

The mental health and psychological well-being of refugee children: an exploration of risk, resilience and protective factors

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Declaration of own work

This research is being submitted in partial fulfilment of the requirements of the Professional Doctorate in Educational and Child Psychology.

I hereby declare that, except where explicit attribution is made, the work presented in this thesis is entirely my own.

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Abstract

The purpose of this research was to investigate the perceptions of refugee children, refugee parents and school staff regarding what they believe contributed to the positive adaptation of refugee children after facing adversity. This research examined how the participants understood the factors inherent in the new social milieu and its effect on refugee children's mental health and psychological well-being. This included an exploration of resilience and the role of risk and protective factors. Few studies have focused on exploring views from a resilience perspective and studies that have, have also tended to focus on exploring factors through quantitative rather than qualitative measures. This mixed methods piece of 'real world' research, adopted a 'what's working well' perspective, aimed to explore the important voices of children, parents and staff.

The views of three refugee parents and twenty one refugee children aged between 9 and 19 years old, of various ethnic origins and length of stay in the UK (six months to eight years) were explored through semi-structured interviews. Data were analysed using a thematic analysis approach. The children's level of well-being in different domains such as school was assessed using the Multidimensional Student Life Satisfaction Survey (Huebner, 2001). The views of sixty-three staff members were also gathered via questionnaire.

Findings from this research reveal the valuable perspectives parents and young people can offer. The psychological construct of resilience was of relevance to the children in the present research, with several themes reflecting factors that have been shown to impact on resilience in positive or adverse way. Young people's comments suggested that they were not protected from all negative experiences, but were able to succeed in the face of such adversity due to a number of factors that provided a defence against it. The key differences that children identified, that could be protective as well as a risk for them featured in the following main themes: factors within the family, experiences at school and individual/personal characteristics. Staff, parent and child responses were triangulated to provide a rich picture of the potential protective factors operating within the school and family environment.

Implications for future practice for schools and Educational Psychologists in areas such as the voice of the child, bullying, home-school and community partnerships and mental health interventions are discussed. Methodological issues are also considered, together with suggestions for future research to create a deeper understanding of the role of culture, schools, coping styles and the community. Further opportunities for research exploring risk and resilience in unaccompanied refugee children are suggested.

Keywords: refugee, children, young people, schools, mental health, psychological well-being, resilience, risk and protective factors, thematic analysis, Positive Psychology, Educational Psychology.

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List of Abbreviations Used

UNICEF	United Nations International Children's Emergency Fund
UNHCR	United Nations High Commission for Refugees.
IPPR	Institute for Public Policy Research
DfES	Department for Education and Skills
PTSD	Post-traumatic Stress Disorder
DCSF	Department for Children, Schools and Families
UASC	Unaccompanied asylum seeking children
CAMHS	Child and Adolescent Mental Health Services
CDI	Children's Depressive Inventory
CYP	Children and Young People
RCYP	Refugee Children and Young People
EAL	English as an Additional Language
EP	Educational Psychologist
ECP	Educational and Child Psychologist
MSLSS	Multidimensional Students' Life Satisfaction Scale
SEN	Special Educational Needs
YP	Young People
SSI	Semi-Structured Interviews

Chapter One: Introduction

Chapter One: Introduction

“An immigrant leaves his homeland to find greener grass. A refugee leaves his homeland because the grass is burning under his feet.”

- - Barbara Law

Over the last forty years, researchers have recognized and studied a group of children who have overcome great odds in the face of adversity (Hodes, 2000; Crowley, 2009). The UK is facing a major increase in the number of people seeking asylum each year, of whom approximately a quarter are children (Fazel and Stein, 2002). Civilian populations have been increasingly targeted in recent wars, with ‘ethnic cleansing’ campaigns or ‘religiously motivated’ campaigns becoming a common reality. United Nations Children’s Fund (UNICEF) has estimated that 80% of the victims in modern wars are women and children. In response to violence, many people are forced to flee their countries in search of safety. This has resulted in an estimated 11.4 million refugees worldwide (UNHCR, 2008). In the UK numbers of asylum applications have increased dramatically over recent decades. About a quarter of asylum applications are granted some form of leave to remain (IPPR, 2005). The remainder may even return voluntarily, be deported, moved to another country or remain in the UK illegally. According to recent Home Office statistics the majority were of African, Middle Eastern and Asian origin, with the two largest groups of refugees coming from Eritrea and Somalia (2010). This demographic profile and the increase in the number of refugees has implications for education. As Rutter highlights, “almost every English local authority now has refugee pupils attending its schools. About 4.5% of the school population in Greater London are refugee children, something that could not have been predicted 15 years ago” (Rutter, 2003, p.4). Economic migrants continue to choose to relocate to other countries to improve their lives, and increasingly refugees have to move to save their lives.

According to the United Nations High Commissioner for Refugees, Article 1A (2) of the 1951 Convention defines as a refugee any person who (UNHCR, 1999):

“Owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to availing himself of the protection of that country; not having a nationality and being outside that country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.”

Thus a refugee is an individual who has left his or her native country to go to another country due to war or violence that has threatened the safety of that individual, their family or community. Refugee status protects a person from being returned to his or her country of origin. The term 'asylum seeker' describes an individual who has crossed an international border in search of safety and is in the process of trying to obtain refugee status in another country. The administrative procedures associated with obtaining asylum are arduous, stressful and often continue for many years.

An unaccompanied asylum-seeking child is outside his or her country of origin, under 18 years of age, and has not been accompanied by a close relative when travelling to the UK.

In recent years, the number of unaccompanied children arriving in the United Kingdom has increased. Since 1997 the main groups of unaccompanied asylum-seeking children have been from Kosova, Afghanistan, Sri Lanka, Somalia, Iraq and Turkey (Free, 2003). Many of the pressures on asylum seekers are magnified for young people who arrive in the United Kingdom alone. Indeed they are a very vulnerable group. Many may come from unstable social situations and have high levels of anxiety or emotional distress as a result of the trauma of leaving their home country and their initial experiences of the host country.

In this chapter the researcher introduces the refugee experience in three phases: premigration, migration and postmigration. The concept of resilience will be defined as will be risk and protective factors. This will be followed by an exploration of the unique role of the Educational and Child Psychologist and the

importance of adopting a positive perspective for the purposes of the research. Research focus, aims and rationale of the research will then follow.

For the purpose of this research, the term refugee includes refugees that are separated, unaccompanied or asylum seekers. The terms 'children' and 'young people' will be used interchangeably and will refer to those 19 years or under.

1.1 The refugee experience

Refugees, as defined by the UNHCR, are distinguishable from other immigrant groups based on the notion that migrant groups often leave their home countries voluntarily in search of better economic opportunities. Refugees, however, leave their home countries involuntarily with persistent dangers at home preventing their return (Lustig, Kia-Keating, Grant-Knight, Geltman, Ellis & Birman, 2003).

The refugee experience is commonly divided into three phases: premigration, migration, and postmigration (Berman, 2001; Lustig et al., 2003; Fazel & Stein, 2002; Pumariega et al., 2005). The **premigration** phase refers to the period of time before refugees escape from their home country. This phase is characterised by political violence or war, social upheaval and chaos. Refugees often face threats to their safety and that of family members as well as experiencing limited access to schools and employment. Children who have been forced into direct armed conflict to serve as soldiers are at increased risk for rape, torture, war injuries, substance abuse, depression, anxiety, and suicidal ideation during this phase (Lustig, Kia-Keating, Knight, Geltman, Ellis, & Kinzie, 2004).

The migration phase is marked by great uncertainty about the future for refugees, as displacement from their homes and familiar surroundings takes place and the searching for and/or travelling to the location in which they plan to resettle. Additionally, during this phase, separation from parents and caregivers is common and is associated with higher rates of behavioural problems and emotional distress. Children and their families may be forced into refugee camps or detention centres. Unaccompanied refugee minors, or children who arrive in the UK without a parent or guardian, particularly face a stressful experience as they try to navigate the legal system on their own.

The postmigration phase sees the refugee settle in the host country. Newfound hope and anticipation of a safe, prosperous life in their host country may help refugee children and their families postpone their grief in the immediate resettlement period (Lustig et al, 2004). However, eventually most will mourn the loss of their homeland, family, friends, and material possessions.

Papadopoulos (2001) proposes another chronological conceptualisation of the migration process. He describes four phases that constitute 'the refugee trauma': anticipation, devastating events, survival, and adjustment. These four phases broadly fit the aforementioned three-phased model of premigration, migration and postmigration. Papadopoulos' second phase of 'devastating events' corresponds with the 'pre-flight phase' in the three-phased model, whereas 'survival' refers to the period of flight. The last two phases of both models are also analogous: 'adjustment' and 'resettlement' refer to the same acculturation period in the host country. The chronological models conceptualise the refugee experience as a severe, pervasive and chronically stressful life period, in which the accumulation of multiple risk factors challenges the mental health of refugees. Furthermore, the stressors outlined in both models emphasise the additional vulnerability of refugee children (De Haene, Grietens, & Verschueren, 2007).

In summary, refugee's experience of marginalisation refers both to the family's history of marginality in its country of origin and to the social and cultural isolation often faced by the family in the host country. Traumatization includes pre-migration risk factors, such as torture, disappearance, persecution, and war. The experience of uprooting is the result of different disruptive processes, such as the profound and disempowering uncertainty and unpredictability which is common during exile, the challenges facing the family's identity in a new cultural environment, the fragmentation of the family during periods of separation, and the family's inability to invest in the future, due to complications in the asylum-seeking procedure as well as to unresolved grief. Lastly, acculturation refers to the attempts of different family members to integrate into a new cultural environment, a process that can lead to disharmonious adjustment profiles and subsequent changes in spousal, parent-child or sibling relationships (De Haene et al, 2007).

Despite exposure to adversity and challenges to their development, many refugee children function successfully in multiple aspects of their lives. They are able to draw on internal and external resources to not only survive, but also thrive. These children are often described as resilient. Research into the resilience, protective and risk factors for these children is becoming increasingly important.

1.2 Resilience

Resilience is a phenomenon that results from strong and well-protected adaptation systems. It is not a one-dimensional quality, that either one has or does not have, but is instead the possession of many skills and resources at different times and to varying degrees. Resilience is a concept that is used to describe the flexibility that allows certain children and young people who appear to be at risk to bounce back from adversity, to cope with and manage major difficulties and disadvantages in life, and even to thrive in the face of what appear to be overwhelming odds. Resilient individuals seem to be able to understand what has happened to them (insight), develop an understanding of what has happened to others (empathy) and experience a quality of life that is often denied to others (achievement) (Dent and Cameron, 2003). Fonaghy, Steele, Steele, Higgett, & Target, (1994) have outlined the general predictors of resilience, which they describe as 'reassuringly predictable'. These have been categorised as follows:

- *Within-child* factors, e.g. high levels of cognitive ability and social competence, being female (up to the age of puberty), an even temperament (especially a sense of humour), positive self-perceptions.
- *Within-home* factors, e.g. socio-economic status of parents/carers, education levels within the family, parental confidence in child care, parental responsibility.
- *Outside-home* factors, e.g. neighbourhood influences, school aspects (especially teacher expectations, peer influences and the level of support available).

Resilience has also been conceptualised as a universal human capacity to cope with dramatic events, but that this capacity needs encouragement and support

within a facilitate environment to enable resilience to win over vulnerability and risk. This conceptualisation has shifted the focus away from individual deficits to individual strengths, competencies, and capacities and was a critical step in understanding resilience within the context of the individual and family (Daud, Klinteberg & Rydelius, 2008).

1.3 Risk factors

Research into risk, resilience and protective factors for refugee children is becoming increasingly important. Adversity or risk factors are those stressors which threaten the healthy development of a child. This threat occurs to a child's material, social or emotional needs and capacities at a given point in time. There is considerable evidence that refugee children are at significant risk of developing psychological disturbance as they are subject to a number of risk factors (Fazel and Stein, 2002). Risk factors can be identified at each phase of the refugee experience. These risk factors include witnessing or experiencing torture, poverty and cultural isolation.

Sameroff, Seifer, Zax, and Barocas (1987) described ten environmental risk factors for children. They include: (1) maternal mental health; (2) high maternal anxiety; (3) rigid parental attitudes, beliefs and values regarding child development; (4) few positive spontaneous reactions by the mother toward the child; (5) unskilled occupational status reflected in family financial status; (6) maternal education less than high school; (7) disadvantaged minority status; (8) family social support defined by the absence of the father in the household; (9) stressful life events such as job loss, deaths in the family or physical illness and (10) large family size. Appleyard, Egeland, Van Dulmen & Sroufe, (2005) suggested that the larger the number of these risk factors present in a child's life, the more maladaptive the child's development would be.

1.4 Protective factors

Numerous coping styles and other factors have been identified as protectors from stress during various phases of the refugee experience (Lustig et al., 2004). Berman (2001) classified these protective factors into three groups: (a) disposition of the child, including their self-esteem and response to new situations; (b) family support and a positive relationship with at least one parent;

and (c) environmental support from teachers, peers, relatives, and healthcare providers. They include internal qualities the child has in the form of an engaging temperament, good communication skills, strong problem solving skills, the ability to recognise and seek out supportive caregivers, special skills valued by others and belief that their actions will lead to positive outcomes (Garborino & Ganzel, 2000). Alvord and Grados (2005) noted the importance of competent parents, positive connections with peers, good support networks and the availability of effective schools. Unlike risk factors, the buffering effects of protective factors tend to be general and occur in children of all cultures and in a wide range of social contexts (Garborino & Ganzel, 2000). Werner (2000) noted that protective factors, like risk factors, often occur together. Some resources can stand in for others at a given point in time and may produce the same results as other similar factors. These factors help to provide an understanding of how certain children respond to adversity in very individual ways.

1.5 The unique role of the Educational and Child Psychologist (ECP)

ECPs bring a specialised perspective to working with children. They are concerned with children's learning and development and they aim to bring about positive change for children. ECPs work at an individual (casework) and systemic level (whole school) using a range of psychological and educational assessment techniques to help CYP experiencing difficulties in learning, behaviour or social adjustment. ECPs have a role in the assessment of children's difficulties from an early stage and a statutory role in the multi-professional assessment, as required by the Education Act 1996.

ECPs are in a unique position by virtue of their role within Children's Services within a Local Authority and their application of a wide range of psychological approaches to help refugee children to connect with the new unfamiliar systems and community in which they find themselves. ECPs are aware of the importance of highlighting and building-on strengths within children in their day to day work and they work at many systemic and institutional levels and, of course, this is necessary in work with refugee children and families. Price and Iszatt (1996) note ECPs can play a role in the development of whole-school approaches, including providing awareness raising sessions. ECPs are also

well placed to provide guidance on using the community as a resource on facilitating multi-agency cooperation. They can help inform and raise awareness of the needs of this vulnerable group of children. A group that often arrive in the UK through no choice of their own, with little time for preparation, and suffering from losses on multiple levels (German, 2004).

1.6 Seeking the views of children

Legislation enables children to have a voice in decisions regarding their life and learning is a central feature within education policy and practice. The Children Act 2004 and United Nations Convention all encourage educational professionals to seek the views of children (Gersch, 1996). Pupil participation was integral to the development of Every Child Matters (DfES, 2003) and, notably, a young person's paper was produced (DfES, 2005), the first time that a paper has been written specifically for young people. Children, as Hayes (2004) reports, have, '*valuable perspectives and ideas that can be used to improve things that impact on their lives*' (p.174).

Psychological interventions aimed at helping children who experience forced migration require a substantial understanding of the inner concerns of these children (MacMullin and Loughry, 2000). Further, children's own theories about how best they cope with difficult circumstances, and how other children might successfully manage similar concerns, also provide an important source of knowledge for both researchers and practitioners. Much of the existing literature relies heavily on obtaining the views of adult professionals in the field and adult refugees and, while it serves a valuable purpose, it tends to lack the participation of children and young people themselves in the research process. Relatively few empirical studies have engaged specifically with refugee children and young people (Maegusuku-Hewett, Dunkerley, Scourfield, & Smalley, 2007).

1.7 Adopting a positive psychology perspective

All too often, it seems, there is focus on 'deficit' and what might be going wrong for these children and, as Hodes (2000) stresses, it is important to bear in mind that most young refugees will cope well with the terrible events to which they may have been exposed and the very difficult circumstances in which they and

their families have to live. It is very interesting to consider what makes some children more resilient than others or what coping strategies and resources have they developed and adopted in order to thrive in school and in life in general. Psychological studies have often utilized quantitative methodologies to examine exposure to traumatic events, post-traumatic psychiatric reactions, and the identification of risk factors to mental illness or acculturation stress. While such an approach has offered clinicians an understanding of the level of psychopathology among refugees, the focus on trauma and post-traumatic stress reactions such as anxiety and hyper-vigilance, mean that limited attention has been directed towards understanding positive adaptation in refugees.

The researcher, with a background in Education and currently training as an Educational and Child Psychologist, is interested in applying Positive Psychology (Seligman, 2005) in order to focus on what might be working well for children. As Seligman & Csikszentmihalyi (2000) point out: *'Psychology is not just the study of pathology, weakness, and damage; it is also the study of strength and virtue. Treatment is not just fixing what is broken; it is nurturing what is best'* (p. 7). Positive psychology is building a new psychology of human strength; focusing on the positive subjective experience of the past, the present and the future. In research the focus is on positive individual characteristics like the strength and the virtues and the study of positive institutions and positive communities asking, *"What are the institutions that take human beings above zero?"* (Seligman, 2003:xvii).

Positive psychology focuses on wellbeing, happiness, flow, personal strengths, wisdom, creativity, imagination and characteristics of positive groups and situations (Hefferon and Boniwell, 2011). The paradigm has received criticism about its theory, concepts and ideas, with some arguing it promotes selfish and narcissistic behaviour. However, Positive Psychology acknowledges the negatives or deficits in human functioning i.e. psychopathology, but aims to provide a balance with the positive aspects of human growth and development. Hefferon and Boniwell (2011) argue that positive psychology is much more than thinking about positive emotions and positive thinking. Indeed, it is focusing on what makes individuals and communities flourish, rather than languish. Flourishing is defined as 'a state of positive mental health; to thrive, to prosper, to fare well in endeavours free of mental illness' (Michalec, 2009, p. 391).

1.8 Research Focus: Aims and Rationale

As British society becomes increasingly diverse, the need to discover the processes contributing to resilience in individuals with a wide range of cultural, ethnic and racial backgrounds takes on greater importance. Children who are refugees have encountered much stress and trauma during their lifetimes. Clearly, this group of children is 'at risk' in terms of their physical and mental health (Ingleby and Watters, 2002). The purpose of the research is to investigate using an exploratory approach, the perceptions of refugee children and families regarding their understanding and experiences of the factors that contributed to their overall mental health and psychological well-being.

By exploring what enables successful refugee children to do well, educators and others working with the children may more effectively design appropriate and culturally sensitive interventions to foster success. It is also possible that discovering the processes that allow refugee children to develop resilience will create a deeper understanding of the processes involved for other children. It is expected that the research will draw attention to the role of culture, schools and the community and how they serve as protective factors to this high-risk group as well as individual factors such as personal characteristics and strengths. Research has highlighted the psychological resources used by refugee children and families in dealing with trauma and stress as well as the factors that have contributed to their positive adjustment. Thus, it could enhance understanding and awareness of prevention and intervention in relation to the mental health of refugee children. A useful quote by Rutter (1979) extrapolating the responses of children to such stress and risks:

“there is regrettable tendency to focus gloomily on ills of mankind and on all that can and does go wrong...The potential for prevention surely lies in increasing our knowledge and understanding of the reasons why some children are not damaged by deprivation...”

(p. 49)

Furthermore, as there is a lack of up to date recent research on refugee children and families in the UK (as most research in this field is now out-dated and mainly conducted in America); a call to address the needs of this group

from an educational perspective is stressed (Fazel and Stein, 2002). Additionally, quite often research has focused on mental health problems and specifically the growing concern of refugee children developing disorders such as Post Traumatic Stress Disorder (PTSD), therefore an approach to the phenomena which explores mental health from a positive perspective was required i.e. what is working well for this group and why?

There is also a wide selection of literature that explores the concept of resilience in children following trauma; however the research in the development of resilience amongst refugee children is sparse. Moreover, the unique contribution of the research has been informed by adopting a qualitative method to explore these issues as this methodology is often rare in this research area (Yohani, 2010). This research explores the lived experiences and perceptions of children and families themselves, to enhance knowledge of the lives of refugee children. Adopting an idiographic approach, the research investigates refugee children in personal, in-depth detail to achieve a unique understanding of them, drawing on existing literature and research around the theme of resilience, risk and protective factors. The rationale for this research is largely prompted by the relative absence of qualitative studies that adopt a resilience perspective for this cohort of children. Also, children's voices are infrequently heard (Riley & Docking, 2004; Munn & Lloyd, 2005) despite children having much to say about what might be helping them (Hayes, 2004). This research, therefore, intends to add to the body of knowledge about refugee children and to provide information to policy makers and others concerned with the welfare of refugee children and their families.

The research questions

- 1) What factors in the new social milieu do children and parents identify that promote their resilience?
- 2) What factors do children and parents identify as risks to their mental health and psychological well-being?
- 3) What protective factors do children and parents identify that have enhanced their or their children's psychological well-being?

- 4) What are the perceptions of school staff of the factors that promote or hinder the mental health of refugee children?

1.9 Chapter summary

The purpose of this Chapter was to provide background information relating to the topic of this thesis and to introduce the key area of focus. Terms were defined e.g. refugee, and information relating to refugee children's experience, risk, resilience and protective factors was provided. Seeking children's views and adopting a positive perspective was also highlighted as a particular area of importance.

Further chapters to follow within this thesis include a comprehensive literature review (Chapter 2), a chapter introducing and outlining the methodology adopted within this research (Chapter 3), presentation of the research findings (Chapter 4), followed by a discussion section (Chapter 5). Finally, a conclusion, including implications for future practice and research, will be presented (Chapter 6). The next chapter (Chapter 2) will present the literature review based around the topic of research.

Chapter Two: Literature Review

Chapter Two: Literature Review

2.1 Overview of chapter

This chapter provides coverage and critical analysis of key areas of literature relevant to the specific research questions. It summarises and synthesises information taken from a number of wide topic areas, and outlines the links to the aims, objectives and questions of the current research.

2.2 What is mental health and psychological well-being?

Practitioners use differing terms, explanations and language to describe the psychological wellbeing and mental health needs of children and young people. This can lead to confusion in parents and professionals themselves. A huge variety of terms are used to describe children's psychological wellbeing and mental health. Weare (2004) highlighted the range of terms used to describe mental health including emotional literacy, emotional intelligence, emotional health and wellbeing, psychological wellbeing and distress, emotional and behavioural difficulties, mental health problems and health disorders (see Weare, 2004). The term chosen by practitioners often depends on the predominant paradigm of the professional discipline from which they originate (see Weare, 2004). It is therefore important, for the purposes of this literature review, to define what psychological wellbeing and mental health means.

McDonald and O'Hara (1998) developed the idea of elements which **promote** mental health and those which **demote** it. A person's mental health is the consequence of the interaction between these promoting and demoting elements. They suggest that 'mental illness' could be prevented firstly by decreasing organic factors, stress and exploitation and secondly by increasing coping skills, self-esteem and social support.

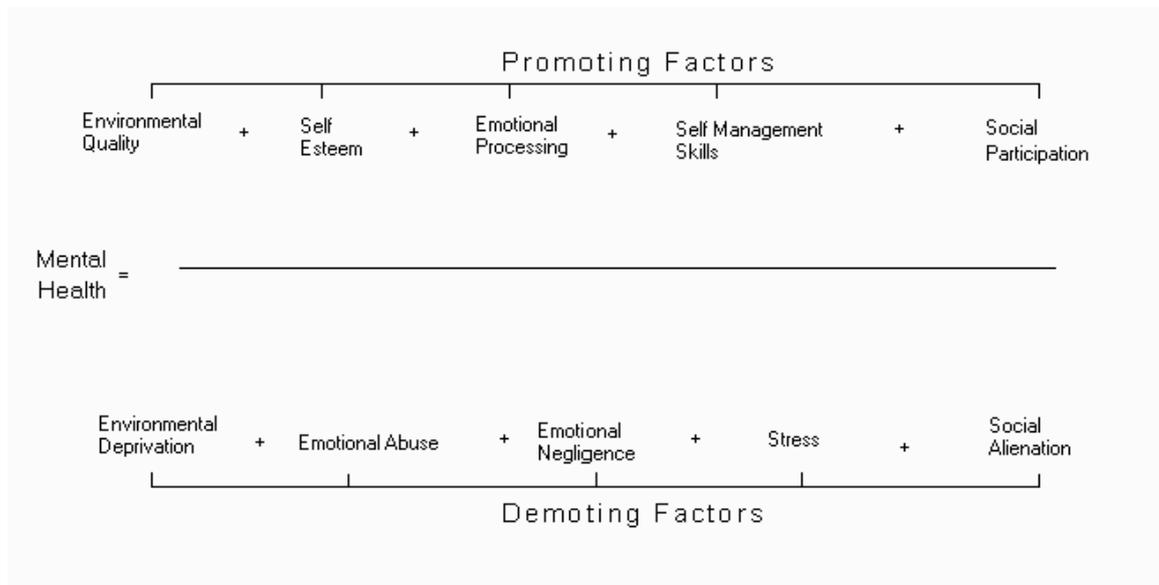
The promoting and demoting elements recognised can be seen below in table 1.

Table 1: Adapted from McDonald and O’Hara’s (1998) - elements of mental health

Promoting elements	Demoting elements
<i>Environmental Quality</i> (such as good housing, good public transport, aesthetically pleasing building and landscaping, proximity to nature)	<i>Environmental Deprivation</i> (such as poor housing, lack of safe places to play, threats of violence, pollution)
<i>Self Esteem</i> (underlying belief about our worthiness and significance as a person in our own right, and not only as a result of our activity in the world)	<i>Emotional Abuse</i> (that which undermines and destroys our underlying belief about worthiness and significance as a person in our own right, either directly as through mental torment or physical or sexual abuse, or indirectly through systematic and sustained criticism, denial of our uniqueness and significance, devaluation of our values, or the sabotaging or undermining our competencies and our success)
<i>Emotional Processing</i> (an awareness and respect for our own emotions, and those of others)	<i>Emotional Negligence</i> (institutional or personal neglect in helping people to develop and express their emotional life)
<i>Self Management Skills</i> (coping skills in a broad holistic sense, proactive and involving an internal locus of control)	<i>Stress</i> (different for different people and context related)
<i>Social Participation</i> (active involvement of individuals and groups in a range of mutually productive, interdependent relationships that together contribute to a social richness in our lives)	<i>Social Exclusion</i> (on basis of gender, race, class or other differentials like power exploitation)

The elements can also be shown in Figure 1 as a formula, with promoting elements above the fraction line and demoting elements below.

Figure 1: Mental health model



(MacDonald and O'Hara, 1998)

MacDonald and O'Hara (1998) stated that the purpose of the formula above was not to provide a universal, culture-free definition of mental health but a framework, through which people from a variety of cultures will be able to add their own awareness and understanding. The dynamic definition acknowledges the three different ecological levels of influence on mental health: the micro or individual level, the meso or organisational and institutional level, and the macro or regional, national and international level. The model also takes into account the interdependence between systems and structures at different levels, and the interdependence and cumulative influences between the ten elements.

Comparatively Dogra, Parkin, Gale & Fake, (2002) suggested that the concept of mental health should be considered to be on a continuum between mental (or psychological) well-being, at one end, and mental illness, on the other. The continuum ranges from normal human emotional experience to extreme psychological distress and mental ill health. The precise threshold determining where someone moves from mental health to mental ill health cannot be clearly defined, as behaviours that are considered normal and healthy in one context and culture might be considered abnormal in another (Dogra et al, 2002). This definition might be criticised by those who use a diagnostic approach (Scott, 2002), for not attempting to define and detail the thresholds of behaviour, cognition and emotion that underpin mental health and psychological wellbeing

and those typical of mental health problems, disorders or illness. Nevertheless, the definition does recognise the breadth of potential mental health needs and the reciprocal interaction between a child or young person, their social context and culture in determining mental health needs.

2.3 Literature Search

This literature review involved by a search of worldwide papers taken from education, health and psychology journals over the course of 12 months, (between September 2010 to December 2011). Electronic journal searches through EBSCO, ERIC (the Educational Research Information Centre), Psychinfo, Psycharticles and Academic Search Complete were conducted.

Terms used to describe mental health can vary quite considerably and can be influenced by the paradigm the author or authors of an article subscribe to. This necessitates the use of a search strategy using a range of terms and their synonyms. The terms and synonyms used to search were as follows: mental health, psychological well-being, protective factors, resilience, and risk factors, each one followed by the term 'refugee children' whilst searching. For example, 'refugee children AND mental health'. Combinations of two or three terms generated sufficient studies (50 or fewer for each combination) to allow the titles and abstracts to be reviewed and those of relevance were then chosen and included within the literature review of this study based on inclusion /exclusion criteria (appendix 1b). Finally, hand searches were made of all recent articles through browsing the reference lists of the research studies.

Inclusion and exclusion criteria were applied to lists of studies retrieved for the purposes of narrowing them down to more specific areas of focus. This is because the research is focusing on specific areas of mental health and psychological well-being, and with children. Inclusion criteria focused on studies within the last 15 years (1996-2011) and of refugee children of either gender within the school age range, studies exploring refugee children's mental health, psychological well-being, resilience, risk and protective factors. Exclusion criteria, on the other hand, included refugee children not of school age, studies assessing mental health instruments for refugee children, assessment of or access to mental health services for refugee children and mental health

interventions in school for refugee children. Unpublished studies and those published prior to 1996, also featured in the exclusion criteria.

In addition, Government guidance/legislative papers relating to refugee children's mental health were sought via internet searches in the Department of Education websites, UK's Refugee Council's website and other related websites dedicated to refugee children.

2.4 Theoretical and conceptual framework

In order to understand, explore and make meaning of the mental health of refugee children in relation to resilience and protective factors, a theoretical perspective is needed. As pointed out a key theoretical contribution is made by Positive Psychology which focuses on the positive subjective experience of the past, the present and the future. Such as: wellbeing, happiness, flow, personal strengths, wisdom, creativity, imagination and characteristics of positive groups and situations. However, it is helpful to have a model that considers contextual factors and how these interact with the individual. This is where ecological models of human development can serve as purposeful.

2.4.1 Ecological-systemic perspective

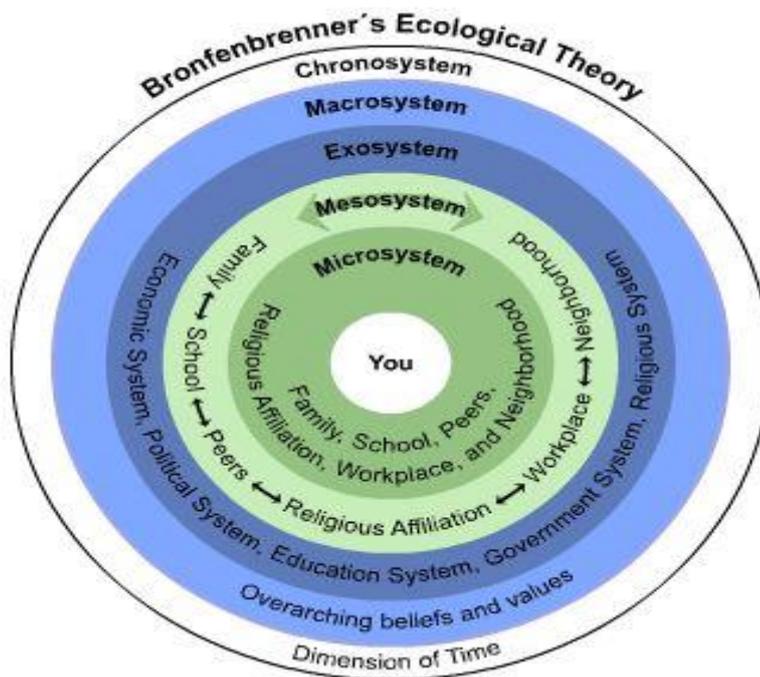
Bronfenbrenner's classic ecological model of child development (1979) provides one such framework for analysing the interrelated settings and relationships involved in the psychosocial impact of the refugee experience (i.e. war and conflict) on children. His theory defines key developmental contexts in terms of microsystems, mesosystems, exosystems and macrosystems (see figure 2).

The first layer of a child's social ecology, the microsystem, involves the interactions between the individual child and the immediate setting, such as the school or home environment where primary relationships are established (Betancourt & Khan, 2008). The mesosystem concerns the interaction of two or more settings of relevance to the developing child – between the child's family and school settings, or among the family system and the child's extended social network. The exosystem is an extension of the mesosystem and includes societal structures, both formal and informal. This may include government structures, major societal institutions, both economic and cultural, as well as

informal concepts like the neighbourhood. The exosystem pertains indirectly to the individual.

In this research, a social ecological framework is used to take a broad perspective on resilience in refugee children. This view looks to capacities and resources in the individual child and their larger social environment, as well as the interaction between them.

Figure 2: Bronfenbrenner's ecological model



2.4.2 Social Constructivism

Social Constructivism looks at how refugees socially construct their world to make better meaning of it. Such an approach involves scrutiny of accepted norms and predispositions and the way these have developed in social, political, historical and moral contexts. From the constructivist stance the refugee experience is constructed: it changes and is not unique (German, 2004). As a consequence, how one views and responds to reality will change, for example, according to one's position as an insider or outsider to a culture, one's position in the life cycle, or one's gender (Woodcock, 2000).

2.4.3 Attachment relationships

Attachment relationships to others (Bowlby, 1969) are seen as critical for helping children cope with difficult circumstances (Rutter, 1985). The developmental approach is inspired by research on the psychosocial functioning of children in crisis situations. Attachment theory which explains how parents transmit their attachment patterns from childhood to their own offspring. It is suggested that children with difficult attachments have parents who have internalised attachment patterns that are neglectful, ambivalent or unpredictable (Woodcock, 2000). Early relationships between the primary caregiver and the infant were said by Bowlby to be critical to the development of the child's Internal Working Model (IWM). The IWM is a mental representation of the child's experiences, relationship and feelings towards their primary caregiver. It provides them with information about themselves, their self-worth, how dependent they are and what they expect of others. Although many children are securely attached, some children develop what is known as 'insecure' attachment where children may not have had a key attachment figure attuned to their needs when they were younger.

Attachments between parents and children who have endured extreme events are often very strained (Stauffer, 2009). This can be because parents are distracted, preoccupied, depressed or traumatised and equally children have endured the same events may be irritable and demanding. Landmark longitudinal studies of child development have demonstrated that the existence of a supportive relationship with at least one caring adult outside of a troubled home was associated with better social and emotional outcomes in even the most disadvantaged children (Werner, 1990).

If school-age children and caregivers are able to experience more secure attachments with one another, the benefits may be enormous. Verschueren, Marcoen & Schoefs (1996) found that children with a more positive working model of themselves were perceived by their teachers to be more academically and physically competent, better liked by peers, and more well-adjusted to the rigors of school than those operating with a more negative working model of themselves.

Central to relationship building is helping the child to develop a sense of love and safety; this is a 'critical' (Slavin, 2003, p. 332) need to psychological and physiological well-being in a child's hierarchy of needs (Maslow, 1954). Learning, according to Maslow, will subsequently be affected in those children whose basic needs are not met. Maslow argued that there is a hierarchy of human needs – the most important and basic are survival needs: food, water and shelter. Basic safety needs to follow the sufficient security to permit the satisfaction of the 'higher order' needs of love, belonging and ultimately, esteem and self-actualization. However arguably, these two basic conditions are central, but by themselves they do not sufficiently establish the security of refugees. The life of refugees is also characterized by dependence on others for survival. Under social needs, connection, belonging, and relationships with others are an essential component of the survival and development of any individual. Furthermore, refugees particularly need a sense that they have a viable future and opportunities for self-sufficiency (Esteem and Self-Actualisation).

2.5 Refugee children's mental health

Refugee children may experience what is termed the '*cumulative stress*' of forced migration (Bronstein & Montgomery, 2011) or the compounding stressors of childhood with the extraordinary and traumatic experiences of displacement. Consequently, these children are at greater risk for psychological distress than non-refugee children (Rutter 1985, 1988). A recent study has shown that, as a response to life stressors, such as exposure to violence or a death in the family, adolescents may develop internalising symptoms such as depression, PTSD, and anxiety/or externalised symptoms such as substance use, aggression, and delinquency (Hieu and Thao, 2007). Symptoms of PTSD or depression can be exacerbated by pre and post migration experiences children and families endure.

2.5.1 The experience of trauma, loss and grief

Refugee children are often exposed to multiple stressors each child is unique and trauma symptoms may present differently in each child. Trauma can impact the child's physical wellbeing, cognitive development and

psychological/emotional well-being and behaviour. They can carry the lingering effects of growing up in an environment that was unsafe, unstable, and disrupted.

For many refugee survivors when we consider the vortex of trauma, stressors and loss experienced; that is, the experience of exile, loss of family or friends through death or exile, family fragmentation, hunger, violence, torture, resettlement, changing roles, status and identity, the theme that represents most powerfully all of these components is the theme of complex grief

Common experiences of multiple loss are influenced by a number of factors (Hamilton et al. 2000). Firstly, the influences include suddenness of the loss, the number of traumatic losses the survivor experienced, the context and the specific circumstances in which they occurred and what each loss meant to the survivor. Secondly, experiences of multiple and traumatic loss are influenced by individual characteristics such as age, gender, personality, mental health and patterns of coping. Finally, as Eisenbruch (1991) argues we need to take into account the influence of secondary losses of cultural uprooting, resulting in loss of aspects of self-identity, cultural values and traditions and meaningful social structures.

Brough, Gorman, Ramirez & Westoby (2003) conducted a qualitative analysis of refugee youth mental health from three states in Australia. The 76 in-depth interviews provided information about the enormous challenges refugees face during resettlement. One of the emerging themes of the research was the experience of past and ongoing trauma; they found that traumas of the past can mix with painful experiences of the present. The interviews in the research were carried out with 16-24 year olds who had spent most of the young life in their home country before migrating to Australia, it was found that social interaction and the community were amongst the most helpful aspects of dealing with poor mental health. Therefore; the knowledge gained from such a study i.e. the coping mechanisms adopted; may prove useful when drawing comparisons with younger refugee children who have experienced trauma and loss however, for a shorter period of time. For example, Montgomery (1998) contended that due to limited cognitive resources, coupled with difficulties in comprehending and processing experiences, pre-school children are particularly sensitive to

traumatic experiences. This changes when children reach school age because by then children have more cognitive, emotional and behavioural resources for handling traumatic situations.

In relation to displacement and loss which occurs during the migration process, a potent theme to consider is of one's sense of place and belonging in the world. A theoretical model, which recognises and validates the importance of this sense of place and belonging, is the, 'Psychology of Place.' (Fullilove, 1996) The 'Psychology of Place' surmises that individuals endeavour to create a sense of belonging to a place. This need for a sense of belonging emanates from three psychological processes; **Place attachment**, which is a mutual caretaking bond between a person and a beloved place, **familiarity**, the process by which people develop knowledge and intimate awareness of their environment and **identity**, pertaining to the resulting sense of self, which develops out of one's intimate and immediate environment (Fullilove, 1996). In the case of refugees there are the initial and sudden losses of a country, of a way of life, of family and friends, of social status, of profession or occupation, of emotional security, of cultural and religious acceptance and belonging, of being able to interact and communicate with the wider society and too, a loss of all that is familiar to their senses. Thus, when we relate these losses to Fullilove's 'Psychology of Place' all three psychological processes undergo monumental change.

