

Unaccompanied migrant youth leaving care in Spain: how their journeys differ from those of other care-leavers

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Introduction

The arrival of unaccompanied migrant¹ young people (UMYP) in Europe has received growing attention from the field of child welfare services since the 2000s. These young people usually become familiar with ‘living on the edge’ at a young age when they start their migratory process as minors and arrive in a foreign country without the protection of an adult person. This is the first milestone of a journey determined by crossing multiple borders at geographical, legal and personal levels.

European policy advocates for effective protection and integration of UMYP into society (Council of Europe, 2019). However, the transition to adulthood still constitutes a particularly vulnerable ‘crossing’ period for them in which they face several additional challenges, such as migratory experiences, lacking social support, or dealing with cultural and language barriers (Sirriyeh and Ní Raghallaigh, 2018). Moreover, UMYP usually navigate ambivalent migratory policies regarding their access to alternative care and support, especially after becoming of age (Gimeno-Monterde et al, 2021).

This phenomenon is particularly relevant for Southern European countries that serve as an entry point to the continent (UNHCR, 2020). Among them, Spain has become one of the main gateways for UMYP from the Maghreb and Sub-Saharan Africa (Gimeno-Monterde and Gutiérrez-Sánchez, 2019) seeking to find better opportunities to improve their socioeconomic conditions (Alonso-Bello et al, 2020), sometimes even encouraged by their own families (Calzada, 2007). Although their number is difficult to quantify since not all of them are identified (UNICEF, 2019), their increasing arrival is having a strong impact on the Spanish child welfare system. In fact, the number of looked-after UMYP increased by 18 per cent in 2019 alone, reaching 11,490 cases

and being almost exclusively boys (93.91 per cent; [Observatorio de la Infancia, 2020](#)).

In Spain, migrant unaccompanied underage youth are eligible for the same services as any other unprotected minor (Act 26/2015), being mostly placed in residential care ([Bravo and Santos, 2017](#)). However, their possibilities of legally remaining in the country after turning 18 are conditional on fulfilling the demanding criteria for obtaining or renewing their residence permit (accreditation of enough financial resources, one-year employment contract), according to immigration law (Organic Act 4/2000). These legal obstacles put a lot of pressure on UMYP to become independent and find a job to avoid becoming illegal ([Gonzales, 2011](#)).

However, despite the consensus about the additional challenges and barriers that UMYP face to become independent adults and the impact of this phenomenon in childcare services, the transition to adulthood remains one of the less-studied life periods of this group at an international level ([Salmerón-Manzano and Manzano-Agugliaro, 2018](#)). This is even more pronounced in Spain, where studies have been limited to the use of small, local samples and tend to address specific areas such as educational experiences ([González-García et al, 2017](#)), employability skills ([Alonso-Bello et al, 2020](#)), personal wellbeing ([Manzani and Arnoso-Martínez, 2014](#)) or childcare policies ([Gimeno-Monterde et al, 2021](#)).

Therefore, this chapter aims to explore the profiles, needs and transitional experiences of UMYP in Spain. We will focus on depicting their pathways from care to independence, describing their psychosocial adjustment in terms of personal wellbeing, self-esteem and perceptions of readiness for independent living. We will also describe the supports received during their transitions compared to those of other care-leavers. The chapter will use a quantitative analysis approach using data from semi-structured interviews and standardised tests to provide evidence about key areas towards the transition to adulthood of UMYP in contrast with a comparison group. Two groups of care-experienced young people participated in this study. The first group comprises 101 adolescents living in children's homes and preparing for leaving care, while the second is composed of 141 care-leavers involved in aftercare services. The groups include both UMYP and non-UMYP with similar characteristics (age, gender, and so on), which serve as comparison groups. To the best of our knowledge, this study will be the first one to include this comparative perspective with a sample from several regions of Spain. The discussion of findings in the light of previous research will identify major challenges and opportunities. It will draw implications for policy and practice in the field of supporting UMYP's journeys from care to independence as they navigate the liminal space between laws, evolutionary stages and international borders.

Study's research questions

Specifically, this study is guided by the following exploratory research questions:

- Do UMYP show lower levels of personal wellbeing, self-esteem and independent living skills than other care-leavers without this background?
- Are the wellbeing, self-esteem and independent living skills impacted differently after leaving care?
- To what extent are their backgrounds and profiles different to those of other care-leavers?
- To what extent do their backgrounds and profiles influence their psychosocial adaptation?

Method

Participants

The sample was composed of 242 male care-experienced young people aged 14–25 ($M = 18.08$; $SD = 1.77$) living in Spain. Among them, 101 were adolescents living in residential care and preparing for leaving care (RC group), aged 14–18 ($M = 16.55$, $SD = 0.74$), of whom 66 per cent were UMYP. These adolescents were evaluated before using Planea Program, a web-based independent living skills programme for young people in residential care (Del Valle and García-Alba, 2021). The second group was composed of 141 youths that were receiving aftercare services (AC group) for their transition to adulthood (48.2 per cent UMYP), aged 18–25 ($M = 19.17$, $SD = 1.45$). The reason for selecting only male participants was due to the lack of female UMYP in residential facilities in Spain, where they only account for 6.8 per cent (Observatorio de la Infancia, 2020). UMYP mainly came from North Africa. Young people in the comparison groups came from families living in Spain, being either Spanish or having a migratory background.

