

Unaccompanied minors: illuminating transcultural support practices for the benefit of pedagogical intervention and teacher training

Minori non accompagnati: indagare le pratiche di sostegno transculturale per migliorare l'intervento pedagogico e la formazione degli insegnanti

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Abstract

In Québec as in France, young people who meet the administrative definition of *unaccompanied minors* (UAMs) are foreign minors without a legal representative in the host/settlement country. Their backgrounds and the reasons for their departure are heterogeneous (Étiemble, 2010), and in Québec, little research has focused on their lived realities, particularly concerning how schools that receive them treat their experiences. As part of an exploratory project conducted in France (Audet *et al.*, 2024) with professionals working with UMAs as part of a transcultural reception system, three stories of practice (Desgagné, 2005) were collected. A thematic analysis by mixed coding (Mucchielli, 2009) of these stories of practice allowed us to identify five central dimensions that can benefit the process of supporting and guiding UAMs. We then discuss how these documented practices can inform the initial training and continuing education of teachers in their relationships/interventions with UMA.

Keywords: unaccompanied minors, transcultural practices, pedagogical intervention, teacher training.

Sommario

In Québec, come in Francia, i giovani che corrispondono alla definizione amministrativa di *minori stranieri non accompagnati* (MSNA) sono minori stranieri privi di un tutore legale nel Paese di accoglienza/arrivo. Le loro origini e le ragioni della loro partenza sono eterogenee (Étiemble, 2010). In Québec poche ricerche si sono focalizzate sulle realtà vissute dai MSNA, in particolare sul modo in cui le scuole che li accolgono considerano e gestiscono le loro esperienze. Nell'ambito di un progetto esplorativo condotto in Francia (Audet *et al.*, 2024) con professionisti che lavorano con minori non accompagnati all'interno di un sistema di accoglienza transculturale, sono state raccolte tre storie di pratica (Desgagné, 2005). Un'analisi tematica con codifica mista (Mucchielli, 2009) di queste storie ci ha permesso di identificare cinque dimensioni centrali che possono favorire il processo di sostegno e guida dei MSNA. Il focus della discussione si sposterà poi su come queste pratiche documentate possano arricchire e migliorare la formazione iniziale e continua degli insegnanti nelle loro relazioni e interventi con i MSNA.

Parole chiave: minori stranieri non accompagnati, pratiche transculturali, intervento pedagogico, formazione degli insegnanti.

1. Context

The migratory movements of children are increasingly present in international migration flows and constitute a significant component of contemporary migration dynamics (Przybyl, 2019). According to data from the United Nations High Commissioner for Refugees

(UNHCR, 2024), children, whether accompanied or unaccompanied by their parents, account for about 40% of all forcibly displaced people globally. Due to complex migration pathways, often punctuated by obstacles, that present «a high rate of psychiatric symptoms with complex entanglements at the psycho-traumatic, transcultural, family, educational and judicial levels» (Guessoum *et al.*, 2020, p. 262), unaccompanied minors constitute a particularly vulnerable sub-category of this child and youth migration phenomenon. Their presence challenges and puts to the test the capacity of institutions in host countries to receive and protect them (Pham *et al.*, 2018; Étiemble, 2004), hence the importance of taking a fresh look at the ways in which their rights – as enshrined in the International Convention on the Rights of the Child (United Nations, 1989), ratified by a majority of the world's states – are taken into account in the mechanisms for supporting and protecting children's rights.

In Québec as in France, young people who meet the administrative definition of *unaccompanied minors* (UMAs) are foreign minors who have no legal representative in the settlement country. In Europe, and particularly in France, the term *unaccompanied foreign minors* emerged in the late 1990s (Étiemble, 2004, 2010), and the presence of these young people has since given rise to many social and political questions. In France, the care of UMAs is the responsibility of departmental councils, which entrust them to associations under Child Protection Services. These associations then assign the young people to homes or foster families (Radjack *et al.*, 2020). According to the Department of Legal Protection of Youth (DPJJ), 19,370 orders and judgments for the placement of UMAs with Child Welfare Services were registered in 2023, an increase of more than 31% compared to 2022 (DPJJ, 2023). In Québec, it is PRAIDA (Regional Program for the Settlement and Integration of Asylum Seekers) that has the mandate to care for UMAs and to follow these young people until they reach the age of majority or until they obtain their permanent resident status. To our knowledge, no study has focused on the practitioners responsible for supporting and guiding UMAs attending the Québec school system, or on the ways in which they negotiate these young people's relationships with the school. Since we train future teachers to take ethnocultural, linguistic and religious diversity into account in their pedagogical interventions, it seemed relevant to us to explore specific practices with UMAs.

