

**FACTORS THAT CONTRIBUTE TO THE EMOTIONAL
WELLBEING, EDUCATIONAL SUCCESS AND SOCIAL
CONNECTEDNESS OF THOSE ARRIVING IN ONE LOCAL
AUTHORITY AS UNACCOMPANIED ASYLUM SEEKING
CHILDREN.**

By

JOANNA FARMBROUGH

**A thesis submitted to the
University of Birmingham
In part fulfilment of the degree
EdPsychD
Professional Doctorate in Educational Psychology**

**School of Education
The University of Birmingham
January 2014**

UNIVERSITY OF
BIRMINGHAM

University of Birmingham Research Archive

e-theses repository

This unpublished thesis/dissertation is copyright of the author and/or third parties. The intellectual property rights of the author or third parties in respect of this work are as defined by The Copyright Designs and Patents Act 1988 or as modified by any successor legislation.

Any use made of information contained in this thesis/dissertation must be in accordance with that legislation and must be properly acknowledged. Further distribution or reproduction in any format is prohibited without the permission of the copyright holder.

Abstract

Building on research with unaccompanied asylum-seeking children and young people (UASC) from a resilience perspective, this study investigates the protective mechanisms that support UASC in adapting to life in the UK.

'Positive adaptation' is framed as: emotional wellbeing, educational success and social connectedness. Two strands of research are carried out: 1) focus groups that investigate views of key adults (foster carers and social care staff) working with UASC, in order to understand how they frame UASC's positive adaptation; the protective mechanisms they have experienced to promote emotional wellbeing; and approaches they have found successful in addressing mental health difficulties; and 2) individual interviews, using an Interpretative Phenomenological Analytical approach, with five UASC who were considered resilient. Interviews investigated how individual UASC felt that they had coped with their experiences.

I relate findings to resilience frameworks that recognise a complex matrix of risk factors, vulnerability and protective mechanisms operating for each individual at the individual, the family and community/societal level.

Findings provide a strong argument for a psycho-social approach to mental health with UASC, establishing stability, whilst building on personal coping strategies, personal strengths and sense of autonomy and competence.

Implications for services and interventions are discussed.

Dedication

In memory of John and Celia

Acknowledgements

Sue Morris for her unswerving support and encouragement

My colleagues for their immense patience

Nicky and Bill for their belief and understanding

Contents

CHAPTER ONE: INTRODUCTION	1
1.1.0. Context for the research	1
1.1.1. Definition	1
1.1.2. UASC population in the UK	2
1.1.3. Legislative context	3
1.2.0. Local context	8
1.3.0. Role of Social Workers working with UASC	11
1.4.0. Role of foster carers with UASC	12
1.5.0. Rationale for the study	13
 CHAPTER TWO: UASC COPING IN THE FACE OF ADVERSITY	 15
2.1.0. Introduction	15
2.2.0. Overview of research with UASC	15
2.3.0. Resilience theory	23
2.4.0. Relating resilience theory to UASC	27
2.5.0. Engagement in education as a protective mechanism for UASC	33
2.6.0. Social connectedness as a protective mechanism for UASC	35
2.7.0. Conclusion	41
 CHAPTER THREE: MODELS FOR UNDERSTANDING THE MENTAL HEALTH NEEDS OF UASC	 44
3.1.0. Introduction	44
3.2.0. Exploring emotional wellbeing of UASC from a psycho-social perspective.	45
3.2.1 Individual coping mechanisms	52
3.2.2. A psycho-social approach to meeting mental health needs of UASC	53
3.3.0. A clinical approach to understanding and meeting mental health needs of UASC	56
3.4.0. The recovery paradigm as a psycho-social approach	63
3.5.0. Conclusion	66
 CHAPTER FOUR: THE CONTRIBUTION OF SELF DETERMINATION AND ATTACHMENT THEORY TO UNDERSTANDING ADAPTATION IN THE FACE OF ADVERSITY	 69
4.1.0. Introduction	69
4.2.0. Self-determination Theory	70
4.2.1. The Relevance of Self determination Theory to Research with UASC	78
4.3.0. Mastery orientation	82
4.4.0. Attachment Theories	84
4.4.1. Relating DMM to UASC experiences	88
4.5.0. Summary	89

CHAPTER FIVE: METHODOLOGY AND DESIGN	91
5.1.0. Introduction to the methodology	91
5.2.0. Ontological and epistemological position	93
5.3 Methodology and research questions	96
5.4.0. Design	106
5.4.1. <i>Semi-structured Interviews with young people</i>	106
5.4.2. <i>Constructing the Interview Schedule</i>	108
5.4.3. <i>Designing the focus group schedule</i>	111
5.5.0. Summary	113
 CHAPTER SIX: IMPLEMENTATION AND ANALYSIS	 115
6.1.0. Introduction: Steps taken to ensure defensible research procedures	115
6.2.0. Ethical considerations	116
6.3.0. Procedures	118
6.3.1. <i>Focus groups – recruitment and procedure followed</i>	118
6.3.2. <i>Interviews with young people - sampling and data base</i>	120
6.3.3. <i>Interviews with young people – procedures followed</i>	127
6.4.0. Procedures for analysing focus groups	130
6.4.1: <i>Phase 5 - defining and naming themes</i>	133
6.4.2 <i>Construction of thematic networks</i>	135
6.5.0. Procedure for analysing the interviews with young people using IPA	138
6.5.1. <i>Step 1 – Reading and re-reading</i>	139
6.5.2. <i>Step 2 – initial noting</i>	139
6.5.3. <i>Step 3 – developing emergent themes</i>	141
6.5.4. <i>Step 4 – searching for connections across emergent themes</i>	141
6.5.5. <i>Step 5 – looking for patterns across cases</i>	142
6.6.0. Responding to threats to validity in data collection and analysis	143
 CHAPTER SEVEN: RESULTS AND DISCUSSION OF FOCUS GROUPS	 147
7.1.0. Overview of the analysis of the two focus groups	147
7.2.0. Thematic Network 1 - 'Mechanisms that support UASC in doing well and promote emotional wellbeing'	150
7.2.1 : Organising Theme – 'What doing well looks like'	152
7.2.1 (i) <i>What UASC want</i>	152
7.2.1 (ii) <i>Integration and settling</i>	153
7.2.1 (iii) <i>Success through education</i>	155
7.2.1. (iv) <i>Gaining refugee status</i>	156
7.2.1. (v) <i>Summary of 'What doing well looks like'</i>	157
7.2.2: Organising Theme – Building supportive and consistent relationships	158
7.2.2. (i): <i>Supportive family approach from foster carers</i>	158
7.2.2. (ii) <i>Friendship networks</i>	160
7.2.2. (iii) <i>Relationship with social care staff can be key.</i>	161

7.2.2. (iv) <i>A consistent, supportive relationship is key</i>	162
7.2.2. (v) <i>Being able to trust in order to build relationships</i>	163
7.2.2. (vi) <i>Summary of 'Building supportive and consistent relationships'</i>	163
7.2.3: Organising Theme – Links to home culture	166
7.2.3. (i) <i>Role of religion in supporting emotional wellbeing</i>	166
7.2.3 (ii) <i>Links to home culture</i>	168
7.2.3. (iii) <i>Summary of 'Links to the home culture'</i>	169
7.2.4: Organising Theme – Benefitting from the Education System	170
7.2.4 (i) <i>Young person's motivation</i>	170
7.2.4 (ii) <i>Education facilitates young person in doing well</i>	171
7.2.4. (iii) <i>Summary of 'Education facilitates doing well'</i>	173
7.2.5: Summary and discussion of 'Mechanisms that support UASC in doing well and promote emotional wellbeing'	175
7.3.0: Thematic network 2 – 'Mental Distress'	177
7.3.1: Organising Theme – 'Indicators of mental distress'	177
7.3.1 (i): <i>Sleep disturbances</i>	179
7.3.1 (ii): <i>Not engaging with life</i>	179
7.3.1 (iii): <i>Flashbacks and hallucinations</i>	180
7.3.1 (iv): <i>Self harm and suicidal ideation</i>	181
7.3.1 (v): <i>Drug use</i>	181
7.3.1 (vi): <i>Weight loss / Not eating</i>	181
7.3.1 (vii): <i>Behaviours indicating distress</i>	182
7.3.1. (vii) <i>Summary of 'Indicators of mental distress'</i>	182
7.3.2: Organising Theme – Risk factors	183
7.3.2 (i) <i>Grief/lost relationships</i>	183
7.3.2 (ii) <i>Difficulty trusting impacts on building relationships</i>	184
7.3.2 (iii) <i>Drug use as a risk factor</i>	185
7.3.2 (iv) <i>Traumatic experiences before arrival linked to mental distress</i>	185
7.3.2 (v) <i>Feelings of Guilt</i>	186
7.3.2.(vi) <i>Summary of 'Risk factors'</i>	187
7.3.3: Organising Theme - Risky processes	188
7.3.3 (i) <i>Insecure future</i>	189
7.3.3. (ii) <i>Moving into independent living</i>	191
7.3.3. (iii) <i>Age assessment</i>	193
7.3.3. (iv) <i>Use of Interpreters</i>	194
7.3.3 (vi) <i>Summary of 'Risky processes'</i>	
7.3.4: Organising Theme – Triggers for mental distress	195
7.4.0: Organising Theme - Addressing mental distress	195
7.4.1: Accessing mental health interventions	196

7.4.1 (i) <i>Positive outcomes of Mental Health Intervention</i>	197
7.4.1 (ii) <i>Barriers to accessing mental health interventions</i>	199
7.4.1.(iii) <i>Barriers experienced by the Young Person</i>	200
7.4.2: <i>Sub theme - Emotional support through the foster carer</i>	201
7.4.3. <i>Subtheme - Young people's coping strategies</i>	202
7.4.4: <i>Summary and discussion of organising theme addressing mental distress</i>	203
7.5.0 <i>Relating the thematic networks to the research questions</i>	204
CHAPTER EIGHT: RESULTS AND DISCUSSIONS OF INTERVIEWS WITH YOUNG PEOPLE	207
8.1.0. <i>Introduction</i>	206
8.2.0: <i>Meeting basic physiological and safety needs</i>	210
8.2.1.i <i>Physiological needs</i>	210
8.2.1.ii <i>Need for safety/freedom from fear</i>	210
8.2.1.iii <i>Summary for meeting basic physiological and safety needs</i>	211
8.3.0: <i>Protective mechanisms through relationships</i>	211
8.3.1: <i>Importance of a friendship support network and sociability to facilitate access</i>	213
8.3.1.i: <i>Importance of a friendship support network</i>	214
8.3.1.ii <i>Sociability</i>	218
8.3.1.iii <i>Summary of friendship networks</i>	220
8.3.2: <i>Role of religion and cultural identity</i>	220
8.3.2.i <i>Summary of the role of religious and cultural identity</i>	222
8.3.3 <i>The experience of positive attachment relationships</i>	223
8.3.3.i: <i>Experience of positive attachments in home country</i>	223
8.3.3.ii: <i>Development of key (attachment-like) relationships in UK</i>	225
8.3.3.iii: <i>Role of social workers and foster carers</i>	229
8.3.3.iv <i>Summary of findings with regard to attachment relationships acting as a protective mechanism</i>	231
8.4.0: <i>Primary importance of Education</i>	232
8.4.1: <i>As a protective mechanism</i>	234
8.4.2: <i>As a route to a better future</i>	236
8.4.3: <i>Facilitating engagement in education</i>	237
8.4.4: <i>Negative view of ESOL</i>	237
8.4.5 <i>Summary of education as a protective mechanism</i>	238
8.5.0: <i>Risk factors and vulnerabilities</i>	239
8.5.1: <i>Risk factors</i>	239
8.5.1.i: <i>Leaving home and arrival in the UK</i>	240
8.5.1.ii <i>Risk factors associated with legislative processes</i>	247
8.5.2 <i>Vulnerability factors</i>	251
8.5.2. i: <i>Personal attributes that have a vulnerability effect</i>	251
8.5.2.ii: <i>Vulnerability in social relationships</i>	253

8.5.3 Summary of risk and vulnerability factors	254
8.6.0: Internalised protective mechanisms	257
8.6.1 <i>Sense of autonomy alongside a mastery orientation as a protective mechanism</i>	257
8.6.2: <i>Individual coping mechanisms</i>	262
8.6.3 <i>Summary of internal protective mechanisms</i>	265
8.7.0: Life trajectory	266
8.7.1: <i>Maturation process - N Y A Z</i>	266
8.7.2 <i>Summary of life trajectory</i>	268
8.8.0 Relating the analysis to a resiliency framework	269
CHAPTER NINE: CONCLUSIONS	273
9.1.0. Introduction	273
9.2.0. Contribution of this research to existing understanding	276
9.3.0. Implications for practice	281
9.4.0. Evaluation of this study	284
9.5.0. Conclusion	286
References	287
Appendices	319
APPENDIX 1: Interview schedule used with young people.	319
APPENDIX 2: <i>Outline of the Focus Group structure to be held with members of the social work team/foster carers working with UASC.</i>	323
APPENDIX 3: Copy of the EC2 submitted to the University of Birmingham Ethics Board.	327
APPENDIX 4: Information sheet and Statement of Informed Consent to take part in a Focus Group Interview adapted for use with both social work staff and foster carers.	341
APPENDIX 5: Meeting with UASC social work team 11th September 2012.	344
APPENDIX 6: Initial information to be shared by social worker with young people who arrived as unaccompanied asylum seeking children in Sun-hill who might be interested in taking part in the study.	350
APPENDIX 7: informed consent form for UASC participants.	353

APPENDIX 8: Interpreter briefing sheet.	355
APPENDIX 9: Interpreter de-brief sheet,	357
APPENDIX 10: Details of analysis stages 1-4 carried out using thematic analysis with data from social work staff focus group.	359
APPENDIX 11: Codes from social worker focus group formed into first thematic map Map 1, with my thoughts illustrated in comment boxes.	362
APPENDIX 12: Seventeen basic themes grouped under four organising theme for ‘Mechanism that support UASC in doing well and promote emotional wellbeing’.	364
APPENDIX 13: Sixteen basic themes grouped under three organising themes for ‘Mental Distress’.	369
APPENDIX 14: Notes made on the process of using IPA to analyse five transcripts of individual interviews.	374
APPENDIX 15: Five boxes listing the super-ordinate and subordinate themes for each of the five participants.	379
APPENDIX 16: Table created to look for patterns across cases.	383
APPENDIX 17: Table relating the Integrated themes to the super and sub ordinate themes developed through IPA from the interview with N.	388

List of Illustrations

Chapter Six

Figure 6.1: Example code for one subtheme within my analysis of the focus group.	135
Figure 6.2: Steps involved in “Analysis Stage A” taken from Attride-Stirling (2001).	136
Figure 6.3: Structure of a Thematic Network [Attride- Stirling, 2001]	137

Chapter Seven

Figure 7.1: Steps involved in Analysis Stage B and C taken from Attride-Stirling (2001)	148
Figure 7.2: Thematic Network 1 – ‘Mechanisms that support UASC in doing well and promote emotional wellbeing’.	151
Figure 7.3: Thematic Network 2 – ‘Mental Distress’.	178

Chapter Eight

Figure 8.1: Six superordinate themes and related subordinate themes constructed through the analysis of five individual interviews with UASC.	208
Figure 8.2: Superordinate theme ‘Protective mechanisms through relationships’ and nested subthemes.	212
Figure 8.3: Superordinate theme ‘Risk factors and vulnerabilities’ with nested subthemes.	241
Figure 8.4: Superordinate themes ‘Internalised protective mechanisms’ and ‘Life trajectory’	256

List of Tables

Chapter One

Table 1.1: Possible status outcomes from an application for asylum [Oxfam, 2007; Stanley, 2001; Wade et al, 2012].	6
Table 1.2: Decisions on asylum applications, as at May 2011, for UASC .	7
Table 1.3: Distribution by age of UASC receiving support from the UASC social care team in the LA (March 2009).	8
Table 1.4: Themes arising from a focus group with four UASC in this LA [Alderwish, 2012].	10

Chapter Two

Table 2.1: Traumatic experiences of UASC in home countries [Thomas et al, 2004].	19
Table 2.2: Examples of protective factors that have been found by research to operate at each of the three levels.	25
Table 2.3: The 'Indicators of Integration Framework' (Ager and Strang, 2004).	36

Chapter Three

Table 3.1: Arguments for and against the use of psychiatric diagnoses with refugee populations [adapted from Enholt and Yule, 2006].	58
--	----

Chapter Four

Table 4.1: Exemplar research findings reporting positive outcomes associated with autonomous motivation [Deci and Ryan, 2008b].	74
---	----

Chapter Five

Table 5.1: Table showing the research questions for this study.	102
Table 5.2: Potential drawbacks of using a focus group and strategies employed to address these.	104
Table 5.3: Issues to be clarified prior to carrying out thematic analysis [from Braun and Clarke, 2006]	106

Chapter Six

Table 6.1: Ethical concerns identified in respect of this study and ways they were addressed.	117
---	-----

Table 6.2: The six phases of thematic analysis outlined by Braun and Clarke (2006).	131
---	-----

Table 6.3: Outline of analysis stages 1-4 with data from foster carer focus group	133
---	-----

Table 6.4: Demonstrating the way I have responded to each of the four broad principles for judging qualitative research proposed by Yardley (2000)	145
--	-----

Chapter Eight

Table 8.1: Summary of the protective mechanisms that have supported the young people in this study to cope with the adversity they have experienced.	271
--	-----

Chapter Nine

Table 9.1: Emerging themes from this study regarding mechanisms that facilitate or compromise UASC inclusion in education.	281
--	-----

Table 9.2: Post hoc reflection of the validity of the study, based on criterion proposed by Yardley (2000)	286
--	-----

CHAPTER ONE: INTRODUCTION

1.1.0. Context for the research

1.1.1. Definition

A refugee is described by the United Nations High Commission for refugees (UNHCR), in the 1951 Convention relating to the Status of Refugees as “a person outside his/her country of nationality or habitual residence; who has a well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion; and is unable or unwilling to avail himself of the protection of that country, or to return there, for fear of persecution’ [UNHCR, 2002].

The majority of refugees forced to leave their home for fear of violence remain within their own country or flee to seek asylum in a safe destination that is close to their home country and do not travel as far as Europe [Derluyn and Broekaert, 2008]. It is estimated that approximately half of the world refugee population are children and within this group there are a number of unaccompanied children separated from their caregivers [UNHCR, 2004].

The United Nations Convention on the Rights of The Child [UNHCR, 1994] was a significant document in defining and laying out the rights of unaccompanied asylum-seeking children (UASC). It specified that asylum-seeking children, including UASC, should be treated primarily as children up

until the age of 18, with the attendant right to be protected and cared for [Derluyn and Broekaert, 2008]. The Convention gave a clear definition of a UASC as being 'under the age of eighteen . . . separated from both parents and ..not ... cared for by an adult who by law or custom has responsibility to do so.' [UNHCR, 1994].

Within the United Kingdom (UK) a UASC is defined as 'a person under 18, or who, in the absence of documentary evidence establishing age, appears to be under that age, is applying for asylum on his or her own right and has no relative or guardian in the United Kingdom' (Home Office, 2002).

Where a young person meets the definition of being a UASC in the UK, they have certain legal rights to care and support which are explored in Section 1.1.3. The Local Authority (LA), in which the young people reside, is able to claim through the Home Office Special Grant for payment of care and support of the young person [Wade et al, 2012].

1.1.2. UASC population in the UK

The majority of displaced UASC move to safe destinations close to their home country, it is a minority of families that are able to afford to send children further afield [Williamson, 1998]. It is hard to be specific about the numbers of UASC arriving in the UK, since children arriving with adults who do not sustain a caring role are not counted as UASC [Williamson, 1998]. The statistics most commonly relied on are the number of UASC making applications to seek

asylum in the UK. This number fluctuates from year to year. Numbers reached a peak of 6,200 in 2002 dropping to 4,285 in 2008 and 3,175 in 2009 [Home Office, 2010]. Numbers have continued to drop year on year since 2009, to 1,277 in 2011 [Refugee Council, Feb 2012].

The majority of UASC seeking asylum tend to be between 14 -17 years old, 79% in 2009 [Home Office, 2010] and male, 82% in 2011 [Refugee Council, 2012]. The country of origin of UASC naturally fluctuates in accordance with world events. The most frequent countries of origin in 2011 were Afghanistan, Iran, Eritrea, Albania and Vietnam [Refugee Council, 2012].

The reasons and context for UASC taking flight are fully explored in Chapter Two. However, it is clear that UASC are rendered particularly vulnerable socially and psychologically due to their lack of adult care or protection [Derluyn and Broekaert, 2008; German, 2004].

1.1.3. Legislative context

By virtue of being under 18 and without a parent or carer, UASC in the UK have automatically been treated as children ‘in need’ under Section 17 of the Children Act, by the LA in which they claim asylum [DOH, 1989]. As such they have received a full assessment of their needs and had their needs met either under Section 17 or through becoming formally looked after under section 20 of The Children Act [DOH, 1989]. Historically, LAs retained discretion as to whether the needs of a UASC could continue to be met under Section 17,

rather than Section 20. Becoming formally looked after under Section 20 of the Children Act (1989) has a great number of advantages for UASC. The young person is protected through statutory regulations which specify:

- child care planning and review;
- allocation of a social worker;
- promotion of the child's health, education and training; and
- eligibility to receive leaving care services up to the age of (when continuing in education or training); while
- support with transition into adulthood through active preparation for adult life, assessing and meeting their needs, providing a pathway plan is specified through the Children (Leaving Care) Act 2000 (CLCA 2000).

