as a supportive measure to the young adults after out-of-home care or substitute care regardless of their ages (A 417/2007). Törrönen and Vauhkonen (2012, 166), citing the SOS children's village manual (2009, 25), reiterates the municipalities' responsibility for arranging aftercare for young people after being a client in the welfare services following the end of out-of-home placement.

The aftercare support is based on the young adult's individual needs, and it is purely voluntary. Törrönen and Vornanen (2014, 139) reveal that most young people refuse to receive the provided services and receive only financial support. For instance, about 40% of young adults opt for aftercare services in Helsinki (Häggman-Laitila, Salokekkilä, Satka, Toivonen, Kekolahti & Ryynänen 2019, 151). Meanwhile, the decision to provide support for young adults is solely by social workers' discretion in child welfare services (Oterholm 2018, 43). Therefore, aftercare support is not a subjective right, but it is purely based on the needs assessment of young people (Törrönen & Vauhkonen 2012, 13-14). Statistics indicate that 6694 officially received aftercare support in 2016, out of which 1774 continued living in institutions or foster homes as aftercare (Cameron et al. 2018, 166). The aftercare's function is to support young people and their guardians to help young adults reach a sufficient level to start independent lives (Törrönen & Vauhkonen 2012, 14).

The child welfare handbook, the Child Welfare Act, and the Act on the Promotion of Immigrant Integration state that the obligation to provide aftercare service ends when the young adult turns 25 years, or it has been five years after he/she has last been a client in the child welfare system (A 417/2007, 75; THL; & A 1386/2010). When the aftercare service has ended, the social worker and the young person concerned must draw a plan entailing the services and supportive measures to help the young adult live

independently (A 417/2007, 76). This will ensure continuous support measures, general services and guidance are offered to the young adult even after he/she has left the care to live an independent life (THL).

3.3 Transition to aftercare

Living an independent life is crucial in the pathway to adulthood of young adults who have left care. From the Nordic countries' perspective, it is a period where young people exit care such as foster care and residential care (Paulsen, Höjer & Melke 2018, 1). In a follow-up study on young adults who have left care, the participants refer to independence as living alone and taking responsibilities for their own lives (Jahnukainen & Hyytiäinen 2009, 40). This means that these young adults are no longer under the state welfare authority's statutory care, and they received no or limited support provided to people under care (Cashmore & Paxman 2007, 8). Living an independent life is a process that cannot be achieved overnight but could be progressively developed. Stein (2012, 162) describes independent living as a journey to prepare and support adult living.

Stein (2012, 165) describes young people leaving care into three major groups. They include those who have successfully moved on from care, those who are eager to survive, and those who struggle to live independently. The 'moving on' group accepts challenges for living alone and gain control of their lives. They perceived leaving care as an opportunity to improve their confidence and self-esteem. They enhance their resilience level through their care and aftercare experiences (Stein 2012, 170.). The 'survivors' have had unstable and disruptive experiences while living in care. However, in most cases, they do things independently and believe they are independent, even in the care. However, they need professional support to enhance their resilience to become independent (Stein 2012, 171.). The 'strugglers' of care leavers are mainly on the disadvantaged. They are the care leavers who have had a damaging relationship with their families, such that taking into care was not enough to compensate them.

Young people's mindset or readiness to leave care is perceived as critical in the evolution of independent living. Citing Maluccio, Krieger, and Pine (1990), Sulimani-

Aidan, Benbenishty, Dinisman and Zeira (2013, 706) describe independent living as the adolescents' ability to meet their needs, enjoy, and maintain their sense of satisfaction in their social and family environment. Kantokorpi (2017, 43) emphasises the need for the care leavers to develop good attitudes and a state of mind that could lead to a successful life. A study found that young adults with a high sense of readiness to leave autonomously have healthy living and positive relationships in life (Sulimani-Aidan, Benbenishty, Dinisman & Zeira 2013, 707).

Noticeably, young adults need to learn new coping skills (Sulimani-Aidan, Benbenishty, Dinisman and Zeira (2013, 705) and support from their society to have a successful evolution to adulthood. A study also shows that successful transition to adulthood of young adults who have left care includes adjusting to the key areas of independent living such as mental health, education, accommodation, employment (Sulimani-Aidan, Benbenishty, Dinisman & Zeira 2013, 705). In Finland, young adults who are in aftercare may receive funding to promote their independent living. About section 40 of the Finnish child welfare act, 40 per cent of the young person's income, compensation or receivables based the Act on client fees in social and health care services during care must be reserved every month to support their independent needs (A 417/2007, 77; Törrönen & Vauhkonen 2012, 15). The Child Welfare Act further explains that the municipality must support the young adult in gaining autonomy where there is no sufficient fund. The Child Welfare Act also mandates the fund and support to be provided to the young adult until he/she turns 25 years or five years after the person has last been a client in the child welfare system (A 417/2007, 77; A 1386/2010; and THL).

3.4 Challenges of unaccompanied migrants in aftercare

Care leavers face challenges in the transition to adulthood than their general population's peers (Häggman-Laitila et al. 2019, 151). This period forces them to take multiple responsibilities in their lives within a shorter period compared to other young people who have lived with their own families (Sulimani-Aidan, Benbenishty, Dinisman & Zeira 2013, 705; Stein 2012, 162). Many contributive factors affect care leavers at this stage. Häggman-Laitila et al. (2019, 151) argue that these factors differ

and largely depend on the individual's developmental stage, mental well-being and (Jones 2012, 515-516) level of resilience.

Studies show that it is a typical case that care leavers are confronted with issues regarding education, housing, income, employment, early parenthood, loneliness, physical and mental health problems, and mobility, building relationships, making adjustments to cultural norms (Haggman-Laitila, Salohekkila & Karki 2019, 634-635; Cashmore & Paxman 2006, 10, 236). They are also faced with factors that potentially affect their lives, such as ill-treatment, substance abuse, parents on drugs, family losses, poverty, future uncertainty and other related mental health issues (Kantokorpi 2017, 22; Roberts et al. 2017, 30).

One of the significant challenges faced by migrant care leaver's transition to adulthood is managing and fighting against exclusion. A study has shown that regular interactions have a considerable impact on migrant care leaver's experiences regarding exclusion and inclusion (Söderqvist 2017, 92). A record number of migrant care leavers in Finland are unaccompanied asylum seekers and have had negative relationships. Being a migrant care leaver put them at a disadvantage (Söderqvist 2017, 91; Paulsen, Höjer & Melke 2018, 2) as they find themselves in a subordinated position compared to their colleagues. The experience of not being recognised by peers forms a vital part of migrant care leavers' transition to adulthood as it shows exclusion and let them feel like strangers. Söderqvist (2017, 92) claims that care leavers from ethnic minority backgrounds are lower than the majority population. Besides, there is increasing evidence that "ordinary" ethnic minority young people living with their own families do not have racial and ethnic problems and concerns (Barn, Andrew and Mantovani 2005, 51).