Therefore, as part of an exploratory research project conducted in France with people working in a medical institution responsible for managing a transcultural reception system (Audet *et al.*, 2024), we wished, among other things, to document the practices of professionals who support UMAs by having them reconstruct stories of practice (Desgagné, 2005). Based on the analysis of the three stories of practice collected, we identify, in this article, the elements of the transcultural approach that are likely to support the pedagogical interventions of Québec teachers in their relationships/interventions with UMAs, whether in the context of initial training or continuing education. To achieve this, we first present our frame of reference, centered on the transcultural approach, followed by the methodological framework. Based on the identified dimensions, the results are then presented and analyzed in a discussion section. Finally, since we both train preservice and in-service teachers, recommendations are made to support and guide the interventions of teachers working with UMAs in Québec.

2. Theoretical framework

The migration of children and minors, whether accompanied or unaccompanied, is a significant component of contemporary migration dynamics (Przybyl, 2019). Due to the uniqueness of their journeys, their presence represents a major challenge for public institutions attempting to account for their lived realities (Pham *et al.*, 2018; Étiemble, 2004). Among these institutions, schools are some of the most challenged. In the Québec context, the literature emphasizes that schools play a crucial role in creating a safe climate conducive to the educational success of students from immigrant backgrounds, especially when they take into account diverse family profiles and trajectories (Mc Andrew *et al.*, 2015). However, several studies have revealed that some Québec schools encounter particular difficulties in receiving and integrating refugee students, who are considered especially vulnerable due to adversities experienced before, during and after migration (Fazel *et al.*, 2012; Fazel and Betancourt, 2017). Their educational pathways are often marked by experiences of discrimination, a diminished sense of belonging, and structural limitations, such as a lack of resources and insufficient training of school staff (Papazian-Zohrabian *et al.*, 2018a).

In the international literature, UAMs are identified as a sub-category of highly vulnerable migrants, whose psychological journey is often marked by losses, separations and trauma, aggravated by the uncertainty surrounding their futures (Radjack, 2020,). While the reasons for leaving and the trajectories of UMAs are heterogeneous (Étiemble, 2010), several studies have shown that they share common problems (Radjack *et al.*, 2020). Typical reasons for exile include the need to flee conflict zones, family encouragement to migrate for study or work, exploitation by criminal networks, abuse, extreme poverty, or failing to reunite with a family after migration facilitated by a smuggler (Pham *et al.*, 2018). As such, UMAs share several characteristics with refugee students, particularly in terms of their psychosocial vulnerability and exposure to violent situations throughout their migratory journey. Consequently, their presence in Québec schools raises important issues, due to cultural aspects that are likely to lead to educational, behavioural, psychological or emotional misunderstandings (Guessoum *et al.*, 2020).

Indeed, despite the complexity that this new administrative, legal, social and cultural category represents in the Québec context, to our knowledge, there has been little recent research on the lived realities of UMAs, particularly concerning how their experiences and needs are taken into account in the school environment. Yet their support often requires the development of specific skills based on a transcultural approach (Guessoum *et al.*, 2020; Radjack *et al.*, 2020). This approach encompasses a set of practices deployed by clinicians to allow children and adults to tell their stories in a new way (Radjack *et al.*, 2020) and to appreciate the migratory journey and resilience it entails, dismantle cultural misconceptions, and encourage the mixing of cultures (Moro, 2002) of the people who benefit from it. In such an approach, cultural referents are considered as supports for understanding a disease, difficulty or singularity, and everyone's interpretations are seen as valid. Moro (2020) refers to it as an appreciation of the multiplicity of potential meanings for what happens to the child, to the family. Transcultural practices are less well known in Québec, particularly in education, because they originate mainly from psychiatry and psychology and are generally used in clinical care settings. They are often applied in family therapy contexts, which do not strictly fall within the mandate of schools.