[Wade et al, 2012].

The UASC's right to support through Section 20 of the Children Act (1989) has been strengthened in recent years, by a combination of government guidance and emerging case law. Following the Hillingdon judgement [Hillingdon, 2003] the government clarified that all children without a parent, including UASC, should be assessed under Section 20 and become looked after [Department of Health, 2003].

However, research has shown that the services received by UASC continue to vary between local authorities. Wade et al (2012) report that age on arrival remains key in decision-making about accommodation. Younger arrivals access foster /residential care, whilst those arriving at 16 or 17 are often

housed directly in semi-independent living arrangements. Many 16 and 17 year-olds have been found to be living in 'inappropriate housing' without the adult care required to meet their needs [Crawley, 2007].

Difficulties in accessing services through the Children Act (1989) can often arise where the age of a young person is disputed by the UK Border Agency (UKBA). In 2009 there were 1,130 cases of age disputes. The process of age assessment is not a fool-proof process: these numbers have led to concerns being voiced by a range of non-government agencies and social workers [Crawley, 2007].

On arrival in the UK a UASC will seek asylum at their point of entry. Though the Home Office has stated that UASC are given priority when making asylum decisions, many young people wait a long time and sometimes years to hear the result of their application [Stanley, 2001]. The uncertainty that results from not knowing the outcome of the decision and the lack of information is extremely stressful [Hek, 2005]. Once the initial decision on the asylum application is received, it will be one of those shown in Table 1.1:

Table 1.1: Possible status outcomes from an application for asylum [Oxfam, 2007; Stanley, 2001; Wade et al, 2012].

Decision	Definition and Implications
Full Refugee Status	<p>Young person has been recognised by the Home Office as a refugee as defined in the United Nations Convention Relating to the Status of Refugees [UNHCR, 1951].</p> <p>Until recently individuals were granted indefinite leave to stay and settle in the UK. Now their case is reviewed after an allotted time (usually five years).</p>
Humanitarian Protection (HP)	<p>Where a young person has not been granted Refugee Status, but it would be too dangerous for them to return to their home country. This is time-limited.</p>
Discretionary leave to remain until the age of 18 (DL)	<p>Leave to stay is granted for a set time period, often until the young person's 18th birthday. DL may be extended beyond the 18th birthday, and a further review date set. Recent policy intention is to grant leave for three years or until age 17.5 years (whichever is sooner), allowing time for a final decision to be made before the young person is 18 (Department for Education, 2010).</p>
Application refused	<p>Many of these refusals are overturned on appeal [Stanley, 2001]</p>

The government does not publish separate figures for the outcome of application for asylum from UASC. However, in February 2012 Lord Henley gave a written answer to a parliamentary question from Baroness Gouldie on this subject, shown in the Table 1.2.

Table 1.2: Decisions on asylum applications, as at May 2011, for UASC

[www.theyworkforyou.com/, 2012]

Year of application	Total UASC applying for asylum	Granted asylum at initial decision	Granted HP at initial decision	Granted DL at initial decision	Refused asylum, HP or DL at initial decision	Applications withdrawn or decision not known as at May 2011
2008	3,842	409	19	2,088	874	452
2009	2,800	292	20	1,661	520	307
2010	1,535	222	11	777	336	189

In the final column 'Decision not known' indicates that no initial decision on the case had been reached in May 2011. These figures illustrate the length of time that young people can be waiting for a decision; 452 UASC who had lodged their application in 2008 had not received a decision in 2011. This information also illustrates the fact that at age 18, the vast majority of UASC do not have a permanent status that allows them to remain in the UK.

Immigration status and awaiting decisions on asylum applications has been described as 'an issue that permeates all other aspects of their lives'

[Humphries and Mynott, 2001, p.24].

1.2.0. Local context

The LA in which this study takes place has a UK entry port so that a number of UASC report initially to this port and become the responsibility of the local Children's Social Care Services. A UASC social care team has been developed locally, in order to work with the relatively large numbers of UASC arriving in the authority. This team has been through a number of re-organisations and changes, in order to meet the fluctuations in numbers of UASC arriving. The team has also had to develop and change working practice, as a result of the frequent changes to relevant government directives and legislation explored in Section 1.1.3. Table 1.3 indicates the numbers of UASC for whom this LA was responsible in March 2009.

Table 1.3: Distribution by age of UASC receiving support from the UASC social care team in the LA [March 2009].

Age	Number of UASC receiving social care support in this LA
12 or under	7
13-15	87
16-17	278
18-20	369
21 +	101
Total	842

The LA has taken part anonymously in previous national research projects focusing on the UASC context (these will not be referenced here to safeguard confidentiality). In addition, Alderwish (2012) carried out a local study as part of a Masters Award in Social Work.

In order to investigate the views of UASC about the care system, Alderwish (2012) carried out a focus group with four UASC from the LA in question. Participants were over 18, had experienced the care system and were now living independently. Themes arising from the analysis are shown in Table 1.4.

Alderwish (2012) considered that individual interviews with UASC would have provided opportunities for young people to provide thick narratives for analysis. In addition, he felt that some participants within the group had taken a dominant role and inhibited others from expressing their views.

Table 1.4: Themes arising from a focus group with four UASC in this LA [Alderwish, 2012].

Theme	Key points
Safety and Fear	<ul style="list-style-type: none"> • Participants expressed a desire for safety on arrival in the UK. • Encounters with the UK Border Agency were described as leaving participants 'fearful' and 'scared'. • In contrast, encounters with Social Services left participants feeling safe.
Cultural barriers, social exclusion and the 'problem' of integration	<ul style="list-style-type: none"> • The initial language barrier had a negative impact on emotional wellbeing. • Integration with UK citizens was seen as positive but potentially difficult to achieve. • Experiences of prejudice and racism had left participants with a sense of 'shock', impacting on their identity and sense of belonging in the UK.
Resilience, education and shared identity	<ul style="list-style-type: none"> • Participants were strongly motivated to get a good education. • A good relationship with a social work practitioner had, in many cases, led to increased motivation and success in education. • Friendships with other UASC based on 'shared experiences' were seen as fundamentally significant and supportive.
Placements and the 'Corporate Parenting' role	<ul style="list-style-type: none"> • Participants felt that their needs could often not be met by social services due to financial and bureaucratic constraints. • There was some appreciation of the local authority care that had been received. • There was a recognition that financial and bureaucratic frustrations were not the fault of the frontline social worker.
Permanence planning & independence	<ul style="list-style-type: none"> • Foster care placements were generally positive experiences and positive relationships with carers valued. • All participants saw achieving independence as an important aspect of their personal development.
Status, rights and policies	<ul style="list-style-type: none"> • Participants felt that they were not treated in the same way as British citizen children and expressed feelings of inequality and unfairness.

1.3.0. Role of Social Workers working with UASC

UASC experiences of social care and their relationships with social workers have been found to vary widely [Chase, 2010; Hek, 2005; Stanley, 2001]. Though, experiences were generally rated well in the local study conducted by Alderwish (2012). Kohli (2006) found that to work effectively with a UASC, a social worker required 'emotional commitment' to the young person. He found that effective social workers invested time and care in building trusting relationships with UASC. He specifies three 'domains' within which social workers practised with UASC. The 'domain of coherence' refers to prioritising practical needs and supporting re-settlement. The 'domain of connection' refers to responding to the emotional needs of young people, social workers described waiting a long time for young people to start to talk about their experiences.

Kohli (2006) explores the 'thin' narratives of UASC in which they talk 'reluctantly and cautiously' about their lives. He argues that this acts as a protective mechanism; allowing UASC time to make sense of their experiences, to re-gain a sense of autonomy and to avoid talking about hurtful memories. Social workers working with UASC reported that often 'thicker' narratives developed after a period of settlement in the UK. Once UASC started to open up this signified the beginning of an emotional connection between the social worker and young person, developing from 'mutual trust and affection' [Kohli, 2006]. UASC have reported that 'selective disclosure of the past' allows an element of self-protection; and arises out of a desire to

move forward with life and concern about how others might react to their stories [Chase. 2010].

The third domain described by Kohli (2006) is the 'domain of coherence'. This refers to times when social workers became increasingly attached to young people and the line between professionalism and friendship/family becomes blurred. Social workers working within this domain play a role in supporting the young people to 'deconstruct and reconstruct' their narratives of departure and trauma [Kohli, 2006].

However, the role of social work practitioners working with UASC involves significant conflicts of interest. Practitioners are expected to apply social work principles, such as the 'best interests of the child, yet work within very clear organisational boundaries and regulatory codes' [Chase, 2010, p. 2062]. This conflict has been described in terms of social work practitioners being under pressure to take on the role of monitoring individuals, surveillance and restricting access to services [Humphries, 2004].

1.4.0. Role of foster carers with UASC

Hek (2005) identified that there was little research into UASC experiences of care placements. Wade et al (2012) carried out research that aimed to address this gap. Young people involved in this study expressed a desire for some 'normality' within a foster placement that would allow them to 'recover and re-build their lives'. Specifically they valued being cared for; feeling a

sense of belonging; being treated equally to other children in the home; and being shown respect for their country and family of origin [Wade et al, 2012]. Strong relationships between a UASC and their carer were developed in a range of ways. These include the foster carer demonstrating that they were on the young person's side through advocating for them as well as making themselves available to the young person, demonstrating trust in the young person, providing opportunities for joint activities; and jointly negotiating and developing house rules over time [Wade et al, 2012].

Additionally LA policies and procedures exert a pressure for UASC to move to semi-independent living at age 18. The foster carer plays an important role in maintaining contact and continuity for UASC once they have moved on [Wade et al, 2012].

1.5.0. Rationale for the study

Having worked as a residential social worker with young people in care prior to training as an educational psychologist, I retain an interest in working to maximise success for young people in care. When I moved to work in the current LA, I adopted a specialist role within the Educational Psychology Service to work with Looked after Children (LAC). Since there was a large number of UASC included in the LAC population, this role involved collaborating with the Looked after Children Education Service to plan an educational project for newly arrived UASC, and individual case work with UASC. This work led to a number of discussions with the team manager for

the UASC social work team, about ways to promote emotional wellbeing when working with UASC. This study arose from these discussions.

In order to carry out this remit I have examined the literature concerning UASC risk factors, positive adaptation and resilience in Chapter Two, moving on to consider approaches to addressing UASC's mental health in Chapter Three. In Chapter Four I have considered how Self-determination theory and attachment theory relate to resilience and in particular their relevance for UASC. In Chapters Five and Six I explore the methodology and procedures carried out in order to undertake this study. In Chapter Seven I present and discuss the results of focus groups carried out with social care staff and foster carers. In Chapter Eight I present and discuss the findings from individual interviews with five UASC, and in the final chapter (Chapter Nine), I have presented the main conclusions drawn from the study.

CHAPTER TWO: UASC COPING IN THE FACE OF ADVERSITY

2.1.0. Introduction

In this chapter I consider the range of research that has been carried out with UASC. There is an emphasis on the vulnerability of UASC in much that is written about them. However there is a growing interest by researchers into factors that may contribute to positive adaptation and coping amongst UASC. This interest has grown from a resilience paradigm. Following an overview of research in this area, I give a brief overview of the concept of resilience and explore research in which this has been used as an explicit focus with UASC. I then focus on research relevant to two key protective factors for UASC - education and social connectedness.

2.2.0. Overview of research with UASC

Researchers and writers from a range of professional backgrounds have contributed to knowledge and understanding of the experiences of UASC. These include those from a social work background such as Dr. Ravi Kohli who is currently Reader in Social Work at Royal Holloway, University of London [Kohli, 2006; Kohli and Mather, 2003] and Tracey Maegusuku-Hewett who is a lecturer in social work at Swansea University [Maegusuku-Hewett et al, 2007]; those from a psychiatry background such as Dr Hodes who is a Child and Adolescent Psychiatrist and Senior Lecturer in Child and Adolescent Psychiatry at Imperial College, London; researchers into the

needs of vulnerable groups of children particularly in terms of health and wellbeing e.g. Chase et al. (2008); those with clinical psychology backgrounds [Groark et al, 2010; Whitaker et al, 2005]; those with an interest in making and evaluating social policy [Bierens et al, 2007; and Stanley, 2001]; and those interested in war studies such as Samantha Thomas based at the Department of War Studies, Kings College, London [Thomas and Byford, 2003; Thomas et al, 2004].

Wernesjo (2012) argues that international research with UASC falls into three broad areas:

- 'organisational studies' which look at how countries receive and work with UASC [Kohli, 2003];
- studies with a focus on 'children's rights' [Derluyn and Broekaert, 2008]; and
- studies that focus on psychological and social aspects of the UASC experience.

This current research study falls into the third of these areas. This literature review focuses principally on studies exploring psychological and social issues for UASC, rather than the institutions and legislation surrounding them.

Historically, much of the research that examines the experiences of child refugees and/or asylum seekers has been carried out with populations of refugee children and young people, who are not necessarily unaccompanied. It is increasingly acknowledged that UASC have a unique set of experiences,

and that separation from parents or caregivers renders them more vulnerable than the wider population of refugee children. Studies have found that unaccompanied refugee children were at increased risk of suffering emotional or behavioural difficulties, such as depression, than refugee children not separated from family members [Bean et al, 2007; Gayton et al, 2007; Hodes et al, 2008; Lustig et al, 2004].

It should be remembered that research in this area has been carried out in different countries, with groups of young people originating from different countries. Each country of origin has a unique set of circumstances in terms of what UASC are likely to have experienced, and each destination country has a unique way of receiving and processing asylum claims. In Chapter One, I have explored the immigration and asylum processes experienced by UASC in the UK. There are implications for secondary trauma arising from the stressful nature of these processes in the UK [Fazel and Stein, 2002; Stanley, 2001].

Some researchers have set out to address the considerable heterogeneity of young refugees in the UK, through carrying out research that focuses on a unique group. These have included Afghani UASC boys [Bronstein et al, 2013] and young Somali refugee and asylum seeking women [Whittaker et al, 2005]. In this way the participants had a shared experience in the context of their home country, journey and arrival. Findings can be discussed in relation to these specific circumstances.

For the purpose of this literature review, I focus principally on studies into the experience of UASC rather than refugee children as a whole. At times it is pertinent to include research findings from a wider population of refugee children and young people due to the dearth of more specific UASC-focused research findings. Where this is the case I specify the population involved. I also attempt to privilege research that focuses on populations of UASC seeking asylum in the UK as this is the context that is pertinent to this study. I will state where research has taken place if it is not a UK based population.

It is clear that UASC will have experienced cumulative losses, difficulties and trauma in their lives. These result from the circumstances that have led to their taking flight, travelling unaccompanied and seeking asylum in an alien country.

Thomas et al (2004) carried out a study with 100 UASC using individual interviews, information from case files and a questionnaire. The focus of the study was to investigate the primary reasons given by young people for taking flight and the types of traumatic experiences that had been experienced before leaving. 'Death or persecution of a loved one' was the reason most frequently given for taking flight; other reasons were 'persecution' of the young person; 'forced recruitment'; 'war'; 'trafficking'; and for five young people a better 'education' was the reason for being sent. The range of traumatic experiences in the home country related by young people is shown in Table 2.1; any one young person may have experienced more than one type of trauma.

Table 2.1: Traumatic experiences of UASC in home countries [Thomas et al, 2004].

Experiences	Number of UASC out of 100
Violence	86
Sexual violence	32
Physical violence	15
Witnessed violence towards family members	7
Witnessed violence towards strangers	5
Witnessed public executions	13
Threatened with death	8
Experienced degrading treatment	6
Imprisoned or detained	13
Living in hiding	16
Abortion	3

Kohli (2003) asserts that when UASC arrive in the UK, any sense of agency and control has been severely reduced; and any sense of connection or belonging has been taken away. Many young people are not actively involved in the decision to leave their country, this is often made by family members on their behalf [Chase, 2010]. This lack of agency is often further reinforced through their not being informed of the destination or details about the journey [Hopkins and Hill, 2008]. Research has shown that during the journey, UASC frequently endure physical abuse, exploitation, deprivation and/ or witness the death of friends [Boland, 2010; Lustig et al, 2004; and Mougne, 2010].

Furthermore, on arrival in the UK a range of circumstances in the host country can present difficulties for UASC. Potential stressors include contending with an alien culture, language difficulties, coming to terms with loss and bereavement (Kohli, 2003); contending with the asylum process and lack of certainty about their refugee status [Ni Raghallaigh and Gilligan, 2010; Stanley, 2001]; experiencing racial prejudice [Sinha et al, 2008; Stanley,

2001]; and the transition to adult services and need to move into independence at 18 [Stanley, 2001].

Bronstein et al (2013) found that the majority of the 222 Afghani boys included in their research did not have permanent status to stay in the UK. Emotional and behavioural difficulties were found to increase amongst this group in relation to the length of time they had been in the UK. The authors suggest that this may arise from high levels of contextual stress associated with uncertain refugee status and the threat of a forced return to Afghanistan.

International research with UASC often relies on the voice of professionals, rather than seeking the perspective and voice of UASC [Wernesjo, 2012].

Stanley (2001) carried out research on behalf of Save the Children into the experiences of UASC. The study examines what life has been like for these young people on and after arrival in the UK and makes recommendations to central government and local authorities based on gaps found in service provision. The study aims to give unaccompanied asylum seeking young people who have come to England 'a 'voice'.

This is an important piece of research for the emphasis it places on consulting and involving UASC. However, the findings tend towards reporting the negative experiences of UASC, rather than emphasising and exploring what has been helpful. The main findings in each section are framed within a deficit model of risk factors, gaps in services or poor outcomes. Where structures or processes have emerged from the findings to be helpful, the mechanisms by

which these factors had a positive impact are not explored. For example, in exploring mental health, the perceptions of professionals that mental health services were required for young people are presented in a dominant manner. This leads to a recommendation to 'increase the provision of and access to a range of mental health services for young separated refugees'. This is despite evidence from the young people demonstrating that the issue is more complex:

- Young people found student support services useful, as opposed to Children and Adolescent Mental Health Services (CAMHS);
- Comments by young people about what made them feel happier referred to practices such as Social Workers asking them what they wanted or moving to more suitable accommodation;
- Cultural norms of not discussing emotional or mental health needs meant that young people often did not want mental health support ;
- A college set up a UASC specific counselling service, but had minimal take up and poor feedback;
- An example of a young person receiving a traditional western mental health service that was not appropriate;
- A young person whose 'symptoms' disappeared when she moved to more appropriate living conditions;
- A young person who took up swimming to help with depression.

[Stanley, 2001].

This emphasis on vulnerability is likely to result from the study having been commissioned by Save the Children, who takes a role in influencing policy and practice in order to enhance outcomes for young people.

Research with asylum seeking children and young people has frequently adopted a deficit model. Focusing on the vulnerability of this population, which arises from the cumulative trauma and loss they have experienced. As a result there has been a tendency to position UASC as vulnerable 'victims': emotionally distressed and at risk of poor outcomes [Ni Raghallaigh and Gilligan, 2010]. This research has often assumed a bio-medical model focusing on the 'traumatisation' of young people [Davies and Webb, 2000] rather than adopting a strengths-based approach that positions UASC as 'survivors' [Kohli, 2003].

Occasionally authors of studies, adopting a 'vulnerability' paradigm, recognise that they have failed to investigate factors that could be deemed to be 'protective' or look for evidence of 'positive adaptation' [Bronstein et al, 2013; Hodes, 2008]. Thomas et al (2004) call for further research '....to quantify not only the risks but also the protective factors, which may help (UASC) in adapting to their new home, and what UASC think may help ..during this process.' (p.120).

2.3.0. Resilience theory

Psycho-pathology refers to mental health difficulties that arise from poor adaptation. 'Developmental psycho-pathology' was first described in the 1960s when academics and students from the disciplines of psychology, psychiatry and child development started to share knowledge, understanding and research. This inter-disciplinary work was initiated by Norman Garnezy, whilst working at the Department of Psychology, The University of Minnesota [Masten and Cicchetti, 2012]. Developmental psycho-pathology seeks to understand the developmental trajectories that link psychological and biological processes to poor outcomes, mal-adaptation and/or mental disorder [Cicchetti, 2010].

It has been equally important, within developmental psycho-pathology, to understand the ways in which individuals experiencing adverse circumstances are able to adapt [Cicchetti, 2010]. This has led to the concept of 'resilience', with associated 'risk' and 'protective' factors, becoming a key construct in thinking about how individuals cope with adversity. Masten and Powell (2003) have defined resilience as 'patterns of positive adaptation in the context of significant risk or adversity' (p. 4). An understanding of resilience was seen to be important within psycho-pathology, since it can inform approaches to treating or preventing mental health difficulties [Masten and Tellegen, 2012].

The concept of resilience developed from a realisation that individual difference plays a key role in the way people respond to adversity and stress

[Rutter, 1990]. In early research, those who did well in spite of adversity were often seen as having a fixed 'invulnerable' nature [Anthony, 1974]. Early research focused on understanding those children who did well despite risky contexts, in order to identify 'protective factors'.