Many unaccompanied migrants in aftercare have experienced various traumas that cannot be overlooked (Törrönen, Vornanen & Saurama, cited in Islam and Fulcher (2017, 260-261), and it could cause identity loss and hamper their social integration. Barn et al. (2005, 2) argue that it is difficult for these young migrants to associate themselves in their communities without a positive sense of identity and make a successful transition to adulthood.

A key concern of care leavers is how to cope with a series of changes within a short period and fewer resources (Cashmore & Paxman 2007, 10; Jones 2012, 516; Cashmore & Paxman 2006, 232; Sulimani-Aidan, Benbenishty, Dinisman & Zeira 2013, 705). Migrants care leavers have no home to return to when they encounter difficulties adjusting to independent living than the general population's youth, who often return home after they stuck up in their initial attempt to live independently (Jones 2012, 517).

The experiences of the unaccompanied migrants that led to loss or separation from their families and their difficulties during their stay in care place them at a disadvantage (Cashmore & Paxman 2007, 10) and generate several mental health problems in their lives. Some experiences and trauma they go through are kept silent or are not discussed in public. Törrönen, Vornanen, and Saurama, cited in Islam and Fulcher (2017, 260), confirm that young people hardly discuss their mental health issues. However, they describe their fears, anxiety, maltreatment, indifference and other uncertainties concerning their future.

3.5 Coping mechanisms of unaccompanied migrants in aftercare

Over the years, numerous studies have focused on identifying and examining the factors that aid care leavers transition to adulthood and independence (Rafaeli 2017, 2; Stein 2006). Coping is the strategies to manage psychological stress that adapt cognitive and behavioural efforts (Sloan-Power, Boxer, McGuirl & Church, 2013, 1743). It is merely a developing attempt to cope with stress. Unaccompanied migrants in aftercare experienced emotional stress because of the earlier traumas they have gone through. Their exposure to the challenges provides them with the opportunity to develop coping strategies (Newman & Blackburn 2002, 12) to survive alone.

Two significant factors contribute to the unaccompanied migrants' ability to cope with challenges confronting them: the intrinsic and extrinsic factors (Werner & Smith 1992 cited in Daniel 2003, 8). The intrinsic factors are the young adult's measures to live alone despite the many adversaries in the past. The extrinsic factors include other protective factors that enhance coping aside the personal attributes. Unaccompanied

migrants in aftercare relate to external coping strategies as social support (family, peers, and professional) and other activities.

3.5.1 Intrinsic factors

The ability to cope is related to innate and linked personal attributes (Stein 2005, 2). Young migrants' resilience to cope with the challenges in aftercare depends on individual capabilities. Some of the personal capabilities include self-efficacy and self-esteem, which promote positive coping despite the challenges experienced in their childhood (Rafaeli 2017, 2). Self-esteem and self-efficacy are some of the internal protective factors of care leavers. These two protective factors encourage care leavers' competencies and promote their resilience (Newman & Blackburn 2002, 7) to cope in life after care. The intrinsic coping strategy varies from one person to another, depending on the inner strength to withstand challenges and the willingness to face future challenges. Being optimistic enhances positive coping in aftercare (Rafaeli 2017, 2).

Self-reliance is pivotal to intrinsic coping mechanisms. Realising who you are motivated and enables you to manage your life positively well. Self-reliance enhances the belief in one's strength and ability to cope with future challenges in life despite the traumas in the past (Rafaeli, 2017, 2). The challenges faced in aftercare make unaccompanied migrants become mentally strong and encourage them to survive alone. Care leavers feel their many challenges had made them more capable and self-reliant (Stein 2005, 21). Care leavers with personal attributes admit whiles experiencing challenges, they are proud of their ability to cope alone (Baker 2017, 13).

3.5.2 Extrinsic factors

The protective factors that promote young migrants' resilience to cope include their families, friends and community experiences (Daniel 2003, 8). These three protective factors are classified as social support. Young adults who are equipped to cope with adversities during the transition to adulthood have "strong social support networks" and "a range of extra-curricular activities that promote competencies and emotional

maturity” (Newman & Blackburn 2002, 11). The extrinsic coping mechanisms provide unaccompanied migrants in aftercare the critical supports which are beyond personal resources. Coping with transitions to independence was easier for care leavers who had a key person to help them (Baker 2017, 4).

Assisting care leavers, both emotionally and mentally, plays a vital role during the transition to adulthood (Sulimani-Aidan, Benbenishty, Dinisman and Zeira 2013, 707). How well care leavers develop depends heavily on continued social support. A study by Cashmore and Paxman (2006, 237, 238) found that care leavers who feel secure have received social support, and Oterholm (2018, 44) confirms that care leavers support leads to better outcomes.

Deciding not to receive these support and services has many consequences on care leavers. According to Haggman-Laitila, Salohekkila and Karki (2019, 635), lack of social support in aftercare causes insecurity about their future, social isolation, and constant housing issues. Häggman-Laitila et al. (2019, 156) affirm that young people need more social support and personalised follow-up to improve their well-being. They often struggle in their transition to adulthood without social support (Oterholm 2018, 43).

Räty (2007, 391), cited in Kantokorpi (2017, 22), explains that because these young adults have lived in the out-of-home placement, it is essential to offer them exceptional support to become autonomous. There are various sources of social support that could be provided to unaccompanied migrants in aftercare. Cashmore and Paxman (2006, 235) listed some social support sources as family members, foster carers (social counsellors), peers and other networks such as churches, sporting or other community organisations and people at work. The sources of social support for unaccompanied young migrants in aftercare narrowed to three; family members, peers, and social services (Refaeli 2017, 2).

One cannot discuss the crucial role of social support for unaccompanied migrants in aftercare without mentioning their families. Oterholm (2018, 43) believes that these young adults often need and receive support from their families, notwithstanding where the young adults live. Roberts et al. (2017, 30) assert that it is hard to replace a parent’s love, even with the most significant guardian. Family support contributes to

better coping, and increases care leavers' well-being (Sulimani-Aidan, Benbenishty, Dinisman & Zeira 2013, 707). It is noted that care leavers managing exceptionally well in their adult lives have had a lasting and significant relationship with their families (Cashmore & Paxman 2006, 238).

Most of these unaccompanied migrants have lost their families through wars or grew up without their birth parents (Kauko & Forsberg 2018, 2.). Therefore, it is only essential that carers and others who matter in these young people's lives maintain their support for them (Cashmore & Paxman 2006, 239). Baker (2017, 17) urges authorities and other stakeholders to continue improving the services provided to care leavers because offering the proper support in aftercare can make a real difference. Though managers and other critical stakeholders in child welfare have expressed giving support as a crucial factor to positive outcomes, Cashmore and Paxman (2006, 239) contend that the support is not available for all care leavers. Others believe that extending support to care leavers could cause over-dependency on the system (Oterholm 2018, 45).