2.5.1.1 Cultural bereavement

Culture plays a significant role in shaping and determining how an individual, family or community perceives, understands and copes with loss and change in life. According to Eisenbruch (1991), cultural bereavement is a framework critical for understanding the refugee experience. From a mental health perspective, "cultural bereavement" connotes refugees' responses to losing touch with attributes of their homelands (Eisenbruch, 1991). Elements of cultural bereavement include survivor guilt, anger, and ambivalence. Eisenbruch (1991) argues that coping with the loss of home, family, social networks; institutions and routines can result in meeting the DSM criteria for PTSD but is actually a normal rehabilitative process. In his work with Cambodian refugees who had experienced traumatic losses, he found that their

adjustment was worsened by lack of access to culturally specific practices. He found that the well-being of this group of refugees improved when they were able to validate their beliefs through culturally appropriate rituals and behaviour. It is important to note that there are healthy and constructive notions to cultural bereavement (Hamilton, Anderson, Frater-Mathieson, Loewen & Moore, 2000) which may further act as protective factors to refugee children's mental health. This will be discussed further in section 2.7.

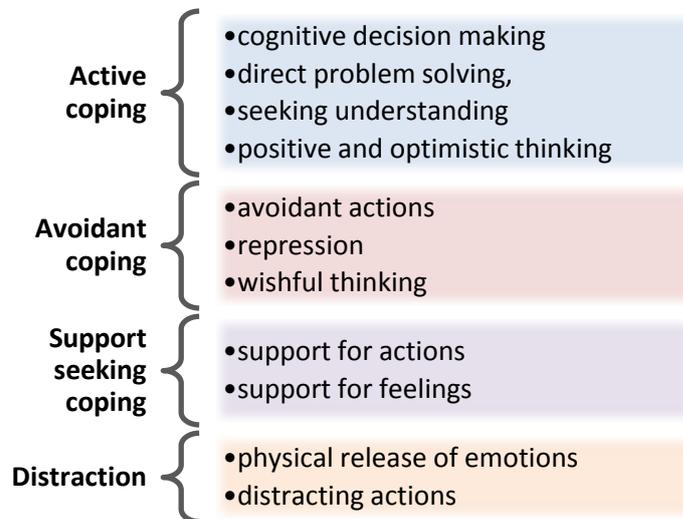
2.5.1.2 Coping in the face of adversity

Coping in response to stressful events is a complex multidimensional phenomenon that includes a plethora of behaviours, cognitions, regulatory strategies and perceptions. Within the coping research, one common approach has been to classify coping according to two broad dimensions, such as problem-focused versus emotion focused coping (Lazarus & Folkman, 1984). Problem focused coping is aimed at managing or modifying the stressor; while emotion focused strategies regulate or reduce the individuals' emotional response to the stressful situation. However, these broad categories have been criticized for being too simplistic and for potentially making it difficult to detect associations between coping and outcomes (Smith, Eisenberg, Spinrad, Chassin, Morris, Kupfer, Liew, Cumberland, Valiente, & Kwo, (2006). In response to such criticisms Ayers, Sandler, West, and Roosa (1996) used 11 theoretically and empirically defined coping categories to identify a four-factor model of coping. The model consists of four conceptually distinct coping factors as illustrated in figure 3.

Raghallaigh and Gilligan (2010), in their research with unaccompanied refugee adolescents in Ireland identified coping strategies such as adopting a positive outlook, suppressing emotions and maintaining continuity. The research method was qualitative whereby 31 participants were interviewed. They suggest that 'whilst unaccompanied minors face multiple changes and challenges in their lives, the participants in this study purposefully used various coping strategies in their efforts to deal with their circumstances' (p233). Similarly, Maegusuku-Hewett et al (2007) identified a range of factors conducive to coping for refugee children in Wales. At the individual level the children themselves highlighted

their attributes of optimism, patience, confidence and hope. These factors can be identified as 'active coping' in the four factor model above.

Figure 3: An illustration of the coping categories and model



2.5.2 The prevalence of PTSD and depression

One of the most common variables studied with respect to the mental health outcomes seen in this population is PTSD. PTSD is characterized by exposure to an extremely stressful event or situation followed by three types of symptoms: repeated re-experiencing of the trauma (through intrusive images or nightmares), a state of hyper arousal (manifested by hyper-vigilance, decreased sleep, anger, misbehaviour, and acting out), and persistent avoidance of stimuli that are associated with the trauma or a numbing of general responsiveness. Depression and anxiety are two other variables that have been widely studied as potential psychological outcomes in the child and adolescent refugee population.

PTSD is one of the few diagnoses in the Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, which relate symptoms directly to a psychosocial event. Over the past years, Post Traumatic Stress Disorder has been depicted or diagnosed in children and adults, who have been exposed to a variety of traumatic experiences. According to Friedman & Jaranson, (1994) PTSD is a nosological tool that may improve understanding of the psychological impact of the refugee experience.

In a systematic review, Fazel et al. (2005) identified five surveys totalling 260 refugee children, who were originally from Bosnia, Central America, Iran, Kurdistan and Rwanda but had resettled in Western countries. 11% were diagnosed with PTSD according to interview-based assessments, with a range of 7-17 %. Furthermore, in a study of 46 Cambodian refugee children who were followed up over a number of years, 47% had an Axis 1 diagnosis and comorbidity was common (Fazel & Stein, 2002). This study found rates of PTSD at 40%, depression at 21%, and anxiety at 10%. Three years later, levels were still high, with 48% manifesting PTSD and 41% depression, and after six years; PTSD was still prominent. It is interesting to note that the presence of PTSD appears to be related to earlier war trauma and resettlement strain, while depression is linked to recent life difficulties or stressors such as spoken English (Sack, Clarke, and Seeley, 1996 from Ehntholt and Yule, 2006) and maternal mental health difficulties (Ehntholt, Smith & Yule, 2006). The latter findings may be explained from a psychosocial model of mental health which emphasises the understanding of the interaction between the child and their context, and examining the systemic and environmental influences on the child's mental health and psychological wellbeing. Another high quality review by Porter and Haslam (2005) examined 56 studies that compared levels of psychological distress of all UNHCR populations with those of non-refugee groups; populations of concern scored 0.41 SD worse on mental health outcomes compared to the other groups.

Three general reviews were conducted by Rousseau (1995); Berman (2001) and Lustig et al. (2004) concerning refugee children's mental health. These reviews describe psychological distress in refugee children predominantly as post-traumatic stress disorder, depression, and other symptoms such as irritability, restlessness, sleep problems, somatic symptoms, and conduct disorders; they do not provide an indication of prevalence.

A recent study by Hodes, Jagdev, Chandra & Cunniff, (2008) investigated the level of posttraumatic stress and depressive symptoms, and background risk and protective factors that might increase or ameliorate this distress amongst unaccompanied asylum-seeking children and adolescents (UASC). It was a comparison study (between accompanied and unaccompanied refugee children) using a cross-sectional survey, carried out in London and included 78

participants aged 13–18 years, predominantly from the Balkans and Africa. It was found that the UASC had experienced a very high level of war trauma and family losses compared with accompanied refugees with a similar age. The UASC were predominantly living in foster families or semi-independent or fully independent arrangements. They had very high levels of posttraumatic stress symptoms, with over half being at risk of posttraumatic stress disorder, much higher levels than occurred amongst the accompanied group. One of the strengths of this study is that it appears to be the first study that compares unaccompanied asylum-seeking and accompanied refugee children living in the same city. Other strengths are that the cultural and background heterogeneity of this group suggests it is similar to the UASC supported by other local authorities in the UK and other countries, so the findings may be generalised to other areas. However, given the study was cross-sectional; the direction of causality between the associations could not be proven.

Consistent with the findings; Bean, Derluyn, Eurelings-Bontekoe, Broekaert & Spinhoven, (2007) found higher levels of posttraumatic symptoms were associated with greater exposure to war trauma, female gender and being unaccompanied. The association between experience of past war trauma and posttraumatic stress and depressive symptoms has been found in numerous studies with adolescent refugees in many regions (Hodes et al. 2008).

Research with adult refugees has suggested that depression is a more common problem than PTSD (Webster & Robertson, 2007). However research in which Bosnian refugee children were assessed using standardised diagnostic instruments reported that 68% were in the clinical range for PTSD symptoms, compared to 47% for depression and 29% for anxiety (Papageorgiou et al., 2000). The difference between such findings may be due to differences in ages or other factors, such as the nature of traumatic experience, the amount of exposure to trauma, the ethnicity and cultural background of the refugees, or the availability of post-migration social support. Furthermore, refugee perceptions of trauma or stress are constructed through life experiences and the range of emotions and experiences felt may not be perceived as stressful in their own cultures. What indeed has been argued is that PTSD is a Western construction with limited applicability to people from other cultures (German, 2004). As such it is criticised for pathologising “normal” responses to adversity

and not accounting for cultural variation in these. Cultural explanations for symptoms and aetiology of illness may be very disparate from Western views. Finally, the use of different therapeutic techniques may be successful with one cultural group, but ineffective with another. Psychotherapy itself may be entirely unfamiliar to a refugee culture, and may be viewed unfavourably.

2.5.3 Impact of trauma on learning

Research on non-refugee children highlights a number of effects of the experience of trauma on children's educational functioning and experience at school. Trauma can also affect a child's ability to function effectively at school, from the point of view of attainment, attendance and maintaining effective relationships (Dyregrov, 2004). In particular, memory and concentration are negatively affected by traumatic experiences (Streeck-Fischer & Van Der Kolk, 2000). A child who has been traumatised remains in an aroused state of fear and finds it difficult to process verbal information, focusing, retaining, attending and recalling verbal information becomes very difficult (Steele, 2008). Cognitive deficits such as poor problem-solving, (unable to think things out or make sense of what is happening), low self esteem and hopelessness (loss of future orientation) have all been clearly linked to traumatic life events (Stein & Kendall 2004). Yang and Clum (2000) using a series of structured equation analysis showed that early negative life events have a strong impact on cognitive deficits.

Considering the kinds of traumatic incidents that refugee children may have been exposed to it is worth noting research by Schwartz and Gorman (2003) into the effects of community violence exposure. They studied primary school age children from the Los Angeles area, and found that exposure to community violence was associated with poor academic performance, poor self recognition, depressive tendencies, and disruptive behaviour. They noted that both depression and disruptive behaviour mediated effects on academic performance. They also found that children exposed to commit violence were more likely to be victims of bullying. One can hypothesise from these findings that this is due to the detrimental effects of exposure to violence on social functioning (Hart, 2009). Such results are, of course, only indicative and one might question whether it is appropriate to generalise from the experiences of

children in the USA to those of refugee children. Nonetheless, their findings are convergent with other research reporting negative effects on academic performance in survivors of the sinking of the cruise ship Jupiter (Yule 1998). Dyregrov (2004) offers a number of possible explanations for the links between trauma and a decline in academic performance. These include: intrusive thoughts making it hard to concentrate; PTSD altering information processing systems; loss of motivation; the effects of depression slowing down cognitive functions and the effects of stress making it hard to synthesise learning. Furthermore teachers' perceptions and expectations may be a contributing factor as well as the inability of having English as an additional language.

2.6 Resilience and refugee children

To date, much of the research has focused on the prevalence of poor outcomes and psychopathology in this population rather than their resiliency (Lustig et al., 2004). In understanding risk and protective factors that relate to disadvantage, resilience offers a useful conceptual framework. The concept of resilience has been used to refer to the qualities that help a vulnerable child or young person to deal with adversity and that may help a person to cope in the face of immense pain and disadvantage (Stein, 2004). The following is a more comprehensive definition of 'resilience'.

“Resilience refers to the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances. Psychological resilience is concerned with behavioral adaptation, usually defined in terms of internal states of well-being or effective functioning in the environment or both.”

(Masten, Best, & Garmezy, 1991)

In this definition, resilience is conceptualised in three ways: as a process, a capacity, and an outcome. It describes the process of adaptation in the presence of significant challenges (risk factors, stressors), where a positive outcome (resilience) is facilitated by certain personal and environmental factors. Resilience does not only depend on internal qualities, however, and Gilligan (2000) has made a distinction between the part of resilience that is thought to depend on the disposition of an individual and that with a social origin. This can

be influenced by social experiences and the way in which these experiences are processed by individuals -demonstrating that resilience can be changed.

The resilience framework has its roots in the risk framework and is concerned with children who have faced great threats to their development and their ability to remain competent in spite of these adverse conditions (Masten & Powell, 2003). In the resilience framework, focuses are on protective factors such as dispositional attributes, biological predispositions and environmental influences (Garmezy, Masten & Tellegen, 1984). Considerable attention centres on understanding children's competence and strengths as well as their deficits. Researchers place emphasis on exploration of vulnerability and protective factors and their importance in a child's resilience. Resilience research is often empirical in nature and has progressed from identifying these factors to understanding their effects (Luthar, Cicchetti and Becker, 2000).

Comparatively, Luthar et al. (2000) summarize three sets of factors thought to relate to the 'development of resilience' in children (p. 544): attributes of the individual child, attributes of a child's family, and characteristics of the larger social environment. All of these factors may be mapped on to a social ecological model (Bronfenbrenner 1979) of risk and protection for refugee children. This model depicts resilience as a process shaped by the interaction between risk and protective factors operating across many layers of a child's social ecology.

Where resilience is a focus in recent policy documents, it is usually introduced on the basis of research evidence. For example, the Government's Foresight project on mental capital and wellbeing is partly informed by a review of research on the neural basis of resilience (Elliot, Sahakian and Charney, 2008). This review concludes that resilience is a relatively stable feature of personality that allows an individual to bounce back from stress or adversity (p.2).

The final report of the review of child and adolescent mental health services (CAMHS Review, 2008) also makes use of a review of evidence on resilience (Newman, 2002). The report lists resilience with some of the other components of mental health and psychological wellbeing (self-awareness, social skills and empathy) that people need in order to form relationships, enjoy [their] own

company and deal constructively with the setbacks that everyone faces from time to time (p.15). It also makes much mention of the importance of building resilience in children although how to do this is not explored in detail in the report. Elsewhere, resilience may be referred to in policy documents in passing, without a clear conceptualisation (Gutman, Browm, Akerman, & Obolenskaya, 2010). For example, The Children's Plan (DCSF, 2007) refers to activities that can help build social and emotional resilience (p.28) and also states that good social and emotional skills build resilience (p.33). Within research, reviews examining the scientific evidence on resilience have stressed the necessity of a unifying conceptual framework across disciplines and specialised areas (Luthar et al. 2000). A consistent and systematic framework is essential to facilitate the work of researchers and practitioners who pursue work in this area, to integrate findings across diverse fields, and to provide guidance for the identification and implementation of age-appropriate, optimal targets for preventive interventions. For these reasons, it is essential to delineate the main concepts involving the study of resilience, including risk factors and protective factors

The influence of resilience was demonstrated in a study by Brough, Gorman, Ramirez & Westoby, (2003). Based on in-depth interviews with 76 young people (16-24 years old) from refugee backgrounds in Brisbane, Adelaide and Perth, this qualitative research explored the impact of stressors as well as the coping strategies employed by this group. Young refugees used variety of strategies to deal with stress and anxiety including talking with friends, family, counsellors, medical practitioners to playing sport, listening to music, and participating in community activities. The study found that one of the most inspiring parts of their psychological outlook was that of their optimism for the future. The study evidenced the positive aspect of resilience amongst the participants that has perhaps been underrated in the past (Brough et al. 2003). Considering the difficulties that they had experienced, there was evidence of an inner strength to keep moving forward in the hope of better things to come.

Some refugee children do well in life despite experiencing great adversity in their lives. Bronstein & Montgomery's (2011) systematic review of 22 studies found common messages of resilience. The common message from these studies was that despite their experiences, a large number of refugee children appear to be resilient to adversity. Other refugee children come from equally

adverse environments and do not succeed (Davies & Webb, 2000). Davies and Webb (2000) wrote that many refugee children have qualities of resilience that developed because of their experiences in war. By discovering what enables some refugee students to thrive, educators, and others, working with these children will be more able to design effective interventions that will foster success by recognising and using these strengths.

2.6.1 Characteristics of resilient children

Masten (2001) indicated that if protection of children's basic adaptational systems took place, most children would continue to develop well even if they experienced adversity. Drawing from a review of resilience literature and observations in their clinical practice, Alvord and Grados (2005) delineated six categories of protective factors that, if present, would serve as buffers to risk situations. These categories include a proactive orientation, self-regulatory abilities, proactive parenting, connections and attachments to family and friends, the influence of effective schools and positive community support. The most salient characteristic resilient children have is that of self-efficacy or self-worth. This proactive orientation (Alvord & Grados, 2005) allows children to be realistic. Wolin and Wolin (1998) portrayed proactive children as envisioning themselves as survivors. These children are able to distance themselves both emotionally and physically from adversity. They are creative and use humour to cope with difficult situations. Werner (2000) described these children as optimistic about their futures and feeling that they could change their situations. They actively look for solutions to their problems and see success because of their own actions.

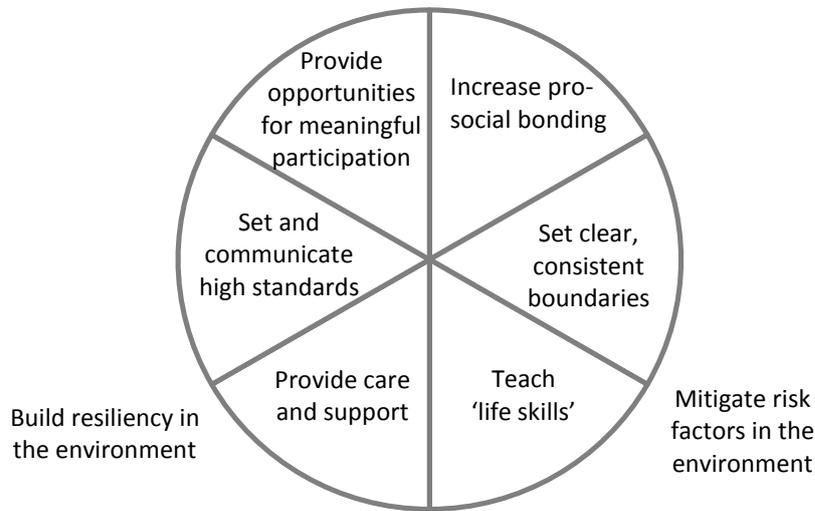
2.6.2 Educational resilience

In many instances schools become the setting in which refugee children first begin the process of acculturation (Summerfield, 2000). 'Educational resilience' specifically refers to, '*achievement in schools, despite difficult circumstances*' (Poulou, 2007, p.92). Fazel and Stein (2002) noted effective schools and teachers have the potential to promote resilience in refugee children by becoming the focal point for educational, social and emotional development. The authors further argued that schools could provide a link to the community

for both parents and children. The stable support schools provide can enhance resilience in refugee children by promoting their competencies. Positive school experiences, for example, have been documented to reduce the effects of home environments that are stressful (e.g. Werner & Smith, 1982; Werner, 1990). Cefai (2007) also refers to research citing the social context of school being a key determinant of resilience for children and young people. However, according to Webb and Davies (2003) it is common for refugee children to find school restrictive and confusing. Many of these children had assumed tremendous responsibilities in their home countries and experienced more status and self-esteem than children in the host country did. The skill set of refugee children is often quite different from children in the host culture.

McBrien (2005) contended that many refugee students who had attended school in their countries of origin or refugee camps had experienced it as a strictly controlled environment where the mode of learning was memorization. The culture of western schools is quite different and is often viewed by refugee students as places where there are no behavioural rules, resulting in significant discipline problems. Many studies in the USA have identified themes related to resilience and education and themes identified tend to focus on what is present in the lives of children 'at risk' who 'do well'. Themes include positive views of school environment, classroom belongingness and connectedness, life skills (Cefai 2007); perceived social support (Rees & Bailey 2003; Smith 2006; Cefai 2007, Popliger, Toste & Heath, 2009). Henderson and Milstein (2003) incorporate many themes identified above into a clear research based framework they term, the 'Resiliency Wheel' (see figure 4). This highlights key factors within the environmental that schools can provide which can help to foster individual resilience in children.

Figure 4: The Resilience Wheel (Henderson & Milstein, 2003)



This wheel is divided into strategies for mitigating risk and building resiliency in the environment. In combination with each other, these strategies appear consistently in the literature as being factors linked to fostering resiliency in children (Henderson & Milstein, 2003).

2.7 Risk and protective factors

The stressors to which refugees are exposed to are described in three stages: (1) while in their country of origin; (2) the transition period between the country of origin and the resettlement country and (3) when having to settle in a country of refuge. There is considerable evidence that refugee children are at significant risk of developing psychological disturbance as they are subject to a number of risk factors (Fazel and Stein, 2002). Refugee children suffer both from the effects of coming from a war zone and of adjusting to an unfamiliar culture. A recent study has shown that, as a response to life stressors, such as exposure to violence or a death in the family, adolescents may develop internalising symptoms such as depression, PTSD, and anxiety/or externalised symptoms such as substance use, aggression, and delinquency (Hieu and Thao 2007). Table 2 provides a framework for conceptualising these risk factors.

Table 2: Risk factors for mental health problems in refugee children

Parental factors	Child factors	Environmental factors
<ul style="list-style-type: none"> • Maternal depression • Torture • Death of separation from parents • Direct observation of the helplessness of parents • Unemployment of parents 	<ul style="list-style-type: none"> • Number of dramatic events - either witnessed or experienced • Expressive language difficulties • PTSD leading to long term vulnerability • Physical health problems from trauma or malnutrition • Older age 	<ul style="list-style-type: none"> • Number of transitions • Poverty • Cultural isolation • Period of time in a refugee camp • Time in host country

(Adapted from Fazel and Stein 2002)

In the field of refugee research, risk and protective factors have mainly been understood through the compensatory model in which stress factors and individuals' attributes are seen as combining additively in the prediction of outcome (Werner, 2000). However, as studies of risk and protective factors in children are moving away from defining risk and protective factors in broad terms, to focus on individual and situational mechanisms involved in the processes that generate risk or protection; Rousseau, Drapeau & Corin (1998) argues that there is a need to move toward a more dynamic understanding of these processes for refugee children. The wide variations of mental health issues reported in this population could reflect the complexity of the interaction of heterogeneous cultural and contextual factors. A look at the more extensive literature on adult refugees confirms that generalising about what constitutes a risk or protective factor is problematic (Rousseau et al. 1998). Some authors, in attempting to group together certain risk and protective factors, state that the

pre-migration context is decisive (Rouesseau et al. 1998), while others emphasize the characteristics of the post-migration context instead (Beiser et al 1989., Rouesseau et al. 1998).

The most prominent risk and protective factors, discussed in research, look at factors within the micro and meso system of the ecological model, such as the role of culture and school. These will be explored in the next section.

2.7.1 The process of acculturation

Cultures carry with them history, beliefs, ways of doing things and processes of communication. Experiences of the most intimate and most public events are interpreted by people, to some considerable extent, by their culture. As described earlier, when a person is uprooted from social, environmental, spiritual and economic structures, it can result in profound grief. However it is an experience that does not necessarily fit into classic grief and trauma theories, but instead requires a specific form of cultural construction and therapeutic help, within the framework of the person's subjective experience (Hamilton et al. 2000).

Acculturation is maintaining the individual's original culture while participating in the host society (Fazel and Stein, 2011). The UNHCR (1994) guidelines on protection and care for refugee children stipulate that a refugee movement can disrupt nearly every aspect of a culture. In many refugee situations, the language, religion and customs of the local population in the country of asylum, as well as that of officials and aid workers may be quite different from those of the refugee community. In such cross-cultural situations, in particular in the context of resettlement, children frequently "lose" their culture much more quickly than adults.

Berry (1987; 1995) classified four possible varieties of acculturation – some adaptive and some associated with less desirable behavioural outcomes for individuals. Each is predicted by a different set of circumstances. *Assimilation* is the likely path of acculturation in a situation where the acculturating individual does not wish to retain their culture of origin and seeks frequent interaction with the host culture. Outcomes associated with assimilation are the acquisition of the norms, language and values of the host culture accompanied by the loss of

the culture of origin. The converse of assimilation is *separation* predicted by a situation where the acculturating individual wishes to hold on to his / her own cultural values and norms and at the same time avoids contact with the host culture. Integration is likely when an individual wishes to do both: to hold on to his / her own culture and acquire the values, norms and tools associated with the host culture. This is considered to be the most positive option. The least adaptive option is marginalisation, which occurs when individuals neither maintain their culture of origin, nor acquire the host culture. Associated with this is often the lack of any fully functional language competency. Marginalisation is a likely outcome when individuals have negative attitudes to their own culture of origin as well as to the dominant culture.

Maegusuku-Hewett et al. (2007) conducted a qualitative study that looked at Somali refugee children's coping and adaptation in the face of adversity in Wales; using focus groups and semi-structured interviews. They found that among the many external or environmental forces that influence an individual's ability to adjust to or cope with adversity, a sense of positive social identity has been found crucial in many settings. Similarly, a more recent study conducted by McCarthy et al. (2010) found that acculturation was one of the factors to either hinder or promote well-being in a sample of 16 children aged 10-21 years. This particular study was interesting as it takes on a positive approach to understanding refugee children's mental health by investigating what well-being means to young refugees and asylum seekers. All participants described 'culture shock' during the first few months in the UK and this was exacerbated by the inability to speak the host language (English). McCarthy et al. (2010) found many had acculturated to a point where they saw the UK as their home, whether through choice or necessity. Although the study piloted an innovative approach to explore well-being with a vulnerable and marginalised population of children and adolescents the participants were not randomly selected. Therefore the study involved participants who are either receiving, or had received support from charities and so may not represent those with the greatest health and social care needs. Therefore, the issue of generalisability of data is questionable. Furthermore, Fazel et al. (2012); in their review of studies of risk and protective factors for psychological, emotional, or behavioural disorders found culture stress and the process of acculturation to be a risk or

protective factor in 11 of the 44 studies reviewed. Geltman, Grant-Knight & Mehta (2005) was one of the studies reviewed, they found Sudanese children, living in a group home or foster care with an American family without other Sudanese people was associated with post-traumatic stress disorder, whereas living with a Sudanese family or with an American family alongside other Sudanese children was not, and feeling safe at home was associated with a reduced risk. This indicates a relationship between culture, belongingness and mental health.

In an Australian study of acculturation in adolescent refugees, integration into the host society (Kovacev, 2004) was linked to improved psychosocial adjustment. Separation (mainly maintaining the individual's own culture) or assimilation (adaptation to the values of the host society) were not predictors of psychosocial adjustment, whereas marginalisation had negative effects. The authors of the review agree that some degree of alignment with the host culture is probably protective. On the contrary, some studies have seen sex differences with the level of poor psychological functioning. In Somali adolescents resettled in the USA, closer alignment with the Somali culture was associated with better mental health for girls, whereas closer alignment with the American culture was associated with better mental health for boys (Ellis, Lincoln, MacDonald, Klunk-Gillis, Strunin & Cabral, 2010).

There is evidence that refugee children usually acculturate faster than their parents, which leads to differential adaptation patterns within the family (Walter & Bala, 2004). This varying acculturation rate may cause disharmonious adjustment profiles in refugee families. This varying acculturation rate may cause disharmonious adjustment in families as children's integration attempts can also lead to parental rejection or to family conflict, causing loyalty conflicts (Walter & Bala, 2004).

2.7.2 The role of the family

The literature examined thus far addresses the various challenges that refugee children face, namely traumatising, marginalisation, uprooting and, acculturation. De Haene et al. (2007) argue for a conceptual framework that recognises the 'cycle of disruptions' as opposed to the chronological models

discussed based on pre-migration, migration and re-settlement already discussed (Fazel & Stein, 2002; Lustig et al., 2004; Papadopoulos, 2001). Fazel et al. (2002) argue that the refugee experience should be considered as a non-linear, interacting process which explicitly implicates family dynamics and variables situated in the social and cultural context. Fazel et al's (2012) review found that being unaccompanied on entry to the host country puts a child at risk of psychological disorders. Derluyn et al., (2009), Geltman et al., (2005) and Hodes et al. (2008) found that unaccompanied children often experienced higher numbers of adverse events and separation from the immediate family was associated with PTSD. Children whose relatives who were in difficult circumstances (e.g. imprisoned), and those who had difficulty contacting their relatives had worse psychological functioning (Fazel & Stein, 2012).

According to De Haene et al's (2007) review of the mental health of refugee children; family separation and reunification is a fundamentally disruptive aspect of the refugee family experience. The impact of pre-migration stressors is aggravated by a separation that causes prolonged grief and loss. Furthermore, family roles must be reconfigured, given the changing family structure during both separation and reunification.

Family systems theory is a theory of human behaviour that views the family as an emotional unit (Broderick, 1993). According to this theory, the family is an example of an open, on-going, goal seeking, self-regulating social system (Broderick, 1993). Biological, psychological and social factors are important, but the focus is more on inter-personal, interactive factors than on intra-psychic factors (Kelley, 1992). Systems approaches can be useful when working with refugee families as the vast majority of refugee families face a period of separation and family fragmentation during their forced migration (De Haene et al. 2007). Change in the family situation means readjustment of the total system and can pose problems and challenges for every single member (Broderick, 1993).

Attention to attachment relationships is critical in understanding how children cope in the face of war-related stressors (Betancourt & Khan, 2008). John Bowlby (1973) asserted that each individual develops their own personal environment of life sustaining and life enhancing systems, which work in

conjunction with the individual's inner psychological processes and homeostasis. That is, the individual's 'outer ring' moves in a dance with the individual's 'inner ring.' Both rings are influenced by the child's family and wider environment. Bowlby goes on to claim that a child creates and organises an internal working model of the world in the first few years of his/her life. These internal representations, built on affect and memory links, include the child's perceived place in the world and the common responses of the parental attachment figures in varying situations. A feeling of secure attachment and belief in the parents or main caregiver's ability to protect the child from danger is a critical foundation for the child's development of basic confidence in self and surroundings (Bowlby, 1973). This foundation is also essential for healthy expectations and responses later in life and for developing and incorporating emotional, behavioural and cognitive proficiency (Hamilton et al. 2000). Because trauma affects one's physiological, cognitive, social, and emotional functioning, even attachment to protective caregivers may be impaired, as all of these factors simultaneously affect one's ability to attach to caregivers and one's ability to elicit attachment from caregivers. This, in turn, creates a negative feedback loop that self perpetuates (Stauffer, 2009).

Good parental mental health, particularly in mothers, is an important protective factor. In one study reported by Fazel et al. (2012); refugee parents with poor mental health directed their feelings of anger towards their children. Furthermore, among Bosnian refugee families in Sweden, shared stressful experiences accounted for the correlation between the parent and child's mental health (Kovacev, 2004).

2.7.2.1 Community and social support

Social support and social isolation have been shown to be major factors in the psychosocial well-being of refugee family members. Social support for the refugee family in the host country constitutes a vital protective factor in the psychosocial functioning of refugee children (Hodes, 2002; Lustig et al., 2004). Other refugee families in the host country, that share similar experiences, often provide an important source of social support. Schweitzer et al (2007) in their qualitative study of 13 Sudanese refugees in Australia found social support alongside the role of religion as one of the main themes that characterized the

experience of resettled refugees. An important contribution of the present study is that it extends on trauma research by focussing on the factors that lead to psychosocial health. It also utilized a qualitative methodology, which is arguably more suited to gaining an understanding of the refugee experience and the role of meaning making in participants' understanding of their experiences. Similarly, a recent study by Kanji and Cameron (2010) demonstrated the importance of the community as a protective factor in Afghan refugees; including the faith/religious community which played a major role in helping children and families cope with adversity.

2.7.3 School and Education

The ecosystemic view of child development (Bronfenbrenner, 1993) assumes that the child both influences and is influenced by their natural environment. Bronfenbrenner (1993) identifies a variety of layered systems which directly or indirectly influence the child's development, e.g., schools, community, family, helping services, and society. One of the major tasks facing the refugee child when arriving in a new country is to adapt to a new school environment. In coming to grips with this task the child brings many potentially facilitating and interfering pre-migration characteristics and experiences, e.g., nature of flight and refugee experience or level of literacy in first language. One set of post-migration variables that will critically influence the child's adaptation process resides within the school, i.e., characteristics of schools and teachers. It is important to emphasise that not only will the child be required to adapt but schools, teachers and existing students will also need to adapt. Researchers have found that, when refugee children attend school, it gives them stability and increases their confidence, self-esteem, problem-solving abilities, and career opportunities (Kanji & Cameron, 2010). Using a case study approach to explore the social lives of refugee children, Candappa's (2000) study elicited insightful data on refugee children's experiences of school. The sample consisting of 36 11-14 year olds, found children's experience of settling in school differed according to factors such as the education authority, and the ethos and culture of the school itself. Difficulties faced by many refugee children at school seem related mainly to inadequate curricular or pastoral support, and to bullying, however support with English seemed to be a key factor in children's overall progress at school. Bullying was reported by all the participants and related to

visible ethnic and cultural differences, or to stature. In Kanji and Camerons's (2010) study using a much smaller sample than above (7 children); found children identified advantages of going to school such as making friends, creating strong bonds of friendship, learning to fulfil aspirations of becoming something, and being useful in contributing toward the society with a general direction for the hope of a better future.

Hek (2005) interviewed 15 refugee students between the ages of 13 and 17 years in two schools in the United Kingdom. Similarly to the findings above, the students identified that the positive attitude of teachers, friends, and peer support played an important role in adjusting to the new country. Fazel et al's (2012) review found a perceived sense of safety at school has been associated with low risk of post-traumatic stress disorder, and an increased sense of school belonging was shown to protect against depression and anxiety. Furthermore, strong school connectedness was positively linked to self-esteem, whereas low social support at school was correlated with increased depression.

Refugee families tend to underutilize mental health services (Fazel and Stein, 2009) and the high exposure of refugee children to adversity means there is a broad consensus that primary and secondary school-based prevention programs can play a key role in promoting the mental health of these children (Rousseau and Guzder, 2008). School based services can potentially address the needs of vulnerable children (Fazel and Stein, 2009). Research on mental health interventions at school for refugee children has been sparse and focuses on treatment using therapeutic approaches with targeted children, such as Cognitive Behavioural Therapy or creative expression workshops. Ethnolt et al. (2005) evaluated the effectiveness of a school-based group intervention (CBT) in the UK designed for children who have experienced trauma. They found children showed statistically significant, but clinically modest improvements following the intervention, with decreases in overall severity of post-traumatic stress symptoms. Significant improvements were also found in overall behavioural difficulties and emotional symptoms. Similarly, Fox, Rossetti, Burns, & Popovich, (2005) demonstrated the efficacy of an eight-week school-based program that was designed to reduce depression symptoms of South East Asian refugee children. Specifically, this collaborative program addressed refugee adaptation issues, children's culture and the development of coping

skills. Using the Children's Depression Inventory (CDI) as a measurement tool before and after intervention; revealed that children's depression scores had a significant decrease between screening times 1 (approximately one month before the intervention) and 2 (fourth week of the intervention). Unfortunately, the development of school-based prevention programs is hindered by some major obstacles, as Rousseau and Guzder (2008) argue refugee families and communities are afraid of the stigmatization that may be associated with any initiatives focusing on the adversity of their experiences, especially if these programs portray them as victims or use a psychopathologic model. They assert for more ecologic models of intervention that address the whole-school environment are useful because they provide a systemic understanding of the interactions among the different players. This view is supported by Hamilton et al. (2000) who also claim that an ecological multicultural perspective requires that schools and teachers move away from viewing any socialisation or academic student problem as reflective of some underlying dysfunction on the part of the child to viewing these problems as being indicative of a poor fit or interaction between the school environment and the individual.

2.8 Chapter summary

This chapter has provided an overview of the literature around resilience, risk and protective factors affecting refugee children. A discussion on what constitutes mental health and well-being was presented and this was supported by theoretical and conceptual frameworks specific to refugee children's mental health. The next chapter (3) will introduce the methodology adopted within this thesis followed by presentation of the narrative analysis (Chapter 4). A discussion of the findings in relation to research and literature will follow (Chapter 5) and finally, the conclusion (Chapter 6).

Chapter Three: Methodology and Data Collection

Chapter Three: Methodology and Data Collection

3.1 Overview of chapter

The last chapter provided an overview of the literature, outlining the context and rationale for this piece of research. This chapter sets out the epistemological and ontological position of the research. It describes the specific approach to data collection and analysis used and its relation to the research aims and objectives. Details of the sample and the methods used to collect and analyse data will also be given.

3.2 Research questions

The main research questions presented in this thesis relate to exploring the mental health and psychological well-being of refugee children. Therefore research questions seek to identify the role of resilience and potential protective and risk factors associated with refugee children from the perspective of, parents and teachers. The research questions therefore include:

- 1) What factors in the new social milieu do children and parents identify that promotes their resilience?
- 2) What factors do children and parents identify as risks to their mental health and psychological well-being?
- 3) What factors do children and parents identify that have enhanced their (or their children's) mental health and well-being?
- 4) What are the experiences of school staff when working with refugee children and how do they perceive their role in relation to meeting the psychological needs of refugee children?
- 5) What are the perceptions of schools staff about the factors that promote or hinder the mental health of refugee children?

3.3 Epistemological and Ontological Considerations

The researcher considered the principal paradigms in research and the ontological and epistemological assumptions underpinning each to determine the most appropriate research methodology to adopt for this study.

Cohen, Manion and Morrison (2007) suggest that there are two principal paradigms that inform the nature of the human inquiry and research. Firstly, there is the positivist paradigm which posits that human behaviour, and social science, can be understood by the laws of natural science and the researcher is an observer of social realities and facts, whose observations and analyses are, expressed in general laws. The approach stresses the importance of quantitative methodologies using clear rules and procedures to identify empirical regularities and, in particular, causal relationships between two or more things (Robson, 2002). This paradigm considers that one reality exists and the role of the researcher is to discover that reality. Positivists have a 'standard view' of science based largely on quantitative experimental designs seeking to control for, and manipulate, variables in order to reveal the existence of a relationship between events.

In contrast, the relativist and interpretative paradigm considers reality as represented through the eyes of the researcher and participants. Different approaches to research are merely different ways of viewing the world (Robson, 2002). The world is interpreted and constructed through different theories or concepts. The meaning of experience, behaviour and language are used to interpret and attempt to understand the complexity of human behaviour. The research process generates working hypotheses rather than facts. The approach stresses the importance of qualitative methodology and the emergence of concepts and theories from the data (Robson, 2002). Research set in the interpretivist research paradigm can address questions about how and why something is happening. It can also address questions about what is happening in a wider context and what is likely to happen in the future.

A third paradigm, realism, adopted within this research, has advantages of integrating both subjectivist and objectivist approaches. The realist view sees the real world as stratified into different layers and believes that there are 'no

facts that are beyond dispute' (Robson, 2002, p. 32). Within realist approaches, the researcher essentially asks, '*What works best, for whom, and under what circumstances?*' (Robson, 2002, p. 39). The researcher accepts that what may work for one person may differ to the next and acknowledges that different mechanisms, or in this case different protective and risk factors, will trigger different outcomes depending on the individual.

The goal of this research is exploratory, by providing insights into the experiences and perceptions of refugee children and their mental health and aim to elicit meaningful information that could inform practices in education and psychology. The aim is to look for patterns, ideas or hypotheses rather than testing or confirming a hypothesis. In exploratory research the focus is on gaining insights and familiarity with the subject area for more rigorous investigation later. The advantage of using an exploratory approach is that you can isolate key variables for further examination and establish priorities for further research.

3.3.1 A mixed methods approach to research

In keeping with the philosophy outlined above, a mixed methods approach was considered to be most appropriate in order to address the research questions, with the qualitative design being more dominant as this was used with both CYP and parents. Approaches to mixing or combining methods of research from different research traditions to look at complex social problems have become more prevalent in recent years. Some advocates of mixed methods research dispute that this is about much more than simply combining qualitative and quantitative methods: rather, it is the methodological 'third way', a new paradigm to go alongside, or rather in-between, positivism and interpretivism. Tashakorri and Creswell (2007, p. 4), in what they call a 'deliberately inclusive' definition, describe mixed methods as 'research in which the investigator collects and analyses data, integrates the findings, and draws inferences using both qualitative and quantitative approaches or methods in a single study or programme of inquiry'.