Luther et al (2000) argue that as research developed, it became apparent that positive adaptation is not contingent on fixed character traits, but is developmental and dynamic. As a result, research within the resilience paradigm increasingly recognised the transactional processes that exist between individual biogenetic make-up, personality traits, family context and society/community factors [Rutter, 2012]. The developmental pathway to either resilience or poor outcomes is influenced by 'a complex matrix of the individual's level of biological and psychological organization, experience, social context, timing of adverse events and experiences, and developmental history' [Cicchetti and Rogosch, 2009, p.49].

The way that the individual interacts with risk and protective influences within this 'matrix' leads to diverse developmental outcomes: this is known as multi-finality; at the same time a variety of developmental pathways can lead to the same outcome, which is known as equi-finality [Cicchetti and Rogosch, 1996].

Research over the past forty years has generally categorised 'protective factors' as existing at three broad levels: individual factors; family conditions; and the societal/community level of support [Zolkoski and Bullock, 2012].

Table 2.2: Examples of protective factors that have been found by research to operate at each of the three levels.

Level	Protective Factor	Research
Individual factors	Internal locus of control	Werner (2012)
	Internal motivation	Masten (2001)
	Sense of self-worth and self-efficacy	Clausen (1991)
	Sense of personal agency and self-reflection	Hauser et al (2006)
	Self-efficacy based on past successes	Quinton and Rutter (1988)
Family level	Strong bond between child and primary caregiver in the early years of life	Werner (2012); Masten et al (1999)
	Availability of care from other family members	
Community level	Connections to community organisations such as religious organisations	Werner and Smith (1992)
	Positive educational experiences in one or more domain - academic, sporting or friendships	Luthar et al (2000)

Masten (2012) asserts that there is consistency across research findings in the protective mechanisms that have been found to exist at each of these three levels. She argues that there are some basic 'adaptive mechanisms' that have evolved over time in order to protect human beings. These include the attachment and mastery-motivation systems which will be explored in Chapter Four.

Resilience has been found to be developmental; that is many protective factors develop at an early age and can be identified within the history of

individuals demonstrating resilience later in life [Garmezy et al, 1984; Rutter, 1986]. Furthermore, the developmental nature of resilience has led to researchers arguing that there are turning points in people's lives, at which the life trajectory has the potential to be changed. At these turning points, an individual may adopt either a 'protective mechanism' or alternatively a 'vulnerability process' [Rutter, 1993]. Protective mechanisms found to turn an individual's life trajectory in a more positive direction, at transition to adulthood include; 'planfulness', a sense of autonomy, adult support outside the family and a new job or educational opportunity [Masten and Telligen, 2012].

It is argued that research findings in this area often rely on an overly narrow definition of positive adaptation [Luther and Zelazo, 2003]. Researchers often fail to specify the sphere of positive adaptation being researched [Luther et al, 2000]. The term 'competence' has been used in research carried out over time by a team of researchers at Minnesota University [Masten et al, 1990]. This describes an individual who is functioning well in life; competence is seen as 'multi-dimensional' and encompasses emotional, social and academic/school/work skills [Masten and Telligen, 2012]. Individuals who display competence despite adversity can be described as 'resilient'. Rutter (2012) emphasises that resilience should not be defined as 'superior' functioning in life, but as relatively better than might be expected for someone who has experienced a similar level of adversity.

Luthar et al (2000) have emphasised the importance of research within this paradigm focusing on the underlying protective *mechanisms* in order to

understand *how* factors lead to positive outcomes rather than focusing on protective factors in isolation.

2.4.0. Relating resilience theory to UASC

There is growing realisation that despite experiences of adversity and exposure to a range of risk factors, the majority of UASC cope and achieve positive adaptation. Lustig et al (2004) reviewed a range of international studies with UASC: despite evidence that UASC demonstrate resilience in the face of trauma, few studies focus explicitly on the resilience of this population. Kohli (2003) argues that the majority of UASC in the UK demonstrate resilience and an ability to survive over and above the UK citizen 'looked after child' population; resilience is demonstrated by the determination of many UASC to succeed in education, to gain refugee status and their aspirations for social status and wealth [Kohli, 2003].

Ni Raghallaigh and Gilligan (2010) acknowledge the growing interest in resilience amongst UASC; but identified little research focusing on the mechanisms by which this group of young people cope. They cite Goodman (2004) and Chase (2010) as exceptions to this: based in the United States, Goodman (2004) investigated ways that Sudanese UASC boys coped with the trauma and loss that they had experienced. He identified four coping strategies within the stories of participants: to focus on collectivity and the communal self; suppression of difficult thoughts/memories and adopting

distraction strategies; making meaning of their experiences; and having hope for the future.

Building on this work, Ni Raghallaigh and Gilligan (2010) interviewed 32 UASC living in a hostel in Ireland, analysing the interviews using qualitative methods. In reporting this research they specify the religion, gender and country of origin of the participants, but not the age at which they arrived in the country, how long they had been here or their asylum status. Six coping strategies were identified within the interviews. Ni Raghallaigh and Gilligan (2010) argue that religion played a key role in each of these strategies for all but one of the young people interviewed. The six coping strategies are:

- *Maintaining continuity in a changed context* – this referred to aspects of the young people's lives such as religion, food and language which they were able to maintain, thus providing continuity from their past to their present. This meant that their culture became 'an explicit part of their lives in Ireland, rather than a hidden part of their private selves' (p. 229).
- *Adjusting to learning and changing* – it was also important to adapt to the culture in Ireland. This strategy includes learning English, adapting dress, learning about 'Western youth culture' or sometimes changing religious practices.

- *Adopting a positive outlook* – this involved strategies such as young people comparing their situation favourably to their home country or expressing hope for the future.
- *Suppressing emotion and seeking distraction* – suppressing thoughts about past events through focusing on the future or seeking distraction. This might be through attempting to be in the company of others, or focusing on education.
- *Acting independently* – the young people saw themselves as independent and self-reliant. They appreciated the relationships with professionals and peers, but it was reported that they never seemed dependent on them.
- *Distrusting* – this was described as being a functional strategy deliberately chosen by young people, which supported them to feel more independent and protected them from betrayal.

Despite the differences between the circumstances of the participants in the Goodman (2004) and Ni Raghallaigh and Gilligan (2010) studies there are some similarities between their coping strategies. In terms of suppressing emotions; seeking distractions; seeking independence; adopting a positive outlook and having hope for the future.

The first two strategies suggest that UASC simultaneously retain aspects of their own culture whilst adapting to the new culture [Ni Raghallaigh and Gilligan, 2010]. This has been described by Berry (1997) as an 'integration acculturation strategy'; that is '....the selective adoption of new behaviours from the larger society, and retention of valued features of one's heritage culture.' [Berry, 2005, p. 708]. Berry et al (2006) found that adopting an 'integration acculturation strategy' results in positive psychological and socio-cultural adaptation demonstrating that it is a positive coping strategy.

Ni Raghallaigh and Gilligan (2010) relate 'distrusting', to the 'thin narratives' told initially by UASC to social workers [Kohli, 2006]. Goodman (2004) points out that suppression of emotion may be effective in the short term but not such an effective long term strategy. Ni Raghallaigh and Gilligan (2010) highlight the fact that in the long term distrust could have a negative impact on relationships. It can be argued that strategies such as distrust, distraction and suppressing emotion constitute effective early coping strategies. In order to cope and adapt in the long term it is likely that young people will need to process aspects of their past experiences and learn to trust.

Ni Raghallaigh and Gilligan (2010) highlight the need to take individual differences and change over time into account when carrying out research with UASC. The authors do not state either the length of time participants have been in Ireland or their refugee status; both are likely to have an influence on the coping strategies. It is evident that the young people involved in their study differ widely in their current context, prior experiences and

current psychological state. They state that their findings are a 'preliminary offering' and that further research is required to compare these with the coping strategies and role of religion for other young people.

Maegusku-Hewitt et al (2007) carried out research in the Summer of 2004 commissioned by Save the Children, that focused on coping mechanisms and adaptation of asylum seeking children. This study is explicitly positioned within a resilience paradigm [Maegusuku-Hewett et al, 2007]. It aims to understand how participants construct their identity, and what it is about them selves that they see as helping them to cope. In addition to exploring the protective mechanisms suggested by the young people's perceptions of their personal attributes, the study also explores the protective role played by cultural networks [Maegusuku-Hewett et al, 2007].

Personal attributes that supported youngsters in coping were identified within the stories told by the participants through thematic analysis. These included optimism, patience, confidence and hope. Furthermore, many of those interviewed demonstrated high aspirations for the future and the belief that these can be achieved through their own hard work. This reflects the protective mechanisms found to operate at the individual level within resilience research such as self-efficacy, motivation and having an internal locus of control.

Maegusuku-Hewett et al (2007) describe a range of ways in which the young people utilise a positive cultural identity to help them cope and adapt. The

young people interviewed were typically a heterogeneous group and as such varied in the extent to which they maintained a cultural identity and the extent to which they sought to assimilate to the host country culture. Young people spoke of balancing their values and practices in a personal way between the two cultures in order to make them feel comfortable; these individual strategies reflect the “integration acculturation strategy” described by Berry (1997).

These studies principally focus on protective mechanisms operating at the individual level such as individual coping strategies and characteristics [Goodman, 2004; Maegusuku-Hewett et al, 2007; and Ni Raghallaigh and Gilligan, 2010]. There is some reference to protective mechanisms operating at the societal and community level in terms of the importance of religion [Ni Raghallaigh and Gilligan, 2010] and the role of cultural identity in adaptation [Goodman, 2004; Maegusuku-Hewett et al, 2007; Ni Raghallaigh and Gilligan, 2010]. However, these studies focus on a limited number of potential protective mechanisms at the societal/community level that may be operating to promote adaptation.

Pre-flight experiences and early family relationships are not considered as a potential source of resilience and coping. In considering protective mechanisms, it is important to consider the developmental pathway. Since early life events have been found to afford a protective mechanism or make someone more susceptible to risk [Rutter, 1993].

In addition, despite recognition of the importance of hope, autonomy and actively working towards a positive future; there is no exploration of how engagement in education can be operationalised as a protective mechanism for UASC.

2.5.0. Engagement in education as a protective mechanism for UASC

Research with UASC has found that this population typically place a high level of importance on education and learning and often see this as a route to success [Kohli and Mather, 2003; Maegusuku-Hewett et al, 2007; and Wade et al, 2012]. The educational environment provides opportunities to access a range of the protective mechanisms identified in resilience research: developing positive relationships with adults who can be counted on to help [Masten et al, 2004]; providing a sense of belonging and facilitating social development [Rutter, 2003]; and academic achievement [Cicchetti and Rogosch, 2009].

Studies that focus on UASC experiences of education are of vital importance, in order to identify ways to facilitate access to education and optimise the experience. Wade et al (2012) have found that some UASC can face considerable challenges in accessing education, due to disruptions in their education or having little / no previous experience of education in the home country. UASC in foster care were found to be making optimum educational progress under the following conditions: they were not seen to have emotional /behavioural problems; and the course was appropriate to their abilities [Wade

et al, 2012]. Having adults such as teachers, social workers and foster carers who were interested in their education has been found to support UASC in engaging and progressing in education [Gilligan, 2007; Wade et al, 2012].

Since there is little research on the mechanisms that facilitate UASC engagement in education; it is helpful to consider a study carried out with asylum seeking children [Hek and Sales, 2005]. Hek and Sales (2005) identified three key themes in interviews with young asylum seekers, regarding what helped them to settle and achieve in school:

- specialist teachers that speak their first language in school;
- support from friends and peer group; and
- positive whole school attitude to refugees.

All of the young people interviewed had friendships at school and expressed how important these were. Initially friendships from within their own ethnic background had been important, but the majority felt that as time passed, having friends from diverse backgrounds was positive. Where a school did not have a welcoming and open approach to refugees; some participants felt vulnerable to bullying, a number of young people felt there were teachers who were racist; and in addition there were teachers who were judged not empathic to their situation [Hek, 2005].

All of the young people had high aspirations, all had good friends in school, all rated attending school as of major importance to them and felt it had helped

them and their families settle. This group of refugee children was evidently demonstrating resilience and many elements of successful adaptation to life in the UK; the opportunities offered by education appeared to act as a protective factor within this process. However, there is no exploration of the role played by individual or family factors in this process.

2.6.0. Social connectedness as a protective mechanism for UASC

Kohli and Mather (2003) describe the sense of isolation and loneliness inevitably experienced by UASC arriving alone in the UK; arguing that the importance of having a sense of belonging and social connectedness in order to adapt and cope cannot be underestimated.

Beirens et al (2007) explore ways that refugee and asylum seeking children build social networks, using the three domains within the 'Social Connectedness' category from The Indicators of Integration Framework shown in Table 1.3 [Ager and Strang, 2004]. This research looks explicitly at the processes by which the protective mechanisms of having a sense of belonging to a community, having a friendship group and having a key relationship with a positive adult role model can be activated for refugee and asylum seeking children [Hek, 2005; Kohli and Mather, 2003; Newman, 2004]. Though the focus is not UASC, this research gives a useful insight into how these processes might be activated.

Table 2.3: The 'Indicators of Integration Framework' (Ager and Strang, 2004)

Categories	Domains
The ' means and markers ' of integration	<ul style="list-style-type: none"> ▪ Employment ▪ Housing ▪ Education ▪ Health
' Social connectedness '	<ul style="list-style-type: none"> ▪ Social bonds – the importance of accessing connections within ones own community ▪ Social bridges – cross-cultural networks ▪ Social links – engagement with services and institutions
' Facilitators ' for integration	<ul style="list-style-type: none"> ▪ Language and cultural understanding ▪ Safety and stability
' Foundation ' of integration	<ul style="list-style-type: none"> ▪ Rights ▪ Citizenship

Promoting social bonds - Young people reported that they built social bonds within their own community through after school homework clubs which provided the 'friendship, protection and security' of a peer group as well as help with school work. Parents also built social bonds when dropping children off at these clubs. Parents and young people reported that these bonds

promoted a sense of identity, community and belonging that gave increased confidence in building wider social networks.

Building social bridges - Social bridges were fostered through providers actively adopting an integrative approach to youth provision, resulting in inter-cultural activities and therapeutic activities which worked to remove barriers to friendship.

Developing social links – Projects built links between education and health services: facilitating a co-ordinated approach for families; empowering service users to be proactive; and building capacity in schools to meet the needs of this population. Parents reported that this support boosted their capacity to manage problems. School staff also gave positive feedback on the support received.

Bierens et al (2007) concluded that a ‘multi-faceted’ approach in building social networks can address many aspects of social exclusion. The majority of the strategies aimed at promoting social networks for refugee and asylum seeking children are relevant to UASC; with the exclusion of those relevant to boosting the capacity of parents. Furthermore, UASC living in foster care have the active support of foster carers in seeking out opportunities to build social bridges through joining sports or other social clubs; social workers and peers are also cited as facilitating access to activities. [Wade et al, 2012].

Derluyn and Broekart (2007) examine the processes by which social support acts as a protective mechanism for UASC. Despite this study being carried out in Belgium rather than the UK, it highlights relevant aspects of a specific social context also experienced by UASC in the UK. Social support is categorised in one of four ways:

- Emotional support acts to give a sense of being valued.
- Informational support acts to support with understanding and solving problems.
- Social companionship supports participation in leisure activities.
- Instrumental support provides advice and support in terms of money, information or resources.

[House et al, 1988]

Twelve UASC boys living in one asylum centre were involved in this study. Two models for understanding the relationship between social support and emotional wellbeing were used: the 'buffering' model, whereby relationships are considered to act as an antidote to stressful events; and the 'main-effect' model, whereby relationships are considered to provide a sense of self-worth, continuity and positive experiences [House et al, 1988].

Results demonstrated that staff and UASC peers in the centre were considered to provide the most and best quality social support; each participant was close to at least one member of staff and felt that they were able to seek help if required. Three participants felt they received 'emotional support' from staff. Peer support mostly fulfilled the role of 'social companionship'; though two boys felt they received 'emotional support' through their mutual friendship. Peers from similar ethnic backgrounds were able to provide 'informational support' through translating, teaching English, teaching about local culture and introducing them to a wider social network.

Relationships at school provided 'social companionship'; and school itself was seen as a 'distraction'. However relationships in school tended to remain as 'social links' with peers from the same ethnic background, and building 'social bridges' with Belgium peers was seen as difficult. A number of the youngsters felt that host country peers were prejudiced and unwilling to be friendly; though four participants had Belgium friends. Research has shown that building an initial network of peers from the same cultural background leads to confidence in extending one's peer network to include 'social links' [Bierans et al, 2007]. Since these participants were living in an asylum centre, it can be hypothesised that they were recently arrived and at an early stage in building social networks.

In leisure time all but one of the UASC liked to meet up with friends from the same ethnic background; these relationships fulfilled roles of 'social companionship', 'instructional' and 'instrumental' support. The majority of

participants did not feel comfortable seeking 'emotional support' through their friendships, but nearly half expressed the need for more emotional support. The majority of participants had lost touch with their family and missed the level of 'emotional' and 'instrumental' support that family had provided.

The findings clearly demonstrated that the asylum centre staff were the primary source of emotional support for these UASC boys, and it is hypothesised that this is because they fulfil a role that is close to that of primary caregiver.

Derluyn and Broekhart (2007) conclude that social relationships appeared to act in a 'stress-buffering' protective capacity for this group, through:

- instrumental and instructional support from peers and staff in the centre, particularly just after arrival;
- social companionship through peers from the same ethnic background, acting as a distraction to distress;
- engagement in school which acted as a further distraction strategy.

These findings reflect research findings that distraction and avoidance are commonly adopted coping strategies for UASC; whilst a lack of trust results in them not talking openly to others about their feelings [Ni Raghallaigh and Gilligan, 2010].

The age of participants on arrival, refugee status and time in Belgium are not given in this study. Refugee status and length of time in the country have

been found to affect the level of emotional support UASC feel safe to receive from peers/adults [Chase, 2010] as well as the range of relationships that they have been able to develop [Wade et al, 2012]. It would appear likely that this group of UASC are at an early stage of settlement in Belgium.

2.7.0. Conclusion

Research from a resilience paradigm with UASC has looked at coping strategies adopted by UASC that promote adaptation. Research into coping strategies has predominantly focused on mechanisms operating at an 'individual' level, with some reference to societal/ community factors. There is little research into UASC experiences of the education system, and in particular, little attention to the mechanisms by which this can act as a protective factor or the influence of individual factors such as self-efficacy on engagement with education. In addition, despite recognition that social networks and key 'attachment' relationships are important for UASC, there is little research into the mechanisms by which these develop and act in a protective capacity.

The focus of this study is informed by research adopting a resilience approach with UASC. In order to understand the complex interplay of factors that influence positive adaptation and coping, I consider it essential to seek out the views and perspectives of those young people who have arrived as UASC in the UK. Whilst acknowledging the heterogenous nature of the UASC population; divergence in experiences includes country of origin, current

refugee status, length of time in the UK, as well as a range of individual differences. I aim to construct an in-depth understanding of the individual experiences and perspectives of a small number of young people who have arrived in the UK as UASC.

I intend to investigate the protective mechanisms that lead to adaptation in order to more fully understand how these operate [Luther et al, 2000]. In order to do this, I plan to recruit participants who are seen to be 'resilient'. My intention is that findings will inform strategies implemented by social care staff, to prevent or address poor adaptation/mental distress which may otherwise be experienced by UASC. This reflects the origins of resilience-based research, which grew from an interest in preventing or treating mental health difficulties [Masten and Telliger, 2012].

In order to carry out this study it is important to specify my definition of positive adaptation [Luther et al, 2000]. This has been defined as displaying 'competence' in the domains of emotional, social and academic/work skills, despite the adversity experienced by UASC [Rutter, 2012]. However, I am aware that the nature of 'positive adaptation' can vary depending on the specific context; there may be some elements of positive adaptation that are specific and relevant to the UASC experience in the UK. I will seek out the views of foster carers and social workers working with UASC in order to investigate how they would describe a successful outcome for the young people they work with.

Resilience has been described as dynamic: this study focuses on the interplay between the elements of a 'complex matrix' of individual, family and societal/community factors. Resilience has also been described as developmental: this study does not ignore the impact of early experiences and relationships on the developmental pathway. The importance of attachment relationships and their influence on positive outcomes is explored in Section 4.5.

In Chapter Three I explore two models for considering emotional wellbeing and how these relate to the emotional health needs of UASC.

CHAPTER THREE: MODELS FOR UNDERSTANDING THE MENTAL HEALTH NEEDS OF UASC

3.1.0. Introduction

Chapter 2 sought to illustrate ways in which researchers are increasingly focusing on the strengths, adaptation and coping demonstrated by UASC. However, the effects of adverse experiences on the emotional health and wellbeing of UASC are undeniable and should not be minimised. Rutter (2012) has argued that the growth in positive psychology and the “happiness agenda” has led to a ‘downgrading of the seriousness of mental disorder’ (p. 336); and an associated dilution in the understanding of resilience. This chapter I examine research that has focused on the emotional health needs of UASC from two divergent perspectives: a ‘psycho-social model’¹ which is compatible with a strengths-based resilience paradigm; and a psychopathological model (described in section 3.4). I explore the nature of the divergence between these two approaches to mental health and how this seeming dichotomy might be resolved when considering the emotional wellbeing of UASC.