Establishing friendship has been very difficult for unaccompanied migrants due to mistrust in their experience. But it is easy for them to connect with their peers from the same country of origin. A study shows that most young migrants found their racial and cultural identities a vital component of themselves and often showed confidence in their cultural heritage and vocalised the value of a sense of belonging (Barn et al., 2005, 53). Though few studies have assessed the positive impact on the role of peers in promoting resilience in aftercare (Rafaeli 2017, 2), positive peer relationships are one of the critical factors that help care leavers to "succeed against the odds" (Newman & Blackburn 2002, 8). The latter continues that we must be wary not to belittle the role of friendship in developing conscious strategies to promote young adults' resilience. Friendship offers both emotional support and practical solutions to aftercare young adults' transition to adulthood and reduces isolation (Baker 2017, 23).

4 METHODOLOGY AND METHODS

This chapter deals with the research approach that was used in conducting this study. It starts with a brief description of the selected research method coupled with reasons for choosing the method. It further describes how the data was collected and how the participants were selected for the data collection. This chapter finally concisely explains the procedure for the data analyses.

A qualitative research method was adopted for this study. Fischer (2005, xvi) defines qualitative research as “a reflective, interpretive, descriptive, and usually reflexive effort to describe and understand actual instances of human action and experience from the perspective of the participants who are living through a particular situation”. In simple term, qualitative research “involves any research that uses data that do not show ordinal values” (Nkwi, Nyamongo, & Ryan 2001, 1).

The reason for deploying a qualitative research method was that this study is subjective research that explores the experiences of unaccompanied migrants in aftercare. This is in line with Pathak, Jena, & Kalra (2013) and Fischer (2005, xvi-xvii). They explain that the qualitative research method is subjective and appropriate when we want to understand and describe people’s beliefs, experiences, attitudes, behaviours, and interactions. In other words, the study’s respondents told stories and life experiences as care leavers, which could not be measured and qualified. Therefore, qualitative research was the appropriate method for this study.

4.1 Population and sample

The data collection took place in Helsinki in collaboration with EHJÄ ry. The capital municipality of Finland was chosen because of its easy access to information and proximity. Four unaccompanied migrants in aftercare were selected for this study. The four participants were assigned to get ample time for making an in-depth investigation of the issues for each discussion. It was also challenging to get participants with a common language like mine. Besides, I needed to secure first-hand information from the participants and create a friendly atmosphere on the interview day. The participants

were selected using two sets of sampling methods. The initial idea was to approach participants using the purposeful sampling method. However, because of insufficient English speakers of unaccompanied aftercare migrants, the snowball sampling method was used to secure additional participants. It is important to note that this approach was recommended and approved by EHJÄ ry. The first two respondents were selected using a purposeful sampling method. Purposeful sampling is known as the most prevalent sampling techniques in qualitative research. It is a technique that aims to provide cases relevant to the research question that is rich in information and give in-depth insight (Gavin 2008, 228).

Snowball sampling was also used to determine the other two participants for the study. Snowball sampling is where recruitment starts with a small number of researcher-identified participants from the target group, who then recruit further wave of participants until a suitable number of participants has emerged (Flick 2017, 671). The first two participants were EHJÄ's clients, while the remaining two were from an organization whose identity would remain anonymous for ethical reasons. The participants were unaccompanied young migrants in aftercare who are 18 years or more and have lived independently for a minimum of one year. The selection criteria were to safeguard participants' adequate experience in aftercare and independent living to share. Table 1 shows the demographic information of the participants during the data collection process.

Table 1. Background information of participants

Participants	P1	P2	P3	P4
Age when arrived in Finland	14 years	15 years	15 years	15 years
Educational level before care (country of origin)	High school	High school	High school	Some kind of formal education
No. of years spent in aftercare	One year	Two years	Two years	Two years
Current education or Occupation	Studying	Studying	Studying	Studying
Marital status	Single	Single	Single	Single

4.2 Data collection process

A data collection technique used for this research was semi-structured interviews with open-ended questions. The semi-structured interview is most used in qualitative research (Flick 2017, 233). A semi-structured interview has the interviewer developing a non-formalised list of questions. Instead, they can ask more open-ended questions, and this approach allows for a conversation with the interviewee. Semi-structured interviews use a prepared collection of questions worded to eliminate variation in how they are answered. It will enable interviewees the freedom to answer the questions about how they wish, and the questions can be chosen in any order (Gavin 2008, 236.). In semi-structured interviews, probing questions are designed concerning what the interviewees have already said. Researchers create free-ranging discussions by sequentially putting research questions to participants (Flick 2017, 233.). The aim of using the semi-structured interview was to provide opportunities for participants to express their thoughts on issues facing them with no hindrance. Some argue aside from being the most popular data gathering method, interviews give the participants insight into their thoughts and feelings (Gavin 2008, 249).

The selected participants were interviewed on a one-on-one basis. Because of the COVID-19 pandemic, it was challenging to meet the participants in persons. Instead, phone calls and remote meetings were conducted via Zoom for the interviews. The interviews were designed based on the research questions and in consultation with the working life partner. Before the interviews, text messages were sent to the participants to seek their consents and when a meeting could be scheduled for the interview. A duration of 30 minutes was allotted for each interview section with recordings for the data gathering. Before each interview, a friendly atmosphere was created to calm down the participants' nerves and make them comfortable throughout the section. The interviewees were assured of the conversations' confidentiality, with their views highly respected to build trust. All the necessary information was retrieved from the participants. However, organising the interview online created some distance and felt apart from the participants. At some point, it was difficult to hear the participants well due to their accents. A face-to-face interview would have been appropriate for closeness between the interviewer and the interviewees, but the COVID-19 situation

did not permit that. Overall, the interview went well with no jeopardy and recordings were made for further listening to the participants' responses.

4.3 Data analysis

Each of the data gathered was transcribed into text and analysed using thematic analysis. The thematic analysis was used to allow flexibility in analysing the data and sort the data into relevant themes. The thematic analysis describes the concepts and meanings that the participant or reader represents in a text (Gavin 2008, 248). It is a way of reading and coding data to understand participants' input on the research topic (Flick 2017, 259). Guest, MacQueen and Namey (2011, 9) argue that thematic analysis goes beyond counting explicit terms or phrases and concentrating on recognising and defining themes. Codes usually summarize defined concepts and connected them to raw data. It enables the researcher to identify what is necessary concerning the subject and research question being investigated (Braun & Clarke 2006, 57). Thematic analysis is a valuable tool for capturing the nuances of meaning in a textual data set. In qualitative studies, it is perhaps the most frequently used study method (Guest, MacQueen & Namey 2011, 10.).