A quantitative approach was adopted to address the research questions with school staff to obtain their perceptions about the mental health of refugee

children. This can often be referred to as triangulation. In social science triangulation is defined as the mixing of data or methods so that diverse viewpoints or standpoints cast light upon a topic (Olsen, 2004).

The aim of qualitative research is to understand how individuals make sense of the world, and how they experience events (Willig, 2001). A phenomenological approach emphasises the need to view events through the eyes of the people directly involved, so that the meaning of the event can be construed (Hayes, 2000). It is important to note that qualitative methods encompass a range of different epistemological positions and techniques for collecting and analysing data (Willig, 2001). Researchers using qualitative methods have a duty to:

“Make their epistemological position clear, conduct their research in a manner consistent with that position, and present their findings in a way that allows them to be evaluated properly”.

(Madill, Jordan and Shirley, 2000, p.17)

Epistemologically speaking, qualitative research involves getting as close to the participants as possible. Researchers conduct their studies ‘in the field’ and the relationship between the researcher and the material being studied is seen as interrelated (Cresswell, 2007). For qualitative studies, the values that a researcher brings to the study are not viewed as problematic, as they would be for a researcher making more positivist assumptions. The researcher’s own values and ideas impinge on the process of obtaining and making sense of data. Interpretation, by the researcher, of the meanings attributed to events is a feature of qualitative psychology. There is also an emphasis on validity rather than reliability, meaning that the research does not claim to produce results which could be exactly replicated, at a later date, or with another sample or researcher. Rather, the aim is to develop a true understanding of the area under investigation, focussing on information from those who experience the phenomena, and their interaction with the researcher (Hayes, 2000).

3.4 Context and location of research

The research took place in five schools in two London Boroughs. The two boroughs cover the East and South East region of London. The schools

comprised of one primary and four secondary schools. The East London borough has great diversity: approximately 38% of the population is Asian, 39% white, around 20% of the population is black. However, poverty intensity is high and the borough is ranked in the top ten of the most deprived boroughs in England. The South East London borough demographics point to a less diverse population ethnically: 67% of the population is white, 19.2% black or black British, 6.7% was Asian or Asian British, 2.7% was mixed and 4.7% Chinese or from another ethnic group.

Local organisations working with this particular group were also invited to take part in the research. Participants that were selected from a local refugee organisation were interviewed on-site. The one organisation that took part is a not-for-profit charity based organisation in East London that aims to provide high quality and effective advice, support and advocacy services to asylum seekers, migrants, and refugees to enable them to make a positive contribution to their local community. Consent was previously obtained from the manager of the charity based organisation and Head Teacher of the schools via email and a letter of information (appendix 6). Consent from the Educational Psychology Service was also sought.

3.5 Participants and sampling

Participant samples in this research included (RCYP), refugee parents and school staff. While the main focus of this research aimed to explore child and parent perceptions, staff views were also of interest to the researcher in triangulating information about the mental health of refugee children.

The participants were selected through purposive sampling and were interviewed between July 2011 to November 2011. One of the most common sampling strategies in qualitative research; purposive sampling is when participants are grouped according to preselected criteria relevant to a particular research question. The participants were sampled according to the inclusion and exclusion criteria (see appendix 1a) by the schools and checked by the researcher against the criteria upon receipt of consent forms. Purposive sampling can involve developing a framework of the variables that might influence an individual's contribution and will be based on the researcher's

practical knowledge of the research area, the available literature and evidence from the study itself (Marshall 1996).

The sample for the qualitative aspect of the research was 24 participants, 5 were selected from the local refugee organisation. Regarding the English language fluency of the young people who participated in the research, practically all had good understanding of English as they had been in the UK for many months before participating in the study,

3.5.1 Child sample

As it is argued that risk and protective factors may operate in different ways for various age groups, the researcher interviewed CYP of different ages, in order to explore any variation. 21 CYP formed the sample within this research all known to have arrived in the UK within the last ten years. They were selected according to the inclusion criteria (appendix 1a) by the staff at the schools that agreed to take part. The final number of participants was based on agreed child and parental consent. The age ranged from 9-19 years and length of stay in the UK ranged from 1 to 8 years. The child sample comprised of 12 girls and 9 boys. Participants 5 and 6 are sisters as are participants 8 and 9.

Table 3: Child Participant Background Information

Participant	Gender	Age	Country of origin	Time spent in the UK (in years)
1	F	19	Uganda	4
2	F	18	Somalia	8
3	M	16	Afghanistan	8
4	F	17	Afghanistan	8
5	F	10	Afghanistan	2
6	F	9	Afghanistan	2
7	M	16	Afghanistan	1
8	F	15	Albania	6
9	F	14	Albania	6
10	M	14	Afghanistan	5
11	M	15	Afghanistan	2
12	F	13	Somalia	8

13	F	13	Afghanistan	3
14	F	14	Afghanistan	4
15	F	15	Congo	1
16	F	15	Somalia	7
17	M	15	Ethiopia	5
18	M	11	Afghanistan	3
19	M	15	Pakistan	5
20	M	16	Afghanistan	5
21	M	12	Afghanistan	2

Participants 1 and 2 were recruited from the local refugee organisation; the remaining 19 participants were from the schools in the two selected boroughs.

3.5.2 Parent sample

In order to provide a range of views, 3 parents were interviewed. One of the parents (participant 22) was the parent of participant number 2 who came from Somalia. The other parents interviewed came from Zimbabwe (participant 23) and Eretria (participant 24) who all had young CYP attending schools in one of the two local authorities where the research took place but their children were not interviewed. These three parents were recruited from a refugee organisation based in one of the boroughs.

3.5.3 School staff sample

The questionnaires were completed by school staff from schools within the two boroughs. There were a total of 63 completed questionnaires. The staff composition ranged from teachers, attendance and welfare officers, literacy support workers, home-school worker, inclusion managers, assistant principals, special needs coordinator and teaching assistants

3.6 Instruments for collecting data

3.6.1 Semi-Structured Interviews (SSI)

SSI's are widely used in flexible, qualitative designs and are particularly useful for studies that focus on the meanings of experiences for individuals (Robson, 2002). The present research employed SSI as they allowed the CYP and parents to talk freely and openly, and afforded the opportunity to clarify information and follow up on interesting points.

Interviews are a flexible and an adaptable way of finding things out such as how individuals have developed resilience to cope with adverse situations. Face-to-face interviews offer the possibility of modifying one's line of enquiry, following up interesting responses and investigating underlying motives in a way that postal and other self-administered questionnaires cannot (Robson 1993). Non-verbal cues may give messages which help in understanding the verbal response, but possibly changing or even, in extreme cases, reversing its meaning. Open-ended questions have the ability to evoke responses that are meaningful and culturally salient to the participant, unanticipated by the researcher and rich and explanatory in nature.

Individual interviews of a semi structured nature, although more time consuming, were felt to be most appropriate for this research and formed the main basis of data collection. SSI permit exploration of particular areas the researcher has in mind, based on previous research, but allow some flexibility in doing so (Cohen, Manion & Morrison, 2007). As opposed to open ended interviews, where CYP are not probed for information and critical aspects of exploration may be missed, SSI are useful in order to collect systematic data linked to a range of issues (Dockrell, 2004). Also, in contrast to structured interviews or interview based surveys/questionnaires where questions are predetermined with fixed wording, SSI permit richer data and allow for interesting/novel avenues to be explored further through additional questions that an otherwise structured interview would not provide (Smith, 1995).

Interview agendas for a semi-structured interview can consist of a small number of open-ended questions. Researchers can also identify topic headings as a scaffold for asking questions through the course of an interview, without

recourse to a pre-set established agenda. Such an approach was used by Taylor and Ussher (2001), who stated that:

“Open ended semi-structured format questions were used flexibly, being omitted, adapted or elaborated according to the demands of the individual context”

(Taylor & Ussher, 2001, p. 296).

In the present study it was necessary to find a balance between ensuring that information obtained was relevant to the research question, whilst also affording space for the interviewee to describe what was relevant to them. It allowed new insights to be generated and identified. Research studies discussed in the literature review (see Chapter 2); have incorporated the use of semi-structured interview methods with refugee CYP.

Questions were used in a conversational manner, aimed at promoting a two-way dialogue and empowering young people (Taylor & Ussher, 2001). The establishment of rapport was aided by using features of an informal conversation, such as open-ended questions and an emphasis on narrative and experience. In addition, concrete non-intrusive questions, about matters such as the schools attended by the refugee CYP, were used at the outset before moving on to more personal matters when the interviewee appeared more comfortable (Willig, 2001). Participants were asked to talk about their experiences of school, from the beginning of their school lives to the present day, with a particular focus on things that they perceived as helpful. As they talked, questions were asked to encourage elaboration where events or experiences were not fully described. Individuals were not asked about personal events if it was felt that this could potentially cause distress.

In constructing the semi-structured interview for CYP and parents, the researcher remained conscious of ensuring questions were kept short and neutral and were not leading in any way (Smith, 1995). As ‘resilience’ and ‘protective factors’ are complex concepts, therefore, alternative developmentally appropriate language was used. Communicating in English meant that words and sentences needed to be simple and easy to understand as the participants varied in their ability to speak fluent English. Moe, Johnson and Wade’s (2007)

study, for example, asked what it would mean to be resilient without using the word 'resilience' and instead used the word 'helped'; this was used to inform interview questions for CYP in this research. Questions were worded in simple straight forward language and consisted of no more than one part. Open-ended questions aimed to enable participants to reveal as much information as they wished in relation to their own experiences (see appendix 2a for the interview guide and questions (child)).

Interviews questions with CYP and parents (see appendix 2b for interview questions (parent)) were selected based on themes identified in the literature pertaining to resilience, risk and protective factors of refugee CYP. Interviews were scheduled to last no more than forty minutes.

3.6.2 Questionnaires for refugee CYP

Following the semi-structured interview, the CYP completed the Multidimensional Students' Life Satisfaction Scale questionnaire (MSLSS). The MSLSS was developed by Huebner (1994) as an instrument for the measurement of general life satisfaction and satisfaction with particular life domains considered to be of importance in the lives of children and adolescents (Huebner, 2001). The measured satisfaction with life domains were based on theoretical developments and empirical studies related to life satisfaction in adults and children, interviews with elementary school children, student essays, and exploratory and factor analyses. The 40 item instrument was subsequently examined, and purportedly validated, in adolescents (Huebner, 2001; Brantley, Huebner, & Nagle, 2002; Gilman, 1999; Gilman et al., 2000; Huebner & Gilman, 2002; Park et al., 2004). As a result, it has been used for a variety of research purposes in samples of children and adolescents with ages ranging from 8 to 19 years.

The MSLSS was designed to (a) provide a profile of CYP's satisfaction with important, specific domains (e.g., school, family, friends) in their lives; (b) assess their general overall life satisfaction; (c) demonstrate acceptable psychometric properties (e.g., acceptable subscale reliability); (d) reveal a replicable factor structure indicating the meaningfulness of the five dimensions;

and (e) be used effectively with children across a wide range of ages. The 5 subscales are: family, friends, school, living environment and self.

The purpose of using the MSLSS was to further explore the mental health of RCYP by eliciting information about the five main areas (5 subscales) of a child's life. A disadvantage of using interviews to elicit people's responses is that they may say what they feel the interviewer wants them to say (rather than their actual views). For this reason, the MSLSS was used as another method to ratify what CYP said during interviews. It also gave them another opportunity to convey their views, views that the semi-structured interview may not have otherwise elicited. The MSLSS was administered to all the CYP in the child sample (see Appendix 3a for a copy of the MSLSS). The questionnaire took approximately 10 minutes to complete.

3.6.3 Questionnaires for school staff

The second questionnaire was devised by the researcher and used open ended questions to yield information from school staff about the mental health of refugee CYP (see Appendix 4 for staff questionnaire). The purpose of gathering data from school staff was to obtain their views based on their experiences of working with RCYP. The questionnaire, aimed to provide information about risk and protective factors from a learning and education perspective, relates to research question 4. The questionnaire had a total of six questions which are related to the themes identified in the literature about the mental health of refugee CYP.

3.7 Pilot study

According to Tiejlingen and Hundley (2001), an advantage of carrying out a pilot study is:

'it might give advance warning about where the main research project could fail, where research protocols may not be followed, or whether proposed methods or instruments are inappropriate or too complicated'

(p.1)

In relation to SSI for both CYP and parents, these were checked with two Educational Psychologists, one in the local authority where the researcher works and the other at the university where the researcher is completing the Doctorate. This was to ensure that interview questions were as transparent as possible, developmentally appropriate for CYP and that the questions related to the research questions. Minor amendments were made following this such as making a note of the question areas where scaling would be used (as indicated by asterisks next to interview questions in the interview guide).

The researcher also conducted an interview with a child and a parent. For the parent interview, some questions were changed and some omitted as they appeared repetitive to the participant. For the child interview, amendments featured rewording questions in more straightforward and scenario based ways to aid CYP's understanding. For example, instead of asking CYP to describe or write a story about themselves to someone else, questions were changed to, *'Imagine you hear that one of your cousins from your country will be coming to London, what things might you tell them about London?'* and *'what advice would you give them about school?'*

The school staff questionnaires were piloted with two primary school teachers and this allowed for objectivity and feedback on the readability and appropriateness of the questionnaire. The questionnaire was amended based on the feedback; for example, questions 2 and 3 were adapted by giving the participants the option to list their points over describing them.

3.8 Ethical consideration

It is widely acknowledged that children can be as a challenging group to undertake research with and that extra care is needed to protect their rights and to ensure that they freely enter into research. In this research, the researcher followed best practice guidelines for gaining informed consent. This involved making sure all participants (and the parents/guardians of child participants) were fully informed of the scope, purpose and benefits of the research, the procedures to be followed, their rights to withdraw from the research. They were also given the chance to ask questions about it. Given the nature of the participants' experiences and backgrounds, the researcher was careful to select

questions that would not invoke anxiety or distress. Thought was also given to potential areas that may create possible discomfort or anxiety for participants within the research, which the researcher sought to address. The first related to interview questions possibly evoking negative/uncomfortable past memories. In overcoming this, CYP were made aware of their right to choose not to answer questions if they wished and informed that there were no right or wrong answers. The second area of consideration linked to possible anxiety over the researcher as an unfamiliar adult. Therefore, the researcher arranged for staff to be available if the child wanted a familiar adult in the room with them. Another consideration was the discomfort the CYP may feel due to inadequate language skills and as the researcher was not able to arrange a translator, adequate use of language was an inclusion criterion when staff selected potential participants for the research.

Ethical permission was granted by the University of East London Ethics Committee (see appendix 5). Points included in the application included ensuring that participants had been provided with enough information to give informed consent and that they were fully debriefed as to how the information would be used. The research also adhered to the British Psychological Society Code of Ethics and Conduct (2006) and Local Authority policies and procedures, as well as the requirements of the Data Protection Act (1998).

3.9 Procedure

Nine schools in one London borough where the researcher was working were contacted via email with a letter of information (appendix 6). Schools were identified from the borough's admissions database as having refugee pupils. Three schools gave consent to take part in the research, two secondary and one primary. The researcher then contacted all schools in another London borough where there is a high refugee population. Three schools consented to take part in the research (one primary and two secondary) however, the primary school later withdrew as parental consent from the pupils to take part could not be agreed.

A meeting between the researcher and school staff member (usually the inclusion manager or SENCo) was arranged to discuss the research including

the recruitment of participants. That member of staff, alongside other team members, identified participants using the inclusion and exclusion criteria provided by the researcher (appendix 1a). Permission for child interviews to take place was obtained from parents/carers via the consent letters sent home (see appendixes 7 and 8a). The member of staff involved in approaching CYP and parents about the research were asked to translate the letter of information if they had language difficulties. All interviews took place at the convenience of the child and parent, on the school premises.

The researcher also approached local refugee support organisations to take part in the research. One organisation responded and the researcher met with the manager to discuss research aims and participant recruitment. After being given information, three parents and two young people agreed to take part and were interviewed at the organisation's offices.

At the outset, the CYP were reminded about the information letter which was previously presented to them by the member of staff and then were asked to sign a consent form (see appendix 8b) agreeing that they had understood the purpose and format of the interview. They were also asked if they would consent to the interview being recorded using a digital voice recorder. CYP were asked if they had any questions they wanted to ask the researcher before the interview commenced and if they were happy to proceed. All interviews were recorded and lasted between 30 and 40 minutes. Following this, the CYP were then asked to complete the MSLSS and the researcher offered to read this if required. The CYP were thanked for their involvement and asked if they had any questions. A reminder of what the information was to be used for was given, and CYP asked again if they were still happy for their data to be used.

At the end of each interview, the CYP were invited to add any further comment and give feedback about their experience of the interview, making it possible to determine whether the child was likely to require emotional support from a personal or professional source and to signpost the relevant services if necessary.

The parent interviews were approached in the same way and like child interviews, parents were reminded of the interview being confidential and what

the information would be used for. Finally, parents were asked if they had any questions following the process before being thanked for their time.

The interviews were transcribed verbatim by the researcher and checked for accuracy before being analysed using thematic analysis.

3.9.1 Procedure: staff questionnaires

All LA schools were contacted in both London boroughs. An email was sent to Head Teachers outlining the process of collecting data from staff via an online questionnaire for the research. The final number of schools that participated in the research was 11 out of 136.

3.10 Data analysis

One of the approaches to data analysis adopted in this research is thematic analysis. Thematic analysis is a widely used tool within qualitative research as an effective method of analysis (Braun & Clarke, 2006). Compatible with critical realist epistemology, thematic analysis is 'contextualist' (Braun & Clarke, 2006, p.81), and acknowledges the meaning individuals make of their experiences and how the social context they are part of can affect these meanings. Through its theoretical freedom, thematic analysis provides a flexible and useful research tool, which can potentially provide a rich and detailed, yet complex account of data.

According to Boyatzis (1998), a theme can be identified at a manifest level, or a latent level. These levels are termed semantic and latent, respectively, by Braun and Clarke (2006). At a semantic level, themes are identified from the explicit or surface meaning of the data. The information given by the interview is taken at face value and themes are drawn directly from what is said. Data are organised to show patterns in the semantic content and are then interpreted. An analysis at the latent level involves interpretation before developing the themes, going beyond what has directly been said and beginning to consider the underlying ideas and assumptions that could have influenced the semantic content. This approach has been used in this research.

Advantages of thematic analysis include it being a relatively straightforward method to learn and use. Furthermore, it is easily accessible to educated

members of the public, can highlight both similarities and differences across data and can be helpful when summarising the main features of a data set (Braun & Clarke, 2006). Table 4 summarises the phases for carrying out thematic analysis taken from Braun and Clarke (2006, p.87).

Table 4: Phases of Thematic Analysis (adapted from Braun & Clarke, 2006, p.87)

Phase 1: Familiarisation with the data. This involves repeatedly reading the transcriptions, searching for meaning and patterns in the data and making notes of initial ideas. In this research, reading was theoretically driven based on previous research and theory.

Phase 2: Generating Initial Codes within the data. This phase requires systematic coding throughout the entire data set. Further guidance for coding was sought from Coffey and Atkinson (1996).

Phase 3: Searching for Themes. Here, codes are sorted into possible themes and thought is given to the relationships between codes.

Phase 4: Reviewing Themes. This phase involves checking themes linked to the coded extracts and to the whole data set. The checking and re-checking of themes is part of a cyclical process. A thematic map, or network, is produced at this phase.

Phase 5: Defining and Naming Themes. Themes in this phase are further refined and defined.

Phase 6: Producing the Report. This final phase involves selecting examples of extract to show themes within the data, carrying out final analysis of these extracts and referring back to theory and research questions.

3.10.1 MSLSS questionnaire

The MSLSS (2001) was administered and scored as suggested by Huebner (1994). The six response options are assigned points as follows: strongly disagree = 1; moderately disagree = 2; mildly disagree = 3; mildly agree = 4; moderately agree = 5 and strongly agree = 6. Negatively-keyed items must be

reverse scored (see appendix 3b). Hence, negatively-keyed items are scored so that almost always = 1, and so forth. Higher scores thus indicate higher levels of life satisfaction throughout the scale (see appendix 3b for the scale structure). The data from the questionnaires were analysed using descriptive statistics and are presented in the next chapter.

3.10.2 School staff questionnaire

The staff questionnaire was analysed according to the type of question – likert scale or open. For example, question one is a likert scale design and the responses were analysed using percentages. Questions 2, 3 and 4 were open questions and participants' responses to these questions were tallied to determine the most frequent/common answers.

3.11 Quality of the research

Reliability, in qualitative research, has been argued to fall under a number of different terms such as, 'credibility', 'transferability', 'dependability' and 'confirmability' (Winter, 2000). In qualitative research, Creswell and Plano Clark (2007) argue the focus is on validity in ensuring accounts from others are credible, trusted and accurate. Within qualitative research, threats to validity can include reactivity, respondent bias and researcher bias. According to Lincoln & Guba (1985) reactivity is linked to the effect of the researcher's presence on the behaviours of others within the research. Respondent bias is linked to the behaviour of the participant and how they may give answers they feel the researcher wants to hear. Researcher bias, on the other hand, is linked to the preconceptions/beliefs of the researcher influencing the research. These issues are addressed below.

3.11.1 Credibility

Credibility, in qualitative research, focuses on the correspondence between the way participants perceive social constructs and the way these are perceived by the researcher (Mertens, 2005). It parallels internal validity in post-positivist research. There are a number of ways credibility can be enhanced, such as the use of triangulation, member checking and negative case analysis. Triangulation, for example, involves '*the use of two or more methods of data*

collection in the study” (Cohen, Manion & Morrison, 2007, p.141). Within this research, the researcher acknowledges restrictions in interviewing CYP and therefore adopted triangulation to ratify themes expressed by the CYP. Use of other instruments such as the MSLSS and other ways of gathering data such as the school staff questionnaire, are used to address issues in credibility.

3.11.2 Transferability

Transferability refers to the degree to which the results of qualitative research can be generalized or transferred to other contexts or settings. Transferability parallels external validity in post-positivist research (Mertens, 2005). In this research, it was the intention to provide as much rich description as is possible rather than generalising.

3.11.3 Dependability

The traditional quantitative view of reliability is based on the assumption of replicability or repeatability. Dependability emphasises the need for the researcher to account for the ever-changing context within which research occurs. The researcher is responsible for describing the changes that occur in the setting and how these changes affected the way the researcher approached the study. For this piece of research the researcher documented any changes in focus by keeping a reflective log.

3.11.4 Confirmability

Qualitative research tends to assume that each researcher brings a unique perspective to the study. Confirmability refers to the degree to which the results could be confirmed or corroborated by others. Confirmability parallels objectivity in post-positivist research (Mertens, 2005). The researcher documented the procedures for checking and rechecking the data throughout the study. For example, making the process of coding data clear by explaining how codes were collapsed into each other and grouped into themes.

3.12 Chapter summary

This chapter aimed to provide an overview of the methodology adopted within this thesis. It began with presenting research questions and setting this within the context of study and the adopted research paradigm. Details of participants were provided followed by information relating to the procedure and instruments. Ethical issues were also highlighted. Thematic analysis was described and issues relating to assessing the quality of research. The next chapter will present the narrative analysis and this will be followed by a discussion of the findings and limitations of the research (Chapter 5). Implications for future practice and suggestions for further research are discussed in Chapter 6.

Chapter Four: Findings

Chapter Four: Findings

4.1 Overview of chapter

This chapter presents the findings of the qualitative data from the CYP and parents' interviews using thematic analysis. This is followed by presentation of the quantitative data from the MSLSS and staff questionnaires. This is in the order the data was collected. An explanation of the approach to data analysis will first be discussed, providing details of how themes were generated from the data. Thematic maps will be used to present themes and subthemes and to structure the analytic narrative. Data extracts will also be presented (in their original form), providing an illustration of themes and their interpretations. Quotations have been attributed to participants in the qualitative data analysis, by ascribing a number, corresponding to the participant information in Chapter Three (see table 3).

The Thematic Analysis will be followed by an explanation of the approach to quantitative data analysis and a presentation of the findings from the two questionnaires.

4.2 A deductive approach to Data Analysis

A deductive research approach to thematic analysis was adopted because this approach allowed the researcher to establish a hypothesis by using theory. Data is collected by the researcher to confirm or reject the hypothesis. Various steps of using a deductive approach are a development of theory, hypothesis, observation through data and information and confirmation. The interview questions in the SSI were devised from the research questions and the current literature on research and theory in this area.

4.3 Generating themes

Each transcript was read and re-read a number of times, with interesting ideas being noted each time. A line-by-line analysis of each transcript was undertaken using the printed copies. Each section of text was coded and tagged according to a concept or idea and the units of text belonging to the same category were grouped together, thus collating data relevant to each code. When each new

code was identified, the entire data set was examined for existence of data belonging to that code. Here several codes were decided with two experienced researchers to ensure that they captured what they purported to capture, and that all of the data under each code, from different transcripts, reflected the same type of information. Several codes were subsequently amalgamated with others or put aside if they were felt upon further consideration not to match the data extracts. Certain codes were only present in one or two data sources, meaning that only one child mentioned information of that type. Where it was not applicable to merge these into other codes these were retained, as it was felt that they reflected unique information that was extremely pertinent to that particular individual. These also afforded insight into the range and diversity of young people's experiences and perspectives. The researcher selected the most illustrative extracts but could cite many more examples from the interviews for each theme.

The next stage involved organising the codes into potential themes and drawing together all the coded extracts within the identified theme, focussing analysis at a consideration of how different codes fit together under a broader overarching theme. According to 'good code' is one that captures the qualitative richness of the phenomenon (Boyatzis, 1998). Mind maps were used to help the researcher to think about the relationships between codes, themes and main themes and sub-themes. Here some initial codes were extended and some were discarded. Following that process, all extracts of data were coded according to a number of main and sub themes. These were shared with two experienced researchers to ensure that the themes identified were robust.

Themes were defined, refined, and discarded accordingly and extracts were moved as appropriate. Once the themes were deemed to 'capture' the coded data, the entire data set was re-read to ensure that the themes worked across all of the data. Any additional data that was missed in earlier coding was also incorporated at that point. Once the thematic map that was produced was deemed to represent a 'good enough' reflection of the data, the next step of the analysis was undertaken.

The final phase involved defining, refining and naming the themes. In total, six themes were indicated. Themes were generally broad and were comprised of a

number of smaller sub themes. The thematic map (Table 5) outlining all themes and sub-themes and the categories is shown. The themes are presented in the order of occurrence during the (majority of) interviews and not on priority, frequency or importance of each theme. The six themes include: 1) Implications of pre-migration and migration experiences, 2) factors within the family, 3) management of change and its effect on refugee CYP's mental health, 4) experiences at school that impact on the mental health of refugee CYP, 5) factors within the environment and 6) individual/personal characteristics.

4.4 Quality assurance of themes

Validity checks were carried out by the researcher throughout the data analysis process to see if the themes generated worked. This process involved re-reading the extracts and checking back over the entire data set. Inter-rater agreement, a strategy used to clarify attributions made (Hayes, 2000), and a check of the consistency of judgement (Boyatzis, 1998), also formed part of the process of confirming the coded extracts worked against the themes. Throughout the process of data analysis, inter-rater checking was sought from two colleagues; the first EP had almost ten years of EP experience and the second was a newly qualified EP. This was in order to reduce potential researcher bias in the analytic process. On-going discussions with this person meant validity checks occurred at different points during the analysis, and subsequent refinements were then made to the coded data set. An example of a validity check was 70% agreement early on in the data analysis of staff data. From further discussion, this agreement reached 90% with some further re- of themes.

Table 5: Thematic Map with subthemes underlined

THEME 1	THEME 2	THEME 3	THEME 4	THEME 5	THEME 6
Implications of pre-migration and migration experiences	Factors within the family	Management of change and its effect on RCYP's mental health	Experiences at school that impact on the mental health of RCYP	Factors within the environment	Individual/personal characteristics
<u>Exposure to conflict</u>	<u>Parental circumstances and situations</u>	<u>Reaction to change</u>	<u>Positive experiences</u>	<u>Racism in the environment</u>	<u>Spirituality and faith</u>
<u>Oppression</u>	Parents coping with stress Maternal depression Parental unemployment Family affected by crime	Reaction to moving: embrace change vs. resentment or anxiety/confusion vs. excitement Understanding the reasons for change Anxiety, loneliness, depression, helpless, boredom	Helpful teachers Friends Affiliation with peers from similar/other ethnic groups Helpful resources for EAL pupils School support via EAL, TA or buddying/mentoring Activities that make pupils feel accommodated	<u>Housing issues: small and cramped</u>	<u>Coping strategies and stress</u>
<u>During displacement</u>				<u>Frequent transitions (housing and school)</u>	Acting out/temperamental Resilience Withdrawn vs. Extrovert
Education				<u>Getting involved in the local community i.e. clubs and local charities</u>	
<u>Separation from parent(s)</u>					
Father leaving family to flee					
The role of the father				<u>Loss and separation</u>	<u>Changes in circumstances</u>
	Separation and loss of a paternal relationship	<u>Language difficulties</u>		<u>Optimism</u>	
	Loss of family			Will power and hope Positive attitude Future career aspirations	

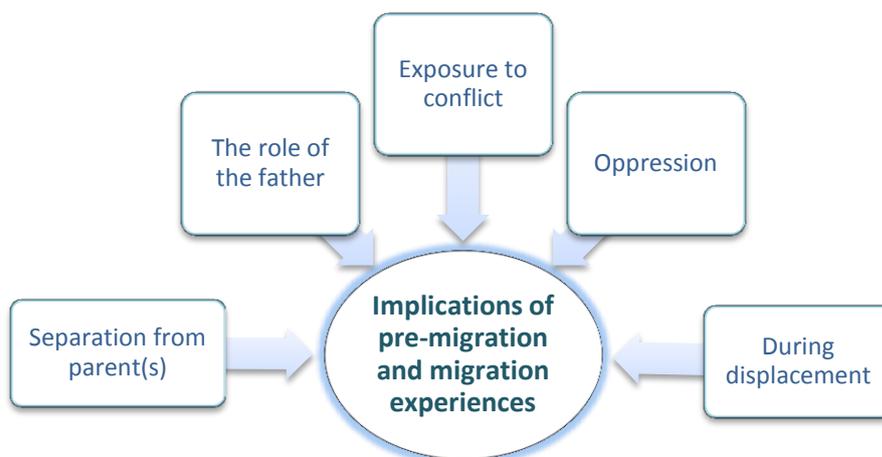
Relationships	Acculturation	Negative experiences
Taking a protective role over mother	Individual identity	Bullying
Relationships with extended family	Cultural differences, individualistic vs. Collectivist	The stage at which refugee children start school after arriving
Relationship with siblings	Sense of belonging and affiliation around other ethnic groups	Language and communication barrier
	Difficulties with adapting to new culture	Above factor causing frustration which then lead to fights
		Getting into trouble
		Racism from peers
		Social isolation
		Perceptions of racial and ethnic difference/divide
		Social exclusion based on ethnicity and refugee status (in-group, out-group)

Levels of happiness
Self-esteem and self-efficacy

4.5 Theme one: Implications of pre-migration and migration experiences

This theme captures the implications of the experiences that refugee CYP encountered during pre-migration and migration. It is informed by the following four subthemes.

Figure 5: Theme 1 and its five subthemes



4.5.1 Separation from parent(s)

This subtheme highlighted the circumstances between parents and their relationship with their children. All CYP mentioned at least one separation with their main carer, mostly their father as many (18 participants) reported being separated some years prior to moving to the UK. However only one YP (participant 15) spoke about being separated from both her parents for five years while she was in Congo:

They (parents) already here...I came myself

Participant 16 explained how happy she was to be reunited with her father:

Yes it was the best bit, happiest day cause I haven't seen him. He left us when I was young I didn't know nothing about him ye.

As there are a high number of participants that came sometime after one of their parent(s), it is likely that the parent may have escaped alone or in a group. For example, a parent (participant 22) mentioned that after arriving she applied for a reunion visa to bring her children to the UK.

Father leaving the family to flee

Many CYP (14 participants) reported being separated from their father and how he had left the country to arrive here. Sometimes CYP made reference to their father leaving without the family in order to settle here in the UK, before arranging for the rest of the family to come over. Other times, CYP spoke about their father leaving due to conflict in the home country. Sometimes this was almost eight years before they (the child) arrived here. One YP (participant 14) mentioned that she did not really know who her father was:

When I was eight years old, my dad came to fix our work to take us here (UK)...and then my dad knew I'm his child and he goes he thought that is his niece

When asked how she felt about that, she replied

I feel sad because I always told my mum where is my dad and my mum tell us that he will come. My other cousin had their dad next to them.

4.5.2 The role of the father

Many CYP (14 participants) identified the role their father played in arranging for their arrival to the UK, they mentioned the regular financial support that the family received from their father who was in the UK while they were in their home country. During the interview, some CYP alluded to the help they received from their dad in relation to managing the transition from their home country to here. For example participant 18 explained:

I was born after my sister was born then my dad...came here my dad came here and then about eight years later he brought me and my family.

4.5.3 Exposure to conflict

All three parents referred to war and conflict in their home country. CYP from Somalia (4) talked of moving to Kenya due to war and conflict; one of the four Somali participants were born in Kenya in a refugee camp. Participant 12 mentioned:

Mum gave birth to me but one or two years there and then you know there was war and all that so we left to Kenya.

A 14 year old (Participant 14), from Afghanistan talked about how one of her sisters had been kidnapped and the other killed when stepping on a landmine. When asked whether the family knew what had happened, she said:

No they kill the children, take them organ things to sell them.

It is possible that parents may conceal some information from the family as some events may be too traumatic. She also went on to talk about her father fighting the war:

Ye because it was fight there and he was fighting with Taliban before my dad...and then he hit himself too on leg, somebody shoots him with the gun on the leg and he still has that mark.

Apart from war type conflict and violence, political persecution was mentioned by participant 23, a parent from Zimbabwe. He initially came on a work visa, however was unable to return to his country due to holding opposing views to the government in power. He reported:

Because we were both teachers. Me and my wife were qualified and experienced school teachers before we came into this country...

Interviewer: Right, OK

So everybody knows that teachers and other professionals are a targeted group.

Interviewer: Sure.

Because most intellectuals er see reason.

4.5.4 Oppression

Two YP from Somalia and Afghanistan highlighted oppression in relation to religious beliefs in the home country and in relation to gender i.e. the expectations of females. One of them (participant 12) talked about how different it was in Kenya in comparison to Somalia after she was uprooted:

It was alright like it's not like Somalia or Saudi cos girls not allowed to go out, it's not strict... Ye, you have to wear like the hijab and burka and then you're not allowed to go out cos there strange men they kidnappers and all that so we weren't really allowed freedom.

One parent (participant 24) mentioned it was very strict in her country and that she was not able to do anything. However, she was not able to elaborate on her experience due to English fluency.

4.5.5 During displacement

This subtheme highlighted participants' experience of moving from one country to another. Some participants spoke about moving from their home country to another to seek refuge before finally settling here in the UK. A young girl (participant 2) and her mother (participant 22) moved to Kenya from Somalia and stayed in a refugee camp for eight years. However the transition was not easy as exemplified in the extract below by the parent:

So Brava [port town] was just along the coastline and we had to take a small boat about 10 km. First we had to walk at night about 10 km walking and the men helped with their children, and we had to take a small boat and go further to a bigger boat. And then by boat go to Kenya with my kids.

Another child from Somalia (participant 16), mentioned how her family moved to another area within Somalia before being displaced in Ethiopia.

We went from Somalia to Somalia land to Ethiopia, we spent nine months then we came to this country.

Another child from Afghanistan (participant 10) talked about moving to Pakistan:

My dad was here about ten years, after ten years...And from that time he send us basically an invite, and then we moved to Pakistan for like six months... And from there we just came here.

One child (participant 16) spoke about how hard it was to travel and what it was like adjusting to the changing living arrangements. For example:

Travelling with your family is the most hardest thing and stuff and we stay in one room...

The Somalia parent explained the difficulties she encountered in the refugee camp in Kenya. Although she escaped being tortured and killed, she and her family experienced escalated hardship both financially and to stay healthy. She said:

We were taken back and there it was overcrowded that I could manage I was making dresses to get some money.

She then went on to say:

In Kenya people were helping but no school, and I managed through this money I used to earn, to give private to my kids, at least they should start with ABCD (chuckles).

She was able to compare her current financial situation to her previous one by revealing that she was fortunate to have government support here in the UK through income support.

Education

10 CYP attended school in their home country or country of refuge, for example the Afghani CYP attended school either there or in Pakistan and the Somali CYP attended school only in Kenya. There were different accounts about the level of education the CYP received prior to coming here. The CYP who were taught English in their home country clearly had an advantage over their peers who were not taught English. One child from Afghanistan (participant 11) was asked about what he thought to be the hardest thing about moving to the UK, he replied:

The most difficult thing was probably I would say, the education wise, getting on lessons, the system was absolutely different to one back home so that was thing I struggled a bit then I got on really well after.

He had attended a private school in his country and implied that experiencing some education and learning was advantageous when starting school here. The parent from Zimbabwe talked about his daughter who was nine at the time when the family arrived here. He commented on the quality of education in Zimbabwe in comparison to here:

I'll say our quality of education in Zimbabwe is better than here... Because when she went into school, er she found out and the head teachers found out that the material... the knowledge she held... was far higher than the level she was put for her age.

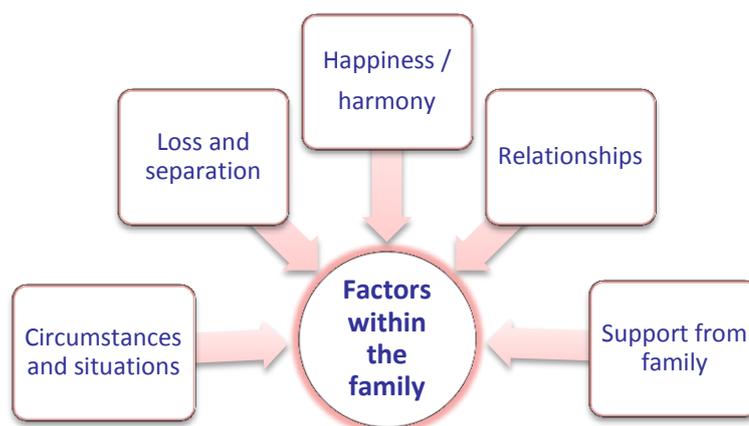
One young girl from Uganda (participant 1) talked about the difficulty with using computers here in class as she was not familiar with this type of teaching back home.

Participant 17 talked about his experiences of attending a private school in Ethiopia and how the lessons differed considerably. For example, during a Science lesson, he explained that as there were little resources and equipment due to lack of money in the school, the pupils watched the teacher doing the experiments as opposed to doing it themselves.

4.6 Theme two: Factors within the family

This theme presents data around factors within the family in relation to the mental health of refugee CYP and explores protective and risk factors in relation to the family. The five sub themes are presented below.

Figure 6: Theme two and its five subthemes



4.6.1 Circumstances and situations

This subtheme highlighted issues around parents and how certain circumstances or situations impacted on those around them. Issues such as maternal depression, parental unemployment and crime were the most prominent codes in the data.

Parents coping with stress and maternal depression

One of the parents (participant 22) reported feeling depressed as she tried to become familiar to her surroundings. This was further exacerbated by the separation from her children, as she left Somalia with an ‘agent’.

I was like a tail following him, do this do that so I was not happy just leaving my kids for the first time, it was very difficult for me, (big pause) I was depressed and sad.

She further went on to say:

It was very big difference from where I came from, and took time to mix, to get on with the life here, took time.

One YP (participant 8) reported on mother’s health after exposure to war and conflict in Albania:

Because erm... I don't know what happened once... I don't know what happened to my parents and all that stuff... and then once my mum tried to kill herself because of my little brother...