3. Methodology

To access the practices of professionals, we collected stories of practice (Desgagné, 2005) through interviews inspired by both the explication interview method (Vermersch, 2017) and the comprehensive interview approach (Blanchet and Gotman, 1992). Three practitioners voluntarily agreed to chronologically recount a work situation they chose involving an UMA and identify a lesson they had learned from it. The purpose of these interviews is to elicit details about the lived experience. The interviews were all conducted in French via Zoom between May and July 2024, and lasted between 35 and 50 minutes. After being formatted, the transcripts were sent to the participants for validation. Pseudonyms were used. A thematic analysis by mixed coding (Mucchielli, 2009) was conducted on the corpus. It aimed to answer the following question: what can we learn from the transcultural practices implemented by professionals working with UMAs? The analysis identified five central dimensions, which we consider to be relevant benchmarks that can inspire the support and guidance of UMAs in the Québec context and thus illuminate initial training and continuing education of teachers.

4. Findings

In this section, we present the five dimensions identified. Each is illustrated by excerpts, followed by the pseudonym of the intervening person.

Receiving unaccompanied minors: an entry through suffering

The analysis of the collected stories highlights that the transcultural approach is an integrated approach, articulated around two complementary dimensions: on the one hand, biomedical care, and on the other, a consideration of the cultural referents and migratory pathways of those accompanied. In this sense, the three practitioners who shared their experiences in the stories of practice reveal that the first contact with UMAs was often through care, particularly medical care. As the stories of Cram and Fatou underscore, this first contact through care opens up a space of trust conducive to more global support.

My first contact with her was related to the medical aspect. We needed to make space for this pain, to recognize it. We had to consider her headaches to facilitate the transcultural reading and relieve her headaches so that we would be able to reflect together. So, we started her on antidepressants, as it's an action that can address this facet of pain. This situation marked me because I understood the connection that doesn't necessarily come from words, but through trust (Cram).

I remember a young, unaccompanied minor girl who had just been taken in, but who had spent a large part of the day at the hospital due to gynecological problems. When I received her here, she was in extreme pain. When caseworkers accompany them, they are responsible for ensuring they receive treatment, but she had come without pain medication. The pain was so overwhelming that she was doubled over. As a psychologist, I can't ignore pain during the session, during my work. I can't pretend everything is fine. [...] I asked her to indicate her level of pain between 0 and 10. She answered 10 +++. I

decided to reschedule our appointment, because she needed to feel better and have access to her treatment. I offered her tea and indicated to the caseworker that it was important for her to come back. [...] Intake is also that: providing care. It's important because it allows us to build a connection. It also allows us to humanize the Other and show them that we recognize them as a user, as a child, but also as a human being (Fatou).

This approach through care provides a jumping off point for addressing other dimensions of support and guidance for UMAs and is also the starting point for the creation of bonds of trust between the practitioner and the service user, considering that the relationship of trust is an essential condition to support this global support approach.

The gradual building of trust, back and forth

The relationship of trust is a process that is gradually built up over time between the practitioner and the user. While entry through care, particularly medical care, plays an important role in this dynamic, other elements are just as essential. First, the central role of communication in establishing this relationship was emphasized. According to the practitioners, trust begins to develop once the encounter's purpose is understood by the minor, which means taking the time to clearly explain the framework of the intervention, its objectives and the professional posture. It is a process involving explicitation and transparency, which values the other's presence and recognizes their experience. For example, Fatou explains:

we need to give meaning to the meeting. Who are they with? Where are we? Why are they here? It's essential that these elements are understood by the user, to obtain their consent to be there. There's no obligation. Do they want us to meet? Sometimes, it can take a whole session to simply explain how we deal with pain, for example. So, it's important to give meaning to the meeting and for that, we absolutely need to find a way to understand each other (Fatou).

Once the encounter becomes meaningful for both sides, that is, both for the practitioner and the user, time emerges as another fundamental element in the gradual building up of the trusting relationship. The collected stories of practice underscore the need for patience: it takes time to access the singular world of UMAs, whose pathways are often marked by separations, losses and traumatic experiences. As shown by the accounts of Cram and Fatou, this extended timeframe is essential to allow an authentic relationship to develop – one based on recognition and trust – while also taking the time to get to know the person during the initial meetings.

In consultations with unaccompanied minors, we must gradually put the story together, piece by piece, because the person isn't always able to express things in the beginning. [...] With that said, in my first consultations, it's always important to get to know who they are, what languages they understand, etc. The idea is to avoid addressing overly sensitive subjects in the beginning. You must create a bond to allow the Other to open up. I want to really know the Other. [...] It may then take many years for the person to open up

completely, but I will give them the time they need to trust me, based on the symptoms reported to me. It's important to express oneself naturally (Cram).