¹ A ‘psycho-social’ approach refers to a model that promotes and supports ‘well-being’ rather than ‘diagnosing and defeating illness’; through focussing on the interplay between psychological processes and environmental factors [Kinderman and Tai, 2009]

3.2.0. Exploring emotional wellbeing of UASC from a psycho-social perspective

Chase et al (2008) argue that much of the literature and research into the mental health and emotional wellbeing of refugee and asylum seeking children and young people has been focused on a clinical understanding, rather than a psycho-social approach to mental health. Chase et al (2008) explored the social functioning, emotional wellbeing and mental health of unaccompanied children and young people seeking asylum in the UK. The focus of the data collection was the perceptions and experiences of young people, the meanings and understandings that they attributed to emotional health and mental wellbeing and their perceptions of how these were addressed in the services they received. The researchers declare their intention as being to 'complement' research underpinned by a more clinical perspective.

The research team deliberately recruited a range of young people in terms of their experiences of transition to life in the UK, the extent to which they appeared to be coping with their lives, the extent to which they had been known to experience mental distress, their living situation, gender and country of origin. Fifty-four young people were identified between ages 9-23 years old to take part in semi-structured interviews. These were based on questions about their experiences since coming to the UK, things that made them feel well and happy since arriving here and things that had made them feel sad or caused them difficulties since arriving here. The researcher also had a topic

guide to help draw out key aspects of interest which included: the journey; arrival in the UK; access and use of services, including social services, primary care, education, placements, friendship and social networks. Young people were encouraged to talk holistically about their lives and wellbeing, the researchers deliberately avoided terms such as 'mental health' and 'mental health difficulties'.

Information was also gathered using a semi-structured interview schedule with 31 professionals and practitioners from a range of backgrounds.

Chase et al (2008) investigated the potential risk and protective mechanisms afforded by the relationships young people developed in care placements. Foster placements that worked well were described by young people as a vital source of holistic support that extended beyond care leaving age. UASC have reported that they value foster care because they are looked after and do not need to worry about 'adult responsibilities'; enabling them to focus on education and developing social networks [Wade et al, 2012]. UASC appreciate the 'sense of belonging' that they often feel in a foster placement [Wade et al, 2012]. Foster carers have also been reported to act as guides that support UASC in understanding the new country [Luster et al., 2010]. Foster placement breakdowns often stemmed from expectations not being met one way or the other; friction was often attributed to UASC having to grow up more quickly than non-asylum seeking peers [Chase et al, 2008].

Chase et al (2008) found variations in the quality of independent accommodation for older UASC; where young people had access to a key worker this was a valued source of support. However, those living in independent accommodation often described feelings of isolation, especially where they had been re-accommodated at 18 away from friends. Several young people described not feeling safe in their accommodation.

Chase et al (2008) originally aimed to check for themes based on age, gender, ethnicity or country of origin that might impact positively or negatively on emotional wellbeing. However, they concluded that in fact each young person's life, experience, circumstances and characteristics were unique and stressed the importance of working with each young person as an individual. In terms of whether there was a difference in coping based on gender, age or country of origin the researchers found:

- younger participants were less likely to display emotional distress than older young people, and where they did in most cases the support of foster carers and school provided them with sufficient reassurance and care to cope;
- those arriving in the country at ages 16 or 17 were most likely to struggle: they have less time to experience a secure school or living environment and less time to learn English before the transitions associated with age 18 added further stress to their lives;
- the most immediate cause for concern amongst older young people was their immigration status;

- in addition, those who were 18 or over expressed anxiety over their future in terms of not only immigration status but also education, housing and employment;
- young women were more likely to talk about their emotional state than young men; and
- Chinese, Eritrean and Ethiopian young women in the study seemed to develop particularly supportive social networks.

Groark et al (2010) carried out research with six UASC who were between 16-18 years of age and recently arrived in the UK. Purposefully focusing on a group who are potentially more vulnerable, they selected young people who were not currently involved with the Child and Adolescent Mental Health Services (CAMHS)². They hoped to learn about the strengths and coping strategies of these young people. This was in order to guide therapeutic interventions with other young people [Groark et al, 2010].

The researchers used an Interpretative Phenomenological Approach (IPA) to analyse interviews with the young peoples; anticipating that this would aid a deeper understanding of the well-being and adaptation of the young people involved. The researchers also asked each participant to complete three standardised self-report scales [The Birleson Depression Scale, Birleson et al. (1987); The Child Impact of Events Scale (IES), Horowitz et al. (1997); and

² CAMHS are a specialist service within the National Health Service, offering assessment and intervention for children and young people with emotional, behavioral or mental health difficulties. This definition is elaborated in footnote 3 [Young Minds, 2014]

The Spence Children's Anxiety Scale (SCAS), Spence, (1997)]. The use of reductive standardised measures of this type, fit poorly with the social constructionist nature of an IPA approach. However, the findings are of note: they suggested to the researchers that two out of five of the group met criteria for a diagnosis of clinical depression; the results for three of the participants indicated an anxiety disorder; and five of them gained scores on the IES that were consistent with a diagnosis of Post Traumatic Stress Disorder (PTSD).

The limitations of diagnostic scales of this sort are further investigated in section 3.5. It can be argued that this level of mental distress is unsurprising given the enormous loss and uncertainty that the interviewees talked about in their interviews. Losses reported by the participants included loss of family, friends, home, community, cultural identity, trust and freedom. Other losses were 'loss of certainty and safety' and 'loss of control', resulting from the danger they had experienced in their home country and the ongoing threat of having to return. All participants had been in the UK less than one year and all had uncertain refugee status; this is likely to have contributed to ongoing feelings of being out of control of their fate. The participants elaborated on their 'feelings of distress' which arose from anxieties about their family and their current situation. Half of the participants spoke about worries affecting their sleep and eating patterns; half spoke about intrusive thoughts and memories; and two spoke about low mood [Groark et al, 2010].

Mental distress was also reported by the majority of the young people interviewed by Chase et al (2008), with factors reported under the following themes:

- “missing family”, which includes aspects of grief and bereavement;
- “feeling alone”, leading to a sense of isolation, young people sometimes related this to their isolated living conditions and/or not feeling a sense of belonging to a community. The researchers hypothesise that this sense of isolation might be linked to the reticence that some young people described in talking about their true feelings. This was also a theme described by professionals interviewed for this research, particularly in relation to young men;
- “disturbed sleep” which included nightmares, not wanting to sleep because of bad dreams, insomnia or being easily woken and fearful of noises;
- “headaches and panic attacks” which were spoken about by many of the young people. Some of the young people spoke about how they took medication for headaches or migraines and were aware that they were taking this too often;
- “depression” which was sometimes named by young people. At other times young people described feelings that fit with a description of depression, such as not wanting to get out of bed, hating the world and everyone in it. Professionals who were interviewed spoke about young people who displayed self harm, used drugs and had difficulties with eating associated to depression;

- “eating problems”; here young people referred to difficulties with eating arising out of their low mood; and
- “anxiety”; living with high levels of anxiety a lot of the time was a common theme amongst the narratives of the young people: young people described thinking too much until their head felt like exploding.

In addition, six of the young people spoke about more severe mental health difficulties such as severe memory loss, repeated attempts at suicide, episodes of psychosis (hearing voices) and acute depression. [Chase et al, 2008].

The professionals taking part in the Chase et al (2008) study reported similar behaviours amongst UASC with whom they had worked, using more clinical terminology such as “bereavement reactions”. Concerns about medication were reported in many interviews; with regard to potential addiction, inappropriate use for emotional issues and bad side effects.

This research illustrates the level of mental distress that UASC experience and how this relates to their experiences of loss, isolation, uncertainty and fear. On arrival in the UK Chase et al (2008) found that there was potential for social support, primarily through foster carers and school, to impact positively on the emotional wellbeing of UASC. However the social context for older UASC; in particular those arriving at age 16 or 17 poses a potentially risk to their emotional wellbeing.

3.2.1 Individual coping mechanisms

Chase et al (2008) and Groark et al (2010) identified a range of coping/protective strategies utilised by UASC to manage mental distress.

Links to research focusing specifically on UASC coping strategies, discussed in section 2.3, are indicated in the brackets:

- distractions, such as sporting and leisure activities, spending time in the library, studying or walking outside [Goodman, 2004; Ni Raghallaigh and Gilligan, 2010];
- attending a church, mosque or temple [Ni Raghallaigh and Gilligan, 2010];
- carrying out voluntary work or helping others;
- actively seeking to build relationships to counter feelings of isolation;
- seeking ways to gain a sense of control, status and agency, so maintaining a belief in their own potential to influence their future. This links to self-efficacy.

Furthermore within the coping strategies described by Groark et al (2010) there is evidence of powerful cognitive strategies being used as coping mechanisms, though these are not categorised in this way by the authors. These include focusing on the future and a time when the young person would have more control over their lives. Education was often a key factor in this process. Accepting their situation since they were unable to change it and putting experiences into perspective through relating their situation favourably

to past experiences. These link to the strategy described by Ni Raghallaigh and Gilligan (2010) as 'adopting a positive outlook'.

3.2.2. A psycho-social approach to meeting mental health needs of UASC

Evidence collated by Chase et al (2008), indicates that those services in a position to identify and then refer on to other services, or directly support the mental health needs of UASC are inadequate. Professionals working with UASC in a number of capacities noted that primary care and social care staff, lacked skills in identifying more severe mental health problems experienced by UASC. This was attributed to a lack of 'expertise and knowledge' in the needs of asylum seeking young people amongst health care staff; alongside a gap in appropriate services to which young people could be referred. CAMHS were felt to offer limited and variable specialist knowledge in working with UASC.

In section 1.2, I argued that: the recommendation to improve access to and provision of mental health services for UASC [Stanley, 2001] was a simplistic response to the concerns of professionals about UASC mental health needs; and that this did not take into account the UASC perspectives on what was helpful.

Chase et al (2008) found that, from the perspective of UASC, there are a number of barriers to accessing formal mental health services. These include

stigmatised associations and differing cultural understandings of mental health. In many of the young people's county of origin, mental health support was associated with severe mental illness, psychosis and loss of control; young people were reluctant to be labelled in this way.

Groark et al (2010) found that the participants in their study, who had been in the UK less than a year, did not feel ready to focus on difficult thoughts and feelings, leading to a reluctance to access mental health services. Chase et al (2008) describe two further barriers experienced by UASC in accessing formal mental health services: some UASC had experienced being 're-traumatised' by recounting events to mental health professionals, for example not being able to stop crying, not being able to function or focus; and negative experiences of talking to officials about asylum applications had lead to some UASC being reluctant to talk to any stranger [Chase et al, 2008].

Groark et al (2010) carried out their research with the explicit aim of: informing the development of 'culturally appropriate services' to meet the psychological and social needs of UASC. They pose two questions; firstly, what types of social and psychological interventions are effective to prevent mental health problems developing in the UASC population; and secondly, how can health and social care be developed to support them.

Graork et al (2010) propose a psycho-social framework for meeting the mental health needs of UASC, as an alternative to automatically relying on mental health services such as CAMHS. This is informed by: their own

research findings; psychological theories on trauma, attachment and resilience; and recommendations from Ehntholt and Yule (2006) and The National Institute for Clinical Excellence (NICE, 2006).

A 'stabilisation' stage is described as being essential for all UASC. This should aim to create a sense of stability and safety through: providing a 'secure base', ideally a secure legal status, emotional care and support, the meeting of basic needs and the development of secure relationships within a social network. Furthermore Groark et al (2010) suggest that this should be accompanied by some 'psycho-education' which normalises reactions to trauma, teaches symptom management and supports the development of coping strategies.

Groark et al (2010) hypothesise that given this psycho-social support, young people may then 'mobilise' their own resources to make sense of their experiences and take their lives forward. They suggest that those experiencing ongoing difficulties would benefit from a referral to CAMHS, but that young people should normally be at a secure stage of 'post migratory adjustment' for such input to be appropriate.

The psycho-social approach to promoting the emotional wellbeing of UASC described in this section is in contrast to a clinical approach described in the next section.

3.3.0. A clinical approach to understanding and meeting mental health needs of UASC

Those within psychiatric or clinical psychology fields of work often approach mental health from a psycho-pathological perspective. 'Pathology' refers to disease and this paradigm favours the categorisation and diagnoses of emotional reactions. Studies carried out with refugee children from within this paradigm principally seek to assess the numbers of refugee children who meet criteria for a diagnosis of a 'disorder' such as PTSD, depression, or generalised anxiety disorder. Research from within this paradigm is often carried out with the intention of supporting clinical work with the refugee population in order to address mental health needs, rather than exploring community or psycho-social interventions.

The NICE (2006) guidelines for treating PTSD in refugee clients is mainly adult-focused. The guidelines caution that professionals need to have knowledge of the emotional reactions individuals may have to a diagnosis and an awareness of the wider legal, cultural and political environment for refugee and asylum seeking people.

Studies that have taken a clinical perspective on the mental health needs of refugee children have tended to focus on populations of refugee children and adolescents rather than UASC. Kimberley Entholt was Lead Practitioner for Young Refugees in Lambeth Child and Adolescent Mental Health Service and William Yule was based at the Institute of Psychiatry at the time of writing a

Practitioner Review on assessing and treating young refugees [Enholt and Yule, 2006]; they note that at that time evidence-based guidance is scarce for clinicians working in this area.

Enholt and Yule (2006) acknowledge that the use of instruments aimed at gaining psychiatric 'diagnoses' with refugee populations is controversial, and explore the arguments for and against this approach. These are briefly summarised in Table 3.1.

Enholt and Yule (2006) report that studies of refugee children have found widely varied numbers meeting the criteria for a diagnosis of PTSD; 11% of children across five surveys, totalling 260 refugee child participants (originally from Bosnia, Central America, Iran, Kurdistan and Rwanda) were diagnosed with PTSD [Fazel et al, 2005]; 50% of Cambodian adolescents and young people taking part in a survey of 40 refugee children were found to meet the criteria for PTSD [Kinzie, et al, 1986]; and Hodes (2000) has estimated that up to 40% of refugee children may have psychiatric disorders such as PTSD, depression or anxiety-related disorders.

Table 3.1: Arguments for and against the use of psychiatric diagnoses with refugee populations [adapted from Enholt and Yule, 2006].

<i>Against</i>	<i>For</i>
Inappropriate to use Western, bio-medical classifications across cultures	<ul style="list-style-type: none"> • The ICD -10 which was current at this time is argued to be an internationally agreed system, rather than solely western (WHO, 1992) • The fight or flight response which becomes exaggerated in PTSD is present across cultures, though the cultural expression and ways of managing this may vary (Elbert and Schauer, 2002)
Normal responses to abnormal circumstances are medicalised (Summerfield, 2000).	<ul style="list-style-type: none"> • Diagnosis and labelling of the emotional reaction of refugees in this way may help to galvanise those in authority to ensure that refugees have access to support and resources
Does not take a holistic view of distress or the adversities suffered by an individual	

There is some debate in the literature about whether PTSD can be applied in a universal cross-cultural context. Research demonstrates that symptoms recognised by Western societies as indicators of PTSD have been found in children and adolescents exposed to organised violence or war across many cultures and social contexts, including children from Bosnia, Rwanda, Tibet and Cambodia, suggesting that it is a universal phenomenon [Enholt and Yule, 2006]. This further suggests that such behaviours are a 'natural' reaction to threat; however, I would argue that making a medical 'diagnosis' of a 'natural' human reaction has limited use and that using such a deficit model could be detrimental for the individual concerned. UASC themselves may attach stigma to a mental disorder which could impact on their self belief; there is an additional danger of discrimination within society against those with mental health diagnosis [Tew et al, 2012].

Enholt and Yule (2006) discuss findings from research into the psychopathology of young refugees. In addition to high levels of depression, anxiety and PTSD symptoms; Ehntholt and Yule (2006) describe other difficulties amongst young refugees, which include somatic complaints, sleep problems, secondary enuresis, restlessness and irritability. A number of studies have found that PTSD amongst refugees is associated with the severity of war trauma and resettlement strain, whilst depression is associated with more recent stressful life events [Heptinstall et al, 2004; Sack et al, 1996; Smith et al, 2001]. Some studies have found co-morbidity of PTSD symptoms with depression and/or generalised anxiety disorder [Hubbard et al, 1995]. In addition, research suggests that an increase in PTSD-type reactions amongst

young refugees is associated with experiences of personal threat [Macksoud and Aber, 1996] and with severity of events as measured by the number and proximity of incidents [Papageorgiou et al, 2000]. Though such findings cannot be generalised for reasons highlighted above, they provide information that may be applied when supporting UASC in order to identify and therefore ameliorate possible risks.

Vostanis (2004) wrote a review of research published in 2003 regarding the impact of trauma on children; he was Professor of Child and Adolescent Psychiatry at University of Leicester at the time of writing. He identified gaps in the research relating to children's perceptions and understandings of the impact of trauma. He highlights the fact that where children are involved in research this is usually through completing instruments measuring psychopathology, rather than an attempt to capture their experiences and perceptions. This gap has begin to be addressed through studies such as Chase et al (2008) and Groark et al (2010); I intend to build on their studies through interviewing a small number of UASC in order to gain an insight into their perceptions.

Mathew Hodes (2002), argues that the psychiatric model for understanding the experiences of young refugees has been misconstrued and misunderstood by those making sense of the refugee experience from an anthropological perspective. He argues that a psychiatric approach can sit alongside an understanding of the refugee experience from the perspective of an individual's own narrative. However, within his work he is clearly attached

to a psychopathological approach, using instruments such as the Clinical Global Assessment Scale (CGAS; Shaffer et al., 1983) to assess and categorise young people's social functioning in order to highlight mental health 'needs'. He refers to "social impairment", and sees this as potentially existing across four areas: interpersonal relationships, academic and work performance, social and leisure activities, and ability to enjoy and obtain satisfaction from life [Bird and Gould, 1995]. This is by nature a deficit model that does not assess an individual's holistic experience or take account of their own narrative.

Hodes (2000) acknowledges that there is a place for social and community based interventions for refugee children which he equates to Tier 1³ within the CAMHS system. However, he remains firmly embedded in a psychopathological perspective of service delivery that aims to diagnose the nature and severity of mental disorder amongst UASC in order to provide treatment within a tiered model. This is despite recognising that the forms of treatment available are not sufficiently evaluated for this population.

Jovanka Tolmac, a Consultant in Adolescent Psychiatry at Northwick Park Hospital, is also interested in cultural psychiatry, including refugee mental health. Hodes and Tolmac (2005) present the results of a study carried out in

³ Children's Mental Health Services in the UK, can be described as existing within a four tier framework. Tier 1 services are provided by professionals working within the community who do not necessarily have specialist knowledge; Tier 2 refers to professionals working within the community with mental health specialist knowledge; Tier 3 is usually provided through a multi-disciplinary team, most commonly referred to as the CAMHS, usually based in a clinic; and Tier 4 refers to highly specialised services for children with the most severe mental health needs [DCSF, 2010]

london, focusing on a cohort of care leavers that is made up of approximately 50% UASC [Fraser, 2003].

This study by Fraser (2003) looked at a cohort of care leavers, where 54 out of 110 were UASC. Using the CGAS [Shaffer et al 1983] the UASC group were found to have a better social adjustment score based on self report and social care notes than the British population group. However there were a number of UASC young people with a CGAS score that the authors believe should have indicated referral to Tier 3 CAMHS, who did not have CAMHS involvement [Hodes and Tolmac, 2005]. Unfortunately, the authors do not consider alternative perspectives on this information, such as the number of young people in a general community or other vulnerable group sample who might score in a similar way, and also not be attending CAMHS. Nor do they consider the strengths, coping skills or mechanisms by which these young people were managing to function. Simply reporting scores on an assessment instrument such as CGAS gives a reductive and narrow perspective of the individual experiences.

Studies examined in this section are rooted in a psychopathological approach to the mental health needs of UASC. In the UK, researchers taking this approach, tend to base models of intervention within the existing CAMHS model of service provision. Studies are confined to those refugee children who are accessing CAMHS; or those whom researchers argue should be accessing them, based on instruments designed to categorise the impairments of young people. This is in stark contrast to the research studies

examined in sections 3.2 and 3.3 that are rooted in the stories of young people. In these cases, researchers are striving to develop services that are fit for purpose in understanding and promoting the emotional wellbeing of UASC. As opposed to “shoe-horning” young people into a system of service delivery underpinned by psycho-pathology that does not take into account their experiences or beliefs.

3.4.0. The recovery paradigm as a psycho-social approach

The ‘recovery paradigm’ [Tew et al, 2012] outlines a comprehensive psycho-social approach to addressing mental health needs, and ‘is conceptually distinct from any medical definition of remission of symptoms’ [Tew et al, 2012, p. 444]. Jerry Tew is a Senior Lecturer in Social Work at the University of Birmingham and advocates taking a social approach to addressing mental distress. Tew et al (2012) have written ‘A Review of the Evidence’ for the link between social factors and recovery from mental health difficulties. Co-author Shula Ramon, is a professor of social work and a research lead in mental health and recovery who has written about psycho-social approaches to mental health needs; the remaining three co-authors are involved in the REFOCUS research project, and each has a history of involvement in promoting early intervention and social inclusion to address mental health needs.