The family situation of her dad being in prison and their mother being depressed added to the aggression the young girl felt, she reported:

It was better in Albania, because we all used to like get along and work with each other and like communicate and stuff like that, but here's more like we're all angry.

The parent from Zimbabwe talked at length about his circumstance. At the time of the interview, the family's status was of asylum seeker and the insecurity they felt began to take its toll mentally and financially. He explained that it was not just uncertainty the family were dealing with but also the added pressure of applying and re-applying for permanent residency. This particular interviewee's case account was unique as he and his family were here for several years (approximately 7) with a work visa. The family are in a state of distress as they have no income and therefore no financial means to pay for basic things like food. They rely on the support from the local organisation that helps refugee/asylum families by providing free food and clothing. When asked how he was coping, he replied:

Erm...well maybe psychological endurance! We are strong minded people.

His level of unhappiness was clear when he was asked how happy he felt right now:

I would be in the minuses! I am extremely disappointed.

Parental unemployment

The above participant (22) made reference to how unemployment was a big strain on the family, it being the hardest thing to deal with. He mentioned:

We've been out of work, because we are officially prohibited from seeking employment and working illegally is just not an option.

Interviewer: Of course. OK. So you were working up until 2008...

Due to a lack of money, the family benefited from the support of the local charity organisation by receiving free food and clothing. He also mentioned how the financial strain was having a negative impact on the family. The following extract depicts his stress and state of helplessness:

The strain on the finances has had a negative side-effect. Right now I'm separated from my wife...which is a sad development...

Three CYP spoke about their father being currently unemployed. Participant 7 came from Afghanistan and settled in Holland before leaving coming here. When asked about the reasons for coming to the UK, he replied:

My dad couldn't find a job in Holland.

Family affected by crime

Participant 4 reflected very briefly on how her family were affected by a murder shortly after they arrived here. She explained how her older (teenage) brother was racially murdered by youths in the area. She appeared to be uncomfortable in talking about this incident during the interview; therefore she was not probed for further details.

Participant 9 spoke about some family members getting involved in criminal activities after arriving here:

He's an architect (brother), but...he's getting arrested, obviously that's not going to get him anywhere.

Interviewer: Mmm. What does he get arrested for? What kinds of criminal activities?

Mmm like... I don't know like beating people up or something like that? I don't know.

She then gave a story about how the police entered her home with a search warrant as her brother was frequently involved in violence and drugs. She told the researcher how frightened she and her mother were especially as her mother was unable to speak English.

In the previous sections it was mentioned that participant 8 spoke about her father being in prison and this affected her relationship with him. This young girl

also spoke about how these events had created a prolonged fear of going out for her mother and this fear was being transferred to the children. When asked why she thought her mother felt like that, she replied:

And she thinks something bad is going to happen to us, 'cause of what... 'cause of the situation my dad's in. 'Cause now they know he is in prison they can come and like attack us or something.

4.6.2 Loss and separation

This subtheme drew attention to the risk factors for RCYP as it illustrated the effects of loss and separation. This was significant to the YP as it impacted on their feelings of security and comfort.

When participant 22 talked about her ordeal of separating from her children when fleeing Somalia, she spoke about how angry her children had become when she spoke to them on the phone and later when she reunited with them:

Yeah, (child's name) was very angry when she came here...she refused to talk to me.

Separation and loss of a paternal relationship

Participant 8 spoke about not really knowing her father due to the separation she and the family experienced in Albania as well as when her father came to the UK:

He was a soldier, but then obviously he survived and he got through it, then he came back for the family, and then that's when he came to England... Most of us don't really know our dad that much.

What was interesting about this child's narrative was how she spoke as though she was speaking on behalf of her siblings using the term 'we'. Furthermore, she identified a number of separations: while he was at war, then when he came to the UK and now he was in prison.

When asked about her father, her response was related to how she felt and the loss of a typical father-daughter relationship:

He hasn't really been there for us...the thing is my dad used to come back to see us...my mum used to go 'look there's your dad', like, I'd think, 'what's wrong with you' (aggressive)?

In the interview she alluded to being neglected due to the separation but also because she was a girl:

Cause the thing was erm... it's not even hard for me to say, like, 'cause he didn't want me in a way. He didn't want me and also he wanted me to be a boy, not a girl.

The YP from Ethiopia (participant 17) spoke about how his father had disappeared shortly after arriving and now he lives with foster carers. The young person made frequent references to the support he received from his dad and especially after losing his mother as a young child in Ethiopia; his dad became the sole care. The paradoxical emotions of loss and hope were exemplified in the following extract:

My dad used to help me a lot 'cos he's he done his masters here. He's very educated so he used to help me a lot; he used to support me a lot. After school I used to have extra lesson with him so ye

Interviewer: Sure and um how are you coping without him now?

Mmm, I don't know seems hard. Still only I have to do is keep head up so, that's all I'm hoping.

Loss of family

Some CYP expressed loss in relation to their extended family back home. One child (participant 5) spoke about her mother:

I think sad because she's missing other people and her family is here too, and her sisters.

Another YP (participant 6), spoke about the lifestyle she enjoyed with her friends and family in Afghanistan. When asked what she found difficult since arriving here, her response was:

Yeah, I miss my farms there. And now I'm not really happy coming to here.

Interviewer: Why's that?

Coz I don't have my friends here.

One child (participant 16) spoke about the loss of support from the family back home that she felt she and her family had lost when coming here. She expressed:

Now in this country if we problem, we just like we can't tell no one and stuff, and no one would help us. But back home there's other family that you could tell them they would help you and stuff.

4.6.3 Happiness/harmony with family

When CYP were asked what makes them happy, codes reflected more harmonious patterns with family. For example:

When other people are happy... Especially my mum. (Participant 9)

Family ye, if they are happy so you can be happy too. (Participant 5)

Well basically if I ask something for like for example, buy new game, basically ask dad and he would say ye tomorrow or day after I get quite happy. (Participant 10)

To keep me happy? My family to stay with me. (participant 14)

4.6.4 Relationships

This subtheme was developed around codes that highlighted relationships between family members including the extended family. It was an important subtheme as it highlighted the different type of relationships that CYP had with their father and mother and how the family network can be a protective factor and the absence of these relationships; a risk factor.

Taking a protective role over mother

Three CYP specifically referred to their mothers in a protective way. Participant 8 showed empathy towards her mother's mental health:

I just think she's doing this 'cause obviously she's stressed and the stuff like she went through in her life and the way my dad's in prison... and she had to take care of us and stuff like so I don't blame her and I try to get back up on my feet and try to do something.

Another child (participant 16) showed some understanding of what her mother had been through and the hardship she and her mother faced together (when being uprooted):

I loved my mum and always be with my mum and stuff like that...

Another YP (participant 6) identified her mum when asked to say what three things were the most important and helpful since she arrived.

Relationships with extended family

Participants reported having their extended family back home either in Pakistan or Afghanistan. For example one child (participant 4) recalled feeling bored, a feeling that she was unfamiliar with in Pakistan:

There was family, but here it's just family friend, not family...So, you don't have no-one to be close with...or, you don't have no-one to share things with.

Participant 1 talked about missing her family in Uganda as she did not have any extended family here:

I have to say that I miss like stuff back home: I miss having my extended family around, because I don't have an extended family here.

Some participants talked about the benefits of having their family here. The Somali parent talked about how babysitting her niece's child helped keep her mind occupied when she was feeling down. She also felt indebted to the support provided by her niece and husband during her arrival as they provided shelter and support for her in their own home.

Relationship with siblings

Some CYP made reference to their siblings, usually in two ways: how much they helped their brother/sister or how they felt supported by them. Participant

17 talked about how his foster brother helped him when he felt he would run into danger from the local gangs:

They help me, they used to um, I used to have trouble outside school, them gang banging stuff... So they [foster brothers] used to come here, to make sure.

One younger girl spoke about her younger sister:

She's just like five years old then I help her a lot, because I know how if you don't speak English in the school then you get bullied. (Participant 16).

4.6.5 Support from family: pre and post migration

The data codes revealed how participants attributed some of their happiness and successful settlement in the UK to the level of support received from their family. This varied in both phases of migration and was more significant to some than others. As mentioned earlier, the parent from Somalia was supported by her niece by way of accommodation, financial protection and emotional support; this was a dominant code in her interview data. She reported. She also benefitted from the support of her family in Kenya who looked after her children for some years when she was uprooted. The other parent from Zimbabwe also talked about family members here providing financial support:

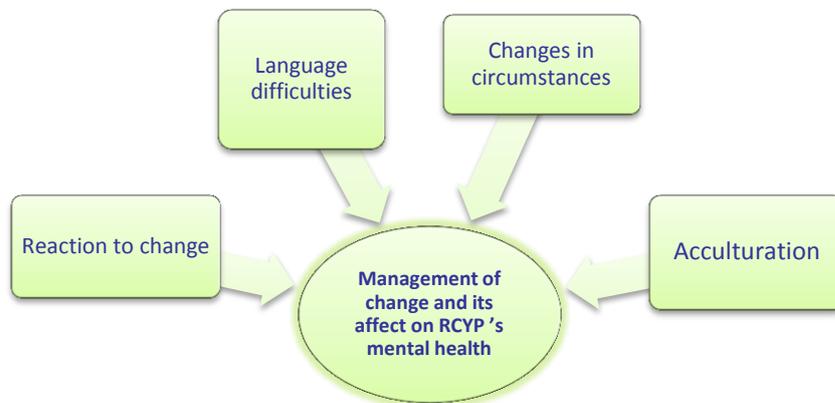
But materially it has been family, if you can look at the time we have been out of work and friends and family still paying for our mortgage; paying for secured loans; credit cards; day to day living... I'll say that is remarkable support.

The young boy from Ethiopia (participant 17) referred to his uncle who came from Canada to help him when his father went missing. This uncle played a significant role in helping him get access to care from Social Services.

4.7 Theme three: Management of change and its effect on RCYP's mental health

This theme encompassed comments that related specifically to support and experiences impacting on the psychological well-being of RCYP, during the settlement process. Coding of the transcripts identified how the participants managed change; both emotive and practical experiences were highlighted. Such as the different ways they reacted to the change, language difficulties, changes in circumstances and acculturation.

Figure 7: Theme three and its four subthemes



4.7.1 Reaction to change

This subtheme represents what participants reported about coming to terms with the new environment and lifestyle. Responses to questions about how they felt when they arrived and how these feelings had changed over time were part of the coded data. Participants talked about particular experiences and examples related to acculturation, changes in their family and environment.

Reaction to moving: embrace change vs. resentment or anxiety/confusion vs. excitement

One of the first questions asked was how participants felt about coming here, their initial reactions and feelings. Most participants were happy to accept the change and embrace what it may bring; this was coupled with some excitement

about coming to the UK. On the contrary, others felt resentment towards their family for bringing them here or sad because they were forced to move and expected a better life. One YP (participant 21) spoke of his excitement during the journey here, however felt a little sad because he did not know what to expect. Participant 8 reported feeling disappointed as she thought things would be easier here:

I thought it was going to be better, because obviously my parents were telling me it's going to be better, you're going to have more opportunities...

During the interview she commented about adjusting to a new lifestyle as one of the most difficult things:

The change in people, like say the family. The way they change so fast. Like... say for example, when we came here, we got used to not working so hard as we used to there...

One YP (Participant 6) articulated how she felt about her initial experiences at school:

...I was really happy first time when I came to the school, and I had lots of friend, and they were helping me. They were helping me try to the-learn the language of this country.

She mentioned that learning the language was important to her and her other goals were learning to read and write. On the contrary, one child who moved from Afghanistan to Holland mentioned how he felt when coming to London to settle permanently:

I was really upset and after that I was used to the country...I was used to culture and people.

The young girl who recently arrived from Congo (six months prior to the interview) spoke about being happy as she was reunited with her parents:

I'm not scared, I feel happy...I feel happy because my parents is here.

Participant 1 commented:

I was quite scared, but excited at the same time leaving the totally different environment...

Participant 11 conveyed some anxiety when he mentioned:

My first reaction was how am I gonna get on with these people, cause they like so different but it's quite easy kinda so ye.

Understanding the reasons for change

This subheading was devised based on responses about how much participants understood about why they were here and thus the change brought upon from that. All the parents and some CYP were aware and open about why they were here and some CYP felt their reasons for coming to the UK was based on education. For example, participant 10 moved to Pakistan from Afghanistan before arriving here, he explained:

Um... well when my dad was in there [Afghanistan], the things were basically not quite right cos...And there we were basically kind of poor.

Participant 9 recalled:

Well, we like wanted to like... to get like a better life innit. 'Cause in Albania it ain't that well...

Anxiety, loneliness, depression, helpless, boredom

Many participants demonstrated a range of emotions when asked about their reaction to change and how they dealt with it.

As already mentioned, the Somali parent explicitly described her depressed state of mind in the first few years of arrival as a response to the change in family, environment and experience of displacement. The parent from Zimbabwe expressed his frustration with his current situation of seeking asylum and the level of disappointment and helplessness he felt.

The parent from Eritria spoke about her unhappiness about the way things had changed. For example:

Very difficult to stay in this country because I not speak English...

It appeared that she was still finding it very difficult to manage her changing environment even though she had been here since 2003, as when she was asked what has been really good and positive about the change, she replied:

No good for me still no good for me not now, never.

One YP (Participant 4) spoke about having no-one around (referring to family), she commented:

...there was no-one around. So, like...the days seemed to be so long coz we was...for like the first few weeks, we didn't have school. So we was just sitting at home, tryna waste time, and do stuff, but it seemed very long and everything.

Another YP (participant 19) spoke about getting involved with a bad crowd/group in his neighbourhood when he arrived from Pakistan and how his bike got taken by these boys. He explained that at that point he began to learn to be cautious and not trusting of everyone, saying:

So then I got to understand people a bit more and stuff like that.

He then went on to explain the boredom he felt while waiting for a school place and this resulted in him getting involved in deviant behaviour with other people in the area he lived in, for example throwing eggs at people's houses for fun. He described his reasons for getting involved in this kind of activity:

I wanted to be involved but it's not that I didn't know what to do. It's just that that was the only thing to do, because there was no school.

4.7.2 Language difficulties

Eighteen CYP and two parents referred to the difficulty in speaking and understanding English. The comments were usually in relation to two areas: adapting to change when first arriving and the other school. The findings here relate to the former.

When asked what has been difficult, the young girl from Congo reported:

This language because in Congo I speak French, here I speak English.
(Participant 15)

Another child (participant 5) reported feeling scared because of the language barrier. She stated:

People are different and they were speaking different language, I don't know what they speak.

Another YP explained that she was able to speak English but had difficulty with the English accent:

The first thing that I found quite hard was understanding what people were trying to say to me and... the accent was totally different from what I was used to. (Participant 1)

The parent from Eritria felt language was the most distressing of all things since she arrived in 2003 for example:

sometimes they will give you information this is very very difficult for me...Reading and like this (shows a letter).

4.7.3 Changes in circumstances

This subtheme draws attention to the different circumstances that children and families experienced after settlement and how these may have impacted on their psychological well-being. Some participants found that they had left a comfortable living environment; for instance a house of their own. However, these accounts varied depending on the individual displacement experiences. Those who were separated from their parent prior to coming here needed to adjust to living with that parent when they later reunited. The participants that were accommodated by their family in their home country or country of displacement were now living without these extended family members. Furthermore, the participants that stayed in a refugee camp needed to adjust to

the new living arrangements. Participant 2 who stayed in a camp described her initial living arrangements after arriving here:

So I came here straight away and I stayed with my mum and my uncle. So it was like a three bedroom house, but it was a lot of us staying in there.

One young girl described how she felt about her family's status and hierarchy compared to when they were in Somalia:

In Somalia my mum side like people used to respect us because my mum's dad used to be mayor of Somalia... (Participant 16)

Participant 22 described how his financial circumstances had changed significantly; he referred to being wealthy in Zimbabwe, and acquiring professional status as a teacher and engineer. He now feels he lives in poverty as he has been stripped of the right to work and earn money due to his asylum status. Furthermore, he is unable to practice his skills and value his qualifications. All of these changes have affected his family immensely, adding to the low confidence and anxiety.

4.7.4 Acculturation

This subtheme reports the findings based on individuals' narrative about their stress and ability to participate in the host society whilst still maintaining their original culture. Codes derived from data reflect individual identity and the process of adjusting to a new culture and its systems and values.

Individual identity

Some CYP demonstrated a keenness to maintain their individual cultural identity, placing importance on maintaining the language and values of their culture as well as adopting the language and values of the British culture. Some specifically referred to religion when talking about culture and felt this identity to be more important.

One child described how you can't forget your culture and your religion, he was reflecting on people he knew that had changed since coming here by losing their original cultural values. He mentioned:

The family and everyone has been changed so dad always advise me that don't forget your culture...and so basically be aware of who you are.
(Participant 10)

One YP (participant 1) described how she perceived herself adjusting to the new culture whilst still maintaining important aspects of her ethnic culture. She reported:

I still speak my language every day, like throughout the day. It didn't really affect me. It's just that I knew I was in a different setting...

Another YP felt valued and welcomed when the school arranged a special assembly. She felt this strengthened her identity and helped her to evade embarrassment for being a refugee. For example, she recalled:

You'd get like Somalians doing like a Somalian dance and you'd get like all different kinds of foods and stuff and 'cause like everyone in school get to know about the place it was easier that way.

Another child, when asked about his culture, he replied:

Yh I fit in quite easily because its...it's...you know culture is just a part of you, so you don't have to adjust that, it's just you. (Participant 19)

One YP (participant 17) spoke positively about his foster carer's attempt at trying to accommodate his cultural needs in relation to food and religion. He described his emotions when talking about this:

And it shows me that my culture is, she kind of like, she wants to know about my culture...So I thought ye, I'm proud of that actually.

Difficulties with adapting to new culture

Few participants reported difficulties in adapting to a new culture, one that is unfamiliar and not used to. This was usually coupled with the presence or lack

of family or community. For example, participant 4 recalled how distant she felt from her culture, its norms and values, as there were no Afghans in her local community. When asked if she would prefer if she had family here she replied:

Yeah...Because, then like, I would be more into my culture...because there's times where I get told off by my parents saying, you're not, you're not concentrating, this that, that's not what Afghans do, this that, and I'm just like, I'm doing what I know...

Cultural differences, individualistic vs. collectivist

Cultural differences in relation to individualistic and collectivist cultures were noticed in the coding on many participants' interviews. This was mostly due to family changes, for example participants talked about having fairly large families. One particular parent alluded to the individualistic nature of British families in comparison to collectivist families in his country:

I think I would say our social system, our social structures in Zimbabwe of that collective, communal ownership... is social fabric that blankets and cushions any fall. You don't get it here. Here you are on your own, because the family system here is nucleus... You don't depend on your neighbour. (Participant 23)

Sense of belonging and affiliation around other ethnic groups

When the CYP were asked about how they were settling in, whether the question was posed in relation to school or otherwise; most responses were based on the presence or absence of people from ethnic backgrounds. One young girl spoke about how helpful this was for her as she was able to have access to Halal food and more importantly how the school were aware of her needs because of other CYP from similar backgrounds. She recalled:

So they gave me a sticker...so for the dinner ladies to know that I eat Halal. (Participant 4)

4.8 Theme four: Experiences at school that impact on the mental health of RCYP

This theme presents data around teaching and learning and is made up of the following two subthemes: positive experiences and negative experiences.

Figure 8: Theme four and its two subthemes



4.8.1 Positive experiences

This subtheme identifies the positive experiences at school as described by the RCYP and highlights the potential of these experiences to serve as protective factors and in building/enhancing resilience.

Helpful teachers

Most CYP reflected having helpful teachers that were helpful during their settling-in period as well as some years later (for those who have been here longer). One YP spoke about his Maths teacher saying:

His personality's amazing it's like the way he deals with children and the way he deals with the students, of the problems. (Participant 11)

Another YP talked about his English teacher:

Cos she explains everything clearly. (Participant 7)

One YP spoke about how easier she felt things were when arriving to the UK, here she made reference to teachers:

Like... it was just easier like, you know school and stuff like that you get a lot of help from the teachers. (Participant 2)

She also felt some teachers were more welcoming and interested than others and this made her feel comfortable. She reported:

Like when they ask you about back home, I was like, 'Oh, yeah, I can brag about home and stuff', so you know...

One child referred to her Science teacher and identified qualities in relation to teaching:

I got Mr ? and he's the best science teacher in this school and he makes stuff less, erm like really understandable and easier. (Participant 16)

Another child talked generically about how the teachers had helped her despite her initial lack of confidence at learning English:

Teachers helped me to speak English, I learnt how to write and I learnt how to talk and I learnt how to read, before I didn't when I come here, I didn't want to, it's hard to learn other language. (Participant 14)

Friends

Many CYP referred to their friends when talking about school. When asked what makes them happy, seven CYP stated their friends. One child reported:

Teachers helped me and like the kids they help you like fit in. They talk to you and they get to know you and everything, so that's... that's nice. (Participant 9)

Another child (participant 19) recalled how alone he felt when he first arrived but eventually felt more accommodated by his peers who became his friends. He described:

I think I used to get along with people and I used to sit in the school and do my own thing and then...erm... my friends, they weren't really my friends but afterwards they became my friends, so they used to call me and say 'come play football with us' and stuf...

One child identified friends in school as well as friends from the family:

I'm friends with my sisters and friends with my cousin's as well. School friends I've got a lot of friends, nearly my whole class I'm friends... but when I want to talk to someone like really something that hurts me, I go to my sister. (Participant 16)

Participant 8 when asked about the three things that had helped her to settle she stated 'friends' as her second choice.

She described how a person can choose their friends based on their individual characteristics while making comparisons to her family which she felt one cannot choose.

School support via EAL, TA or buddying/mentoring

Four CYP identified special assisted support in class when they arrived to the UK. They recognized this as helpful in enabling them to learn. One YP (participant 18) spoke about feeling scared at first, then felt reassured by the extra assistance. He explained:

Um it was really hard for me to understand what they saying so the teacher I had urm... there were some other teachers, they used to take me in lesson, a hard lesson , I couldn't do it so they used to take me somewhere else and learn ABC and words 'high' and 'low'.

Another reported how this support helped him to settle:

They help me like you know cos the teachers, they used to give me extra time and stuff cos my English weren't that good and I used to have personal teacher...so ye that was alright I got settled a bit ye. (Participant 20)

Another (participant 4) spoke about how valuable the support was that she received from someone who she referred to as her helper:

Interviewer: Did you find that really helpful?

Yeah...I think everyone needs that at first.

Another YP (participant 2) reported finding the buddy system useful. She said how she was glad the teachers had arranged this:

So, I think that was good 'cause if they didn't say that I would have stayed there like no-one would want to be my friend.

Helpful resources for EAL (English as an additional language) pupils

Two CYP spoke specifically about special resources for EAL pupils that they found helpful. One YP spoke about a particular CD from the learning support centre at her school;

It was really good...it was like for two three years olds, but it helped and developed everyone's language, so. (Participant 4)

Another YP (participant 9) spoke about specific dictionaries that were provided:

Miss C, she's got a room that like you have translators and dictionaries and everything

Affiliation with peers from similar/other ethnic groups

Some CYP made reference to having peers from other ethnic backgrounds when talking about settling in to school and making friends; alluding to feeling more comfortable and easier to engage with others. One YP (participant 1) spoke about having ethnically diverse friends:

It depends on the school as well, 'cause my school was really mixed. 'Cause if you go to some areas where like it's fully white people or like there's a lot of black people, but the one I went to was in ? and it's like it had a lot of mixed people and stuff...so it was easier like that.

Interviewer: Sure and does that make you feel more comfortable, knowing that there were people who were probably from the same background as yourself?

Yeah, 'cause if I went to a school that was fully like different people I'd just feel left out obviously and I'd be like, 'OK, I don't belong here'.

Another YP (participant 17) explained how having exposure to peers from ethnic backgrounds helps a person to get used to other people. He drew comparisons with two of his primary schools where one was not very diverse. He explained:

Um, the other school it seems like the people they don't get along easy, they kind of separate and stuff with; compared to the one I went to. When I was in year 6 the primary school was like Asian background, black background, white background it was kind of mixed so we get to know...

Interviewer: Was it very different to your other school?

My old my primary school was just full of white people and then I'm one of the black people, I'm not one of them so it was kind of hard.

It was interesting how those who did not suffer from any verbal or physical abuse such as bullying or racism felt they were protected by being in an ethnically mixed environment, sometimes covertly (by the physical presence of others). Participant 1 explained why she felt she did not experience racism:

...because my friends were, like from Bangladesh, Turkey, and- and if there was any kind of bullying they would obviously stick up...

Activities that make pupils feel accommodated

Two CYP spoke about certain activities that took place in their primary school that made them feel welcomed to the new environment. Activities such as special assemblies, creative activities and charity events were cited. For example one YP (participant 1) spoke about an event at her school to celebrate cultures:

It was for charity as well like, basically you make a meal and you have like your flag stuck up somewhere...and then you like explain to people about it and stuff like that and you just...you feel really good about it. You just don't forget where you're from.

4.8.2 Negative experiences

This subtheme reports the findings from the negative experiences that RCYP encountered at school that can potentially serve as risk factors to the mental health and psychological well-being of refugee children.

Bullying

Six CYP reported being bullied at school. Experiences of verbal bullying (emotional and psychological) were reported by five CYP as opposed to physical bullying. CYP talked about how they dealt with the bullying, there were three types of responses reported: ignoring the behaviour, telling the teacher and telling their parents.

One (participant 3) spoke about being bullied in the first few weeks after arriving and how he felt helpless to do anything as he did not know English. He described the bullying as racially motivated and when asked how he dealt with it, he replied:

Oh I kept quiet, did nothing?

Interviewer: ok, and did you ever tell any teacher or anyone else?

No...cause then I didn't know how to speak English at that time.

Interviewer: Sure, how did it stop then?

Think he just got bored of it....and then he stopped.

Another (participant 17) talked about his experience of being bullied at one of his primary schools. He attributed this experience to an 'all white' primary school, whereby all/most of the pupils were from a white background and therefore this made him a target for bullying. He also attributed this negative behaviour to jealousy as he is talented at playing football and therefore suspected his peers were jealous of his talent.

I don't really speak English just uh I used to get bullying and that at school. I used to go to some white primary school so obviously (pause).

When asked how he dealt with the bullying, he explained that he approached his teacher but she did not understand him. He reported:

No because of football and the accent and stuff 'cos I don't speak English. When they bully me I can't say nothing to the teacher, they know I'm not gonna say nothing.

He reported that he eventually reacted by getting into a fight. Then there appeared to be a turning point because the bullying stopped when he fought back physically. He felt this acted as a message to the bully that he was not vulnerable or an easy target. The participant explained that he was surprised at this outcome:

One young girl's narrative demonstrated some trauma as a result of bullying and illustrated feelings of helplessness that her family felt at not being able to help her, due to the language barrier. She (participant 16) described her experience of being bullied in primary school:

I felt bad because I couldn't understand what they were saying. I ended up crying and stuff, sitting in corner. I told my mum, my mum was like 'what are we going to do none of us know how to speak English'.

What was really interesting was when she was asked at the end of the interview if there was anything she would like to add. She replied:

If anyone is having experience in what she's going through then tell the teachers, even if they don't understand what's going on, even by drawing them a picture and stuff.

Interviewer: Oh that's a really good idea! Do you think that would have helped you?

Yes, when I got bullied I couldn't speak English, drawing would have helped.

One YP (participant 20) spoke about truanting and alluded to developing a school phobia because of the racial bullying that he incurred, he stated:

Yh, then I just did not want to be there actually cos of the comments and stuff.

A particular comment by a YP (participant 11) was quite powerful and interesting. He asked if wanted to add anything to the interview, he replied:

They should take more seriously cause it might seem as a joke... But some people take it personally to themselves and they might hurt them emotionally.

The stage at which refugee children start school after arriving

Three CYP spoke about starting school in year 6 which made it increasingly difficult to make friendships and thus settle in. One reason for this was found to be because the CYP were placed in a year group not appropriate to their age. One YP described how confused she was:

I couldn't understand English even I can't write, I can't read and they put me year four. I finish year four and year five and they told me that you need to go to secondary school now. (Participant 14)

Another reason was because the CYP found it difficult to form friendships with peers when they were in year 6 as friendship groups had already been formed.

I started at the wrong time: I was like year six and everyone knew each other and I was just like the new kid that no-one knew... starting in year six was awkward... (Participant 2)

Language and communication barrier

Nearly all CYP (18) reflected on the initial difficulty of being unable to communicate and understand others due the language barrier. This had massive implications for them at school, for example bullying (as reported in the previous section). One child recounted:

...because like you don't know how to speak the language and you feel like you're not going to fit in with anyone, because like the rest of them know English and everything and... And when like a teacher asks you to write something and then you just get stuck, because you don't know what she's talking about. (Participant 9)

Another YP reported:

It was really nervous when I started in year 2 cos like everybody was staring at me cos I didn't know any English. (Participant 12)

One child felt she was being punished for something, she disclosed:

And there was a time, when teachers was telling me to go to next door, where is that your next lesson, and I used to sit behind the door thinking it's my punishment, saying go there... And I'm just like..I don't know what's going on...It was really bad...it was really really bad... I just didn't know what was going on. (Participant 4)

Above factor causing frustration which then lead to fights

Within the interview data, there were two reasons for the CYP to be involved in fighting at school. The first was a response to bullying as reported in the previous section, the other was due the frustration of not being heard and understood by others. The barrier of communication lead to aggression and fighting, for example:

Erm there was some boy like I didn't speak English and he used to tell me to say bad words I didn't know what they... why, I thought they were learning me English... (Participant 18)

When this child used these words during his interaction with other peers, he did not know of their offensive meaning and consequently got into trouble. He then went on to say:

Then next time the boy I told him 'no' then I started slapping him, coz he made me in trouble and I never done anything. That's how I used to get into fights and stuff.

Racism from peers

Some CYP spoke about being racially abused by peers in school. This was coded separately from bullying (racial) as the incidents described by the CYP were described as one-off examples of racism and not re-occurring or frequent (as is the case with bullying). Some acts of racial abuse were taken as a joke by as participant 4 explained:

They do say- they do make jokes about- ah, the Taliban's arrived or something like that...ah she's gonna blow a bomb or something! I don't care; I would take it as a joke...

On the contrary, one YP (participant 20) revealed his aggressive response to the racial abuse he experienced in his first primary school which was outside London:

Basically what happened once there was a guy...been having comments and people throwing stuff at me. And then soon as I got up he goes 'oh where you going are you going to bomb the place now'? And then I turned round and just I don't know what happened in my mind just punched him.

He then went on to make comparisons with the second primary school he went to in London before settling in at the current secondary school where he was interviewed:

Hounslow is packed with Asians people you know stuff, so there was no racial comment there and I settled in quite well in there.

Another young boy talked about his response to the racial comments from his peers:

Well they were just making racial comments it's not really racist it's about background, its abusive and stuff so they were making comments about my background the country I was and stuff... I just be the greater person and walk away first but I got fed up and I ended using violence and just once I think ye just once. (Participant 11)

Getting into trouble

This subsection reports on findings of CYP talking about getting into trouble. The incidents that were in the narratives were not explicitly linked to the frustration caused from the language and communication barrier or racism.

One YP (participant 6) in year 5 talked about getting into trouble in years 4 and 5. She talked about missing her playtime during the week of the interview because she threw a rubber at someone. When asked why, she said:

Er - just because the boy was really nasty (?) he was throwing to me, and I throw it back and it - it hit someone eyes.

Another YP (participant 18) in year 7, talked about becoming naughty in year 6. When asked why, he responded:

I don't know first of all, in my class, they used to... my friend and some other friend; they used to say something that made the class laugh so I thought I could be funny as well.

He then disclosed the number of 'red slips' he had received which served as punishment:

...We used to get a red slip, then have to go to a room at play time and lunch time and do work there. So I understand bit more in that... yh in year 4 I got like one a month...

Social isolation

Three CYP alluded to feeling socially isolated. One YP (participant 19) spoke about not having any friends for a while and implied that he wasn't liked by his peers:

I think the first day..... it was a bit upsetting because... erm...lack of communication and stuff... but... yh it...got... it got better as we moved... I picked up a few hobbies, and the people started liking me.

Further on he added:

I used to just be alone really, for most of the time; it was really at the end of the year, that I got involved with people.

When asked to elaborate he mentioned:

Because... I wasn't like them...

Another YP (participant 18) spoke about feeling alone and the strategy he used to cope with this feeling:

I used to copy a lot, like I didn't know what to do so what the other people were doing. I used to do what they were doing.

Perceptions of racial and ethnic difference/divide

This related to the subsection titled 'affiliation with peers from similar/other ethnic groups' within the positive experiences subtheme. This is because this factor can act as protective and strengthen resilience; however the data within the codes revealed how this can also be a risk factor when CYP perceive themselves to be different due to their racial or ethnic background. Examples have been used throughout this chapter and have included:

I used to go to some white primary school so obviously (pause).
(Participant 17)

I went to a school that was fully like different people I'd just feel left out obviously and I'd be like, 'OK, I don't belong here'. (Participant 1)

Social exclusion based on ethnicity and refugee status (in-group, out-group)

Three CYP spoke about feeling excluded because of their ethnicity or refugee status during the first year of school. One YP reported that he felt he could not belong to a group when asked about making friends:

There's some group there and only European people and originally English people so there's European people group who obviously won't let me in. (Participant 20)

He was later asked to rate his current level of happiness on a scale of 1-10 and he selected 8.5. This was compared to the position 5 that he selected when considering how happy he was at his first primary school. When asked what had happened that had contributed to the increased difference in the level of happiness, he replied:

The biggest different is just being normal, like being let in to the community as well and being let into group of friends as well; group of people and like being a part of them now. Not like...now I don't feel like an outsider now whereas I did.

Participant 2 referred to girls forming groups and how this sometimes caused hostility:

Everyone had their own little group...Like as well I think in college as well there was the Asian group, the black group.

Another YP (participant 1) spoke about her experiences of feeling excluded when she arrived from Uganda and started college. She expressed that one of her main challenges was to feel a part of the group and fit in:

I kind of had to like make so much effort to fit in...

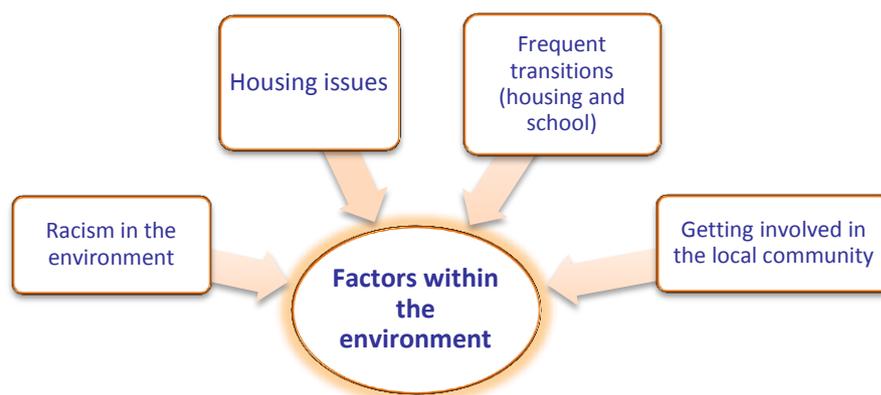
Interviewer: So what kind of effort did you make?

I don't know trying sort of putting yourself out there and so, you know. I'm not like scary or anything, you know. I can socialise with people and...socialise with you guys...

4.9 Theme five: Factors within the environment

This theme presents data on the participants' narratives of their environment and highlights how certain factors in the environment can affect the mental health of refugee children. The theme is made up of the following four subthemes.

Figure 9: Theme five and its four subthemes



4.9.1 Racism in the environment

Two CYP spoke about being victims of racism. One YP briefly mentioned that her older brother was murdered shortly after arriving here from Afghanistan.

Another YP spoke about experiencing abuse when his family initially settled in London:

Few um people who don't know you are and obviously they make comments and stuff.

Interviewer: Um... what kind of comments did they make?

Racial comments and umm my religion. (Participant 20)

4.9.2 Housing issues

Some CYP spoke about living in cramped and small accommodation. One YP (participant 2) remembered her first accommodation when she arrived from Kenya:

It was my uncle, my aunty and their kid and then there was me, my mum, my sister and my brother. So like there was a lot of us and it was a really small house.

Another spoke about how she felt when she first arrived:

And, first, like...we weren't...we didn't have...nice house or anything...So, we had to move in, like all fresh, and... (Participant 2)

4.9.3 Frequent transitions (housing and school)

All CYP and parents spoke about the frequent transitions they had experienced such as housing and school.

One YP (participant 4) spoke about the transitions:

...it was like a new place again, once again, so...I had to get used to that...there was, like, lots of changes. Back-to-back, an-

Interviewer: What kind of changes?

Like, there was...house changing, and then, area, schools...

4.9.4 Getting involved in the local community

Some participants talked about being involved in and seeking support from the community. All three parents talked highly of the support they were receiving from the local charity organisation and families in the area. One parent talked about coming to the organisation to get food and clothing for her children. On the day of the interview she came to see someone about her electricity bill which was too high and she did not understand the letter:

Yes I come about electric...Yes sometimes one month sometimes too much money, is very confused, if you speak English you can talk yourself. (Participant 24)

Few CYP spoke about going to the local mosque either for special prayers or daily to learn the Quran. Two spoke specifically about sports, namely football. One of them ([participant 17) cited that he made many friends as the local schools arranged football matches and he elaborated on how getting to know people in the local community can be beneficial. He commented:

Actually the football just makes a lot of friend.

Interviewer: So how did that feel getting to know people not just from your own primary school but from other primary schools in the local area as well?

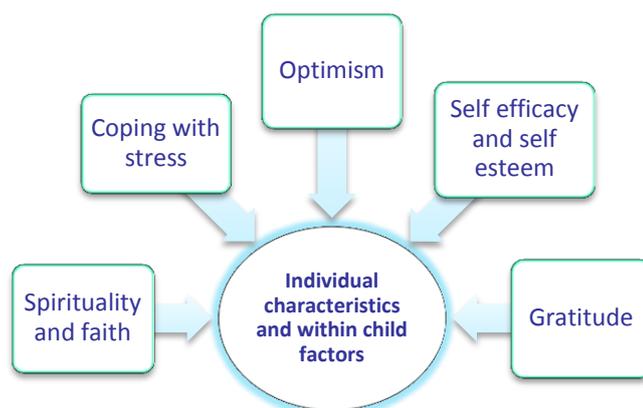
Actually, the most important thing is that was (pause) let's say this if you have trouble in the road and something and then they [local acquaintances] might come to see me, they might see me and say 'I know this guy' and stop and like, it's like they might support you and stuff or something. I don't know I think it's good.

Another child (Participant 7) spoke about playing football and enjoyed going swimming with friends from the neighbourhood and from school.

4.10 Theme six: Individual/personal characteristics

This theme is based on coded data that revealed participants possessed certain individual characteristics that helped to develop and enhance their resilience.

Figure 10: Theme six and its five subthemes



4.10.1 Spirituality and faith

Few participants expressed commitment to their faith and talked about how this helped them to construe and overcome what they had experienced. They related these to confidence and hope for the future.

The Somali parent praised Allah, for relieving her from the hardship she experienced in relation to being uprooted and fighting for survival:

Alhumdullilah [praise to Allah] everything little by little I got some help me manage everything. Everything turned out, we had to struggle to reach where you want to reach.

She also talked about teaching her children to have faith in Allah when faced with stress. One YP (participant 1); when asked to name the three most important things that have helped, she identified her faith as the first one. She expressed:

I think first thing would be my faith...Yeah, I believe in Allah and...I always pray to Allah to make things better...for me and my family, so...Yes, that has to be, you know, number one priority.

Another YP (participant 14) also expressed interest in faith and spirituality:

It is important because um like when you something problem and you can pray to god, read Quran and god will sort those things out.

4.10.2 Coping strategies and stress

This sub theme highlights the different ways participants coped with stress, highlighting resilience as a temperament. Some expressed outward aggression or acting out and others used more covert forms of dealing with stress.

