A Thesis Submitted for the Degree of DClinPsych at the University of Warwick

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Understanding Refugee Experiences: Mental Health and Acculturation

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BSc, MSc

This thesis is submitted in partial fulfilment of the requirements for the degree of Doctor of Clinical Psychology

Faculty of Health and Life Sciences, Coventry University
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May 2020
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The Mental Health Experiences of Unaccompanied Refugee Minors: A Meta-Synthesis

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<td>Critical Appraisal Skills Programme</td>
</tr>
<tr>
<td>IPA</td>
<td>Interpretive Phenomenological Analysis</td>
</tr>
<tr>
<td>$\kappa$</td>
<td>Cohen’s Kappa Inter-Rater Reliability Coefficient</td>
</tr>
<tr>
<td>MH</td>
<td>Mental Health</td>
</tr>
<tr>
<td>NHS</td>
<td>National Health Service</td>
</tr>
<tr>
<td>N</td>
<td>Total Number of Participants</td>
</tr>
<tr>
<td>PCO</td>
<td>Place, Context, Outcome</td>
</tr>
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<td>PRISMA</td>
<td>Preferred Reporting Items for Systematic Reviews and Meta-analyses</td>
</tr>
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<td>URM</td>
<td>Unaccompanied Refugee Minor</td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNHCR</td>
<td>United Nations High Commission for Refugees</td>
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<td>VPRS</td>
<td>Vulnerable Persons Resettlement Scheme</td>
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Acknowledgments

All Praise and gratitude to the Most High, Allah, who has undoubtedly blessed me to be in this position and throughout my journey in completing this thesis; and Peace and Blessings upon our beloved Prophet Muhammad.

My utmost gratitude to all the Syrian Refugees I have encountered during my research. I have been privileged listening to your experiences. Your narratives have been both heart-breaking and inspiring, I am truly thankful for your time and cooperation throughout, and I hope that your voices are amplified through this research.

Thank you to Dr Helen Liebling and Dr Simon Goodman for your expertise, patience and continued support throughout our research journey. Your encouragement, motivation and feedback has taken this research from a humble idea into a doctoral thesis. It has been a privilege working with you both, and I hope we are able to make a difference disseminating this work.

A special mention to Mark Phillips, for seeing potential in me that I never knew existed and helping me to unlock it. To my cohort, especially Ryan and Sam we have become a family. To my brother Suhail, the ‘Legends’ and my friends from around the world: you have all supported my journey, inspired me in unique and beautiful ways, motivated me, contributed to my growth and have touched my heart, I hope that I am one day able to reciprocate. To NJB, you do not realise the impact you have had in my life, thank you for joining my marathon and helping me to cross the line.

To my family, my parents, my siblings, my beloved Nani and Nana and my mother. Words of gratitude will not do justice for the endless sacrifices, unconditional love, support and prayers. I would not be here or have been able to get through this process without you all. I hope this work makes you all proud and that you are all rewarded for any goodness that comes from it.

Finally, this thesis and all publications henceforth are dedicated to all those who have lost their lives, those who have lost their loved ones and those who have lost their livelihoods in the Syrian Revolution. I pray that your souls find peace.
Declaration

This thesis was conducted under the supervision of Dr Helen Liebling (Assistant Professor in Clinical Psychology, Coventry University & The University of Warwick) and Dr Simon Goodman (Senior Lecturer in Psychology, De Montfort University). All contents of this thesis are my own work, except where it contains work based on collaborative research, in which case the nature and extent of the author’s individual contribution shall be indicated. This thesis has not been submitted for a degree at another institution. The systematic meta-synthesis will be submitted to the Journal of Ethnic and Migration Studies (Asmal-Lee, Liebling and Goodman 2020). The empirical paper will be submitted to the International Journal of Migration, Health & Social Care (Asmal-Lee, Liebling and Goodman, 2020).
Summary

This thesis is composed of three chapters. Chapter One is a thematic meta-synthesis of fourteen research studies, exploring the mental health experiences of Unaccompanied Refugee Minors (URMs). Three themes emerged: A State of Flux, Impact of Trauma and Integration. URMs experienced threat and trauma-based mental health experiences, as they fled, journeyed to safety and integrated into host countries. These impacted their mind, body and identity, which they managed through avoidance or connection. Recommendations are made for psychosocial support and flexibility when considering URM needs and for services to implement a holistic, culturally-sensitive and trauma-informed approach.

Chapter Two is an empirical qualitative study exploring the psychosocial experiences of acculturation in six Syrian refugees. Interpretative phenomenological analysis of interviews elicited three superordinate and seven subordinate themes: Living with Loss; Loss of Home and Family, Loss of Role and Identity; Experiencing a New Life; Rebirth and Restarting Life in the UK, How Previous Trauma Exists in their New Life, Embracing New Freedoms; The Dissonance of Integration: Belonging and Not Belonging; Experiencing Racism and Islamophobia as a Barrier to Integration, Integration through Nurture, Support and Connection. Refugees grieved multiple losses which influenced integration. The UK offered a new start, but refugees could not escape past traumas and cultural dissonances. Refugees managed feelings of belonging as they endured hostility and experienced nurture. Recommendations include using cultural sensitivity and trust to understand refugees, recognising their qualifications, providing assistance to reunite their families and for the host society to hold more responsibility for their integration.

Chapter Three is a reflective paper encompassing the role of the researcher’s identity in relation to undertaking research with Syrian refugees. This highlighted how the research resonated with the author, the challenges managing identities, especially conducting research parallel to working clinically with refugees and finally how one’s personal identity benefitted the process.

Word count (excluding abstracts, figures, tables, references and appendices): 19,988 words
Chapter I

The Mental Health Experiences of Unaccompanied Refugee Minors:
A Meta-Synthesis

This paper will be adapted for submission to the Journal of Ethnic and Migration Studies (See Appendix D for Author Guidelines)
1. Abstract

Globally, nearly 13 million refugees are under the age of 18 (UNHCR, 2019a), a proportion of which are also unaccompanied refugee minors (URMs). URMs have greater risks for psychological and other difficulties as they are without caregivers. Previous reviews have highlighted the extent of this psychological distress, emphasising the prevalence of post-traumatic stress, anxiety and depression. Yet, these reviews have prioritised quantitative research, neglecting the ‘lived experiences’ of URMs.

This meta-synthesis encompassed qualitative research regarding the mental health experiences of URMs. A systematic literature search produced 14 studies which were synthesised thematically. Three themes emerged: A State of Flux, Impact of Trauma and Integration. URMs experiences constantly fluctuated between threat, survival, loss, grief, uncertainty and variety of trauma-based presentations. These related to pre-migration, during their journey and post-migration events. Trauma often presented psychosomatically, but was not fully understood or understood in culturally-appropriate ways. URMs managed trauma using methods of avoidance demonstrating their resilience, but this could also be detrimental to their well-being. Additionally, as URMs integrated into host societies, they faced challenges regarding re-constructing their identities and contextual difficulties, including hostility, which influenced mental health experiences. URMs often coped by connecting with meaningful activities, establishing links with other URMs and developing meaningful relationships, which benefitted their integration.

Policy recommendations include viewing URMs with flexibility and providing comprehensive psychosocial support structures through methods such as guardianships. Services would benefit from trauma-informed, holistic and culturally sensitive care, which understands the needs and experiences of URMs to provide them with multiple support options.
1.1. Introduction

This meta-synthesis explores the mental health experiences of unaccompanied refugee or asylum-seeking minors. The key concepts in this review are ordered by the Population, Context, Outcome (PCO) framework (Butler, Hall and Copnell, 2016). The population here refers to Unaccompanied Refugee Minors (URMs) and/or Unaccompanied Asylum-Seeking Minors (UASM) who are individuals that are:

Under 18 years of age who have been separated from both parents and are not being cared for by an adult who, by law or custom, is responsible to do so. UNHCR (1994, p. 1)

The terms URM and UASM are used synonymously within the literature, however this review uses URM. Regarding context, the term ‘experiences’ is used consistently with the idea of phenomenology, meaning that each individual has a subjective and unique reality (Robson, 2002). Finally, for outcome, there is no consensus regarding a ‘mental health’ definition (Manwell et al., 2015). The author has therefore adopted the Mental Health Foundation (2008, p. 4) definition, which appeared suitable as mental health experiences are subjective, and states:

How you think and feel about yourself and your life affects how you behave and how well you cope when times are tough. It affects your ability to make the most of the opportunities that come your way and play a full part in your family, workplace, community and among friends. It is also closely linked with your physical health.

1.1.1. Unaccompanied Refugee Minors

Refugees are those forced to flee their country and are unable to return due to ongoing conflict or fear of persecution (UNHCR, 1951). By the end of 2016, one
in three displaced refugees was a child (UNICEF, 2016) and more than 12.95 million refugees worldwide are 18 years or younger (UNHCR, 2019a). Estimates suggest that one-quarter of refugees arriving in Europe are below 18 years of age (International Organisation for Migration and UNICEF, 2015), with the current influx of URM being from Syria, Afghanistan and South Sudan (UNHCR, 2019a).

1.1.2. The Mental Health Experiences of Unaccompanied Refugee Minors

Research suggests that the transferral of a psychosocial environment with an accompanying adult reduces post-traumatic stress in refugee children (Soykoek et al., 2017). Consequently, URM experience more psychological distress and traumatic stress reactions and are more at risk for psychopathology compared to refugees accompanied by caregivers (Bean et al., 2007). This is due to the fact that they have endured loss or separation from their families, whilst often also managing conflict, displacement and resettlement on their own (Bates, Luster, Johnson, Qin, and Rana, 2013). Consequent mental health difficulties experienced by URM have been highlighted in recent reviews summarised in section 1.1.3.

As existing literature shows, URM are extremely vulnerable, which entitles them to “receive appropriate protection and humanitarian assistance” (UNCRC, 1989; Article 22, p.6) until they are 18 years old. Therefore, developing knowledge about the experiences of URM can help ensure that policy, service provision and clinical practice can advance, and that the support they are entitled to is beneficial.

1.1.3. Evaluation of Previous Reviews

Recent reviews explored post-traumatic stress disorder (PTSD), depression and anxiety in URM exposed to conflict-related trauma (El Baba and Colucci, 2018), the impact of care placement types on educational, mental and physical health outcomes (O’Higgins, Ott and Shea, 2018), gender differences in mental health
El Baba and Colucci (2018) reviewed fifteen studies published between 1998 and 2015. They reported that URMs have higher prevalence of PTSD, depression and anxiety. Furthermore, pre-migration family instability, exposure to conflict-related events, displacement and post-migration stresses, including cultural adaptation, predicted psychological distress.

O’Higgins et al., (2018) reviewed nine quantitative studies published between 1987 and 2012. They concluded that URMs in detention or living individually had poorer mental health than those in foster care, with family or in other placements. Additionally, culturally sensitive foster placements, including with people from the same ethnic background, improved mental health outcomes.

Mohwinkel et al., (2018) reviewed nine quantitative studies published between 1990 and 2017. They found that women were more likely to experience PTSD or depressive symptoms than men. The authors argue this potentially related to gender-specific reasons for fleeing, including sexual abuse. However, the evidence for gender differences was less clear for other mental health outcomes, including anxiety.

Finally, von Werthern et al., (2019) reviewed thirty-one studies published between 1990 and 2017. They found that being a URM was detrimental to mental health, plus being a woman and adolescence increased the risk of psychopathology. However, cross-cultural variations in assessing mental health difficulties potentially confounded the findings.

1.1.4. Rationale for Current Meta-Synthesis

The current research has two main limitations. Primarily, these reviews have mainly included quantitative studies, and only three qualitative studies were
found across the four reviews. Consequently, there is a limited understanding of the lived experiences of URMs. Secondly, existing reviews have not accounted for unpublished research, which results in a publication bias (Aromataris and Pearson, 2014), and therefore influences the current understanding of URMs.

Subsequently, this meta-synthesis aimed to address these limitations by focusing on qualitative literature and the qualitative components of mixed methods studies. Quantitative research maintains assumptions of an objective reality, compared to the socially constructed and multiple perspectives view of qualitative methods (Robson, 2002). The latter is arguably more meaningful when considering the mental health experiences of URMs, providing insight into refugee minors’ narratives and invaluable information on how they are understood and supported.

Furthermore, the current meta-synthesis included ‘grey literature’ to counteract publication biases that often arise due to negative findings being less likely to be published (Aromataris and Pearson, 2014). Overall, the global refugee situation means more URMs are requiring support. This review contributes to the overall understanding of their mental health experiences, and informs the development of services and policy.

1.1.5. Aims of Current Meta-Synthesis

This meta-synthesis aimed to thematically synthesise the qualitative literature that encompassed the mental health experiences of URMs by attempting to answer the following question: what are the mental health experiences of Unaccompanied Refugee or Asylum-Seeking Minors?
1.2. Methodology

1.2.1. Systematic Literature Search

1.2.1.1. Search Process

A systematic investigation of the literature for qualitative and mixed studies exploring mental health experiences of URM s was conducted between October 2019 and April 2020. The author searched databases regarding psychology, health and medicine, including: PsycINFO, the Cumulative Index to Nursing and Allied Health Literature (CINAHL), Medline and PubMed. Alerts were set on these databases until April 2020. Additionally, Google Scholar aided searches for online literature and related articles. Also, Google Scholar and www.opengrey.eu facilitated ‘grey’ literature searches. Thereafter, of the articles found, reference lists were scanned for any relevant articles.

1.2.1.2. Search Terms

Table 1.1. Key Search Terms

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<tr>
<th>Main Concepts</th>
<th>Synonyms</th>
<th>Location</th>
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<tr>
<td><strong>Population</strong></td>
<td><em>Unaccompanied Refugee Minors</em></td>
<td>URM, Unaccompanied child/young person/adolescent refugee/asylum-seeker</td>
</tr>
<tr>
<td><strong>Context</strong></td>
<td><em>Experiences</em></td>
<td>Perceptions, Views</td>
</tr>
<tr>
<td><strong>Outcome</strong></td>
<td><em>Mental Health</em></td>
<td>Mental illness, Mental disorder, Psychopathology, Wellbeing, Distress, Stress, Resilience, Depression, Anxiety, Trauma</td>
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Table 1.1 summarises the key search terms used, which are organised using the Population, Context, Outcome (PCO) framework (Butler, Hall and Copnell, 2016) and included main concepts and synonyms for each area. Terms were searched for within the Title, Abstract and Key Words Lists of articles within the cited databases.

1.2.1.3. Search Strategy

Three waves of searches occurred. Primarily, main concepts were utilised for the search process including: unaccompanied refugee minors AND experiences AND mental health. Secondly, synonyms were searched using the below strategy. Finally, additions to databases identified by alerts were screened until April 2020.

The Boolean logic applied when searching key words. Thus, symbols (e.g. an asterisk ‘*’ to replace characters in a word so that all variations can be searched) and words (e.g. ‘AND’, ‘OR’ and ‘NOT’) combined key words into search statements (Ridley, 2008). The following Boolean strategy was employed:

\[(\text{refugee* OR asylum seeker* OR asylum-seeker*}) \text{ AND (child OR minor* OR young person OR adolescent* OR young OR unaccompanied}) \text{ AND (experience* OR perception* OR view*)}) \text{ AND (mental health OR wellbeing* OR illness* OR disorder OR distress OR stress OR experience* OR psychopathology* OR resilience OR depression OR anxiety or trauma).}\]

1.2.2. Inclusion and Exclusion criteria

1.2.2.1. Initial Screening

A two-stage screening process was implemented. Firstly, titles, abstracts and key words lists of articles were screened and retained if they were: (a) written in English; (b) peer-reviewed (for ‘grey’ literature, only Doctorate theses were considered having undergone the peer-review viva process); (c) empirical studies and (d) the full text was accessible. Secondly, full text articles were acquired and evaluated against the following criteria.
1.2.2.2. Specific Inclusion and Exclusion Criteria

Table 1.2. Inclusion and Exclusion Criteria

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<td><strong>Time</strong></td>
<td></td>
</tr>
<tr>
<td>Methodology</td>
<td>2010-2020</td>
<td>Before 2010</td>
</tr>
<tr>
<td>Epistemology</td>
<td>Qualitative or Mixed Methods studies</td>
<td>Quantitative studies, Reviews, Meta-Analyses</td>
</tr>
<tr>
<td>Concepts</td>
<td>Unaccompanied Refugee Minors</td>
<td>Accompanied refugees or asylum seeking minors, children, adolescents or young people.</td>
</tr>
<tr>
<td></td>
<td>Individuals that are currently or previously were; unaccompanied refugee or asylum-seeking minors, children, adolescents or young people (e.g. those under the age of 18)</td>
<td>Adult refugees or asylum-seekers (e.g. those above the age of 18)</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Any experiences regarding mental health and well-being (see search terms)</td>
<td>Studies with no relation to mental health</td>
</tr>
<tr>
<td>Experiences</td>
<td>Directly involved or relating to them</td>
<td>No direct involvement Carer perceptions</td>
</tr>
</tbody>
</table>

Table 1.2 presents the inclusion and exclusion criteria used. To account for temporal validity and the current geopolitical context, studies published within the last ten years were selected. Additionally, only qualitative or mixed methodology studies were included. These studies contained current or previous unaccompanied refugee or asylum-seeking minors and included direct experiences of mental health and/or the search terms.
1.2.3. Classification of Studies

The study selection process was chronicled on a ‘Preferred Reporting Items for Systematic Reviews and Meta-Analyses’ (PRISMA) (Moher, Liberati, Tetzlaff, Altman, and Prisma Group, 2009) flow diagram (Figure 1.1). A total of 2821 articles were identified through database searches, and 8 more through Google.
Scholar, grey literature sites and reference lists, amounting to 2829 papers. Initial screening removed 1504 duplicated articles, and excluded 1243 articles for not meeting the initial screening criteria. Therefore, 82 articles were assessed using the inclusion and exclusion criteria; 68 were excluded for reasons such as using a quantitative design, involving accompanied refugees or exploring carer perceptions. Overall, 14 studies satisfied the inclusion criteria.

1.2.4. Assessment of Methodological Quality

The articles reviewed were assessed for methodological quality. Despite debates about quality rating systems for qualitative reviews (Kuper, Lingard and Levinson, 2008; Ring, Ritchie, Mandava and Jepson, 2011); the use of a structured instrument avoids bias by allowing for explicit reasoning and judgement about quality (Dixon-Woods et al., 2007). This ensured that the findings from this synthesis were grounded in methodological quality. Studies were rated utilising the Critical Appraisal Skills Programme, CASP qualitative checklist (CASP, 2018), as it applies to qualitative and mixed research with qualitative components. This framework was developed to support evidence-based healthcare and medicine, is commonly used within clinical psychology, and in reviews of qualitative research (see Kane, Wood and Barlow, 2007), demonstrating effectiveness in this purpose (Toye et al., 2014).

Studies were assessed individually against ten criteria (Appendix A). For each criterion, studies were rated as; 0, if criterion was not met; 1, if the criterion was partially met but not fully clear; and 2, if the criterion was fully met. The overall score was calculated by totalling the scores for all ten criteria. Thus, each article scored between 0 and 20, with scores below the midpoint of 10 warranting an exclusion for not reaching a satisfactory level of methodological quality.

Furthermore, an additional researcher rated all articles independently against the ten criteria. Three main areas of scoring disagreement included; research design, data collection and researcher-participant relationship. These were
discussed and a consensus scoring method agreed. Subsequently, inter-rater reliability analyses using the Kappa statistic was conducted (Appendix B).

Studies scored between 14 and 20 respectively (see Appendix A section ii for a summary of their methodological characteristics), with Kappa reliability coefficients ranging between $\kappa = 0.62$ and $\kappa = 1.0$ (see Table 3). This demonstrated moderate to very strong patterns of inter-rater reliability (Altman, 1999; McHugh, 2012). Thus, all 14 studies were retained for synthesis.

1.2.5. Characteristics of the Literature

Table 1.3 presents the key characteristics of the 14 studies. Seven studies were conducted within the United Kingdom (Chase, 2010; 2013; Groark, Sclare and Raval, 2011; Majumder, O’Reilly, Karim and Vostanis, 2014; Majumder, Vostanis, Karim and O’Reilly, 2019; O’Toole Thommessen, Corcoran and Todd, 2017; Cullerton, 2017) and seven elsewhere, including; Australia (Lawrence, Caplan and Collard, 2016), Greece (Theocharidou, 2016), the Netherlands (Zijlstra et al., 2019), Norway (Omland and Andenas, 2018), Sweden (O’Toole Thommessen, Corcoran and Todd, 2015; Eriksson and Rundgren, 2019), and South Africa (Magqibelo, Londt, September and Roman, 2016).

Research aims varied; some explored URM’s’ experiences of mental health, mental health services and support received (Majumder et al., 2014; 2019; Zijlstra et al., 2019), and understanding the psychological wellbeing of URM’s (Chase, 2010; 2013; Lawrence et al., 2016; Cullerton, 2017). Alternatively, articles prioritised how URM’s coped generally (Eriksson and Rundgren, 2019), managed becoming adults (Omland and Andenas, 2018) or dealt with mental health experiences. Moreover, pre-and-post-migration experiences were documented (Magqibelo et al., 2016; Theocharidou, 2016; O’Toole Thommessen et al., 2015; 2017).

Studies were qualitative in design apart from one mixed methods study (Zijlstra et al., 2019). Samples were recruited purposively, varied between 4 (Lawrence,
Caplan and Collard, 2016) to 98 (Zijlstra et al., 2019) individuals, and participants were between 9 (Chase, 2010) and 19 years (Cullerton, 2017) on arrival in host country. Additionally, available figures highlighted more men ($N = 241$) than women ($N = 95$) and more asylum-seekers ($N = 182$) than refugees ($N = 148$). Despite ‘status’, all young people were refugees according to the UNHCR (1951) definition (see section 1.1.1). Most URMs were from Afghanistan ($N = 107$), but countries included; Somalia ($N = 14$), Eritrea ($N = 12$), Zimbabwe ($N = 10$), Iran ($N = 5$), Iraq ($N = 2$), Sudan ($N = 1$), Syria ($N = 1$) and Pakistan ($N = 1$).

Most studies collected data using face-to-face semi-structured interviews. Methods also included focused and open interviews, focus groups or individual and group activities. Most studies used thematic analysis, whereas: Eriksson and Rundgren (2019) used qualitative content analysis, Omland and Andenas (2018) used their own ‘developmental project’ approach, Lawrence et al., (2016) used textual analysis, and Chase (2013) used both thematic and grounded theory. Finally, Groark et al., (2011), O’Toole Thommessen et al., (2015) and Theocharidou (2016) used Interpretative Phenomenological Analysis (IPA). Some studies (Groark et al., 2011; Zijlstra et al., 2019) lacked contextual information when presenting extracts, including gender, country of origin and pseudonyms.

Findings highlighted experiences of separation and loss, plus anxiety and uncertainty during asylum processes and regarding immigration status, which was detrimental to their mental health (Chase, 2010; 2013; Groark, et al., 2011; Majumder et al., 2014; O’Toole Thommessen et al., 2015; Magqibelo et al., 2016; Theocharidou, 2016; Cullerton, 2017). Additionally, studies reported negative experiences with talking therapies and service provision (Chase, 2010; Majumder et al., 2019), whereas others highlighted that they were positive and necessary (Zijlstra et al., 2019). Theocharidou (2016) documented both of these perspectives.

Studies addressed how URMs coped with their experiences positively, including talking to others (Chase, 2013; Cullerton, 2017; O’Toole Thommessen et al., 2017;
Eriksson and Rundgren, 2019), and negatively, like suppressing thoughts (Theocharidou, 2016; Majumder et al., 2019). Some referenced the safety and security the host country brought, despite traumatic experiences in home nations or journeying to safety (Chase, 2013; O’Toole Thommessen et al., 2015; Omland and Andenas, 2018; Eriksson and Rundgren, 2019).