The study's thematic analysis was done using the six-step process proposed by Braun and Clarke (2006, 60-69); (1) familiarising the data, (2) generating initial codes, (3) searching for themes, (4) reviewing potential themes, (5) defining and naming the themes, and (6) producing the report. The analysis process began with repeated reading of 21 pages of transcribed texts gathered from the data to familiarise and identify its fundamental ideas. Afterwards, initial codes were manually developed from the data to identify recurring statements. In this study, other sub-themes were also derived by critically analysing the most common statements from the data gathered, considering their relevance to the research questions. The sub-themes were then trimmed down by exploring the similarities, differences, and relationships to assess the data's overall quality, as acknowledged by Guest, MacQueen and Namey (2011, 51). Finally, interviews were categorised into two themes based on the study's research questions. Braun and Clarke (2006, 10) assert that themes capture the data set's essential elements about the research questions. A summary report was produced on the final analysis

data based on the research questions. Table 2 provides a detailed description of the themes employed in the analysis.

Table 2. Themes from the data

Extract from transcription	Initial code	Sub-themes	Themes
I no longer stay with my friends Some of my friends take sleeping drugs It is difficult to find Finnish friends I like to be with my friends I don't want to hear bad news from my country It's sometimes stressful to live alone I have missed my family	Loneliness Substance abuse Social integration Friendships Discrimination Stress Depression Past traumas Fear of the past	Loneliness Social relationships Psychological issues	Challenges
Do things by yourself I can decide on what to do The benefit of becoming independent Have a good mindset The strength to survive I do a lot of sports Believe in yourself Call my family I visit friends I go for assistance when find things difficult	Independent Positive mindset Extra activities Self-belief Family contacts Social needs Social workers help Professional help Friendship	Self-reliance Social needs	Coping mechanisms

4.4 Restrictions and validity

In this section, restrictions during the study's process will be discussed. The validity will review the study by authenticating the method and findings from this research.

The relevance of this study to unaccompanied migrants in aftercare cannot be underestimated. Nonetheless, the study had its limitations, which affected the interpretation of the results. Sometimes, participants may respond favourably to the researcher's questions instead of their accurate responses (Ross & Bibler Zaidi 2019, 262; Krumpal 2013, 2025). A psychological piece, such as a stable need for social approval, might influence participants' responses to surveys (Krumpal 2013, 2025). The study may not present the true reflection of the findings because there is the probability that the participants may not provide every information demanded, especially regarding their mental well-being.

The process of choosing participants for the study may pose bias in the results. Participants of a study are likely to respond to the interest or attention gained through observation and evaluation, resulting in a behaviour change (Sedgwick & Greenwood 2015, 1). There is the possibility that participants selected have a high resilience level and may not experience any difficulties in coping. Because resilience comes from within a person, the participants may provide information that might suit other unaccompanied care migrants in aftercare. Ross and Bibler Zaidi (2019, 262) also attest that participants may change their behaviour when they know they are being observed.

Certain study constraints may have arisen in the researcher's desire to confine the research scope (Ross & Bibler Zaidi 2019, 262). The content of the study was limited because of the few emerging numbers of participants. It was difficult to secure more participants because of the language barrier. It was agreed with the working life partner that we use the English language for the interview for easy understanding and some ethical purposes. In effect, the number of participants was few and scarce. The number of the study's participants also restricted the generalisation of the results. According to Ross and Bibler Zaidi (2019, 262-263), the external validity is questioned when a study's findings can't be extrapolated to all other populations regarding sample size (Ross & Bibler Zaidi 2019, 262-263).

One other issue that restricted the analysis of this study was COVID-19. The pandemic has wreaked havoc on educational systems to the greatest extent possible (Pokhrel & Chhetri 2021, 143). The initial plan for the data collection process was to conduct the interview using the face-to-face approach. Some participants expressed their displeasure about meeting virtually. They said they prefer meeting in persons since they will find it difficult to explain themselves well on phones and other social media platforms. Unfortunately, due to the COVID-19, we could not meet face-to-face.

A measure is valid if it measures what it meant to measure without incidental inclusion of other factors (Thanasegaran 2009, 37; Gavin 2008, 293). Validity is defined as the degree to which an instrument tests what it is supposed to measure (Kimberlin & Winetrstein 2008, 2278). According to Stenbacka (2001, 552), with validity, participants form part of the problems, and they are provided with the opportunity to share their views based on their knowledge structures. Kimberlin and Winetrstein (2008, 2278) emphasised that validity is not a property; instead, it is the degree to which the interpretations of the results from data are justified. It determines whether accurate measurements are adopted and measuring what they should measure (Golafshani 2003, 599). It has been noted that the results of our research design or statistical analyses will be meaningless if we are not truly measuring what we are purporting to measure (Muijs 2004, 66). Gavin (2008, 14) argues that validity implies reliability and that a valid measure must be reliable.

Hannes, Lockwood and Pearson (2010, 1738) indicate five significant validity types to assess the validity of the original qualitative research reports. They include descriptive, interpretive, theoretical, generalisability, and evaluative validity. The descriptive, most important of all the validity types, is further divided into two: primary descriptive validity and secondary descriptive validity. The primary descriptive validity refers to what the researcher reports having seen or heard. The secondary descriptive validates “the accounts of things that could, in principle, be observed, but that were inferred from other data” (Maxwell 1992, 286.). The study justifies both the primary and secondary descriptive validity. This study’s account was made from the interview conducted and supported relevant data from other related reports.

In qualitative research, the worthiness of interpretation is exceptionally critical. Interpretive validity describes how well a study illustrates the subject (Hannes, Lockwood & Pearson 2010, 1738). Interpretive reports are grounded in the participants' studied language and rely on their own words and concepts (Maxwell 1992, 289). A common language was used during the study's data collection. It was easy to understand and transcribe the information gathered. Thus, the study's methodological and analytical process was interpreted as represented by the participants during the interviews.

Theoretical validity "refers to an account's validity as a theory of some phenomenon" (Maxwell 1992, 291). In theoretical validity, researchers focus on issues such as "how" and "why" a phenomenon in research manifests itself. It aims to address the theoretical frameworks researchers used to apply knowledge developed from their studies (Hannes, Lockwood & Pearson 2010, 1738). This study's theoretical framework was resilience theory, which corroborates that care leavers can cope through their personal or inner strengths and some external factors despite their many adversaries. To support a study with a valid theory, suggest a demonstration of something useful about the phenomenon (Fischer 2005, 29).

Generalisation in qualitative research is developing a theory from a case study and showed how the same method, in diverse cases, can generate different outcomes (Maxwell 1992, 293). They reinforce the external validity of their study by demonstrating how the same process could lead to similar (or different) results under similar (or different) conditions (Hannes, Lockwood & Pearson 2010, 1738). Even though this study was conducted using few participants using EHJÄ's services, the results can be referred to other unaccompanied migrants care leavers across the country in a similar situation. This is in line with Maxwell (1992, 293) that generalizability is based on the premise that a study can explain similar individuals or circumstances rather than concluding a particular population based on statistical implication. Good qualitative research should generalise findings made from the sample population (Gavin 2008, 46).