Acting out/temperamental

Three CYP talked about using externalising behaviour, acting out or being aggressive to others, as a way of dealing with stressful circumstances such as language and communication. This linked with Theme four's 'negative experiences'. For example, when one child was asked what she has found difficult, she replied:

... being nice to people...That's because when they be rude to me, I get really, I just say, control yourself.

Resilience

All participants depicted traits of resilience. When asked what had helped her to settle, participant 8 replied 'herself'. When asked to elaborate what she meant she mentioned:

You see when I get angry I get this little song in my head it just makes me go: 'what the hell!' That's why I'm never sad. When I'm sad I turn happy in like about 5 seconds 'cause like it doesn't work.....And then I just get back on my feet and try to improve things.

A parent (participant 23) talked about resilience and expressed that it is related to upbringing:

I think it goes back to the very nature of our upbringing. We face a lot of difficulties: socio-economic, political...and the will to survive becomes second nature.

Withdrawn vs. extrovert

One YP (participant 1) hinted at being extrovert in different parts of the interview. The first was when she spoke about preparing for her arrival to the UK by talking to the local tourists to gather information about the UK:

I've actually met like... 'cause obviously in Kenya there's a lot of tourists and stuff...like that and I've met a lot of them like. I used to just be friendly and talk to everyone...

She also mentioned how she felt her personality helped her to not be a target of bullying:

It's 'cause like I'm talkative as well. I'm not like the quiet kind of girl...that I'll sit in a corner...but I think it's just about who you are.

Another YP talked about engaging in hobbies such as art and writing poetry:

I would be good at it and then... I would basically pull out my little book that I had my poems in and I would jot something down. (Participant 19)

He also mentioned that he did not want to do what other people were doing and kept himself to himself:

I just used to be with myself...and ... I didn't feel comfortable with people.

Interviewer: Why is that?

Because... I wasn't like them...and so...I used to be alone

Participant 20, when asked to describe himself, he replied:

I'm friendly, I'm not like unfriendly or anything, I get on with people quite well, people I don't know like people when they come and are new err.

4.10.3 Optimism

Both CYP and parents spoke about being positive and hopeful.

Will power and hope

One parent spoke about how the family will continue to have hope despite difficult circumstances of financial instability, awaiting refugee status and family breakdown. He expressed this feeling of hope when he spoke about what had been most important for his family during these difficult times:

The resilience of our own mindset – the will to survive, the endurance to see it through until...

Participant 8 discussed how she managed life's challenges:

If I do something wrong or someone tells me, 'You did something wrong,' I improve it. I don't go, 'I am going to fail at this, I'm not going to do it anymore, because I already failed.' I try and do it even better...

Another young girl (participant 4) offered interesting guidance when asked what advice she would give to someone coming from another country:

I would say try as much as you can, to work hard... And be confident, because the more you're confident, the more you're like...

Positive attitude

Some participants alluded to thinking positively. Participant 1 described what she thought to be the third most important aspect of her life:

And I think being positive as well would be the third one... if something fails you can't just say, 'Oh, I'm giving up on... you know, I'm going to give up.'

Participant 10, when asked how he would describe himself, he replied:

And I think about future and not be selfish think about other people as well and their future and try and help them.

Participant 11, when asked what advice he would offer to someone in his position. He replied:

First I would tell them to learn English obviously and second thing is that to be friendly with every one that's... main reason if your friendly with everyone if you make friends with every one you won't have no trouble.

Future career aspirations

Most YP expressed future career aspirations demonstrating determination, positivity and thought. Some examples included:

I wana become a teacher, I like working with little kids, and helping other people that's getting bullied. (Participant 16)

I want to teach children who don't know how to speak English cause...I feel how they feel. (Participant 14)

Well, I would obviously wanna grow and carry on with my education. I wanna go to university. (Participant 4)

Studying for being a dentist. (Participant 7)

The wishes that I have is to get a good future and basically worry about your life, what you do in the future and have a basically timeline a plan ye so you need to know about your future and step by step what you going to do next ye. (Participant 10)

4.10.4 Self-esteem and self-efficacy

Positive self-esteem and self-efficacy shone through during the interview of some participants. For example, participant 2 talked of being independent:

... I told the teachers as well like, 'I don't wanna... you know, I want to do my own thing.

She then later talked about how her experiences of doing assemblies and talking in front of crowds had helped increase her confidence:

I was so scared at first I was like, 'If I make a mistake, that's it! Everyone's going to laugh at me and stuff!' I'm more confident now. I can talk to people and stuff like that...Before I was sooo...I couldn't talk to anyone. I was so shy.

Another YP (participant 10) acknowledged his achievements:

...at primary school I didn't know how to basically spell a word, and I was trying my hardest but now every spelling that I do here in secondary school I just get ten out of nine.

4.10.5 Gratitude

Many participants showed gratitude for the positive changes in their lives. This was especially true when participants were aware of a negative situation back home.

One parent (participant 22) showed gratitude to god for her circumstances and also mentioned:

It's a big help in somebody's life to given a house and have education to your children and medical help, because I had diabetes.

When interviewing her daughter, (participant 2) she expressed how she felt when she later went back to visit Kenya:

It was weird. Like everything was totally different. I just went there and I was like 'Pheeeew, was this how I was living before?!' and when I went there, I just saw everything was so different, like everything was hard for people.

4.11 Summary of qualitative data analysis

The aim of the analytic narrative was to present the findings in a way that captured child and parent data. The themes and subthemes presented illustrate rich data regarding the mental health and psychological well-being of refugee children. These will be explored in light of the relevant literature in the next chapter, along with the quantitative findings.

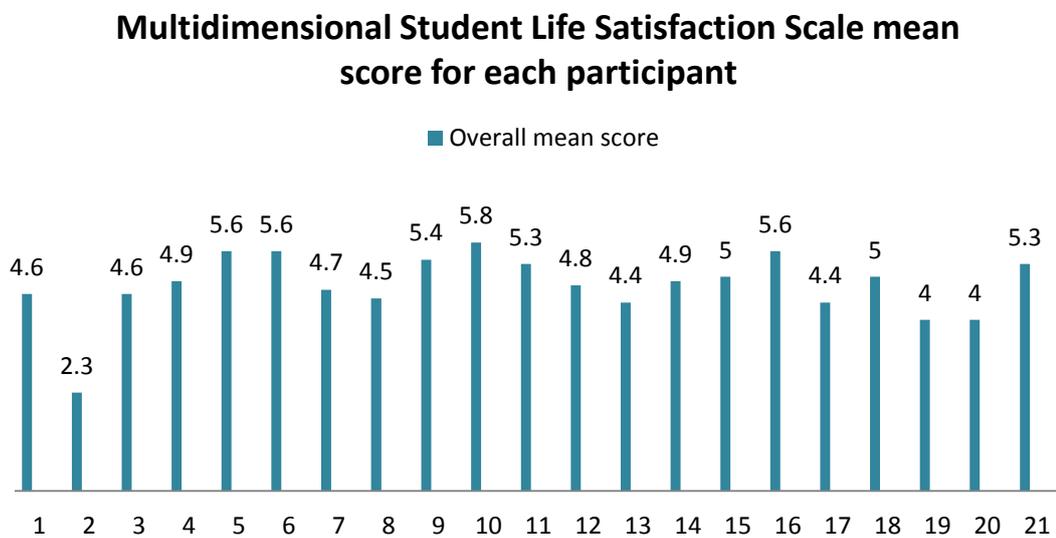
4.12 Quantitative data analysis

The data from both questionnaires (MSLSS and school staff questionnaire) were analysed using descriptive statistics.

4.12.1 Findings from the MSLSS

All CYP (21) completed the MSLSS (2001 version) and the overall mean score for each participant is presented below. Each participant's overall mean score was calculated from the scores gained from the 40 items in the questionnaire. High scores (mean scores above 4) on the MSLSS denote high levels of global life satisfaction.

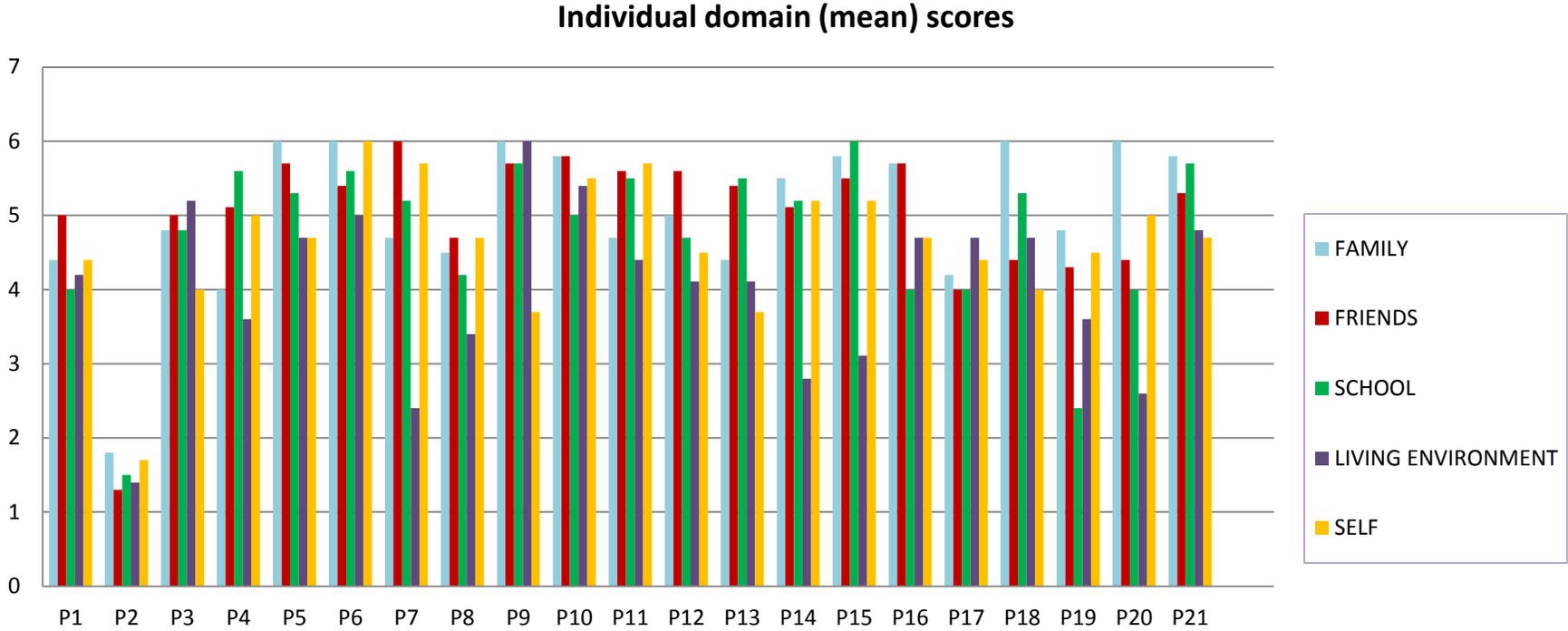
Figure 11: Participants' overall mean score indicating life satisfaction



The above chart illustrates 9 participants (42%) have a mean score of 5 and above which indicates the *highest* life satisfaction. 11 participants (52%) have a mean score of 4-49 which also indicates *high* satisfaction with life. There was only 1 participant with a low score, therefore indicating a low level of satisfaction with life. Overall, 95% of RCYP have high life satisfaction.

In order to measure satisfaction in each domain area of the questionnaire, mean scores for each domain were calculated. The following figure presents the means scores for each of the five domains: family, school, friends, living environment and self. A detailed version of the overall mean scores and for each domain can be found in appendix 10.

Figure 12: Participants' mean score of life satisfaction in each domain



The above chart illustrates that 13 participants (61%) scored a mean average of 5 and above in the *friends* domain. 12 participants (57%) scored a mean average of 5 and above in the *school* domain and 11 participants (52%) scored a mean average of 5 and above in the *family* domain. Thus, indicating that more RCYP are satisfied with their friendships than any other area of life measured.

However, the findings show 3 out of the 13 participants had their highest score on the friends domain than any other domain. 3 out of the 12 participants had their highest score on the school domain than any other domain. 5 out of the 11 participants had their highest score on the family domain than any other domain. This suggests that although the friends domain appeared more frequently in the higher range, the family domain in fact had the highest scores.

3 participants were highly satisfied with their living environment scoring a mean average of 5 and above. 8 participants were highly satisfied with their self, scoring a mean average of 5 and above.

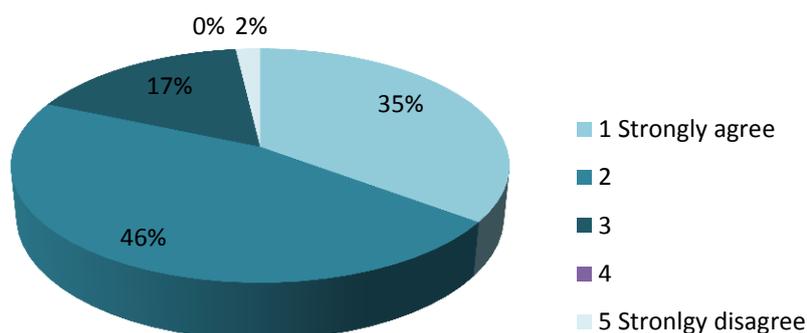
4.12.2 School staff questionnaire findings

63 members of staff completed the school staff questionnaire in primary, secondary and FE colleges across three London boroughs. The staff composition ranged from teachers, attendance and welfare officers, literacy support workers, home-school worker, inclusion managers, assistant principals, special needs coordinator and teaching assistants. The findings from questions 1 is presented in percentages and illustrated using a pie chart.

Question 1 asked participants to indicate how strongly they agreed with the statement with 1 – strongly agree and 5 – strongly disagree:

“A vital aspect of care for refugee children is in primary prevention; schools are uniquely placed to undertake such work” (Fazel and Stein, 2002)

Figure 13: Participants' response to question 1



The above pie chart illustrates that the majority of participants agreed that schools are uniquely placed to undertake primary prevention care with refugee children. Option 4 on the scale was not selected by any participants.

Questions 2, 3 and 4 were open ended and participants' responses to these questions were tallied to determine the most frequent/common answers. Question 2 required participants to list or describe the protective factors that enhance refugee children's mental health. Question 3 required participants to list or describe the risk factors that can negatively impact on refugee children's mental health. The findings from both questions are presented in the table below with the number of responses in brackets.

Table 6: Protective and risk factors identified by school staff (frequency in brackets)

Protective factors	Risk factors
Feeling safe and secure (24)	Feelings of loneliness and isolation (14)
A trusting adult to confide in (20)	Abuse i.e. bullying (14)
Tutor /teacher support (18)	Loss of family or network (12)
Understanding their needs (12)	Poor accommodation (10)
Peer support/mentoring (12)	Threat to safety (10)

Friends (10)	Pre-migration issues i.e. travelling (8)
Home-school partnerships (10)	Cultural alienation/barrier (8)
Stability i.e. permanent accommodation and schools (10)	Delays in obtaining a school place (6)
Nurturing environment (8)	Lack of friends (6)
Parents/carers(6)	School not meeting their needs (6)
School (6)	No emotional support (6)
Counselling/therapy (6)	Lack of acceptance and belonging with peers (6)
Good communication skills (4)	Poor induction (4)
Predictable routine (4)	Unaccompanied (4)
Adult in school who speaks the mother tongue (4)	Family disharmony/discord (4)
Self-confidence/esteem (4)	Lack of supportive home environment (4)
Agencies/services working together (4)	Poor health (4)
Access to external support services (4)	No ethnic community (4)
Sense of belonging (4)	Limited access to entitlements (4)
Coping strategies (2)	Separation (2)
Community i.e. religious (2)	Pressure, responsibility and acting as carers (2)
Early intervention (1)	Introverted (2)
	Poverty (2)
	PTSD (2)
	Disruptive schooling (2)

	Stress caused by immigration issues (2) Conflict with peers (1) Hostility from the host nation (1)
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Question 4 required participants to state the factors that impact on the learning needs of refugee children. The findings are presented in the table below with the number of responses in brackets.

Table 7: Factors impacting on the learning needs

Factors impacting on the learning needs
Language difficulties (18)
Support and encouragement at school and home (14)
Feelings of safety and security (10)
Previous education experiences (8)
Access to English/in-class support (8)
Housing and living conditions (6)
Learning environment: being able to foster the emotional and educational needs (6)
Emotional needs (6)
Stress and trauma from the past (4)
Behaviour (4)
Environment and atmosphere (4)

Concentration (4)

Induction (4)

Specially trained staff (4)

Cultural differences (4)

Learning perceived as unimportant (2)

Shortage of resources at school (2)

Adapting to the system and structures (2)

Assessment of language needs (2)

Identified as SEN (1)

Family (1)

4.13 Overview of findings

The main findings, following data analysis, included the following:

1. CYP hold positive perceptions of school which they contrast with negative perceptions. Overall, school plays a significant role in the lives of RCYP.
2. CYP hold their families in high esteem and were most happy when talking about their family. Family was seen as a foundation for building resilience as well as contributing to the risk factors that can affect RCYP's mental health.
3. Responses from both RCYP and parents have triangulated to identify similar risk factors as well as resilience building factors which are prominent in the third theme: management of change.

4. The key differences that CYP identified, that could be protective as well as a risk for them featured in the following main themes:
 - a. Factors within the family
 - b. Experiences at school, particularly bullying and social isolation
 - c. Individual/personal characteristics

5. School staff identified protective and risk factors which also clustered under the themes identified by CYP and parents: factors within the family and experiences at school.

6. Staff, parent and child responses triangulated to provide a rich picture of the potential protective factors operating within the school and family environment. Responses from CYP, parents and staff featured many of the same theme and subthemes which suggested staff have a good awareness of the factors that help refugee CYP.

7. The combination of factors identified within the school environment and the characteristics CYP bring with them to school may operate in protective ways, thus fostering positive social and academic outcomes.

4.14 Chapter summary

The psychological construct of resilience was of relevance to the CYP in the present study, with several themes reflecting factors that have been shown to impact on resilience in a positive or adverse way. CYP's comments showed that they were not protected from all negative experiences, but were able to succeed in the face of such adversity due to a number of factors that provided a defence against it. The narrative analysis provided rich and precious data to the stories of a hard to reach group. The analysis illustrated the complex and interesting lives of RCYP, highlighting areas of difficulty, resilience and strength.

Chapter Five: Discussion

Chapter Five: Discussion

5.1 Overview of chapter

This chapter considers the research findings in relation to the aims and objectives. It examines links between the themes presented in Chapter Four and existing research literature, limitations of the research and areas for future research. Associated theoretical frameworks and previous research are also referred to. Discussion around the research design is provided together with a critique of the methodological approach. Finally, the role of the researcher and reflexivity are considered.

5.2 Aims and research questions revisited

A broad aim of the research was to learn about the perceptions of refugee children and families regarding their understanding and experiences of the factors that contributed to their overall mental health and psychological well-being. More specifically to explore resilience, risk and protective factors that have contributed to the mental health and psychological well-being of refugee children and families. This research intended to contribute to the sparse body of knowledge of what works for this group, rather than viewing mental health from a deficit and psychopathological perspective. The research questions included:

- 1) What factors in the new social milieu do children and parents identify that promote their resilience?
- 2) What factors do children and parents identify as risks to their mental health and psychological well-being?
- 3) What protective factors do children and parents identify that have enhanced their or their children's psychological well-being?
- 4) What are the perceptions of school staff of the factors that promote or hinder the mental health of refugee children?

5.3 Summary of main findings

The key differences that children identified, that could be protective as well as a risk for them featured in the following main themes:

- a. Factors within the family
- b. Experiences at school

c. Individual/personal characteristics

A sense of belonging in relation to ethnic community and culture was a prominent feature in the RCYP's ability to manage change successfully. The findings from the school staff questionnaire support the first two themes; however the staff highlighted environmental factors and did not explicitly recognise the significance of individual characteristics that can promote or hinder refugee children's mental health. Interestingly, school staff identified relevant positive and negative factors impacting on refugee children's mental health that are specific to learning. These are supported by the literature on factors that impact on the learning needs of refugee children, and will be discussed in this chapter. The CYP were not protected from all negative experiences, but were able to succeed in the face of such adversity due to a number of factors that provided a defence against it.

5.4 Resilience and protective factors: addressing research questions 1 and 3

The two research questions are combined for the purposes of this discussion to illustrate the way resilience is supported through and enhanced by protective factors. All children and parents in the research showed different levels of resilience identified through the protective factors. This is supported by existing research on the frameworks for understanding resilience which posits three universal factors (Condly, 2006). The first deals with within-child factors such as temperament, the second concerns the family and the third is external support such as school and community (Werner, 1990; Garmezy, 1991; and Fonaghy 1994). Similarly, in his reviews of stress-resistant children, Garmezy (1993) identified three broad sets of variables found to operate as protective factors including: (1) personal characteristics of the child; (2) family characteristics such as cohesion and structure; and (3) the availability of external support systems, such as peers and schools. This further illustrates how resilience and protective factors are often grouped together.

Resilience is when children demonstrate positive outcomes despite experiencing significant risks. Resilience is not innate nor definite: it is not necessarily an attribute or personality trait that some children possess and others do not, but rather a developmental process; and children who meet the

criteria for resilience may not necessarily be doing well continually, in every possible circumstance, and in totality (Gutman et al. 2010). Resilience to certain events has been likened to elasticity in metals and Lazarus (1993) provides useful metaphors to understand this. For example, cast iron is hard, brittle, and breaks easily (not resilient), whereas wrought iron is soft, malleable, and bends without breaking (resilient). This metaphor can be carried over to psychological resilience, which entails a similar resistance to the psychological strain associated with negative experiences. Research has demonstrated the role of resilience in refugee children, however resilience should not be considered a single dichotomous variable, resilience is conceived as an end product of buffering processes that do not eliminate risks and stress but that allow the individual to deal with them effectively (Rutter, 1987). The children in the current research have shown their resilience in many ways, through within-child factors (Condy, 2006) as well as family and external support.

A number of potential protective factors were identified through interviews with children and parents. Protective factors featured in the areas concerning family (theme 2), school (theme 5) and individual characteristics (theme 6). For children who succeed despite less than optimal conditions, the presence of protective factors may compensate for the risks that exist in their lives and environment. Protective factors are attributes of people, environments, situations and events that relate to positive adaptation for children under conditions of adversity (Gutman, 2010). Analysis from the MSLSS illustrated that the RCYP were most satisfied in three main domains: family, friends and school. Thus, highlighting the importance of these areas in the process of building resilience and in being protective to children's mental health and psychological well-being.

5.4.1 Personal relationships

Key protective factors featuring within this theme linked to fostering relationships between RCYP and their family and RCYP and their peers/friends within the school system. Children's relations with their friends and family were the two areas where children reported highest levels of satisfaction on the MSLSS. It is clear from the interviews and questionnaires that family and

friends are highly valued and may contribute profoundly towards the mental health of refugee children.

Bronfenbrenner's ecological model allows for a holistic view of relationships. For example, the microsystem encompasses the interactions between the individual child and the immediate setting, such as the school or home environment where primary relationships are established (Betancourt & Khan, 2008). The primary relationships are normally with the parent(s) as clearly identified by many participants in the research.

The most significant relationships for any individual are attachment relationships. Bowlby (1973) defined an attachment relationship as an enduring relationship, the most important of which is seen to be the primary caregiving relationship of a mother to a child. In this relationship a child will seek proximity to the mother for comfort, and the loss or the threat of loss of this mother figure will evoke intense distress. The relationship provides a secure base from which an infant can explore the world around them, and in this way, secure attachment relationships are seen as the critical foundation for learning and development (Geddes & Hanco, 2006). All children in the research mentioned either their father, mother or both when talking about how they had been helped since arriving to the UK, demonstrating the powerful role of an attachment figure in the disrupted lives that they have had. The children made references to family members when talking about how they coped in school and at home.

Previous research has indicated the importance of attachment relationships in learning behaviour (Balbernie, 2001; Geddes & Hanco, 2006 and Greig et al. 2008). Such relationships have been related to executive function, and have also been shown to impact on an individual's working model of themselves and others, affecting self-esteem and motivation in learning environments (Brock, 2002). Howe (2005) commented that attachment relationships are linked to young people's ability to express and regulate their emotions, and this has an impact on mental health. CYP in the present research highlighted the importance of key relationships in their lives, and ways in which these had helped well-being and ability to settle. They commented on the way the significant adults in their life had helped them to live a better life here in the UK and for one participant this was in the absence of his birth parents. He said he

had benefited from the nurturing emotional relationships with his foster family indicating such relationships were of significance to CYP's emotional well-being.

Relationships with peers and siblings were also seen as important. Several children commented that moving into a school with friends from the local neighbourhood or community, or moving to a secondary school with friends from primary school, helped them to adjust and settle quickly. After an initial period of isolation, all children in the research reported making friends. Initially, children often reported having no-one with whom to talk or play with. Many children then maintained friendships with a few close peers over an extended period of time and felt emotionally supported by them. It appeared that these friendships represented a constant thread in the otherwise disrupted narrative of the young people's lives. It was unsurprising that many children named 'friends' when asked about what made them happy.

As children mature, external support systems play an increasingly significant role and friendships are particularly important for children experiencing adverse life circumstances. Reciprocal, positive friendships may provide additional self-esteem and emotional support for children whose families offer less positive engagement and interaction. For example, studies suggest that a supportive relationship, even with a single friend, may act as a protective factor from the negative effects of both peer rejection and other adverse circumstances (Bolger and Patterson, 2003).

In some cases, the participants referred to being less lonely when around friends and also using friendship respite from the difficulties at home. Researchers have shown that with age, children become increasingly reliant on friends for support (Furman & Buhrmester, 1992). Because the provisions offered by friendship become increasingly important during late childhood and early adolescence, it seems likely that the quality of friendship must impact on children's psychosocial adjustment. Children who perceive higher levels of warmth in their friendships show lower levels of behavioural conduct problems and depression as well as higher levels of self-worth (Rubin et al. 2004). The long-term influence of friendship quality in early adolescence has been demonstrated in a 12-year longitudinal study by Bagwell, Newcomb, and Bukowski (1998). They found that adolescents without friends, had lower self-

esteem and more psychopathological symptoms in adulthood compared to those with friends.

5.4.2 Drawing strength from social support

Support from friends and family members was identified by nearly all participants as essential in their settlement and the implications of access to social support impacted on the ability to cope and enjoy their daily lives. Candappa & Egharevba (2000) looked at the social lives of 36 refugee children in London from the following backgrounds: Bosnian, Somali, Sri Lankan Tamil, and Turkish Kurd. They found that the refugee children they spoke to did not have as many friends or pursue as many leisure activities as non-refugee children. When they asked what children and young people did outside school they found that refugee children had significantly more caring and household responsibilities and that they tended to watch TV rather than go to pursue activities, or see friends.

This research supports this as well as highlighting a different perspective. In relation to friendships; children spoke about friends and family members here as well as abroad, some highlighted the significance of social support during pre-migration experiences. Friends were seen as the most important aspect of some children's lives and contributed to what made them happy in the interviews as well from the MSLSS. The social support gained from friendships prevented social isolation, loneliness and gave children a sense of belonging especially in school. On the contrary, some CYP mentioned they didn't have any close friends that they spent time with outside school. Furthermore, engaging in leisure activities was only found amongst the male participants. According to Fazel et al. (2012), subjective childhood experiences, including the strength of peer relationships, are integral to healthy psychological development; however, longitudinal data in the refugee context are lacking, and effect sizes are often left unspecified or vague.

Upon their arrival in the UK, participants reported having lost a large degree of their social network. As such, they relied on a broader range of individuals for social support. Specifically, Somali individuals no longer relied on only family and friends but utilised support from others in the Somali community. Some

Somali children made reference to peers from similar ethnic groups who helped them at school. However, the parents in the research were more likely to utilise the support from the community than children as the children often relied on support from school. Schweitzer et al's (2007) research with Sudanese refugees in Australia found that participants had formed friendships with Australians to help them cope. These friendships were helpful in three ways. First, they provided informational support, which assisted adaptation to the culture. Second, they provided emotional support so that individuals could discuss their difficulties. Third, they provided a source of distraction from on-going problems.

Alvord and Grados (2005) noted that positive connections with peers and good support networks could serve as protective factors. The children in the research actively accessed peers who were both refugees and British. They spoke of friends who helped them with schoolwork, taught them how to play games and sports and helped them with English. They formed genuine bonds with their friends and enjoyed playing with them during unstructured times at and after school.

Studies have revealed the general importance of friends and the difficulties experienced by children and young people if they do not have friends (Zeenat, 2007). Stanley (2001) spoke to young refugees about support networks. She found that many young refugees, even if they were with their families said that they found enormous benefits from spending time with refugee peers, and indicated the importance of informal friendship networks. Fazel et al's (2012) systematic search of risk and protective factors identified high perceived peer support to be associated with improved psychological functioning.

Social support in the form of external agencies/organisations and communities also had a significant impact on the lives of refugees who suffered poverty and social isolation. The participants recruited from the local refugee organisation talked about the support they had received with domestic issues as well a place for them to seek advice. McDonald and O'Hara (1998) promote the concept of social support in their model of mental health, and suggest that social support can be an element in promoting or demoting mental health in individuals. Some children in the research were enthusiastically involved in the community through

sports and recreation activities. This allowed them to feel a sense of purpose and belonging to a group as well as support them through acculturation and in the development of their ethnic identity, when they met with other ethnic people through local football games. Much literature about young refugees suggests that there are benefits to them maintaining links with their own communities in terms of maintaining a sense of identity, building self-esteem and confidence and combating feelings of isolation (Kidane, 2001; Richman 1998 & Stanley 2001).

5.4.3 School

Evidence from many studies is consistent in identifying the very positive role schools have in the lives of asylum-seeker and refugee pupils (Alvord and Grados, 2005). They are also regarded as the most stable social institution, in what are often insecure and unstable lives (Spencer, 2006). Schools were seen by these children and their families largely as providing safe and supportive environments. Going to school can help restore normal daily routines and provide a sense of security, achievement and hope. Schools can help refugee children make sense of their past experiences and provide a bridge to building a new life. The children identified the advantages of going to school such as making friends, creating strong bonds of friendship, learning to fulfil aspirations of becoming something and contributing to a better future. The children referred to their friends when speaking about the support they received with their work. This was often the first thing children mentioned when asked to reflect on how things were when they first arrived. Analysis of the MSLSS data shows children had high levels of satisfaction at school, a reminder of how schools as a system and context, can be central to the mental health of RCYP.

Hek's (2005) review considered the experiences and needs of RCYP in the UK in two schools, found similar results to the current research. They found that the student's identified positive attitude of teachers, friends, and peer support an important in their adjustment to the new country.

Masten and Coatsworth (1998) described children who are able to regulate their behaviour and demonstrate pro-social behaviour as resilient. Children sometimes named specific teachers who were helpful to them and these were

mainstream as well as special/EAL support teachers. These assertions were in accordance with Werner's (2000) findings that teachers are often positive role models and protective buffers for children. Resilient children are able to combine their sense of autonomy with the ability to ask for help when needed (Werner, 1995). When their parents are not able to help, children who are resilient appear able to find others to provide the help they need to develop into competent individuals (Werner, 2000).

The children in this research developed bonds with their teachers and described them as kind, respectful, nice and even 'perfect'. They recognized that teachers taught them concepts they needed to understand to be successful. Teachers often paired them with other children in class for support and they saw this strategy as one that was useful in the educational process. Other benefits included being confident to do the work with the support available and understanding their language needs. When children spoke about bullying and other negative experiences at school, teachers were often identified as the main source of support. The attitude adopted by teachers in class was equally important for the young refugee children (Anderson, 2001). They revealed sensitive antennae regarding the teachers' behaviour towards them. It was important that teachers were welcoming but without drawing too much attention to their difference to other pupils.

Home-school partnerships were raised when children spoke about the way the school handled difficulties such as bullying. Sherriff (1995) surveyed parents and a refugee community organisation involved with refugee children. One major issue that influenced the quality of children's education was the need for effective communication between parents and schools. Jones's (1998) case study of a primary school in Greenwich, England, found that a lack of adequate communication between schools and parents was a significant barrier to the children's progress and education. One benefit of clear communication between parents and schools is that it can overcome potential mismatches between prior conceptions, values, and goals of schools and parents. When a refugee enters a new school system they are not only entering a new educational setting they are also entering a new cultural environment which may be aligned with different values and goals.

All children perceived developing competence in English as crucial. English was the key to their progress academically, forming friendships, self-confidence, and handling bullies. Moreover, language and communication concerns were identified by every participant and the role of schools was paramount in helping children learn the language. Although anxieties about being able to communicate when at school were palpable, children spoke about in-class support as well as EAL support. Mentoring was mentioned as were peer support when considering English language acquisition. According to Hamilton et al. (2000) pairing a new refugee student with an English-speaking peer can enable the refugee child to learn how the system works. This, as well as determination and a strong social identity, enabled many CYP in this research to cope with second language concerns. Social identity is an important variable in second language acquisition because it can influence the amount, and nature, of exposure to the second language (Hamilton, 2000). Social identity concerns group membership, perception of self and by others, and many children in the research felt they had a sense of identity when they were growing up around people from similar ethnic backgrounds. This made them feel involved and included as they found the difficulties that they experienced learning a new language were not uncommon among their peers.

Many resilient refugee children have high academic aspirations that are supported by high expectations on the parts of both their school and parents (Gordon, 1996). Other protective factors such as personality traits of persistence, positive work habits and a strong belief in one's ability also act as protective factors for resilient children (Gordon, 1996). Nearly all the children recognised that school was a bridge to future successes, an assertion shared by the parents in the research. Some children talked about entering professions which they perceived as high status such as doctor, pilot and teacher. This perception may be culturally construed and based on the CYP's experience of their society and values from their previous countries, embedded with their current cultural values. Others were less definite and spoke about having a career in a particular field such as working with vulnerable children. The children recognised strategies to accomplish their future career goals such as working hard with their school work, meeting their learning targets or aim for work experience. For these children, education is the key to their successful

adulthood and, it is something with which to gain control and stability through the normalising activity of school in an otherwise unpredictable situation (Maegusuku-Hewett et al. 2007).

The children in this research recognised the importance of good school facilities in fostering their learning and education. When describing their schools in their country of origin, children spoke about the value of having libraries and special equipment in the new setting. In keeping with their remembrances of poor educational facilities, the children also recalled the way they were educated in their countries of origin. For example, some children had memories of being physically abused by teachers in their school and the relief they felt when later learning about the non-abusive ways a school handles discipline here in the UK.

5.4.4 Acculturation

Among the many external forces that influence an individual's ability to adjust to or cope with adversity, having a sense of positive social identity has been found crucial in many settings (Maegusuku-Hewett et al. 2007). In the case of refugee and asylum-seeking children such identity is often founded on cultural resources and cultural distinctiveness and it is the collective sense of having a particular cultural identity that supports resilience in stressful environments. Whilst most of the young people wished to retain elements of their home cultures, they also wished to adapt to their new environment. Through interaction with friends and with professionals, the young people learnt about practical and cultural aspects of English culture. RCYP demonstrated a keenness to maintain their individual cultural identity and some placed importance on maintaining the language and values of their culture as well as adopting the language and values of the English culture. Some children specifically referred to their religion when talking about culture and felt this identity to be more important. Davidson et al. (2008); in their review of refugee mental health in Australia found those who had the most positive attitudes towards both their culture of origin and Australian culture had the highest ratings of self-worth and peer social acceptance.

Children talked about differences between the two cultures, they did not view the integration to British mainstream culture a barrier or something that was

unmanageable. It appeared the participants viewed acculturation as a process, one they felt familiar with as time passed. However, participants who felt acculturated often had friends and family from similar ethnic backgrounds around them in the community. Those who did not have exposure to this felt less acculturated and lonely. Stodolska and Livengood (2006) demonstrated that selective acculturation might also occur when refugees accept some aspects of the host culture and reject others. An example is young Muslim women who choose to retain their traditional clothing, but still participate in western culture. The participants in the research were able to embrace the new culture and still accept parts of their own culture and this development can be attributed to them being amongst other people from similar/same ethnic groups. Berry's (1995) four strategies of acculturation – integration, assimilation, separation, and marginalisation are valuable in understanding the participants in the research. Most participants depicted integration, an individual who retains strong ethnic identity while also identifying with the new society is considered to have an integrated identity. Successful acculturation has been defined in terms of mental and physical health, psychological satisfaction, high self-esteem, competent work performance and good grades in school (Leibkind, 2001). Social Identity Theory (Tajfel & Turner, 1986) suggests strong links between group identification and self-concept. People strive to achieve or maintain a positive social identity, thus boosting their self-esteem. This perspective suggests that a strong ethnic identity makes a positive contribution to psychological well-being and research provides support for this view; maintenance of a strong ethnic identity is generally related to psychological well-being among members of acculturating groups (Liebkind, 2001).

5.4.5 Coping styles

One aspect of refugee children's lives that is under-reported in clinical and research literature, in comparison to the emphasis on vulnerability, is RCYP's capacity to respond robustly to the stresses that surround them, confirming an increasingly held view that becoming a refugee is a purposeful act of strength and capability (Kohli & Mather, 2007). RCYP adopted various coping strategies to deal with their post-migration context. Adopting a positive outlook was a common strategy; many of the participants seemed to cope by focusing on the positive aspects of their situations. They frequently expressed appreciation for

the good things in their lives and hope for the future. Raghallaigh and Gilligan's (2010) research with unaccompanied refugee children in Ireland found children also adopted a positive outlook to life. Such expressions were often situated within a comparative framework, with their circumstances in Ireland being compared to what they perceived to be less favourable circumstances in their countries of origin. This strategy was evident with Somali refugees in the current research. In essence, they made meaning out of their current difficulties by placing them in the context of past problems and future opportunities. Khawaja et al. (2008) refers to two cognitive strategies such as reframing - developing an inner strength and resourcefulness, and the second minimisation – normalising or minimising the severity of the situation. For example, some children minimised the impact of prejudice and hardship when they talked about contending with bullying or racism, almost as though this was all a part of growing up. Those children tended to use buffering techniques (ignoring the bully) to deal with bullying. Other children used verbal and physical aggression as a method of 'sticking up for themselves'. A down-playing of the effect of racism is a familiar strategy for many minority ethnic children, even those who see racism as a daily reality (Maegusuku-Hewett, 2007). Believing that 'there is always something bad in your life' is a way of coping with harassment and not letting yourself be overwhelmed by it. Optimism and minimisation are two coping modes considered amenable to what Brooks refers to as 'the characteristics of a resilient mindset' (Brooks, 2005, p. 300). They relate to the skills and abilities thought to equip the individual with the capacity to reflect on and interact with risk and protective processes successfully. These coping strategies can be defined as 'active coping' in Ayers, Sandler, West, and Roosa's (1996) four factor model of coping (see section 2.5.1.2) as it involves positive and optimistic thinking as well as cognitive decision making.

The use of religion was commonly utilised as a coping strategy for dealing with stress, participants used their belief as emotional support. These beliefs provided participants with a mechanism by which they could regain some of the control and meaning they had lost over their lives, this was also found in Schweitzer et al's research (2007). Schweitzer et al. (2007) stipulate an ecological framework and how it is useful to the study of interactional processes

occurring between individuals and their kinship networks, cultures, community and society.

Another coping strategy that strengthens resilience and serves as a protective factor for RCYP was the ability to suppress emotions and seek distraction. Reference has been made to the silence that often surrounds refugees' past lives (Papadopoulos, 2002; Kohli, 2006). The narratives of the participants suggested that, in their daily lives, they often wished to remain silent about their past and present circumstances and that they wished to suppress difficult thoughts and emotions. For many of the participants, distraction such as engaging in sports served as a means by which they could suppress difficult thoughts. Other studies have also pointed to the use of this strategy (e.g. Raghallaigh and Gilligan, 2010). Trying to be always in the company of others and trying to keep busy by focusing on schooling or other activities helped the children to suppress their memories and emotions. Distraction left less time to feel lonely, to be anxious about other difficulties that the young people were experiencing in relation to their past or present lives. However, as Goodman (2004) has stated that this pattern of coping 'though adaptive in traumatic situations, can be problematic in the long run' (p. 1192); this will be returned to when discussing the risk factors for mental health and well-being.