Tew et al (2012) is written as part of the REFOCUS study which is a five year research programme into recovery practice in the UK, funded by the National

Institute for Health Research. Tew et al (2012) draw on a conceptual framework devised by REFOCUS following an initial literature review [Leamey et al, 2012]. This framework identifies five 'interlinking recovery processes' as follows:

- empowerment and reclaiming control over one's life;
- rebuilding positive personal and social identities (including dealing with the impact of stigma and discrimination);
- connectedness (including strengthening both personal and family relationships, and wider aspects of social inclusion);
- hope and optimism about the future;
- finding meaning and purpose in life.

Tew et al (2012) explore research findings in relation to the first three processes, in order to illuminate the mechanisms through which social factors impact on mental health recovery. A comprehensive process is described by the authors in terms of the criteria applied to their literature search. Seventy-one papers were identified which were written from a number of disciplinary backgrounds, these include psychiatry, psychology, social work and occupational therapy. Each paper is related to the three points to be explored, through coding emergent themes under each of these points. Each theme is then explored with a particular emphasis on relating this to practice.

It is acknowledged that the studies identified by Tew and his colleagues, are not directly related to working with young people, UASC or the emotional reactions typically observed amongst the UASC population. However a

number of the themes identified can be directly related to research findings with the UASC population and there is potential for the recovery paradigm to inform professional practice in working with UASC who are experiencing mental distress.

In terms of 'empowerment and gaining control over one's life' Tew et al (2012) report the emergence of separate themes in the literature pertaining to the importance of an individual sense of self-efficacy and a more social sense of taking a community-role. These findings reflect findings amongst UASC: Groark et al (2010) identified one of the three main coping strategies amongst the young people taking part in their research as being to seek ways of gaining a sense of control, status and agency, leading to them maintaining a belief in themselves and their potential to influence their future. Also, professionals working with UASC can learn from the themes identified by Tew et al (2012) that relate to practice in this area, through using a 'strengths approach' which it has been argued is particularly effective in supporting recovery with ethnic minority communities [Jones et al, 2007], and secondly through developing peer led support services [Tew et al, 2012].

Themes arising from the literature examined by Tew et al (2012) in considering the role of personal identity, discrimination and stigma in recovery are pertinent in considering the UASC experience. A mental health crisis is described as 'dislocating' for an individual's sense of identity, and potential for stigma and discrimination is a strong theme in the literature reviewed. UASC who are striving to adapt to a new cultural context already encounter

increased levels of stigma/discrimination and may be experiencing a fragile sense of identity. As a result, the importance of social interventions that firstly work to prevent young people adopting a self identity informed by a deficit 'illness' model, and secondly work to address emotional needs in the community rather than clinic / hospital base take on increased significance with a UASC population.

In relating the recovery literature to social connectedness, Tew et al (2012) identify the following themes: the type of relationship/support that is useful at different stages of recovery; social inclusion and the importance of combating social isolation through accessing a social network of an optimum size, living as part of a family is found to be helpful in maintaining wider networks of social capital, whilst those living alone are at greater risk of social isolation and poorer outcomes; occupation and employment; and community development. Social connectedness as an element in recovery relates directly to much of the research with UASC: Groark et al (2010) identified the process of actively seeking relationships to counter feelings of isolation as one of three coping mechanisms amongst the UASC participants in their research.

3.5.0. Conclusion

In conclusion, there are those professionals who would argue that a psychiatric 'disease' model for understanding the emotional and mental health needs of UASC can sit alongside an understanding based within a psycho-social perspective. They would consider the tiered level of intervention

provided by current CAMHS services in the UK to offer a continuum of support [e.g. Hodes, 2002]. However, professionals adopting a psychiatric model are almost inevitably informed by psycho-pathology and tend towards the use of instruments to categorise the emotional reactions of UASC in order to assess for a diagnosis. This tendency to medicalise creates a deficit model of the UASC experience and leads to clinical input being prioritised in situations where psycho-social support might be more effective.

A number of researchers adopting a less reductive approach to emotional wellbeing, such as Chase et al (2008), still acknowledge the need for interventions at CAMHS Tier 3 and 4 for those UASC with more severe mental health difficulties. However, professionals working with UASC, in a range of capacities, have highlighted a plethora of barriers that exist for UASC accessing clinic-based support of this type. In this research study, I plan to investigate how some of the key adults working with UASC identify and subsequently attempt to address mental health difficulties. I am interested in what these adults have found to be effective in addressing mental health difficulties.

Groark et al (2010) meanwhile, outline a process of support for UASC that requires an initial period of stabilisation to promote stability, safety, a 'secure base' and secure relationships within a social network, alongside some 'psycho-education'. They advocate that this is essential before considering individual clinic-based work on addressing trauma-related difficulties. Findings of research carried out from this perspective are closely aligned to recent

research focusing on the evidence base for a recovery paradigm in working with mental health difficulties [Tew et al, 2012].

In Chapter 4, I examine two theories that underpin some of the 'adaptive mechanisms' that Masten and Telliger (2012) argue have evolved over time in order to protect human beings. Effective functioning of these adaptive mechanisms relate to aspects of psycho-social models for understanding and meeting mental health needs in the UASC population. Firstly, the 'mastery-motivation system' underpins aspects of 'empowerment and gaining control of ones life' through building a sense of agency and self-efficacy; secondly, the 'attachment system' underpins the building of social connections with family and friends. I consider ways in which these theories can be applied to understanding the UASC experience and developing an approach that promotes emotional wellbeing.

CHAPTER FOUR: THE CONTRIBUTION OF SELF DETERMINATION AND ATTACHMENT THEORY TO UNDERSTANDING ADAPTATION IN THE FACE OF ADVERSITY

4.1.0. Introduction

Protective mechanisms found to support positive adaptation in the face of adversity were explored in section 2.2; these have been found to be consistent across a range of studies [Masten, 2012]. Masten and Telligen (2012) argue that core protective factors arise from ‘fundamental adaptive systems’ inherent to human beings, which have evolved over time and act to ‘promote and protect human development’. Masten (2007) identified a number of these adaptive systems which include the attachment system, the mastery motivation system, self-regulation, self-direction and response inhibition systems, cognitive/problem solving systems and religious/spiritual systems. It is argued that when these systems are operating well, an individual is able to be resilient and cope with adversity. Unless the adversity is extreme and prolonged, in which case it would be expected that those with well developed adaptation systems would return to a resilient state once the situation had improved [Masten and Telligen, 2012]..

In this chapter I examine two theories that are pertinent to a number of these systems; that is ‘Self-determination theory’ [Deci and Ryan, 2008; Ryan, 2009] and ‘attachment theory’ [Ainsworth et al., 1978; Bowlby, 1969]. Self-determination theory relates to the ‘mastery motivation’ system and ‘self-

regulation, self-direction and response inhibition systems'; and influences the development of protective mechanisms at the 'individual level', identified within the history of resiliency research, discussed in Chapter 2. Attachment theories influence the development of protective mechanisms at the family and societal/community level, identified within the resiliency research. Each of these theories has implications for social connectedness through the development of relationships with friends and others.

I examine these theories and then consider how they relate to the research discussed in previous chapters regarding UASC and emotional wellbeing.

4.2.0. Self-determination theory

Self-determination theory is described as a 'macro theory of motivation' [Deci and Ryan, 2008]. It focuses on how much an individual's behaviour is 'self-determined' and 'self motivated', and as such, can usefully be applied in a wide range of social contexts. Historically, motivation theories have considered motivation to be a single attribute, with outcomes depending on the amount of motivation an individual exerts [Bandura, 1996]. In contrast Self-determination theory states that there are varying forms of motivation and that it is the type of motivation that influences the outcomes for the individual rather than the quantity.

Deci and Ryan (2008) argue that Self-determination theory is relevant to a range of areas of human functioning that include: self-regulation; life goals

and aspirations; energy and vitality; and the impact of social environments on motivation, affect, behaviour, and wellbeing.[Deci and Ryan, 2008]

Deci and Ryan, (2008b) explain motivation as arising out of the natural instinct of humans to learn, explore and feel a sense of satisfaction; however they argue that this natural drive exists within the specific socio-cultural context in which each person operates. It is hypothesised that this social context can act either to encourage or depress the naturally active individual; specifically positive social environments will facilitate an individual to feel competent, autonomous and related to others. Deci and Ryan (2000) have hypothesised that these conditions form a set of three innate psychological needs that are required for healthy development and psychological wellbeing. These are the need to:

- feel competent through experiencing challenge and a sense of 'mastery' in carrying out activities;
- be autonomous through initiating activities of one's own volition; and
- be socially connected and have a 'sense of belonging' which refers to the innate motivation to form strong, stable relationships

[Ryan and Deci, 2000].

Following research across a range of cultures, it is argued that these same basic needs can be found in populations from widely different cultural backgrounds. As such, they make up a set of generic human needs [Deci and Ryan, 2008].

Edward Deci and Richard Ryan, based in the Department of Psychology at the University of Rochester, are primarily responsible for developing Self-determination theory over the past three decades. The theory grew out of research that focused on the relationship between intrinsic and extrinsic motivation. Intrinsic motivation occurs when an action is carried out, in order to achieve the pleasant feelings gained through carrying out the action itself. Extrinsic motivation occurs when an individual carries out a task, in order to achieve a consequence separate from the task: for example, to gain a reward or avoid a punishment.

Research has found that extrinsic motivation, related, for example, to the introduction of sanctions or rewards, generally reduces levels of intrinsic motivation [Deci et al, 1999]. It is argued that this is due to the fact that once an individual feels there are external controls on their behaviour, their sense of autonomy is diminished; as the basic need for autonomy is not being met, intrinsic motivation is reduced. Alternatively, offering choice has been found to boost intrinsic motivation, it is argued that this occurs through boosting a sense of autonomy [Deci and Ryan, 2000].

However, 'extrinsic motivation' is multi-layered and complex. Self-determination theory provides an explanation for extrinsic motivation existing in different forms [Deci and Ryan, 2008b]. 'Organismic integration theory' is one of five 'mini-theories' developed to support Self-determination theory [Ryan, 2009]. This draws on 'organismic' theories of human development. These argue that humans are born with an inherent need for growth and

development and a tendency to 'internalise' the socio-cultural context in which they exist. This occurs through internalisation of external regulations, structures and systems through social interactions; external systems are adapted and integrated into a child's pre-existing internal structures in order to develop an internal representation of themselves and their world [Piaget, 1971]. Deci and Ryan (2008b) propose that successful internalisation of external values, structures and regulation requires the three basic psychological needs to be met. Having a sense of belonging within a family or group will facilitate the internalisation of the group culture, values and behaviour. In addition, feeling competent to carry out desirable behaviours and understanding the benefits of the behaviour to oneself, support the behaviours to become internalised and assimilated.

Self-determination theory argues that there are three levels at which internalisation of external regulatory factors occurs, depending on how effectively the external regulation has been internalised and integrated with an individual's own sense of self [Deci and Ryan, 2008b]. The first level of internalisation is 'introjection' at which level the individual does not integrate the external factor with their own sense of self, and as such, only abides by that rule for behaviour in order to maintain a sense of self-worth that is contingent on others: for example through receiving positive reinforcement or avoiding negative consequences. The second is 'integration', which is when an individual identifies with the importance of a behaviour and carries it out with a greater sense of autonomy; and the third level of 'identification' is when the individual has fully integrated the values associated with the behaviour

with their own self image and as such, carries out the behaviour entirely of their own volition. Identification is supported by the existence of autonomy, competence and social relatedness: that is, having choice about engaging, a sense of being able to do it and a good connection with those proposing it [Deci, 2009]. Cross-cultural research has led to a robust empirical support base for these propositions [Bao and Lam, 2008; Jang et al, 2009; and Vansteenkiste et al, 2005].

Self-determination theory further proposes that there are essentially two categories of motivation: autonomous and controlled. Autonomous motivation refers to intrinsic motivation, and to extrinsic motivation that has reached a level of integration or identification. Autonomous motivation has been found to be associated with more positive outcomes in terms of persistence, emotional wellbeing and performance [Deci and Ryan, 2008b].

Table 4.1: Exemplar research findings reporting positive outcomes associated with autonomous motivation [Deci and Ryan, 2008b]

Positive outcomes enhanced by autonomous motivation	Researchers	Date
Enhanced persistence in school and sporting activities	Pelletier et al	2001
Better productivity and less burn out	Fernet et al	2004
Higher level of psychological wellbeing	Ryan et al	1993
Better Grades	Black and Deci	2000

Controlled motivation refers to external motivation: that is, behaviour arising from an external pressure and behaviour arising from 'introjected regulation': that is behaviour that is influenced by the wish to gain approval or avoid disapproval from others.

Self-determination theory recognises a state of 'amotivation', that is a lack of motivation to act, and postulates that this arises from one of three conditions [Deci and Ryan, 2008b] where the individual:

- does not value the outcome or the behaviour;
- does not believe that the outcomes they want is linked to that behaviour; and / or
- does not feel able to carry out the required actions in order to achieve the desired outcomes.

It is hypothesised that the development of an individual's motivational style is dependent on how well each of the three basic psychological needs have been and are being met. An 'autonomous supportive' style of interaction with another individual is one that is 'encouraging initiation, supporting a sense of choice, and being responsive to their thoughts, questions, and initiatives' [Deci and Ryan, 2008b, p 18]. Autonomy-supportive styles of interaction have been studied across a range of settings and have been found to facilitate a range of positive outcomes [Joussemet et al, 2008; Roth et al, 2007; and Williams et al, 2004].

Studies that have looked at autonomy-supporting parenting styles identify the fact that when a task is intrinsically motivating, the parent simply has to ensure that the child is left to explore and engage with the task, free of unnecessary control. However when the task to be taught requires a process of internalisation, but is not intrinsically motivating, behaviours that encourage a child to maintain a sense of autonomy in carrying out the task support effective internalisation [Koestner et al, 1984]. Research has specified the following behaviours to be autonomy-supporting, based on the 'empathic limit setting' proposed by Ginott (1969):

1. explaining the reasons for the required behaviour;
2. recognising the feelings and thoughts of the child;
3. allowing choices and encouraging initiative; and
4. minimal use of controlling approaches.

[Joussemet et al 2008]

Autonomy support for children specified in this way has been found to lead to effective internalisation and integration of tasks [Joussemet et al, 2004].

Research has shown that children of autonomy-supportive parents were seen by teachers as less anxious, more socially competent and more able; achieved better educational outcomes; and were more intrinsically motivated to carry out homework [Grolnick and Ryan, 1987].

Causality orientation theory is one of the five mini-theories within self determination theory [Ryan, 2009]. An individual 'orientates' to various

aspects of their socio-cultural context in different ways; they may be 'autonomy orientated': that is, acting in a way that motivates them and as such they act in a way that is congruent with their sense of self; 'control-orientated': that is, acting in a way that is motivated by social control or rewards; or 'impersonally orientated', whereby they focus on their lack of autonomy or lack of competence. It is argued that autonomy orientation arises when all three basic needs (for autonomy, sense of competence and social connectedness) are consistently met, control orientation arises when relatedness and competence are met but the need for autonomy is not and impersonal orientation arises when none of the basic needs is met [Ryan, 2009]. Predictably whilst an autonomous orientation has been found to be linked to persistence, emotional wellbeing and competence, the impersonal orientation is linked to poor functioning and poor emotional wellbeing [Ryan, 2009].

A further key aspect that has been researched within this framework is that of 'energy and vitality'; research has concluded that an autonomous orientation to motivation raises energy levels, thus providing more energy for self regulation [Ryan and Deci, 2008]. In contrast, behaviours arising from a controlled orientation deplete energy [Moller et al, 2006].

The most recent mini-theory to be developed within Self-determination theory is 'goal contexts theory' [Ryan, 2009]. Extrinsic goals, such as wealth or fame, have been found to result in a poorer sense of satisfaction and wellbeing than intrinsic goals. Intrinsic goals might include social relatedness type goals,

such as developing good relationship, supporting other members of the community or self development type goals. In addition, individuals persevere better if a goal is framed as having intrinsic benefits rather than extrinsic benefits.

Self-determination theory recognises that 'social connectedness' or the 'need to belong' is one of the basic psychological needs required for an individual to feel motivated and emotionally healthy. Although the theory also stipulates that a sense of autonomy is a basic psychological need, it is important to recognise autonomy as distinct from independence. An individual can have an 'autonomous' orientation in either a relatively dependent or independent context, so long as they are behaving in a way that they find intrinsically satisfying within the relationship and not as a result of extrinsic pressure [Soenens et al, 2007].

4.2.1. The Relevance of Self determination Theory to Research with UASC

The longer term effect of autonomy supportive parenting on motivation into young adulthood has also been studied. Particularly relevant to the social context for UASC is the study by Downie et al (2007), who carried out research with university students who were either living as immigrants in Canada or were from Chinese-Malaysian descent who had moved away from home temporarily to attend university in Canada, USA, Australia or England. Downie et al (2004) found that in moving to live in a different culture it is

possible to internalise and identify with both the home and new culture and that this is associated with feelings of wellbeing; however feeling competent to be able to do so and having a sense of volition in doing so are important aspects of the process. Downie et al (2007) set out to understand the factors that support individuals to develop this type of multi or bi-cultural identity. They considered that, in order to develop this identity an individual would need to have knowledge of and understand the values and beliefs of each culture, an ability to understand the language and communication within each culture and a positive perception of each culture [LaFramboise et al, 1993].

Downie et al (2007) found that an autonomy supporting parenting style (as measured by participants' self report) was associated with positive identification with home culture and in turn, each of these two factors was positively linked to reports of current psychological wellbeing in the host country. For those students living as immigrants in Canada there was an additional correlation between levels at which the individual had internalised the host country culture and their reported psychological wellbeing.

Downie et al (2007) concluded that experiences of an autonomy supporting parenting style facilitate individuals, immigrating to live in a different culture, to simultaneously maintain a home country cultural identity, take part in the new culture and maintain psychological wellbeing in the new cultural context. With regard to the group of students who had immigrated to Canada, Downie et al. (2007) concluded that it was additionally important for their wellbeing to be developing identification with the host country.

Downie et al (2007) relate these findings to the 'integration acculturation strategy' [Berry, 1997]: the strategy by which individuals retain aspects of their home cultural identity at the same time as assimilating aspects of the host country culture; this was found to co-relate positively with psychological and socio-cultural adaptation [Berry et al, 2006].

It should be remembered that all the participants in the Downie et al (2007) study were university students; as such they are not representative of the wider immigrant population. In addition, the authors have not explored the ways in which those positive factors associated with attending higher education, and presumably feeling competent and successful in doing so, might also have affected the psychological wellbeing of participants. Indeed the range of other factors that resilience theory would argue act as potential protective mechanisms in the participants' lives, such as social relationships, cognitive ability or community involvement, are not explored.

However, the hypothesised influence of parenting style on an individual's ability to integrate positively within an unfamiliar culture is pertinent, when studying the factors that contribute to successful outcomes for UASC arriving in UK.

The 'motivation-orientation' theory provides a framework for considering the motivation orientation of UASC in the UK to engage in activities, education and other aspects of the socio-cultural context. UASC are likely to have

experienced a loss of autonomy in situations surrounding the decision to flee their home country, during the journey and on arrival in the UK. It can be hypothesised that this may result in a 'control' or 'impersonal' orientation in their behaviour on arrival in the UK. The former may occur even if they feel competent and are experiencing a sense of social relatedness; and the latter could arise from feelings of incompetence arising from a lack of language skills alongside poor social connectedness. It can be hypothesised that the development of a sense of autonomy, competence and social connectedness for a young person who has arrived as a UASC would be crucial for their emotional wellbeing, educational outcomes and ability to persist in the face of setbacks.

In addition, if a young person feels a lack of competence in terms of language acquisition, educational achievement and/or struggling to establish a sense of social relatedness in the host country, it could be hypothesised that the young person may become impersonally orientated or amotivated. This is likely to result in poor emotional wellbeing, lack of engagement and a tendency to give up.

Self-determination theory provides a useful framework for considering the key relationships within the lives of young people who have arrived in the UK as UASC. Their relationships with social workers, foster carers, teachers and friends are all potentially able to provide an enabling context in which the three basic psychological needs are met. Where this is the case there are positive implications for both that relationship and the young person's overall

functioning and wellbeing. 'Emotional reliance' refers to how much an individual is willing to rely on another for emotional support [LaGuardia and Patrick, 2008]. Within close relationships, Ryan et al (2005) found that as need fulfilment increased, so did levels of emotional reliance with higher levels of emotional reliance associated, in turn, with better emotional health.

4.3.0. Mastery orientation

Mastery orientation offers a further development from SDT, referring to a sense of competence and belief in oneself as able to carry out a task successfully. Diener and Dweck (1980) explored two distinct responses shown by students in the face of an academic challenge and argue that approximately half of students fit into each group:

- the *helpless response*, which is associated with negative thoughts about their own competence, reduced expectations, negative emotions, reduced persistence and poorer outcomes; and
- the *mastery-orientated* response, which is associated with an ongoing focus on achieving despite any difficulties.

A mastery orientation is associated with seeing a difficulty as a 'welcome challenge' and an opportunity to get better [Dweck, 1999]. Those students with a mastery orientation have been found to view their intelligence as 'changeable' and open to improvement; they tend to choose tasks with a learning goal at which they may struggle, but ultimately, with effort, succeed

and learn something new. Those with a helpless response tend to have a fixed view of intelligence and choose performance goals at which they feel able to succeed, this is motivated by external factors such as gaining approval from others and avoiding the negative consequence of looking incompetent.

Goetz and Dweck (1980) have shown that children exhibit similar responses to social rejection as to academic challenge: that is a helpless or mastery-orientated response.