Finally, studies captured mental health experiences, including trauma (Chase, 2013; O’Toole Thommessen et al., 2015; Magqibelo et al., 2016; Theocharidou, 2016; Cullerton, 2017; Majumder et al., 2019: Zijlstra et al., 2019), psychosomatic symptoms (Groark et al., 2011; Majumder et al., 2014; Zijlstra et al., 2019), anxiety (Groark et al., 2011; Chase, 2013; O’Toole Thommessen et al., 2015; Lawrence et al., 2016; Magqibelo et al., 2016), and depression (Chase, 2013; Magqibelo et al., 2016; Theocharidou, 2016; Zijlstra et al., 2019).
<table>
<thead>
<tr>
<th>Author(s), Date &amp; Country</th>
<th>Study Aim</th>
<th>Research Design</th>
<th>Sample Population</th>
<th>Method of Data Collection</th>
<th>Key Findings</th>
<th>Follow-up</th>
<th>Quality Assessment Rating Score (0-20/20) &amp; Kappa Reliability Coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eriksson &amp; Rundgren (2019) Sweden</td>
<td>The study aimed to explore URM’s strategies for coping with life while staying in residential care.</td>
<td>Qualitative methodology (Qualitative Content Analysis)</td>
<td>Purposive sampling. N=10 (M=10) unaccompanied refugee minors aged between 14-16 years of age on arrival to Sweden. Participants were between 17-20 years at interview. Countries of origin included Afghanistan, Syria and Somalia.</td>
<td>Face-to-face, semi-structured interviews were audio recorded and transcribed verbatim. Data was analysed using qualitative content analysis.</td>
<td>The authors discussed their findings in accordance with a ‘trauma-informed care’ perspective. This included safety and security (referring to emotional, social and cultural safety), connections (e.g. with other URMs and with carers), coping strategies (including external and internal strategies). External strategies were further broken down into active listening (e.g. staff being empathic and warm towards them), verbal strategies (e.g. staff helping them to label and make sense of their experiences), adaptive mental strategies (e.g. practical skills that helped them manage their difficulties), providing help to each other (e.g. with other URMs). Additionally, internal strategies included, maintaining calmness (e.g. their ability to manage difficult emotions), reflecting (e.g. thinking about their behaviours, how they responded and the consequences of such), feeling acceptance (e.g. feeling respected by others which contributes to their sense of belonging) and not to discuss (e.g. being unable to, or not wanting to discuss some of their difficult experiences).</td>
<td>n/a</td>
<td>14/20 (κ=1.0)</td>
</tr>
<tr>
<td>Majumder, Vostanis, Karim &amp; O’Reilly (2019) England</td>
<td>This study aimed to understand URMs’ and their carers’ perceptions of the barriers to mental health services and to explore issues related to poor engagement with services.</td>
<td>Qualitative methodology (Thematic Analysis)</td>
<td>Purposive sampling. N=15 (F=1, M=14) unaccompanied refugee minors aged between 15-18 years in the UK. Countries of Origin included Afghanistan</td>
<td>Face-to-face, semi-structured interviews were audio recorded, and transcribed verbatim. Data was analysed using thematic analysis.</td>
<td>The authors found two prominent themes: 1) Young people’s perceptions of their practitioners – which captured the influence of gender and ethnicity; plus power differentials between ‘patient’ and practitioner. The latter led many to feel that they had to follow instructions and some felt infantilised. 2) Young people’s perceptions of therapies – URM’s questioned the benefits of talking therapies, and either continued to ‘follow instructions’ or endured them as unpleasant and unnecessary. This led to</td>
<td>n/a</td>
<td>15/20 (κ=0.80)</td>
</tr>
</tbody>
</table>
This study aimed to highlight the perceptions of URM s in different care facilities regarding their mental health, their healthcare and their feelings of being cared for.

Mixed methodology (Qualitative component: Deductive and Inductive Analyses)

Purposive sampling. N=98 (F=29, M=69) unaccompanied refugee minors aged from under 15 to above 17 years in the Netherlands. Countries of origin mainly included Afghanistan (N=24), Somalia (N=12) and Eritrea (N=9).

Qualitative: Face-to-face, Semi-structured interviews were audio recorded or written, then transcribed verbatim and analysed both deductively and inductively.

Quantitative: URM’s completed the Strengths and Difficulties Questionnaire (SDQ) and the Best Interests of the Child Questionnaire (BiC-Q).

The authors reported qualitative findings in three areas including: children’s views on their (mental) health, feeling cared for and healthcare. Some URMs viewed health as only relating to physical aspects. However, many URMs experienced psychosomatic symptoms in addition to mental health experiences like depression and trauma.

URMs were split in terms of feeling cared for, some felt they were taken care of when ill, while others felt they had to look after themselves.

Healthcare highlighted that despite difficulties revisiting the past, URMs felt it was important and were satisfied with service provision. Others felt that they were not understood by their therapist but were more understood by people with similar lived experiences.

The authors discussed their findings under broad areas including creating a ‘liveable life in Norway’ and ‘helping the family in their country of origin’. The former regarded gaining safety in light of their previous traumatic experiences (e.g. bombings in their home country), building social relations and succeeding in school. The latter captured how URM’s sought fulfilment in wanting the best for their families back home. Additional findings included, URM’s adapting to the realities of no reunification by finding ways to still support their families (e.g. sending money), and the detrimental effects of having to deal with the realities of not being reunited with their families (e.g. self-harm).

Yes, a second interview took place a year later. However, 4 participants declined, resulting in 14 participants at follow-up.
This study aimed to explore young refugees’ perceptions and understandings of wellbeing and what constitutes it for them.

Qualitative methodology (Thematic Analysis)

Purposive sampling. $N=10$ (M=10) 9 unaccompanied refugee minors and 1 accompanied minor aged between 16-19 years seeking asylum in the UK. Countries of origin included Afghanistan ($N=6$), Iraq ($N=2$), Iran and Syria.

Data was recorded and transcribed verbatim. Data was analysed using thematic analysis. The author highlighted three key themes and subthemes. These included: 1) Managing Current Challenges, this encompassed facing fear and loss (e.g. their experiences in home country, worries about family there and multiple losses), managing uncertainty (e.g. uncertainty and anxiety related to their status), keeping ‘my mind of things’ (e.g. engaging in activities that they enjoyed to distract themselves) and learning the language (e.g. as a means of improving their well-being).

2) Moving Forward, which included having access to opportunities (e.g. compared to their home countries and this resulting in positive well-being), focusing on studies (e.g. improving oneself related to improved well-being), being able to live a calm life (e.g. compared to their traumatic experiences in their home country), and being independent (e.g. feeling safe and empowered which contributed to their well-being).

3) Practicing Faith, which captured being Muslim (e.g. the importance of faith in relation to their well-being), helping others (e.g. feeling better as a result of helping others), respecting others (e.g. relating to their values and morals, and behaving in according with them as improving well-being) and understanding wellbeing as a collective (e.g. the relational nature of feeling better, participants well-being was influenced not just by their own experiences but of those around them too).

The study had three face-to-face phases, including: 1) An individual assessment using the Personal Construct Therapy (PCT) method. 2) Group sessions with a qualified therapist (for 2

The authors highlighted three main themes, each with two subthemes: 1) Social support as a means for hope (sub-themes: relationships that resemble family bonds and friendships as an escape from distress) – these regarded the connections that individuals had, which represented those lost in their home country, and those relationships that helped
who are vulnerable to stress and risk during their journey to safety and in their new environment.

Ages on arrival had not been recorded. All participants were from sub-Saharan Africa, but countries of origin were not specified.

2) Living a double life (sub-themes: social vulnerability and fear of rejection) – this regarded experiences of not sharing their asylum status or experiences and dealing with the narratives and stigma attached to refugees in their relationships.

3) Looking ahead (subthemes: hope versus despair) – this referred to their desires to create better futures for themselves by integrating and progressing, in spite of what they have endured previously.

Lawrence, Caplan & Collard (2016) Australia

This study aimed to use computer-assisted interviews (CAI) and textual analysis to allow URM s to express their perspectives on their wellbeing in resettlement in Australia.

Qualitative methodology

Purposive sampling.

N=4 (F=2, M=2) unaccompanied refugee minors aged between 15-17 years in Australia.

Countries of origin included Afghanistan, Eritrea, Pakistan and Sudan.

Focused computer assisted interviews based on Young People Living in Australia (Lawrence & Kaplan, 2012). Data was analysed using textual analysis.

The authors identified several themes including:

1) General wellbeing in Australia (which related to their happiness living in Australia, and factors including, missing their family).

2) Disrupting worries (this regarded worrying about the safety of their families, upsetting their carers’ and loneliness).

3) Extent of worry (which related to the impact of their worries and the effects it had on their lives, including disrupting their sleep and daily activities).

4) Things that help (which included ways of managing their worries, such as talking to peers, a trusted teacher and praying).

5) Goals to achieve (this related to what the individuals hoped to achieve over the next year, including family reunions, making friends and pursuing studies).
This study aimed to explore the experiences of URMs who leave their country of origin to seek safety, protection or achieve identified aspirations for a better future.

Qualitative methodology

Thematic Analysis

Purposive sampling. 

*N*=10 (*F*=1, *M*=9) unaccompanied refugee minors aged between 16-18 years in South Africa. Country of origin was Zimbabwe.

Face-to-face, Semi-structured interviews either audio-recorded or recorded in writing.

A focus group was conducted for (*N*=5) care workers.

Data from both was transcribed verbatim and analysed using thematic analysis.

The authors identified five themes:

1) Reasons for leaving country of origin. The majority of participants fled due to being exposed to abuse and exploitation, but some also were hopeful of finding a better future. This study established that some of the children had been exposed to trauma, such as witnessing the murder their parents, or being abused by close family members.

2) Experiences on route and following arrival. Children experienced psychological problems such as anxiety and depression, especially after having experienced the trauma. They experienced xenophobic and racist comments both at school and in the shelter where they were residing. Experiences of homelessness was also common, accentuating mental distress.

3) Access to services and education. Here, URMs experienced uncertainty about whether asylum or refugee status would be granted, encountered some hostility from officials as the asylum process was not always straightforward, and were placed in shelters or residential facilities not always appropriate.

4) Lack of training of care workers. Care workers did not have the knowledge or training to manage the needs and mental health difficulties of URMs.

5) Hope for a better future. All URMs were hopeful about their new lives, but this was often overshadowed by the abovementioned themes and experiences.
This study aimed to explore the experiences of Afghan Unaccompanied asylum-seeking minors in Greece; specifically focusing on their experiences pre-migration, on journey and then integrating. Additionally, the study focused on their experiences and needs within the Greek context, and finally explored the challenges posed to the Greek welfare and asylum systems.

Qualitative methodology (Interpretative Phenomenological Analysis)

Purposive sampling. N=30 (M=30), unaccompanied asylum-seeking minors aged between 15-18 years in Greece. Country of origin was Afghanistan.

Face-to-face semi-structured interviews, focus groups and group exercises with the young people. Interpreters were often used.

Focus groups and interviews with professionals too.

Data was audio-recorded and captured in note form. This was then transcribed verbatim and analysed using Interpretative Phenomenological Analysis.

This study discussed the experiences of Afghan URM across several chapters including:

1) Being an Afghan boy, which pertained to pre-departure experiences, including life in Afghanistan, experiences of war, traumatic events, persecution, survival and loss.
2) Modern Odysseys - this related to their tumultuous experiences of fleeing and their journeys, which encompassed their reasons for leaving. It encompassed their experiences being smuggled and risking their lives to find safety. It also included where they moved to initially and subsequent moves on their way to safety in Greece.
3) Encountering the west: becoming an asylum-seeker – this included the anxieties, confusion and uncertainty about the future, their status, how they were received, which included hostility and racism, plus their experiences of detention.
4) Everyday existence: life in Greece – this regarded their present day experiences, moving past what has happened and instead focusing on what is happening and what is to come in their lives. This encompassed aspects including: their living conditions, gaining an education, employment and asylum, managing poverty, managing their physical and mental health, feelings of alienation, finding meaning in their lives, identifying emotional and social needs, their aspirations, and experiences of service and professionals.

Regarding mental health experiences, emotional difficulties were apparent, and some were open in discussing and seeking help. However, others coped using avoidance and distraction, including substance use, and culturally some were not keen on discussing their experiences. Emotional needs included support for loneliness, isolation, low self-esteem and being validated.
This study aimed to explore how male URM’s experienced arriving to the Swedish host-society, and how they perceived the support available to them, and which support they found helpful. It also aimed to give these URMs a voice.

Qualitative methodology (Interpretative Phenomenological Analysis) Purposive sampling. N=6 (M=6) participants were aged between 18-19 years but had previously arrived as unaccompanied refugee minors (aged 15-16 years) in Sweden. Country of origin was Afghanistan. Face-to-face, semi-structured interviews with the use of interpreter. Interviews were audio recorded (with the exception of one which was written) and transcribed verbatim. Data was analysed using Interpretative Phenomenological Analysis.

The authors highlighted four central themes including: 1) From danger to safety (this encompassed the traumatic experiences that led to them fleeing, their journey towards safety, and their experiences on arrival). 2) Living in limbo (this encompassed their experiences of anxiety and uncertainty about their immigration status). 3) Guidance and social support (this related to their experiences of independent survival transitioning into being mentored by trusted figures in Sweden and finding support in others with similar experiences). 4) Striving to fit in and move forward (this related to bettering oneself by making the most of their opportunities and integrating into society).

Majumder, O'Reilly, Karim & Vostanis (2014) England

This study aimed to explore the perceptions that URMs held about their mental health and mental health services.

Qualitative methodology (Thematic Analysis) Purposive sampling. N=15 (F=1, M=14) Unaccompanied refugee or asylum-seeking adolescents aged between 15-18 years in the UK. Countries of Origin included Afghanistan (N=11), Iran (N=2), Eritrea and Somalia. Face-to-face semi-structured interviews were audio-recorded. Interviewing continued until data saturation was achieved. Data was transcribed verbatim and analysed using thematic analysis.

The authors highlighted four themes including: 1) Descriptions of mental health. URMs varied in how they spoke about mental health. Some described mental health consistent with Western classifications; however, others defined it differently, denying any problems, using physical explanations of their symptoms or using fairly negative/pejorative language.

2) Mental health associated with asylum-seeking/refugee status. Commonly, mental health problems were associated with their experiences of being asylum-seekers/refugees. These experiences tended to be grouped into their own personal encounters, fears for their families’ welfare and worries about immigration status.

3) Experiences of using services. There was a general distrust of services. Some of this appeared to have cultural elements and feeling different from the host population. Cultural differences also fed in to feeling misunderstood and thus unsafe with professionals, which accentuated symptoms and contributed to disengagement. The negative perceptions of services also related to the experiences, understandings and
assumptions of similar services in their home country.
4) Opinions of treatments. Here, URMs experienced risks of re-traumatisation, especially related to talking therapies, and they also held favourable attitudes towards medication.

Chase (2013) England
This study aimed to explore how young people seeking asylum alone in the UK conceptualised well-being.
Qualitative methodology (Inductive Thematic Analysis)
Purposive sampling. N=54 (F=29, M=25) Unaccompanied asylum-seeking children and young people aged between 11-23 years in the UK. All had previously arrived into the country as children. Countries of origin were not specified but participants were from 18 different countries.
Face-to-face semi-structured interviews were audio-recorded where possible. Interviews were transcribed and an inductive methodology based on the grounded theory approach was adopted. Data was analysed using inductive thematic analysis. The author reported five broad themes including: 1) Trauma and its destabilising impact on self – this encompassed the lasting impact of traumatic experiences that led to their arrival in the UK and on arrival. 2) Lack of status, loss of identity – this regarded the anxiety and uncertainty relating to their immigration status and experiences of having no place in the world. 3) Mental health and insecurity – this related to a variety of mental health experiences including, difficulties sleeping, generalised anxiety, acute and chronic depression, attempted suicide and, in some cases, time in hospital psychiatric units. These related to earlier trauma but also to their immigration status, which accentuated these mental health problems. 4) Order, routine and security - this related to the process and often practical ways these individuals have begun coping with and establishing a life in the UK, including pursuing education. 5) Re-emergence of insecurity - this related to experiences of growing older, and reaching adulthood, and the newfound uncertainties regarding immigration this brought.

Groark, Scclare & Raval (2011) England
This study aimed to gain an in-depth understanding of the experiences of being an Unaccompanied Asylum Seeker in the UK. The study also explored how past and present life experiences
Qualitative methodology (Interpretative Phenomenological Analysis)
Purposive sampling. N=6 (F=2, M=4) Unaccompanied asylum-seeking adolescents aged between 16-18 years in the UK. Participants came from Africa and Asia, but countries
Face-to-face semi-structured interviews were audio-recorded. Two involved the use of translators. Data was transcribed verbatim and analysed using Interpretative Phenomenological Analysis. The authors reported four main themes and subthemes including: 1) Loss (subthemes: loss of certainty and safety, and loss of control) – this included multiple losses that were both tangible, such as of family members, and emotional, such as relating to their sense of agency or feeling hopeless and helpless. 2) Negotiating a new life (subthemes: comparisons and difference and impact of evaluation by others) – here, individuals experienced transition into a novel
impacted on psychological well-being, and the psychological processes used to manage or cope with the difficulties these individuals experience.

Chase (2010) England This study aimed to explore the factors affecting the emotional well-being of unaccompanied young people seeking asylum on their own in England. The study also explored the types of health and social care provision that were useful in promoting the emotional well-being and mental health of unaccompanied young people.

Qualitative methodology (Thematic Analysis) Purposive sampling. N=54 (F=29, M=25) unaccompanied young people seeking asylum in England. They were 9-17 years on arrival, and 11-23 years when interviewed. The author suggested most males came from Afghanistan and most females came from Eritrea.

Several face-to-face and telephone meetings, including semi-structured interviews. Two interviews utilised translators. Detailed notes were taken, and interviews were mainly audio-recorded or captured in note form. Data was transcribed verbatim and transcripts/notes were analysed with thematic analysis, using the constant comparative method.

The author reported five themes including: 1) The branding of an ‘asylum seeker’ - this related to the process of losing control over one’s life and being at the mercy of other people’s or system’s decisions. 2) Resisting the stigma of ‘asylum-seeker’ – this encompassed how individuals managed the narratives that exist within the media and society. 3) Selective disclosure of the past – this regarded how individuals were very conscious and protective of who they discussed their experiences with and confided in, as a means of coping. 4) Resisting the intrusive elements of the system – this related to having to manage the uncertainties of the immigration system and status, plus the intrusiveness of social care and professionals, for example with constant questioning. 5) The position of social workers – this related to their experiences of working with social workers as a URM, for some this related to being untrusted, such as having their ages disputed, or feeling unsupported.

society, and offered comparisons between how things existed in their home nation, how they were hopeful, but also how they were perceived by people.

3) Experiences of distress – This included feelings, perceived changes in ability to do things and “becoming sick”. The latter often occurred as a result of worries and stresses related to loss of family or being returned. These experiences encompassed physical sensations that were closely linked to mental distress, or individuals described distress in terms of a complete bodily experience.

4) Process of adjustment (subthemes: trying to gain control, coping strategies, utilising support networks – friends and professionals) - this highlighted great strength and resilience despite emotional distress, participants aimed to redress their lack of agency, commonly coped via avoidance and utilised social support networks.
1.2.6. Analytic Review Strategy

Debates regarding the synthesis of qualitative research exist (see Sandelowski, Docherty and Emden, 1997; Campbell et al., 2003; Toye et al., 2014). However, the current meta-synthesis adopted a modernist position, whereby there exists the possibility of shared meanings across environments, but these may also be context specific, and has attempted to thematically synthesise the main themes across studies. The process of thematic synthesis was guided by Thomas and Harden (2008). This method has been utilised in reviews of qualitative research (see Rees, Oliver, Woodman and Thomas, 2009; Morton, Tong, Howard, Snelling and Webster, 2010) and involved three steps.

Firstly, the author undertook line-by-line coding of textual findings from primary studies, whereby the meaning and content was examined and attributed to a code. This ensured that codes were relevant across studies. Secondly, codes were collated into ‘descriptive’ themes based on collective trends and meanings. Finally, ‘analytical’ themes were generated through the amalgamation of similar descriptive themes (Appendix C), which gave rise to higher level constructs and new interpretations which went beyond the original studies (Butler, Hall and Copnell, 2016). The culmination of this process in this meta-synthesis includes the experiences of URMds, whereby themes are exemplified using excerpts from the literature.
1.3. Results

The meta-synthesis offered an insight into URM mental health experiences, which were classified into 3 themes (Table 1.4).

Table 1.4. Themes and Subthemes

<table>
<thead>
<tr>
<th>Themes</th>
<th>Sub-Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A State of Flux</td>
<td>n/a</td>
</tr>
<tr>
<td>Impact of Trauma</td>
<td>Embodiment of Trauma</td>
</tr>
<tr>
<td></td>
<td>The Avoidance of Trauma</td>
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<tr>
<td>Integration</td>
<td>Integration of Identity</td>
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<td></td>
<td>Integration into Society</td>
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<td></td>
<td>Coping through Connections</td>
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</tbody>
</table>

1.3.1. Theme 1: A State of Flux

The Mental Health (MH) experiences of URM are argued to be complex and constantly changing. They are grounded in tumultuous premigration experiences, extending and resonating post-migration (Theocharidou, 2016). URM encountered danger and multiple losses throughout their journeys. Their experiences of uncertainty and powerlessness, plus exposure to novelties and hostility meant their literal selves and psychological world were in states of flux. Given such volatility, a prominent element of this theme includes threat and survival.

Beginning pre-migration, studies (Groark et al., 2011; Magqibelo et al., 2016; Theocharidou, 2016; Majumder et al., 2019) have highlighted how MH experiences were grounded in trauma, including; conflict and multiples losses, such as the deaths of family members, thus thrusting their physical and psychological worlds into flux. These experiences activated a threat mode for survival, and contributed to MH experiences. Specifically, flux in this sense was
characterised by anxiety about life and death, including their own and family’s survival, as highlighted by a young man, William’s experience in the Democratic Republic of Congo:

“Some gun machines [sic] just start...I didn’t know it was happening in my house and I just hide. When it finished...I could hear people running up and down. I came inside the room and I find my sister dead, my mum dead and my younger brother was crying there...and I bite my tongue and I thought I was dreaming. And I catch him [brother] and shake him and say, ‘what happened...what happened?’...he couldn’t talk.”

(Chase, 2013, p. 861)

The state of flux persisted, encompassing powerlessness and hopelessness whilst journeying to safety. Here, agency and survival were often dictated by smugglers. Roshnan, a boy from Afghanistan recalled his journey to Greece:

“...this was very dangerous...because we had a small plastic boat which spins around when it’s in the water...three people died like this...and the bank isn’t far away...it is 20 min...but the water is dangerous we couldn’t control the boat, at some point, I fell into the river and I saved a little boy...his father got drowned into the water...and then I dragged out a girl 15 years old...”

(Theocharidou, 2016, p. 124)

During post-migration, URM flux remained characterised by anxiety and uncertainty, often increased by asylum status and deportation fears (Chase, 2010; 2013; Groark et al., 2011; O’Toole Thommessen et al., 2015). Maryam, a woman from Iran, illustrated this:

“It’s really, really stressful...Two months before I graduate, they might ask me to leave the country...It’s really horrible. You don’t know if you’ll be able to live here the day after tomorrow.”
The state of flux was accentuated by their past, as loss and grief persisted, and life continued without loved ones and home culture (Majumder et al., 2019; Zijlstra et al., 2019; Lawrence et al., 2016; Theocharidou, 2016). Flux also encapsulated managing independence for survival, despite needing to be cared for:

“There is no one who takes care when you get ill. If you are ill you have to go to the doctor and then you get tablets or something. There is no mother to take care of you.”

(Zijlstra et al., 2019; p. 125)

Consequently, their identity, including conflicts and uncertainty about who they are, accentuated this flux:

“I really don’t know, I’ve lost myself. I know I have.”

(Groark et al., 2011; p. 427)

Thus, URM flux often transitioned between fear, uncertainty and survival, plus depression and hopelessness. These experiences became accentuated by loneliness (Majumder et al., 2019), as highlighted by two young men from Afghanistan, including Roshnan, whose family were killed by the Taliban:

“I’m seventeen, I’m alone, I’m scared.”

(Majumder et al., 2014; p. 3)

“...I don’t have anything anymore...I have no parents, no siblings...most of them are dead...and I am alone here...”

(Theocharidou, 2016, p. 75)
Finally, feeling misunderstood influenced children’s state of flux by perpetuating mistrust, uncertainty and threat (Zijlstra et al., 2019; Majumder et al., 2014; 2019; Chase, 2010; 2013). This was often incited by professionals, who ‘retriggered’ MH experiences, including anxiety and trauma as described by Hellen, a young woman from Ethiopia and a young Somalian man:

“Sometimes they don’t understand you when you are sad. They keep asking you questions. It makes me angry, it makes me want to shout. It makes me remember all the bad things and they don’t understand that. If they ask me (questions) I will suffer for months.”

(Chase, 2010; p. 2060)

“This doctor, I not trust him, I’m not safe.”

(Majumder et al., 2014, p. 4)

1.3.2. Theme 2: Impact of Trauma

Research has encompassed the impact of trauma in URMs, which has been experienced during their state of flux (Zijlstra et al., 2019; Eriksson and Rundgren, 2019; Majumder et al., 2014; 2019; Cullerton, 2017; Theocharidou, 2016; Groark et al., 2011). Trauma experiences captured the intertwined mind and body relationship. URMs strived to manage the consequences of trauma, yet their efforts often accentuated negative MH experiences. Two sub-themes underpin this theme; Embodiment of Trauma encompasses how psychological trauma was experienced physically, and The Avoidance of Trauma regards how URMs managed the consequences of trauma.
1.3.2.1. Embodiment of Trauma

Studies described psychosomatic manifestations of trauma and descriptions or sociocultural understandings of MH experiences in the body which impacted emotionally (Zijlstra et al., 2019; Majumder et al., 2014; 2019; Theocharidou, 2016; Groark et al., 2011). Assad, a man from Afghanistan exemplified:

“...I feel sad, and it feels like my heart is squeezed...it feels like my heart is being squeezed. I can’t sleep well and I have a lot of stress.”