Younger children were generally more positive about their experiences of living in London than older ones, often viewing their time as an adventure and reflecting on their friendships and play activities. The younger children were also less critical and sometimes less articulate about the impact of migration upon their lives. It may indicate the lengths that parents and older siblings have gone to in order to protect younger children from exposure to the negative experiences of migration and UK refugee/asylum process. In contrast, the children who were older (13+) articulated to varying degrees the way they were affected by their exposure to life as refugees (whether current or previously), their understanding of why they migrated, the dislocation and loss associated with such experiences and their subsequent experiences of life. While this finding serves to depict some of the hardships of the period post-migration, some participants also spoke in optimistic terms and seemed excited by a sense of their new opportunity and a fresh start in the host country.

5.4.6 Positive emotions

The children showed different positive emotions such as gratitude, hope, happiness and optimism. These emotions varied from individual to individual and highlighted how children who face adversity can show psychological resilience and positive mental health. Fredrickson (2001) proposes that in contrast to negative emotions which narrow the individual's repertoire of thought and action (a valuable survival strategy), positive emotions such as joy, contentment and interest, have the effect of broadening the thought action repertoire and of building cognitive resources for the future. Two particularly protective traits demonstrated by the RCYP were educational optimism and self-efficacy as seen in the research by Candapa (2000), Maegusuku-Hewett et al. (2007), Schweitzer et al. (2007), Zeenat (2007) and Betancourt (2011). Many individuals in the research noted that their families had a culture of valuing education and this appeared to permeate the values of young people themselves and to form a part of their identity. Many children had a very clear sense of what they wanted to achieve in the future and this seemed to provide a focus for them academically. As well as having goals and orientations, young people also held the belief that they would be able to meet their goals. A belief that goals are attainable has been linked to self-efficacy which, according to Gilligan (2000), is borne from experience, and is another source of resilience. Self-efficacy is reported to encompass a belief that one's own efforts can make a difference, a sense of optimism and persistence.

The comparison of themselves to others allowed participants to feel hope for the future. They found that such a comparison reminded them that they had survived through worse experiences and that they were in a fortunate position despite their difficulties. This highlights their ability to recognise gratitude as an emotion in their lives.

5.5 Risk factors: addressing research question 2

Refugee children were exposed to and have had experience of a range of factors that can be a risk to their mental health and psychological well-being.

5.5.1 Family factors

Circumstances and situations concerning family members appeared to affect how RCYP felt and were able to be happy and contained. For example, some children were affected by the inevitable separation of a family member and some by poor maternal mental health. Sometimes these complications manifested in the daily lives of the children when they took on a more mature and protective role over their parent, usually the mother. The narratives highlighted a range of stresses that parents had endured such as depression due to post-migration stress and suicidal behaviour from pre-migration experiences. The influence of family on the mental health of refugee children often takes two forms: parents and other caregivers, or family members, can act as a 'protective shield' during hardship; or parents can complicate a child's management of stress when they themselves manage stress poorly (Betancourt & Khan, 2008). Research has indicated that a child's adjustment to wartime stressors is shaped not only by their individual qualities, but also by characteristics of the family system. In this manner, caregiver mental health can serve as an important predictor of child mental health. Fazel and Stein (2002) and Fazel et al. (2012) have found the following parental risk factors for mental health problems in refugee children and the ones that have been identified from the participants in this research have an asterisk:

- Post-traumatic stress disorder (PTSD) in either parent*
- Maternal depression*
- Torture, especially in mother
- Death of or separation from parents*
- Direct observation of the helplessness of parents*
- Underestimation of stress levels in children by parents
- Unemployment of parents*

Although the RCYP in the research were not unaccompanied, they did experience separations with one or both their parents either during pre-migration, migration or post-migration. Nearly all RCYP in the research also experienced separation with extended family members such as grandparents. As discussed previously, the refugee family experience encompasses a cycle of four disruptive processes, namely marginality, traumatisation, uprooting and

acculturation. However, De Haene et al. (2007) have proposed a fifth disruptive element: family separation and family reunification. Walter and Bala (2004) have also included family separation in the process of uprooting as an additional source of disempowering stress. Parental separation was a prominent feature in the narratives of the RCYP; usually the separations were due to the circumstances of migration and therefore were temporary, albeit long term in some cases. Separations in relation to a father going to war were also identified. Stress levels were noted in some children in relation to reunification with their separated parent and some children talked about barely knowing their separated parent. Smith et al's (2001) research with Bosnian refugees found a substantive association between maternal mental health and children's adjustment following war.

5.5.2 Bullying and racial harassment in school

A concern articulated by most RCYP in the research was bullying and racial harassment. Children indicated racial abuse was a common feature in relations between White and refugee children. Children usually tried to deal with the abuse themselves either through buffering (ignoring the bully) or retaliating aggressively. In some cases parents were involved with intervening, and in others, children sought help from teachers. Manyena and Brady (2006) in their large scale UK study found racism and bullying was identified by refugee parents as one of the main issues affecting the performance of their children at school. They also contended that racism was within the structure of the education system. The ecological model of bullying does not overlook contributions to bullying of individual characteristics of children, but views these in interaction with the child's social context. Espelage and Swearer (2003) propose that bullying is viewed as a complex interaction between an individual and his/her peers, school, family, community, and culture. Bullying can have long-term academic, physical and emotional consequences on bullies, their victims and bystanders. Victims of bullying in childhood tend to have low self-concept and experience depression in adulthood (Olweus 1993). They often experience greater degrees of fear, anxiety, guilt, shame, helplessness and depression than children who are not bullied (Ma et al. 2001). The experiences and effects of bullying with refugee children can magnify in terms of impact and

effect, in light of the already existing stresses that they deal with and adjust to, such as English language difficulties or acculturation.

Stanley (2001) found that around a third of young people in her study said they experienced racist bullying. This study brought together the findings of a number of smaller studies in different parts of the U.K. One of the local studies was carried out by Marriott (2001) who found that fewer students (just under a quarter) said that they had experienced bullying. However Richman (1998) undertook a study in a similar area and found that over half the children she spoke to had experienced bullying and that many of them were changing or planning to change schools as a result. The variation in reporting of racist bullying is likely to be a combination of young people feeling more able to discuss the subject when they were directly asked about it, as well as the effect of geographical differences (Hek, 2005). Candappa et al's (2000) research brought to light the context in which bullying occurred, for example many children talked of racist bullying related to visible ethnic and cultural differences, or to stature. Recommendations to support schools in tackling this issue with refugee children will be explored in the next chapter.

5.5.3 Coping styles as a risk factor

In the same way that development affects coping, coping also can affect children's development. The way in which children choose to cope with distress may have lasting effects on how they cope with situations in the future. Adaptive coping can help children gain insight into and prevent future stressful situations as they get older (Skinner & Zimmer-Gembeck, 2007). The four factor model (coping categories) promoted by Ayers et al. (1996) (see section 2.5.1.2) can be used to illustrate the various coping mechanisms adopted by the RCYP and parents in the research. Although many of the factors identified in the model are protective processes discussed in the previous section and fall under the category of 'active coping', 'distraction' as a coping strategy can be a risk factor. This was seen in this research where some children resorted to activities such as fighting and aggression thereby 'physically releasing emotions' (Ayers et al. 1996). Some children also exhibited 'avoidant coping' by engaging in actions or behaviours to direct focus away from the traumatic stressor. For example, one child spoke about how he was 'not *really* a refugee' and didn't come here

because of war in his home country. Another example is the young person who engaged in withdrawn behaviour and writing poems.

Resiliency research examining the effects of different coping styles has found that the use of active coping, when dealing with stressful situations, is consistently associated with a reduced incidence of mental health problems (Brock, 2002). Conversely, the use of avoidance coping is consistently associated with an increased incidence of mental health problems in children and adolescents (Brock, 2002). Sandler, Tein, and West (1994) suggest that in extremely high-stress situations, an initial avoidance coping response may be adaptive. Such a response may help to reduce negative arousal and thereby give the individual time to mobilize active coping resources.

However, investigators studying coping in children and youth have assessed both situational coping (coping in response to specific stressors) and dispositional coping (a more global measure of everyday coping); (Smith et al. 2006). The former may explain the response depicted by some CYP in this research to a stressful event such as bullying or racism, although some displayed the latter when dealing (regularly) with second language stress.

5.5.4 Social exclusion

The impact of war, torture and loss can impact on emotional and mental health but so do social exclusion, isolation and racism on arrival in the UK. Some parents and children felt socially excluded; they did not belong to a group either in school or in their community. This was usually attributed to not having others from their ethnic background in the school or local area and consequently affected their levels of happiness. Children held the view that culturally diverse schools were more inclusive in terms of their ability to form friendships with their peers from similar backgrounds than schools in which there was a small minority. Much of the literature about young refugees suggests that there are benefits to young refugees maintaining links with their own communities in terms of maintaining a sense of identity, building self-esteem and confidence and combating feelings of isolation (Hek, 2005). Fazel et al's (2012) review of research on refugee children found little connectedness to the neighbourhood was associated with depression and that living and socialising alongside people

of the same ethnic origin seemed to provide protection from psychological morbidity. Many of the Afghan participants expressed community isolation due to there being no Afghani community in their area. However, these same participants often felt a sense of belonging in the school community due to the diversity of pupils. This is clearly a topic area that warrants further research to provide a deeper understanding of social exclusion based on ethnic community in and outside school.

5.6 Perceptions of school staff: addressing research question 4

The school staff questionnaire yielded similar and contrasting views to those already discussed of protective and potential risk factors affecting the mental health of refugee children. For example, staff identified feeling safe and secure as a protective factor but this was not supported by the interview data from the participants. Comparatively, all participants (CYP, parents and staff) identified friends and school as a protective factor. This may be attributed to the fact that staff were asked to comment on refugee children's mental health and well-being from their experience which includes both accompanied/unaccompanied children from various backgrounds. This is in contrast to the refugee children that took part in interviews in the current research who were selected according to the inclusion criteria (see appendix 1a).

5.6.1 Protective factors that enhance refugee children's mental health

Many staff viewed feeling safe and secure as a key protective factor for refugee children and any threat to this safety, an important risk factor. Maslow's (1954) hierarchy of needs posits that an individual's basic needs (safety and security) must be met in order to allow satisfaction of higher order needs (e.g. self-esteem). Research on migration and post-migration indicates that a sense of feeling safe and secure contributes to the added stress that refugee family's experience. In more serious cases, where coping strategies and stress regulation is not probable due to high levels of anxiety and stress, refugee children and families may develop symptoms of PTSD and Depression (Crowley 2009, Hodes 2000). The instability of asylum status can add massively to the feelings of insecurity. The predominant thought in the minds of many

refugee families is their insecure legal status which can cause severe emotional and social strain (Anderson, 2001).

Staff felt that children who had someone to talk to, or confide in, might adjust and cope with their stress and exposure to adversity. Although staff did not explicitly indicate who these children could talk to i.e. teachers, mental health workers such as counsellors were also mentioned as a protective factor. Evidence indicates that young refugees are at increased risk, compared with immigrant or indigenous children, for psychological symptoms and psychiatric disorders (Hodes, 2002). This factor is perceived by school staff as very important for unaccompanied refugees and those diagnosed with disorders such as PTSD. This has implications for school mental health services.

Several groups of researchers have looked at different interventions that may help refugee children achieve the best mental health outcomes possible (Crowley, 2009) and these are generally classified into four types: individual-based, school based, family-based, and community-based. However, Angel, Hjern, & Ingleby, (2001) found that talking about past experiences actually seemed to exacerbate the negative effect that war had on the mental health of the children.

The role of schools and the support they generally offer was an important protective factor identified by school staff. Some staff stated school as a factor whilst some were more specific and stated support from peers and teachers i.e. mentoring and EAL support. This corroborates the findings from the child and parent interviews and is well supported by research showing the significant contribution schools can make to refugee children's mental health (Hek, 2005; Candappa, 2000; Kanji, 2010; Fazel et al. 2012 and Kanji and Cameron, 2010).

Effective home-school partnerships are essential to ensure that each child gets the most out of their school and the education system (Farah, 2005). In the case of vulnerable children such as refugees, this is especially vital as many refugees may have experienced a very different education system prior to coming here. 'Home-school partnerships' was the fifth most frequent factor given by school staff, and Farah (2005) has found interviewees consistently identified parental involvement as a key element of any effective strategy for

meeting the needs of refugee pupils. That research was conducted with school staff and community organisations in Islington to explore the specific educational needs of refugee children in Islington. Manyena and Brady (2006) provide further support for this as their research with refugee community organisations across England proposed that parental involvement in school life was one of the important steps in supporting asylum seeker and refugee children. Parental involvement (cutting across cultural and religious boundaries) was seen as vital not only in curriculum development, implementation and evaluation but also in providing support for children in school activities such as homework.

In staff responses, stability in relation to accommodation and schooling was identified as a protective factor and the absence of this is highlighted in reviews conducted by Fazel and Stein (2002), Fazel et al. (2012). Interviewees highlighted the relevance of frequent transitions usually with moving home and schools as is quite common with refugee children. This was an important feature of the children's narratives in theme 5 which looked at factors within the environment and was a risk factor for CYP in the research. Stability is a particularly important aspect of a child's school life and staff are only too aware of how change can undermine a child's learning. It is possible that schools often provide provision for these children who may only stay at the school for a few months before they are re-housed and consequently have to move schools.

5.6.2 Risk factors that can negatively impact on refugee children's mental health

Staff identified several risk factors, also suggested by other interviewees', such as feelings of loneliness and isolation (theme 3), bullying (theme 4), loss (of family and social support) (theme 2), delays in obtaining a school place (theme 3 and 4), pre-migration issues (theme 1) and poor accommodation (theme 5). One particular prominent feature identified by the children in the research as negatively impacting on their mental health and well-being was language and communication difficulties (as discussed in themes 3 and 4). Difficulties with language and communication are often cited in research as a prevalent part of a refugee's life and thus a huge threat to their well-being (Fazel and Stein, 2002; Berry, 1987; 1995, McCarthy et al. 2010). Surprisingly, this was not a

recognised risk factor for school staff in this research. However, language difficulties was the most frequently cited factor impacting on the child's learning.

5.6.3 Staff perception of the factors impacting on the learning needs of refugee children

The school staff questionnaire asked if schools are uniquely positioned to undertake primary prevention care for refugee children. The majority of staff (81%) agreed. Thereby, reinforcing the findings from Fazel and Stein's (2002) review that schools can play a vital part in RCYP's integration by becoming an anchor, not only for educational but also for social and emotional development.

Education was seen as extremely important by all children and parents interviewed. Many young people see education as the most important thing in their life as it gives them hope for the future (Hek, 2005). Richman (1998) summarises the dichotomous stance that refugee children face trying to succeed but having barriers to achieve this; he explains that it is no exaggeration to say that refugee children's well-being depends to a major degree on their school experiences, successes and failures. This is because they are unfamiliar with the education system and particularly when they do not speak English, parents cannot help their children as they would wish to and children may have to deal with difficulties alone.

Difficulties with language were the most frequently cited factor impacting on the children's learning. Lower language levels were related to higher PTSD scores in Bronstein and Montgomery's (2011) systematic review. McBrien (2005) noted that many refugee children deal with adversity when migrating to a new country and learning a new culture, and learning a new language of instruction further compounds these efforts.

Another major issue facing refugees relates to difficulties in navigating the educational system. Refugee children come from very varied countries and some have had experiences of education in their home country whilst others have not experienced a formal learning environment. This variation was also highlighted by the RCYP in the research. There is a tendency on the part of schools to place refugee children in school years lower than those of same age peers, or in special education classes, because it is assumed, rightly or

otherwise, that their skill levels are not age appropriate (McBrien, 2005). This is mirrored by Bolloten et al. (2008) who found young refugees wish to be placed according to their ability and experience. Being automatically placed in groups with lower achieving pupils can have a negative impact on motivation, self-esteem/image. McBrien (2005) contended this practice is not effective and in fact becomes a risk factor for many children.

School staff found access to English/in-class support an important factor impacting on learning. Pryor (2001) suggests ways to address refugee children's diverse personal and educational needs within the school system, such as engaging bilingual classroom assistants and promoting parent ties to the school. She also argues that schools should recognise the unique contributions that immigrant and refugee children can provide within the classroom by facilitating cultural exchange and understanding. The National Curriculum statutory inclusion statement provides guidance on how schools can adapt programmes of study; devise schemes of work, and adapt teaching to meet the needs of pupils, including those who are newly arrived and who may need support in learning English (Bolloten et al. 2008). Young people interviewed in other studies (Maegusuku-Hewett et al. 2007, Khawaja et al. 2008) mentioned that teachers had helped them settle, in particular the refugee and language support teachers. Many students also specifically talk about how important having a teacher who speaks their first language was to the settlement process (Hek, 2005).

Stress and trauma are significant factors that can affect learning and although these were identified by just two staff members; emotional problems have been shown to be related to these children's learning difficulties and academic achievement (Murray, 2008). Streeck-Fischer and Van Der Kolk (2000) have pointed out how cumulative trauma results in a series of negative consequences for young people's learning. This includes problems with the attention, sensory perception and interpretation of complex visuo-spatial stimuli, reduced capacity to learn from experience, and memory problems related to changes in specific parts of the brain. Thus traumatic experiences seem to affect functions that are important for school work (e.g. sustained attention and concentration). This must be more seriously considered and researched further (Dryegrov, 2004).

Much of the literature regarding the education of refugee children highlights the importance of good welcome and induction procedures within schools (Hek, 2008). This is particularly important if refugee children are joining schools midway through the year. Arnot and Pinson (2005) recommend, from their research with Local Authorities in England, an extensive induction package that includes an in-class teaching assistant for 6 weeks, classroom resources for EAL students in mainstream classroom and other dual languages resources. One particularly useful induction resource identified by some of the participants was having specialist EAL staff who speak the language of the refugees.

5.7 Summary of research questions and findings

The four research questions addressed above delineate to the protective and resilience factors present in refugee children's lives. They also highlight the potential danger of some protective factors posing as risk factors as well and instead. Mental health and psychological well-being was explored through potentially protective factors for children, either by building on a number of pre-existing within-child qualities, or fostering new ones. Commonalities in staff and child responses were documented as well as additional information provided by both groups. Relationships, cognitive strategies and the support children receive appear key in creating a safe base for children, where basic needs are met (Maslow, 1954), and that children's engagement in learning can be fostered. Moreover, although the school offers a specific context that appears to be protective, children may not be fully protected from the influence of outside factors in other nested systems they are within.

A comment made by a staff member that completed the questionnaire encapsulates the context refugee children find themselves in and summarises issues explored:

'I have found the majority of refugee children grasping the educational opportunities afforded them and excelling. Many still carry scars from their experiences but with support they cope brilliantly'.

(Questionnaire number 59)

5.8 Limitations of the present research

The research focussed on a small number of participants in three specific contexts. The themes that were developed from the interviews related to their own particular experiences. This focus was intentional, in aiming to explore 'reality' for the individuals concerned, in keeping with the ontological position of the research.

5.8.1 Choice of instruments

SSI were felt to be useful by participants, but there were some restrictions with what children could remember/articulate. Children's responses, in comparison to adults, were quite short and limited; many children benefitted from further questioning and prompting. Some children and parents were very articulate and others struggled with explanations. Other noted limitations to SSI are linked to possibly probing participants to respond to things not important to them (Dockrell, 2004). Despite being a hard interview, all children spoke and appeared to enjoy the interview process.

In spite of the attention to rapport building process and a cautious interviewing approach to sensitive experiences, there is a possibility that some participants were inhibited and shared only very general and superficial concerns. It is important to note that traumatic problems, such as rape or torture, as highlighted elsewhere (e.g., Schweitzer et al. 2006) were not reported.

The children interviewed were asked to remember incidents from the time of their arrival in the UK and as there was a range of six months up to ten years in relation to the duration of stay in the UK, it is possible that those that have been here the longest may have unclear memories, or they had forgotten important incidents.

The school staff questionnaire proved valuable in exploring the mental health of refugee children when triangulating. However, it only provided descriptive information and the researcher wondered if this measure would be better placed with more positivist quantitative research.

5.8.2 Sample

The sample of 21 children and 3 parents is not representative of the refugee population in London or any of the individual boroughs that were involved. Firstly, although the aim was to obtain a representative sample in terms of age, based on the schools that agreed to take part, there were more participants attending secondary school than primary. Secondly, the researcher was unable to include unaccompanied refugee children for ethical reasons. Thirdly, the inclusion criteria specifically required children who are judged by their teachers to be psychologically able to take part in the research. Therefore, this meant an exclusion of refugee children who have/are suffering from diagnosed conditions such as PTSD or have experienced severe trauma known to school counselling services or CAMHS. Fourthly, during the recruitment process some families did not agree to their child taking part. The staff that helped to recruit participants from schools and the local organisation that took part in the research, recalled several reasons for this:

- If the families are undergoing the arduous process of seeking asylum they may be fearful that the research may affect their immigration status
- Families frozen in their experiences of trauma do not want anything to do with their past
- Fear: Afghani families expressed concern that the researcher may be linked to the Taliban due to her name
- The ethnic identity of the researcher may have contributed to the above
- Stigmatisation: some children and families did not want to be labelled or associated as a 'refugee'

5.9 The researcher and reflexivity

As indicated in Chapter 3, researchers should be aware of themselves within research and how they may be influencing the research in some way. As the researcher was from an ethnic background it was felt the children were more comfortable and probably more inclined to talk about race related issues during their interviews. This was demonstrated frequently when some children assumed the researcher knew what they meant when they talked about feeling excluded when they were around 'white' peers. However, the researcher was also aware that the children may have hesitated to elaborate on what they were saying because of this assumption. The researcher made a conscious effort to

remain impartial and objective at all times as evidenced in the interview transcripts.

5.10 Chapter summary

This chapter discussed the findings in relation to the research aims and objectives. It examined links between the themes presented in Chapter Four and existing research literature which was followed by limitations of the research. The children in this research have shown that their burdens became easier from the numerous consistent supports they were given from the time they left their country of origin. Life still held tensions and hardships, but they were able to take them in stride and work through them. The children experienced sound foundational support in the form of family and friends.

Chapter Six: Conclusion

Chapter Six: Conclusion

6.1 Overview of chapter

The previous chapter discussed the main findings of this research in relation to the research questions and existing literature. This chapter will outline the contributions of the research followed by implications for future practice which will explore recommendations for education and explore the contributions of Educational and Child Psychologists. Suggestions for further research are then suggested. This chapter will conclude with final reflections, both on the aims of the research and the role of the researcher.

6.2 Contributions to research

Other studies have reported a higher level of traumatic experiences in RCYP than that found in the present research. An important contribution of the research is that it extends on trauma research by focussing and highlighting the positive factors such as resilience that enable RCYP to adjust, thrive and be happy. It also utilized a qualitative methodology, which is arguably more suited to gaining an understanding of the refugee experience and the role of meaning making in participants' understanding of their experiences. This research has highlighted to some of the issues that all professionals need to consider when working with children who are refugees. It has also been argued that ecosystemic approaches afford the most appropriate frameworks for conceptualising the difficulties experienced by RCYP as well as informing appropriate therapeutic intervention.

On a different level, the study provides comparative empirical data on the day-to-day lives of a sample of children from East London, by ethnicity, which could inform other studies of contemporary childhood. The distinctive nature of the children's endurance through war, flight and displacement, demonstrates their courage and resilience, and points to potential strengths of childhood more generally.

6.3 Implications for future practice

A strength of qualitative research is its ability to capture diversity. The qualitative approach used in the present study facilitated a greater understanding of the variables that are critical to refugees. Specifically, rather than examining how a range of predetermined difficulties impact on well-being, this research allowed refugees to identify the difficulties that they incurred across the three phases of their traumatic experience and the methods used to deal with these difficulties. In this regard, the focus was shifted from a biomedical model towards a more comprehensive psychosocial and ecological model wherein all relevant stressors were identified as well as the strategies utilised to counteract stressors and promote well-being (Farwell, 2004; Hjern & Jeppsson, 2005).

Arnot and Pinson (2005) conducted a large scale research with three English Local Education Authorities and found that a positive holistic approach and good practice were depicted in common characteristics; practices and values. These are (Arnot and Pinson 2005, p. 62):

- Existing experience with minority ethnic and EAL pupils
- Promoting positive images of asylum-seeker and refugee pupils
- Establishing clear indicators of successful integration
- An ethos of inclusion and the celebration of diversity
- A holistic approach to provision and support
- A caring ethos and the giving of hope

The report also found that schools that adopted a holistic approach all appeared to have taken account of the complex needs of these pupils (learning, social and emotional needs), they foster home-school links and community links, they employ a multi-agency approach, and they all take a child-centred approach towards the education of these pupils.

Developing a comprehensive refugee education policy to promote refugee inclusion and attainment, and clarify school responsibilities for supporting refugee children should be a target for all educational establishments.

6.3.1 Listening to the voices of RCYP and families

Involving young people in decision-making has been shown, in previous research and in this research, to promote self-efficacy and resilience. The ability of CYP in the research to speak so articulately and openly about their experiences has illuminated the value of hearing their voices. Many of their comments supported findings from previous research, but also highlighted the individuality of experiences, illustrating that different CYP benefited from different types of support. In order to determine what is really important to young people it would be necessary to actively listen to their views. In schools this can be achieved through art and storytelling, children can be encouraged to draw and present their life story in ways that make them stronger. Schools can be encouraged to work alongside ECP's to plan and deliver narrative therapy approaches to allow children to 'tell' their stories.

Having already contributed so much to their own survival in severe adversity it is, therefore, inappropriate to perceive refugees simply as victims who require help. Therefore, developing a coherent life story is an important task for these children (Davies and Web, 2000), for example through the use of storytelling or narrative therapy. In Western psychological terms the plight of these children is comparable to that of abused children in the care system (Davies and Webb, 2000). Arriving in this country, RCYP will inevitably have significant emotional and psychological baggage arising from their pre-migration experiences, but will also have to contend with the process of assimilating into a new culture. Developing a coherent story is potentially a shared experience as it is something they will have in common with others in their family, peers, and the wider refugee community.

6.3.2 Bullying and racial harassment

In order to create a positive educational framework which will allow RCYP to integrate easily into a new school environment, they need to feel safe. Schools should have robust procedures in place that recognise and deal with bullying and racist incidents, as well as provision to support children who may be experiencing bullying (Spafford, 2008). Incidents of bullying and racial

harassment in schools and the effects of it, is not uncommon in the literature of RCYP. Children suffer from alienation from the host society and educational culture (Hamilton et al. 2000); therefore schools must be actively involved in preventing and dealing with bullying. For example, extra academic support for children, teacher support, use of a dedicated support person, well developed induction policies and procedures and a school curriculum that includes issues such as human rights, racism and bullying (Manyena & Brady, 2006; Olweus, 1993). Two CYP in the research had very strong views about bullying; they recommended that pupil need to be comfortable to tell teachers and those teachers should 'listen and take it seriously'. Alternative methods of communicating what is going on, other than verbally should be encouraged such as drawing.

An ecological multicultural perspective requires schools and teachers moving away from viewing any socialisation or academic student problem as reflective of some underlying dysfunction on the part of the child, to viewing these problems as being indicative of a poor fit or interaction between the school environment and the individual child. However it is important to be mindful that although teachers may already be very familiar with and have adopted a view which can accommodate and value individual differences within the classroom, refugee children may well stretch the teacher far beyond their capabilities (Hamilton et al. 2000).

Successful interventions to tackle racism tend to be educational, aimed at improving knowledge and communication (Spafford, 2008). They are usually universal and aimed at all children not just targeted children in the school. Such as confronting prejudiced attitudes directly and unpicking the assumptions behind them. A powerful tool in changing opinions is the use of personal testimony. This can encourage reflection on personal experiences and promote positive attitudes. This may take the form of written accounts, films and DVDs, a special theme (refugee week) or the opportunity to meet a refugee and listen to their story.

6.3.3 Developing positive home-school and community partnerships

Working in partnership with parents and their communities can be pivotal, it helps the school to be more inclusive and make a real difference to children who may be at risk of underachieving. There are many benefits of home-school partnerships. For example, collaboration through partnership can enhance communication between parents and teachers. Furthermore, home-school relationships provide an opportunity for parents and schools to better understand what occurs across settings, and this in turn allows for a greater overall understanding of children's backgrounds and current levels of functioning. The school staff questionnaire identified home-school partnerships as a significant protective factor but contrary to research (Farah, 2005; Manyena and Brady, 2006), this was not a factor identified by staff when considering the learning needs of RCYP. Many refugee parents do not necessarily understand the English education system in terms of structure or ethos. Nor do they always understand the child-centred philosophy or the emphasis on home-school partnerships (Farah, 2005). Consequently, schools must reach out to refugee families by increasing positive and culturally appropriate liaison between schools and families. This can include programmes for parents participating in school enterprises, or school forums to foster cultural diversity and communication. Having special EAL staff who speak the language of the refugee families in school can help open up channels of communication and combat barriers such as language and cultural alienation. An inclusive and ecological perspective requires parental involvement as full partners in every aspect of the educational planning, decision making process, and provision of services for their RCYP.

The participants in the research benefitted greatly from the support provided by their local community and schools are well placed to provide information and support to refugee parents. Local agencies can provide support to schools so that they are better placed to support the parents. For example, provide interpreters or advice workers that can come into school and work with refugee parents to help them with issues such as housing or welfare. Schools can act as an effective medium for communication and integration between parents and their local community, which in turn can help increase the parents' understanding of the society as well as help develop skills to participate in their

community. Webster and Robertson (2007) argue for the application of Community Psychology approaches to support refugees, challenge injustices and empower them. Such an approach can draw on the many existing social resources that exist within refugee communities.

6.3.4 Mental health interventions

Debate continues concerning how best to respond to the mental health needs of refugee children and their families (Stichick, 2001; Summerfield, 2001). This debate is constrained by the fact that the majority of the research on the mental health of war-affected children has focussed on risk factors and subsequent psychopathology. Far less research has explored variables or processes associated with resilient outcomes in children. As a result, there are significant gaps in our knowledge about effective responses and factors associated with resilient mental health outcomes in war-affected children (Betancourt & Khan, 2008). There is a pressing need to examine predictors of resilience in war-affected children across all layers of the social ecology – beyond individual characteristics of resilience to protective factors operating at the family, community and cultural levels. In light of the high risk of mental health difficulties RCYP are vulnerable to because of their high exposure to adversity; there is a broad consensus that primary and secondary school-based prevention programs can play a key role in promoting the mental health of these children (Rousseau and Guzder, 2008). This assertion was supported by 83% of the participants in the school staff questionnaire when asked if schools are uniquely placed to undertake primary prevention work.

There are various approaches to treat symptoms of PTSD and depression such as play therapy, art therapy, group and family therapy. Similarly, Cognitive Behavioural Therapy has shown to be effective in reducing anxiety and depression (Fazel & Stein, 2009; Yohani, 2010). Within the literature there is also evidence that counselling based interventions have been successful (Hart, 2009) and evidence suggests that it helps refugee children to talk about their experiences (German & Ethnolt, 2007). A trusted adult to confide in or little/no emotional support were important factors recognised by school staff in the research. According to Hart (2009) there is a strong case to be made for emotional and therapeutic types of school-based interventions because children

and families may be somewhat reticent about accessing mental health services in a clinical setting.

Interventions can also be targeted at secondary level prevention such as interventions and support to increase the resilience of RCYP. The resilience literature (Betancourt & Khan, 2008) offers a dynamic and comprehensive perspective to the refugee situation with a positive focus on good outcomes and possible interventions. This can be achieved in many ways in an educational environment such as fostering the development of programmes or philosophies that promote the development of personal resources, such as self-esteem, internal locus of control, and good social skills. Moreover, creating a nurturing, accepting, and caring school climate characterised by tolerance and acceptance. Education systems are slowly coming to understand that students' ethnicity and culture exert a major influence over what they learn or do not learn at school. Programmes, which cater for culturally diverse instructional needs and encourage the appreciation of such cultural diversity, are particularly useful in the prevention of learning difficulties and behaviour problems for these students (Hamilton et al., 2000). Interventions will need to take account of cultural factors as well as the refugee's current social situation as refugee families require help that is coordinated and culturally sensitive.

6.3.5 Implications for Educational and Child Psychology practice

The potential implications of this research for Educational and Child Psychology Practice includes adopting resilience-perspectives based around principles of positive psychology and systemic ways of thinking (Hart, 2009), thus promoting more positive view points on what might be working well for the CYP, and what is helping them to thrive. ECPs should be a key contributor to the training and support needs of other stakeholders, using and applying psychological theory and knowledge – for example, theories of attachment, resilience, behaviour and systems thinking, which have been outlined as significant in past research and that are presented here.

Educational Psychology Services are increasingly establishing specialist EP posts, in line with demographic and community needs. Specialist ECPs could contribute to whole-school training such as: promoting positive mental health

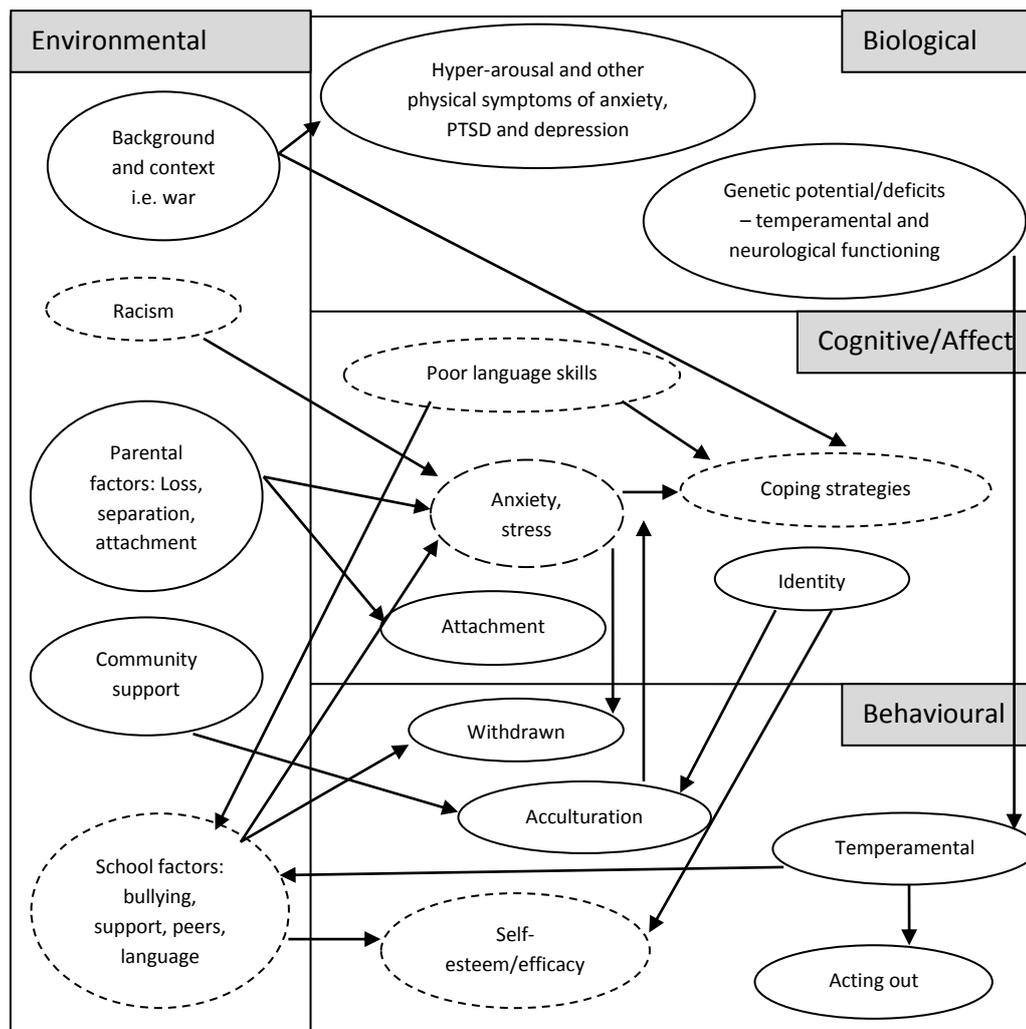
and well-being; developing effective pastoral systems; developing small group interventions. They could work closely with those at a strategic level such as with Social Care for unaccompanied RCYP, offering consultation to aid problem solving and development of strategy to support RCYP with their education. In addition, they could be involved in the training and support of foster carers, residential key workers and designated teachers for looked after children. All EPs working within schools and early years settings are in a key position to work at a systemic level, to help adults to manage the needs of RCYP. As well as using consultation with individual teachers and practitioners, it may also be useful for ECPs to carry out individual assessments with those young people in need of support with their emotional and behavioural development, and those with specific learning needs.

As well as assisting schools in establishing group interventions, ECPs could deliver individual therapeutic interventions such as Cognitive Behavioural Therapy or narrative therapy. The ECPs skills and unique psychological and evidence based knowledge can contribute towards the assessment of and holistic learning needs of the CYP as well facilitate appropriate interventions with staff.

For ECPs, adopting resilience-perspectives based around principles of Positive Psychology and systemic ways of thinking, as previously highlighted, can promote more positive viewpoints on what might be working well for a child and what might be helping them to thrive. In Positive Psychology terms this is known as flourishing and as mentioned previously this concept is a measure of overall life well-being and is viewed as important to the idea of happiness. This research has highlighted a role for ECPs in adopting such perspectives in their work with children. An overview of the interactive factors found from the current research that contribute to resilience can be found in figure 14. The “Interactive Factors” (IF) framework for causal modelling (Morton & Frith, 1995) can be used by ECPs to help make sense of the interactions and reciprocal processes affecting RCYP. Thus, helping ECPs to adopt a holistic approach to assessment and intervention of RCYP. This framework uses three levels of description to explain developmental or psychological problems: the biological level, the cognitive level and the behavioural level, as well as recognising the influence of a child’s environment at all three levels. The shapes with the dotted

outline (in figure 14) indicate areas for potential intervention for RCYP at school that can be facilitated by the ECP. For example, in-class strategies that teachers can plan and adopt to deal with 'language difficulties' as well as school literacy intervention programmes.

Figure 14: The IFF for some of the factors impacting/affecting resilience in RCYP



With respect to mental health interventions for RCYP and families, Davies and Webb (2000) assert that glib assumptions should not be made in relation to the developmental status of RCYP. This is because in their research they found Somali child rearing practices are significantly different to the West. There is a crucial role here for ECPs during assessment and intervention, whether directly or indirectly as for many RCYP; developmental pathways would be significantly and adversely influenced by the consequences of civil war and it would be

ignorant to assume RCYP's development parallels those from the West. Thereby, the ECP would take this into consideration when hypothesising about the best possible support and intervention for a child. ECPs bring a unique skills set to their role when understanding the needs of RCYP, for example they are able to offer therapeutic intervention such as CBT, advise on curriculum and classroom based issues to help the school meet the complex needs of RCYP. Furthermore, they are able to help facilitate access to mental health intervention from other agencies such as CAMHS.

Given the importance of school for RCYP, evaluating schools against principles of good practice should be a priority (Candappa, 2000). Research should also explore ways in which statutory agencies could work more effectively together to support RCYP. Children's well-being depends also on the well-being of their parents/carers and access to preventive health care and on parenting, should therefore be a priority.

A strengths-based perspective needs to be continuously utilised not only in practice but also in research. Doing so will serve to acknowledge the multiple capacities and resources of RCYP. Psychologists and other mental health professionals can assist RCYP and their families by recognizing and understanding the factors involved in psychosocial adjustment following war and violence and providing comprehensive mental health services that are culturally and linguistically appropriate.