To achieve this, during introductions, we need to ask what their mother tongue is and whether they have more than one. This is very interesting information because maternal languages sometimes allow us to access the young person's language journey. For example, have they passed through Italy or Spain? Have they learned other languages? Do they switch between the languages they use? Do they speak the same language as their parents? For example, their mother is Malinke, and their father is Fulani, so they're already of mixed heritage. What is their relationship with their own languages? In this way, based on the languages they use, we can enter into their story from the first meeting and that's essential (Fatou).

Another essential element for building a relationship of trust is the non-judgmental posture adopted by practitioners with respect to the users' lived experiences. This position implies a kind of negation of normative assessments in order to listen to and apprehend each singular experience, recognizing that silence itself can be a form of expression. This posture also implies that silence can be an integral part of the minor's journey. This attitude of openness and respect for their silence and their speech contributes to establishing a safe climate, conducive to the emergence of an authentic narrative.

It was extremely heavy. He couldn't share his secret because if he said it, it meant he was accepting to bring the African part of him to France. Perhaps that threatened him too much. So, I had someone in front of me who I knew nothing about at all, or who, at least, didn't want to tell me about himself (Suzanne).

There are patients who manage to tell us about their immense trauma only at the end of therapy, once we have finished. They reveal an important element of the narrative a few seconds before the session ends. It's therefore important to respect the narrative, the discourse of the Other, what they can say, what they cannot say, but, above all, to lend them our mental framework. There are many things we don't say, but that we feel very strongly. The more we avoid saying them, the more we feel them very strongly and the more they come out in all directions. We must start with what they show us and tell them that we are learning from them and that we are happy they are with us. With that said, we must not invent things (Fatou).

Indeed, the relationship of trust, built over time, through back-and-forth communication, allows practitioners to better understand the complexity of UMAs' migratory journeys. These pathways, often marked by separations, violence, losses and survival strategies, profoundly influence their relationship to the institution, to authority figures and to their own futures.

A focused look at migratory pathways, with all that it may involve in terms of violence and trauma

The collected stories highlight that the migratory pathways of UMAs are embedded within dynamics marked by an accumulation of vulnerabilities and exposure to various forms of

violence from their context of origin to that of their settlement. The transcultural approach allows for the provision of immediate care, but also opens the way to a more nuanced view of migratory pathways (pre-, peri-, and post-migration), as well as the effects these may have on the emotional well-being of minors. Thus, the stories invite us to recontextualize certain family ruptures, not exclusively from the angle of loss or suffering, but also based on an understanding that these may be part of a dynamic of complex migratory strategies sometimes initiated or carried out by the minors themselves.

It's strange to think that in 2024, children and adolescents leave their country and travel across the world to find a better life elsewhere. Some leave their home country to access certain freedoms, whether sexual or otherwise, or even to flee a war. These are people who experience certain traumas and who seek to go elsewhere to live a better life because it's too painful where they are (Fatou).

During the course of the consultations, I learned that her mother had died from medical issues before she arrived in France. She had a chronic illness, notably high blood pressure and heart problems. She was her father's first wife and was often neglected. One day, she needed to go to the hospital but wasn't taken there in time, and Fatoumata placed a lot of blame on her father for this. I believe there were also incidents of physical violence. As a result, Fatoumata decided to leave and come here. From that point on, she decided to have no contact with her father. She no longer has ties to him (Cram).

They had left their parents there. Their father, who was very ill, died shortly after they left. Their mother was still there. Their migration journey involved several stages, including a long period spent in Algeria. They made the sea voyage in containers on a boat in near life-threatening danger. Based on how he described it, it was terrible. The conditions were inhumane. Having to hide in something that isn't made for a human being, even just in terms of oxygen, is difficult to imagine. As they were boarding the boats, he lost sight of his brother and had no idea where he could have gone. Accessing elements of the rest of his journey, which were extremely traumatic, was very complicated. It seemed impossible for him to talk about it, because there was always the risk of betraying his age. He was in some kind of danger. Upon arriving in France, he was taken in by Child Welfare Services because he was a minor, which allowed him to be placed quite quickly (Suzanne).

In this way, the stories deconstruct a strictly victimizing vision, by revealing the forms of agency and resilience mobilized by young people over the course of their journey. In other words, this perspective of recontextualizing family separations makes it possible to highlight certain migratory strategies, which are often invisible. It also allows us to move away from a strictly deficit-based view of UMAs' experiences and to orient support toward valuing their adaptive skills and resilience, and to recognize that they possess a body of experiential knowledge related to the migratory context that enables them to resist despite a journey marked by the accumulation of vulnerabilities.