(Cullerton, 2017; p. 55)

These novel experiences of trauma were not always fully understood by URMs, but often felt in the body, as this was culturally meaningful and links to emotions were not consciously made due to limited emotional literacy:

“I feel healthy, I have one problem: always when I eat and when I don’t eat I have stomach ache. I try to drink my medicine but I don’t know if it helps...Because every day I feel this and it make me feel bad.”

(Zijlstra et al., 2019, p. 125)

Equally, the embodiment of trauma became attributed to underlying illnesses, despite being distress that was somatised:

“...I said I am sick...I was just thinking about it [being returned to country of origin], till it make my mind become so I was sick.“

(Groark et al., 2011, p. 430)

However, attributing “ill health to parts of their body, rather than directly to emotions” managed stigma as “this denial of mental health problems was also shared by” a 17 year old woman from Eritrea “I’m not a mental problem” (Majumder et al., 2014, p. 3). Here, conflict arose between protecting ‘normality’
and fears of being ‘different’, not understanding experiences or what would happen to them.

Finally, research (Theocharidou, 2016; Majumder et al., 2014; 2019; Zijlstra et al., 2019) suggested that URMs approached their embodied trauma as being treatable with medication rather than talking therapies. This appeared because the link to emotional health was not culturally appropriate or consciously made, as Mohammad and another young man from Afghanistan related:

“...I went to the hospital...I had a health problem...in my mind...not in my body, I couldn’t eat and I couldn’t drink for three days...I was sad that’s why this happened...I feel better now I am getting some pills...”

(Theocharidou, 2016, p. 174)

“...talks doesn’t helps me because every time I was talking about it, it just reminded me about home and was hurting me about same, same problem and more worse.”

(Majumder et al., 2019, p. 375)

1.3.2.2. The Avoidance of Trauma

Several studies captured how URMs managed trauma and MH experiences using avoidance (Zijlstra et al., 2019; Eriksson and Rundgren, 2019; Majumder et al., 2014; 2019; Cullerton, 2017; O’Toole Thommessen et al., 2017; Theocharidou, 2016; Groark et al., 2011). This included avoiding distressing thoughts or talking about their experiences:

“I don’t like talking about my worries now.”

(Groark et al., 2011, p. 433)
The consequences of avoidance as a strategy used to cope with their experiences were highlighted through exceptions, where despite not wanting to talk about their experiences, URMs benefitted from doing so:

“I don’t want to talk, but I try...I’m talking because this helps me and also the medicines help.”

(Zijlstra et al., 2019, p. 126)

For many, avoidance of talking helped to counteract the anticipated stigma and trauma attached to their identity, and related distress, as Mesaret, a young man from Ethiopia described:

“What really gets me down is the term ‘asylum-seeker’. When I tell people, I feel really uncomfortable...I see their faces change.”

(Chase, 2010, p. 2057)

Additionally, using avoidance to cope was perpetuated by the distrust of others, services, the state, or their own experiences and uncertainty (O’Toole Thommessen et al., 2017; Magqibelo et al., 2016; Majumder et al., 2019). A man from sub-Saharan Africa commented:

“Some people expect you to just trust them straight away, like they are your mum or dad or your blood...It's not possible.”

(O’Toole Thommessen et al., 2017, p. 298)

Furthermore, avoidance as a means of coping with trauma manifested through the use of drugs and alcohol to ‘forget’ problems, traumatic experiences and relational traumas, including loss or family separation (Theocharidou, 2016), as Moustafa a young man from Afghanistan illustrated:
“Alcohol is not bad because it helps me forget my problems and because here we are separated from our parents it helps us to cope with our problems.”

(Theocharidou, 2016, p. 165)

Finally, URMs sometimes self-harmed and in this context their physical pain served to avoid and manage psychological trauma and contextual difficulties (Majumder et al., 2014; 2019; Omland and Andenas, 2018). Omid, a 13 year old boy from Afghanistan illustrated this, but for Hasan a young man from Afghanistan, the reverse was true and his self-harm scars served as reminders of his trauma:

“I said to the adults [the childcare workers] that I am very sad, I miss my family, and it is difficult to go to school. I don’t feel good. And then they said: Okay, if you don’t go to school, then you will lose your weekly allowance. Then, I started cutting myself in the arm, and it bled.”

(Omland and Andenas, 2018, p. 87)

“Do you see those scars? Even if I want to forget, I can’t...I have the scars to remind me of my time in jail. I got crazy there...so much that I started stubbing out cigarettes on me.”

(Theocharidou, 2016 p. 149)

1.3.3. Theme 3: Integration

MH experiences are influenced by the conflict and attempted integration between old and new identities (Groark et al., 2011; Chase, 2013); including the psychosocial process of integration into society (Theocharidou, 2016). URMs managed this through connection with people or meaningful practices (Eriksson
and Rundgren, 2019). Integration encompasses three sub-themes including; Integration of Identity, whereby URMs managed cultural dissonances elicited by host society, which occurred in parallel with Integration into Society, whereby URMs navigated settling in. Finally, Coping through Connections, captures how URMs managed the difficulties elicited by integration.

### 1.3.3.1. Integration of Identity

Research highlighted that URMs struggled adopting the host nation culture whilst maintaining their own identities, experienced fragmented identities or felt like they had no identity (Chase, 2010; 2013; Theocharidou, 2016; Cullerton, 2017; Omland and Andenas, 2018). This was distressing, as Rakeb, a woman from Eritrea exemplified:

“I do not belong to this country. I have been here for four years. I do not belong in Ethiopia, I do not belong in Eritrea. I do not belong to England...If you ask me where is your home, I don’t know. ‘Cos I was born in X (name of place in Eritrea), I am Eritrean. I used to live in Ethiopia. I don’t know my country...I can’t speak my language...I speak Ethiopian language.”

(Chase, 2013, p. 866)

Identity integration was also difficult when URMs needed to protect their identity or encountered contrasting values. This elicited conflictual and disingenuous feelings as Maryam, a young woman from Iran described:

“It’s strange because I feel they (friends at university) are my closest friends but they they’re not because they don’t know about me. It’s good to be able to be who you are, without hiding bits and pieces of your life.”

(Chase, 2010, p. 2058)

Conversely, others adapted, which integrated their identity, Theocharidou (2016, p. 165) documented that:
“Although the use of alcohol and smoking used to be forbidden habits a few boys disclosed that they had become more flexible with these matters along the course of their journeys.”

Alternatively, some maintained identities and practices, which improved well-being, as Assad, a man from Afghanistan documented:

“I am happy because my religion gives me a fresh look on life...I find solutions to my questions for life, questions for my problems. My religion helps.”

(Cullerton, 2017, p. 71)

Finally, URMs struggled with their developmental identity, and already possessed responsibilities of adulthood, which Omland and Andenas (2018, p.88) highlighted:

“...when the boys sought to help their families, they drew upon understandings of developmental trajectories towards adulthood that may be difficult for most ethnic Norwegians to identify and understand.”

This brought self-expectation that influenced MH experiences, as Omid a boy from Afghanistan illustrated:

“I haven’t come here to kill myself. I want to build a good life and future. But I have a strong sense of commitment to my family – they are on my mind all the time. I have a commitment to and responsibility for them, and that’s why I don’t think about actually killing myself.”

(Omland and Andenas, 2018, p. 85)
1.3.3.2. *Integration into Society*

The MH experiences of URMs are influenced by their psychosocial context as they integrated into society (O’Toole Thommessen et al., 2015; Cullerton, 2017). Integration entailed learning a foreign language and engaging with a new society, which included hostility and discrimination (Groark et al., 2011; Chase, 2010; 2013; Magqibelo et al., 2016; Theocharidou, 2016). This process elicited MH experiences, including anxiety, depression and retriggered trauma. A young man from Zimbabwe exemplified:

“The food here is not for you Zimbabweans. This food is for South Africans. We are doing you a favour by giving you food. Those things make me feel hurt.”

(Magqibelo et al., 2016, p. 80)

Consequently, integration became challenging due to the stigma attached to refugees, which accentuated feelings of alienation and made URMs feel like burdens to their host countries, as a URM and Hakim, a boy from Afghanistan highlighted:

“...I can’t go to a pub and say who are you, what you are, to make friends.
I know who am I, and the conditions, I’m just a refugee.”

(Groark et al., 2011, p. 429)

“I feel a burden. They don’t treat me as a human being.”

(Theocharidou, 2016 p. 179)

Lacking appropriate support and not progressing or integrating was detrimental to MH experiences, as Bashir, a boy from Afghanistan illustrated:
“I am not having a good time. I am not doing anything really...I don’t have any interests outside of the centre, I haven’t met anybody.”

(Theocharidou, 2016, p. 189)

However, URMs who felt supported, had opportunities and met their own expectations of progress, experienced improved well-being and felt integrated. These positive MH experiences were often determined by practical aspects, including housing, enjoying school and being able to buy things for themselves (Chase, 2010; 2013; Groark et al., 2011, O’Toole Thommessen et al., 2015; 2017; Cullerton, 2017):

“I’m in a free society and I can pursue my studies here so I feel free and happy. Very happy.”

(Groark et al., 2011, p. 428)

1.3.3.3. Coping through Connections

As a consequence of loss of family, friendships and isolation, URMs seek connections to cope with their lives (Eriksson and Rundgren, 2019; Cullerton, 2017; Lawrence et al., 2016; Magqibelo et al., 2016; O’Toole Thommessen et al., 2015; 2017). Through their resilience, this process occurred through and facilitated integration, managed trauma feelings and improved well-being (Theocharidou, 2016; Cullerton, 2017). Thus, URMs established relationships with peers and/or professionals, including those from their culture:

“Sometimes when something and some difficulties come into my mind, I just went to my friend, yeah, spend time talking a lot and do things in common.”

(Groark et al., 2011, p. 432)
Furthermore, the literature highlighted how URMs cope by connection to or a re-connection with what is meaningful to them, which facilitated integration and managing identity-related conflict. Such value-based living, with morals and through religion, helped URMs understand experiences, accept circumstances and feel hopeful about the future, improving their MH (Chase, 2010;2013; Cullerton, 2017). Haamid, a 16 year old young man from Afghanistan described:

“When I do my prayers I feel happy, and I feel good, and whatever I need from God I ask for it...and whatever I have on my mind, I feel relaxed and that is gone...My heart calms down when I do my prayers. When I go to mosque I am happy.”

(Cullerton, 2017, p. 71-72)

Finally, engaging in hobbies, feeling respected and independent connected URMs with an unfamiliar sense of agency. This helped them to feel settled and experience improved well-being, as two young men, Kamran from Afghanistan and Amir from Iran described:

“I like to play cricket and football because it keeps my mind off things, it makes me happy, it is relieving.”

(Cullerton, 2017, p. 57)

“Happiness in life means to me having a good job, having an income, not being dependent on other people, being able to provide for myself and in a way help others.”

(Cullerton, 2017, p. 68)
1.4. Discussion

This meta-synthesis captured the mental health experiences of unaccompanied refugee minors. Fourteen studies were thematically synthesised according to Thomas and Harden’s (2008) procedure. Three main themes emerged: *A State of Flux, Impact of Trauma and Integration.*

URM mental health experiences were consistently in a *state of flux* encompassing threat and survival. This begins pre-migration and becomes accentuated by losing or separating from their families, risking their lives journeying to safety and then encountering an ‘alien’ host society. These experiences were characterised by feelings of powerlessness, fear and uncertainty, exacerbating trauma and anxiety. These findings related to previous reviews (Mohwinkel et al., 2018; von Werthern et al., 2019), including El Baba and Colucci (2018), who reported multiple stressful events (e.g. loss of parents) increased experiences of anxiety and depression for URM. In this review, ongoing threat and multiple losses were detrimental to mental health experiences.

However, this review uniquely presents that these experiences appeared to be trans-diagnostic, and so, consistent with the *state of flux*, oscillated between a variety of trauma-based presentations. The experiences encompassed pre-migration, on journey, plus host nation stressors including asylum-uncertainty and discrimination. Despite often lacking agency during this state of flux, URM survived through their resilience. Yet, adapting to independence often brought loneliness and together with feeling misunderstood or unsafe with professionals exacerbated their distress. The latter accentuated these mental health experiences, which meant URM experiences shared similarities with research by Gaillard, Shattell and Thomas (2009), who highlighted the detrimental effects for those experiencing mental health difficulties when they felt misunderstood by professionals. Thus, this review uniquely highlights that the limited services in place to support URM may also perpetuate their threat and distress (Zijlstra et al., 2019; Majumder et al., 2014; 2019; Chase, 2010; 2013).
The *impact of trauma* and manifestations of mental health experiences were often *embodied*. Here, the body kept ‘the score’, thus without support, URM s may experience chronic mental health difficulties (Van der Kolk, 2015). Yet, whilst physical effects are associated with mental health presentations (e.g. anxiety and hyperventilation), this review highlights that psychosomatic experiences and somatisation of distress were more culturally relevant for URM s whilst also being a way to protect their identities from feelings of difference. Additionally, URM experiences were reflected by the cultural language they used to describe feelings being present in their heart. These embodied descriptions as part of trauma narratives were means of understanding and coping with past and present trauma, whereby ‘heart pains’ often represented social and cultural losses (Coker, 2004). These findings are referenced in the adult refugee literature, but were not considered in previous reviews regarding URM s. The latter was dominated by Western understandings and medicalisation of distress rather than culturally sensitive approaches to understanding refugees’ experiences (Griswold, Zayas, Kernan and Wagner, 2007). Yet, this appeared important to understanding URM s and the significance of not separating physical and/or psychological experiences, especially those relating to trauma. The World Health Organisation (2018) has noted that often refugees discuss physical complaints when describing their emotional health and von Werthern and colleagues’ (2019) review was confounded by the variations in cross-cultural assessments of mental health.

URMs typically managed trauma and feeling overwhelmed using *avoidance*, which also assisted them to deal with stigma and shame. Whilst reviews have documented mental health presentations and factors underpinning this (Mohwinkel et al., 2018; von Werthern et al., 2019); they were limited in reporting how URM s managed these presentations and what the function of these behaviours were. This review highlighted that avoidance strategies, including substance use and self-harm, were used by URM s often in the absence of other support or support they did not trust. However, whilst functional for survival and indicative of their resilience, avoidance tended to be detrimental in
the long-term to their mental health. Importantly, in the right context, when URMs were able to tolerate discussing their experiences it benefitted their well-being and resilience. This review therefore highlights the importance of managing avoidance in URMs.

The psychosocial nature of integration of both their identity and into society, also dictated URM mental health experiences. Regarding identity, reviews offered limited insight in to post-migration experiences, though El Baba and Colucci (2018) noted that cultural adaptation was stressful. However, this review captured how integration can occur through a reconstruction of their identities. URMs must make sense of new societies and novel experiences, including attitudes inconsistent with their values, understandings or identity. Such experiences elicited cultural and cognitive dissonance (Festinger, 1962), which URMs attempted to manage by integrating or rejecting these new attitudes or values into their identity. This process was challenging in the context of pre-existing trauma and negative mental health experiences, but was buffered by social support and maintaining meaningful cultural values.

Thereafter, integrating into society induced hope but also hostility. This review offered a more comprehensive picture than previous reviews, highlighting that accessing basic needs (Maslow, 1943), feeling welcomed and progressing in the practical aspects of integration, including learning the language improved well-being. Unfortunately, URMs encountered racism, attitudes that they did not belong, plus were made to feel like burdens on society (Theocharidou, 2016). These factors, specifically ‘thwarted belongingness’ and ‘perceived burdensomeness’, have been cited in the interpersonal theory of suicide (Joiner, Van Orden, Witte and Rudd, 2009), and this review suggests that these factors need to be addressed sensitively with URMs despite culture, beliefs and resilience buffering against this.

Regarding integration, it emerged that connections with meaningful practices, including value-based living through religion and re-connecting with their sense

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of agency, assisted URM integration, coping and improved their well-being. These factors elicited post-traumatic growth and resilience (Calhoun and Tedeschi, 2014). Additionally, value-based living is consistent with Acceptance and Commitment Therapies (Hayes et al., 2006) as a means of improving mental health. Furthermore, independence, agency and self-efficacy are positively related to improved mental health (Bandura, 1997).

Finally, O’Higgins and colleagues’ review (2018) documented how URMs living alone or in detention demonstrated poorer mental health than those in foster care. This explained why connections with people in this review was a means of coping, facilitating integration and improving mental health experiences. URMs who felt understood, often by those from their own culture, with similar experiences or with professionals they connected with, reported improved well-being. This related to the ‘culturally sensitive’ care and placements reported by O’Higgins et al. (2018). Given the loss or separation from caregivers, it is understandable that URMs seek attachments (Bowlby, 1969) to help regulate themselves, cope and integrate. Also, since loneliness and isolation are often related to depression (Matthews et al., 2016), this appears a positive way of coping and improving well-being. After all, the wider research reveals that social connections which provide meaning, support and agency, develop our social identities, which become a ‘social cure’ for mental and physical health difficulties (Jetten, Haslam, Haslam, and Branscombe, 2009; Jetten et al., 2017).

1.4.1. Strengths and Limitations of Review

This meta-synthesis is the first attempt at analysing the limited qualitative research regarding URM mental health experiences. It is strengthened by considering grey literature, which contributed two Doctoral dissertations, and in doing so attempted to counteract the publication bias that often exists in research or reviews (Aromataris and Pearson, 2014). Additionally, the lived mental health experiences of URMs were considered, which challenges the
cultural relevance of Western diagnoses, and is more consistent with the sociocultural context of the URM population.

Conversely, a Eurocentric bias influenced this review’s findings, as all but two studies were conducted in Europe, despite most refugees arising from the Middle East, Subcontinent and Africa (UNHCR, 2019a). A gender bias also meant URMs were mainly young men. This was consistent with the URM population (UNHCR, 2019a), yet should be considered since young women URMs typically experience more severe psychological presentations (Mohwinkel et al., 2018; von Werthern et al., 2019). Finally, URMs are diverse in backgrounds, religions, languages and experiences, but this review has categorised them homogenously. Thus, efforts of providing a transferable understanding of different mental health experiences came at the expense of diluting their lived experiences (Sandelowski and Barroso, 2007).

1.4.2. Clinical Implications: Policy and Practice

Policy in England ensures URMs receive the same support as ‘looked after children’ (Department for Education and Home Office, 2017; UNHCR, 2019b) which is limited given the complications of culture, language and asylum. However, guardianship programmes, including the Scottish Guardianship Service (Government of Scotland, 2019) are useful for providing psychosocial support structures for URMs (UNHCR, 2019b). Similar policies exist in Sweden and appeared beneficial for URMs (O’Toole Thommessen et al., 2015). These policies address needs for connection, and buffer experiences of flux, trauma, and integration. URMs would benefit from culturally similar placements or guardians (O’Higgins et al., 2018), and their sociocultural needs should be understood beforehand, whilst empowering and utilising their resilience (Bäärnhielm, 2016).

Services could consider multi-agency forums including health, immigration and social care, since mental health experiences become exacerbated by the stress of asylum claims and housing (Chase, 2010; 2013; O’Toole Thommessen et al.,
Moreover, URMs, despite being children and/or adolescents may need to be considered flexibly. Some have ‘adult’ responsibilities, including wanting to work to support themselves or their families (Eriksson and Rundgren, 2019), yet may feel infantilised by professionals (Groak et al., 2011). Efforts could include creating structures for employment opportunities, vocational training and support, whilst upholding their human rights and protecting them (Oppedal, Guribye, and Kroger, 2017). These structures would facilitate social support and connection, potentially with other URMs (Beirens, Hughes, Hek and Spicer, 2007).

The trauma-based mental health experiences of URMs are embodied and characterised by flux. Services could accommodate this using Trauma-Informed and holistic/integrated models of Care, whereby an individual’s presentation is contextualised within their life experiences, psychosocial context and what has happened to them, plus what is happening to them (Guarino and Decandia, 2015). These approaches have encompassed refugee youth (Miller, Brown, Shramko and Svetaz, 2019), and may benefit URMs too. Additionally, frameworks including the Power Threat Meaning (Johnstone and Boyle, 2018) are useful ways of implementing Trauma-Informed Care, by prioritising the person-centred views of the refugee and influences of ‘power’ in their lives. This review illustrated that URMs may not engage in talking therapies, often feeling misunderstood by professionals. The aforementioned frameworks promote ideas including curiosity, whilst allowing practitioners to acknowledge their ‘power’ in whichever contexts they are working in. These aspects, which contribute to fostering trust and relationships should be prioritised over gaining information. Furthermore, cultural sensitivity and curiosity facilitates understanding URM mental health difficulties, including their embodied trauma, and may assist to manage avoidance. Applying this through holistic and multidisciplinary care can determine the need for actual physical investigations (BPS, 2017; Liebling, Barrett and Artz, 2020).
Clinically, there should be no expectation for URMs to discuss their experiences and holistic services would encompass alternative provision, including medication if necessary, group-based workshops and psychosocial support which also promotes connection and resilience building (Sarkadi et al., 2018), and non-verbal therapies (Baker and Jones, 2006). The latter, including Art Therapy has demonstrated effectiveness for working with the impact of trauma in refugees (Fitzpatrick, 2002), could facilitate the expression and management of their embodied distress and may counteract their avoidance. Overall, mental health services, including medical professionals working with URMs would benefit from increased knowledge and skills in Trauma-Informed Care, to understand these experiences as normal responses to trauma, rather than applying western diagnoses (Liebling, 2018; Liebling et al., 2020).

Finally, Acceptance and Commitment Therapy (Hayes et al., 2006), may benefit URMs who choose to engage in therapy. The approach highlights that pain and suffering are inevitable in life (Harris, 2009), which related to how some URMs found meaning through religion. Furthermore, the approach prioritises one’s values and value-based living (Hayes et al., 2006), which regarded how URMs coped through connection with meaningful factors and improved their well-being; and may promote integration of their identity and into society (including practicing religion, setting goals for education, taking responsibility for their family). This may empower URMs and promote agency which would benefit their integration and psychological health.

1.4.3. Future Research Recommendations

URM mental health experiences are not widely documented, thus, research would benefit from qualitatively exploring these on an international level including a greater focus on the experiences of young women. The latter has been underrepresented in research, as most URMs are men (UNHCR, 2019a).
Future research could explore differences in catering for URMs’ mental health experiences in mainstream services, including Children and Adolescent Mental Health Services and specialist services for refugees, including The Refugee Council. Additionally, research could evaluate the responsiveness to holistic and integrated interventions for URMs using long-term follow ups.

Finally, some URMs are resettled through programmes, including the Syrian Vulnerable Persons Resettlement Scheme (Home Office, 2019). Given the anxiety surrounding asylum processes, research could compare experiences of URMs who are resettled in countries compared to those entering through other, often illegal means.

1.5. Conclusion

This meta-synthesis investigated the mental health experiences of unaccompanied refugee minors. It highlighted how pre-and-post migration experiences induce a state of flux in URMs, characterised by threat and survival, and underpinned by loss, grief, isolation, alienation, powerlessness, fear and uncertainty. These responses may be considered normal responses to trauma, however manifest and are described in ways that are embodied but often difficult for URMs to make sense of. URMs typically manage trauma through avoidance, including substance use and self-harm, which manages stigma and shame, but is often detrimental to their mental health. The psychosocial processes encompassing integration of identity and into society also elicit conflict, invite hostility and accentuate mental health experiences. However, these processes are buffered through connection, in terms of meaningful relationships and social support, as well as important values, hobbies and a sense of agency.

Overall, the URM population is complex and diverse, and their mental health experiences need to be understood within their own sociocultural contexts. Responses need to apply cultural sensitivity and curiosity, so URMs feel safe. Importantly, working with URMs would best utilise models that transcend
diagnoses, validate their experiences and be grounded in building a trusting relationship between practitioner and individual. Given the systemic and psychosocial nature of their experiences, holistic, multidisciplinary and multi-agency working is essential for supporting their needs.
1.6. References


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*Denotes papers included in the meta-synthesis.*


*Denotes papers included in the meta-synthesis.*
Chapter II

“Syria is our mom. UK is like aunty...aunty is like mom but not quite the same”

The Psychosocial Experiences of Acculturation in Syrian Refugees

This paper will be adapted for submission to the International Journal of Migration, Health & Social Care (See Appendix N for Author Guidelines)
2. Abstract

Purpose: In response to the Syrian civil war, the British government pledged to resettle 20,000 Syrian refugees by 2020. However, integrating into a foreign society can be traumatic. Existing literature has neglected the ‘lived experiences’ of Syrian refugees specifically.

Design: This study used semi-structured interviews and employed Interpretative Phenomenological Analysis to explore six Syrian refugees’ psychosocial experiences of acculturation in the United Kingdom.

Findings: Three superordinate themes were developed: Living with Loss, Experiencing a New Life and The Dissonance of Integration: Belonging and Not Belonging. Syrian refugees experienced multiple losses, which impacted their ability to integrate. Arriving in the UK was experienced as a re-birth for some which could be overwhelming. Despite their new life refugees could not escape past traumas which influenced their integration. Syrian refugees experienced varying degrees of belonging in the UK as well as racism and Islamophobia which, was detrimental to integration. Experiences were affected by levels of nurture, support and connection with state structures, the host society and other refugees.