6.4 Suggestions for further research

Implications for further research include the need for longitudinal study designs that can explore RCYP's educational experiences, the individuals' appraisal of adversity, and the extent to which same ethnic or language group fostering or social networks are important. It is critical that future studies provide longitudinal data on the ways in which war and conflict shape the trajectories of risk and resilience, and how these mechanisms reverberate across the social ecology of child mental health and well-being. There is also a need to explore resilience, risk and protective factors among unaccompanied RCYP to draw comparisons with the current research.

As the current research highlighted the role of family, culture, friends and individual characteristics as significant in the mental health of RCYP and well-being, a quantitative approach to exploring those factors may be insightful. For example, using standardised measurements of school happiness to explore relationships with other variables such as culture.

The complexities and nuances of the lives of these children need to be taken into consideration and attention needs to be paid to difference, to individuality and to changes that occur over time. Further, follow-up research is needed to explore the individual coping strategies and whether religion, optimism and resilience continues to be significant and in which ethnic groups.

Due to time restrictions, the current research did not make comparisons between children's length of stay in the UK and the link to risk and protective factors. This would however, be a very interesting approach to future RCYP's mental health research. For example, what coping strategies are adopted by children who have recently arrived compared to those that have been here for several years.

Although there is a huge body of research into school bullying, further investigation into the causes and effects of bullying for RCYP is required. Research into ethnic identity and the significance of this in the process of acculturation is also an important area for future research consideration. Although the current research highlighted the importance of drawing support from the ethnic community, this may be a representation of the community RCYP were exposed to as the research was conducted in the diverse and multicultural areas of London.

Research addressing key processes in refugee families is highly recommended. Such an approach on RCYP's mental health encompasses the psychological, familial and cultural meanings of their psychosocial functioning and may offer significant insights for clinical work with RCYP. An important finding from the current research was the role of family including the extended family and how they are integral to the positive adjustment and well-being of RCYP, therefore research into how unaccompanied children develop resilience and contend with

this particular risk factor would be invaluable. For example, investigating family resilience and the core process in the refugee family life.

Lastly, as the current research did not distinguish between refugee and asylum status in its participants, an exploration of risk and protective factors for comparison purposes between the two groups may also be invaluable to those working with this group in schools as well as local community organisations.

6.5 Final reflections

Refugees have great difficulties, but it should be remembered that despite the adversities most show great resilience and use many resources from their own families and communities. This research adopted a 'what works' approach with the aim of increasing awareness of resilience and the importance of risk and protective factors from the valuable perspectives of children, parents and schools. Since most research has focused on psychopathology and the effects of trauma, a resilience perspective offers advantages of being strengths-based in uncovering factors potentially contributing to individual child resilience for vulnerable children.

The process of carrying out such research has highlighted to the researcher the importance of reflexivity and the influence a researcher may have on the research. The researcher, having conducted this piece of research, feels equipped to carry out further qualitative research using thematic analysis and has gained insight into different epistemological positions, and how these can influence methods for how research is both conducted and interpreted.

Representing a potentially challenging group of children and parents to interview, this research has also highlighted the value in using a combination of tools and techniques in order to elicit children's views. For example, conducting interviews as well as using questionnaires with the children. Furthermore, the quality of the information and knowledge gained from the research has been enriched by further quantitative data from school staff who are closely affiliated with children. The researcher believes having a third perspective to the research in this way, has added to the credibility and validity of the initial findings from the child and parent interviews as well as the overall research.

6.6 Concluding remarks

One of the positive things to come out of this research was the evidence of resilience amongst the participants that has perhaps been underrated in the past. Considering the difficulties that they had experienced, there was evidence of an inner strength to keep moving forward in the hope of better things to come. Ensuring positive outcomes for RCYP and families requires stakeholders within the clinical, research, education, and public policy sectors to be culturally competent and mindful of the various interacting factors that influence refugees' mental health and adjustment upon resettlement. The strong desire to construct positive and productive futures is the one we should be careful to harness not hinder. Concepts like 'resilience' and 'psychological well-being' are attractive and inviting for those working with children and young people (ECPs and teachers) especially as it is a reminder to why many of us have embarked on the journey into the profession in the first place.

References

References

- Alvord, M. K., & Grados, J.J. (2005). Enhancing resilience in children: A proactive approach. *Professional Psychology: Research and Practice*, 36(3), 238-245.
- Angel, B., Hjern, A., & Ingleby, D. (2001). Effects of war and organized violence on children: A study of Bosnian refugees in Sweden. *American Journal of Orthopsychiatry*, 71, 2–15.
- Appleyard, K., Egeland, B., Van Dulmen, M.H.M., & Sroufe, L.A. (2005). When more is not better: the role of cumulative risk in child behaviour outcomes. *Journal of Child Psychology and Psychiatry*, 46(3), 235-245.
- Ayers, T. S., Sandler, I. N., West, S. G., & Roosa, M. W. (1996). A dispositional and situational assessment of children's coping: Testing alternative models of coping. *Journal of Personality*, 64, 923–958.
- Bagwell, C. L., Newcomb, A. F. & Bukowski, W. M. (1998). Preadolescent friendship and peer rejection as predictors of adult adjustment. *Child Development*, 69, 140-153.
- Balbernie, R. (2001). Circuits and circumstances: The neurobiological consequences of early relationship experiences and how they shape later behaviour. *Journal of Child Psychotherapy*, 27, 237-255.
- Bean, T.M., Derluyn, I., Eurelings-Bontekoe, E., Broekaert, E., & Spinhoven, P. (2007). Comparing psychological distress, traumatic stress reactions, and experiences of unaccompanied refugee minors accompanied by parents. *Journal of Nervous and Mental Disease*, 195, 288–297.
- Berman, H. (2001). Children and war: Current understandings and future directions. *Public Health Nursing*, 18(4), 243–252.
- Berry, J. W. (1987). Acculturation and psychological adaptation: A conceptual overview. In J. W. Berry & R. C. Annis (Eds.), *Ethnic Psychology: Research and Practice with Immigrants, Refugees, Native Peoples, Ethnic Groups and Sojourners* (pp. 41-52). Amsterdam: Swets & Zeitlinger.
- Berry, J. W. (1995). Psychology of acculturation. In N. R. Goldberger & J. B. Veroff (Eds.), *The Culture and Psychology Reader* (pp. 457-488). New York: New York University Press.
- Betancourt, T. S. & Khan, K. T. (2008). The mental health of children affected by armed conflict: protective processes and pathways to resilience. *International Review of Psychiatry*, 20(3), 317-328.

- Bolger, K. E., & Patterson, C. J. (2003). Sequelae of child maltreatment: Vulnerability and resilience. In S. S. Luthar (Ed.), *Resilience and Vulnerability: Adaptation in the Context of Childhood Adversities* (pp. 156 - 181). New York: Cambridge University Press.
- Bolton, B. Spafford, T. & Little, D. (2008). *Shared Futures: Supporting the integration of refugee children and young people in school and the wider community*. UK: Salusbury World.
- Bowlby, J. (1969). *Attachment and Loss: Volume 1: Attachment*. London: The Hogarth Press.
- Bowlby, J. (1973). *Separation: anxiety and anger, volume 2 of attachment and loss*. London: The Hogarth Press.
- Boyatzis, R. (1998). *Transforming qualitative information: Thematic analysis and code development*. Thousand Oaks, CA: Sage.
- Brantley, A., Huebner, E. S., & Nagle, R. J. (2002). Multidimensional life satisfaction reports of adolescents with mild mental disabilities. *Mental Retardation*, 40, 321-329.
- Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.
- British Psychological Society (2006). Code of Ethics and Conduct. Leicester: The British Psychological Society.
- Brock, S. E. (2002). Identifying individuals at risk for psychological trauma. In S. E. Brock, P. J. Lazarus, & S. R. Jimerson (Eds.), *Best practices in school crisis prevention and intervention*, (pp. 367–384). Pennsylvania: NASP Publications.
- Broderick, C. B. (1993). *Understanding family processes*. London: Sage Publications.
- Bronstein, I & Montgomery, P. (2011). Psychological Distress in Refugee Children: A Systematic Review. *Clinical Child Family Psychology Review*, 14, 44–56.
- Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, MA: Harvard University Press.
- Brooks R. B. (2005). The power of parenting. In S. Goldstein & R. Brooks (Eds.), *Handbook of Resilience in Children*, (pp. 297–314). London: Kluwer Academic/Plenum Publishers.
- Brough, M., Gorman, D., Ramirez, E. & Westoby, P. (2003). Young refugees talk about well-being: a qualitative analysis of refugee youth mental health from three states. *Australian Journal of Social Issues*, 38(2), 193-208.

- CAMHS Review (2008) Children and young people in mind: the final report of the National CAMHS Review. London: DCSF/DH.
- Candappa, M. & Egharevba, I. (2000). *Extraordinary Childhoods': the social lives of refugee children*. Children 5-16 Research Briefing Number 5. Economic & Social Research Council.
- Cefai, C. (2007). Resilience for all: a study of classrooms as protective contexts. *Emotional and Behavioural Difficulties*, 12(2), 119-134.
- Cohen, L., Manion, L. & Morrison, K. (2007). *Research Methods in Education*. London: Routledge Falmer.
- Condly, S. J. (2006). Resilience in Children: A Review of Literature with Implications for Education. *Urban Education*, 41(3), 211-236.
- Cresswell (2007). *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*. London: Sage Publications.
- Creswell, J. W. & Plano Clark. V.L. (2007). *Designing and Conducting Mixed Methods Research*. London: Sage Publications.
- Crowley, C. (2009). The mental health needs of refugee children: A review of literature and implications for nurse practitioners. *Journal of the American Academy of Nurse Practitioners*, 21, 322–331.
- Daud, A., Klinteberg, B. & Rydelius, PA. (2008). Resilience and vulnerability among refugee children of traumatised and non-traumatised parents. *Child and Adolescent Psychiatric and Mental Health*, 2(7), 1.11.
- Davies, M. & Webb, E. (2000). Promoting the psychological well-being of refugee children. *Clinical Child Psychology and Psychiatry*, 5(4), 541-554.
- De Haene, L., Grietens, H. & Verschueren, H. (2007). From symptom to context: A review of the literature on refugee children's mental health. *Hellenic Journal of Psychology*, 4, 233-256.
- Dent, R. J. & Cameron, S. (2003). Developing Resilience in Children who are in Public Care: the educational psychology perspective. *Educational Psychology in Practice*, 19(1), 3-19.
- Department for Education and Skills (DfES). (2003). *Every Child Matters*. London: HMSO.
- Department for Education and Skills (DfES). (2005). *Every Child Matters: What do you think? Children and young person's version of the green paper*. London: DfES
- Department Children Schools and Families. (2007). *The Children's Plan: Building brighter futures*. London: DCSF

The Stationery Office. Derluyn, I., & Broekaert, E. (2007). Different perspectives on emotional and behavioural problems in unaccompanied refugee children and adolescents. *Ethn Health*, 12, 141–62.

Dockrell, J. E. (2004). How can studies of memory and language enhance the authenticity, validity and reliability of interviews? *British Journal of Learning Disabilities*, 32, 161-165

Dogra, N., Parkin, A., Gale F. & Fake, C. (2002). *A Multi-Disciplinary Handbook of Child and Adolescent Mental Health for Front Line Professionals*. London: Jessica Kingsley

Dyregrov, A. (2004). Educational consequences of loss and trauma. *Educational and Child Psychology*, 21(3), 77–84.

Eisenbruch, M. (1991). From post traumatic stress disorder to cultural bereavement: diagnosis of Southeast Asian refugees. *Social Science and medicine*, 33(6), 673-680.

Elliot, R., Sahakian, B. and Charney, D. (2008). Mental Capital and Wellbeing: Making the most of ourselves in the 21st century. State-of-Science Review: E7. The Neural Basis of Resilience. London: Government Office for Science, Foresight Project.

Ellis B. H., Lincoln A., MacDonald H. Z., Klunk-Gillis J., Strunin L. & Cabral H. J. (2010). Discrimination and mental health among Somali refugee adolescents: the role of acculturation and gender. *American Journal of Orthopsychiatry*, 80, 564–75.

Espelage, D.L., & Swearer, S.M. (2004). *Bullying in American schools: A social-ecological perspective on prevention and intervention*. Mahwah, NJ: Lawrence Erlbaum Associates.

Ethnolt, K. A., Smith, P. A. & Yule, W. (2005). School-based Cognitive-Behavioural Therapy Group Intervention for Refugee Children who have Experienced War-related Trauma. *Clinical Child Psychology and Psychiatry*, 10(2), 235-250.

Farah, W. (2005). *Partners in Education*. Islington: Cambridge Education Associates.

Farwell, N. (2004). In war's wake: Contextualizing trauma experiences and psychosocial well-being among Eritrean youth. *International Journal of Mental Health*, 32, 22-50.

Fazel, M., & Stein, A. (2002). Review: The mental health of refugee children. *Archives of Disease in Childhood*, 87, 366–370.

- Fazel, M., & Stein, A. (2009). A School-Based Mental Health Intervention for Refugee Children: An Exploratory Study. *Clinical Child Psychology Psychiatry*, 14(2), 297-309.
- Fazel, M., Wheeler, J. & Danesh, J. (2005). Prevalence of serious mental disorder in 7000 refugees resettled in western countries: A systematic review. *The Lancet*, 365, 1309–1314.
- Fazel, M., Reed, R. V., Panter-Brick, C. & Stein, S. (2012). Mental health of displaced and refugee children resettled in high-income countries: risk and protective factors. *The Lancet*, 379, 266 – 282.
- Fox, P. G., Rossetti, J, Burns, K. R & Popovich, J (2005). Southeast Asian refugee children: a school-based mental health intervention. *Int J Psychiatry and Nursing Research*, 11(1), 1227-36.
- Fonagy, P., Steele, M., Steele, H., Higgett, A. & Target, M. (1994). The Emmanuel Miller Memorial Lecture: the theory and practice of resilience. *Journal of Child Psychology and Psychiatry*, 35(2), 231-257.
- Free, E. (2003). Young Refugees: providing emotional support to young separated refugees in the UK. London : Save the Children.
- Friedman, M., & Jaranson, J. (1994). The applicability of the posttraumatic stress disorder concept to refugees. In A. J. Marsella & T. Bornemann (Eds.), *Amidst peril and pain: The mental health and well-being of the world's refugees*. (pp. 207-227). Washington, DC, USA: American Psychological Association.
- Fullilove, M. T. (1996). Psychiatric Implications of Displacement: Contributions from the Psychology of Place. *American Journal of Psychiatry*, 153(12), 1516-1523.
- Furman, W., & Buhrmester, D. (1992). Age and sex differences in perceptions of networks and personal relationships. *Child Development*, 63, 103-115.
- Garbarino, J. & Ganzel, B. (2000). The human ecology of early risk. In Shaunkoff J. P. & Meiseld S. J. (Eds.) chapter 4. *Handbook of Early Childhood Intervention*. UK: Cambridge Press
- Garnezy, N., Masten, A.S., & Tellegen, A. (1984). The study of stress and competence in children: A building block of developmental psychology. *Child Development*, 55, 97-111.
- Geddes, H. & Hanko. G. (2006). Behaviour and the Learning of Looked-After and other vulnerable Children. London: National Children’s Bureau.
- Geltman, P. L., Grant-Knight, W. & Mehta, S. D. (2005). The “lost boys of Sudan”: functional and behavioural health of unaccompanied refugee minors resettled in the United States. *Arch Pediatr Adolesc Med*; 159, 585–91.

- German, M. (2004). Enabling reconnection: Educational psychologists supporting unaccompanied, separated, asylum seeker/refugee children. *Educational and Child Psychology*, 21(3), 6-29.
- Gersch, I. S. (1996). Listening to children in educational contexts. In R. Davie et al. (Eds.) *The voice of the child: A handbook for professionals*. London: Falmer Press
- Gilman, R. (1999). Validation of the Multidimensional Students' Life Satisfaction Scale with adolescents. *Dissertation Abstracts International*, 60(04), 1901B.
- Gilman, R. (2001). The relationship between life satisfaction, social interest, and frequency of extracurricular activities among adolescent students. *Journal of Youth & Adolescence*, 30, 749-767.
- Gilligan, R. (2000). Adversity, Resilience and Young People: the Protective Value of Positive School and Spare Time Experiences. *Children and Society*, 14, 37-47.
- Goodman, J.H. (2004) Coping with trauma and hardship among unaccompanied refugee youths from Sudan. *Qualitative Health Research*, 14, 1177–1196.
- Gutman, L. M., Brown, J., Akerman, R. & Obolenskaya, P. (2010). *Change in wellbeing from childhood to adolescence: risk and resilience*. UK: Centre for Research on the Wider Benefits of Learning.
- Hamilton R. J., Anderson, A., Frater-Mathieson, K., Loewen, S. & Moore, D. W. (2000). *Literature Review: Interventions for Refugee Children in New Zealand Schools: Models, Methods, and Best Practice*. New Zealand: Ministry of Education.
- Hayes, N. (2000). *Doing Psychological Research*. Buckingham: Open University Press.
- Hayes, J. (2004). Visual annual reviews: how to include pupils with learning difficulties in their educational reviews. *Support for Learning*, 19(4), 174-180.
- Hefferon, K. & Boniwell, I. (2011) *Positive Psychology: Theory, Research and Applications*. McGraw-Hill: Open University.
- Hek, R. (2005). The role of education in the settlement of young refugees in the UK: The experiences of young refugees. *Practice*, 17, 157–171.
- Hieu, V. & Thao, N.L., (2007) Stressful life events, culture, and violence. *Journal of Immigrant Health*. 19, 75-84.
- Hjern, A. & Jeppsson, O. (2005). Mental health care for refugee children in exile. In D. Ingleby (Ed.), *Forced migration and mental health: Rethinking the*

care of refugees and displaced persons. New York: Springer Publishing Co, 115-128.

Hodes, M. (2000). Psychologically Distressed Refugee Children in the United Kingdom *Child Psychology & Psychiatry Review*, 5(2), 57-68.

Hodes, M., Jagdev, D., Chandra, N. & Cunniff, A. (2008). Risk and resilience for psychological distress amongst unaccompanied asylum seeking adolescents. *Journal of Child Psychology and Psychiatry*, 49(7), 723-732.

Huebner, E. S. (1994). Preliminary development and validation of a multidimensional life satisfaction scale for children. *Psychological Assessment*, 6, 149-158.

Huebner, E. S. (2001). Manual for the Multidimensional Students' life Satisfaction Scale. Columbia: University of South Carolina. Document Number)

Home Office (2010). Spotlight on refugee integration: findings from the Survey of New Refugees in the United Kingdom. London: Home Office.

Howard, S. & Johnson, B. (2000). 'What makes the difference?' Children and teachers talk about resilient outcomes for children 'at risk'. *Educational Studies*, 26 (3), 321-337.

Henderson, N. and Milstein, M. M. (2003). (Updated Edition). *Resiliency in Schools. Making it happen for students and educators*. Thousand Oaks: Corwin Press.

Ingleby, D. & Watters, C (2002). Refugee children at school: good practices in mental health and social care. *Education and Health*, 20(3), 43-45.

Institute of Public Policy Research (IPPR) (2005). Asylum in the UK: an IPPR fact file. London: IPPR.

Jones, C. (1998). The educational needs of refugee children. In C. J. J. Rutter (Ed.), *Refugee education: Mapping the field*. London: Trentham Books.

Kanji, Z. & Cameron, B. L. (2010). Exploring the Experiences of Resilience in Muslim Afghan Refugee Children. *Journal of Muslim Mental Health*, 5, 22–40,

Kelley, P. (1992). The Application of Family Systems Theory to Mental Health Services for Southeast Asian refugees. In, A. S. Ryan (Eds.), *Social work with immigrants and refugees* (1-12). USA, NY: The Haworth Press.

Kidane, S. (2001). *Food, Shelter and Half a Chance. Assessing the needs of unaccompanied asylum seeking and refugee children*. BAAF. London

Kohli, R. (2006). The sound of silence: listening to what unaccompanied asylum-seeking children say and do not say. *British Journal of Social Work*, 36, 707–721.

Kohli, R. & Mather, R. (2007). Promoting psychosocial well-being in unaccompanied asylum seeking young people in the United Kingdom. *Child and Family Social Work*, 8, 201–212.

Kovacev L. (2004). Acculturation and social support in relation to psychosocial adjustment of adolescent refugees resettled in Australia. *International Journal of Behaviour development*, 28, 259–67.

Lazarus, R. S. (1993). From psychological stress to the emotions: A history of changing outlooks. *Annual Review of Psychology*, 44, 1–21.

Liebkind, K. (2001). Acculturation. In R. Brown & S. Gaertner (Eds.), *Blackwell Handbook of Social Psychology: Intergroup Processes*. 386-406. Oxford, UK: Blackwell.

Lincoln, Y. S. & Guba, E. G. (1985). *Naturalistic Inquiry*. Newbury Park, Calif: Sage.

Luthar, S.S., & Cicchetti, D. (2000). The construct of resilience: Implications for interventions and social policies. *Development and Psychopathology*, 12, 857-855.

Lustig, S., Kia-Keating, M., Grant-Knight, W., Geltman, P., Ellis, H. & Birman, D. (2003). *White paper from the National Child Traumatic Stress Network: Review of child and adolescent refugee mental health*. Boston: U.S. Department of Health and Human Services: Substance Abuse and Mental Health Services Administration.

Lustig, S., Kia-Keating, M., Knight, W., Geltman, P., Ellis, H., Kinzie, D. (2004). Review of child and adolescent refugee mental health. *Journal of the American Academy of Child & Adolescent Psychiatry*, 43(1), 24–36.

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 71(3), 543-562.

Ma, X., Stewin, L.L. & Mah, D. L. (2001). Bullying in school: nature, effects and remedies. *Research Papers in Education*, 16(3), 247-270.

MacDonald, G. and O'Hara, K. (1998) Ten Elements of Mental Health, its Promotion and Demotion: Implications for Practice. *Position Paper on Mental Health 261 Promotion Version 8*. Birmingham: Society of Health Education and Health Promotion Specialist.

MacMullin, C. & Loughry, M. (2000) A child-centred approach to investigating refugee children's concerns. In: F.L. Ahearn (Eds.) *Psychosocial Wellness in Refugees: Issues in Qualitative and Quantitative Research* (pp.153-166). Oxford: Berghahn Books.

Madill, A., Jordan, A. & Shirley, C. (2000). Objectivity and reliability in qualitative analysis: Realist, contextualist and radical constructionist epistemologies. *British Journal of Psychology*, 91, 1-20.

Maegusuku-Hewett, T., Dunkerley, D., Scourfield, J & Smalley, N (2007). Refugee Children in Wales: Coping and Adaptation in the Face of Adversity. *Children & Society*, 21, 309–321.

Manyena, S. B & Brady, E. (2006). Supporting asylum seeker and refugee children within the education system in England (SPARC project). UK: CfBT Education Trust.

Marriott, K. (2001) Living in Limbo; Young separated refugees in the West Midlands. Save the Children.

Marshall, M. N. (1996). Sampling for qualitative research. *Family Practice*, 13, 522-525.

Masten, A.S. (2001). Ordinary Magic. *American Psychologist*, 56(3), 227-238.

Masten, A. S., Best, K. M., & Garmezy, N. (1991). Resilience and development: Contributions from the study of children who overcome adversity. *Development and Psychopathology*, 2, 425-444.

Masten, A.S. & Powell, J.L. (2003). A resilience framework for research, policy and practice. In S.S. Luther (Ed.), *Resilience and Vulnerability. Adaptation in the Context of Childhood Adversities*. Cambridge University Press.

McBrien, J. L. (2005). Educational needs and barriers for refugee students in the United States: A review of the literature. *Review of Educational Research*, 75(3), 329-364.

Mertens, D. M. (2005). *Research and Evaluation in Education and Psychology*(2nd Edn.). London: Sage Publications.

Moe, J., Johnson, J. L. & Wade, W. (2007). Resilience in Children of Substance Users: In Their Own Words. *Substance Use & Misuse*, 42, 381-398.

Montgomery, E. (1998). Refugee Children from the Middle East. *Scandinavian Journal of Social Medicine*(Suppl 54), 1-152.

Morton, J., & Frith, U. (1995). Causal modelling: A structural approach to developmental psychopathology. In D. Cicchetti & D. Cohen (Eds.), *Manual of developmental psychopathology*. New York: John Wiley & Sons.

- Munn, P. & Lloyd, G. (2005). Exclusion and excluded pupils. *British Educational Research Journal*, 31(2), 205-221.
- Newman, T. (2002). *Promoting Resilience: A review of effective strategies for childcare services*. Exeter: Centre for Evidence-Based Social Services, University of Exeter.
- Olsen, W. K. (2004). Triangulation in Social Research: Qualitative and Quantitative Methods Can Really Be Mixed. In M. Holborn & Haralambos (Eds.), *Developments in Sociology*, Ormskirk: Causeway Press.
- Olweus, D. (1993) 'Bullying at school: What we know and what we can do', Oxford: Blackwell.
- Papageorgiou, V., Frangou-Garunovic, A., Iordanidou, R., Yule, W., Smith P., & Vostanis, P. (2000). War trauma and psychopathology in Bosnian refugee children. *European Child and Adolescent Psychiatry*, 9(2), 84–90.
- Papadopoulos, R. K. (2001). Refugee families: Issues of systemic supervision. *Journal of Family Therapy*, 23, 405-422.
- Papadopoulos, R.K. (ed.) (2002) *Therapeutic Care for Refugees: No Place like Home*. Karnac, London.
- Park, N. S., Huebner, E. S., Laughlin, J. E., Valois, R. F., & Gilman, R. (2004). A cross-cultural comparison of the dimensions of child and adolescent life satisfaction reports. *Social Indicators Research*, 66, 61-79.
- Porter, M., & Haslam, N. (2005). Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons. *Journal of the American Medical Association*, 294(5), 602–612.
- Popliger, M., Toste, J. R. & Heath, N. L. (2009). Perceived social support and domain specific adjustment of children with emotional and behavioural difficulties. *Emotional and Behavioural Difficulties*, 14(3), 195-213.
- Poulou, M. (2007). Social resilience within a social and emotional learning framework: the perceptions of teachers in Greece. *Emotional and Behavioural Difficulties*, 12(2), 91-104.
- Price R. & Iszatt, J. (1996). Meeting the needs of refugee children and their families and schools. In A. Sigston, P. Curran, A. Labram, & S. Wolfendale (Eds.), *Psychology in practice with young people, families and schools*, (pp.55-70). London: David Fulton.
- Pryor, C. B. (2001). New immigrants and refugees in American schools: Multiple voices. *Childhood Education*, 77, 275–283.

- Pumariega, A., Rothe, E., & Pumariega, J. (2005). Mental health of immigrants and refugees. *Community Mental Health Journal*, 41(5), 581–597.
- Raghallaigh, M. N. & Gilligan, R. (2010). Active survival in the lives of unaccompanied minors: coping strategies, resilience, and the relevance of religion. *Child & Family Social Work*, 15(2), 226–237.
- Rees, P. & Bailey, K. (2003). Positive exceptions: learning from students who 'beat the odds'. *Educational and Child Psychology*, 20(4), 41-59.
- Richman, N (1998) In the midst of the whirlwind. A manual for helping refugee children. Save the Children. London
- Riley, K. & Docking, J. (2004). Voices of disaffected pupils: implications for policy and practice. *Journal of Educational Studies*, 52(2), 166-179.
- Robson, C. (2002). *Real World Research* (2nd Edition). Oxford: Blackwell Publishing.
- Rousseau, C. (1995). The mental health of refugee children. *Transcultural Psychiatry Research Review*, 32, 299–331.
- Rousseau C., Drapeau, A. & Corin, E. (1998). Risk and protective factors in Central American and Southeast Asian refugee children. *Journal of Refugee Studies*, 11(1), 20-37.
- Rousseau, C. and Guzder, J. (2008). School-Based Prevention Programs for Refugee Children. *Child Adolescent Psychiatric Clinics*, 17, 533-549.
- Rubin, K. H., Dwyer, K. M., Booth-LaForce, C., Kim, A. H., Burgess, K. B. and Rose-Krasnor, L. (2004). Attachment, Friendship, and Psychosocial Functioning in Early Adolescence. *Journal of Early Adolescence*, 24(4), 326-356.
- Rutter, M. (1979). Protective factors in children's responses to stress and disadvantage. In M. W. Kent & J. E. Rolf (Eds.), *Primary prevention of psychopathology: Vol. 3. Social competence in children* (pp. 49-74). Hanover, NH: University Press of New England.
- Rutter, M. (1985). Resilience in the face of adversity: Protective factors and the resistance to psychiatric disorder. *British Journal of Psychiatry*, 147, 598–611.
- Rutter, M. (1988). Stress, coping, and development: Some issues and some questions. In M. Rutter & N. Garnezy (Eds.), *Stress, coping, and development in children* (2nd ed.). Baltimore, MD: Johns Hopkins University Press.
- Rutter, J. (2003). Supporting refugee children in 21st-century Britain: a compendium of essential information. Stoke on Trent: Trentham books.

- Sameroff A.J., Seifer, R., Baroca, R., Zax, M., & Greenspan, S. (1987). Intelligence quotient scores of 4-year old children: Social-environmental risk factors. *Pediatrics*, 79(3), 343-350.
- Sandler, I., Tein, J., & West, S. (1994). Coping, stress, and the psychological symptoms of children of divorce: A cross-sectional and longitudinal study. *Child Development*, 65, 1744-1763.
- Scott, S. (2002) Classification of psychiatric disorders in childhood and adolescence: building castles in the sand? *Advances in Psychiatric Treatment*, 8, 205 -21
- Schwartz, D. & Gorman, A. (2003). Community violence exposure and children's academic functioning. *Journal of Educational Psychology*, 95(1), 163–173.
- Seligman, M. E. P. & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist*, 55(1), 5-14.
- Seligman, M.E.P. (2003). Positive Psychology: Fundamental Assumptions. *Psychologist*, 126-127.
- Sherriff, J. E. (1995). Reaching first base: Guidelines for good practice on meeting the needs of refugee children from the Horn of Africa. London: Day-care Trust.
- Skinner, E.A., & Zimmer-Gembeck, M.J. (2007). The development of coping. *Annual Review of Psychology*, 58, 119-144.
- Smith, D. (2006). *School experience and delinquency at ages 13 to 16*. Centre for Law and Society, University of Edinburgh. Retrieved August 31, 2011 from www.law.ed.ac.uk/cls/esytc/findings/digest13.pdf
- Smith, C. L., Eisenberg, N., Spinrad, T. L., Chassin, L., Morris, A. S., Kupfer, A., Liew, J., Cumberland, A., Valiente, C. & Kwok, O. M. (2006). Children's coping strategies and coping efficacy: Relations to parent socialization, child adjustment, and familial alcoholism. *Development and Psychopathology*, 18, 445–469.
- Smith, P., Perrin, S., Yule, W. & Rabe-Hesketh, S. (2001). War Exposure and Maternal Reactions in the Psychological Adjustment of Children from Bosnia-Herzegovina. *Journal of Child Psychology and Psychiatry*, 42(3), 395-404.
- Spencer, S. (ed) (2006). Refugees and Other New Migrants: A review of the evident successful approaches to integration. Centre on Migration Policy and Society (COMPAS), Oxford.

- Stauffer, S (2009). Trauma and disorganised attachment in refugee children: integrating theories and exploring treatment options. *Refugee Survey Quarterly*, 27(4), 150-163.
- Stanley, K (2001). *Cold comfort. Young separated refugees in England. Save the Children.* London
- Steele, W. (2008). Trauma and Loss: Research and Interventions. *Journal of the National Institute for Trauma and Loss in Children*, 7(1), 1-41
- Stein, P. T. & Kendall, J. (2004). *Psychological Trauma and the Developing Brain.* Binghamton, NY: Haworth Press.
- Stodolska, M. & Livengood, J. L. 2006. The influence of religion on the leisure behaviour of immigrant Muslims in the United States. *Journal of Leisure Research*, 38, 293-320.
- Streeck-Fischer, A. & Van Der Kolk, B. (2000). Down will come baby, cradle and all: Diagnostic and therapeutic implications of chronic trauma on child development. *Australian and New Zealand Journal of Psychiatry*, 34, 903–918.
- Summerfield, D. (2000). Childhood, war, refugee and 'trauma': Three core questions for mental health professionals. *Transcultural Psychiatry*, 37(3), 417-433.
- Schwartz, D. Gorman, A. H. (2003). Community violence exposure and children's academic functioning. *Journal of Educational Psychology*, 95(1), 163-173.
- Tajfel, H. & Turner, J. (1986). The social identity theory of intergroup behaviour. In S. Worchel & W. Austin (Eds.), *Psychology of intergroup relations*, (2nd ed.), 7-24. Chicago: Nelson-Hall.
- Taylor, G.W. & Ussher, J.M. (2001). Making Sense of S&M: A Discourse Analytic Account. *Sexualities*, 4, 293-314.
- Tashakorri, A. & Creswell, J. W. (2007). The New Era of Mixed Methods (editorial). *Journal of Mixed Methods Research*, 1, 3–7.
- Teijlingen, E. & Hundley, V. (2001). The importance of pilot studies. *Social Research Update.* University of Surrey.
- UNHCR. (1951). Convention relating to the status of refugees. Geneva: United Nations High Commission for Refugees.

- Verschueren, K., Marcoen, A & Schoefs, V. (1996). The internal working model of the self, attachment, and competence in five-year-olds". *Child Development*, 67(5), 2493–511.
- Walter, J., & Bala, J. (2004). Where meanings, sorrow, and hope have a resident permit: Treatment of families and children. In J. P. Wilson & B. Drozdek (Eds.), *Broken spirits. The treatment of traumatized asylum-seekers, refugees, war and torture victims* (pp. 487-519). New York: Brunner-Routledge.
- Web, E & Davies, M. (2003). Refugee children: don't replace one form of severe adversity with another. *Arch Dis Child*, 88, 365-366.
- Webster, A. & Robertson, M. (2007). Can community psychology meet the needs of refugees? *The Psychologist*, 20(3), 156–158.
- Werner, E. (1990). Protective Factors and Individual resilience. In: S. J. Meisels & J. P. Shonkoff, (Eds.) *Handbook of Early Childhood Intervention*. Cambridge: Cambridge University Press.
- Werner, E. E. (2000). Protective factors and individual resilience. In J.P. Shonkoff & S.J. Meisels (Eds.), *Handbook of Early Childhood Intervention Second Edition*, (chapter 6). UK: Cambridge University Press.
- Werner, E. E. & Smith, R. S. (1982). *Vulnerable but invisible: A longitudinal study of resilient children and youth*. New York: McGraw Hill.
- Weare, K. (2004) *Developing an Emotionally Literate School*. London: Sage.
- Willig, C. (2001). *Introducing Qualitative Research in Psychology; Adventures in theory and method*. Buckingham: Open University Press.
- Winter, G. (2000). A comparative discussion of the notion of 'validity' in qualitative and quantitative research. *The Qualitative Report*, 4 (3&4)
- Wolin, S. & Wolin, S. (1998). Commentary of resilient adolescent mothers: Ethnographic interviews. *Families, Systems & Health*, 16(4), 356.
- Woodcock, J. (2000). A Systemic approach to Trauma. *The Magazine for Family Therapy and Systemic Practice*, 51, 2-4.
- Yang, B., & Clum, G. A. (2000). Childhood stress leads to later suicidality via its effects on cognitive functioning. *Suicide and Life Threatening Behaviour*, 30, 83-189.
- Yohani, S. C. (2010). Nurturing hope in refugee children during early years of post-war adjustment. *Child & Adolescent Services Review*, 32, 865-873.,

Yule, W. (1998). The psychological adaptation of refugee children. In R, J. & Jones, C. (Eds.), *Refugee education mapping the field*, 75-92. UK: Trentham Books Ltd.

Appendices

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Appendix 1a – Research inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none">• Refugee children aged 9-19 years• Children and parents who have been in the UK since 2000 or later• Refugee children judged by staff to be resilient and psychologically able to participate i.e. demonstrating good adjustment and settlement• Participants who have adequate language skills	<ul style="list-style-type: none">• Refugee children that are not attending a primary or secondary school• Refugee children who are known to the Educational Psychology Service• Children and parents that arrived prior to 2000• Refugee children who are undergoing treatment/intervention from external agencies i.e. CAMHS• Participants that are involved in any other research• Participants who require an interpreter

Appendix 1b – Literature search inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none">• Studies exploring protective and risk factors with refugee children• Studies exploring resilience with refugee children• Studies where the participants are both children and parents• Children and Adolescents (primary to secondary age range).• Studies seeking the views of refugee children	<ul style="list-style-type: none">• Studies of children not of school age.• Studies assessing the efficacy of mental health interventions with refugee children• Studies assessing access to mental health services for refugee children• Studies assessing the efficacy of mental health instruments with refugee children• Studies not written in English• Studies produced/published before 1996

Introduction

The purpose of this study is to learn more about children who move to from London other countries. I am especially interested in how you felt when you first moved here, what things helped you and what things were not so helpful. I will keep whatever you tell me confidential. That means I will not tell anyone else what you said to me. If you do not want to answer any questions you do not have to. If you want to stop at any time, we will and you will not be in any trouble because of it. If you want, I will throw out anything you do not want me to use. I will be talking to a few children and when I write this up into a report, I will combine all your answers so it sounds like one person talking.

I would like to tape this interview so that I don't forget anything you say. When we are done, the tape will be stored at the university with no names on it. No one else, except for my teacher, will ever hear it. Sometimes I might write some things down too. You can look at them after we are done if you want to.

Do you understand all of this? Do you have any questions? Do you still want to be interviewed?

The Interview

1. To start out, can you tell me about your situation since you came to the UK? Where have you lived? For how long?
2. I would like you to think about what you remember best about moving to London. What was really special?
3. Do you feel settled in London now? What things are important to you? What things were important to you while you were settling in?
4. Remember at the beginning of our interview, I said that I was interested in what helps kids when they first move to a new country. When you think about starting school for the first time here, what comes to mind? Is there any special memory you have?
5. Think about your parents. When you first moved here what did your parents say or do to make things easier for you?
6. What responsibilities do you have at home, if any?
7. If you had to describe or write a story about yourself to someone else, what would you say? If a friend of yours was coming to the UK from your country, what advice would you have for them?
8. Tell me about your friends. Are they from school, your mosque/church, other? What do you like to do with them? Do your parents like them? When do you see your friends?
9. Tell me about school. What really helps you? What is hard for you? What would make your studies easier? Is there anything that made school harder for you? *If they have attended school in their previous country ask them to describe.*

10. What support did you receive in your class when you arrived, from teachers and peers alike?
11. Have you been in any kind of trouble at school?
12. If your school were perfect, what would it be like? What are your favourite subjects? What would the perfect teacher be like?
13. How important is your culture?
14. *How happy are you? What makes you happy? What do you do then? What makes you feel bad? What do you do then?
15. What wishes do you have for the future? Can you describe for me how you think you can fulfil your wishes?
16. We are almost done now. *Summarize the interview here.* You have told me a lot about your experiences. Is there anything else you can think of?
17. We are at the end of our interview. Is there anything you would like to ask me?

Thank you so much for letting me interview you.

Introduction: explain purpose of interview, assure confidentiality.

Warm up questions: Interests/hobbies? How long have you been in the UK?

Main body of interview:

Can you tell me about your initial experiences when you first arrived? What was the situation?

- What helped/supported you during this time? Explore further.

How did your child(ren) respond the new situation?

- What about now?

What services were offered to you when you arrived? How have they helped?

In what ways has school and education helped your child since coming to the UK?

What support have you provided to your child?

- Emotional
- Physical

What support have you received in understanding and making sense of things such as schooling for your child(ren)?

What services are you currently using in the local community?

- Children centres
- Leisure centres

What has been the most difficult for you since you arrived?

What are the three most important things to you right now?