Instruments

Standardised instruments

Self-esteem scale (RSES; Rosenberg, 1965). This is one of the most used instruments for the assessment of self-esteem. It includes ten items with a four-point Likert scale (1 = ‘strongly disagree’, 4 = ‘strongly agree’). Scores vary from 10 to 40, high self-esteem being attributed to those scoring 30 or more. The scale’s internal consistency in this study was acceptable in the present study ($\alpha = 0.75$; Cronbach, 1951).

Personal Wellbeing Index (PWI; Cummins et al, 2003). This instrument included seven items in its original version, which assessed the satisfaction

with different areas of life using a ten-point Likert scale (0 = ‘completely dissatisfied’, 10 = ‘completely satisfied’). We used the version developed by Casas et al (2012), adapted for Spanish population. We followed the recommendation by Cummins and Lau (2005) and included items to measure satisfaction with the family and the facility in which they live. The total score was calculated on the seven original items of the scale, and converted to a 0–100 scale to facilitate comparisons and interpretation, considering 70–80 as normal scores (Cummins et al, 2003). The additional items were analysed qualitatively. Moreover, the Overall Life Satisfaction (OLS) item was included to measure satisfaction with life globally, as Campbell et al (1976) suggested. In the current study, the reliability coefficient of this scale was very good ($\alpha = 0.84$; Cronbach, 1951).

Planea Independent Life Skills Assessment Tools (PLANEA, García-Alba et al, 2021, 2022b). This is a self-reported scale developed from the framework of the Planea Program (Del Valle and García-Alba, 2021) to assess the perceived level of independent living skills. It is made up of three subscales with a four-point Likert scale (1 = ‘nothing’, 4 = ‘a lot’) that measure the perceived ability of young people to perform tasks related to being autonomous in different domains of everyday life, including taking care of oneself and one’s home (Self-Care and Well-Being, SCWB), making simple arrangements in the community (Daily Arrangements and Organizational Skills, DAOS), and being financially independent to maintain a home (Employment and Accommodation, EA). The total score represents a global score in Independent Living Skills (ILS). Cronbach’s alpha in this study showed similarly high levels both for the total scale ($\alpha = 0.94$) and for the subscales ($0.81 \leq \alpha \leq 0.89$; Cronbach, 1951).

Semi-structured interview

An in-depth semi-structured interview was conducted with young people in the AC group ($n = 141$) to gather information about their trajectories through and after care, including the experiences of abuse and neglect in their families, the path through different care placements, school and work, their health and risk behaviours, social support, and help received for their transition from care to independent living. Participants’ answers were transcribed and translated into quantitative categorical variables to analyse them through quantitative methods.

Procedure

Participants in the RC group were administered the standardised instruments as part of a baseline assessment conducted when they started using the Planea

Program with their key educator. This tool is implemented in one of the biggest regions of Spain as the primary resource for preparation for leaving care and life skills development in children's homes. The participants in this group were adolescents who registered in Planea Program's platform from June 2019 to August 2021 and completed this assessment through an online questionnaire. They were aware of the objectives of this assessment before they agreed to complete it.

To recruit participants for the AC group, several local authorities in Spain were contacted and asked for permission to present the study to their aftercare support agencies. Then, non-probabilistic convenience sampling was used. The care-leaving teams in each local authority contacted the youths to propose their participation in this study. They participated in a face-to-face interview (40–60 minutes) conducted by one of the research team members. The interviewer explained the objectives and voluntary nature of the study, as well as the confidentiality and anonymity guarantee of their participation before they signed an informed consent form. When the interview was finished, they were asked to complete the standardised instruments using paper and pencil. The interviews were conducted from March 2018 to September 2020.

Young people in the different groups received the same instructions for completing the instruments. Those who were not fluent enough in written Spanish were excluded from this part of the study, ranging from 22 to 32 per cent of exclusions depending on the test. The study received approval from the Research Ethical Committee of the University of Oviedo.

Data analysis

Descriptive statistics were used to describe participants' characteristics. Two-way multivariate analysis of variance (MANOVA) was carried out to measure the main and interaction effects of unaccompanied migrant status and care situation on a combination of three dependent variables, considered as a linear combination that measures an underlying construct of psychosocial adaptation. Two-way and one-way Welch analyses of variance (ANOVA) were conducted to study UMYP's differences in the studied quantitative variables across both groups, while the Chi-square test for independence was used for categorical variables. The Games-Howell test was used for post-hoc comparisons. Several one-way MANOVA were also carried out to assess the effect of multiple variables related to the situation of care-leavers on their psychosocial adaptation.

A value of $p < 0.05$ was established as the degree of significance in all analyses. Appropriate effect sizes were estimated, reported for each test and interpreted using Cohen's guidelines (1988). All analyses were performed using the Statistical Package for Social Sciences (SPSS) v26.