Practical Implications: Services and professionals would benefit from understanding refugees’ needs and distress by employing cultural curiosity, sensitivity and trust, to avoid exacerbating trauma. Policy recommendations include supporting refugees into meaningful employment and legal support for family reunification. Refugee voices and expertise should be considered in all aspects of integration.

Originality/value: Findings have implications for existing models of integration particularly regarding the role of identity, the domains of employment, and how refugees’ experiences relate to what models view as ‘integration’.
2.1. Introduction

2.1.1. Research Aim and Significance

This project aimed to understand Syrian refugees’ psychosocial experiences of acculturation into British society. The term ‘psychosocial’ encompasses “affect, emotion and feeling with social, political and cultural forces” and captures one’s cognitive and emotional world in the context of their environment and interpersonal relationships (Woodward, 2015, p. i). It may be considered “a composite term referring to the psychological and social aspects of an individual’s experience” (Medecins du Monde, 2018, p. 1). Using Ndjaleka’s (2018, p. 7) definition, “psychosocial experiences will be attributed to how the individual is impacted by [being a refugee in] their social lives as well as psychological (feelings, thoughts and emotions)”. The idea of ‘experiences’ also includes ‘phenomenology’, whereby individuals have subjective and unique realities (Robson, 2002). This is important to highlight and is considered further in the context of the current literature (see section 2.1.2.). Psychosocial well-being is dictated by experiences of belonging in relationships or ‘social connectedness’ (van Bel et al., 2009), as research demonstrates that isolation and loneliness is detrimental to physical and mental health (Baumeister and Leary, 1995).

Since 2011, over 6.7 million individuals have fled the Syrian conflict (UNHCR, 2020). The United Kingdom (UK) began accepting Syrian refugees since 2011, and in 2014, the British government created the Vulnerable Persons Resettlement Scheme (VPRS), pledging to resettle 20,000 Syrian refugees by 2020 (House of Commons Library, 2017). Presently, around 17,000 Syrian refugees have arrived in the UK (House of Commons Library, 2019). The VPRS means the Syrian refugee experience differs to other refugees and asylum-seekers who come to the UK and are not included in this scheme. Its inception has inherently created inequality in the asylum process (Basedow and Doyle, 2016), but assessing their experiences within this programme can determine what factors might aid their integration into society.
Various theories of acculturation exist, Berry’s (2005) well-cited definition states it is:

The dual process of cultural and psychological change that takes place as a result of contact between two or more cultural groups and their individual members.

(Berry, 2005, p.698)

Central to acculturation is the notion of ‘integration’. This is viewed as an acculturation strategy regarding the maintenance of one’s own cultural identity plus the adoption of the host’s culture (Berry, 1997). Ager and Strang’s (2008) model of integration (see Figure 2) assists in understanding the process of acculturation through integration. This model broadly encompasses the key components that effect and are influenced by one’s interaction with society. Ultimately, both refugee acculturation and integration regard “a two-way process involving mutual adjustment and participation on the part of the host society as well as by refugees themselves” (Atfield et al., 2007, p. 12).

![Figure 2.1. Ager and Strang’s (2008, p.170) Model of Integration](image-url)
Research demonstrates that integrating into a foreign society can be as traumatic as conflict-related trauma or re-traumatising (Momartin et al., 2006; Lindencrona et al., 2008; Schweitzer et al., 2011). For example, Syrian refugees are often subjected to scapegoating, discrimination and wrongfully associated with criminal activity in host countries, which can be traumatic (SESRIC, 2016; Boyle, 2018). Many refugees experience mental health difficulties due to traumatic experiences in their home country or on their journey to safety (Heptinstall et al., 2004). One in five Syrian refugees are at risk of moderate mental health issues, whereas one in thirty are at risk of acute mental distress (Medecins du Monde, 2018). However, Syrian refugees are also resourceful and resilient (Hasan et al., 2018). Therefore, understanding refugee lived experiences through the current research may help services assist in reducing the potential traumatic nature of integration, contribute to the development of service provision, recommendations and policy.

2.1.2. Refugee Acculturation and Integration

Existing literature highlights the process of refugee acculturation, challenges to their integration, and the influence of a geographical ‘place’ in their integration. It has also addressed domains, including education, in which refugees might be integrated, and has also captured experiences of transition (e.g. from asylum-seeker to refugee) and integration (Phillimore, 2011; Hastings, 2012; Platts-Fowler and Robinson, 2015; Basedow and Doyle, 2016; Parker, 2018; Strang et al., 2018).

Strang and colleagues (2018) explored refugees’ experiences of integration by focusing on their transition from asylum-seeker to refugee in Glasgow. Thematic analysis highlighted that integration was disrupted by poverty and racism. A transition of status, from asylum-seeker to refugee meant changes in living arrangements which also disrupted social networks. Refugees often strived for independence, but their transition experiences undermined this and created dependency, especially due to difficulties accessing services exacerbated by...
language and cultural barriers. However, these findings did not encompass Syrian refugees specifically and provided a limited phenomenological understanding of the lived experiences of refugee integration.

Conversely, using a discursive approach, Parker (2018) explored the construction of ‘integration’ for refugees in Wales. Similarly to Strang et al., (2018), Parker (2018) highlighted how discrimination or racism was detrimental to integration. Additionally, the construction of integration appeared to be multi-faceted, encompassing inclusion and ‘silence’ or not belonging, and safety and security at local, communal and national levels. Refugees experienced being integrated as having opportunities to fulfil aspirations regarding education and employment. However, while Syrian refugees were included, their construction of meaning was taken together with refugees from other backgrounds, thus, the research lacked insight into their lived experiences specifically.

Basedow and Doyle (2016) captured the challenges facing refugees integrating in England after receiving ‘status’. Thematic analysis highlighted challenges to integration including; difficulties applying for and receiving welfare benefits, delays in receiving key documents for status, managing homelessness after being granted status, being unable to find or afford housing and struggling to find employment. Pre-existing difficulties plus the stress of transition and integration was detrimental to refugee mental health, and elicited anxiety, depression and suicidal ideation. This study highlighted that procedural difficulties of integration had detrimental effects on mental health but failed to acknowledge phenomenologically the lived experiences of Syrian refugees.

Other research has explored how the local context and ‘place’ influences the integration experience of refugees. Platts-Fowler and Robinson (2015), showed that integration follows different trajectories in different places and a place’s characteristics influenced different integration outcomes for Iraqi refugees under the same resettlement scheme. Nevertheless, this approach still did not articulate lived experiences of integration. Phillimore (2011) showed how UK
policy meant refugees lack choice about how they acculturate, making them vulnerable to psychosocial stress, accentuating the difficulties of integration. However, this large cohort study did not directly address the depth of understanding of refugees’ lived experiences.

There is a paucity of research that adopts a phenomenological focus into refugee experiences. Notable exceptions include Hastings (2012) using Interpretive Phenomenological Analysis (IPA) to focus on refugees’ lived experiences which generated themes including ‘adaptation and belonging’. This emerged as a “two-way process; it was both as a result of the participants’ impact on the world around them and the impact of this world on them” (Hastings, 2012, p.341) mirroring the process of acculturation (Berry, 2005). This study highlighted the benefit of using a phenomenological approach to study integration. However, no study has investigated the lived experiences of refugees integrating into the UK. Therefore, existing research has not been grounded in ‘phenomenology’, failing to understand the in-depth subjective, unique, and idiographic realities of refugees (Robson, 2002).

2.1.3. Rationale and Research Question

There are three main reasons the current study was undertaken: firstly, most previous research on refugee acculturation has involved surveys or used thematic analysis to explore experiences rather than more in-depth methods. This research failed to capture details about refugees’ own lived experiences and meanings (Biggerstaff, 2012). Secondly, studies have tended to include large and/or heterogenous refugees populations, which do not make sense of the nature of different refugee groups’ experiences. Finally, studies were not focused on Syrian refugees that have been resettled under the VPRS.

The current research proposed to address these gaps by qualitatively exploring the integration experiences of a homogenous group of resettled Syrian refugees in the Midlands. Given the limitations in the literature, it adopted a
phenomenological approach to analyse their lived experiences as they navigated life in the UK. To do this, the present study was underpinned by the following research question: *what are the psychosocial experiences of acculturation into the United Kingdom for Syrian refugees?*
2.2. Methodology

2.2.1. Research Design

An interpretivist epistemological position to exploring the psychosocial experiences of acculturation in refugees was taken. This offered the chance of acquiring socially constructed knowledge (Carson et al., 2001) through investigating Syrian refugee in-depth experiences of navigating life in the UK. The research design aimed to understand the subjective meanings and experiences of refugees using Interpretive Phenomenological Analysis (IPA) qualitative methodology. This considered; phenomenology (the individual’s unique experiences), hermeneutics (the researcher’s experiences affecting their understanding of the individual’s experiences) and idiography (understanding the experiences individually and then collectively within the homogenous group of refugees) (Smith et al., 2009). Thus, IPA was consistent with an interpretivist approach.

The rationale for the research design was because IPA offered a detailed understanding of psychosocial experiences for this specific population, which aimed to build more depth to existing studies that have used thematic analysis or surveys to understand integration. Additionally, using IPA was consistent with Hastings (2012), and aimed to encompass the complexity of Syrian refugees’ lived experiences and the ascribed meanings they attached to their experiences of acculturation (Biggerstaff, 2012).

2.2.2. Participants

2.2.2.1. Sampling and Recruitment

A non-probability sampling design was implemented and sampling occurred through ‘purposive’ and ‘snowball’ methods. Refugees were recruited based on the inclusion criteria (see Table 2.1) and gaining access to one refugee facilitated recruitment of other refugees. The sampling design and methods were beneficial
given the difficulty accessing the limited number of Syrian refugees (Pietkiewicz and Smith, 2014). These methods were consistent with IPA methodology, which prioritises understanding individual experiences over generalising findings (Smith and Osborn, 2008). This method also created a homogenous sample, ensuring that refugees shared features and were defined in a way for the research question to be meaningful (Smith and Osborn, 2008).

Recruitment occurred within the Midlands. A City Council and refugee and migrant centre were approached to discuss the research and disseminate information sheets. Staff on refugees’ behalf, or refugees themselves then contacted the author to participate. Six refugees were recruited to fulfil the depth, objectives and recommendations of IPA, clinical psychology and professional doctorate research (Pietkiewicz and Smith, 2014; Turpin et al., 1997; Hefferon and Gil-Rodriguez, 2011).

2.2.2.2. Inclusion and Exclusion Criteria

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Inclusion Criteria</th>
<th>Exclusion Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Status</strong></td>
<td>Under VPRS/Refugee Status</td>
<td>Non-Refugee Status/Asylum-Seeker</td>
</tr>
<tr>
<td><strong>Region</strong></td>
<td>Syrian</td>
<td>Other geographical areas</td>
</tr>
<tr>
<td><strong>Religion</strong></td>
<td>Islam/Muslim</td>
<td>Atheist or other religion</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td>Male or Female</td>
<td>Any other gender</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>18 years and above</td>
<td>Below 18 years</td>
</tr>
<tr>
<td><strong>Length of Time in UK</strong></td>
<td>6 months – 5 years</td>
<td>Under 6 months or more than 5 years</td>
</tr>
<tr>
<td><strong>Language</strong></td>
<td>English level competency for interview to take place in English</td>
<td>Not proficient enough for interview to take place in English</td>
</tr>
<tr>
<td><strong>Basic needs (e.g. housing, economic support)</strong></td>
<td>Basic needs met</td>
<td>Basic needs unmet</td>
</tr>
</tbody>
</table>

Participants as Syrian refugee men and women could commit to acculturation
being certain about their status. Islam was the official religion of Syria, plus the stigma attached to Islam can impede integration (Phillimore, 2011). Time in the UK varied between six months, which mirrored research (Platts-Fowler and Robinson, 2015; Basedow and Doyle, 2016), to five years, which encompassed when the VPRS became operational. English competency negated interpreters and translations, which is challenging in IPA (Smith et al., 2009).

### 2.2.2.3. Sample Characteristics

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age (Years)</th>
<th>Gender</th>
<th>Country of Origin (Ethnicity)</th>
<th>Length of Time in UK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hameed</td>
<td>50</td>
<td>Male</td>
<td>Syria (Kurdish-Syrian)</td>
<td>4 years 7 months</td>
</tr>
<tr>
<td>Abdullah</td>
<td>48</td>
<td>Male</td>
<td>Syria (Syrian)</td>
<td>5 years</td>
</tr>
<tr>
<td>Layla</td>
<td>26</td>
<td>Female</td>
<td>Syria (Kurdish-Syrian)</td>
<td>3 years 10 months</td>
</tr>
<tr>
<td>Nadia</td>
<td>33</td>
<td>Female</td>
<td>Syria (Syrian)</td>
<td>2 years 11 months</td>
</tr>
<tr>
<td>Rayhana</td>
<td>38</td>
<td>Female</td>
<td>Syria (Syrian)</td>
<td>5 years</td>
</tr>
<tr>
<td>Muhammad</td>
<td>40</td>
<td>Male</td>
<td>Syria (Syrian)</td>
<td>4 years 4 months</td>
</tr>
</tbody>
</table>

Table 2.2 summarises the participants’ demographic information, whereby pseudonyms maintained anonymity.

### 2.2.3. Materials

A semi-structured interview schedule guided data collection. This offered flexibility to encompass unexpected themes (Pietkiewicz and Smith, 2014) and valued the “psychological and social world of the respondent” (Smith and Osborn, 2008, p.59) who could steer the interview process. A novel semi-structured interview schedule (Appendix E) was developed based on IPA.
guidelines (Smith and Osborn, 2008). This process (see Table 2.3) aimed to highlight more in-depth experiences than previous research.

Table 2.3. Procedure for Developing Interview Schedule

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Considering the areas to cover in the interview under the umbrella of the research question. This was based on models of integration (e.g. Ager &amp; Strang, 2008), plus questions and overarching themes drawn from the literature including acculturation and integration, psychosocial experiences and individual differences, with an additional phenomenological and psychosocial focus.</td>
</tr>
<tr>
<td>2</td>
<td>Sequencing these ideas, guided by the questions “which is the most logical order?” and “which is the most sensitive area?”. This determined that some of the more sensitive topics were introduced later in the schedule once the respondent was more comfortable.</td>
</tr>
<tr>
<td>3</td>
<td>Considering appropriate questions for each area to explore the topic.</td>
</tr>
<tr>
<td>4</td>
<td>Considering prompts that may apply to responses from the questions.</td>
</tr>
</tbody>
</table>

2.2.4. Methods of Data Collection

Data collection transpired through face-to-face semi-structured interviews that were recorded using a Dictaphone. These occurred at participant homes and refugee centres, lasting between twenty-eight to sixty-nine minutes and on average forty-seven minutes. Interviews allowed for a dialogue and process to develop between researcher and participant (Smith and Osborn, 2008). This method was beneficial ethically, as it allowed the researcher to manage sensitive content whilst monitoring participant well-being.

Conversely, refugees had endured formalised interviews through the United Nations and Home Office. However, rapport was established with participants and the semi-structured interviews had a conversational feel, which counteracted the ‘formality’. Chapter III also includes how participants experienced the interview process.
2.2.5. Ethical Considerations

Ethical approval was obtained from the Coventry University Ethics Committee (ethics code P77097) on the 31st January 2019 (Appendix F). Thereafter, permission was granted from a City Council and refugee and migrant centre (Appendix G). The research was guided by the ethical standards of the British Psychological Society (BPS; 2014) and their guidelines for working with refugees (BPS, 2018). Furthermore, consistent with GDPR regulations and data protection, the data collected was stored on Coventry University’s secure, password-protected drive and was anonymised once transcribed.

The research managed the ethics of carrying out sensitive research by ensuring refugees were aware of why they were asked to participate, and offered informed choice regarding participation. Refugees were provided with an information sheet (Appendix H) and an informed consent form (Appendix I). This reiterated their rights to withdraw and assured anonymity and confidentiality would be maintained.

During the interviews, refugees occasionally became tearful, or began crying. The researcher provided options of pausing or terminating the interviews and checked if they felt comfortable to proceed. All refugees completed their interviews and were debriefed. This included monitoring their well-being and signposting them to support services (Appendix J).

2.2.6. Method of Data Analysis

The data collected was transcribed verbatim and analysed using IPA (see Table 2.4).
Table 2.4. IPA Procedure (Smith and Osborn, 2008; Smith et al., 2009; Pietkiewicz and Smith, 2014)

<table>
<thead>
<tr>
<th>Step</th>
<th>Procedure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Multiple readings</td>
<td>The respondent’s ‘meaning’ is central to understanding their experiences. Researchers aim to deconstruct the content and complexity of this meaning via an “interpretative relationship with the transcript” (Smith and Osborn, 2008, p.66). This was done by becoming familiar through the transcription process and then with the transcript via multiple readings.</td>
</tr>
<tr>
<td>2</td>
<td>Initial noting</td>
<td>Thereafter, the author undertook a “free textual analysis”, noting anything that stood out from the transcript, including language, connections and contradictions (Smith and Osborn, 2008, p.67).</td>
</tr>
<tr>
<td>3</td>
<td>Developing emergent themes</td>
<td>Then, the author looked for emerging theme titles arising from the above analysis, before reviewing and collating responses that supported such themes.</td>
</tr>
<tr>
<td>4</td>
<td>Identifying connections across emergent themes</td>
<td>This warranted an opportunity for the researcher to offer connections, linking responses to emerging themes and psychological theory. The researcher identified relationships between themes, before grouping them together if they were conceptually, psychologically or theoretically related. Each cluster was then descriptively labelled. Here, themes were adapted or omitted if they were inconsistent with qualitative patterns emerging from the data. This resulted in several superordinate and subordinate themes.</td>
</tr>
<tr>
<td>5</td>
<td>Moving to the next transcript</td>
<td>The researcher underwent the above process for each participant’s transcript, but some aspects of each transcript were richer in content and offered more interpretation and/or themes. Thereafter, the author moved on to each subsequent transcript, but aimed to bracket ideas from previous transcripts in an effort to be idiographic.</td>
</tr>
<tr>
<td>6</td>
<td>Looking for patterns across transcripts</td>
<td>As per Smith and Osborn (2008), a single transcript’s themes may have offered the basis of theme formation for subsequent transcripts. Equally, each transcript also existed as a separate analysis, undergoing the above process. The latter offered direct comparisons between each data item, and highlighted similarities and differences in meaning and experiences. Those that were prominent and consistent across participants lead to further developed superordinate themes, which emerged between transcripts.</td>
</tr>
</tbody>
</table>
2.2.6.1. Validity

To ensure validity, coding, interpretation and analyses were reviewed by the researcher and supervisors. Appendix K evidences the analysis, including annotation and thematic mapping. Appendix L presents additional excerpts from transcripts to support the themes in Section 2.3. These aspects, namely rigour, transparency and impact (section 2.4.2) were consistent with Yardley’s (2000) recommendations for validity in IPA research.

2.2.6.2. Researcher Reflexivity

The author’s active involvement meant that the data collected was co-created with participants (Banister et al., 1994). Thus, reflective practice was imperative throughout the research and is discussed in Chapter III, which documents how the researcher managed his subjectivity whilst conducting this research.
2.3. Findings

Analyses elicited three superordinate and seven subordinate themes (Table 2.5) supplemented by excerpts in Appendix L.

<table>
<thead>
<tr>
<th>Superordinate Themes</th>
<th>Subordinate Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living with Loss</td>
<td>Loss of Home and Family</td>
</tr>
<tr>
<td></td>
<td>Loss of Role and Identity</td>
</tr>
<tr>
<td>Experiencing a New Life</td>
<td>Rebirth and Restarting Life in the UK</td>
</tr>
<tr>
<td></td>
<td>How Previous Trauma Exists in their New Life</td>
</tr>
<tr>
<td></td>
<td>Embracing New Freedoms</td>
</tr>
<tr>
<td>The Dissonance of Integration: Belonging and Not Belonging</td>
<td>Experiencing Racism and Islamophobia as a Barrier to Integration</td>
</tr>
<tr>
<td></td>
<td>Integration through Nurture, Support and Connection</td>
</tr>
</tbody>
</table>

*Living with Loss* encompassed Syrian refugees’ grief which, impeded or motivated their integration. Subordinate themes included; *Loss of Home and Family*, where refugees managed external losses regarding their context and loved ones; and *Loss of Role and Identity*, where refugees managed internal losses regarding themselves. *Experiencing a New Life* encompassed refugees arriving in the UK. Subordinate themes included; *Rebirth and Restarting Life in the UK*, as refugees began life again and attempted moving forward; *How Previous Trauma Exists in their New Life*, whereby despite the safety in the UK, past traumas hindered integration; and *Embracing New Freedoms* documented how Syrian women managed cultural dissonances. *The Dissonance of Integration: Belonging and Not Belonging*, captured refugees’ experiences of belongingness throughout integration. Subordinate themes included: *Experiencing Racism and Islamophobia as a Barrier to Integration*, whereby refugees experienced hostility and alienation, and *Integration through Nurture, Support and Connection*. 
highlighted how British society and other refugees facilitated belongingness and integration.

2.3.1. Living with Loss

Syrian refugees experienced multiple losses, including; their country and home, family members, and their livelihoods or identities. Refugees grieved these losses which, had varied psychosocial impacts as they endeavoured to acculturate into society. Within this theme, the Loss of Home and Family fragmentation and the Loss of Role and Identity both influenced refugees’ integration in the UK.

2.3.1.1. Loss of Home and Family

Refugees discussed how the loss of ‘home’ caused grief and slowed their integration as they mourned their home, rather than moved forward through acculturation. For some it meant they could never feel ‘integrated’. Layla exemplified:

“Syria, it’s my home. Because my life there, it was great. We had a lot, and now, we don’t have anything. So, they take a lot of things from us...that hurts. Even if we live here with happiness, there will be a place in our heart that is still bleeding. So nothing will fix it, nothing will make it better.”

(Layla, lines 219-223)

The idea of integration was not something Layla could experience or achieve. Despite any progress in the UK, Layla’s grief was ever present and her heart could never heal, which meant she lived in pain and could never feel settled.

Similarly, refugees narrated the loss of loved ones elicited ongoing grief which, had psychological consequences including, sadness, depression and trauma. This encumbered their motivation and integration. Conversely, loss motivated
integration as some refugees’ enacted the ‘dreams’ of the departed. Muhammad and Hameed explained:

“I’m lost between my country and my memory and what happened in the war, sometimes I have bad memories. I remember my friends, I lost many friends…I miss my country, my friends, my memories…but I have hope for a future.”

(Muhammad, lines 79-82)

“I lost my daughter…I’m very sad…but I listen (to) her, and she said me ‘dad, improve’, I can, she dreaming of (her) life here…”

(Hameed, lines 479-481)

Muhammad felt that by moving forward and integrating, he was moving on from those he loved and had lost. This internal conflict he described being ‘lost between’, explained why some refugees struggled with integration. This process was accentuated by grief and trauma, yet despite this conflict, Hameed’s daughter’s loss kept him going and benefitted his integration.

Refugees were separated from relatives globally which, fragmented relationships and support structures. These experiences were distressing given their collective culture, as Layla highlighted:

“In our culture and traditions, family altogether…as a refugee, everyone going to somewhere else, like different places. So this is hard, more than we face here. Only for me to be apart is harder than anything in the life.”

(Layla, lines 372-375)

Layla’s experience highlighted that she felt ‘incomplete’. During the interview she began crying, exemplifying her pain and that it was harder than anything, including integration. It meant that refugees were not psychosocially in the best position to move forward and integrate, and they felt that doing so betrayed their
culture. Thus, separation negatively impacted their well-being and acculturation, as Nadia highlighted:

“Sometimes I cry, I really cry. Sometimes I, speak with him like every day...when I (was) received here, one year (was) very difficult...I cry, every day.”

(Nadia, lines 332-337)

Nadia’s ‘painful’ family fragmentation meant that despite some communication, she experienced emotional pain every day. Syrian refugees’ collective culture suggested that being separated equated to losing part of themselves and feeling incomplete. As refugees struggled with this, integration was not prioritised.

However, loss and separation sometimes became a ‘cause’ and drove individuals towards integration to be reunited with their family, as Layla described:

“Everything I did with the refugee and migrant centre and the City Council, to be honest with you, just to become a part of them and try, make them help me to bring him (my brother) to here.”

(Layla, lines 341-343)

Layla contradicts earlier experiences whereby loss impeded integration. Her loss motivated her to integrate. However, ‘integration’ appeared secondary to Layla’s determination to find ‘completeness’. Whereas some viewed integration as a means to progress and succeed, Layla highlighted different motivations for ‘integrating’, and that she and other refugees could only feel integrated when their family was reunited and she felt ‘complete’. Just as the loss of home suggested a ‘pierced heart’ that could never heal, a lost or separated loved one was also a missing piece for refugees. Refugees related that the more missing pieces they lived with, the less complete they felt, and the less ‘integrated’ they were.
2.3.1.2. Loss of Role and Identity

Refugees described losing their roles and identity in the UK and struggled with ‘moving forward’ and acculturating. They varied in skills, qualifications and professions which, were not recognised in the UK and they were not supported with relevant training. Additionally, language was an additional barrier. This loss was devastating given the importance of professional status to their identities. All refugees had to start from scratch and felt frustrated, inadequate and depressed, as Abdullah related:

“Life is hard to me because it’s different to what I used to live...I used to be a lawyer and you know, the reality here is like, we can say it’s shocking...I realized from the beginning I should forget about the past and start a new life...But still frustrating, feel frustrated...It’s hard for me...my age is 48 years old. It’s hard for me to start over. This is the most hard point.”