5 RESEARCH ETHICS

Ethical issues in conducting research mean researchers' moral obligations to protect participants from harm, invasion of their privacy and ensuring that their well-being is protected (Drew, Hardman & Hosp, 2007, 79). Permission was sought from EHJÄ ry to support this study. A contractual agreement was then made with the participants through the working life partner (EHJÄ ry). Like Cohen, Manion and Morrison (2000, 53) recommend, permission to conduct research be sought as early as possible, and that was precisely executed in this research. Advance notice was issued concerning when the data will be collected. Meanwhile, this study's working life partner was provided with a research permit and research consent letter issued by the Diaconia University of Applied Sciences beforehand.

The study was guided by the ethical principles of the Diaconia University of Applied Sciences. The Diaconia University of Applied Sciences' ethical principle aims to shape students' character and prevent wrong research proceedings. Flick (2017, 34) assumed people raised in a proper social setting could act trustworthy. It is recommended that "researchers could ensure the ethics of their work by maintaining a value-neutral position, allowing empirical data to demonstrate that the greatest good had or had not been achieved by a selected course of action" (Flick 2017, 34). As someone from an immigrant background, it was necessary to maintain a high level of professionalism by allowing the data to interpret the results without interference.

According to Drew, Hardman and Hosp (2007, 72), one traditional way of solving research ethics is anonymity, thus disguising participants' identities and locations. Names of participants were withheld and represented with codes P1 to P4 with their residential facilities also represented with N1 and N2. The working life partner's name was not withheld because they recommended that their name be mentioned and recognised in this study.

In this study, participants were guaranteed the confidentiality of their responses and were assured that the information gathered will only be used for the research. They were also assured that after the completion of this research, all data collected would be destroyed. The participants were notified in advance of the procedure in which the

data will be collected and the purpose for which it will be collected. Pundits in the field of research believe that earlier notification of the process will enable the participants to be aware of the study's aim and methods, the risks involved, and what the study demands from them (e.g., Cohen, Manion, & Morrison 2000, 50; Drew, Hardman & Hosp 2007, 79).

6 CHALLENGES IN AFTERCARE FOR UNACCOMPANIED MIGRANTS

This chapter describes findings from the data gathered for this study based on the first research question and the theoretical framework. The first research question dealt with the challenges unaccompanied migrant care leavers face in Finland? Hence, this part labels some challenges unaccompanied migrants faced in aftercare. The participants identified the following as some challenges confronting unaccompanied migrants in aftercare: loneliness, social relationships, and psychological issues.

6.1 Loneliness

One challenge the participants mentioned was loneliness. This was peculiar in the findings made as all the participants interviewed could not hide the fact that they were lonely. Some participants believed that their loneliness resulted from being separated from their families and friends from their countries of origin. For instance, a participant (P3) mentioned:

“I am lonely because I miss my families and friends I used to play with.”

Another participant also feels lonely because of his inability to make friends or the people's unwillingness to make friends with him.

“In Finland, I think it's a little difficult to find some friends because of that I have to be alone at home” (P2).

One reason given by participants for his loneliness was the separation from friends he has established in residential facilities to stay alone. P1 responded to the loneliness challenge as “because four years you live in the place where you have your friends from your home country people, but when you move alone, it's a little tough”.

Participants also revealed that many of the unaccompanied migrants in aftercare has resulted in drugs due to the fear of surviving alone. One participant expressed his sentiment about drug usage, saying:

“Some of my friends now desperate and alone, that's why if you don't have the skill of how to survive. It's tough. Many boys are using or taking the sleeping pills or some other drugs” (P1).

6.2 Social relationships

Another issue facing the unaccompanied migrants in aftercare is social relationships. All the participants argued Finnish people rarely make friends with them. Relationships with the community have been complex for these young adults who seek to adapt to society. Participants P2 and P3 affirmed: “In Finland, I think it’s difficult to find some friends”. P1 related their inability to connect with the Finnish people as due to cultural differences. He said,

“In Finland, I don’t know their culture is a little different from the culture we belong to. So, they don’t get so close soon.”

One participant further relates their social relationship to discrimination or stigma. P4 shared his experience on the subject and revealed:

“I faced a lot of discrimination when I was doing my internship, but now it’s getting better.”

6.3 Psychological issues

The participants for this study revealed that they experienced a series of stress and other psychological issues. One participant admitted to not experiencing stress or having any psychological problems since he started living independently. He said:

“I had stress when I was in the family home, but in aftercare no” (P1).

The rest of the participants agreed to experience stress. These traumas are because of their past events and what is happening currently in their countries. For instance, P2 lamented:

“When I hear something like, you know, there is a bomb blast in our country, or they killed this person, they killed that person like this. I get a lot of stress when I listen or when I hear these kinds of news.”

The result shows that some young unaccompanied migrants in aftercare consider using drugs to solve their psychological problems. It was discovered that none of the participants for this study had a drug issue. However, they mentioned that many of

their friends in aftercare are into drugs. According to the participants, most unaccompanied migrants have resulted in drugs because of their traumatic experiences. They think drugs can help them to forget their past events and relief their pains. The sample response by P4 was that “it is difficult when you think about the past. I have many friends who take drugs so that they can forget about things”.

7 COPING MECHANISMS

Chapter seven summarizes results from the data gathered for the second research question and theory. The study's second research was the contributing factors affecting the coping of unaccompanied migrants in aftercare in Finland. This section, therefore, describes how the participants adapt and live independently. All the participants agreed that there is a need to map up strategies to face the challenges in transiting independent lives. The participants' coping mechanisms identified in this survey include being independence and social needs.

7.1 Self-reliance

Among the factors that participants mentioned coping with the challenges they faced is independence or self-reliance. All the four participants could not hide their joy of being self-reliant when asked how they felt about aftercare.

“Before, I used to live with a group of people. Now I can decide what I want to do” (P2).

“The benefit (aftercare) is that you become independent. You have to work hard, and you have to do your things by yourself” (P1).

“I decide what I have to do everything and decide for my future.” (P4).

The participants had divergent views on self-reliance as a means of coping. Some participants believed that having a positive mindset and engaging in sporting activities helps them cope with challenges.

“It's all about mindset if you are at home and you have some activities like sports, and you are going out it is good, but when you are alone, you don't have activities then all the thoughts come from your home country and the problems you're having here.” (P1).

“One of my friends came this weekend to my home, and I told him not to use pills because you get used to it. Something that you become

addicted to those pills. So, I told him, try to make your mind that without these pills, I can survive, I can go to sleep, I can concentrate on my studies. I don't need these pills, but if you think that oh, I have to take these pills, I can't sleep without these pills, but I can concentrate. So you get used to it, and you become addicted, and you use it every day" (P3).

"I like to do a lot of sporting activities like going to the gym, running and boxing" (P2).

Another participant believed that the best way to cope with challenges living alone is to believe in oneself and trust that you are uniquely created. He said:

"if we believe in ourselves, and if we try to work hard, we can beat every challenge and make our future bright" (P4).

7.2 Social needs

As the saying goes: "no man is an island"; the participants agreed social needs are vital to coping with the challenges they faced in aftercare. The participants mentioned family support, peer support, and aftercare support as social needs to meet their challenges.