Results

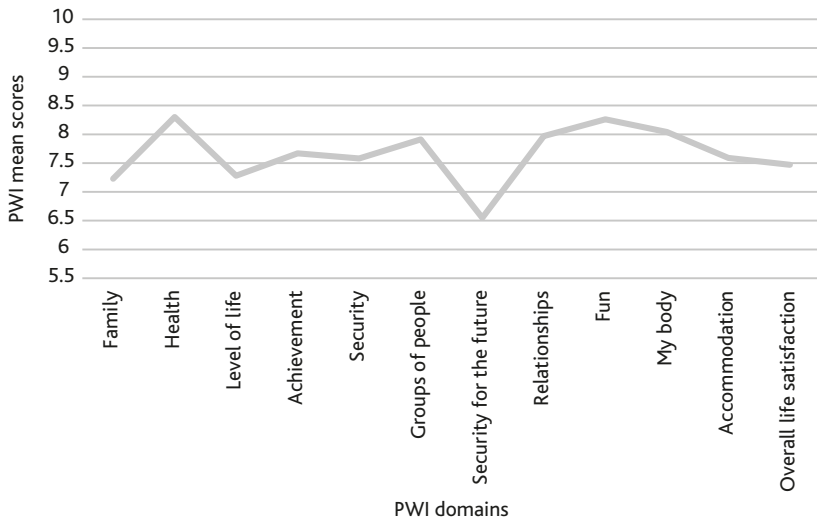
Psychosocial adaptation

Means and standard deviations of participants' scores in PWI, RSES and PLANEA-ILS are displayed in [Table 1.1](#), divided according to the care situation (CS: RC and AC groups), and to the unaccompanied migrant status (UMS: UMYP and comparison group, CG).

Table 1.1: Descriptive statistics of standardised questionnaires

Variables	UMYP		CG		TOTAL	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Residential care group (RC)						
RSES	30.95	4.28	31	5.98	30.97	4.91
PWI	73.77	16.98	73.91	18.98	73.81	17.59
PLANEA						
Total (ILS)	92.66	18.76	97.21	19.58	94.08	19.02
SCWB	47.35	8.45	49.82	8.09	48.12	8.37
DAOS	26.26	6.86	27.56	7.96	26.70	7.24
EA	18.53	5.57	18.38	6.09	18.48	5.72
Aftercare group (AC)						
RSES	31.44	3.94	33.26	4.59	32.69	4.46
PWI	79.81	13.06	77	13.43	77.93	13.30
PLANEA						
Total (ILS)	106.12	16.59	121.22	18.19	117.65	18.85
SCWB	51.25	6.90	56.42	5.86	55.11	6.50
DAOS	30.90	6.27	38.81	9.18	36.74	9.17
EA	23.48	5.02	25.15	5.22	24.63	5.19
Total sample						
RSES	31.10	4.17	32.44	5.21	31.78	4.76
PWI	75.65	16.04	75.89	15.61	75.77	15.79
PLANEA						
Total (ILS)	95.56	19.04	113.12	21.78	104.56	22.25
SCWB	48.30	8.23	54.30	7.30	51.39	8.31
DAOS	27.38	6.98	34.70	10.28	31.16	9.55
EA	19.97	5.84	22.68	6.42	21.32	6.27

Notes: UMYP = unaccompanied migrant young people; CG = control group; RSES = Rosenberg Self-Esteem Scale ($n = 190$); PWI = Personal Wellbeing Index ($n = 192$); ILS = Independent Living Skills ($n = 163$); SCWB = Self-Care and Well-Being; DAOS = Daily Arrangements and Organizational Skills; EA = Employment and Accommodation; *M* = mean; *SD* = standard deviation.

Figure 1.1: Mean scores of PWI items

The mean scores of RSES were within the normal range for the entire sample, both for UMYP ($M = 31.10$; $SD = 4.17$) and CG ($M = 32.44$; $SD = 5.21$), as well as those of personal wellbeing ($M_{\text{UMYP}} = 75.65$; $SD_{\text{UMYP}} = 16.04$, and $M_{\text{CG}} = 75.89$; $SD_{\text{CG}} = 15.61$).

In both cases, the RSES scores of UMYP were slightly lower than those of the CG. However, the analysis of the different levels of RSES showed that 69.6 per cent of the sample obtained high levels, 19.4 per cent medium levels and 11 per cent low levels. Moreover, the mean scores obtained by the participants in each item of PWI showed that the area with which the participants were least satisfied was security for the future (Figure 1.1).

To verify whether the levels of RSES, PWI and PLANEIA-ILS varied depending on the unaccompanied migrant status (UMS) and the care situation (CS), different types of analysis of variance were carried out. First, a two-way MANOVA was run, using UMS and CS as independent variables, and the total scores of RSES, PWI and PLANEIA-ILS as combined dependent variables (Table 1.2), to assess the psychosocial adaptation of participants.

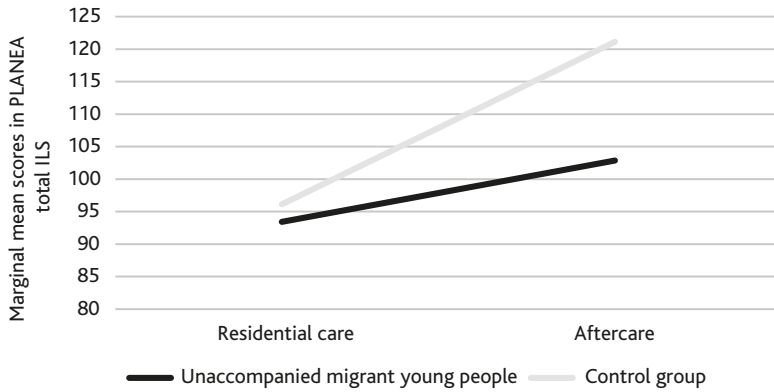
The analysis found a statistically significant interaction effect between UMS and CS on the combined dependent variables ($p = 0.017$). Follow-up univariate two-way ANOVAs were run to detect any statistically significant univariate interaction effects for each dependent variable separately (Table 1.2). These showed a statistically significant interaction effect between UMS and CS for PLANEIA-ILS score ($p = 0.037$), but not for RSES's and PWI's scores. Therefore, a simple main effects analysis was conducted for PLANEIA-ILS scores, which found significant differences between UMYP and CG for the AC group ($F(1, 142) = 9.43$, $p = 0.003$,