Dykman (1998) created a 'Goal orientation' scale aimed at distinguishing between those with a 'validation orientation': (that is, those who carry out tasks in order to gain positive reactions or prove themselves), and a 'growth orientation': (that is, those who are motivated to develop and improve). Studies of college students found that there was a positive correlation between those with a 'validation orientation' and both depressive symptoms and anxiety. Conversely, those with a 'growth orientation' demonstrated better coping and adaptive strategies. This research reflects aspects of self determination theory in that the validation orientation is a form of extrinsic motivation and as such would be a predictor of poorer emotional wellbeing; this research demonstrates that it is in the face of adversity and failure that those with a validation orientation will experience poorer mental health.

In summary a mastery orientation acts as a protective factor in the face of difficulties or adversity. This leads to an individual persisting, seeing effort as valuable and retaining a belief in their own competence. Research into the

coping mechanisms displayed by UASC regularly indicates use of strategies that are indicative of a mastery orientation.

4.4.0. Attachment Theories

Marsten (2007) cited the 'Attachment system' as one of the human adaptive systems that, when operating correctly, contributes to resilience. Attachment Theory is an evolutionary theory which proposes that humans have developed an innate protective system whereby a child seeks out proximity to a key attachment figure when faced with threat or danger [Bowlby, 1969]. This is in line with 'organismic assumptions' of Self-determination theory, in that each suggest a 'biologically drive propensity' to integrate with society [Joussemet et al., 2008]. The relationship between infant and caregiver allows a flexible response to the environment, supports survival, reduces anxiety and supports the infant in regulating emotions. Depending on the carer's response the child/infant is facilitated in formulating 'internal working models' [Bowlby, 1988] about themselves and their parents that predict their future expectations of relationships with others. Exploration of an autonomy supporting parenting style within Self-determination theory literature, has illustrated the social context in which a child is best enabled to internalise and integrate 'working models' [Joussemet et al., 2008].

Ainsworth et al (1978) observed mother-infant interactions and developed the Strange Situation Test as a means of measuring an infant's response to their caregiver. It was argued that a child developed an attachment style within the

first year of life. Ainsworth et al (1978) categorised these as one of the following: anxious/avoidant; anxious/insecure; or securely attached. Further research added a fourth category of disorganised attachment [Main and Solomon, 1986]. There is considerable empirical support for this categorisation system and the parenting styles contributing to each. However, concerns were raised regarding the potentially deterministic nature of the attachment theory developed by Bowlby (1969) and Ainsworth et al. (1978). It appeared to make predictions at an early age about the life trajectory and attachment style of an individual.

Partially, in response to such concerns, Crittenden (1995) developed the Dynamic Maturation Model (DMM) which expands on the work carried out by Bowlby and Ainsworth. The DMM grew out of applying attachment theory to research with children suffering a range of adverse circumstances; these included physical/sexual/emotional abuse and neglect. Following research with groups of children suffering abuse and/or neglect Crittenden (1992) identified additional patterns of attachment organization developed by infants [Crittenden, 1999, p. 151]. Crittenden (1992) conceptualised the attachment patterns displayed by children as 'coping strategies' developed for self-protection in the context of their relationship with their parent/carer. Furthermore, Crittenden identified that these 'coping strategies' change and increase in number in accordance with age and the development of cognitive capacity [Crittenden, 1992].

The DMM developed from the concept that there were an array of attachment patterns developed by children to protect themselves; and that these increase in type and complexity with maturation [Crittenden and Dallos, 2009]. In addition, Crittenden applied knowledge gained through her work as a behavioural and family systems therapist to the DMM; integrating aspects of Bronfenbrenner's (1979) theory of social ecology with this attachment theory. As a result DMM sees an individual's behaviour as being influenced by the many systems within which they reside – including the chronosystem: the influence of time and age on the ways in which environmental influences are likely to mediate experiences and their impact on children's learning and development. This differs from seeing behaviour as being the result of a fixed attachment style and internal working model established in early infancy [Crittenden, 2008].

DMM is a dynamic model which proposes that early experiences of attachment relationships influence but do not determine the way an individual functions later in life. As individuals mature they experience key points in their lives that require a reorganisation of their attachment behaviour in order to adapt to new contexts and cultural expectations. Throughout infancy and childhood the individual requires the attachment figure both to protect them and also support them in making sense of the world about them. Attachment patterns develop as a form of self-protection, but these are dynamic and changeable: the DMM proposes that with increasing maturity a greater range of self-protection and meaning-making strategies develops [Crittenden and Dallos, 2009].

Maturation brings increasing opportunities for learning about oneself and the world. In addition, as the child matures their brain develops and the ways that they are able to process information about their world changes, particularly as the language centre of the brain develops. Attachment figures during childhood are key in supporting the child to make sense of the increasing volume and changing nature of information they are processing about the world and ultimately to develop skills in reflecting on and integrating past experiences [Crittenden, 2005]. The relationship between the child and an attachment figure supports the child to make sense of the information they have about their world; this process is supported by encouraging a child to communicate and share their positive and negative feelings, thoughts and experiences. In order for this to be effective, the adult should be able to take the child's perspective and provide explanations and ways of understanding the information at an appropriate developmental level [Crittenden and Dallos, 2009].

Crittenden (2008) argues that the transition to adulthood is a key point during the life span and at this point it is essential that the young adult has developed skills in reflecting and integrating information in order to make independent decisions. Crittenden (2005) argues that each step in a child's development offers opportunities to either develop 'adaptive' interactive strategies, even where past attachment strategies were 'maladaptive'; or, develop further maladaptive strategies as a way of managing difficult contexts. Throughout life it is essential to adapt and be able to adopt the most appropriate strategy

for a particular social context, rather than continuing to apply a strategy that was once helpful when it is no longer so.

Like Bowlby and Ainsworth, Crittenden maintains that positive attachment patterns remain key to human survival throughout the lifespan and require a 'unique, enduring and affectively charged relationship', an interpersonal strategy for self-protection and effective ways of processing information about the outside world in order to assess and mediate threats and opportunities [Crittenden, 2008].

4.4.1. Relating DMM to UASC experiences

Much of the research into attachment has evolved as a way of exploring poor adaptation and the emergence of psycho-pathology in later childhood or adulthood. In particular, it is argued that individuals may develop maladaptive strategies for self-protection as a result of attachment needs not being met appropriately during early childhood. Unless the child's 'internal working model' is revised at later points within the developmental lifespan, these 'misperceptions, misattributions and misdirected responses....(may be) carried forward and elaborated as the children develop(ed).' [Crittenden, 2008, p.13]

However, the DMM provides an adaptive developmental model which illustrates the way in which humans have evolved to stay safe and manage threats to their survival. In this way, when the attachment system functions

effectively the individual becomes resilient, is able to consider information in a reflective manner, select adaptive strategies for survival and is therefore able to behave in ways that optimise safety and comfort in social contexts.

With particular reference to UASC, it can be hypothesised that early positive experiences within attachment relationships, and subsequent positive relationships with key attachment figures, will act to support their coping and adaptation.

4.5.0. Summary

Self-determination and attachment theories both outline human adaptive systems which, when operating effectively, act as protective mechanisms for humans. Positive relationships with parents, carers and family at a young age provide an opportunity, for the developing child, to build resilience which will provide protection when faced with adversity later in life.

The UASC experience requires individuals to make significant social adaptations in order to cope with their experiences in the home country, on route and on arrival in the UK. Each UASC has an individual foundation for social adaptation that will influence their capacity to cope; Self-determination theory and the DMM account for significant divergence in the individual's capacity to cope arising from their developmental experiences across their lifespan to date.

However, the dynamic nature of both models means that social interactions and social contexts experienced by UASC on arrival in the UK can support their adaptation and coping. Furthermore, the DMM proposes that key points in the lifespan provide opportunities to 'reorganise' attachment patterns and adopt adaptive strategies. It can be hypothesised that transition to adulthood experienced by UASC following their arrival in the UK is one such 'key point'.

CHAPTER FIVE: METHODOLOGY AND DESIGN

5.1.0. Introduction to the methodology

In carrying out this study I was interested in eliciting the 'phenomenological' stories of individuals about their experiences of being a UASC. Primarily, in order to investigate the mechanisms that had been instrumental in their adaptation and coping. Phenomenology is a philosophical approach established by Husserl in the early twentieth century [Giorgio and Giorgio, 2008]. Phenomenology aims to understand a particular phenomenon from within the context that it exists. This is achieved through seeking out those with direct experience of the phenomenon who are able to relate their lived experience of the phenomenon [Giorgio and Giorgio, 2008].

Building on the research explored in Chapters 2 and 3, I was interested in the stories of UASC that were deemed to have coped well and demonstrated resilience. I hoped that findings might inform the development of approaches to promote emotional wellbeing amongst UASC. In addition, I was interested in the views and perceptions of adults working with UASC, on the factors they felt promoted positive adaptation. I decided that those who would have the most extensive understanding of the UASC situation were foster carers and social work staff working exclusively with UASC.

There are both risk and protective factors implicit in the resilience paradigm; and I was interested in investigating the risk factors that were perceived to threaten the emotional wellbeing of UASC.

Research explored in Chapter 3, prompted my interest in investigating how foster carers and social workers would identify a young person as having a 'mental health difficulty'. In addition, I was interested in what they had found to be useful in addressing mental health difficulties. I hoped that findings would inform the development of approaches aimed to prevent or address more complex mental health difficulties amongst UASC.

It is important that decisions about the research methodology and design are based on reflections about ontology, epistemology, and what best supports a researcher in answering their research questions. In this chapter I explore the process by which I decided the methods that would best address my areas of interest. I then explore the methods chosen in more detail.

Initially, I had some general research questions (shown in Table 5.1, on p. 102, as the 'original research questions'), focusing on my areas of interest. I explored a range of qualitative methods that might best support my aims to: elicit UASC subjective experiences; and access the views of foster carers and social care staff. As a result my research questions became increasingly focused; the final research questions are shown in Table 5.1.

5.2.0. Ontological and epistemological position

I was interested in how the participants in my research had experienced their life events to date and as such subscribed to a relativist ontology. Willig (2008, p. 13) defines a relativist ontology as one that “...questions the ‘out-there-ness’ of the world and ..emphasises the diversity of interpretations that can be applied to it.” This is in contrast to a realist ontology that sees the world as being ordered and made up of structures that can be investigated with regard to relationships of cause and effect.

Willig (2008) describes researchers with a positivist epistemology as aiming “.....to produce objective knowledge; that is understanding that is impartial and unbiased, based on a view from the ‘outside’, without personal involvement or vested interests...” (p.3). However, I did not approach this research with the assumption that an essential truth, independent of the thoughts and perceptions of individuals, can be captured and represented through research and therefore can not be described as adopting a positivist epistemology.

Willig (2008) argues that most researchers today accept that ‘knowledge and understanding’ of the world is affected to some degree by those individuals interacting with that world. However, researchers differ in the degree to which they believe a ‘truth’ or ‘objective’ view of the world can be reached. Willig (2008) argues that the range of epistemological approaches to this question

ranges from 'naïve realism' (closest to a positivist approach) to extreme relativism. Relativism:

"...maintains that there is no external reality independent of human consciousness; there are only different sets of meanings and classifications which people attach to the world." [Robson, 2002; P22].

Willig (2008) argues that a social constructionist approach exists between these two extremes. The social constructionist approach takes the stance that the knowledge and understanding that we have of the world is socially constructed. Our construction of knowledge is 'mediated' by the social context in which we exist and is thus influenced by culture, history and language [Willig, 2008]. Burr (1995) elucidates on the key assumptions implicit within a social constructionist approach:

- 'accepted' knowledge and understanding of the world are questioned;
- the historical and cultural context is key in the development of accepted knowledge and understanding within a particular context;
- language and social interaction are of key importance to social constructionists since knowledge and understanding are constructed by people through everyday interactions;
- knowledge and understanding that is co-constructed through social interaction can take many forms and so there is acknowledgement of a variety of ways of understanding the world.

My research sought to explore the subjective experiences of individuals who had arrived in the UK as UASC. I wished to explore how they understand their experiences. This perspective fits with a social constructionist epistemology, since the ways individuals construct perceptions of their experiences are integrally linked to interactions within the social world.

I also sought an understanding of the ways that foster carers and social workers understood the UASC experience. This knowledge and understanding would inevitably be 'mediated' by their social contexts and social roles in relation to UASC in the UK.

I recognised that as the researcher I would necessarily be part of the process of knowledge construction resulting from my research. As such I recognised the need for 'reflexivity': that is, acknowledgement of '...the ways in which a researcher's involvement ...influences, acts upon and informs such research' [Nightingale and Cromby, 1999, p. 228]. Recognition of the need for personal reflexivity is positioned within a social constructionist epistemology. Reflexivity exists at the personal level – whereby the researcher reflects on how their experiences, values and social context have influenced the research; and an epistemological level – whereby the researcher questions the assumptions that they have made about knowledge and understanding of the world whilst carrying out the research [Willig, 2008].

5.3.0. Methodology and research questions

Though my primary research interest was in the experiences of UASC; I felt investigation of the subjective experiences of foster carers and social work staff would provide valuable and additional contextual data. Since they had worked with a large number of UASC, I felt that the experiences of these adults would provide a more holistic picture of the UASC experience.

However, I remained aware of the fact that this was being subjectively reported from their perspective. Two different methods of data collection and analysis were used, albeit with a social constructionist epistemology informing both strands of data collection and analysis.

I now explore how my ontological and epistemological approach informed my decision to use Interpretative Phenomenological Analysis (IPA) [Smith et al, 2010] as the dominant form of data analysis with the UASC. This approach determines a particular approach to methodology, informing the formulation of research questions and data collection methods. There are a number of reasons why I judged that this approach would suit my research purposes:

- IPA is concerned essentially with the examination of subjective experience that has a focal point which makes it definitive for some reason: that is, it has significance to the individual. The individual is involved in 'hot cognition' in trying to make sense of the experience [Smith et al, 2010. p.33] and is involved in second order mental or affective responses to the event, such as remembering or regretting, as

opposed to the first order activity involved in purely living it. This fitted with my intention to explore how UASC make sense of the significant experience of flight and adaption to a new life and culture.

- Data collection for studies taking an IPA approach is usually through in-depth interviews, although some studies have used focus groups. The focus of my study is individual experiences, which are best explored through individual interviews. IPA research questions revolve around the experiences and understandings of individuals who share a particular experience (Smith et al, 2010). It utilises an ‘inductive’ approach to analysis, aiming to interpret data, rather than a deductive approach aimed at testing hypotheses based on existing theories.
- In contrast to a positivist epistemology, which assumes a researcher is able to investigate a subject without changing that subject, IPA suits an epistemological stance that assumes there is a transactional relationship between the researcher and the phenomena being studied. Smith and Osborne (2008) argue that the researcher is integral to IPA methodology, since s/he is involved in a ‘double hermeneutic’. That is, ‘the participants are trying to make sense of their world; the researcher is trying to make sense of the participants’ trying to make sense of their world.’ [Smith and Osborne, 2008, p.53]. This fits with my belief that, as a researcher, I am integral to both data collection and analysis. During interviews I engaged with, listened to and questioned the participant; and through my engagement with and analysis of the stories told by

participants, I was inevitably making sense of and interpreting the information according to my own life experience, preconceptions and interests. During this process I was involved in a double hermeneutic circle, whilst remaining aware that I only had access to what participants choose to report.

- IPA suits a relativist ontological position that assumes data tell us something about how an individual experiences the world, in terms of their involvement in the world, their orientation towards the world and how they make sense of it [Smith and Osborne, 2008]. This is in contrast with a realist ontology, that assumes existence of an essential truth independent of thoughts and perceptions, which can be captured by research. The relativist ontology fits with my research purpose to explore and explain the subjective experiences of individual young people who arrived in the UK as UASC.
- Although the primary research questions in an IPA study should be exploratory in nature, secondary research questions may be used to explore theory and can be seen as a way of 'problematizing' existing constructs [Smith et al, 2010]. I was interested in relating my study to resilience theories [Garmezy et al, 1984; Masten and Powell, 2003; and Rutter, 1986], and IPA allowed me to do this. However the researcher must remember that research questions relating to theory can only be answered at a more interpretative stage of the data analysis and indeed may not be answered at all [Smith et al, 2010].

The more 'phenomenological' account from the UASC participants was established first and then I was in a position to ask questions about how the participants' understandings might fit with existing constructs derived from my reading of theoretical, research, policy and professional literature. In addition, it was important that my preconceptions based on knowledge of resilience and other relevant theories did not dominate the interview process, since this would not have created an environment in which participants could express their views in their own way.

- Smith et al (2010) suggest carrying out between 3-6 cases as part of a doctoral study. Smith et al (2010) argue that using IPA for this type of case study approach gives a '...means of troubling our assumptions, preconceptions and theories.' (p.30).

I now briefly outline the alternative methods of qualitative data analysis that I considered prior to deciding that IPA best suited my purposes, in relation to drawing meaning from the accounts of the UASC participants in my research. These methods were:

- Grounded Theory [Strauss and Corbin, 1998] – In the same way as IPA, this is an inductive approach; however researchers using this approach are often aiming to create a theoretical explanation of the phenomenon being studied [Willig, 2008]. This does not allow the same degree of analysis of individual experiences as IPA: Willig (2008)

argues that Grounded Theory takes an 'outside-in' view of individual experiences, as opposed to 'from the inside out'.

- Discourse analysis - There are two principal forms of discourse analysis, discursive psychology and Foucauldian discourse analysis [Willig, 2008], which share some commonalities. This broad approach re-conceptualises language as a means of constructing meaning and achieving 'social outcomes' [Willig, 2008]. This focuses on how people use language and cultural resources within interaction over and above focusing on the significant experiences being related by individuals. Smith et al (2010) argue that both forms of discourse analysis 'set out a stronger and more singular commitment to social constructionism' than IPA.
- Narrative analysis – This is closely linked to IPA in that the focus of research can be described as "texts which bring stories of personal experience into being by means of the first person oral narration of past, present, future or imaginary experience" [Patterson, 2000]. However, this approach lacks the clear framework for analysis offered by Ground Theory or IPA. In addition, assumptions about the role and function of narratives are implicit to this methodology, and it aims to produce knowledge that focuses on the role of narratives: for example, the role narratives play in sense-making, defining oneself or clarifying the continuity of experiences [Willig, 2008; Smith et al, 2010; Murray,

2008]. This focus on the role of the narrative is in contrast to my interest in how UASC make sense of their experiences.

- Phenomenology – there are a number of approaches that have been developed for phenomenological research within psychology and human sciences and these include IPA. Another example of a phenomenological approach to psychology [Giorgi and Giorgi, 2008] is a more descriptive approach that attempts to describe the commonality of experience, as opposed to an IPA, which aims to describe rich individual experience and has a focus on the ‘divergence’ between cases as well as the ‘convergence’ [Smith et al, 2010]

As a result of selecting IPA as the most relevant methodology and form of analysis for the purposes of my research with UASC, I was able to formulate my final research questions. The primary research question focuses on how young people who arrived as UASC make sense of how they have coped. This has developed into a more exploratory question than the initial questions that had arisen from my personal experiences of working with Looked after Children and UASC and the literature I had read on resilience theories. I developed secondary research questions relating to theory, and remained aware of the cautionary approach I should take to these, as discussed above.

Table 5.1: Table showing the research questions for this study.

<i>Research questions relating to the interviews with young people analysed using IPA:</i>	
Original research questions	Final Primary Research Questions
<ul style="list-style-type: none"> • What factors contribute to educational success and the emotional and social wellbeing of young people who arrive as unaccompanied asylum seeking children? • What are the pre- and post-arrival themes in the stories of the UASC? • How do young people feel their pre-arrival and post-arrival experiences have affected outcomes? • How do the young people conceptualise emotional and social wellbeing? • How do young people feel that external factors and their own individual attributes affect their emotional and social wellbeing? 	How do young people who arrived as unaccompanied asylum seeker children in Sun-hill and are now post 18 make sense of how they have coped with this experience?
	Final Secondary Research Questions Relating to Theory
<ul style="list-style-type: none"> • How does a Resilience Framework relate to the situation for this population? • What interplay between risk and protective influences arise from the narratives of UASC in Sun-hill? 	To what extent do the accounts given by young people relate to a Resilience Framework?
<i>Research questions relating to the focus groups with foster carers and social workers analysed using Thematic Analysis:</i>	
<ul style="list-style-type: none"> • “How do those supporting UASC describe successful outcomes for this group and how do these occur?” • “What factors have those workers within the Social Work team for UASC and foster carers for UASC experienced as promoting emotional wellbeing and mental health for those group of young people?” • “How do foster carers and social workers identify and address mental health needs?” • “To what extent do the experiences of working with UASC related by social workers and foster carers relate to resilience theories?” 	

I decided to use a focus group approach to data collection [Krueger and Casey, 2009; Wilkinson, 2008], in order to explore the experiences, views and perspectives of foster carers and social workers working with UASC. Focus Groups provide opportunities for participants to explore their thinking, develop new ways of understanding and construct meanings, through the process of being encouraged to comment on their thoughts as well as being stimulated by the thoughts and comments of other participants [Robson, 2002; Sarantakos, 2005]. In addition, focus groups are an effective way of collecting information from several participants at the same time [Sarantakos 2005; Silverman 2008].