The participants revealed they could not have a sound mind without knowing how well their families are doing. Hearing from their families and knowing they are doing well help them relaxed and stay focused on their lives in Finland. Here are how some participants explained his family connection to facing his challenges:

"because there is still ongoing war in my country, I'm always thinking about my family; how are they doing? Are they ok? So, when I hear from them, I become ok, and I can concentrate here" (P4).

"I regularly call my family. They inspire me all the time; they advise me to work hard so that I can take care of them in the future, and that's what I'm doing, focusing on studies so that I can get a good job" (P2).

One participant also believes that his family become satisfied and emotionally stable anytime they hear from him.

“They (family) are helping. I call maybe once a month. Then I tell them I’m happy, and life goes well, so.”

During their stay in the camp (residential facilities), the participants have made some friends which they see as their relatives in Finland. Even in aftercare, they often meet to provide support for each other in times of difficulties. Two participants admitted they could not discuss every personal issue with their social counsellors, so they talk about many emotional problems bordering them when they meet as friends.

“When we meet, we talk about so many things; things that are going on with our lives. Some things that we talk about are personal that I can’t tell you. But I think friends help me and help them too” (P2).

“I have friends from my home country who are living here as well. We meet every day, and I advise them on many things and tell them to stop using pills and other drugs” (P1).

Not only do the participants meet their friends for emotional problems, but also, they meet them for practical help. This was what some participants mentioned:

“Sometimes my friends come to me when they need something I have, and I also borrow from them some things I don’t have” (P1).

“Some friends, they know I’m working, so they always want to borrow from me. Just last week I gave one of my friends €10” (P4).

The aftercare support was prominently raised when the participants were further probed on their reasons for opting for aftercare. The result indicated that the participants had selected aftercare to receive services they could not handle and other professional advice concerning their future.

“If I have some problems like official problems like getting some agreements or some assignments in school, I ask for help” (P1).

“I go for assistance when I find difficult things; I cannot do myself, especially in school” (P3).

“it’s a good place for me. I can survive without it also, but I prefer to start from there” (P4).

It is worth noting that one of the participants has never sought support since joining aftercare. He claimed:

“I don’t go for any help. Now I leave completely alone. Not in my apartment, but I like the situation that I’m doing everything on my own” (P2).

8 DISCUSSION

This chapter discusses the study's results using the themes in the previous chapters. The discussion will base on the theoretical framework and will be supported using other related literature.

This study is intended to investigate the transition of unaccompanied migrants from residential facilities to aftercare in Finland. The research's goal was to examine the challenges confronting unaccompanied migrants in aftercare and explore their ability to cope with such adversities while living independently. These research questions were considered to achieve this study's aims: What challenges do unaccompanied migrant care leavers face in Finland? And what are the contributing factors affecting the coping of unaccompanied migrants in aftercare in Finland?

The results indicate that this study's participants experience a series of challenges in aftercare. The challenges that unaccompanied migrants in aftercare in this study identified are in line with previous studies on care leavers. However, some challenges differ from those usually mentioned in other related literature. For instance, this study participants did not mention homelessness and unemployment challenges, consistent with many findings on challenges care leavers face (Haggman-Laitila, Salohekkila & Karki 2019, 634-635; Cashmore & Paxman 2006, 10, 236; Rafaeli 2017, 1). This is because the culture and the community of the care leavers influenced some challenges they face. Rafaeli (2017, 2) asserts that many literature results can be generalised to multiple cultural contexts, but the indent of society, the care leaver perceptions can vary across the various Child Welfare Acts. In Finland, the authorities are required to provide aftercare services for a young person leaving substitute care. As part of aftercare, they need to secure housing and income for the youngster. The young person is still responsible for his/her own life, but the municipality needs to offer support for independent living (A 417/2007, 16a). This presumably may not be the case in other countries.

The results from this study show that loneliness is one major challenge confronting unaccompanied young migrants in aftercare. Some participants felt lonely because they have missed and are separated from their families, friends and their communities

of origin. Loneliness is when you feel you are missing loved ones or are anxious about the loved ones you are missing (Chase and Statham 2013, 226). Further, losing social contacts contributes to the individual's loneliness. Respondents from the previous study believed it was stressful for the young people to take care of everything alone since they may have come from a family with many other people to turn to as family, relatives and friends (Kursula, Machira & Niemi 2007, 26). Kauko and Forsberg (2017, 4) also reveal that the experience of losing the social contacts they have established in their previous places of residence compounds loneliness.

Social relationships were established as a challenge in the findings from this study. Many researchers have noted that unaccompanied migrants and other care leavers experienced high social exclusion risks (e.g., Söderqvist 2017, 93; Höjer & Sjöblom 2014, 71), and they lack social relationships (Kauko & Forsberg 2017, 10). Managing and fighting social exclusion is one challenge faced by unaccompanied migrants in aftercare. This study showed that the participants find it difficult to establish contacts with the Finnish community. They expressed their inability to connect with the local peers. A previous survey on unaccompanied migrant indicates it is challenging for these young adults to build a new relationship when they do not know anyone and are new (Kursula, Machira & Niemi 2007, 39). Their difficulties in establishing social contacts with their Finnish peers give rise to isolation for unaccompanied young adults (Roberts, Bradby, Ingold, Manzotti, Reeves & Liabo 2017, 30). Finnish contact can also facilitate the unaccompanied migrants' integration process and help them learn the Finnish language (Kursula, Machira & Niemi 2007, 40) and culture.

Young people who grow up in state care are vulnerable to having substance abuse problems. Psychological and behavioural problems among young people living in care are the subject of many studies. The effects can be experienced from both pre-care experiences and care (Ward, Henderson & Pearson 2003, 4.). This study reveals that some of these young migrants in the aftercare resort to substance abuse to handle loneliness. They use drugs because they are afraid of coping and surviving alone. These young people develop risky substance abuse when they exit from care to live independently (Ward, Henderson & Pearson 2003, 4). The effects of loneliness are unquantifiable on care leavers. In aftercare, some young people describe that their sense of loneliness has affected their emotional well-being and prompted poor mental health (Baker 2017, 16).

The participants express their emotional distress about the happenings in their countries. According to the findings, unaccompanied migrants in aftercare go through stress due to both past and present events in their countries of origin. These young adults' enormous traumatic experiences cause insecurity, fear, and lack of happiness (Kauko & Forsberg 2017, 5) and underpin the coping in their present circumstances (Kursula, Machira & Niemi 2007, 27-28). A study also reveals that care leavers express their depression as having an overwhelmingly negative impact on their lives transition to independent living (Baker 2017, 16).

A recent study on resilience development has explored three significant areas: the attributes of the young adults, their family connections, and the characteristics of their social environments at large (Stein 2005, 1). These facets of resilience emerged in this study as the participants mentioned being independent and social support as critical areas of their coping mechanism in aftercare.