How happy do you think you are now compared to when you first arrived considering the struggles that you went through when you arrived?

What makes you happy?

(Debrief, thank participant, and remind them about withdrawal process and purposes of research).

MSLSS

We would like to know what thoughts about life you've had during the past several weeks. Think about how you spend each day and night and then think about how your life has been during most of this time. Here are some questions that ask you to indicate your satisfaction with life. In answering each statement, circle a number from (1) to (6) where (1) indicates you **strongly disagree** with the statement and (6) indicates you **strongly agree** with the statement. It is important to know what you REALLY think, so please answer the question the way you really feel, not how you think you should. This is NOT a test. There are NO right or wrong answers.

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1. My life is going well	1	2	3	4	5	6
2. My friends are nice to me	1	2	3	4	5	6
3. I am fun to be around	1	2	3	4	5	6
4. I feel bad at school	1	2	3	4	5	6
5. I have a bad time with my friends	1	2	3	4	5	6
6. There are lots of things I can do well	1	2	3	4	5	6
7. I learn a lot at school	1	2	3	4	5	6
8. I like spending time with my parents	1	2	3	4	5	6
9. My life is just right	1	2	3	4	5	6
10. My family is better than most	1	2	3	4	5	6
11. There are many things about school I don't like	1	2	3	4	5	6
12. I think I am good looking	1	2	3	4	5	6
13. My friends are great	1	2	3	4	5	6
14. My friends will help me if I need it	1	2	3	4	5	6
15. I wish I didn't have to go to school	1	2	3	4	5	6
16. I like myself	1	2	3	4	5	6
17. I would like to change many things in my life	1	2	3	4	5	6
18. There are lots of fun things to do where I live	1	2	3	4	5	6
19. My friends treat me well	1	2	3	4	5	6
20. Most people like me	1	2	3	4	5	6
21. I enjoy being at home with my family	1	2	3	4	5	6

Continued on Next Page

MSLSS, cont'd

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
22. My family gets along well together	1	2	3	4	5	6
23. I look forward to going to school	1	2	3	4	5	6
24. My parents treat me fairly	1	2	3	4	5	6
25. I wish I had a different kind of life	1	2	3	4	5	6
26. I like being in school	1	2	3	4	5	6
27. My friends are mean to me	1	2	3	4	5	6
28. I wish I had different friends	1	2	3	4	5	6
29. School is interesting	1	2	3	4	5	6
30. I enjoy school activities	1	2	3	4	5	6
31. I wish I lived in a different house	1	2	3	4	5	6
32. Members of my family talk nicely to one another	1	2	3	4	5	6
33. I have a good life	1	2	3	4	5	6
34. I have a lot of fun with my friends	1	2	3	4	5	6
35. My parents and I do fun things together	1	2	3	4	5	6
36. I like my neighborhood	1	2	3	4	5	6
37. I wish I lived somewhere else	1	2	3	4	5	6
38. I am a nice person	1	2	3	4	5	6
39. This town is filled with mean people	1	2	3	4	5	6
40. I like to try new things	1	2	3	4	5	6
41. I have what I want in life	1	2	3	4	5	6
42. My family's house is nice	1	2	3	4	5	6
43. I like my neighbors	1	2	3	4	5	6
44. I have enough friends	1	2	3	4	5	6
45. I wish there were different people in my neighborhood	1	2	3	4	5	6
46. I like where I live	1	2	3	4	5	6
47. My life is better than most kids'	1	2	3	4	5	6

Scale Structure – MSLSS items

Family

I enjoy being at home with my family.
 My family gets along well together.
 I like spending time with my parents.
 My parents and I doing fun things together.
 My family is better than most.
 Members of my family talk nicely to one another.
 My parents treat me fairly.

Friends

My friends treat me well.
 My friends are nice to me.
 I wish I had different friends.*
 My friends are mean to me.*
 My friends are great
 I have a bad time with my friends.*
 I have a lot of fun with my friends.
 I have enough friends.
 My friends will help me if I need it.

School

I look forward to going to school.
 I like being in school.
 School is interesting.
 I wish I didn't have to go to school.*
 There are many things about school I don't like.*
 I enjoy school activities.
 I learn a lot at school.
 I feel bad at school.*

Living Environment

I like where I live.
 I wish there were different people in my neighborhood.*
 I wish I lived in a different house.*
 I wish I lived somewhere else.*
 I like my neighbourhood.
 I like my neighbours.
 This town is filled with mean people.*
 My family's ho use is nice.
 There are lots of fun things to do where I live.

Self

I think I am good looking.
 I am fun to be around.
 I am a nice person.
 Most people like me.
 There are lots of things I can do well.
 I like to try new things.
 I like myself.

*reverse keyed items

Dear Member of Staff,

My name is Shaheen Mohamed and I am currently studying for my Doctorate in Educational and Child Psychology at the University of East London. I'm also working in the London Borough of Greenwich as a Trainee Educational and Child Psychologist. I am very interested in exploring the views and experiences of children and families from refugee backgrounds.

Consent to Participate in a Research Study

The purpose of this letter is to provide you with the information you need to consider in deciding whether to participate in this study by completing the short questionnaire attached.

Project Title

The mental health and psychological well-being of refugee children: an exploration of risk, resilience and protective factors

Project Description

The staff at your school are being invited to take part in this research in which I am looking at how refugee children develop resilience following adversity, what protective and risk factors contribute to the psychological well-being of refugee children.

I have conducted interviews with children and parents as part of stage one of the data collection process and I hope to have your participation for the second stage. In order to answer my research questions I am hoping to obtain information from school staff through a questionnaire.

Why is this research being done?

There is considerable evidence that refugee children are at significant risk of developing psychological disturbance as they are subject to a number of risk factors (Fazal and Stein 2010). For example the psychological effects of trauma or the stress related to re-adjustment.

It is expected that the research will draw attention to the role of culture, schools and the community and how they serve as protective factors to this high-risk group. The research will highlight the psychological resources used by refugee children and families in dealing with trauma and stress as well as highlight factors that have contributed to their positive adjustment. Thus, enhance understanding and awareness of prevention and intervention in relation to the positive mental health of refugee children.

Confidentiality of the Data

To maintain confidentiality, you will not be asked for your name or the school you work in. You also have the option of returning the questionnaire via post anonymously.

All data will be destroyed with the use of a shredder. This will occur immediately after it is confirmed the researcher has passed to Doctorate programme – approximately in September 2012.

What does the study involved?

All that is required of you is a little bit of your time to complete the attached questionnaire and send it back to me via email or post, details are on the questionnaire. If you have any questions, please feel free to call or email me (details on questionnaire).

Disclaimer

You are not obliged to take part in this study, and are free to withdraw at any time. Should you choose to withdraw from the programme you may do so without disadvantage to yourself and without any obligation to give a reason.

Exploring the mental health and psychological well-being of refugee children

School Staff Questionnaire

Recent government statistics show that asylum seekers/refugees in the UK come from over 100 countries worldwide, the majority were of African(Republic of Congo, Zimbabwe, Sudan), Middle Eastern (Iran, Iraq, Afghanistan) and Asian origin, with the two largest groups of refugees coming from Eritrea and Somalia.

Please tick the box that best describes your experiences of working with refugee children/young people.

I have worked with refugee children

I have worked with refugee children from the above backgrounds; however they were not explicitly identified as refugees

If neither of the two options above applies to you, please tick this box and return the questionnaire incomplete.

Which borough do you work in?

What is your role in the school?

Your responses to the following questions should be based on your experiences of working with refugee children, not particularly related to your current school/organisation/role.

“A vital aspect of care for refugee children is in primary prevention; schools are uniquely placed to undertake such work” (Fazal and Stein 2010)

1. How strongly do you agree with the above statement with 1 – strongly agree and 5 – strongly disagree? Please Circle your answer.

1	2	3	4	5
---	---	---	---	---

2. Can you describe or list, the protective factors that enhance refugee children’s mental health?

3. Can you describe or list, the risk factors that can negatively impact on the mental health of refugee children?

4. What factors do you think impact on the learning needs of refugee children?

5. What information did/do you usually have about the refugee children that you have worked with?

	Always	Sometimes	Never
Their ethnicity/country of origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The country they have come from (may be different to the one above)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family composition (i.e. siblings, both parents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior education in their previous country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Where do you normally get the above information from?

	Always	Sometimes	
Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, please state:

Any further comments:

Thank you very much for taking part!

Shaheen Mohamed

Please return the questionnaire to shaheen.mohamed@greenwich.gov.uk or

Children's Services
The Woolwich Centre
35 Wellington Street
London SE18 6HQ
Tel: 07985652270

EXTERNAL AND STRATEGIC DEVELOPMENT SERVICES

uel.ac.uk/qa

Quality Assurance and Enhancement



MISS SHAHEEN MOHAMED
172 ALTMORE AVENUE
LONDON
E6 2AE

Date: 18 July 2011

Dear Shaheen,

Project Title:	<i>The Positive Mental Health of Refugee Children</i>
Researcher(s):	<i>Shaheen Mohamed</i>
Supervisor(s):	<i>Dr Miles Thomas</i>

I am writing to confirm that the review panel appointed to your application have now granted ethical approval to your research project on behalf of University Research Ethics Committee (UREC).

Should any significant adverse events or considerable changes occur in connection with this research project that may consequently alter relevant ethical considerations, this must be reported immediately to UREC. Subsequent to such changes an Ethical Amendment Form should be completed and submitted to UREC.

Approval is given on the understanding that the 'UEL Code of Good Practice in Research' (www.uel.ac.uk/qa/manual/documents/codeofgoodpracticeinresearch.doc) is adhered to.

Yours sincerely,

Merlin Harries
Research Degrees Subcommittee (RDS)
Quality Assurance and Enhancement
Telephone: 0208-223-2009
Email: m.harries@uel.ac.uk



University of East London

Romford Road, Stratford E15

University Research Ethics Committee

If you have any queries regarding the conduct of the programme in which you are being asked to participate, please contact the Secretary of the University Research Ethics Committee, Ms Debbie Dada, Admissions and Ethics Officer, Graduate School, University of East London, Docklands Campus, London E16 2RD (Tel 020 8223 2976, Email: d.dada@uel.ac.uk)

The Principal Investigator(s)

Shaheen Mohamed

(Trainee on the Professional Doctorate in Education and Child Psychology)

Greenwich Educational Psychology Service

Riverside House

SE18

Consent to Participate in a Research Study

The purpose of this letter is to provide you with the information you need to consider in deciding whether to participate in this study.

Project Title

The psychological well-being of refugee children: an exploration of risk, resilience and protective factors

Project Description

The children and young people at your school are being invited to take part in a research study in which I am looking at how refugee children develop resilience following adversity, what factors contribute to protect the mental health of refugee children and what factors contribute to hinder or trigger poor mental health in refugee children.

I am looking to recruit refugee children and parents as my participants and they will take part in a semi structured interview about their perceptions and experiences. In order to answer my research questions I am also hoping to obtain information from teachers through a questionnaire/survey about their perceptions of how the impact of adversity and trauma affects refugee children's learning as well as which factors serve as protective factors within the school environment.

Why is this research being done?

There is considerable evidence that refugee children are at significant risk of developing psychological disturbance as they are subject to a number of risk factors (Fazal and Stein 2010). For example the psychological effects of trauma or the stress related to re-adjustment.

It is expected that the research will draw attention to the role of culture, schools and the community and how they serve as protective factors to this high-risk group. The research will highlight the psychological resources used by refugee children and families in dealing with trauma and stress as well as highlight factors that have contributed to their positive adjustment. Thus, enhance understanding and awareness of prevention and intervention in relation to the positive mental health of refugee children.

Confidentiality of the Data

Names and school data will be coded therefore providing anonymity; participants will receive a pseudo-name to protect their identity. All data including transcription of the interviews will be destroyed with the use of a shredder. This will occur immediately after it is confirmed the researcher has passed to Doctorate programme – approximately in September 2012.

What does the study involved?

Once consent for the study from the school has been received and appropriate participants that meet their selection criteria have been selected; I will arrange to meet with the young person for a quick discussion for about 20 minutes to answer any questions they have about what it is I am doing. I will also talk to them about getting written permission from their parents.

If the child/young person still would like to participate in the study, he/she will take part in interview lasting no more than one hour. When I interviewed a mile record what they say using a Dictaphone. What they say will be kept between myself and young person/child. The only time that I would break confidentiality would be if they tell me something that means either themselves or somebody else is in danger.

Location

It is anticipated that the interviews will take place at the school. All information during the study will be kept confidential in a file at the EPS.

Disclaimer

You are not obliged to take part in this study, and are free to withdraw at any time during tests. Should you choose to withdraw from the programme you may do so without disadvantage to yourself and without any obligation to give a reason.

Signed:

Shaheen Mohamed

Information for children and families

Please will you help me with my research?

Here is some information that you might want to think about before you decide.

My name is Shaheen. I am a trainee Educational and Child Psychologist. This leaflet tells you about my research. I hope it will be useful, and I would be pleased to answer any questions you have.

Why is this research being done?

I am doing this research so that I can learn from the experiences of young people in East London who have moved to the UK due to conflict in their country, and hear their views about school and their life in general. I would like to find out the things that make it easier or more difficult while settling into the UK. If you decide to take part, it will help me to learn more about people's experiences in the UK after coming from another country, as you can tell me the things that helped you, and the things that have been difficult for you. I hope that this research can be used to develop better ways of supporting young people in similar circumstances and situations in the future.

Who will be in the project?

Children and families from refugee backgrounds. I would like to talk to young people and families so that I can be sure that I can find out as much as possible about young people's experiences of education and settling into another country. Interviewing families as well as children will give me a richer picture of the experiences of refugee children and families.

What will happen during the research?

If you agree to take part, we will arrange a time and a place when we can meet. The interview will last about 30 minutes. I will ask you some questions and I will ask if I can tape record our conversation, and make notes. This means that I can be sure that I am listening to you, and that I will not miss out on any of the important information you share, because I can listen to it again afterwards, and type it up. If you would rather me not tape the interview, I can just make notes instead. Nobody else will listen to the tapes, or see the notes that I have made.

After the interview you will be asked to complete a short questionnaire about your school, friends and family.

I will write a report for professionals based on the information you give. I will not use your name, or any of your personal information, in any reports that I write. All information will be confidential.

What questions will be asked?

I would like to ask you questions to find out your views about school, family, friends, community and the things that help or make things difficult for you.

The exact questions that I ask will depend on what you tell me about as we talk. **However, I**

will not ask you to talk about your past experiences in your country if I feel it will make you uncomfortable.

What will happen to you if you take part?

If you agree to take part I will interview you on one occasion. You can decide where and when the interview takes place. You can also choose whether you would like to talk to me on your own, or with someone else that you invite along.

I am not looking for right or wrong answers. I am interested in hearing about *your* experiences.

When we are talking, you can decide if you want to stop, or skip a question. You can do this at any time, for any reason, and you do not have to tell me why.

If you have any problems with the project, please tell me or an adult that you trust. You can ask me any questions that you have at any time.

Will doing the research help you?

I hope you will enjoy helping me. The research will mainly collect ideas to help other refugee children.

Who will know that you have been in the research?

The only people who will know that you have decided to take part in the research will be you and me. I will not talk to anyone else about your decision, or your answers unless you tell me anything that may put you or someone else at risk. If so, I will talk to you first about the best thing to do.

I will keep tapes and notes in a safe and secure place. If I use your comments in my report I will not use your name, so that no-one will know that it was you who said it. When I have finished with the information I will destroy the tapes and the notes that I have made.

Do you have to take part?

No. You decide if you want to take part and even if you say 'yes', you can drop out at any time, or say that you don't want to answer some questions.

I will ask you to tell me that you are willing to take part by signing the consent form.

Email: shaheen.mohamed@greenwich.gov.uk, shaheenmo@gmail.com

UNIVERSITY OF EAST LONDON

Consent to Participate in an Experimental Programme

Professional Doctorate in Educational and Child Psychology

I have the read the information leaflet relating to the above programme of research in which I and my child have been asked to participate and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved in have been explained to me.

I understand that my/or my child’s involvement in this study, and particular data from this research, will remain strictly confidential. Only the researchers involved in the study will have access to the data. It has been explained to me what will happen once the experimental programme has been completed.

I hereby freely and fully consent to participate in the study which has been fully explained to me

I hereby freely and fully consent to my child taking part in this study

Having given this consent I understand that I have the right to withdraw from the programme at any time without disadvantage to myself and without being obliged to give any reason.

Participant’s Name (parent):

Participant’s (parent) Signature:

Child’s name:

Investigator’s Name: SHAHEEN MOHAMED

Investigator’s Signature:

Date:

UNIVERSITY OF EAST LONDON

Consent to Participate in an Experimental Programme

Professional Doctorate in Educational and Child Psychology

If you want to take part in the study and talk about your good experiences of how you have learnt to adjust in school after coming to the UK from your home country, then please complete this form. All you need to do is tick the boxes that apply to you.

1. I have looked at any information about the project and I understand what it is about

YES



NO



2. I understand that I can stop talking about something if I want to

YES



NO



3. I understand that I do not have to answer any questions if I do not want to

YES



NO



4. I understand that what I say will be kept private unless what I say puts someone else or myself in danger.

YES



NO



5. I understand that I can change my mind about taking part at any time. It will not affect the way I am supported.

YES



NO



I agree to take part in the research project

Participant's Signature

.....

Investigator's Name (BLOCK CAPITALS) SHAHEEN MOHAMED

Investigator's Signature

.....

Date:

Thank you!

Appendix 9 – MSLSS overall and domain mean scores

Participant	Age	MSLSS mean score	Domain <i>M</i> Scores
1	19	4.6	FA: 4.4 FR: 5 SC: 4 LE: 4.2 SE: 4.4
2	18	2.3	FA: 1.8 FR: 1.3 SC: 1.5 LE: 1.4 SE: 1.7
3	16	4.6	FA: 4.8 FR: 5 SC: 4.8 LE: 5.2 SE: 4
4	17	4.9	FA: 4 FR: 5.11 SC: 5.6 LE: 3.6 SE: 5
5	10	5.6	FA: 6 FR: 5.7 SC: 5.3 LE: 4.7 SE: 4.7
6	9	5.6	FA: 6 FR: 5.4 SC: 5.6 LE: 5 SE: 6
7	16	4.7	FA: 4.7 FR: 6 SC: 5.2 LE: 2.4 SE: 5.7
8	15	4.52	FA: 4.5 FR: 4.7 SC: 4.2 LE: 3.4 SE: 4.7
9	14	5.45	FA: 6

			FR: 5.7 SC: 5.7 LE: 6 SE: 3.7
10	14	5.8	FA: 5.8 FR: 5.8 SC: 5 LE: 5.4 SE: 5.5
11	15	5.3	FA: 4.7 FR: 5.6 SC: 5.5 LE: 4.4 SE: 5.7
12	13	4.8	FA: 5 FR: 5.6 SC: 4.7 LE: 4.11 SE: 4.5
13	13	4.4	FA: 4.4 FR: 5.4 SC: 5.5 LE: 4.11 SE: 3.7
14	14	4.9	FA: 5.5 FR: 5.11 SC: 5.2 LE: 2.8 SE: 5.2
15	15	5.15	FA: 5.8 FR: 5.5 SC: 6 LE: 3.11 SE: 5.2
16	15	5.6	FA: 5.7 FR: 5.7 SC: 4 LE: 4.7 SE: 4.7
17	15	4.45	FA: 4.2 FR: 4 SC: 4 LE: 4.7 SE: 4.4
18	11	5	FA: 6 FR: 4.4

			SC: 5.3 LE: 4.7 SE: 4
19	15	4	FA: 4.8 FR: 4.3 SC: 2.7 LE: 3.6 SE: 4.5
20	16	4	FA: 6 FR: 4.4 SC: 4 LE: 2.6 SE: 5
21	12	5.3	FA: 5.8 FR: 5.3 SC: 5.7 LE: 4.8 SE: 4.7

Interview – P8

Running time: 41 minutes 04 seconds

Interviewer: OK, M, erm thanks for taking part in the interview and... do you understand that whatever we talk about is completely confidential, so...

M: Yup.

Interviewer: OK? And if you don't want to answer any questions, just feel free. Just say that you don't want to answer. OK? All right? So do you want to tell me how long you've been in the UK?

M: I think it's about six years and a half.

Interviewer: Six and a half years? OK. So what year were you in when you arrived? What year in school did you start?

M: Erm...well, I was in this other school before...but I think...

Interviewer: Uhhmm.

M: ...that was like Year Four. Yeah.

Interviewer: Sure.

M: Yup.

Interviewer: So how old were you when you arrived?

M: I think I was like nine... somewhere there... I don't know.

Interviewer: OK. That's fine and erm... since you came, what do you remember about your move from Albania to the UK? What's special about the move?

M: Well, it wasn't that special, because really they like leave the whole family behind. Not... not like the cousins and the uncles 'cause like... yeah and then my parents told me it would be better for us to come here, because we have more opportunities and stuff like that so... It was kind of all right at first, but...

Interviewer: Mmmm.

M: ...now when you get used to it, it's not that... well, I'm here. I think it's the thing like when you see something first it's a new thing...

Interviewer: Sure...

M: ...and you wanna try it. But then I think now I want to see my family more often, 'cause my family's big, we don't have that much money to go there every single time...

Interviewer: Sure...

M: ...and all of us together, so you'd have to wait like three years for you to go.

Interviewer: Sure. OK and erm when you came at the very young age of nine years old, you said? How... how well prepared were you that you were coming to the UK: what to expect?

M: Well, basically, we expected a better life here, 'cause there it was all right, but 'cause like erm it wasn't a well developed country, if you understand what I mean...

Interviewer: Uhmhm.

M: 'cause like we... we had to like grow our own crops and everything like that... well, that was kind of fun...

Interviewer: Sure, yeah.

M: 'Cause like... you need to stay at home and have edu...

Interviewer: I can imagine that must be. Do you miss that?

M: Yeah. I really do actually. 'Cause I like erm grow corn, tomatoes and stuff like that...

Interviewer: Yeah...

M: ...and it was fun 'cause we had a big land, but big lands don't matter there as long as you have your house and you're in it and you have food and all that and basically, there we were closer.

Interviewer: Mmmm.

M: But the thing was the schools were like... 'cause we have loads of mountains right...

Interviewer: Yeah...

M: ...they were right on top...

Interviewer: Oh.

M: ...so you'd have to walk through the woods and then you'd get somewhere there and yeah...

Interviewer: Sure.

M: But it would finish early as well. It would finish like twelve or...

Interviewer: School would finish early?

M: ...one or something like that, so you wouldn't have that much time to study, but they teach you really well there, but...

Interviewer: Oh, OK.

M: Yeah, and then when we came here, I thought it was going to be better, because obviously my parents were telling me it's going to be better: you're going to have more opportunities and everything like that and then when we came here we had to study

like to, to speak English and everything like that. And then when we went to primary school, the first one we went into we didn't really stay there that long, because we moved house, so then we went to Foxhill Primary School. There.

Interviewer: Ummm.

M: And I was in Year Four and they had these teachers where they help you. Extra for like...

Interviewer: Language...

M: ...language and stuff. Yeah. But I kind of got used to that but now, as you go through the years you know that your parents brought you here for the best, you know that you have to live here...

Interviewer: Mmmm.

M: ...but the thing is I'd rather go back.

Interviewer: Mmmm.

M: Because of the family. Not because of anything else, but...

Interviewer: Yeah. Yeah.

M: 'Cause I really miss them, 'cause obviously...

Interviewer: Yeah. You miss living in the way you did live...?

M: Yeah.

Interviewer: ...over there?

M: Yeah! And the family and being around them, 'cause I only went and saw them once since I've been here.

Interviewer: Oh, OK.

M: 'Cause it's the thing that everyone...

Interviewer: Sure.

M: 'Cause there's six of us in the family...

Interviewer: Oh, OK.

M: ...and my mum, seven, my dad's not... he's here, but... he's not in a really like good place to...

Interviewer: What do you mean?

M: Like he's in prison and for something he didn't do, but...

Interviewer: Sure.

M: ...they didn't give us enough time to... like, 'cause when you go for a court appeal, we didn't know that is has to be a month or something...

Interviewer: Sure...

M: ...before you appeal again for him to come out and court cases blah blah blah... We didn't know that...

Interviewer: Mmmm.

M: ...so we had to take time to get him a lawyer.

Interviewer: How long has he been in prison?

M: I think it's like two years and... a half or something? He comes out on 2013 and then he has another four years where he has the tag and that and you can't leave the country or anything like that.

Interviewer: Sure...

M: So it was basically eight years, but they...

Interviewer: Yeah...can you say why he was in prison... why he's in prison?

M: Yeah, it was 'cause a man like...He was Albanian as well, can you believe that! You know stick up for each other! Stop fighting each other! But erm he was Albanian and he got assaulted by...

Interviewer: Right.

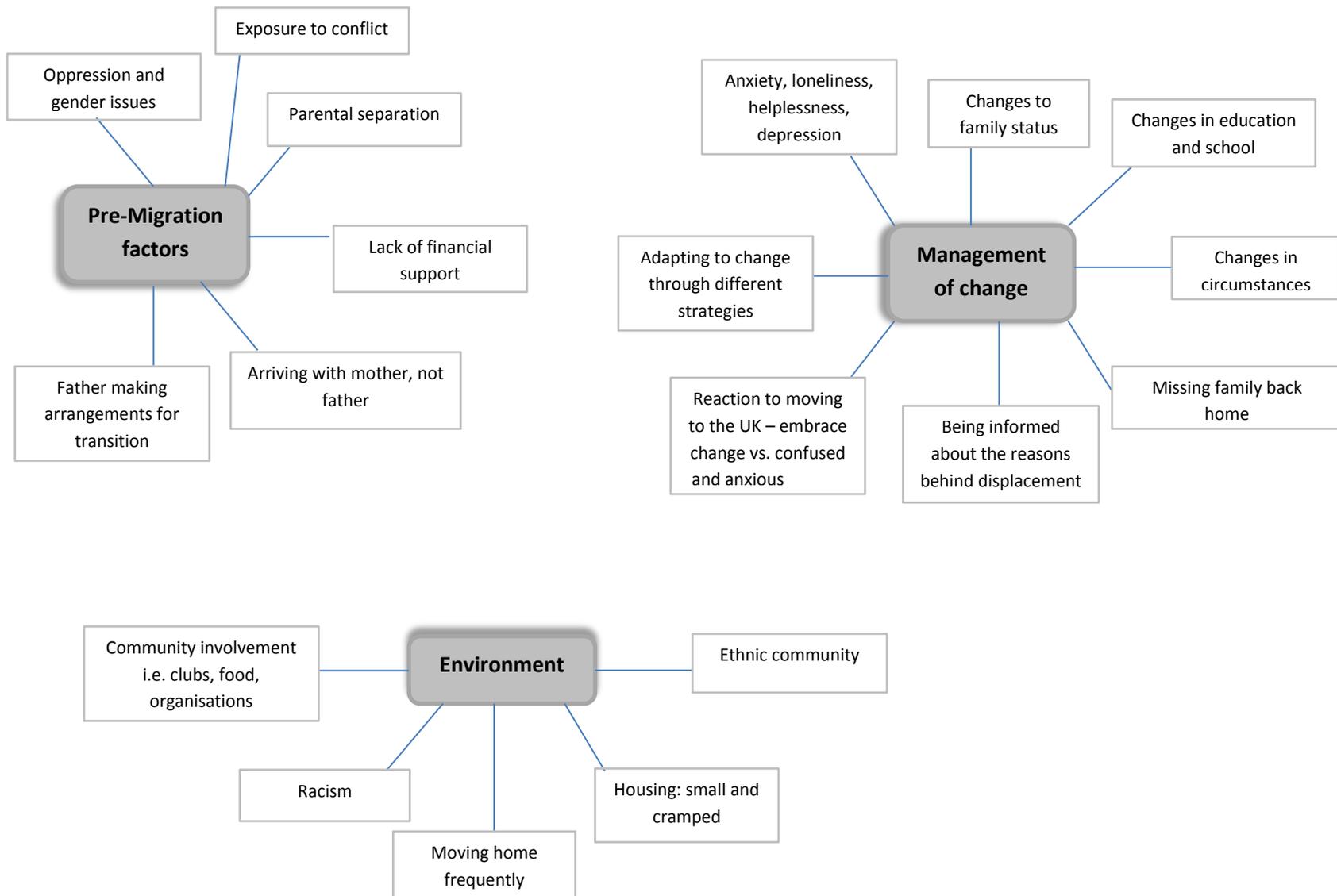
M: ... apparently my dad and seven other guys.

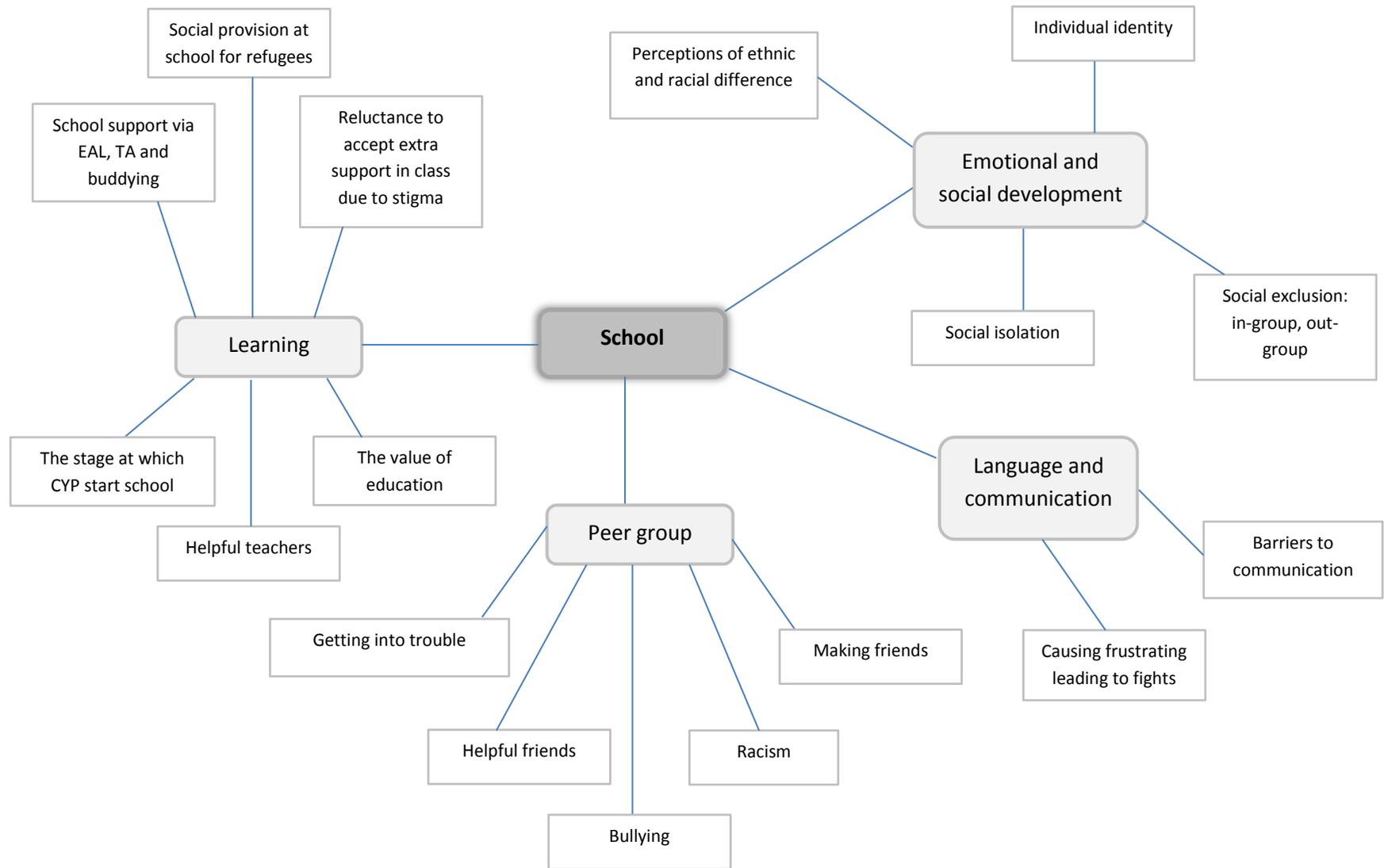
Interviewer: Right, OK.

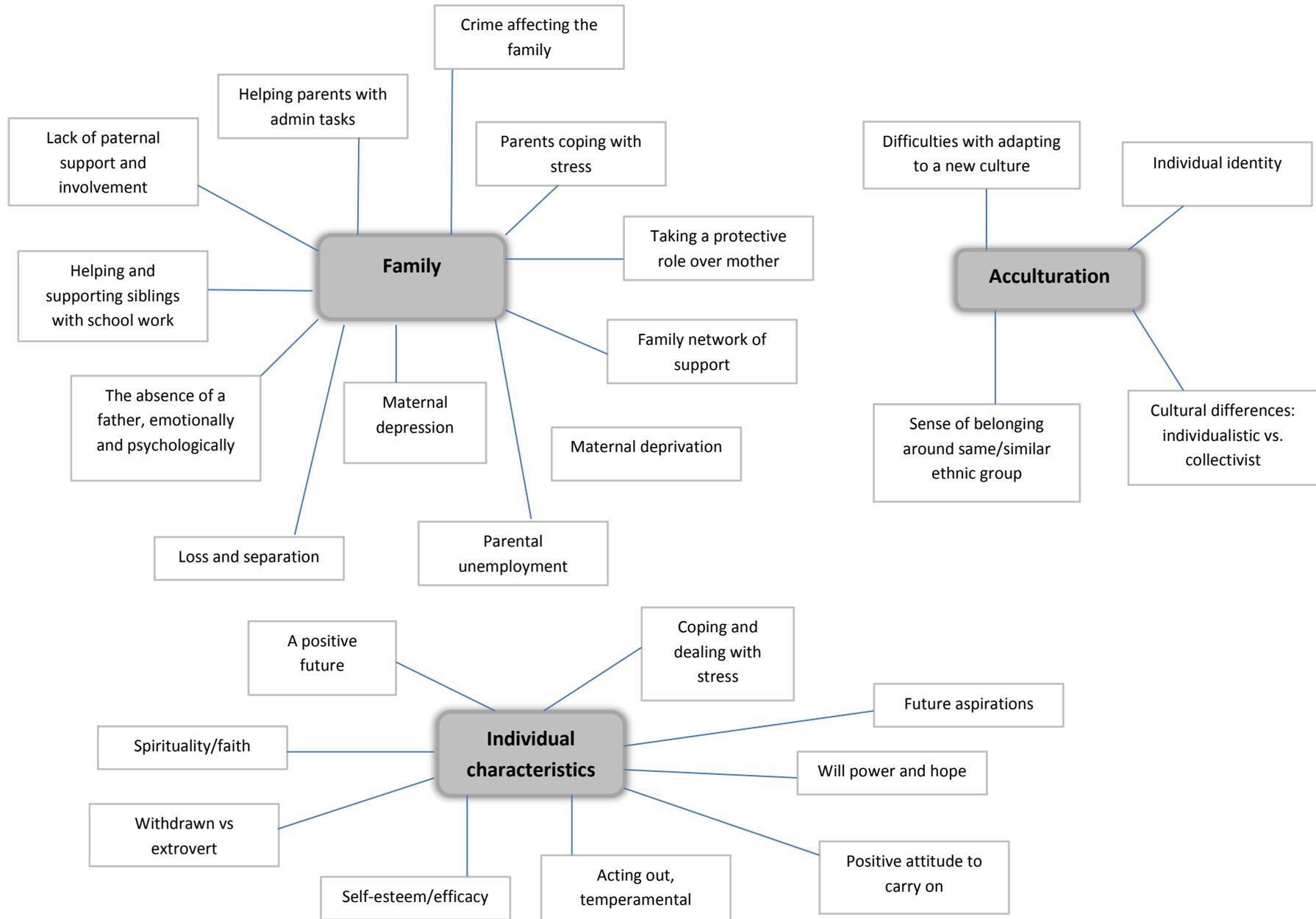
M: So one guy with seven. Yeah. And then... yeah, and then they beat him up... 'cause they showed us the pictures and they weren't really... eugh!

Appendix 11 – Individual codes during thematic analysis

Bullying (racial)	Racism	Remembering home
Cultural differences and difficulties with cultural adjustment	Missing family	Language and communication barrier
Ways of dealing with bullying	Future aspirations reflecting the interests of their parents or culture	The role of the father arranging transition
CYP referring to mum's rather than dad's	Perceptions of racial and ethnic difference	School support via: buddying, EAL provision and TA
Housing accommodation/small cramped	Sense of belonging with those in similar ethnic groups	Some CYP have been openly told about moving – survival
References regarding oppression and gender	Faith has helped to have hope and think positive	Education is held in high esteem
Level of life satisfaction based on comparison of previous experiences an situation	Social isolation	Getting into trouble at school
Language and communication barrier causing anxiety	Community support i.e. local organisations or clubs to attend	Social exclusion (in-group, in-group)
Maternal depression	Maternal deprivation	Racial violence
Exposure to violence in the UK	Changes in education	Acculturation stress
Loss and separation	Individual identity	Will power and hope
A positive future	Lack of paternal support and involvement	Number of transitions (home and school)
Family crime	Future professions: high aspirations	Personality characteristics i.e. aggressive
School: helpful teachers	Trauma during displacement	Language barrier making daily activities very difficult
The stage at which CYP start school	Protective role over mother	Positive attitude to carry on
Different ways/strategies of dealing with the changes	Special provision at school refugees	Reluctance to accept extra support in class due to stigma
Local community important for settling	Reaction to moving to the UK – embrace change vs. confused and anxious	Communication barrier causing frustration leading to fighting
Help siblings with school work	Ambitious	CYP helping parents with admin and other tasks
Self-esteem and self-efficacy	Parents coping with stress	Parental unemployment
Boredom when arriving	School: helpful teachers	Making friends
Family network	School: helpful friends	Individualistic vs. collectivist
Family support	Friendships	Social activities with friends outside school
Adopting ways of coping with stress		







Management of change	Family	School	Individual characteristics	Pre-migration factors	Environment
Anxiety, loneliness, depression, helpless	Maternal deprivation	Language and communication barrier	Will power and hope	Lack of financial support	Racism
Reaction to moving: embrace change vs. resentment or anxiety/confusion vs. Excitement	Maternal depression	Above causing frustration which then leads to fights	Outlook of a positive future	Poor health	Housing issues: small and cramped
Understanding the reasons for change	Taking a protective role over mother	Helpful friends	Future career aspirations	Father left family early and fled country	Ethnic community
Different ways of dealing with change	Parental unemployment	Getting into trouble	Positive attitude to carrying on	The role of the father in making arrangements for moving	Frequent transitions (housing and school)
Changes to family status	Loss and separation	Racism	Self-esteem and self-efficacy	Parental separation	Community involvement i.e. clubs and local charities
Changes in circumstances i.e. family living arrangements and education	Helping out/domestic activities: siblings and with housework	Bullying	Acting out/temperamental	Exposure to conflict	
Boredom	Helping parents with admin task as they can't read Eng	Making friends	Coping and dealing with stress	Oppression and gender difficulties	
Missing family	Lack of paternal support and involvement	School support via EAL, TA or buddying/mentoring	Withdrawn vs. extrovert		
Acculturation	Parents coping with stress	Education is held in high esteem and value	Spirituality and faith		

Individual identity	Crime in the family	Helpful teachers			
Cultural differences, individualistic vs. Collectivist		Helpful resources for EAL pupils			
Sense of belonging and comfort around the same ethnic group		Reluctance to seek extra help due to stigma			
Difficulties with adapting to new culture		Activities that make pupils feel accommodated			
		The stage at which they start school after they arrive			
		Social isolation			
		Individual identity			
		Perceptions of racial difference			
		Social exclusion based on ethnicity and refugee status (in-group, out-group)			

The following CD contains full transcripts for semi-structured interviews with children and parents .
All data is anonymised.