(Abdullah, lines 24-30)

Abdullah had a part of his identity stripped away, which left him feeling incomplete and incompetent. Abdullah’s frustration encompassed the conflict of clutching to his previous identity and attempting to start over. For refugees, life as they knew it became further removed, they felt devalued by society and demotivated to integrate. Thus, losing another ‘part’ of them was ‘painful’, negatively impacting their self-esteem, as Layla narrated:

“I was managing one company...so I feel like I have been up. Suddenly, Job Centre telling me ‘go to get a cleaning job’. So that is painful...they kill their confidence.”

(Layla, lines 199-206)

These experiences meant refugees often worked out of necessity, as Layla stated:
“I am a teacher and I don’t feel comfortable in the schools, actually because it’s too hard to deal with the child, to deal with the adult, to deal with teenager. So that makes me say ‘Okay, I have to do it’. So this feeling that I have to do it is too hard.”

(Layla, lines 210-212)

Employment was a factor considered indicative of refugee integration, yet, Layla’s discomfort suggested that her employment regarded survival, rather than integration. Thus, some employed refugees did not feel settled or integrated, and felt they would, potentially in roles that valued their skills and experience. Layla’s experience of ‘having’ to work, implied being forced by her circumstances. This experience of powerlessness was ‘too hard’ and undermined her sense of agency, but she persisted as she felt it would help her in some way. Therefore, refugees were at the mercy of external factors, which hampered their well-being and integration.

2.3.2. Experiencing a New Life

Refugees encountered the ‘foreign new world’ of the UK alongside their previous experiences which, influenced their integration. Experiencing a ‘new life’ brought new opportunities, but also challenges, elicited previous traumas and involved managing cultural dissonances particularly relevant to Syrian women. Subordinate themes included; Rebirth and Restarting Life in the UK, How Previous Trauma Exists in their New Life and Embracing New Freedoms.

2.3.2.1. Rebirth and Restarting Life in the UK

Arriving in the UK profoundly influenced refugees. Most described their arrival dates and what this meant for them (Appendix L) including the opportunity to move beyond traumas and losses. Muhammad powerfully described being reborn:
“I think now, new born here...sometimes you want to ask me about how old are you? I told my age five years really because I’m new born here.”

(Muhammad, lines 379-381)

Muhammad experienced a new life started upon entering the UK. However, like new-borns, refugees faced a steep learning curve in their first few years of life in an overwhelming new world. Refugees navigated without language and any sense of familiarity. Muhammad vividly described being without senses:

“I (am) feeling like someone (that is) blind. I can’t see, I can’t talk, I can’t listen...This makes stress for me.”

(Muhammad, lines 70-72)

Muhammad’s experiences were consistent with being reborn, feeling like babies, having skills or senses that were not fully developed. The uncertainty he felt whilst being overloaded with information was stressful. Similarly, Hameed explained:

“If no improve in his language...he (be)come a baby.”

(Hameed, lines 463-464)

Both experiences suggested refugees were dependent during their infancy in the UK. As they developed their skills including language, refugees required support and nurturing through services and interpreters, to learn, adapt and integrate.

However, refugees like Rayhana experienced isolation:

“I did feel like you know, kind of isolated...it did affect like kind of my psychological well-being.”

(Rayhana, lines 262-266)
Rayhana signified not being adequately nurtured due to a lack of social networks and state support. Enduring this overwhelming post-rebirth period alone setback her integration and reinforced her isolation. Yet, some refugees navigated this with competing responsibilities, including children, elderly parents and sick or disabled family members. Hameed narrated:

“...my wife (is) sick...I’m (the) carer in house, actually (it) makes my life very hard.”

(Hameed, lines 237-239)

Hameed demonstrated the difficulties of restarting life in the UK were accentuated by additional responsibilities. Refugees either struggled to fulfil their roles as carers while integrating, causing those needing care to feel abandoned and isolated, or struggled to integrate as they prioritised their responsibilities, which meant refugee families became isolated from society.

Nevertheless, refugees arrived with skills and resources that helped them to adapt and restart life in the UK (Appendix L). This was bolstered by their determined mindsets, as Layla described:

“So UK is about one floor in the up...you need to step-by-step, if you can and you will be stronger, get two-step-by-two-step because sometime we can get two-step. And anyone push you to get down, just look at them and smile, and they will go in front of you and they will let you carry on.”

(Layla, Lines 163-168)

Layla exemplified that refugees understood integration was a slow, continuous process and included setbacks. This demonstrated resilience and how refugees often used their negative experiences to drive success and integration.

All refugees strived towards independence, as Abdullah noted:
“...I started you know depending on myself, to be independent...my caseworker used to support me heavily and you know he encouraged me to go and when I’m stuck I can call him.”

(Abdullah, lines 47-50)

Abdullah ‘grew’ post-rebirth, acquired skills and required less nurture. Services ‘scaffolded’ development, which empowered Abdullah, as, being ‘encouraged’ conveyed that others were confident in his abilities to succeed. This meant he regained control in his ‘new’ life and counteracted feelings of powerlessness.

This often culminated when refugees, like Muhammad, fulfilled their aspirations:

“I have a special job...for anyone his dream...because now I am a football coach...10 years ago, I sit at home, I watched the TV, this Premier League...I tell my father ‘I hope someday go to England, play football or manager’, Subahanallah.”

(Muhammad, lines 150-155)

This theme started with Muhammad’s experience as an overwhelmed new born restarting his life. In the UK, his ‘dreams’ became a reality, and through securing a meaningful job he managed to restart his life, achieved independence and was contributing to society. His experiences of fulfilling his dream suggested being integrated.

**2.3.2.2. How Previous Trauma Exists in their New Life**

Despite restarting life and feeling safe in the UK, some refugees’ experiences in their home country often haunted them. This trauma impeded integration, as Muhammad described:

“Sometimes here I’m feeling I’m scared. Maybe it’s governments send someone kill me...”
Muhammad’s trauma meant he felt his life was in danger which, caused paranoia, hypervigilance and impeded his integration, despite the relative safety of the UK. Muhammad discussed that this occurred when he was not occupied. Thus, he managed his trauma when he was engaged, which benefitted his integration. Yet, refugees discussed how managing trauma was counteracted by news about Syria, which accentuated fear and loss. Similarly, some described experiences which retriggered and exacerbated traumatic sequelae, as Rayhana related:

“I have some bad experiences as well, being broken into...that was very traumatic experience, so talking about integrating experience they can be as traumatic...I moved from that house...cause I couldn’t even sleep you know there again...It just brought to my mind the times where we had like security coming in and trying to break into the house...It was in the first year of my being in the UK and you know having like triggered like previous bad experiences wasn’t helpful.”

(Rayhana, lines 431-456)

Rayhana’s experiences in the UK felt as traumatic and mirrored experiences in Syria. Her pretext of trauma accentuated these distressing experiences, which meant she felt unsettled and unsafe in her own home. This led to withdrawal and meant a restart in her attempted integration.

Some refugees also felt that their needs were not understood, as Rayhana related:

“So the people who support refugees, they need to be like very, aware that you are dealing with vulnerable people. I mean, people come with varied experiences. They may not look like ‘oh they have had traumatic experiences’, like look at me for now, do I look traumatized?”

(Rayhana, lines 314-317)
Despite refugees’ resilience, Rayhana was ‘traumatized’ and had unaddressed needs which were not on display or expressed willingly. This was culturally appropriate and was influenced by not trusting people with her experiences. This was typical of most refugees I interviewed. Left unaddressed, these issues hindered integration and restarting their lives.

2.3.2.3. Embracing New Freedoms

Syrian refugee women’s gender identities influenced their acculturation in their ‘new life’. They experienced the UK as more liberal towards women which, entailed ‘embracing new freedoms’. Layla explained breaking away from traditional cultural roles of women, and encouraged other refugees to do so to gain more out of their integration:

“…in my culture, ladies don’t work. They just sit at home like mother, housewife...So I tell them ‘don’t be like what you are, because here is different, you have your chance to go out, you have and going out is not, doesn’t mean doing something bad’...and some of them they said, ‘scarf and blah’. I said ‘I’m wearing scarf and I don’t face any problem in my work’, because they wouldn’t look at your scarf they will look at what you do for them.”

(Layla, lines 447-453)

Layla embraced newfound freedoms as a woman in the UK, whilst maintaining her culture (e.g. wearing a scarf). Therefore, pursuing opportunities and maintaining her identity meant she felt accepted and benefitted her integration as she felt valued for her productivity rather than her appearance.

Conversely, Rayhana’s experience was different to Layla’s. As a single Muslim woman living on her own, Rayhana experienced internal conflicts as she embraced new freedoms:
“...you get access to the services you know provided for women, especially in a Western country, they want to empower women...this is like one of the good things. One of the negative things is...whatever you become, you're still like a woman living by yourself...there's always that like, perceptions that a woman needs to be at home...But for me, I was raised like in a Muslim country, and, you know, when my parents like knew that I'm coming here...their confidence also like kept my confidence because I know who I am and then like I would not go and do like, you know, say bad things...”

(Rayhana, Lines 520-537)

Rayhana encountered cultural dissonances through the process of embracing freedoms. She felt she was betraying her culture, despite also feeling empowered by opportunity. Rayhana was shackled to negative connotations and shame her homeland culture attached to independent women, including being perceived as someone who had behaved immorally and ‘lost her religion’. Managing these conflicts, including through parental support and trust, had allowed her to maintain her values, embrace these freedoms and build a new life.

2.3.3. The Dissonance of Integration: Belonging and Not Belonging

Throughout their integration, Syrian refugees experienced everchanging feelings of belongingness. They endured hostility including Experiencing Racism and Islamophobia as a Barrier to Integration which, thwarted feelings of belonging in the UK. Yet, Syrian refugees strived towards Integration through Nurture, Support and Connection whereby the VPRS, social support with host members, and fellow refugees assisted belonging and integration.
2.3.3.1. Experiencing Racism and Islamophobia as a Barrier to Integration

Syrian refugees experienced racism and Islamophobia during acculturation. Most faced racism through their journey experiences which, meant they anticipated hostility in the UK. For most refugees this came to fruition and was distressing, whilst others minimised their experiences. This impeded integration and thwarted feelings of belonging.

Refugees’ anticipated fear in the UK became accentuated by socio-political narratives about refugees. Rayhana narrated:

“The way people perceive newly arrived or like foreigners, in general is not positive...if you add the word refugees it becomes even worse, and then if you are a Muslim that’s even worse.”

(Rayhana, lines 170-172)

Rayhana signified that adapting to the UK occurred in a racist and Islamophobic atmosphere. Highlighting different aspects of her identity meant she felt all aspects were not accepted by the host society. Rayhana felt ‘alienated’ which made integration daunting. This matched the language she later used and Hameed’s unwelcoming experience:

“...I felt like I came from Mars.”

(Rayhana, line 203)

“I’m coming (to live) in this house two years ago, nobody here has said (to) me ‘hello’.”

(Hameed, lines 419-420)

These experiences of alienation meant refugees internalised attitudes that they were different, not wanted or did not belong. The barriers to integration were often refugees’ own conflicts about their feelings as a result of others and how
they expected to be seen or treated. Unfortunately, refugees directly experienced racism and Islamophobia as Rayhana and Layla stated:

“I remember like, like was it in France?...it was just the next day actually from that bombing...I was just crossing the road and there was an idiot guy driving and he was shouting out.”

(Rayhana, lines 192-196)

“... sometime you meet drunk person in the street, they’re telling you bad word, some stuff.”

(Layla, lines 252-253)

These experiences gave credence to feelings of alienation, not belonging and internalised expectations of how refugees thought people would treat them. This impeded integration, elicited fear and retriggered trauma. Additionally, when negative socio-political narratives existed, or at times or in areas where they were likely to encounter hostile individuals (e.g. those intoxicated), refugees were less inclined to attempt engagement or integration. Rayhana and Layla also wore the *hijab* which, suggested that women experienced more hostility and found integration more difficult.

However, some refugees, like Abdullah, minimised their experiences of racism:

“Some of them experience racism...Even myself, it happened to me twice, but I let it go. I didn’t complain because it wasn’t very serious.”

(Abdullah, lines 173-175)

Abdullah depicted that he and other refugees feared not being listened to or believed, or felt they should be grateful for what they had been given and not complain. The latter implied an effort to ‘belong’ here, but impacted his well-being and impeded integration. Additionally, managing the consequences of
hostility by himself as he ‘let it go’, implied that it was his rather than the host society’s responsibility.

2.3.3.2. Integration through Nurture, Support and Connection

Refugees experienced the VPRS as a nurturing structure which, aided their integration and feelings of belonging. Most felt they “wouldn’t be here now” (Layla, lines 326-327) without this support which, helped them learn, develop and find their feet, much like a caregiver. Nevertheless, refugees experienced expectations to integrate, as Rayhana explained:

“We always talk about integration ‘oh refugees need to integrate’ what about the people do we need to do something for them? And especially because their culture is not necessarily hospitable. They would not go out and you know meet the people or invite them to their homes...”

(Rayhana, lines 331-340)

Rayhana’s experience contradicted the nurturing VPRS, suggesting that the support to integrate by society was not as ideal as it appeared and thwarted refugees’ feelings of belonging in the UK. Refugees did the majority of work to belong but felt integration worked both ways and the UK needed to adopt more responsibility and become more hospitable. Similarly, refugees felt they were not understood by the host society, as Rayhana related:

“I come from a traumatic experience, I am scared of sounds for instances, and I have like been asked to do things and where I meet people who just decide what I need to do...there’s little attention to my well-being.”

(Rayhana, lines 303-305)

The host society’s pressure and expectation meant Rayhana felt powerless and lacked agency during integration. She implied that there was no consideration for
what refugees could offer and they were not understood or supported, which impacted their well-being, integration and belongingness in the UK.

Therefore, Syrian refugees utilised their collective culture as a ‘family’ to find a sense of belonging and the nurture they required to integrate, as Layla and Rayhana summarised:

“We deal with people as they are our...everyone is our sister and brother.”
(Layla, lines 224-225)

“...I feel like you know they’re more like my family...I have like so many families...It feels nice.”
(Rayhana, lines 365-366)

Refugees found comfort and support in the familiarity of other refugees who shared similar experiences, which managed cultural dissonances and meant they maintained their culture. Refugees discussed that they integrated together, by receiving help from or facilitating other refugees’ integration. Layla empathised with the experiences of new refugees and eased their anxieties by offering support. Through this, new refugees connected with more integrated refugees which created a nurturing network. Layla described:

“...what I felt when I arrived, I didn’t want anyone to feel the same...I told them I want to go to the airport...I want to go to when I see them, speak their language to just feel ‘oh there’s one speaking our language and she haven’t been here too long, but see where she is now’.”
(Layla, lines 460-466)

Refugees also connected with the host society through neighbours, work, meals and sport which, indicated that they ‘belonged’ and were integrating, as Muhammad exemplified:
“...I saw some boys play football. I ask them, ‘I can play football?’ but I can’t explain exactly what I need...He not speak Arabic but he understand what I want. He told me, ‘yes, welcome’. I start this first week, after that I start new life.”

(Muhammad, lines 30-34)

Being accepted to play football meant Muhammad felt like he belonged in the UK and began his new life. He was the active agent in his integration and utilised his skills creatively through non-verbal universal ‘languages’, such as football to develop relationships.

These collective processes facilitated integration and established feelings of ‘home’, which regarded having a future, feeling safe, and as if they belonged (Appendix L):

“I’m feeling UK, he like my country, like first country.”

(Muhammad, line 128)

Muhammad’s possessive language (e.g. ‘my’) demonstrated such belonging. Integration meant the UK became a part of him just as he felt a part of the UK.

Some refugees appeared to be ‘integrated’, yet Rayhana lacked a connection to the place:

“I feel like you know, although I’m based here, like I have been studying here, working here, I don’t feel I got that much connection.”

(Rayhana, lines 23-24)

Integration was how Rayhana felt in relation to being in the UK, rather than what she had achieved. For her, feeling as if she belonged was ongoing, ever changing and sometimes beyond attainment, despite how others’ perceived integration.
Finally, Layla experienced the UK as her family member:

“Syria is our mom. UK is like aunty...aunty is like mom but not quite the same.”

(Layla, lines 228-229)

Layla’s experience was consistent with her collective culture and implied that she could never share the same bond to the UK as she did with her mother. Yet, the UK felt close, belonged to her family, and as a family member still warranted love, connection and elements of ‘home’.
2.4. Discussion

This study explored the psychosocial experiences of six (three men and three women) Syrian refugees acculturating into the UK. Three superordinate themes were developed: Living with Loss, Experiencing a New Life, The Dissonance of Integration: Belonging and Not Belonging.

Syrian refugees experienced losses of their country and home, loved ones through death or families’ separation, and their livelihoods and identities. The psychosocial consequences of these losses influenced integration since “the disturbance caused by loss of home cannot be understood without taking the lost object into consideration” (Fullilove, 1996, p. 1519) and ‘home’ represented the accumulation of refugees’ relationships and history. This study highlighted that losses caused painful, unhealable open wounds, meaning that integration may never be fully achieved. Refugees described that this grief hindered their integration and was accentuated by experiences of trauma and depression. Research suggests that ‘loss’ led to a depletion of resources which affected integration (Strang and Quinn, 2019). However, this study suggested that for some refugees, it related to the conflict of feeling they were betraying those they had lost if they moved on and integrated. Alternatively, other refugees used losses to assist their integration by enacting the ‘dreams’ of those lost.

Refugees’ collective culture and needs for social connectedness (van Bel et al., 2009), meant that family fragmentation was experienced as losing a part of themselves and emotionally painful. This accentuated refugees’ psychological distress and impeded integration. Yet, this became a ‘cause’ for some refugees, enhancing their determination and resilience to ‘integrate’ and reunite with their families. This is unique to this study and suggested that ‘integration’ was a by-product of seeking ‘completeness’. Furthermore, the loss of role stripped away integral parts of refugee identities. Refugees adapted out of necessity, but also experienced conflicts between trying to move forward versus grasping on to lost identities. They consequently experienced inadequacy, frustration and
depression which, are well recognised in the literature (Parker, 2018; Strang and Quinn, 2019). Thus, whilst employment is a domain of integration (Ager and Strang, 2008), this study highlighted that it could be detrimental to psychosocial well-being and integration. Employment appeared a token of survival rather than integration, especially if refugees worked out of necessity, rather than using their skillset. The powerlessness experienced by refugees in these circumstances undermined their sense of agency and control over integration (Phillimore, 2011).

Refugees experienced a ‘new’ restarted life through being reborn. Yet, the UK elicited an overwhelming steep learning curve which refugees experienced in the context of other responsibilities, including being carers. They often experienced conflict between prioritising integration and their responsibilities. This study highlighted how refugees felt like babies or “blind” without language and knowledge about society. This meant refugees were dependent, required nurture and could not integrate alone. Unfortunately, some refugees experienced isolation, which negatively impacted their well-being and integration (Strang and Quinn, 2019).

This study found refugees developed pre-existing resources as they adapted to their new life through volunteering and education (Ager and Strang, 2008). Adapting to one’s environment contributed to feelings of belonging in Hastings’ (2012) study, whereas volunteering facilitated integration in Basedow and Doyle’s (2016) research. Refugees’ determined mindsets exemplified their resilience and enabled them to use negative experiences as motivation to integrate which, contributed to their growth and development. This was consistent with posttraumatic growth (Calhoun and Tedeschi, 2014).

Refugees in this study pursued independence, and were often ‘scaffolded’ (Wood et al., 1976) to develop in a way that utilised their resilience and empowered them. This regarded learning within Vygotsky’s (1978) Zone of Proximal Development which, research has demonstrated effectiveness for second-language learners (Turuk, 2008), and this study suggests that this process applies
to refugee integration. Through this, refugees counteracted feelings of powerlessness (Almoshmosh, 2016), and achieved aspirations including employment, which psychosocially benefitted them. Employment is an integration domain (Ager and Strang, 2008) and findings mirrored Parker’s (2018) outcome that integration followed the opportunity to fulfil aspirations, including securing a job. Yet, a novel distinction of this study appeared to be that employment needs to be ‘meaningful’ for refugees. Ager and Strang’s (2008) model could be adapted to consider employment as something refugees value, and feel valued doing. Additionally, the reciprocity within employment (e.g. giving back to society and engaging with others), rather than simply ‘working’ may be more beneficial to integration.

Despite efforts to restart life, refugees could not escape their pre-migration traumas which created fear and anxiety and influenced integration. Experiences were managed when refugees were engaged, which highlighted the benefit of supporting their integration. Enduring traumatic experiences in the UK retriggered and exacerbated previous traumas, which impeded integration. These findings are consistent with previous research (Phillimore, 2011; Basedow and Doyle, 2016). Therefore, whilst resilient, refugees held needs that were not always apparent or understood, which proved detrimental to their well-being and integration. Cultural manifestations of distress were different to what is ‘expected’ as being ‘distressed’ in the UK and refugees did not trust people with their distress. Research advocates that ‘trust’ should be a ‘facilitator’ of integration (Strang and Quinn, 2019) to further develop Ager and Strang’s (2008) model. This study demonstrated needs for mental health support and awareness for those working with refugees to understand them, which is underpinned by trust. This is imperative given that cultural understandings of mental health and gender for instance are often barriers to services (Cheung and Phillimore, 2017).

Syrian women’s gender identity influenced their psychosocial experiences of acculturation. Yet, gender or identity as concepts are not encompassed by Ager and Strang’s (2008) model of integration, and more could be done to determine
how gender differences relate to the domains of integration. In this study, through ‘gendered acculturation’, Syrian women broke gender roles and adopted new freedoms, which facilitated integration and built resilience. Asaf (2017) documented how Syrian women adapted their traditional gender-roles in host societies. However, this study exemplified that detaching from cultural norms and assimilating two cultures, proved challenging psychosocially, eliciting shame and betrayal. This explains why research demonstrates poorer health, education and employment outcomes for women integrating (Cheung and Phillimore, 2017). Nevertheless, as women in this study related, this process can also be empowering and resilience building, which earlier research recognises (Liebling-Kalifani, 2010; Lenette et al., 2013).

Throughout their integration, refugees managed experiencing belonging versus not belonging in the UK. Refugees, especially those wearing the hijab, experienced hostility, racism, Islamophobia and alienation. These experiences thwarted belongingness in the UK and retraumatised them, causing distress and withdrawal. Thus, refugees felt unsafe and were wary of engaging with communities, which impeded their integration and was consistent with earlier research (Phillimore, 2011; Hastings, 2012; Platts-Fowler and Robinson, 2015; Parker, 2018; Strang et al., 2018). However, some refugees minimised experiences of racism, fearing not being heard or being ungrateful for what they have been provided within the UK; the latter is present in research (Parker, 2018; Goodman et al., 2014). Yet, this study uniquely posits that refugees minimised these experiences to ‘belong’ to the UK.

Refugees were nurtured by the VPRS which facilitated ‘Social Links’ (Ager and Strang, 2008). Yet, some felt integration should be a two-way process that the host society needed to play more of a role in. Two-way processes have resulted in feelings of belonging in refugees (Hastings, 2012), but Parker (2018, p.156) highlighted that government policy failed to consider refugee voices and placed pressure on ‘one-way’ refugee integration.
Host society pressures meant refugees felt unheard and did things detrimental to their well-being. Despite being ‘expected’ to integrate, situations often caused powerlessness, undermined their efforts, and impacted their psychosocial well-being and integration. This study highlighted that refugees wanted to be heard and understood as lacking choice during acculturation resulted in psychosocial distress (Phillimore, 2011).

Refugees’ collective culture facilitated integration and belongingness. Pre-existing refugees helped those newly arrived to manage these difficult processes. These ‘Social Bonds’ (Ager and Strang, 2008) created a nurturing network or ‘family’ for refugees. These findings contradicted research stating that refugee relationships were underpinned by dependency, with limited opportunity to give back or offer help (Strang and Quinn, 2019). Refugees established ‘Social Bridges’ (Ager and Strang, 2008) with the host society through creative means including sport. Yet, it was mainly their attempts that developed these relationships, which supplemented their social support, belonging and integration. The reciprocity within these relationships protected against migratory stress (Strang and Quinn, 2019).

Ultimately, most refugees felt integrated such that the UK was now ‘home’. This differed for refugees who despite integrating would not consider the UK their home (Parker, 2018). However, for some integration related to how connected they felt to the place and this study presents the idea of objective versus subjective integration. Models advocate that refugee integration often follows the fulfilment of the domains of integration (Ager and Strang, 2008), whereas despite these domains being achieved, phenomenologically, some refugees did not feel connected or integrated. This is where such models are limited in understanding refugee integration.

Finally, unlike previous research, refugees had ‘rights’, could pursue employment, build their lives and were not preoccupied with housing or asylum uncertainty, signifying the VPRS as a stabilising structure. Ager and Strang’s
(2008) model is underpinned by ‘Citizenship and Rights’, and whilst refugees in this study were not citizens, some still felt integrated.