According to the theory of resilience, effective coping in adulthood is fostered by having personal tools such as mastery, self-efficacy, and self-esteem. One's resources boost one's belief in their ability to handle future difficulties despite difficulties that one has previously faced (Refaeli 2017, 2.). This study's findings show how unaccompanied migrants in aftercare relish their sense of freedom regardless of the many risks they face. The participants expressed living alone, performing day-to-day activities without assistance, and making their own decisions as the best things about aftercare. For some, 'being an adult' signified 'freedom.' for care leavers, 'freedom' could mean different things: "freedom from being in care", "no social worker assigned to the family", "no attendance at reviews", and "no interventions given" (Baker 2017, 13).

The participants in this study believed that having a positive mindset or the will to survive is key to successful independent living. The findings gathered indicate that developing high self-esteem led to better adjustment in aftercare. Much research has proven that many care leavers are resilient and possess the inner strength to survive (e.g., Haggman-Laitila, Salohekkila & Karki 2019, 155; Refaeli 2017, 2; Newman & Blackburn 2002, 7). While self-esteem is a crucial factor in promoting resilience, it is more likely to grow and be sustained by developing valued skills in real-life situations (Newman & Blackburn 2002, 10). It was discovered from this study that having extra

activities such as sports help participants to overcome stressful situations. Newman & Blackburn (2002, 11) and Gilligan (2008, 46) were consistent that various extra activities and recreational environments support competency and emotional maturity from those transitioned from care.

This study's results recorded the need for social support in aftercare as a coping measure to challenges unaccompanied migrants in aftercare faced living alone. Support is a key to helping people handle challenges and can originate from various sources, including family members, peers, and social services (Refaeli 2017, 2). Similarly, considering the factors that promote resilience, Newman and Blackburn (2002, 11) suggest that young people are best equipped to overcome adversities, particularly in aftercare when they have strong social support networks. The participants explained how connecting to families in their home countries has helped them to live independently. This is in line with the principle of resilience, which stresses the significant protective role that family support can play (Refaeli 2017, 2). The distance family relations have been the case for these unaccompanied migrants in aftercare. However, the participants concede their families are irreplaceable (Roberts, Bradby, Ingold, Manzotti, Reeves & Liabo 2017, 30). That regular contacts with their families have improved their emotional and mental well-being. A previous study also described that care leavers with stronger family relations develop a high level of confidence and self-esteem (Baker 2017, 21).

It is easier for young migrants to transition from residential facilities to aftercare to build bonds with people from the same ethnic background (Kursula, Machira & Niemi 2007, 39). The participants noted that their peers in their former residential facilities have been of immense help to cope with challenges, especially on issues of emotions and vice versa. A literature review by Refaeli (2017, 2) on care leavers examined the positive role that one's peers can play to promote resilience during the transition from care to independent living. Hence, they perceive their peers in aftercare as siblings and cherished their moments together. They discussed the challenging matter together and advice each other on how to handle issues confronting them. Most times, they help each other with practical things such as financial help.

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versa. It is easier for young migrants to transition from residential facilities to aftercare to build bonds with people from the same ethnic background (Kursula, Machira & Niemi 2007, 39). Hence, they perceive their peers in aftercare as siblings and cherished their moments together. Previous literature reviews on care leavers examined the importance and the positive role that one's peers can play to promote resilience during the transition from care to independent living (Refaeli 2017, 2 & Baker 2017, 23). The participants said they discussed challenging matters in their lives together and advice each other on how to handle issues confronting them. Most times, they help each other with practical things such as financial help. In sum, this is how a study conducted by Baker (2017, 23) stated:

The area care leavers said they were most happy with was friendship. For some, their peers offered both practical solutions and emotional support. Friends could help reduce social isolation.

The participants in this study highlight the continuous support needed from their social counsellors and other professionals. Offering support is optional for these young migrants in aftercare in Finland. In contrast, some participants prefer not to be offered any help, probably because Baker (2017, 17) believes that they do not want to be perceived as not coping. Other participants think that receiving social services has been enormously helpful during their independent living. Indeed, proper support during the transition to adulthood helps many care leavers (Baker 2017, 17) to cope with aftercare challenges. The unaccompanied migrants for this study consider help from their social counsellors on complex issues beyond their means. They described being struggling with the number of school assignments and official matters they needed to care for independently. For most of the unaccompanied migrants in aftercare, the most significant problem is not knowing how and what to fill in the official paperwork, especially to KELA and the Social office. The language they used in the forms is hard to understand (Kursula, Machira & Niemi 2007, 33.)

9 CONCLUSIONS

This chapter is in three folds; the first part concerns the summary of the study's process. The second section discusses the professional development from this study, whilst the last stage suggests areas for further studies relating to the coping measures of unaccompanied migrants in aftercare.

9.1 Summary of the study

The study was conducted using the qualitative research method. The participants used for this study were unaccompanied migrants who are in aftercare. This study is intended to investigate the transition of unaccompanied migrants from residential facilities to aftercare in Finland. The research's purpose was to examine the challenges confronting unaccompanied migrants in aftercare and explore their ability to cope with such adversities while living independently. The resilience theory was adopted as a framework to achieve the study's aim.

Loneliness was discovered in this study as a significant challenge that hinders the coping of unaccompanied migrants in aftercare. The participants related their loneliness to loss of identity, sense of not belonging. For them, living alone can lead to the fear of surviving. During the analysis, it was observed that these young adults in aftercare have other unidentifiable coping related issues. They feel reluctant to consult experts for help because, according to Baker (2017, 16), they would be seen as not coping or simply because of their sense of pride. Therefore, they try to solve these problems themselves, leading to many substance cases of abuse. Today many challenging issues disrupt the adjustments of unaccompanied migrants in aftercare that are yet to be surfaced simply because sometimes they pretend everything is fine when, in reality, they are not.

This study established that a lack of social relationships is a key contributor that unaccompanied migrants in aftercare cope. The participants explained how the diverse culture and their inability to make Finnish contacts or friends had affected their lives as care leavers. The study revealed insufficient programme or activities that connect

these young care leavers to their Finnish counterparts and the larger society. Occasionally, they felt stigmatised whenever they have attempted to establish contacts with the people. According to the results, the social relationship's drought only leaves with the option of sticking with peers from their country of origin. To support this assertion, Kursula, Machira & Niemi (2007, 26) argued that only interacting with their ethnic group and associating with other immigrants impairs learning, adjusting to the language, and hinders social integration.

One challenge that also hampers the coping ability of unaccompanied migrants in aftercare is the psychological issues due to their past traumatic experiences and current war events happening in their respective countries. The participants stated their unceasing stress when they think of their past and hear the bad news concerning their countries of origin. This study noted that not every unaccompanied migrant's experience stress or have a psychological issue because of their past. While some struggle to recover from their previous traumatic events, others have developed remedies to overcome their horrific past with no stress. The study proves that resilience is personal and depends on one's strength and ability to cope (Rafeali 2017, 2). Notwithstanding, it is a salient issue that needs to be addressed diligently to improve the well-being of these young migrants who are living independently. There should be regular activities and training programmes to ensure these young adults are released from various unwarranted stresses.