When a young person arrives here, my goal is to guide them to be able to take care of themselves, to trust us so that we can help them heal, to give themselves permission, to have and recover skills, and above all, to love themselves. [...] These are children who

left Afghanistan or Pakistan, without a passport or ID, to arrive in France. They didn't necessarily take a plane. I mean, they have skills and resourcefulness. They know how to do things. And by building on the strategies they've put in place, we explain to them that they can continue with the norms that exist here, but that they already have their place. We need them (Fatou).

[...] If we just highlight all the things they are unable to do, it doesn't accomplish anything! Instead, we should identify the skills they do have. Also, as soon as we write *cognitive deficit* in the file, it follows the person for the rest of their life (Cram).

In a way, the stories teach us that support and guidance cannot be limited to a technical or administrative response: they require a sensitive listening posture, capable of recognizing the affective, identity-related, and symbolic dimensions of the migratory experience. The stories of Fatou and Cram, for example, illustrate how taking these elements into account transforms not only the intervention, but also the way these young people are viewed, restoring their dignity, their agency and the legitimacy of their history.

We want to help them too. Show them that they've already found several relevant solutions. I realize that the minors I accompany have already accomplished various things. They didn't wait around before finding their way to France (Fatou).

She was now an adult and pregnant again. I tried to remind her that it was her choice that mattered. We don't want to be too suggestive, so we are extremely careful. All paths are possible, and she can be accompanied regardless of the choice. But there are difficulties associated with each choice, and I talked to her about the different possibilities (Cram).

However, in this support dynamic, many challenges also emerge, which can be seen in the stories of practice that we have.

Responsibility and ethical issues: potential dilemmas

In the helping relationship with UMAs, the practitioners highlighted several issues, particularly of an ethical nature, related to professional positioning and the quality of relationships with other actors in the field, as well as to the use of standardized tools that are often inadequate for the complexity of migratory pathways and the specific needs of these young people. Suzanne and Fatou's comments illustrate the ethical dilemmas that practitioners face, caught between the sometimes troubling or ambivalent narratives of service users and their own professional positioning. In their accounts, they emphasize the importance of centering the intervention on the support and guidance to be offered to the young people, by prioritizing the protection of their fundamental rights, even if it means adopting a certain tolerance toward gray areas or inconsistencies in their discussions. This position reflects an ethic of benevolence and responsibility specific to support contexts marked by vulnerability and the complexity of migratory pathways.

Things were never put into words, which complicated matters enormously. I don't think we had a choice, at least about making it explicit. I think that the patient and I could have addressed the fact that he wasn't 16 years old, in the end. It wouldn't have been a big deal, because at the legal and administrative level, I would have acted as if that were the case. With that said, for his case to progress in terms of care, from a psychotherapeutic perspective, should we act as if he were 25 years old? In any case, I wasn't going to report him to the authorities, and even if I had a duty regarding this, I chose to cover it up (Suzanne).

What was difficult for me with this case is that at one point in the consultation, he confessed to me that he had been abused when he was young on several occasions. He also confessed to me that he himself had abused other children in Egypt. He was reproducing what had been done to him. When he revealed to me in therapy what he had experienced and what he had made others experience, it was very complicated for me. It was difficult for me to carry what he had revealed to me in the therapeutic setting (Fatou).

This stance, based on an ethic of benevolence toward minors, is not necessarily shared by all actors in the field. It can sometimes create tension with institutional and administrative rules, procedures and priorities, and lead to misunderstandings with other professionals, hence the necessity for practitioners to maintain a balance and avoid conflicts or misunderstandings in their work environment. As evidenced by the accounts of Suzanne and Cram, this often involves demonstrating discernment and relational skills to manage complex situations, without compromising either the helping relationship or the dynamics within the professional team.

In the context of an unaccompanied minor whose age we're unsure of, I still wonder how to manage the secret while working with the caseworkers who are both on our side, but also people we don't know. I wouldn't see myself sharing this the way I'm explaining it right now either. I hinted at it once in a conversation, but I wouldn't have enough trust in the person, because we don't know what this person will repeat. In short, I wouldn't really know how to deal with the caseworkers. I think we should consider them on the same level as the patient and a bit like the patient's family. At the same time, it's not easy, either, when they constantly seek us out. I believe I'm still reflecting on how to collaborate with caseworkers in this context (Suzanne).