2.4.1. Limitations

It is acknowledged that refugees with potentially more confidence and positive experiences of integration were more willing to be interviewed. However, the themes exemplified mixed experiences of integration. The study was limited by excluding non-English speaking refugees who were likely to be at varying stages of the integration process, whose experiences are equally important in understanding refugee acculturation. This contributed to the wider experiences of refugees not feeling ‘heard’. Furthermore, despite IPA methodology favouring small sample sizes for phenomenological explorations, caution must be exercised in terms of making broader generalisations. These refugee experiences were contextualised within the Midlands, where they were all living.

2.4.2. Clinical Implications: Policy and Practice

Refugees’ experiences of trauma and loss are accentuated by their ‘adjustment’ to the UK (Papadopoulous, 2018). Some refugees felt their distress was not understood, whilst others conveyed resilience. Therefore, those working with refugees would benefit from understanding the gendered impact of refugee experiences within their sociocultural contexts and lives (Papadopoulous, 2018).

Refugees would benefit from tailored mental health provision and services, similar to Coventry’s Swan Centre which assesses all VPRS refugees (Liebling and Wright, 2018). However, these services are restricted by Home Office regulations which assumes that refugee mental health needs are limited to pre-migration trauma and therefore refugees are assessed within the first few months of their arrival. Whilst such screening is useful, distress often manifests culturally and is triggered by the integration process. Thus, a second wave of screening would be helpful combined with an integrated model of care that empowers refugees to utilise their own resources and resilience (Almoshmosh, 2016). Since ‘distress’ is
not always obvious or discussed, work with refugees would benefit from non-verbal approaches and importantly cultural curiosity, sensitivity and trust (Kalmanowitz, 2016; Papadopoulos, 2018; Strang and Quinn, 2019). Additionally, the effects of loss, trauma, grief and re-adjustment highlighted in this study mean therapies which promote compassion, acceptance and adjustment may be helpful. This could include Compassion-Focused Therapy (Gilbert, 2009), Acceptance and Commitment Therapy (Hayes et al., 2006), and Papadopoulos’ (2018) ‘therapeutic care’ model for refugees.

The consequences of loss of role are well documented, yet has not influenced existing policy, which would be consistent with refugees’ feeling ‘unheard’. Governments, stakeholders and services would benefit from understanding refugees’ skills and qualifications, and facilitating the conversion of qualifications or the transition into the required training (see Abdullah’s view in Appendix M). Furthermore, volunteering and seeking employment is important (Ager and Strang, 2008) but needs to be meaningful, enabling refugees to feel valued and account for their skills and needs (see Layla and Rayhana’s suggestions in Appendix M). Giving refugees a voice will empower them towards independence and integration.

Regarding integration, refugees felt more could be done by the host society. Hameed’s idea in Appendix M is one way this could happen, after all greater involvement of local organisations in supporting refugees’ own solutions would assist integration (Almoshmosh, 2016). The VPRS facilitates social connectedness with services and other refugees, yet could do more to facilitate connections with the host society. Family fragmentation meant refugees would also benefit from being supported to apply for family reunification. Easier access to legal support would facilitate this process. The facilitation of temporary visas and visitation may go a long way for refugees from collective cultures.

Refugees in this study highlighted the value of the VPRS. However, its conception has created an inequal ‘two-tiered’ asylum system (Parker, 2018). Expanding the
programme to accommodate other asylum-seekers and refugees would prove equitable.

2.4.3. Future Research Recommendations

Future research could expand on this study by including non-English speaking Syrian refugees to capture their experiences of integration and determine the applicability, quality and strength of the current themes. Furthermore, the recruited sample included mainly middle-aged refugees, and other research could consider both younger and older populations, as well as those who have been in the UK for longer, whose experiences are likely to vary. The latter would offer additional information of those refugees who have not been resettled. Finally, research could consider assessing the implementation of therapeutic models including Compassion-Focused Therapy and Acceptance and Commitment Therapy as well as the evaluation of refugee services and mainstream services that accommodate refugees.

2.5. Conclusion

This study has highlighted key areas encompassed by Syrian refugees’ experiences of acculturation including living with multiple losses, subsequent experiences of grief and influences on their identity and integration. Beginning a new life highlighted the overwhelming nature of adapting to the UK for which refugees required support. This process emphasised that refugee trauma is not limited to pre-migration experiences and can persist and be accentuated post-migration. The latter was exacerbated by experiences of racism and Islamophobia, which thwarted feelings of belonging. For Syrian women, acculturation as a refugee elicited conflict and cultural dissonances but was also empowering. Refugees’ determination was an important factor which played a role in facilitating their integration and reframing negative experiences. The processes of integration were eased by the VPRS and the collective culture of Syrian refugees, who integrated and sought belongingness through nurture, support and connection.
Overall, more could be done by the host society to facilitate a ‘two-way’ process of integration. Furthermore, whilst refugees were able to feel integrated and at ‘home’ in the UK; this research highlights that they would benefit from a more nuanced, cultural and gender-sensitive understanding of their needs and distress, acknowledgement of their skills and assistance to be reunited with their families. Ultimately, this could all be underpinned by listening to the voices of refugees (Almoshmosh, 2016).
2.6. References


1. References are presented according to the journal’s Harvard system.


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Chapter III

The Role of Identity in Context: Reflections on Conducting Research with Refugees

This paper has not been prepared for submission to any journal.
3.1. Introduction

This reflective chapter considers the process of conducting research regarding unaccompanied refugee minors (Chapter I) and with Syrian refugees (Chapter II). Qualitative researchers become actively involved, and Interpretative Phenomenological Analysis (IPA) is underpinned by ‘double hermeneutics’, whereby the researcher’s experiences affect their understanding of the individual’s experiences (Smith, Flowers and Larkin, 2009). Whereas in Chapter I, my involvement influenced how the meta-synthesis results were interpreted, analysed and presented, in Chapter II my active involvement meant that the data collected was co-created with refugees (Banister, Burman, Parker, Taylor and Tindall, 1994). This chapter focuses predominantly on the research in Chapter II, although Chapter I is referenced where applicable.

Given my active involvement as a researcher, ‘reflection’ and ‘reflexivity’ were important. This helped me to attend, acknowledge and mediate the impact of my position and background (Malterud, 2001), whilst considering any “presuppositions, choices, experiences, and actions during the research process”, including how my personal experiences and values may have influenced the research or how it influenced me (Harrison, MacGibbon and Morton, 2001, p. 325). A bracketing interview, reflective journal, discussions with peer researchers and research supervision facilitated this. Through these processes, aspects pertaining to my identity emerged; these are presented in this chapter.

Conducting research with Syrian refugees elicited reflections regarding my role as a ‘researcher’, my identity as a ‘dormant clinician’, and finally my identities as ‘Mujahid’, the person. These three aspects, whilst easy to describe distinctly, are in reality interwoven. I present my identity as Mujahid first, reflecting on how this related to the research, including the parallel experiences I have shared with refugees. Thereafter, I discuss how this influenced being a researcher. Finally, I consider how my clinical identity was dormant during the research process,
despite the research context appearing therapeutic for some of the refugees I interviewed.

3.2. My Experience of Being Different

Deconstructing my own identity highlighted several similarities and differences with my research participants and their experiences. As an individual, I am typically perceived as being subcontinental ‘Asian’ in ethnicity, yet I am a dual national. I identify as being both South African and British, and have Indo-African heritage. I grew up in post-apartheid South Africa, lived in Oman, before moving to the United Kingdom, UK. Thus, I am also an immigrant, as well as a Muslim, and a male. Therefore, my identity is underpinned by religious and cultural beliefs and values, as well as my life experiences.

Having immigrated to the UK, through the Middle East as a child, there were parallel processes I could empathise with the Syrian refugees I spoke to. Moving to Oman with my family, having only limited Arabic language skills meant that my experiences were consistent with how some refugees felt alienated and overwhelmed by a new society. Unlike their experiences though, I shared the same religion and skin colour as most of the host population, which favoured my integration. Yet, just as Hameed’s experience in Chapter II, without language, I felt like a “baby”.

I felt somewhat powerless, limited in what I could do and intimidated whilst engaging with the local people given that most could not understand me, and I could not understand them. This elicited some anxiety and uncertainty, as many refugees in my research also described experiencing, and which also, similar to the refugees in my study, drove me to become more fluent in Arabic. Having said that, Muhammad’s experience of connecting through sport was one that resonated most significantly with me. I recall going out with my football and playing with the local children, connecting and possibly, integrating or at least developing relationships through the game of football; a universal language.
My time as an immigrant in Oman was brief and differed to my experiences in the UK and London specifically. Given that English was my first language and as London is multicultural, it was perhaps easier for me than the refugees I interviewed, where Arabic was normally their first language. Yet, my process of acculturation and integration was not without difficulty, and I too had to manage ‘cultural dissonances’ and the Integration of Identity (Chapter I). This difficult process of learning how to maintain my own identity whilst adapting to the host culture, was similarly to some refugees made possible through the resilience I had developed whilst feeling like a ‘baby’ in Oman.

However, despite being a ‘citizen’, living and feeling integrated in the UK, whether you are a refugee or immigrant, you are not too far from familiar experiences of alienation and feelings of not belonging. Research has highlighted that refugees who become citizens in their host society often do not feel accepted (Akcapar and Simsek, 2018), and Chapter II highlighted how some refugees, for instance Rayhana and Layla, despite nearing eligibility for citizenship and being objectively integrated, did not feel a connection or sense of home here. After all, “citizenship is not only inclusive but also exclusive, giving rise to social boundaries of insider and outsider” (Heyman, 2018, p. 46).

Media and political narratives regarding immigrants and Brexit fuelled feelings of difference and thwarted feelings of belongingness for the refugees I spoke with and myself too. Despite our active involvement in society, these feelings are often difficult to dismiss. In my own experience, I reflected on my position in the White, Middle-Class world of clinical psychology. Being the only person of colour in my cohort often felt like a lonely place, and these feelings were particularly accentuated by my family’s experiences of apartheid South Africa, and my experiences of post-apartheid South Africa. Here discourses on quota systems and tokenism were rife, as society, organisations and sports teams attempted to redress the imbalances and inequality caused by the apartheid system (Merrett, Tatz and Adair, 2011). Throughout training, I often wondered whether I was a
token or even an ‘alien’ in a world where I did not belong, as clinical psychology also attempts to redress its own identity in an effort of becoming more inclusive (Turpin and Coleman, 2010; Wood and Patel, 2017).

Feeling alienated in a profession that prides itself on understanding people can feel quite surreal. Yet, it made me wonder if this is how I felt, how did ‘people of difference’ (Prajapati, 2018), including unaccompanied or Syrian refugees in my study, experience the profession and services of clinical psychologists. Especially since being in this context, I often encountered westernised concepts and models of human behaviour that did not always resonate with myself or my culture. Discussions about this, and ‘Whiteness’ in psychology are current (see Wood and Patel, 2017; 2019). Nevertheless, this perhaps influenced my use of IPA as an approach which aimed to give refugees a voice (see section 3.3) to directly influence our practice and was an effort to represent the ‘other’ (Wilkinson and Kitzinger, 1996). This pretext also gives further credence to the need for cultural sensitivity and curiosity in practice for working with refugees, and indeed people of difference more generally, as advocated in Chapters I and II. Understanding refugees, and utilising their own cultural language, rather than trying to impose western approaches on them, is a step towards appreciating difference, and integrating our own identities as the host culture. After all, as advocated by research (Strang and Ager, 2010) and by the refugees I interviewed in Chapter II, integration is multidimensional, but at a minimum should be a two-way process, with more responsibility on the host culture.

3.3. Researching Difference as Someone Different

The influence of my identity was important in the research process. Given my own experiences, some of which may have been similar, it was important that a bracketing interview was conducted. This ensured that assumptions or preconceptions were mitigated, which increased the methodological rigour of the research, but also facilitated my own reflective capacity (Tufford and Newman, 2012). After all, despite similarities and the unfortunate fact that
society often perceives them homogenously (Goodman and Speer, 2007), the experiences of immigrants and refugees are also different (Pernice and Brook, 1994; Lindert et al., 2009).

However, the factors regarding my identity perhaps changed the dynamic of the research interview context and appeared to benefit it. Research suggests that there exists various dimensions where participants and researchers share commonalities and differences which, influences the levels of connection and disconnection throughout the interview process (Song and Parker, 1995).

The often daunting nature of encountering unfamiliar individuals in an unfamiliar society I felt was eased by meeting someone who ‘looked like them’ and shared some overlapping identities, either as a Muslim, or for some, male. This appeared to negate the ‘power’ imbalances in these contexts when people from ethnic minorities encounter ‘Whiteness’ (Wood and Patel, 2019; Fu, 2015; Bartoli, Bentley-Edwards, Garcia, Michael and Ervin, 2015). I reflected that perhaps these factors allowed for a good rapport to be established, and a willingness for refugees to endeavour to speak candidly about their experiences, including those more personal and difficult for them. In this situation my position as an ‘outsider’ in clinical psychology was advantageous, as here I was somewhat of an ‘insider’ (Merriam et al., 2001).

Sometimes familiarity and shared characteristics prove detrimental to this process and participants withhold true attitudes or feelings (Willig, 2008). Perhaps this might have occurred if I was exactly like the refugees I spoke to and also a Syrian refugee, where the nuances of cultural attitudes, stigma and shame become more apparent. It is hard to know whether refugees censored their experiences with me, yet during the interviews it did not feel like they did. Thus, being both similar and different, or indeed occupying ‘the space between’ insider and outsider positions created a medium for them to bare their vulnerabilities (Dwyer and Buckle, 2009). This was exemplified by Abdullah, who, several days after his interview, called me to provide further information and more context to
things he had been thinking about following our meeting. It highlighted to me, that this process was equally meaningful to him. I reflected that this demonstrated that he and perhaps the other refugees I spoke with, trusted me and felt comfortable talking to me about their experiences.

This was important to reflect on given that refugees might have been sceptical and anxious about interviews, having undergone stressful interviews with the United Nations or Home Office. Furthermore, refugees have been said to be exploited, including in research and for some their stories become romanticised and used for various agendas (Mackenzie, McDowell and Pittaway, 2007). In such cases, perhaps the tokenism that I sometimes felt in clinical psychology, may relate to the tokenism experienced by refugees in these scenarios. Yet in the context of my research, this did not appear to be present. Refugees had nothing to gain from participation, volunteering under their own volition and the research process appeared empowering for them. The latter was exemplified by Layla:

“It's very important to show my signature in my life...I was happy about it as well...now I can speak (to) someone about it, because when you do something and it, yes, you will be happy that you did and you do for yourself.”

(Layla, lines 505-508)

My research described how refugees wanted to feel heard and understood. The context of the research interview provided refugees with the opportunity to talk about their experiences, the good, the bad, the ugly and the intimate, and be ‘heard’. Heard for themselves, to reflect on their own achievements, heard so it could help and empower others and contribute to making a difference. The rapport we developed, I felt had a lot to do with my own identity. This contributed to bestowing trust, so that refugees could feel comfortable in trusting me with their voices; and confident enough to feel like I could listen and amplify them, in an attempt to implement changes or make a difference for refugees.
3.4. Being an Active Researcher, but ‘Dormant Psychologist’: the Therapeutic Medium of Research

The research context meant that my clinical identity as a trainee psychologist, was somewhat dormant during this process. This I found challenging to manage; and others have described difficulties in finding ‘balance between roles’ (Prajapati, 2018), as well as the conflict between one’s clinical obligation for the best interests of the participant, and the researcher’s position to seek knowledge with appropriate rigour (Haverkamp, 2005). Here I was, engaging with refugees who had endured unfathomable horrors, listening to them discuss some of these experiences without being able to offer much in return other than a platform to narrate their lived experiences. My familiar way of responding, through empathy, therapeutic exploration, interpretation or interventions was restrained as IPA required me to reduce interruptions and allow refugees to tell their own story (Smith et al., 2009).

This process felt strange to me, given that I was on my specialist placement in a refugee well-being service in parallel to conducting my research. Reflecting on the impact of my identity as described above (section 3.3), also helped to facilitate the development of a good therapeutic relationship with refugee service users, who in a similar fashion, were comfortable enough to trust me with their experiences and distress, and confident that I may be able to help them develop resources, increase their resilience and manage their challenges as a result.

Both positions highlighted the importance of the relationship, be it researcher-participant or clinician-service user. Furthermore, consistent with the epistemological position of interpretivism and the quest to understand the phenomenological experiences of refugees, the therapeutic context is similarly driven by the use of ‘respectful curiosity’ (Roy-Chowdury, 2006). The refugee, is after all the expert of their own lives, in both contexts.
Despite these similarities, the sensitive nature of conducting research with refugees and concerns, particularly from ethical committees of re-traumatisation and tokenism are necessary, as refugees continue to be exploited in various ways (Mackenzie et al., 2007). Yet, I offer the opinion that this position tends to dismiss their informed choice, plus discounts the resilience that refugees hold, as was seen in *Rebirth and Restarting Life in the UK* (Chapter II).

From my experience of the research process, the interviews appeared to be ‘cathartic’ for those refugees I spoke with. It was a platform for their voices to be amplified, and importantly, listened to. Through this, refugees were able to reflect, and process their experiences, including those that were traumatic. During this process the emotions attached to various experiences understandably, flared up, and were let out through tears or anger and frustration. Yet, this allowed refugees to release potentially pent up feelings, whilst also creating coherence for themselves about their narratives, and for me as the researcher. Consistent with these experiences, the benefits of participating in research interviews have been highlighted as including; “catharsis, self-acknowledgment, sense of purpose, self-awareness, empowerment, healing, and providing a voice for the disenfranchised” (Hutchinson, Wilson and Wilson, 1994 p. 161). Some of the processes I have alluded to are similar to therapeutic interventions including narrative therapy (Morgan, 2000). In this way, and despite being a ‘dormant psychologist’, the research context did appear to be therapeutic for refugees. This was highlighted by the fact that most refugees left the interviews feeling positive about themselves and their achievements.

### 3.5. Conclusion

This chapter has considered the role of my identity in the research context. It has elucidated how my own experiences as an individual and an immigrant were related to the experiences of refugees in my study. Perhaps this indicates that ‘alien’ refugees and host society members are not too dissimilar, or that, alienation is a commonality amongst all those who are different. The chapter also
presented how some of these experiences continue to exist as I, and the refugees I have spoken with, become further integrated and/or citizens.

I have learnt that the role of my multiple identities contributed to how refugees responded during the interview process, and how it potentially benefitted their engagement. Being similar enough, but also different, allowed me to occupy ‘the space between’ and discarded many of the power imbalances refugees often encounter with White, Middle-Class researchers. This was important in relationship building, how comfortable refugees felt talking about their experiences, and in increasing confidence that I could be trusted with their ‘voices’. Moreover, I learnt that many processes I am familiar with applying in the therapeutic context, had to be restrained in the research context, whilst others overlapped. What was interesting was that, despite my identity of a psychologist being ‘dormant’ during research interviews, I did find that the research context appeared to be therapeutic and empowering for some.

Thus, the process of conducting research had implications for my personal and professional growth. It has highlighted the reciprocal nature of qualitative methods and reiterated the researcher’s active involvement (Harrison et al., 2001). The process has also exemplified the importance of reflexivity in the research arena. Whilst this is a process I am constantly attuned to in my clinical work, I have learnt how valuable it can be when conducting research. Through reflection, I have learnt to manage the various identities I hold in different contexts, some of which may elicit conflict, for example being a researcher or being a psychologist when listening to traumatic experiences. I have also learnt how some of these processes share similarities to those encompassed by the integration of identity (Chapter I) that refugees may experience. Additionally, I have learnt the importance of utilising one’s own identity in a way that can foster an optimum context for the participant and in other situations the service user, to feel comfortable.
Overall, through the application of qualitative methods including thematic synthesis and IPA, I have come to learn how these approaches are also consistent with my therapeutic practice. The methods are rooted in interpretivism and seek an individual’s phenomenology, which is similar to how I strive to understand an individual’s experience therapeutically, often in relation to distress. Thus, I have come to appreciate how this process is both consistent with and complimentary of my identity as a reflective-culturally sensitive-scientist-practitioner.
3.6. References


Fu, M. (2015). I don’t see color, all people are the same: Whiteness and color-blindness as training and supervisory issues. *Women & Therapy, 38*(3-4), 279-294. doi: 10.1080/02703149.2015.1059212


Appendix A - Critical Appraisal Skills Tool – Quality Appraisal

i) Critical Appraisal Skills Framework Qualitative Checklist (CASP, 2018)

Paper for appraisal and reference:

Section A: Are the results valid?

1. Was there a clear statement of the aims of the research?
   - Yes
   - Can’t Tell
   - No

   HINT: Consider
   - what was the goal of the research
   - why it was thought important
   - its relevance

Comments:

2. Is a qualitative methodology appropriate?
   - Yes
   - Can’t Tell
   - No

   HINT: Consider
   - if the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants
   - is qualitative research the right methodology for addressing the research goal

Comments:

Is it worth continuing?

3. Was the research design appropriate to address the aims of the research?
   - Yes
   - Can’t Tell
   - No

   HINT: Consider
   - if the researcher has justified the research design (e.g., have they discussed how they decided which method to use)

Comments:
4. Was the recruitment strategy appropriate to the aims of the research?

- Yes
- Can’t Tell
- No

HINT: Consider
- If the researcher has explained how the participants were selected
- If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
- If there are any discussions around recruitment (e.g., why some people chose not to take part)

Comments:

5. Was the data collected in a way that addressed the research issue?

- Yes
- Can’t Tell
- No

HINT: Consider
- If the setting for the data collection was justified
- If it is clear how data were collected (e.g., focus group, semi-structured interview, etc.)
- If the researcher has justified the methods chosen
- If the researcher has made the methods explicit (e.g., for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)
- If methods were modified during the study. If so, has the researcher explained how and why
- If the form of data is clear (e.g., tape recordings, video material, notes, etc.)
- If the researcher has discussed saturation of data

Comments:
6. Has the relationship between researcher and participants been adequately considered?

Yes  
Can't Tell  
No

HINT: Consider
- If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location
- How the researcher responded to events during the study and whether they considered the implications of any changes in the research design

Comments:

Section B: What are the results?

7. Have ethical issues been taken into consideration?

Yes  
Can't Tell  
No

HINT: Consider
- If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained
- If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)
- If approval has been sought from the ethics committee

Comments:
8. Was the data analysis sufficiently rigorous?

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<tr>
<th></th>
<th>Yes</th>
<th>Can't Tell</th>
<th>No</th>
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**HINT:** Consider
- If there is an in-depth description of the analysis process
- If thematic analysis is used, if so, is it clear how the categories/themes were derived from the data
- Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
- If sufficient data are presented to support the findings
- To what extent contradictory data are taken into account
- Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

Comments:

9. Is there a clear statement of findings?

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<th>Yes</th>
<th>Can't Tell</th>
<th>No</th>
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**HINT:** Consider whether
- If the findings are explicit
- If there is adequate discussion of the evidence both for and against the researcher's arguments
- If the researcher has discussed the credibility of their findings (e.g., triangulation, respondent validation, more than one analyst)
- If the findings are discussed in relation to the original research question

Comments:
Section C: Will the results help locally?

10. How valuable is the research?

HINT: Consider
- If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g., do they consider the findings in relation to current practice or policy, or relevant research-based literature)
- If they identify new areas where research is necessary
- If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

Comments:
Appendix A - ii) Summary of methodological characteristics of studies following quality appraisal

Overall, studies demonstrated good methodological quality. All had suitable titles, abstracts and provided rationales for the research, grounded in a literature review. Furthermore, apart from Chase, (2013), Magqibelo, Londt, September and Roman (2016), Majumder, O’Reilly, Karim and Vostanis (2014), and Omland and Andenas (2018) the studies had clearly presented their research aims.

All studies identified and justified their methodology. Unfortunately, with the exception of Groark, Sclare and Raval (2011), Thommessen, Corcoran and Todd (2015), Theocharidou (2016) and Cullerton (2017), most studies failed to reference philosophical orientation and rationale appropriately.

For all articles, qualitative methodology was appropriate, as too was the qualitative component of the mixed methods study (Zijlstra et al., 2019). Thus, research designs were consistent with study aims. Studies also outlined the context of the research, sampling and participant selection. Additionally, for studies utilising Interpretative Phenomenological Analysis (IPA), homogeneity was apparent in samples (Thommessen, Corcoran and Todd, 2015; Theocharidou, 2016), apart from Groark, Sclare and Raval (2011).

Conversely, discussions about data collection were generally comprehensive and well justified. However, apart from Chase (2013), Cullerton (2017), Groark, Sclare and Raval (2011), Lawrence, Caplan and Collard, (2016), Theocharidou (2016), Thommessen, Corcoran and Todd, (2017), and Zijlstra et al., (2019), studies failed to adequately acknowledge the relationship between researcher and participants. Also, there were variable discussions about ethical issues across studies, and whilst Lawrence, Caplan and Collard (2016) did not reference ethical approval or discuss ethics sufficiently, Theocharidou (2016) and Cullerton (2017) as Doctorate theses, demonstrated depth when considering ethical issues.
Data analyses were typically well considered and justified across the research. However, grounded theory advocates the construction of a theoretical model from the experiences of participants, which Chase (2013) failed to present, despite describing adopting an approach based on grounded theory and thematic analysis.