Table 1.2: Analyses of variance for psychosocial adaptation measures

Variables					Univariate								
	Multivariate				RSES			PWI			PLANEATotal (ILS)		
	F	p	Wilk'sΛ	η²	F	p	η²	F	p	η²	F	p	η²
UMS	4.33	0.006	0.915	0.085	1.31	0.255	0.009	0.59	0.444	0.004	7.99	0.005	0.053
CS	7.11	0.000	0.868	0.132	0.88	0.350	0.006	2.03	0.156	0.014	21.55	0.000	0.132
UMS*CS	3.49	0.017	0.930	0.070	0.38	0.538	0.003	1.93	0.167	0.013	4.43	0.037	0.030

Notes: RSES = Rosenberg Self-Esteem Scale; PWI = Personal Wellbeing Index; ILS = Independent Living Skills; UMS = unaccompanied migrant status; CS = care situation; UMS*CS = interaction effect of UMS and CS on the combined dependent variables; F = F-Test; p = exact p value; Wilk's Λ= multivariate statistic test; η² = effect size.

Figure 1.2: Interaction effect between unaccompanied migrant status and care situation in total score of PLANEA-ILS



$\eta^2 = 0.062$) but not for the RC group ($p = 0.545$). Therefore, UMYP informed of lower levels of ILS than their peers in the CG but only for the AC group (Figure 1.2).

To further study ILS, multiple two-way between-groups ANOVAs were conducted to explore the influence of UMS on the differences between the CS groups regarding their levels of ILS in each subscale of PLANEA instrument. Means and standard deviations for each subscale, divided by UMS and CS groups, are displayed in Table 1.1, while the results of the ANOVAs are shown in Table 1.3.

Regarding the subscale Self-Care and Well-Being (SCWB), the interaction effect did not reach statistical significance. However, both the main effects for UMS and CS were significant (Table 1.3). This translates into young people in the AC group scoring higher than the RC group ($M_{AC} = 55.11$; $M_{RC} = 48.30$) with a moderate effect size ($\eta^2 = 0.093$). However, the main effect for UMS showed that UMYP tended to score lower than their peers in CG in both RC and AC groups ($M_{UMYP} = 48.30$; $M_{CG} = 54.30$) with a moderate effect size ($\eta^2 = 0.052$).

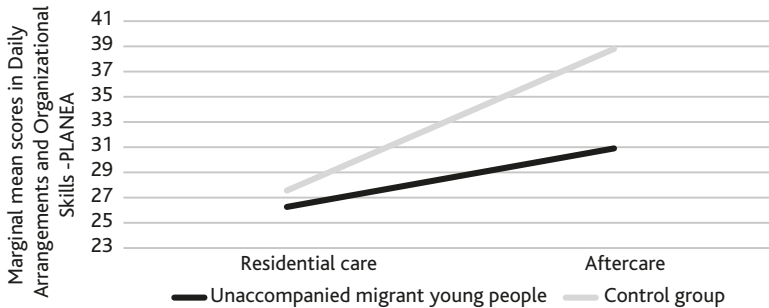
However, the interaction effect between UMYP and CS was statistically significant for the subscale Daily Arrangements and Organisational Skills (DAOS). While DAOS's scores were very similar for UMYP and CG in the RC group, clear differences are found between them in the AC group, as UMYP inform of less ability for performing this kind of tasks (Figure 1.3). However, the effect size of these differences was small.

Regarding the Employment and Accommodation subscale (EA), no significant interaction was found between the factors tested (Table 1.3). However, the main effect for CS reached statistical significance, as young people in the AC group showed higher levels of skill in this domain

Table 1.3: Two-way ANOVA for independent living skills

Variables	<i>F</i>	<i>p</i>	η^2
PLANEA-ILS			
SCWB			
UMS	8.99	0.003	0.052
CS	16.97	<0.001	0.093
UMS*CS	1.13	0.290	0.007
DAOS			
UMS	12.63	<0.001	0.067
CS	37.66	<0.001	0.176
UMS*CS	6.50	0.012	0.036
EA			
UMS	0.78	0.377	0.004
CS	46.32	<0.001	0.203
UMS*CS	1.12	0.292	0.006

Notes: UMS = unaccompanied migrant status; CS = care situation; UMS*CS = interaction effect of UMS and CS on the combined dependent variables; SCWB = Self-Care and Well-Being; DAOS = Daily Arrangements and Organizational Skills; EA = Employment and Accommodation; ILS = Independent Living Skills; *F* = F-Test; *p* = exact *p* value; η^2 = effect size.

Figure 1.3: Interaction effect between unaccompanied migrant status and care situation in DAOS subscale of PLANEA-ILS

($M_{AC} = 24.63$) than their peers in care ($M_{RC} = 18.61$), regardless of their UMYYP status, although the size of the differences was small.