It must be noted that the caseworker in this situation was very worried about Fatoumata's lack of autonomy, while Fatoumata, in my opinion, needed reassurance to connect to the Other. I believe the caseworker was the person who worried the most during the period when Fatoumata didn't know if she was going to continue the pregnancy or not. So, I met with the caseworker and explained to her how we accompany these young people. I think that reassured her (Cram).

The collected stories also show a critical vigilance regarding the use of standardized tools, which are often inadequate for grasping the complexity of migration pathways and the specific needs of UMAs. This observation raises a major challenge: that of avoiding the risks

of overdiagnosis or underdiagnosis, as well as the temptation to hastily categorize these young people through reductive clinical or behavioral labels.

So, I wondered whether it would be relevant to do a review or an assessment of her abilities. We developed a test at [the hospital] to determine a person's learning abilities, especially those of adolescents. However, with unaccompanied minors, one must be aware of nuances and remain vigilant. Sometimes, a post-traumatic disorder can be confused with a psychotic or cognitive disorder, so the treatment and prognosis are not the same. Post-traumatic disorders can have repercussions at the cognitive level, but in a provisional, not a constitutional manner. Consequently, a scale is not always enough, even with an interpreter. There is always the risk of a lowered score (Cram).

These elements underscore the need for a more contextualized approach, sensitive to the cultural, emotional and social dimensions of each situation.

The sometimes shifting contours of support for unaccompanied minors

The collected stories show that support and guidance often go beyond the formal guidelines provided for by the measures, requiring a posture of openness, and sometimes the ability to consciously go beyond the normative framework to respond in an appropriate way to the realities experienced by these young people. The accounts of Fatou and Cram illustrate the need for creativity and commitment in contexts where institutional responses are not always enough.

The therapeutic relationship also shows us the limits of therapy: we don't know where it is leading us, in fact. We must let creativity play its part, question the limits and make something of it. We must move forward despite everything because we have faith in humanity and in the therapeutic relationship. It's normal to feel unstable, because we don't know where we're going. I didn't know where I was going. Supervision and talking about things with humility helped me (Fatou).

One's role with unaccompanied minors ends up going beyond what is written on paper. On the one hand, it's because we are prepared to do it, but it's also because we feel that the Other needs it. I must say that I have never felt confined by the constraints of a particular framework, which is what transcultural clinical work allows. It broadens the possibilities without giving a sense of working outside the framework because we're guided by humanity and common sense while nevertheless preserving the logical limits that maintain the professional framework (Cram).

Faced with the limitations of institutional frameworks, practitioners highlight the importance of taking a position of personal and emotional engagement. This involves, as Fatou underscores, allowing oneself to be emotionally affected or moved, recognizing that the helping relationship can also act upon the practitioner and lead to an inner transformation. Suzanne, for her part, insists on the necessity of naming the discomfort, of making space for it in the professional setting rather than denying it. This reflective stance allows for balance to be maintained in the intervention's timing or pacing, as Cram mentions, by reducing the

pressure for immediate effectiveness and respecting the unique rhythm of each support or guidance situation.

With transcultural consultation, you need to take the time and allow yourself to be affected by the situation (Cram).

It was liberating to have told him that we couldn't help him if he didn't trust us enough to address difficult subjects here, but I also told him I understood that it was a survival strategy. Things weren't going to move forward if he didn't allow himself to address certain subjects (Suzanne).

[...] We need to stop taking ourselves too seriously. Although I'm a psychologist, it doesn't mean I am the keeper of absolute truth. We need to think outside the box. We must try things that can be found elsewhere to properly accompany the user and share part of the journey with them. I believe that for a psychologist, if we want to accompany and care for people, we have to get our feet wet. To carry the Other, we must carry each other. We must allow ourselves to be touched by the Other's story before allowing ourselves to help them (Fatou).

Such an approach requires combining the personal and professional dimensions of intervention, by simultaneously mobilizing ethical engagement, emotional aspects, and technical skills, to promote support and guidance that benefits UMAs. Thus, the transcultural approach, which articulates care and recognition of the unique aspects of certain cultural elements, offers a relevant framework for responding in a more humane and contextualized way to the complex needs of UMAs.