Within a social constructionist framework, the aim of a focus group is for participants to co-construct a joint understanding of the phenomena being discussed [Williamson, 2008]. Since the roles, backgrounds and culture of foster carers and social workers differ I decided to hold a separate focus group for each. This decision was informed by the following: those with shared language, cultural understandings and backgrounds are better placed to co-construct meaning; Willig (2008) states that participants should interact as closely as possible to the way they do outside of the group which is best facilitated where participants know each other; and in a mixed group there was a risk that tensions or hierarchies implicit in the relationship between the two roles would impact on the co-construction of meaning.

There are potential drawbacks to using focus groups shown on Table 5.2.

Table 5.2: Potential drawbacks of using a focus group and strategies employed to address these.

Potential drawback	Strategy employed to address this
Sensitive subject matter is difficult to discuss in a group and this may prevent participation [Willig, 2008]	<ul style="list-style-type: none"> The discussions were about the experience of working with UASC and it was hoped this would not be too personal or intimate for participants to discuss in a group Through meeting groups of colleagues I hoped to create a context that felt 'safe' for participants to speak openly I drew up ground rules with participants at the beginning of each group
<p>The group dynamics can have an effect on data, some individuals may dominate the discussion whilst others may readily 'acquiesce' [Willig, 2008]</p> <p>Moderating a group requires group facilitation skills [Wilkinson, 2008]</p>	<p>I co-facilitated the groups with a colleague, we discussed out roles within the group and agreed on strategies to encourage inclusion. I led the group but she observed dynamics carefully and:</p> <ul style="list-style-type: none"> noted issues that got 'lost' in the discussion, returning to them later; noted participants that looked as though they wanted to contribute and actively invited them to do so.
Participants may 'intellectualise' their experiences and may strive to appear in a positive light [Kruger and Casey, 2009]	I carefully explained at the beginning of each group that I was interested in individual experiences and valued the knowledge of the group.

IPA was not appropriate for analysing the focus groups as I was investigating the views and perspectives of adults working with UASC; but not their lived experiences of any particular phenomenon. I decided to use Thematic Analysis to analyse the focus group data. It has been argued that this is a generic method of qualitative analysis. However, Braun and Clarke (2006) argue that it is a specific method of qualitative analysis in its own right. As such, they differentiate it from narrative analysis, IPA or grounded theory. They argue that it is a flexible method of analysis that does not prescribe the epistemological stance of the researcher, but they stress that the researcher must make their epistemological stance transparent. In using thematic

analysis, my epistemological stance remained consistent with that of a social constructionist approach.

As with the IPA interviews with young people, I was aware of the reflexive nature of my relationship with the focus group participants and the impact that I have on the data collection process and analysis of results. A relativist ontological stance is compatible with this form of data collection and analysis in that the realities discussed within the focus groups will be co-constructed by the group of individuals, each of whom will have individually constructed realities.

As advised by Aronson (1994) in her paper regarding Thematic Analysis I recorded and then transcribed the focus groups as the first step in becoming immersed in the data.

Braun and Clarke (2006) state that there are number of issues that must be clarified prior to conducting the thematic analysis and then considered on an ongoing 'reflexive' basis. These are shown on Table 5.3, alongside clarification for the purpose of this study.

Table 5.3: Issues to be clarified prior to carrying out thematic analysis [from Braun and Clarke, 2006].

<i>Issue to be clarified</i>	<i>Clarification for the purpose of this study</i>
Whether and how to measure prevalence. This can be through the number of people referring to the theme or the number of times it is referred to, but it is important to be consistent across the analysis in how this is reported	This issue will be addressed in Chapter Six when I examine the analytical procedure
Whether to provide a rich description of the data set or provide a more detailed description of one theme or one set of themes abstracted from the data	I provide a detailed description of a set of themes relevant to my research questions
Whether the thematic analysis will be inductive and bottom-up, or a 'theoretical' thematic analysis	I take a theoretical approach, relating the themes to resilience and my research questions
Whether the themes identified are at a semantic/explicit level or a latent/interpretative level	I aim to identify themes within the data at a semantic level, since I do not feel I could presume to identify underlying ideas or assumptions. In examining the data arising from the Focus Groups therefore, I describe how the data can be organised to demonstrate patterns in their content, followed by offering an interpretation of these patterns through theorising their significance and examining how they relate to existing literature.

5.4.0. Design

5.4.1. Semi-structured Interviews with young people

IPA informed the structure and type of questions that I used for the semi-structured interviews with young people. It was also integral to my thinking and reflections about my role in these interviews, and in my approach to the research project as a whole.

My key research question focuses on how young people who have arrived as UASC make sense of how they have coped with the experience. In devising the questions for the semi-structured interview, during the interviews and in the initial stages of analysis, I made every attempt to understand the experiences of each participant in a way that was aligned as closely as possible with their understanding. I consciously attempted to de-compartmentalise my understanding of resilience during this process, and to be aware of those times that my understanding of this area may have been impacting on my approach.

The one-to-one interview is a popular method for collecting data using IPA. The dialogue can be steered by the responses or other areas of interest that arise, since the aim is to understand the perspective of the young person. There is a need to attend to any contextual factors that might have influenced what was said in the interview. In order to maintain a reflective approach I used my research diary to record my thoughts on the process after each interview. This reflective process was used to inform my approach in subsequent interviews.

The interview can be seen as a 'conversation with a purpose' [Smith, 2010, p. 57]. Since the aim of the interview was to allow the young person to tell their 'life story' it might be argued that the interview should be participant-led and should not require a schedule. However Smith argues that advantages of constructing an interview schedule are:

- in case the interview becomes difficult or stuck;

- to help the interviewer be more engaged and attentive;
- to help the interview to be more flexible and responsive through having thought through ways to phrase complex questions and address sensitive subjects that may arise in an objective manner;
- to allow the interviewer to plan for any difficulties that might be encountered;
- to plan what the interviewer hopes the interview will cover;
- to think about open ways of asking questions; and
- to help phrase questions in a way that does not make too many assumptions about a young person's experiences or concerns.

Smith et al (2010) highlight the need to start with a fairly descriptive episode or experience so participants are put at ease. For articulate adult participants, Smith et al (2010) advise six to ten open questions, with possible prompts for a 45-90 minute conversation.

5.4.2. Constructing the Interview Schedule

The final interview structure used with participants is given in Appendix 1. I now outline the rationale that informed the development of these questions.

I began the interview schedule with a general question as recommended by Smith et al (2010) in an attempt to put participants at ease (*Question 1: 'What hobbies/interests do you have?'*).

I was aware in constructing the schedule that I wanted to encourage a holistic narrative of the participants' lives that did not focus solely on their time in the UK. This was in light of the literature regarding resilience that describes it as being developmental, with many enduring protective factors developed at an early age [Garmezy et al, 1984]. At the same time I was aware that speaking about experiences in their home country, particularly around the time of departure, and talking about experiences of their journey could be potentially very difficult for these young people. As a result I constructed the interview question regarding the reasons for their leaving their home country in a tentative manner (*Question 2: 'You don't need to tell me but if it's OK can you tell me how you came to live in the UK?'*) and included prompts throughout the interview for asking about experiences in their home country so that I would be able to respond to the participants in a sensitive manner. That is, if I detected any reluctance to speak about these areas I could provide reassurance and move on to another question.

In order to gain some insight into whether the young people in this study viewed their experiences in the UK as representing a 'success', I first asked what they had been hoping for on arrival in the UK, and then how they felt things had gone since being in the UK (*Prompts within question 2: 'What were you hoping for when you came to the UK?'; and 'How have things gone since you arrived in this country?'*).

Rutter (2012) defined resilience as the ability to display competence in the face of adversity. Since Masten and Telligon (2012) defined competence as

multi-dimensional and encompassing emotional, social and academic skills, I decided to focus on these three areas of positive adaptation in the interviews with young people. Consequently, I was interested in how the participants viewed their emotional wellbeing, the factors that they felt contributed to both positive and negative emotional states, what they felt had helped them at times of difficulty and in particular whether they could identify individual coping strategies. I was interested in whether the coping strategies identified by the participants reflected research reviewed in Chapter 2 [Goodman, 2004; Ni Raghallaigh and Gilligan, 2010]. (*Question 3: 'Can you tell me what things have made you feel well and happy since arriving in the UK?' ; and Question 4: 'What things have made you feel sad or caused you difficulties since arriving in the UK?'*)

I was interested in the role education and social relationships had played in the lives of these participants since their arrival in the UK. I was also interested in the role of education and social relationships across their life span, since early experiences can be argued to have an impact on the development of attachment patterns and motivational styles [Crittenden, 1995; Deci and Ryan, 2008]. (*Questions 5: 'Can you tell me about your education?'; Question 6: 'Tell me about the people/relationships in your life!'; and Question 7: 'What do you think your life would have been like if you had not met X?'*).

Since Masten and Tellegen (2012) identified 'plan-fullness' as a mechanism for re-directing an individual's life trajectory in a more positive direction on

transition from adolescence to adulthood, I was interested in the way that participants saw their future. This question was also related to investigating a sense of 'hope', which has been identified as a positive coping strategy in the face of adversity [Groark et al, 2010; Ni Raghallaigh and Gilligan, 2010].

(Question 8: 'How do you see your future?').

5.4.3. Designing the focus group schedule

Braun and Clarke (2006) caution against simply using interview questions that will guide the coding and analysis. The initial questions I devised for the Focus Groups were, on reflection, very strongly embedded in the literature I had read about resilience and thus used technical and potentially leading vocabulary such as 'adaptation' and 'coping'. I shared these questions with colleagues who highlighted this. Through this consultation, supervision with my university supervisor and consulting information written about carrying out focus groups, I revised the questions in order to make them more open, less leading and more 'conversational' [Krueger and Casey, 2009].

Krueger and Casey (2009) explore how to develop a 'questioning route'; they specify the qualities of good questions as being: to evoke conversation; using words that the participants use; being easy to say; clear; short; open-ended; and one-dimensional. I used these qualities to audit my questions when revising them. Krueger and Casey (2009) also specify an ideal sequence for the types of question:

- i. A factual and easy to answer *opening question* which all participants answer, aimed at helping participants feel comfortable and to get them talking. I chose to ask participants to say their name, give an outline of their role with UASC and tell the group something they enjoy doing.
- ii. An *introductory question* that begins to open up the area to be discussed; I asked participants to think back to specific UASC with whom they have worked, who were doing well, and to tell the group about what was going well.
- iii. *Transition questions* to move the discussion on to the key questions.
- iv. The *key questions* (see next paragraph).
- v. A final *ending question*; I asked participants to think about all that we had talked about and decide what they feel is the most important thing to support UASC in being as successful as possible. In this way I was asking the participants to prioritise areas that they see as key.

The first key question for my research is “what it is that supports a UASC to be successful and do well?”. I devised some prompt questions for myself from the literature to ensure that the discussion covered key areas that have been found by previous research to promote emotional wellbeing – education, faith and relationships.

The second key question focused on what is helpful in supporting with mental health difficulties for UASC. I included transition questions to support the move to this area - asking what the participants understood by mental health in relation to UASC and what sorts of difficulties they had experienced. I then

devised some prompts for myself to ensure that I covered key areas in the discussion about what is helpful if these areas did not arise naturally. These focused on how helpful other services had been and whether the participants had noticed young people using particular strategies to support themselves.

Appendix 2 is the final focus group questioning framework.

5.5.0. Summary

I have described the methodological and analytical approaches that I felt best suited my research study, taking account of the social constructionist epistemology and relativist ontology. I adopted an IPA approach to exploring the experiences and views of UASC through individual interviews with five young people.

Additionally, I carried out two focus groups, one with social work staff and one with foster carers, in order to explore four secondary research questions. These were analysed using thematic analysis.

In Chapter Six I elaborate on the procedures that I followed in order to set up and carry out these interviews and focus groups. I describe the processes that I followed in order to analyse the transcripts using IPA for the interviews and thematic analysis for the focus groups. I describe how I arrived at a data set following analysis of the transcripts. Within this explanation I reflect on my role as the researcher during the data collection and analysis process. I also

explore the ways in which I have addressed trustworthiness and validity for my research findings.

CHAPTER SIX: IMPLEMENTATION AND ANALYSIS

6.1.0. Introduction: Steps taken to ensure defensible research procedures

In order to plan this research I met at an early stage with two team managers from the social work team for UASC. I maintained dialogue with one assistant team manager throughout the planning process, in order to reduce risks of my making erroneous assumptions about the UASC population in this borough, due to a lack of knowledge. I also met with Manaf Alderwish (2012) who had carried out a small scale study in the same borough, described in Chapter One, as part of a Masters Degree in Social Work. I followed the ethics protocol for both the University of Birmingham and the borough council in which the research was carried out. See Appendix 3 for the ethics form EC2 which I submitted to The University of Birmingham, detailing the ethical considerations and actions taken to address these. Within the borough, I completed the Research Governance procedure which requires clarification on a number of ethical issues and attended the Research Governance Panel to answer questions on this.

In the remainder of this chapter I outline the procedures followed in carrying out the field research and analysing the interview and focus group transcripts.

6.2.0. Ethical considerations

The procedure that I followed in carrying out this research was carefully planned with reference to the ethical protocols of both the university and local borough council. These, in turn, were informed by accepted codes of conduct for research with human subjects, such as those published by the British Psychological Society (2011) and British Educational Research Association (2011).

Particular concerns relating to the current study and the way in which they were addressed are shown in Table 6.1. The issues are more fully explored in the University of Birmingham ethical consent form EC2 (Appendix 3).

Table 6.1: Ethical concerns identified in respect of this study and ways they were addressed.

Ethical challenge identified	What I did about this
<p>Interviews with young people will potentially involve them in talking about issues that were traumatic and stressful</p> <p>Thomas and Byford (2003) have highlighted the fact that some young people may be very suspicious of interviews, following long interviews at the Home Office</p>	<p><i>A key adult went through the information sheet about the research with young people before they agreed to take part (Appendix 6). This included reassurances about being able to terminate involvement</i></p> <p><i>The interview questions were open and young people were able to discuss issues they felt to be important without being pushed to talk about issues they might find difficult.</i></p> <p><i>Interviews were carried out in a place of the young person's choice</i></p> <p><i>There was time for de-briefing at the end of the interview; the young person could ask questions or clarify concerns</i></p> <p><i>The young person had my contact details to contact me in the lead up to or after the interview.</i></p> <p><i>The key adult who introduced the idea of taking part to the young person was aware of when the interviews took place so that they could offer support</i></p>
<p>Young people who are recently arrived in the country may find it difficult to refuse consent due to a lack of agency and power. UASC may be under the impression that taking part will support their asylum application [Thomas and Byford, 2003]</p> <p>English as a second language may impact on gaining fully informed consent</p>	<p><i>I consulted social care staff in order to identify those young people considered to be most confident to give informed consent</i></p> <p><i>A familiar key adult went through information addressing the nature of the research and the issue of informed consent with young people (Appendices 6 and 7)</i></p> <p><i>The informed consent form was clear and simple to understand (Appendix 7) I offered to read and explain this at the beginning of each interview</i></p> <p><i>As part of the selection criteria I considered English language skills (explored in Section 6.3), young people were offered an interpreter for the interview and where one young man requested this, the interpreter read the informed consent form to him</i></p>
<p>Since UASC are unaccompanied and parental consent can not be gained.</p>	<p><i>UASC who were over 18 were approached to take part. The UASC social work team were involved with all the participants and approved their involvement .</i></p>
<p>A focus on one borough may make it possible to identify participants</p>	<p><i>Interviews were transcribed promptly, audio-recordings deleted and names changed. I do not refer to the exact age or current location of young people and do not name the authority</i></p>
<p>I used direct quotes in my reporting of the research</p>	<p><i>As part of the consent form participants were asked for consent to use quotes from the interviews</i></p>

6.3.0. Procedures

6.3.1. Focus groups – recruitment and procedure followed

Having gained ethical approval from both institutions, I met with the borough social work team for UASC in September 2012 in order to discuss the practicalities of the study. This included making an appeal for volunteers for the social work focus group (distributing an information sheet that incorporated an 'informed consent form' (Appendix 4), and exploring social work colleagues' views about the most suitable process for approaching UASC young people to take part. I was also able to use this meeting to discuss the sampling process and suitable selection criteria for young people to take part in the interviews. (See Appendix 5 for minutes and actions from this meeting).

As a result of this meeting eight of the nineteen attendees volunteered to take part in the focus group. After some difficulty with finding a date that would be suitable for everyone, I carried out a focus group with six staff from the social work team. This included both qualified and unqualified social workers.

The focus group with social work staff took place over two hours, with a short break in the middle; we met in a meeting room at the building in which the team were based, at their suggestion, in order to maximise attendance. We collected signed informed consent forms at the beginning of the group. A colleague, Katrina Gardiner attended, to support the practical aspects of the

research process: she wrote key points onto flip charts as the discussion progressed, picked up on any themes I might have missed in my own role of leading the focus group discussion, and cued in those participants who were indicating they wished to say something (as explained in the information sheet for participants – Appendix 4). We followed the framework discussed in Chapter Five (see Appendix 2), digitally recording the discussions, which I later transcribed verbatim. At times Katrina or I summarised what seemed to be a key construct and gauged the level of agreement amongst the whole group. Key points like this were transcribed with an indication of the number of participants agreeing.

In September 2012 I also met with the deputy manager of the local social work team for foster carers. I gave an overview of this research project and then sought and gained her approval to carry out a focus group with local foster carers of UASC. She then sent the information sheet I had devised (Appendix 4) about the research project to all relevant foster carers and asked for volunteers to attend a focus group. All of the nine foster carers approached by the deputy manager expressed an interest, while on the day of the focus group five attended. Katrina and I co-facilitated this focus group following the same protocol as for the social work staff.

I would argue that the participants attending the two focus groups were selected through purposive sampling. Purposive sampling refers to the process of selecting participants for research because they are relevant to the process in which we are interested [Silverman, 2006]. I approached those

foster carers and social workers who had experience of working with UASC in the local borough. However, those participants who then volunteered were self-selecting, and it may be argued they had particular reasons for volunteering which could skew the views expressed within the research, the transcripts and hence the data. However, on reflection, I believe that those volunteering most probably did so because they had an interest in the welfare, mental health and wellbeing of UASC. As such, this orientation could only enhance their interest and involvement in the focus group discussion.

6.3.2. Interviews with young people - sampling and data base

As noted in Chapter Five, IPA was used to structure the research with UASC themselves. IPA requires purposive sampling in that participants should be selected in order to give a particular perspective on the phenomenon being studied. In order to examine psychological variability, one chooses a group that appears homogenous and the researcher can then study where the group diverges or converges [Smith et al, 2010].

It was important to develop a set of criteria for the young people whom I wished to interview so that they represented a perspective that was relevant to my study and formed a relatively homogenous group. I drew on the research presented in my literature review in order to identify factors that have the most significant impact on the experiences of UASC and selected young people to take part in this study through theoretical sampling. Theoretical sampling refers to the selection of participants based on how relevant they are

to the research questions and ‘theoretical position’ of the research [Mason, 1996].

I considered it relevant to select young people who were deemed to have been ‘successful’, in order to facilitate exploration of my secondary research question “To what extent do the accounts given by young people relate to a Resilience Framework?”. This, of course required resolution of potential ambiguities in defining ‘success’! For example, it became clear through discussion with social workers that gaining refugee status could be seen as a sign of success; however I also wanted to explore how young people coped *despite significant adversity*, which might include uncertain refugee status. Obtaining a place in higher education (HE) was cited as a sign of success by social workers; however, secure refugee status was required for this. Moreover, the HE criterion does not recognise the success of a young person in gaining a practical qualification or persevering at learning English, despite slow progress. Additionally, forming and maintaining positive and supportive professional relationships can be seen as a positive coping strategy [Groark et al, 2010], and the quality of relationships has been identified as one of the major protective factors in research into resilience [Garmezy, 1985]. I therefore decided to include “having a good relationship with the UASC social work team” as one of my criteria for participation.

Based on my literature review and following the opportunity to discuss this issue at the meeting with the social work team in September 2012, I devised the following criteria:

- in country at least two years, so participants are most likely to have experienced a 'stabilisation stage' [Groark et al, 2010];
- having arrived aged 15 or older, since research has shown that those arriving earlier can tend to adapt better as they usually enter foster care and have a settled period of schooling;
- over 18, since this is the group expressing higher levels of anxiety [Chase et al, 2008] due to the transition to adulthood which often results in moves of accommodation, fears about the future and uncertain immigration status;
- 'good enough' English: however the possibility of using interpreters to support the interviews was discussed and agreed at the meeting with the UASC social work team. It was agreed that young people taking part would be offered an interpreter;
- still under the care of the social work team or in touch with the team, since forming and maintaining a consistent relationship with the UASC team is an effective adaptive mechanism;
- not the same young people who had been involved in previous local research [Alderwish, 2012; Wade et al, 2012].

Official statistics for 2009 [Home Office, 2010] show that 45 per cent of unaccompanied young people who made an application for asylum in that year were aged 16 or 17 and a further 27 per cent were aged 14 or 15. Only nine per cent of children were known to have been below 14 years of age. For one-fifth of young people (19 per cent), age was not known. This suggests

that selecting young people who arrived age 15 or over incorporates a majority of the UASC population.