A one-way ANOVA was also conducted to determine if the satisfaction with the different areas of life assessed by the PWI was different for groups according to their UMS and CS. For this purpose, participants were classified into four groups: UMYYP-RC, UMYYP-AC, CG-RC and CG-AC. The PWI items were used as dependent variables and the generated group variable as independent variable. Homogeneity of variances was violated, as assessed by

Levene's Tests of Homogeneity of Variance. Therefore, the Welch ANOVA and Games-Howell post-hoc test results were interpreted. Satisfaction with their family, health, achievements in life, groups of people they belong to, ways to have fun, and their body was statistically different between groups (Table 1.4).

Games-Howell post-hoc analyses were conducted to study differences between the groups in these items. As Figure 1.4 shows, UMYP showed clearly higher satisfaction with their families than the CGs, especially for UMYP in the AC group, who also scored significantly higher than UMYP in the RC group. The effect size of this difference can be considered large (Table 1.4). Regarding satisfaction with their health and body, although UMYP in the AC group show the highest scores, they only show small-size significant differences with their CG peers in the AC group (Table 1.4).

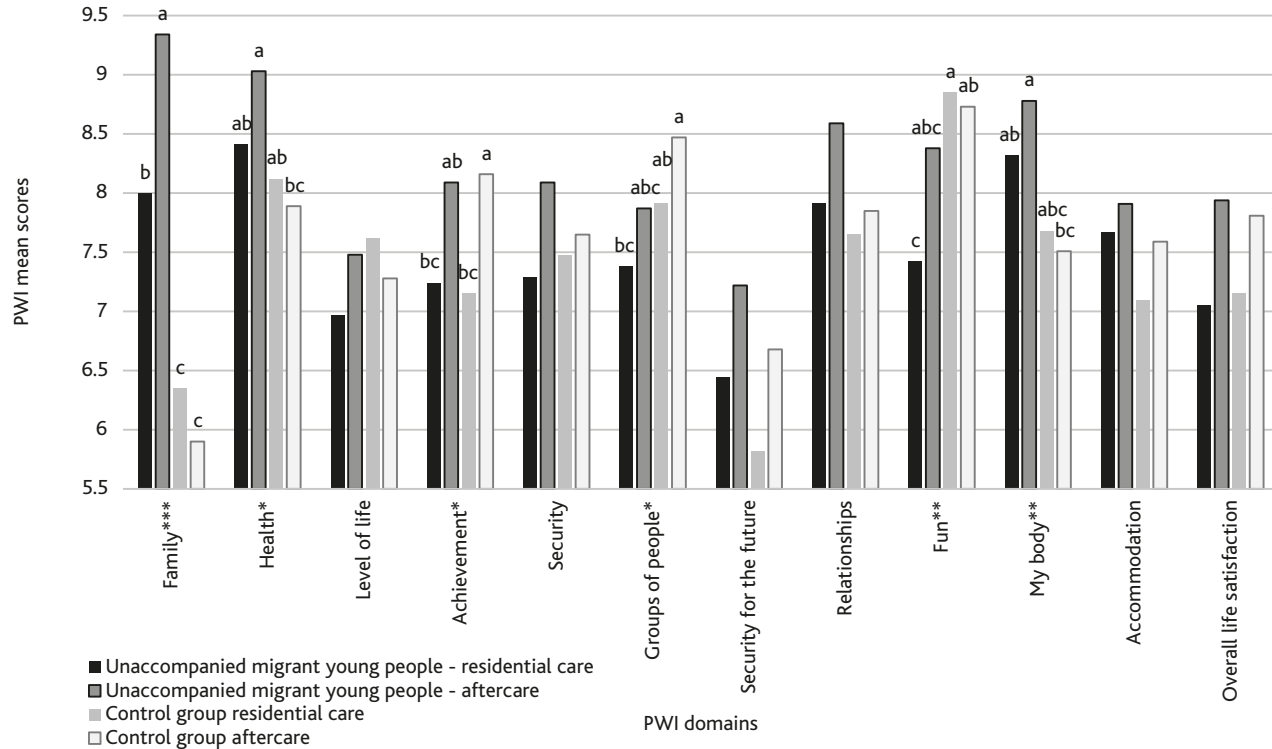
On the other hand, young people in the AC group showed higher satisfaction with the things they had achieved in life than the RC group, regardless of their UMS. Finally, UMYP in RC scored significantly lower regarding their satisfaction with the groups of people they are part of and the way they have fun. In the first case, their scores were only significantly lower than those of the aftercare CG, while in the second case, their scores were significantly lower than the rest of the cases. The magnitude of these differences was medium (Table 1.4). A detailed description of the differences between the groups can be obtained from Figure 1.4, considering that means with different subscripts differ at least at $p < 0.05$ level of significance.

Table 1.4: One-way Welch ANOVA in PWI items

Variables	<i>W</i>	<i>p</i>	η^2
Satisfaction with:			
Your family	21.29	< 0.001	0.175
Your health	3.83	0.012	0.040
Your standard of living	0.69	0.560	0.012
What you have achieved	3.37	0.022	0.050
Feel safe	1.16	0.329	0.015
The groups you belong to	2.88	0.041	0.039
Safety for the future	2.13	0.102	0.027
Your relationships with other people	1.79	0.155	0.020
How do you have fun	5.22	0.002	0.090
Your body	4.69	0.004	0.051
Your accommodation	0.57	0.640	0.009
Your life considered globally (OLS)	2.07	0.110	0.029

Notes: OLS = Overall Life Satisfaction; *W* = Welch-Test; *p* = exact *p* value; η^2 = effect size.