Finally, all papers presented findings appropriately, but only Cullerton (2017) presented themes in a table. Also, some studies (Groark et al., 2011; Zijlstra et al., 2019) lacked contextual information (e.g. gender, country and name) when presenting quotes. All studies had comprehensive discussions, with most referencing limitations, implications for practice and/or research, making the research valuable.
Appendix B – Kappa Calculations for Quality Appraisal

SPSS output for Kappa statistic calculations. Outputs are presented for papers where there was a divergence in scoring (i.e. where Kappa scores were less than 1.0).

Majumder, Vostanis, Karim & O’Reilly (2019)

<table>
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<th>Approximate Significance</th>
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b. Using the asymptotic standard error assuming the null hypothesis.

Omland & Andenas (2018)

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<th>Approximate Significance</th>
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<tr>
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a. Not assuming the null hypothesis.
b. Using the asymptotic standard error assuming the null hypothesis.

O’Toole Thommessen, Corcoran & Todd (2017)

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a. Not assuming the null hypothesis.
b. Using the asymptotic standard error assuming the null hypothesis.

Lawrence, Caplan & Collard (2016)

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a. Not assuming the null hypothesis.
b. Using the asymptotic standard error assuming the null hypothesis.
O’Toole Thommessen, Corcoran & Todd (2015)

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a. Not assuming the null hypothesis.
b. Using the asymptotic standard error assuming the null hypothesis.

Majumder, O’Reilly, Karim & Vostanis (2014)

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a. Not assuming the null hypothesis.
b. Using the asymptotic standard error assuming the null hypothesis.

Chase (2013)

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Chase (2010)

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a. Not assuming the null hypothesis.
b. Using the asymptotic standard error assuming the null hypothesis.
Appendix C - Visual Mapping of Thematic Formation
Appendix D - Author Guidelines for the Journal of Ethnic and Migration Studies

The author intends to adapt Chapter I to fulfil these guidelines post-viva.

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Your paper should be compiled in the following order: title page; abstract; keywords; main text introduction, materials and methods, results, discussion; acknowledgments; declaration of interest statement; references; appendices (as appropriate); table(s) with caption(s) (on individual pages); figures; figure captions (as a list).

In addition to this, an [anonymous](#) version of the manuscript should be uploaded with ALL author-identifying information removed.
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The **anonymous** title page must provide: the article title; an abstract (200 words, maximum); a list of 4-6 key words and word count. Key words should express the precise content of the manuscript, as they are used for indexing purposes. The anonymous title page should **NOT** include any author information.

**Word Limits**

Please include a word count for your paper.
A typical paper for this journal should be no more than 9000 words, including all printed appendices and references, but not including tables, diagrams or online appendices. Papers in excess of the upper limit will be returned to the author(s).

**Format-Free Submission**

Authors may submit their paper in any scholarly format or layout. Manuscripts may be supplied as single or multiple files. These can be Word, rich text format (rtf), open document format (odt), or PDF files. Figures and tables can be placed within the text or submitted as separate documents. Figures should be of sufficient resolution to enable refereeing.

- There are no strict formatting requirements, but all manuscripts must contain the essential elements needed to evaluate a manuscript: abstract, author affiliation, figures, tables, funder information, and references. Further details may be requested upon acceptance.
- References can be in any style or format, so long as a consistent scholarly citation format is applied. Author name(s), journal or book title, article or chapter title, year of publication, volume and issue (where appropriate) and page numbers are essential. All bibliographic entries must contain a corresponding in-text citation. The addition of DOI (Digital Object Identifier) numbers is recommended but not essential.
- The journal reference style will be applied to the paper post-acceptance by Taylor & Francis.
- Spelling can be US or UK English so long as usage is consistent.

Note that, regardless of the file format of the original submission, an editable version of the article must be supplied at the revision stage.
Checklist: What to Include

1. **Author details.** All authors of a manuscript should include their full name and affiliation on the cover page of the manuscript. Where available, please also include ORCiDs and social media handles (Facebook, Twitter or LinkedIn). One author will need to be identified as the corresponding author, with their email address normally displayed in the article PDF (depending on the journal) and the online article. Authors’ affiliations are the affiliations where the research was conducted. If any of the named co-authors moves affiliation during the peer-review process, the new affiliation can be given as a footnote. Please note that no changes to affiliation can be made after your paper is accepted. [Read more on authorship.](#)

2. Should contain an unstructured abstract of 200 words.

3. **Graphical abstract** (optional). This is an image to give readers a clear idea of the content of your article. It should be a maximum width of 525 pixels. If your image is narrower than 525 pixels, please place it on a white background 525 pixels wide to ensure the dimensions are maintained. Save the graphical abstract as a .jpg, .png, or .tiff. Please do not embed it in the manuscript file but save it as a separate file, labelled GraphicalAbstract1.

4. You can opt to include a [video abstract](#) with your article. [Find out how these can help your work reach a wider audience, and what to think about when filming.](#)

5. Between 4 and 6 **keywords.** Read [making your article more discoverable](#), including information on choosing a title and search engine optimization.

6. **Funding details.** Please supply all details required by your funding and grant-awarding bodies as follows:
   - For single agency grants
     This work was supported by the [Funding Agency] under Grant [number xxxx].
   - For multiple agency grants
     This work was supported by the [Funding Agency #1] under Grant [number xxxx]; [Funding Agency #2] under Grant [number xxxx]; and [Funding Agency #3] under Grant [number xxxx].

7. **Disclosure statement.** This is to acknowledge any financial interest or benefit that has arisen from the direct applications of your research. [Further guidance on what is a conflict of interest and how to disclose it.](#)

8. **Biographical note.** Please supply a short biographical note for each author. This could be adapted from your departmental website or academic networking profile and should be relatively brief (e.g. no more than 200 words).

9. **Data availability statement.** If there is a data set associated with the paper, please provide information about where the data supporting the results or analyses presented in the paper can be found. Where applicable, this should include the hyperlink, DOI or other persistent identifier associated with the data set(s). Templates are also available to support authors.

10. **Data deposition.** If you choose to share or make the data underlying the study open, please deposit your data in a [recognized data repository](#) prior to or at the time of submission. You will be asked to provide the DOI, pre-reserved DOI, or other persistent identifier for the data set.
11. **Geolocation information.** Submitting a geolocation information section, as a separate paragraph before your acknowledgements, means we can index your paper’s study area accurately in JournalMap’s geographic literature database and make your article more discoverable to others. [More information.](#)

12. **Supplemental online material.** Supplemental material can be a video, dataset, fileset, sound file or anything which supports (and is pertinent to) your paper. We publish supplemental material online via Figshare. Find out more about [supplemental material and how to submit it with your article.](#)

13. **Figures.** Figures should be high quality (1200 dpi for line art, 600 dpi for grayscale and 300 dpi for colour, at the correct size). Figures should be supplied in one of our preferred file formats: EPS, PS, JPEG, TIFF, or Microsoft Word (DOC or DOCX) files are acceptable for figures that have been drawn in Word. For information relating to other file types, please consult our [Submission of electronic artwork](#) document.

14. **Tables.** Tables should present new information rather than duplicating what is in the text. Readers should be able to interpret the table without reference to the text. Please supply editable files.
Appendix E – Semi-Structured Interview Schedule

The Psychosocial Experiences of Acculturation in Syrian Refugees

Interview Schedule

Ice breaker questions and rapport building (depending on location of interview).
How are you?
Did you get here okay?
Before we begin, would you like a drink (e.g. tea, water)?

Researcher note: Thereafter, complete information sheet and consent form.
Outline what we will talk about and that this will last for about 1 hour – 90 minutes.
Outline right to withdraw.
Explain confidentiality.
And ask if they are still happy to talk to me (consent).

Researcher note: Confirm participant meets the below inclusion criteria?

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Inclusion Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status</td>
<td>Refugee/VPRS</td>
</tr>
<tr>
<td>Region</td>
<td>Syrian</td>
</tr>
<tr>
<td>Religion</td>
<td>Islam/ Muslim</td>
</tr>
<tr>
<td>Gender</td>
<td>Male or Female</td>
</tr>
<tr>
<td>Age</td>
<td>18 years and above</td>
</tr>
<tr>
<td>Length of time in country</td>
<td>6 months – 5 years</td>
</tr>
<tr>
<td>Language</td>
<td>English level competency for interview to take place in English</td>
</tr>
<tr>
<td>Basic needs (e.g. housing, economic support)</td>
<td>Basic needs met</td>
</tr>
</tbody>
</table>

Thank you for agreeing to participate in this interview. I will ask you some questions about your experiences as a refugee coming to the UK and living here, but while I do have questions I am interested in your experiences and will be led by what you may feel is important. Therefore, I am hoping that the interview begins to feel more like a general conversation.

Please try to take your time when responding. I may ask you to tell me more about what you have said, and there may be times when we pause to check that you are ok. Please also let me know if you would like to take a break at any point.

When we reach a point where you feel like you have said all you can about what we have been discussing, we will bring the interview to an end. However, should you feel that more could be said then we may continue the interview or schedule another interview.

Researcher note: Given the nature of interviews, participants may naturally begin discussing their experiences without prompting or asking of a specific question. Allow
this to take place, otherwise refer to semi-structured interview schedule if or when needed.

**Opening Questions**
How old are you?

When did you arrive in the UK?

How old were you when you arrived in the UK?

What is your marital status? i.e. Single, living with partner, married

**Integration/Acculturation**

*Main Question:* So, now that you live in the UK, how do you feel that you fit in/belong?

*Prompts if necessary:*

How does it feel living here?

Is fitting in/belonging important to you? Why is that?

Can you tell me about your experiences of settling in/fitting in?

What do you think might help you to settle/fit in/belong?

Or
What has helped you to fit in/settle in/belong?

What has been unhelpful?

What do you feel could be done to improve refugees belong/settle/fit in?

Do you feel that this could ever be home? Why?

**Psychosocial experiences and acculturation**

*General (If not covered in the above section):*

Tell me about how your settling in has made you feel?

What do you think about _____’s role in you settling in?

Or How does ____ relate to how you feel about____?

*Prompts: use any terms or concepts referred to in the previous questions and then ask how they relate to things like how they feel about their own wellbeing, religion, relationships etc.*

*Prompts: mental and physical health, social (e.g. family/parents/friends/services/relationships), cultural, religious*
Additional prompts:

Do you think these factors have influenced you settling in?

How have they made you feel?

How have you coped with the process of settling in?

**Focus on differences affecting psychosocial experiences**

*Main Question:* How do you feel about being a _______ in the UK/local area where you live?

*Prompts:* Being a Syrian, Muslim, Refugee, Male/Female, any other cultural differences etc.

*Prompts if necessary:*

As you are might be aware, some of these factors mean you are different to most people in the UK/your area, how does that make you feel?

Do you feel like you belong here? If yes, why? If no, why?

What are your views of how other people see you/interact with you?

How does that make you feel?

Did you feel they understood you?

What was this like for you?

**General prompts**

Can you tell me more about that?

What did ____ mean to you?

Can you tell me what you were thinking?

What was this down to?

How did you feel?

How did you manage/cope with it?

What could have prevented this?

How?

Why?
Notes or additional topics to follow up:

**Ending**

Is there anything else you think that is important for us to know about your experiences as a refugee or living in the UK? 
Or is there anything else you would like to add?

How have you found this interview?

Was there anything that was good to talk about? Anything that was difficult to talk about?

Do you know other refugees like yourself that may want to participate in this interview?

Any questions?

**Thank you and Debrief**

Thank you very much for your time and taking part in this interview. It has been a privilege to hear about your experiences and I hope the information gathered will be very valuable. I hope that you have somewhat enjoyed this process and that it has been interesting for you too. If you would like, we can send you a summary of the findings.

If at any point you have any questions please contact me, or a member of the research team, you will find our contact details on the participant information sheet. If, at any point after you leave, you feel that you would benefit from some further support or advice, please see the ‘Refugee Information pack’ for further information on local support services. If anything is unclear, please contact me and I can guide you through it or clarify any questions.

Thank you again for sharing your experiences with me.

*Researcher note: Monitor participant’s wellbeing and ensure they are okay. Offer support, advice or signposting to services if needed. Ensure the participant has one copy of the information sheet, consent form and a copy of the refugee information pack.*
Appendix F - Coventry University Ethical Approval

Certificate of Ethical Approval

Applicant:

Mujahid Asmal-Lee

Project Title:

The Psychosocial Experiences of Acculturation in Syrian Refugees.

This is to certify that the above named applicant has completed the Coventry University Ethical Approval process and their project has been confirmed and approved as Medium Risk

Date of approval:

31 January 2019

Project Reference Number:

P77097
The Psychosocial Experiences of Acculturation in Syrian Refugees.

REGISTRY RESEARCH UNIT
ETHICS REVIEW FEEDBACK FORM

Name of applicant: Mujahid Asmal-Lee

Faculty/School/Department: Faculty of Health and Life Sciences


Comments by the reviewer

1. Evaluation of the ethics of the proposal:
   All issues clarified and addressed as necessary.

2. Evaluation of the participant information sheet and consent form:
   All issues clarified and addressed as necessary.

   (Please indicate as appropriate and advise on any conditions. If there are any conditions, the applicant will be required to resubmit his/her application and this will be sent to the same reviewer).

   X Approved - no conditions attached

   Approved with minor conditions [no need to re-submit]

   Conditional upon the following – please use additional sheets if necessary [please re-submit application]

   Rejected for the following reason(s) – please use other side if necessary

   Not required

Name of reviewer: Anonymous

Date: 31/01/2019

Mujahid Asmal-Lee

Page 1 of 1

31 January 2019
**Record of Approval**

<table>
<thead>
<tr>
<th>Record of Approval</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I request an ethics peer review and confirm that I have answered all relevant questions in this checklist honestly.</td>
<td>X</td>
</tr>
<tr>
<td>I confirm that I will carry out the project in the ways described in this checklist. I will immediately suspend research and request new ethical approval if the project subsequently changes the information I have given in this checklist.</td>
<td>X</td>
</tr>
<tr>
<td>I confirm that I, and all members of my research team (if any), have read and agreed to abide by the Code of Research Ethics issued by the relevant national learned society.</td>
<td>X</td>
</tr>
<tr>
<td>I confirm that I, and all members of my research team (if any), have read and agreed to abide by the University’s Research Ethics, Governance and Integrity Framework.</td>
<td>X</td>
</tr>
</tbody>
</table>

Name: Mujahid Asmal-Lee..........................................................................................................................  
Date: 22/10/2018 ..............................................................

Student’s Supervisor (if applicable)

I have read this checklist and confirm that it covers all the ethical issues raised by this project fully and frankly. I also confirm that these issues have been discussed with the student and will continue to be reviewed in the course of supervision.

Name: Helen Liebling .................................................................................................................................
Date: 17/12/2018 ..............................................................

Reviewer (if applicable)

Date of approval by anonymous reviewer: 31/01/2019
Appendix G - Email confirmation of approval from Council and Refugee Centre
Appendix H - Participant Information Sheet

Participant Information Sheet

Title of Research Project
The Psychosocial Experiences of Acculturation in Syrian Refugees
(In other words, we would like to know what it is like settling in to a foreign country as a Syrian refugee.)

This sheet provides you with information about research that you are being asked to take part in. It includes information about your rights and how your information will be treated. Some of this information is quite technical so I can explain anything that is not clear to you. The main points we would like you to know are that we feel it is important to understand your experiences as a Syrian refugee settling in a new country. You have been approached as we are interested in the experiences of adult Syrian refugees that are Muslim, can speak English well and have your basic needs (like somewhere to live) met. The research will involve me asking you about your experiences of settling in the UK. It is important that you are aware that you do not have to take part if you do not want to and that you can stop if you are finding the interview upsetting or unpleasant. You also have two weeks to decide if you say deleted. Whether you take part or not will have no impact on how you are treated by any services.

You are invited to take part in an interview as part of a research project. This will take place at Coventry University, The University of Warwick, your home or at the service you have been involved with.

The research is led by a Trainee Clinical Psychologist, Mujahid Asmal-Lee. The aim of the research is to understand more about the experiences of Syrian refugees now living in the UK. Before you decide to take part in the interview, it is important that you understand why the research is being done and what it will involve.

Please take your time and read the following information carefully. You may then discuss it with Mujahid Asmal-Lee, should you wish. Please ask any questions you may have, as well as if anything is not clear or you would like more information. Then, please take the time to decide whether or not you would like to take part in this research. Thank you for taking the time to read this.

What is the purpose of this research?
Each refugee’s experience of settling in to a new country is different. Currently, there is only a small amount of research that looks at the experiences of Syrian refugees that have come to the United Kingdom due to the civil war in Syria. Little is known about how Syrian refugees settle in to society. This project aims to help us understand some of these experiences.
Why have I been invited to take part in this research?
You have been invited to take part for the following reasons:
1. You are a Syrian refugee.
2. You identify as a Muslim.
3. You are above the age of 18.
4. You can speak English well enough to be interviewed.
5. You have been in the UK for more than 6 months or less than 5 years.
6. Your basic needs (e.g. somewhere to live, economic support) are currently met.

Do I have to take part?
No - it is up to you to choose if you want to take part in this research or if you do not want to take part in this research. You do not have to take part in this research, and even if you do agree to take part and later change your mind that is also okay. You can agree to stop at any time during the interview process and do not have to give a reason why. Whether you agree or disagree to taking part, there will be no consequences and it will not affect any support you receive.

If you agree to take part you will be given a copy of this Information Sheet and a Consent Form to sign. If you decide to take part, please keep this Information Sheet and complete the Consent Form to show that you understand your rights in relation to the research, and that you are happy to take part. Please note down your participant number (which is on the Consent Form) as this will be needed if you would like to withdraw from the research.

You are free to withdraw your personal information (like information from the consent form) from the project at any time. However, what you say in the interview will be used anonymously (which means that you will not be able to be identified) in the production of formal research material (for example: journal articles, conference papers, theses and reports). You have up to two weeks if you change your mind and decide that you would rather not have taken part in the research. If this happens, contact Mujahid Asmal-Lee (email: [email protected], phone: [number]). You do not need to give a reason. A decision to withdraw, or not to take part, will not affect the services that are provided to you.

What will happen to me if I take part?
If you are available, you will be invited to a location of your convenience to meet with the Lead Researcher, Mujahid Asmal-Lee, Trainee Clinical Psychologist.

Taking part in this research will first involve going through this information about the research to make sure you understand it, and checking once again if you are happy to continue. Thereafter, you will be asked to take part in an interview that we expect could last around 60 minutes. You may take breaks or ask for the interview to end at any point. To respect your privacy, the interview will take place at Coventry University, The University of Warwick, your home or at the service you attend, in a private room.
The interview will ask you questions about your own experiences of living and settling in the UK.

A digital recorder will be used to audio record the interview. You do not have to say anything you do not want to, and as mentioned you can stop the interview at any point. Once the interview has taken place, the Lead Researcher will type up the interview word-for-word, and make sure that any names or otherwise identifiable information about you will be removed or changed. This means that no one apart from the researcher will be able to link this interview to you. A copy of the typed up interview and a summary of the research findings when the project is completed can be sent to you if you would like to receive them.

What are the possible advantages and disadvantages of taking part?

By taking part in this research, it is hoped that you can contribute to our understanding of Syrian refugee experiences of living and settling in to the UK. It is hoped that the information we gather from this research can be used to make recommendations for service provision, policy and support for refugees, as well as for future research.

It is hoped that the interview will be more like a conversation that you will find interesting and enjoyable. However, there may be times that talking about your experiences are difficult and upsetting. If this happens, the interview will be paused to check that you are okay, and give you some time to think about if you would like to continue the interview. This is for your own benefit and safety. You will also be provided with the opportunity to end the interview and/or to continue at a later point or another time. Additionally, you will be provided with a Refugee Information Pack containing information about support services available to you, if you require any further guidance or support.

What about my Data Protection and Confidentiality?

It is important that your personal information is kept private and not shared with anyone. When the information you provide in the interview is used for research purposes your identity and information will be used anonymously, and names will be changed to false names (pseudonyms) for the publication of this research.

The following section is legal information that I must provide you with. I can explain this to you if you are unclear about anything: "Your information will be processed in accordance the laws used to keep peoples’ information safe. These are the General Data Protection Regulation (GDPR) 2016 and the Data Protection Act 2018. All personal information collected about you will be kept strictly confidential. Unless they are fully anonymised in our records, your information will be referred to by a unique participant number rather than by name. If you agree to being audio recorded, all recordings will be destroyed once they have been typed up (transcribed). Your information will only be viewed by the Lead Researcher and research team. All electronic information will be stored on a password-protected computer file on Coventry University’s secure password-protected drive, or a secure password-protected laptop. All paper records will be stored in a locked filing cabinet.
in the Research Supervisor’s office. Your consent information will be kept separately from your responses to minimize the risk of identifying that you have taken part in the research. The Lead Researcher will take responsibility for destroying the collected information after it is used, and all collected information will be destroyed once the project is completed by the end of September 2020.”

Confidentiality may be broken if the Lead Researcher is made aware of a risk of safety to yourself or someone else. However, you will be informed about this, should this occur. This is in accordance with the British Psychological Society’s Code of Ethics and Conduct (2014).

What about my Data Protection Rights?
The following section is legal information that I must provide you with. I can explain this to you if you are unclear about anything. “Coventry University is a Data Controller for the information you provide. You have the right to access information held about you. Your right of access can be exercised in accordance with the General Data Protection Regulation (GDPR) 2016 and the Data Protection Act 2018. You also have other rights including rights of correction, erasure, objection, and data portability. For more details, including the right to lodge a complaint with the Information Commissioner’s Office, please visit www.ico.org.uk. Questions, comments and requests about your personal data can also be sent to the University Data Protection Officer - enquiry.law@coventry.ac.uk”.

What will happen to the results of the research?
This research is conducted as part of the Lead Researcher’s thesis requirements for the Doctorate in Clinical Psychology at the University of Warwick and Coventry University. As part of the requirements, Mujahid Asma-Lee is required to write up the results of this research as part of his thesis. Additionally, it is hoped that the research will be published in the relevant academic journals or presented at conferences. As mentioned previously, no identifiable information will be used in any of these publications. Quotes or key findings will always be made anonymous in any formal material unless we have your prior and explicit written permission to mention you by name.

Who is organizing and funding this research?
The research has been planned by Mujahid Asma-Lee, Trainee Clinical Psychologist, along with a consultation and supervision team of clinicians and academics at Coventry University. It will be used to fulfill the requirements for the Doctorate in Clinical Psychology at the University of Warwick and Coventry University.

Who has reviewed this research?
This research has been reviewed by the University Research Ethics Committee at Coventry University, who have approved this research. Additionally, the research has been acknowledged by the manager of who has approved for recruitment to take place from their service.
What if I am not happy about this research or there is a problem?
If you have any concerns about the research please speak to Lead Researcher, Mujahid Asmal-Lee or Dr Helen Liebling – contact details are provided below.

If you would like to make a complaint, then you can contact the Chair of Coventry University’s Ethics Committee on ethics@coventry.ac.uk. Finally, in the event that something goes wrong or if you feel that the research has harmed you in some way and that this is due to negligence, you may be entitled to take legal action against Coventry University for compensation. However, your legal fees are likely to be your own responsibility.

If I want to take part in the research what will happen next?
If you would like to take part in this research, please leave your name and contact details for the Lead Researcher, Mujahid Asmal-Lee to contact you or contact the Lead Researcher directly.

Contact for further information
For further information about this research, please do not hesitate to contact:

Mujahid Asmal-Lee  
Lead Researcher  
Trainee Clinical Psychologist  
Clinical Psychology  
Doctorate  
Coventry University  
Priory Street  
Coventry. CV1 5FB.
E-mail:  

Dr Helen Liebling  
Research Supervisor  
Senior Lecturer-Practitioner in Clinical Psychology  
Coventry University  
Priory Street  
Coventry. CV1 5FB.
E-mail:  

Dr Simon Goodman  
Research Supervisor  
Research Fellow  
Coventry University  
Priory Street  
Coventry. CV1 5FB.
E-mail:
Appendix I - Informed Consent Form

Title of Research Project
The Psychosocial Experiences of Acculturation in Syrian Refugees
(In other words, we would like to know what it is like settling in to a foreign country as a Syrian Refugee.)

Name of Participant: ____________________________

Name of Researcher: ____________________________

Date: ____________________________

You are invited to take part in this research study to help us understand the experiences of Syrian refugees settling in to the UK.

Before you decide to take part, you must read the accompanying Participant Information Sheet.

Please do not hesitate to ask questions if anything is unclear or if you would like more information about this research. It is important that you feel able to take the time to decide whether or not you want to take part.

If you are happy to take part, please confirm your consent by ticking each of the below statements and then signing and dating the form as participant.

1. I confirm that I have read and understood the Participant Information Sheet for the above study and have had the chance to think about the information, ask questions and have them answered properly.