This study highlighted self-reliance and social support as protective factors that sway unaccompanied migrants to cope with living independently. The participants were enthused to be living alone and making their own decisions with little or no interventions. This study underlined developing a positive mindset and the readiness to face challenges to cope in aftercare. The participants mentioned they engage in sporting activities to relieve themselves from their stressful situations. Challenges are inevitable to all care leavers; understanding and adapting to them against odds will help improve aftercare resilience.

The research stressed the importance of social support in dealing with aftercare challenges. The participants stated the immense contributions their families have been offering them to live independently. Unaccompanied migrants have received great inspirations and priceless bits of advice from their families. Their families have been

encouraging them to keep going and withstand the many adversaries they face. To most care leavers, their families have been their sources of hope and surviving force, and they hold on to seeing them again in the future. Not all care leavers “felt they had received the support they needed from professionals to facilitate” their ability to cope and live alone (Baker 2017, 22). Thus, this study deemed it essential for unaccompanied migrants to regularly contact and receive support from their families to improve their well-being. The social benefit should factor in the cost of foreign calls made by unaccompanied migrants to their families to help frequent contacts.

Peer support is also recommended in the study to help unaccompanied migrants in aftercare cope better. Since there is a loss of a sense of belonging and trust among these young migrants (Kauko & Forsberg 2017, 7), they have established strong contacts with their friends they met in the care unit. They frequently meet to support each other emotionally, mentally and physically. This study advocates authorities in the social sector to encourage and develop early peer relationships of unaccompanied migrants during care to become a support source in aftercare. Unaccompanied migrants in aftercare understand themselves and know each other’s problems. Therefore, it is recommended that the social sector authorities involve care leavers in the future policymaking process.

No one can underestimate the social counsellors’ role to improve the lives of unaccompanied migrants in aftercare. The participants in this study did not mention explicit support from social counsellors. This is because there are more minor interactions between the two parties (care leavers and the social counsellors) in aftercare or because the care leavers are coping and can survive. However, the unaccompanied migrants have issues learning in Finnish at the higher level, handling official documents, and other legal matters. Here, the support of the social counsellors in these young adults become crucial.

Findings in this study cannot be generalised as the perception for unaccompanied migrants in aftercare in Finland because of its limited number of participants. However, it summarizes these young adults’ experiences in their pursuit to live independently. Thus, this study applies to policymakers and the social service sector to improve the well-being of unaccompanied migrants in aftercare. EHJÄ ry, the study’s working life partner and other corporate bodies or organisations, can benefit

by applying the results and the suggestions for future support and services to clients in aftercare. Students in the field of social sciences can seek information regarding unaccompanied migrants' aftercare from this study. The knowledge in this study is well-resourced and can therefore serve as a source for further research.

9.2 Professional development

There has been tremendous development as a future social service professional during the thesis process. I have a pretty good experience in quantitative research in my previous study. So, my initial study plan was to conduct this study using a quantitative approach. However, after a recommendation by my able supervisor, I had to change my method to qualitative. Coming out of my comfort zone was a challenging situation. But with endurance, I could stand the test of time by switching to qualitative research methods. The entire process, particularly the analysis and the findings, has taught me a great deal of skill for my future research work and social sciences development.

Before this study, I had an abstract and scanty view of aftercare service to unaccompanied migrants in Finland. Involving in the process and talking to the participants has drastically improved my knowledge in the said field. Now I can work as a social counsellor in aftercare and support unaccompanied migrants to cope with the challenges they face. I understand their perspectives and can easily relate to them as a professional with the aspiration of working with young adults in aftercare.

Considering my background as an immigrant, talking to the participants helped me to develop self-control and look at issues in a critical and professional mode without being irrational in my submissions. Not only has this study improved my sense of professionalism, but also it has helped me to develop the skill of interviewing clients for future projects and research.

9.3 Recommendations for further studies

Unaccompanied migrants in aftercare is still a novice in Finland. Though not much attention has been paid to this phenomenon, discovering the challenges of

unaccompanied migrants and coping with these challenges is broader than one can imagine. Notwithstanding, “little drops of water make a mighty ocean”. Exploring more in this field can produce the best results. Besides, the search to support these young migrants to adapt to live independently will forever be in the heart of interested researchers. Therefore, it is appropriate to do further research into this study to find the optimum means to support unaccompanied migrants in aftercare to cope with living independently.

This study is incomplete until social counsellors’ experiences in the field are investigated to establish the practice and policy concerning unaccompanied migrants in aftercare. It is recommended that future studies be conducted to seek the views of the professional workers who work closely with these young adults living autonomously.

The legal framework and practices of unaccompanied migrants’ transition to independent living differ significantly among Council of Europe member states. Besides, there are very few global standards or good practice guidelines about unaccompanied youth’s transition to adulthood (UNHCR & European Council 2014, 9). Even the various housing units that provide services to unaccompanied migrants in aftercare differ in practices governing their homes. It will be laudable and intriguing in embarking on a further study to investigate standardised and best practices to facilitate a smooth transition of aftercare unaccompanied migrants in Finland.

The study’s preliminary proposal was to work with migrants who have left aftercare for years and live entirely independently. The idea was to ascertain how they are faring after leaving care. This study’s working life partner later noted that contacting participants will be impossible as their data are destroyed after leaving the care unit entirely. The working life partner conceded that it would have been exciting research to embark on because they would have loved to assess their clients’ progress facing the real-life situation. Knowing how unaccompanied migrants in aftercare are faring was brilliant, but investigating the experiences after leaving aftercare would be a great add-on to assess care leavers’ policies in Finland. I suggest a follow-up study of unaccompanied migrants 25 years and above who are no longer in aftercare.

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APPENDIX 1: Interview questions

INTRODUCTION

The interview will last about 30 minutes maximum. The aim is to have a conversation with the primary focus of sharing your experience as a care leaver and explore how best to live a successful independent living in the future.

All information gathered from this discussion will be kept in confidentiality and will be used for this study. I will record our conversation to analyse this research, and ALL data will be destroyed after serving the purpose of which they were collected. If everything is ok with you, then we can begin our discussion. First, let start with some background information.

BACKGROUND QUESTIONS

Can you mention your:

- a. Age
- b. Gender
- c. How old were you when you arrived in Finland?
- d. Educational experience before arriving in Finland
- e. When did you come to Finland?
- f. What are you doing at the moment? Are you in school, employed, unemployed or in training?
- g. How long have you been in aftercare?

MAIN QUESTIONS

1. How do you feel about living alone as a migrant?
2. How will you compare now to when you were staying in care?
3. What has been the changes between staying under the care and now?
4. Why did you opt for aftercare?
5. How has your experience been like as a care leaver?
6. What issues are you most worried about at present? Or what are you most concerned with at the moment?
7. Describe the last time you got stressed up as a care leaver.
8. How could you avoid this stress in the future?

9. Do you hear from your family? What has been their impact on your life here?
10. How do you describe or see the future as a young migrant care leaver?