Figure 1.4: Differences in PWI items, OLS and post-hoc comparisons



Notes: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; Groups' means that do not share a subscript are significantly different between each other (e.g., in 'Fun' 'c' bar differs from 'a' and 'ab' bars, 'abc' bar does not differ from any, 'a' bar differs from 'c' bar, and 'ab' bar differs from 'c' bar).

Profiles and pathways into adulthood of care-leavers in aftercare services

Profile data on the current and past situations of participants from the AC group was collected through the semi-structured qualitative interview previously described. Results showed that the group of UMYP entered care on average at 16 years ($SD = 1.7$), later than the rest of the sample which entered at ten years old ($SD = 5.3$) ($t(137) = -8.74, p = 0.001$), and consequently spent less time under protection, with an average stay of two years ($SD = 1.7$), against an average stay of eight years for the CG ($SD = 5.3$) ($t(137) = 8.74, p = 0.001$).

Moreover, UMYP showed a lower percentage of maltreatment and neglect in their family context than the other young people in the sample (Table 1.5). There were differences in their types of studies, with UMYP attending more basic vocational training. Moreover, there were more young people with a job in the CG than among the UMYP. In terms of health, there were more young people in CG with some issues: mental health treatment, suicidal ideation, substances consumption and engagement in criminal behaviours.

As for their support network, UMYP were more likely to have contact with their family, but they did not always consider them a source of support. Moreover, they relied to a lesser extent on the support of friends and used to consider educators as reference figures. Regarding the aftercare services received, on the one hand, both groups benefited more from education, job and accommodation support. On the other hand, UMYP benefited less from financial and psychological support and more from legal support.

Several one-way MANOVA were run to determine the effect of these variables, related to the experiences of young people, on their self-esteem, wellbeing and readiness for independent living. Categorical variables were used as independent variables, while the RSES, PWI and PLANEIA-ILS scores were used as dependent variables, as a measure of psychosocial adaptation. Significant differences were found in the combination of dependent variables depending on the presence of contact with parents and the number of years spent in out-of-home placement.

Results from the first one-way MANOVA showed that care-leavers who maintain contact with parents scored higher in RSES ($M = 33$ and $M = 30.54$, respectively) and PWI ($M = 79.61$ and $M = 71.43$, respectively) and lower in PLANEIA ($M = 114.70$ and $M = 124$, respectively). The differences according to the presence or not of contact with parents on the combined dependent variables was statistically significant ($F(4,53) = 2.811, p = 0.048$; Wilks' $\Lambda = 0.863$; $\eta^2 = 0.137$). Nevertheless, follow-up univariate ANOVAs showed that only PWI score ($F(1,55) = 4.173, p = 0.046$; partial $\eta^2 = 0.071$) was statistically significantly different between care-leavers with or without contact.

The other one-way MANOVA showed that the differences according to the time spent in care were statistically significant ($F(9,126) = 2.132, p = 0.031$; Wilks' $\Lambda = 0.709$; $\eta^2 = 0.108$). Follow-up univariate ANOVAs

Table 1.5: Previous experiences and actual situation of aftercare group

Variables	Total n (%)	UMYP n (%)	CG n (%)	χ^2	<i>p</i>	Cramer's V
Maltreatment	68 (52.3)	11 (17.7)	57 (83.8)	56.768	<0.001	0.66
Neglect	80 (61.5)	19 (32.2)	61 (85.9)	39.277	<0.001	0.55
Time in out-of-home placement				58.08	<0.001	0.65
1–3 years	81 (58.3)	61 (91.0)	20 (27.8)	-	-	-
4–6 years	22 (15.8)	4 (6.0)	18 (25.0)	-	-	-
7–9 years	11 (7.9)	1 (1.5)	10 (13.9)	-	-	-
10 or more years	25 (18.0)	1 (1.5)	24 (33.3)	-	-	-
Field of study				21.75	<0.001	0.47
High school	11 (11.1)	6 (12.2)	5 (9.8)	-	-	-
Intermediate vocational training	27 (27.3)	6 (12.5)	21 (41.2)	-	-	-
Basic vocational training	49 (49.5)	32 (65.3)	17 (33.3)	-	-	-
University	7 (7.1)	0 (0.0)	7 (13.7)	-	-	-
Language	5 (5.1)	4 (8.3)	1 (2.0)	-	-	-
Work	47 (33.3)	17 (25.0)	30 (41.1)	4.104	0.043	0.17
Health problems	21 (14.9)	1 (1.5)	20 (27.4)	18.67	<0.001	0.36
Mental health treatment	57 (40.4)	6 (8.8)	51 (69.9)	54.465	<0.001	0.62
Suicidal ideation	13 (9.8)	2 (3.0)	11 (16.9)	7.22	0.007	0.23
Substance consumption	30 (21.3)	6 (8.8)	24 (32.9)	12.16	<0.001	0.29
Delinquent activity	29 (20.7)	5 (7.5)	24 (32.9)	13.74	<0.001	0.31
Contact with parents	110 (81.5)	60 (95.2)	50 (69.4)	14.82	<0.001	0.33
Family support	76 (56.3)	32 (50.8)	44 (61.1)	1.45	0.228	0.10
Friends support	116 (84.7)	48 (75.9)	68 (93.2)	8.66	0.003	0.25
Reference adult educator	65 (46.1)	39 (57.4)	26 (35.6)	6.694	0.010	0.22
Social education support	115 (84.6)	55 (85.9)	60 (83.3)	0.18	0.675	0.04
Labour integration	83 (61.5)	39 (60.9)	44 (62.0)	0.02	0.902	0.01
Accommodation	81 (57.4)	43 (63.2)	38 (52.1)	1.80	0.180	0.11
Legal support	71 (52.2)	54 (85.7)	17 (23.3)	52.82	<0.001	0.62
Financial support	49 (34.8)	12 (17.6)	37 (50.7)	16.95	<0.001	0.35
Psychological support	13 (9.2)	3 (4.4)	10 (13.7)	3.63	0.057	0.16