2. I understand that my participation is voluntary and that I am free to withdraw my personal information (like my name) at any time and my research information (what I say in the interview) within 2 weeks of being interviewed, by contacting a member of the research team, without giving a reason, and without this affecting my support from services.

Dean of Faculty of Health and Life Sciences
Professor Guy Daly | Coventry University | Priory Street | Coventry CV1 5FB | Tel: [Redacted]

Head of Department of Psychology
Professor Robin Goodwin | University of Warwick | Coventry CV4 7AL | Tel: [Redacted]

www.coventry.ac.uk
3. I have noted down my participant number (top left of this Consent Form) which I will need in case I want to withdraw from the study.

4. I understand that all the information I provide (including the audio recording of my interview) will be stored and analysed as is required by this research and in accordance with the General Data Protection Regulation (GDPR) 2016 and the Data Protection Act 2018. I understand that this information will not be able to be linked to me as it will be anonymised, and audio recordings will be destroyed once typed up.

5. I agree to parts from my interview being used anonymously and quoted word-for-word in reports and publications related to the research – this may include the thesis, published articles and for conference presentations.

6. I agree to take part in the above research.

Signature of participant: ___________________________ Date: __________

Signature of researcher: ___________________________ Date: __________

Further information
For further information about this research, please do not hesitate to contact:

Mujahid Asmal-Lee
Lead Researcher
Trainee Clinical Psychologist
Clinical Psychology
Doctorate
Coventry University
Priory Street
Coventry, CV1 5FB.
E-mail: 

Dr Helen Liebling
Research Supervisor
Senior Lecturer-Practitioner in Clinical Psychology
Coventry University
Priory Street
Coventry, CV1 5FB.
E-mail: 

Dr Simon Goodman
Research Supervisor
Research Fellow
Coventry University
Priory Street
Coventry. CV1 5FB.
E-mail: 

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Appendix J - Refugee Information Pack

Refugee Information Pack

This document contains the contact details for services for refugees should you require any further support or advice. In the event of an emergency please call 999.

Services for Refugees and Professionals in Coventry.

**Coventry Refugee and Migrant Centre**

The Coventry Refugee and Migrant Centre exists to welcome and meet the needs of refugees and migrants to help them settle in Coventry, to support their integration and to encourage them to contribute to the life of the city.

*Website: [http://www.covrefugee.org/](http://www.covrefugee.org/)*

*Phone: 024 7622 7254*

*Address: 15 Bishop Street, Coventry, CV1 1HU*

**Coventry Asylum and Refugee Action Group**

Community group run by asylum seekers, refugees and volunteers. Weekly meetings to discuss a range of issues including accommodation, health care, legal aid, education and shared experiences.

*Website: [www.caracoventry.weebly.com](http://www.caracoventry.weebly.com)*

*Phone: 024 7666 4616*

*Address: 311 Stoney Stanton Road, Coventry, CV6 5DS*

**Coventry Law Centre**

Free legal advice and representation. Specialises in the following areas of law: Community Care, Discrimination, Employment, Family, Housing, Immigration and Asylum, Money and Debt, Public Law and Welfare Benefits.

*Website: [www.covlaw.org.uk](http://www.covlaw.org.uk)*

*Phone: 024 7666 4616*

*Address: Oakwood House, St Patrick's Road Entrance, Coventry, CV1 2HL*

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Dean of Faculty of Health and Life Sciences
Professor Guy Day | Coventry University | Priory Street | Coventry CV1 5FB

Head of Department of Psychology
Professor Robin Goodwin | University of Warwick | Coventry CV4 7AL

[www.coventry.ac.uk](http://www.coventry.ac.uk)
Coventry Citizens Advice

Impartial advice and support on wide range of issues. Number of projects including debt advice, saving money on energy bills, support for finding employment and training, housing and healthcare.

Website: www.coventrycitizensadvice.org.uk
Phone: 0344 111 644
Address: Kirby House, Little Park Street, Coventry, CV1 2JZ

National Services for Refugees

Refugee Council

Gives practical advice and promotes refugees rights in the UK and abroad. Provides vocational training courses, English as a second language, support and orientation into UK work culture and job search methods, employment preparation courses, advice and guidance.

Website: https://www.refugeecouncil.org.uk/contact

Migrant Help

Advice and support to vulnerable migrants in the UK.

Website: www.migranthelpuk.org
Phone: 01304 203977

Refugee Action

To assist refugees in conditions of need, hardship and distress, advice and support to asylum seekers who are dispersed without choice to the North West, East Midlands, South Central and South West Home office regions.

Website: www.refugee-action.org.uk

Asylum Aid

Advice and assistance to refugees on their applications for asylum in the UK, conducting appeals against refusal or asylum, providing advice on related areas such as welfare rights and housing.

Website: www.asylumaid.org.uk
Phone: 020 7354 9264
Advice Local

Just enter a postcode and choose an advice topic to find tailored information for your area, including details of independent advice organisations who can help you get the advice and support that you need. Adviselocal can help you with questions relating to: welfare benefits and tax credits; council tax, including exemptions and discounts; debt and money advice; housing and homelessness; employment and work issues; disability and social care; and asylum and immigration.

Website: https://adviselocal.uk/

Mental Wellbeing and Distress Services

Whether you’re concerned about yourself or a loved one, these helplines and support groups can offer expert advice.

Mind
Promotes the views and needs of people with mental health problems.

Website: www.mind.org.uk
Phone: 0300 123 3393 (Mon to Fri, 9am to 6pm)

Rethink Mental Illness
Support and advice for people living with mental illness.

Website: www.rethink.org
Phone: 0300 5000 927 (Mon to Fri, 9.30am to 4pm)

Samaritans
Confidential support for people experiencing feelings of distress or despair.

Website: www.samaritans.org.uk
Phone: 116 123 (free 24-hour helpline)

SANE
Emotional support, information and guidance for people affected by mental illness, their families and carers.

Website: www.sane.org.uk/support
SANELine: 0300 304 7000 (daily, 4.30 to 10.30pm)
Textcare: comfort and care via text message, sent when the person needs it most: http://www.sane.org.uk/textcare
Peer support forum: www.sane.org.uk/supportforum
CALM
CALM is the Campaign Against Living Miserably, for men aged 15 to 35.

Website: www.thecalms.org.net
Phone: 0800 58 58 58 (daily, 5pm to midnight)

Men's Health Forum
24/7 stress support for men by text, chat and email.

Website: www.menshealthforum.org.uk

Mental Health Foundation
Provides information and support for anyone with mental health problems or learning disabilities.

Website: www.mentalhealth.org.uk

Refuge
Advice on dealing with domestic violence.

Website: www.refuge.org.uk
Phone: 0808 2000 247 (24-hour helpline)

Crisis Bereavement Care

Website: www.crisisbereavementscare.org.uk
Phone: 0844 4779400 (Mon to Fri, 9am to 5pm)

Rape Crisis
To find your local services phone: 0808 802 9999 (daily, 12 to 2.30pm, 7 to 9.30pm)

Website: www.rapecrisis.org.uk

Victim Support

Website: www.victimssupport.org
Phone: 0808 1689111 (24-hour helpline)

Family Lives
Advice on all aspects of parenting including dealing with bullying.

Website: www.familylives.org.uk
Phone: 0808 8002222 (Mon to Fri, 9am to 9pm. Sat to Sun, 10am to 3pm)

Relate
The UK's largest provider of relationship support.

Website: www.relate.org.uk
Appendix K - Evidence of IPA Analysis Process

i) Example of Annotated Transcript for IPA
Appendix K – ii) Example of Coding and Analysis
Appendix K – iii) Visual Representation of Themes Mapped for Layla
Appendix K – iv) Visual Mapping of Themes across Participants
Appendix L - Additional Excerpts from Transcripts to Evidence Themes

Superordinate Theme: Living with Loss

Subordinate theme: Loss of Home and Family

Loss of home

“When I arrived here, uh it was, uh sad, because before escape my country, I escaped to Lebanon…but I have hope for comeback to my country. I tell myself maybe next month, or two months or one year is finished, the war stopped. I come back me and my family because I have a lot of memories, happy memories in my country.” (Muhammad, lines 20-24)

Loss/separation of family

“I’ve lost my daughter. Very uh, very difficult before I’m coming (to UK). Just slowly, slowly, with integration.” (Hameed, lines 84-85)

“I lost my daughter…she have uh, more dreams, she said to me dad ‘I’m needing the date in the UK, because UK accepting our people’.” (Hameed, lines 41-43)

“But what is make me very weak, it was my brother, because he is not here. When they bring us, they leave us there, they leave him there, sorry, and we have only one brother. He was everything for us…if my brother come, my life be much easier and much happier because my mom get mental health because of him, and always crying. When you see you mom crying, you feel upset as well.” (Layla, lines 338-349)

A desire to be reunited

“If I want to my brother come or my mother, not not live, not live, uh all time. Yeah anyway if if can British can um, Visa, to visit one month or or two weeks, okay. But just, uh see my uh my mum and my family.” (Nadia, lines 348-350)

“Uh, we miss our families…My mother cannot come here anyway, she lives in Syria. But I applied for you know, it’s not reunion, directly reunion no, it’s about,
I applied and asked the law centre and the, the council, City Council, to help me bring in even one of the family. Just who is the closest family, like sister, brother, what, whoever. And they rejected my application...So we feel frustrated about this.” (Abdullah, lines 184-191)

Subordinate theme: Loss of Role and Identity

“I have you know, if you have been a lecturer, for instance, at university, and then you’ve come to a place, where, you know, like the most say, um, kind of decent hob you can apply to is an interpreter, so there was that kind of, you know, expectations that I had to manage and, but I know that this is a challenge for lots of people you know, they have to start from scratch...this is not where I should be.” (Rayhana, lines 226-231)

“I know like I have, other potential so I can, you know, bring and come to do it again.” (Rayhana, line 232)

“I mean, if- if we talk about the education qualifications, they should facilitate things because it leads to frustration, maybe stress, maybe depression. To me, I'm hurt, I have mixture of these feelings. It's not really easy for me to--Because everything is like, turned upside-down.” (Abdullah, lines 199- 202)

“I let it go. I-I'm realistic as I said. I accept things as it is but they should facilitate it, you know. Give us- give me like, uh, a chance or opportunity to train. To do training. And after the training time, period, they should decide. They have the right to deci-- I accept their decision. But you know, to start over from zero, from scratch, it's very hard for me. This is very hard. They- I think I will suggest if they can do something around this to, uh, recognize, th-th-the qualification certificates from overseas. I've got it. I've translated into English but unfortunately, nothing has been done yet. If I do practice at any law office or any- -I can prove myself. I know myself. I'm very confident, especially in law. You know now I know about that, some aspects of some areas of the immigration law, even family law. The same answers my friends get from the lawyers, they say, okay,
you told us about it before we go to that place. They answer the same answers. It's hard for me to feel like, you know down. It's very hard. I'm feeling down to be honest. I need to get this opportunity to work, but it's my area, my specialty. This is one of the hardest hardships I'm facing.” (Abdullah, lines 202-216)

**Barriers to addressing loss of role**

“I would like to work in my, in the previous area, like, law, law area. But it’s hard, they require, uh you know qualifications...it’s hard for me at this age and with the commitments I have.” (Abdullah, lines 76-78)

“I did start it, you know, my study in law...but it was hard for me to afford the costs. I wasn’t allowed to uh, apply for the loan.” (Abdullah, lines 35-37)

**Superordinate Theme: Experiencing a New Life**

**Subordinate Theme: Rebirth and Restarting Life in the UK**

**A new life**

“yeah of course, um, the new life” (Abdullah, line 11)

“Not forget this date, because when this date, remember to change my life.”  
(Hameed, lines 14-15)

“I told myself and told my family ‘now we have a new life and new language, new people’.” (Muhammad, lines 27-28)

“I can’t forget this day, because it’s special for me.” (Muhammad, lines 10-11)

“I’m born here five years ago, you know now I think my age five years, because I forget 35 years, yes I forget age, but memory I’m not forget memory.”  
(Muhammad, lines 450-451)
“I’m born here, because it’s a new life, new language new people, because I’ve tried to forget my country...because I want forget what happened in my country.” (Muhammad, lines 381-383)

“Anyone he has strange feelings because he doesn’t know anything about this country. It’s, everything is foggy for you. You can’t see anything uh clearly.” (Muhammad, lines 146-148)

Social isolation

“I was feeling alone for some time...” (Layla, lines 331-332)

“...because I was studying and working, I had zero social life in my personal uh space, which was a challenge because you need that support, you know. Um, I do have friends but like I said because of limit of time you know I might be able to see them once a month or so.” (Rayhana, lines 61-64)

Multiple responsibilities

“...it was harder because I have responsibility for my mother, responsibility for my father because they are old.” (Layla, lines 119-120)

A refugee’s determination and adapting

“I’ll just start in ESOL (English for Speakers of Other Languages) class. Um, after that...I did many volunteers with (the) refugee centre and the Council and Citizen Advice, because I want develop my skills and improve myself.” (Muhammad, lines 34-36)

“I felt like more confidence more they give us opportunity to become better.” (Layla, line 56)

“After the uh, one week I’m going in the refugee with the, before uh manager refugee...I said ‘please I need volunteer here’, he said me ‘your language no
good’, I’m ‘please I need volunteer’. He make one years, two years with refugee men’s group, I’m help homeless.” (Hameed, lines 119-122)

“Even my job is not teacher, but I had to do it because I need to do something in UK until I get my qualification to get my basic job.” (Layla, lines 66-67)

Mindset

“This is uh because my mind open, not closed.” (Hameed, lines 90-91)

“It’s just like you know, you need to keep going, sometimes you need to make these decision um without giving them too much thinking about it.” (Rayhana, lines 234-235)

“Anyone want to do something, they will see it easy, even it will be hard. So any person, if you want to study, if you want to become something... he will try hard to get that, nothing will stop him.” (Layla, lines 145-149).

“see brain is like a muscle, if you don’t exercise this muscle it will be weak, or strong to carry anything. So if you keep doing stuff, keep thinking about stuff, so that will help you to being more clever, more smart.” (Layla, lines 382-386)

“So every time like every minute in your life you can achieve something, like a little thing in your brain. You can build your brain with small things, two small things this, like, one pence two pence take three pence so it make one pound. That’s how one thinking, two thinking, three idea four idea makes you have good brain to deal with life.” (Layla, lines 408-414)

“So uh important thing here is you support yourself but by your strength, but believe yourself that you will, if you don’t do this you won’t fit in this place.” (Layla, lines 90-92)

Striving for independence
“Uh come here and teach me how I’m driving. Now uh listen I have license driving.” (Hameed, lines 146-147)

“Anyone, he can dream he come to get the dream here, because you can go to study, you play, you aren’t afraid for doing anything.” (Muhammad, lines 115-116)

A nurturing structure and city

“…because I’m coming in the project…one year support me…council here and three uh three place uh support me, law centre and refugee centre and advice” (Hameed, lines 176-179)

“I have a case worker, uh support me uh tell me how to how doing uh in the shopping and the university and the hospital and everything about uh Coventry. This uh help me that they come.” (Hameed, lines 181-183)

“…but teacher in my college, they are lovely, they help me a lot as well…” (Layla, lines 486-487)

“…you remember in the War Two, bombing the Coventry, more people go to another city (as) refugee. All people here, when I said ‘I’m refugee’, he help me because he said what happened, he not forget War Two. It happened. Coventry here, city peace, peace city.” (Hameed, lines 338-344)

Experiencing different cultures

“Here is different...in UK government with people, same level, equality. My country it’s people good, it’s government bad.” (Muhammad, lines 283-284)

“my country different, the culture here.” (Hameed, line 204)

“Like a social change, because it’s different language, different people and different cultures.” (Muhammad, lines 68-69)
Integration as a two-way process

“The needs to be away of um including them also in the integration process, because it’s a two-way process I get can’t be okay, you asked me to integrate, what about the rest? They don’t accept me, how am I going to integrate?”. (Rayhana, lines 347-350)

Not feeling listened to

“yeah that makes it much difficult for me. Yeah, while while I was studying for my driving lesson…they were making the appointment at the same time that I have an appointment with a driving lesson and I have to make like ‘please just give me time’” (Layla, lines 123-128)

“Just don’t push people doing something they don’t like it actually, like job, they cannot do it. Um they cannot feel comfortable in that job. If they don’t feel comfortable, they cannot give enough and give what they have. As I know I did teacher assistant because I have to get job. I cannot get job as my qualification because I need to set up my qualification from the university and it’s expensive. If I go to the university, Jobcentre will stop my benefits.” (Layla, lines 180-185)

“As much as I did, everything I did, I was busy busy busy all my life and after all, Job Centre just pushing pushing too much, so that’s what makes me ‘Okay I don’t like UK’...if they see someone do a lot and busy all the time and get a job, so don’t push them too much...let them live their life as long, because we are human, we have another life as well, not just all about dealing with UK.” (Layla, lines 103-112)

“I have no whatsoever say of what I’m going to do, you know? Um financially, psychologically, and mentally speaking um, which I believe you know, people who come from traumatic backgrounds come to experience. Um, I think it’s important that you feel that you have some sort of you know control over your life.” (Rayhana, lines 292-296)
Wanting to be heard

“Um I know the UK has tried to put in place some a framework for integrating refugees, are building on their kind of skills, they’re trying to you know um help them access the job market and you know the services that are available here, but I always thing there’s something missing. Um the voice of the people, whether they are happy with what they are doing, uh is this what they really want to do or is it something that they have to do? Um and I think whenever there’s something you want to do, it always works better because um you have that drive.” (Rayhana, lines 296-302)

Subordinate Theme: How Previous Trauma Exists in their New Life

Trauma from home experienced here

“‘I have big big stress, because when I stay at home, I start (to) remember memories.” (Muhammad, lines 239-240)

“So I think it's partly like coming from like perceptions, but also I know people who said that, um, you know, you- you might be like, um, you know, like drunk people might- might just like lead back to you, like be saying , like negative things to you simply because you look like Muslim.” (Rayhana, lines 561-564)

“‘…my memory and what happened in the war. Sometimes I have bad memories.” (Muhammad, lines 79-80)

“Um, so take for example, Syria’s situation that the news of the war, it all effects like you know, in the end of the day like I’m Syrian myself and you know I do feel for the people…” (Rayhana, lines 164-166)

Retriggering trauma

“I left like about two years in the war, and it was a traumatic experience to come out to live like there and come out, um I used to be like scared of fireworks, of the you know airplanes and drones, they were quite scary, when I hear them in
the sky because that means they might be dropping bombs or shooting randomly.” (Rayhana, lines 122-126)

**Subordinate Theme: Embracing New Freedoms**

*More freedom as women*

“Um in my Syria I love to read book, yeah but I can’t uh to go I um, , not as a library in Syria, uh not good I think sometimes to woman to go in. Yeah and here no, library is very nice, I take my children play and um see books.” (Nadia, lines 218-220)

*Being perceived as a woman*

“…They don’t say ‘okay, the Muslim lady doing that’, no, they say ‘Layla doing that’. If always they put you, not what you are…it’s about what you do. Yeah, they don’t look at you as a Muslim or not Muslim.” (Layla, lines 263-265)

*Integration as a women*

“I was coming here, was when you move to a different country, um, being a woman, you know, living on your own is, can be both like, um, something-something positive and negative. Like the positive thing about it is that you- well, you get access to the services you know provided for women, especially in a Western country, they want to empower women and they want to help them. Um, so this is like one of the good things. One of the negative things is that you know, in the, at the end of the day, people will look at you as a woman, you know, like you know, whatever you become, you're still like a woman living by yourself. So I think it's especially like people who kind of come from an Eastern background, um, say for instance, like, I want to do things, you know, I want to go out, you know? Um, there's always that like, um, perceptions that a woman needs to be at home doing like you know, looking after things, you know, so I always have these kind of, um, different experiences. Uh, but for me, I was raised like in a Muslim country, and, you know, when my parents like knew that I'm coming here, you know, I'm confident to say that they know that I'm like, how
would you say this? Eh, like I would be keeping to be like a Muslim woman if that makes sense. So they wouldn't worry like oh like I'm going like to the UK, I'm going to be like really like that. So I mean their confidence also like kept my confidence because I know who I am and then like I would not go and do like, you know--say bad things that I always feel that you know I have to come across these like negative perceptions and just like really overlook them or try maybe in a way to change them. Um, that being a woman in a different country by yourself is, you know, is something needs to be accepted and I'm like, you know, and even supported, it's not like something you, um, need to be blamed for, if that makes sense or like uh, judged for.” (Rayhana, lines 519-542)

Superordinate Theme: The Dissonance of Integration: Belonging and Not Belonging

Subordinate Theme: Racism, Prejudice and Islamophobia as Barriers to Integration

Alienation

“when I arrived new country, new language and new faces, and new everything you know, so I felt very stressed and scared.” (Layla, lines 452-453)

Racism

“somebody racist...but not all people racist yeah.” (Hameed, lines 397-398)

Subordinate Theme: Integration through Nurture, Support and Connection

Collective culture

“in our culture and traditions, family altogether” (Layla, line 363)

Welcoming other refugees

“Sometimes I do some volunteer is for, some refugees, I visited for their home for them, ask ‘do you want some help, some advice?’ sometimes I have the, I have the books and paper from my ESOL first time...someone he needs uh help for translation for something I work with him.” (Muhammad, lines 242-246)
“I told city council, ‘please I want to volunteer with you, I want to go to with you in airport welcome to families’...where find someone refugee waiting them in airport, it’s feeling is different. Everyone is feeling relax, and uh comfort, it’s good, I’m feeling great, when they see you, it’s a smile.” (Muhammad, lines 197-201)

“they look frightened from this country, because maybe 10 days to receive, I tell him no, after one year there, you better, everything here, uh no worries about um food or um studies or anything.” (Nadia, lines 283-285)

Connecting with others (host society)

“I had friends from both newly arrived community and friends from the UK...I broke the barriers you know...so when I have that meal, I remember where everyone was coming together.” (Rayhana, lines 371-377)

“I have uh few friends, and one of them he become my fiancé now...he support me a lot of with a lot of language, he’s European, yeah he helped me with the reading.” (Layla, lines 294-297)

Connection through sport

“in the after one month, I have about 60 or 70 friends. It’s programme, Citizen’s advice say ‘Muhammad how? You can’t speak English, how?’ I told them first week, play there, I joined team, another team...another team, there’s always changed teams, changed friends, many place. I have lots of friend.” (Muhammad, lines 369-375)

Feeling at home

“They offered us safety and you know we live, the respect, you know, we don’t feel like down or different to other people. We’ve been treated equally.” (Abdullah, lines 68-69)
“This life, this homeland, because this reason I’m staying here, because the future here.” (Hameed, lines 294-295)

“But now this safety for me, I can sleep, uh if live my country, the war, um big problem, I can’t sleep.” (Hameed, lines 302-304)

“my city” (Hameed, line 350)

“I mean home, I think is where you feel comfortable, so not necessarily comfortable at the moment but comfortable also for the future, you’re not worried for the future.” (Rayhana, lines 428-430)

“So I’m trying to make it home, if that makes sense, it’s not home but I’m trying to make it home.” (Rayhana, lines 500-501)

“This safety for me, now is uh land, uh homeland for me here.” (Hameed, line 50)
Appendix M - Refugee Recommendations for Policy/Practice Changes

Abdullah’s recommendation for managing loss of role due to unrecognised qualifications:

“...they should facilitate it, you know...give me like, a chance or opportunity to train...if they can do something around this to, recognize, the qualification certificates from overseas. I've got it. I've translated into English but unfortunately, nothing has been done yet. If I do practice at any law office or any, I can prove myself...You know now I know about that, some aspects of some areas of the immigration law, even family law. The same answers my friends get from the lawyers, they say, okay, you told us about it before we go to that place.”

(Abdullah, lines 199-213)

Layla’s recommendation for understanding and accommodating refugees’ skillsets:

“So just ask the person who’s in front of you ‘what are you good with?’ if they tell you something, make a course for them about that thing, if you don’t have a course tell him ‘find something help you with your like you skills, and if you get that, get job as you know.”

(Layla, lines 197-200)

Rayhana’s recommendations to ensure that refugees feel comfortable about doing certain tasks/activities:

“I know the UK has tried to put in place some a framework for integrating refugees, are building on their kind of skills, they’re trying to you know um help them access the job market and you know the services that are available here, but I always thing there’s something missing. The voice of the people, whether they are happy with what they are doing, is this what they really want to do or is it something that they have to do? And I think whenever there’s something you want to do, it always works better because you have that drive.”

(Rayhana, lines 296-302)
Hameed’s recommendation for how two-way integration can be facilitated by the host society:

“For example, 10 volunteer British family, 10 British volunteer uh 10 volunteer refugee. A meeting in some big place, food and dinner and like (for) example, I’m (in) agriculture, find them another people, (in) British agriculture, meeting with together. I’m talk, he help me for my find job in the future, because I’m agriculture I (can) talk same, and relationship, one year we try, he visit me, I’ll visit him, and another people another project, after 1 years I can find job, I can language improve, I have some family friend me.”

(Hameed, lines 429-435)
Appendix N - Author guidelines for the International Journal of Migration, Health & Social Care.

The author intends to adapt Chapter II to fulfil these guidelines post-viva.

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