5. Concluding discussion

A transversal look at the dimensions that can inspire the support or guidance of UMAs that emerged from our corpus analysis now allows us to discuss how these practices documented by the stories can inform initial training and continuing education of teachers in their pedagogical interventions with UMAs. In other words, what can be learned from the results presented?

First, the stories of practice teach us to make room for the suffering of unaccompanied minors while also taking into account the experiential migratory knowledge they possess. Indeed, by offering them a real or symbolic space in which to *unburden themselves*, the practitioners demonstrate that it is possible to receive this suffering, to legitimize it and, eventually, to understand it. Such an approach, which simultaneously recognizes the migratory strategies that unaccompanied minors implement, allows us to move away from a strictly deficit-based view of their experience and to orient support toward valuing their adaptive skills and resilience. By drawing inspiration from such a position in their pedagogical interventions with UMAs, teachers could thus contribute to taking a certain distance from the trivialized perception of migratory pathways (Papazian-Zohrabian *et al.*, 2018b) and adversity (Fazel and Betancourt, 2017) that characterize them. By recognizing that some of their strategies – such as silence about their migratory journey, or parts of their life or their family, as well as their resourcefulness – are responses to the oppression to which

they have been and are still subjected, teachers could contribute to supporting their socio-academic experiences and thus promote their educational success more broadly (Mc Andrew *et al.*, 2015). The three practitioners stressed that the transcultural approach allows them to highlight the skills and knowledge of UMAs that are often invisible in intervention models focused on deficiencies or deficits. According to them, it is a question of making a paradigm shift, by integrating the cultural dimensions and singular pathways that shape the experiences of these young people. As Fatou says: «We must accept what patients are able to give us». Cram, for their part, insists on the importance of recognizing linguistic knowledge: «They sometimes tell me about the dialects and different languages they know. I look everywhere for something I can value, and I will validate them in an authentic way». Suzanne reminds us that commitment and practical skills must also be recognized, even when relational challenges are present: «He invested himself enormously, even though it was very complicated when it came to relationships with others».

Second, the stories of practice exemplify the importance of letting trust develop over time when it comes to supporting and guiding UMAs. Indeed, the practitioners illustrate, each in their own way, that it is necessary to accept our limits as practitioners, but also those of the young person with whom we have built a relationship. Since the reasons for leaving and the pathways of UMAs are heterogeneous (Étiemble, 2010), it is necessary not to assume their effects on the minor and to respect their pace. The transcultural approach promotes the adoption of a posture of openness and critical reflexivity toward professional practices, avoiding an ethnocentric view of UMAs. In this way, it calls for the recognition of the complex realities experienced by these young people, from a perspective of humility and decentering. By effectively offering UMAs the opportunity to tell their stories in another way (Radjack *et al.*, 2020), while leaving room for their own cultural referents and highlighting their agency and their ability to adapt and recover (Moro, 2002), it becomes possible for practitioners to learn from the minors' history – or at least from what they agree to share with them. By being supported in learning how to recontextualize the school ruptures of UMAs in light of what they agree to share about the various family separations experienced, teachers may be able to look at UMAs differently and take on a certain role as resilience tutors for them (Gosselin-Gagné, 2012; Audet *et al.*, 2024).

Finally, the stories teach us that, when accompanying young people in situations of great vulnerability, we must accept in some way to learn from the Other, «to let ourselves be touched» (Fatou), «to let ourselves be affected» (Cram) and perhaps even to let ourselves be transformed. Rather than being a weakness, this posture is proof of humility, as Fatou proposes in her story: «I believe that anyone who plays the role of accompanying someone in any field (e.g. school, social, medical) must show humility» To let oneself be touched is to accept that we do not control everything, that we cannot understand everything right away, and that we enter a space of shared presence, as Fatou expresses: «If we encounter shadows that prevent us from moving forward, we must work on these shadows».

In this perspective, it is important to foster teamwork by adopting a transdisciplinary reading of situations, and by developing a posture of complementarity in the support or guidance provided, as highlighted by the collected stories. This approach involves actively recognizing the complexity (Fatou) of young people's lived experiences and applying practices that respect their unique backgrounds (Cram) by using all available professional and linguistic resources. It also requires open communication, mutual recognition of the expertise of all actors and a shared desire to support educational pathways in a concerted

manner. In this perspective, it becomes essential to consider innovative methods that allow teachers and school professionals to intervene in a complementary way, both inside and outside the classroom, to better support UMAs in integrating into the school environment and society.

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