Notes: UMYP = unaccompanied migrant young people; CG = control group; χ^2 = chi-square test; *p* = exact *p* value; Cramer's V = effect size.

showed that PWI scores ($F(3,54) = 4.044, p = 0.011; \eta^2 = 0.183$) were statistically significantly different between care-leavers. Tukey post-hoc tests showed that for PWI scores, care-leavers who spent between one and three years in care had statistically significantly higher mean scores ($M = 82.99$) than care-leavers who spent more than nine years in care ($M = 69.78; p = 0.014$).

Discussion

This study aimed to describe UMYP's backgrounds, profiles and levels of psychosocial adaptation through their transition from care to independent living by comparing them to those of their peers without this type of migratory background.

Self-esteem and wellbeing

Self-esteem and wellbeing scores were in a normal range for young people in our study, although below the average score found in the normative adolescent population for wellbeing, according to Casas et al (2013). It is important to note that safety for the future was the area with which the entire sample was least satisfied. This is especially relevant for care experienced young people, considering the impact of this dimension on their general wellbeing and on several spheres of their lives (Delgado et al, 2019).

No significant differences with respect to the total scores of both dimensions were found as a function of UMS across the groups, contrary to what was expected to be found in the light of previous research results about the greater vulnerability of this group (Bravo and Santos, 2017), the particular difficulties that the transition to adult life entails for them (Sirriyeh and Ní Raghallaigh, 2018) and the legal barriers that they usually encounter in the societies that receive them (López-Reillo, 2013). This result represents a significant advance in the knowledge of this population, given the lack of studies that apply standardised instruments for measuring these constructs.

Nevertheless, an exploration of the different areas of wellbeing evidenced that UMYP show higher levels of satisfaction with their families than their peers, to whom they were able to maintain contact through phone and online messaging. This is in line with the results of previous studies that captured the emotional support that families represent for UMYP, in contrast to the complicated relationships and lack of support that other care-leavers often suffer (Sulimani-Aidan, 2016). Moreover, UMYP showed higher scores in areas related to themselves. This could also be related to the lower incidence of negative experiences in the family context, which can have long-term effects on physical and emotional health (Mendes and Snow, 2016). However, they were also the ones with the lowest scores in areas related to social life,

which points to their difficulties in adapting to a new context and creating new support networks (Keles et al, 2018).

On the other hand, the aftercare group showed higher satisfaction with their achievements in life than young people in care. This result agrees with Del Valle et al (2008), who found that care-leavers can achieve greater independence and integration over time, being more likely to experience difficulties for social integration during the first period after leaving care. However, positive assessments on this area might have been over-represented by the fact that only those UMYP with higher levels of written Spanish were able to answer the administered questionnaires. These young people may have gone further into their adaptation process and, therefore, be more likely to have successfully overcome main challenges.

Independent living skills

Regarding young people's perceived ILS, UMYP scored lower than their peers in all the domains studied except for the area of EA. This subscale measures the degree of skill in tasks related to searching and maintaining a job, being financially independent and looking for and keeping a home (García-Alba et al, 2021, 2022b). However, their scores were not significantly different in this area. These results agree with those of Alonso-Bello et al (2020), who found that UMYP in Spain usually have some previous work experience in informal economy areas but often struggle to succeed in the current job market.

The lower scores in SCWB, related to housekeeping, healthcare or healthy lifestyle, could also be explained by assumptions of traditional male gender roles present in patriarchal Arab cultures (Jamal et al, 2020), considering that most UMYP in Spain come from North Africa, mainly from Morocco (Ministerio de Justicia, 2020).

Interestingly, some of the differences between UMYP and the CG were dependent on their care situation, as scores in the DAOS area and Total ILS were substantially higher only for the CG in the aftercare group. This could point out a lower achievement over time in life skills development for UMYP, even for those engaged in aftercare services, for tasks as essential as making appointments or applications in the public offices.

These results might reflect some of the barriers that have already been highlighted by research regarding the delivery of preparation for leaving care and transitional support services for UMYP, such as the short duration of their itineraries prior to age of majority, the lack of adequate specialised services for them, or the low experience of staff with this group (Gimeno-Monterde et al, 2021). However, this lower ability to complete bureaucratic procedures, reflected in their higher rates of legal support as care-leavers, can be especially worrying for UMYP, as they will face complicated processes related to obtaining their residence and work permits (Bravo and Santos, 2017).

Their greater difficulties in obtaining these permits and starting to search for a job will also delay their opportunities of developing work-related skills in a natural workplace environment, which have proven to be essential for long-term success in the job market (Arнау-Sabatés and Gilligan, 2020) and have been related to higher perceived levels of ILS (García-Alba et al, 2022a).

Unaccompanied migrant young people's backgrounds and profiles

UMYP presented a totally different profile from that of the CG as care-leavers. Their stays in care were shorter and often free from risky behaviours, confirming the results of previous studies (González-García et al, 2017). They suffered fewer experiences of abuse and neglect in the family context compared to other youth, which confirms that unaccompanied youth in Spain are more likely to come from stable family situations with financial problems (Calzada, 2007). However, their support network was smaller in the new country, which can be due to the culture shock and the consequent complex adaptation they must face (Keles et al, 2018). Furthermore, the tendency to rely on educators is even more pronounced for them, which further demonstrates the need to expand the informal support networks of these young people to avoid becoming dependent on services and enhance their options for integration, since the help from professionals constitutes an essential source of both emotional and practical support (Sulimani-Aidan, 2016). In this sense, previous studies have highlighted that the combination of maintaining the transnational family and supporting the development of new support networks is especially beneficial for UMYP leaving care (Alarcón and Prieto-Flores, 2021).

Moreover, UMYP showed better health and less need for mental health treatment in our study, which is consistent with the results of other studies (González-García et al, 2017), and can be related to their reasons for undertaking the migratory journey, which are usually of an economic nature in Spain (Bravo and Santos, 2017). Such findings are in line with those of other authors about the resilience of these young people despite the difficulties related to their resettlement and possible traumas experienced before their arrival (Ní Raghallaigh and Gilligan, 2010; Hodes et al, 2018; Keles et al, 2018). While this topic has been extensively explored in other, it has not been sufficiently delved into in the Spanish context. Moreover, some studies have pointed out that Western mental health assessments can fail to recognise the needs of UMYP (von Werthern et al, 2019), since instrument translations may be available but without having been validated or culturally adapted for other specific group (Wells et al, 2015).

Predicting psychosocial adaptation

It is also interesting to note that, among the elements related to the participants' previous experiences, one that influenced their psychosocial adaptation, especially their wellbeing, was contact with parents. In line with our results, other researchers found that links with adult and caring figures, especially parents, contribute to better general wellbeing (Delgado et al, 2019). Another factor that seemed to influence their wellbeing was the time spent in childcare. Some authors pointed out that what is more important is not the time spent in care but the stability of the trajectory (Del Valle et al, 2008), which showed to be highly relevant for their subjective wellbeing (Llosada-Gistau et al, 2017), but longer trajectories might also be less stable, which would explain our results. However, these results must be taken with caution since, as we have seen, UMYP were those who spent less time in care.

In line with our results, international research points to the greater resilience of UMYP (Wade, 2011; Keles et al, 2018). However, we should not consider this group homogeneous since their individual characteristics, histories, origins, cultures and needs differ markedly and quickly evolve through time (Bravo and Del Valle, 2009). Our results have highlighted a series of characteristics of UMYP's profiles and trajectories in care that must be considered in the design of services to support their transition to adulthood. Services must consider the special role of the UMYP's family in their home country as a source of emotional support that they can maintain through virtual communication. They should also promote the creation of new relationships that can help them adapt more straightforwardly to a different culture and establish a strong support network. Also, it is necessary to develop adequate protocols and legal support services to help them navigate their settlement perspectives and consequent paperwork. Strategies must also be implemented so that UMYP do not fall behind their peers regarding their development of ILS. For these, as Gimeno-Monterde et al (2021) suggested, it is critical to design specialised services for UMYP, delivered by highly trained workers.

Limitations

Future research should address some of the limitations of this study, such as including female UMYP to explore their specific needs and trajectories. Furthermore, our sampling strategy might have over-represented care-leavers who have been receiving higher levels of support for a more extended period, as well as UMYP who had been able to better adapt to the new context. A different picture could be expected if we had reached care-leavers who dropped out or did not qualify for support services at 18 years old, who remain largely invisible to research in this field. Using sampling strategies that are not restricted to statutory services would

also enhance free, unbiased participation from young people and avoid power imbalances, for example, being invited through informal networks rather than by a care-leaving worker (Chase et al, 2019). Therefore, it is necessary to develop culturally sensitive strategies to adapt instruments and research methods to this population. This would help avoid losing participants unable to answer to the instruments in a different language from their mother tongue. Finally, the use of longitudinal designs that allow the performance of repeated measures tests should provide higher quality evidence regarding the development of the psychosocial adaptation measures addressed in this study.

Conclusion

This chapter tried to highlight the specific characteristics that define young people preparing for or leaving care and the challenges they must face, comparing UMYP with other care-leavers. We evidenced their strengths and weaknesses and reflected on the necessary measures to support their journeys to entirely successful integration and transition to independent living. The use of quantitative research approaches, including the application of standardised questionnaires, has proven to be valuable enough to be considered in future studies. However, the absence of culturally adapted instruments leads to a substantial loss of participants, creating a potential bias in our results. This reflection calls for further development of best practice guidelines and approaches for research with this group of young people.

Note

- ¹ The term ‘migrant’ is used instead of the common ‘asylum-seeking’, considering that underage migrant youths in Spain do not apply for asylum on a general basis.

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