The social work team provided me with a database of twelve possible participants based on these criteria, from which I was able to make further purposive sampling decisions. Silverman (2006) specifies that purposive sampling 'demands that we think critically about the parameters of the population we are interested in', in order to choose our sample. I considered the twelve potential participants in terms of age, how long the young person had been in the country, gender, country of origin, whether a young person had experienced foster care, their official refugee status and their education/employment status.

Since I had twelve possible participants I decided that I would like to focus on young people who had recently been through the transition to adult services and selected the optimum age as being between 18-20 years old. This meant that I also eliminated those young people who had been in the country any longer than five years, as one of my criteria was that the young people should have arrived at age 15 or older.

Gender balance within the UASC population 'ebbs and flows' depending on the region from which majority of young people are arriving [Home Office, 2010]. There were 2 young women that met all other criteria, both from the same country, amongst the suggested participants. I selected both in an attempt incorporate the voice of both genders in the research. However,

unfortunately, I was not able to arrange a meeting with one of the young women ('T').

The majority of UASC locally are originally from Afghanistan, which reflects the national picture: 51% of UASC asylum applicants to the UK in 2009 were from Afghanistan; 21% from Africa; 13% from the Middle East; 3% from Europe; and 0.3% from the Americas [Home Office, 2010]. Five of the twelve suggested participants were from Afghanistan and seven were from African countries. I made a conscious effort to include some participants from each of these countries of origin. Of the young people from Afghanistan, one had arrived at age 14, one was having a particularly uncertain time with his refugee status, so that it was not appropriate to meet with him, and another required an interpreter. Whilst I had decided to offer an interpreter to young people, I made the decision that, for the purposes of the analysis, with its concern with individual phenomenology, I would prefer to avoid a third person perspective within interviews. I approached both the two young people from Afghanistan who remained after these eliminations; both willingly joined the study.

Eight of the twelve young people had been in foster care and four had not; the sample of participants selected represented this range of experience, with three of the final five having been in foster care.

Four of the twelve had uncertain refugee status. Due to the selection criteria used and the need to be sensitive to the difficult situation of those without

permanent status, only one of the young people with uncertain status was included in the final sample. He took part in the research project and requested an interpreter for support in the interview.

Based on this purposive sampling the following six young people were identified as potential participants:

N – a twenty year-old young woman from an African Country. She had refugee status and had been in the country for three and a half years. She had not experienced foster care and was currently studying at college. She was studying at level 3 and hoped to attend university to study nursing.

T - a twenty year-old young woman from an African Country. She had refugee status and had been in the country for four years. She had not experienced foster care and was currently studying at college.

Y – a twenty-year old young man from an African country. He had refugee status and had been in the country for four years. He was studying 'A' levels at college and had applied to university for the next year. He had not spent time in foster care.

N – a twenty year-old young man from an African Country. He was a confirmed British Citizen, who had been in the country for four years. He was in the first year of a two-year college course in photography, and hoped to go to university to study photography. He had experienced some time in foster care.

Z – an eighteen year-old young man from Afghanistan. He was appealing his refugee status which was currently 'leave to remain', and had been in the

country for two and half years. He was studying on an English for Speakers of Other Languages (ESOL) course at college. He had experienced some time in foster care.

A – an eighteen year-old young man from Afghanistan. He held refugee status and had been in the country for three and a half years. He was in the second year of a college plumbing course. He had experienced some time in foster care.

I asked the key worker for each young person from the social work team to make initial contact and explain the research project, using the Information Sheet (Appendix 6) Informed Consent Statement (Appendix 7). All six agreed to take part in the project and for me to make telephone contact with them. Following telephone contact I made arrangements to meet with five of the young people at a range of venues of their choice: two chose to meet me at home, two in a meeting room at the accommodation provider in which their flats were based, and one chose to meet outside the city library (where I hired a room in a local building for the meeting). The sixth young person (T) was not sure where she wanted to meet, and since we were not able to decide on a venue we did not meet. I am aware that other researchers have found that gaining access to subjects can be extremely difficult [Maegusuki-Hewitt et al, 2007] and so was pleased to meet with all but one of the young people initially selected.

6.3.3. Interviews with young people – procedures followed

Meeting each of the young people on one occasion for approximately one hour gave sufficient time to complete the interview schedule. The interview with Z was curtailed as he had to leave early for an appointment at college.

At the beginning of each interview the Information Sheet and Informed Consent Statement (Appendices 6 and 7) were reviewed and signed with all the participants. Although I offered to read and explain this, the majority chose to read it through themselves. At the end of the interview each participant was thanked, and offered a small payment of ten pounds, in recognition of their time commitment, as specified in the ethics form.

During the interviews my purpose was to listen to participants and make every effort to understand their viewpoints through probing key concepts that emerged. As advised by Smith et al (2010), I was aware of the need to question and ask for clarification of issues that I might otherwise have presumed to understand, in order to check out the meaning of the language being used to the participant.

Each interview was based on the interview schedule discussed in Chapter 5 (Appendix 1). However, I followed topics that were raised by participants and as a result the 'course and content' varied in each interview and very different stories emerged [Smith et al, 2010]. I found that there was a discernible rhythm to the interviews [Smith et al, 2010]; as the interviews progressed,

participants moved from the 'descriptive to the affective, from the general to the specific, from the superficial to the disclosing' [Smith et al, 2010, p.68]. The final twenty minutes of each interview seemed to become increasingly personal for each young person as each spoke in increasing depth about their personal constructs and views of the world and themselves.

Following the first two interviews I transcribed them and made comments in the margin about my technique in an attempt to refine my approach. For example, I noted when I felt that I had not allowed a participant enough time to explore a subject, I had made an assumption about the meaning of what was being said without seeking clarification, or had missed an opportunity to pick up on a relevant topic being raised.

Following all the interviews I spent time writing reflections into my research diary and I met with my university supervisor after two interviews to reflect on the interviews. Reflections included the emotional state of the participants, particularly at times that the interview touched on family members, and my own reaction to these emotions; noting questions that had proved effective in drawing out a participant's experiences; or noting key ideas that I felt had emerged in each interview.

The participant for my first interview requested an interpreter despite his social worker feeling that he was confident in English. We were able to use an interpreter with whom he was familiar, accessed through a local interpreting service. Since 'reflexivity' and detailed focus on the content of the interviews

are both important aspects of my epistemology, it was essential that I acknowledged the impact of the interpreter in this interview [Temple and Edwards, 2002]. Traditional views of an interpreter's role in research are consistent with a positivist epistemology which does not acknowledge the impact of the researcher in the research process, never mind the impact of an interpreter; in this vein the interpreter can be seen 'as a neutral mouthpiece, faithfully and passively translating back and forth between languages' [Temple and Edwards, 2002].

However, from a social constructionist epistemological stance, there are a number of difficulties implicit in expecting an interpreter to represent what the participant has said. The interpreter's understanding of what the participant has said and the language used to convey this are inevitably informed by their own perspective, identity and social constructions. In addition the interpreter's involvement in the interview inevitably impacts on the 'double hermeneutic' at play within an IPA interview [Smith et al, 2010]. The resulting transcript is in effect the researcher trying to make sense of the interpreter attempting to make sense of the participant making sense of their experience. In this way the transcript and its resulting data should be considered from the point of view of 'triple subjectivity' [Temple and Edwards, 2002]. In order to attempt to address this issue I felt it was of paramount importance to engage actively with the interpreter's role. Temple and Edwards (2002) describe elaborate ways of doing this that involve interviewing the interpreter prior to the research interview in order to gain an understanding of their identity and worldview.

However, this was not practical within the time constraints of my research, or indeed the interpreter's view of is legitimate remit.

I therefore addressed this issue by having a brief discussion with the interpreter prior to the interview that outlined the aims of my research and the importance placed on really understanding the participant's viewpoint. I provided the interpreter with a briefing sheet (Appendix 8) regarding his role, an overview of the questioning framework so that he had an overview of the interview structure, and after the interview, asked him to complete a brief questionnaire exploring his perceptions of the relationships at play within the interview. (See Appendix 9).

6.4.0. Procedures for analysing focus groups

Atride-Stirling (2001) emphasises the need to include in research reports an explanation of how the results were arrived at, pointing out that that this is often omitted.

In analysing the two focus groups I initially drew on the six phases of thematic analysis outlined by Braun and Clarke (2006). See Table 6.2.

I analysed the social work focus group first, following phases 1-4. I used a manual approach to coding because the volume of data meant that it was manageable to code without a computer software programme such as NVivo 10. In addition, I felt that I would have more flexibility in the process of coding

using a manual approach than the more rigid process imposed by computer software. See Appendix 10 for details of the actions carried out for phases 1-4.

Table 6.2: The six phases of thematic analysis outlined by Braun and Clarke (2006).

Phase	Process	Description
1.	Familiarisation with data	Transcribing, reading and re-reading, noting down initial ideas
2.	Generating initial codes	Coding interesting features of the data across entire data set, collating data relevant to each code
3.	Searching for themes	Collating codes into potential themes, gather all data relevant to each theme
4.	Reviewing the themes	Check if the themes work for the coded extracts (level 1) and the entire data set (level 2). Generate a thematic map of the analysis.
5.	Defining and naming themes	Refine the specifics of each theme, generate clear definition and name for each theme
6.	Producing the report	See chapter seven.

After I had carried out the phases 1-4 of thematic analysis (shown in Table 6.2), with data from the social work staff focus group, I had seven candidate themes with fourteen subthemes. In order to validate my interpretation of the data at this stage, the colleague who had carried out the focus groups with me then listened to the audio and made notes about issues that she felt were key within the content. We then discussed these issues and whether they were incorporated in the thematic map I had developed to represent the data. As a result of this discussion I made some changes to the thematic map. For example, I created two additional subthemes within “mental distress” - “risky

processes” and “individual risk factors”. This gave a clear demarcation between codes that I had previously grouped together under “causal links to mental distress”. It also allowed the theme “Powerlessness within the system” to be subsumed under “risky processes”. The final three overarching themes and associated subthemes are listed in Appendix 11.

I then analysed the foster carer focus group using phases 1 – 4. At each phase of this analysis I reflected on the commonalities and divergences between the two focus groups. The process led to further reflection on the themes that had emerged from the focus group with social work staff. Table 6.3 (p. 133) outlines phases 1 – 4 carried out with the foster carer focus group.

I was now in a position to look for commonalities between the themes from the two focus groups. All themes and subthemes from the social work staff focus group matched with one of the two overarching themes from the foster carer thematic map, but with some additional subthemes required. I then collated all the quotes from both focus groups for each theme and subtheme. In reading through the combined quotes I was in essence re-visiting Phase 4 level 1 to ensure the combined themes were internally homogenous. This led to a combined thematic map which reflected the commonalities between the two groups. Exceptions and contradictions that had arisen in the coding were included under relevant subthemes: for example, the contrasting subthemes “school facilitates doing well” and “school may not facilitate doing well”.

Table 6.3: Outline of analysis stages 1-4 with data from foster carer focus group.

Phase	Key elements
1	Noted that some aspects of the transcript related directly to the social work group codes
2	Forty-four codes were developed – my colleague listened again to the transcript, making notes of patterns and themes. Discussion to review my codes in relation to these notes and discuss patterns emerging from the transcript. This discussion informed the development of candidate themes.
3	Developed two overarching themes with 11 subthemes: 1) mental distress: risk factors; risky processes; coping strategies; psychosocial support; positive experiences of mental health services/barriers. 2) doing well: YP motivation; refugees status; religious and cultural identity; what works in school/what goes wrong in schools; sense of belonging (linked to psychosocial support). There were two additional codes “culture shock” and “adaptation” that did not yet fit with an overarching theme.
4	In reviewing the themes I moved some excerpts and codes around to ensure internal homogeneity and external heterogeneity.

6.4.1: Phase 5 - defining and naming themes

It is essential to define and name all themes and subthemes. Braun and Clarke state that it should be possible to describe ‘the scope and content of each theme in a couple of sentences’. Each overarching theme should have a concise label that provide a clear sense of the story behind the theme.

Boyatzis (1998) argues that a theme should be clearly ‘framed’ and described

in a 'code'. A 'quality code' describes the theme in such a way as to clearly differentiate it from other themes and should include a label, a description or definition, indicators, examples and exclusion or special conditions [Boyatzis, 1998]. I created a 'code' for a total of 23 subthemes which I had developed and added a further category to the code 'differentiation' in order to record the number of participants who had made a contribution relevant to that theme. This aimed to illustrate convergence and divergence within and between the two groups. This also addresses the outstanding issue raised in Chapter Five; the researcher must be clear on how they will measure prevalence of a theme [Braun and Clarke, 2006].

A clear code can be used by the researcher to analyse further data in order to judge consistency in their findings, or can be used to check inter-rater reliability [Boyatzis, 1998]. However, a social constructionist epistemology renders the concept of inter-rater reliability meaningless as an objective perspective, free of the coder's own perspective is not considered possible.

Having developed a code for each theme, I re-visited the original excerpts in order to verify that the excerpts for each theme were consistent with the code. I re-visited the transcripts in order to identify any examples of divergences from the theme. Acknowledging and reporting on divergences in the data is an essential element of rigorous analysis; this ensures that, as the researcher, I have not merely extracted themes that fit pre-existing hypothesis [Willig, 2008]. Exceptions and opposing views should be noted and reported in order to give an accurate representation of the data [Yardley, 2008].

Figure 6.1: Example code for one subtheme within my analysis of the focus group.

Exemplar 'Quality Code' within my own analysis:

Theme Label: Success through education

Definition: accessing education demonstrates a young person is doing well and an expectation is expressed by the participant that this education will lead to beneficial life opportunities.

Indicators: mention of work, qualifications, skill development.

Examples: "They are desperate to learn so they have a bit more control for their future because if they can you know communicate and they want to study."

"He did well at college you know and he is on an apprenticeship and when before he left the placement he'd actually secured a job well a part time job you know sort of thing."

Differentiation: 4 foster carers and 3 social work staff demonstrated this theme.

6.4.2 Construction of thematic networks

In developing the final combined thematic map I drew on Attride–Stirling's (2001) concept of 'thematic networks' as a way of organising the data arising

from the thematic analysis. Attride-Stirling (2001) describes a process for carrying out a thematic analysis in three stages – A, B and C. Presentation of the results of the focus groups in Chapter Seven draws on Analysis Stages B and C.

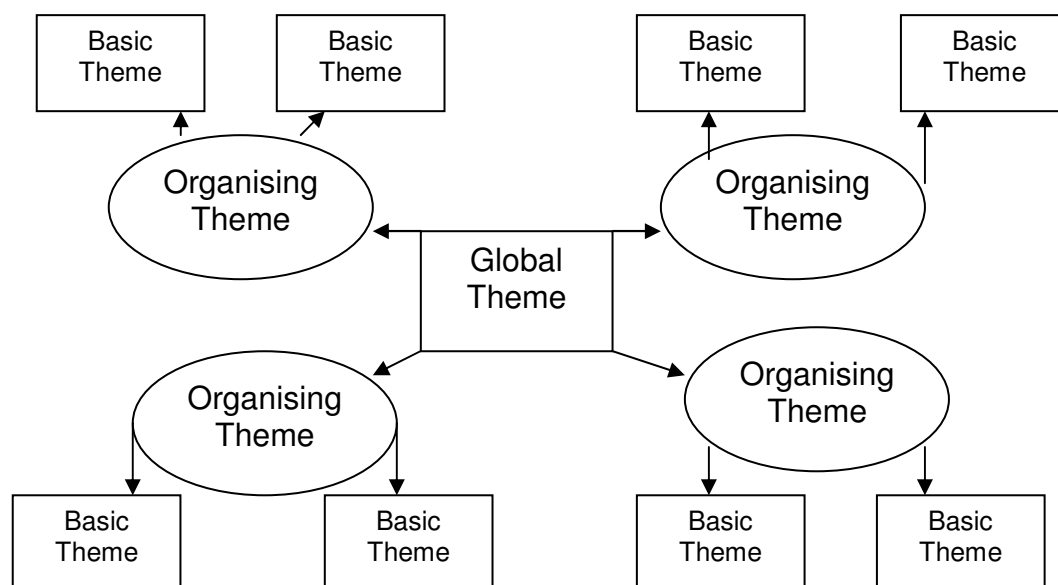
Figure 6.2: Steps involved in “Analysis Stage A” taken from Attride-Stirling (2001)

ANALYSIS STAGE A: Reduction/breakdown of text	
Step 1.	Code Material
<ul style="list-style-type: none"> a. Devise a coding framework b. Dissect text into text segments using the coding framework 	
Step 2.	Identify Themes
<ul style="list-style-type: none"> a. Abstract themes from coded text segments b. Refine themes 	
Step 3.	Construct Thematic Networks
<ul style="list-style-type: none"> a. Arrange themes b. Select Basic themes c. Re-arrange into Organizing Themes d. Deduce Global Themes e. Illustrate as Thematic Network (s) f. Verify and refine the network (s) 	

Attride-Stirling (2001) specifies a system for organising the themes that have arisen from the text at three levels. The basic themes are those that have been derived from the raw data and refined into clear themes. I interpreted these as being equivalent to the subthemes that had been defined and named at ‘Stage 5’ of Braun and Clarke’s (2006) process. Organising themes are ‘clusters’ of basic themes ‘centred on larger shared issues’. I clustered the basic themes around a number of organising themes and judged that these

fell into two distinct groups corresponding to the overarching themes identified at Stage 4 of the analysis above: that is, those relating to ‘doing well and promoting emotional wellbeing’, and those relating to ‘mental distress’. Attride-Stirling (2001) argue that such groupings each result in a separate Global Theme with its own thematic network of organising and basic themes (Figure 6.3). She argues that each thematic network should be made up of between 5-14 themes. Appendix 12 shows seventeen basic themes and their codes, grouped under four organising themes, for the first thematic network ‘Mechanism that support UASC in doing well and promote emotional wellbeing’. Appendix 13 shows basic themes and their codes, grouped under organising themes for ‘Mental Distress’.

Figure 6.3: Structure of a Thematic Network [Attride- Stirling, 2001]



6.5.0. Procedure for analysing the interviews with young people using IPA

In order to analyse the transcripts of the five interviews with young people, I adhered to the process advocated by Smith et al (2010). Smith et al (2010) argue that a researcher using IPA for the first time should follow this step-by-step process in order to facilitate analysis. This provides a sense of order in the analytical process. More experienced IPA researchers may have gained an understanding of the underlying 'sensibilities' of the approach through following this process and be in a position to follow a very different analytical pathway in their research whilst still adhering with fidelity to IPA 'principles'. Smith et al (2010) advocate a case-by-case analysis and suggest the researcher chooses one of the most 'detailed, complex and engaging' interviews initially, moving on to each of the others on a case-by-case basis.

The steps for analysing each case are :

- reading and re-reading;
- initial noting;
- developing emergent themes; and
- searching for connections across emergent themes Smith et al, 2010].

I analysed one case at a time following these steps, making notes on each case as I carried out the analysis (Appendix 14).

6.5.1. Step 1 – Reading and re-reading

This is a phase of ‘active engagement with the data’ [Smith et al 2010]. It is important to slow down the process of analysis, engage with the individual interview structure, identify sections of the transcript which are more detailed and find possible contradictions in what is being said. In order to ‘actively engage’ with each interview, I transcribed each myself and then listened again to the interview while reading the transcription. This led to my hearing the individual’s voice clearly as I re-read and worked on the transcript. As suggested by Smith et al (2010), I made notes of initial ideas and connections in my research diary, so as to put these aside and allow further engagement with the transcript. Once I had re-read the transcript at least twice I looked back at the research diary written after that interview to further inform my thinking.

6.5.2. Step 2 – initial noting

This stage tended to blend into Step One and involved ‘textual analysis’ [Smith et al, 2010]. I noted down in the right-hand margin of the transcript anything I felt to be of interest or of key importance to the participant. For some of the transcripts I used a highlighter pen to highlight sections of the text that I felt to be key; for others I merely noted key words and ideas in the margin. Smith et al (2010) state that this analysis should lead to a ‘descriptive core of comments, which have a clear phenomenological focus, and stay close to the participant’s explicit meaning’ [Smith et al, 2010, p. 83]. These

notes should aim to describe the things that appear to matter most to the participant; that is, 'key objects of concern such as relationships, processes, places, events, values and principles' [Smith et al, 2010, p. 83]; and what it is these 'objects' mean to the participant.

In addition to the descriptive core of notes, the researcher begins to make more interpretative 'conceptual comments' [Smith et al, 2010]. Initially these are often in the form of questions. At this point the researcher starts to introduce personal reflection into the process, since their own perceptions, knowledge and experience inevitably influence the developing interpretation [Smith et al. 2010]. Overall this type of conceptual analysis led to a shift in my thinking from engagement with the content of what was being said at any one time towards a more general understanding of the participant's world view.

The researcher also makes notes on 'linguistic' aspects of the interview, such as pronoun use, pauses, laughter, repetition, tone, degree of fluency and functional aspects of language [Smith et al, 2010]. I made these three forms of note in different colours as follows:

- Descriptive comments on the content in black
- Linguistic comments in pencil
- Conceptual comments in red.

6.5.3. Step 3 – developing emergent themes

The transcript and the initial noting now comprise a large data set. The aim at this stage is reductive; the data set should be broken down into smaller parts in the form of 'emergent themes' [Smith et al, 2010]. Although this involves breaking the whole data set down into parts, the researcher should retain an holistic overview of the interview throughout this process [Smith et al, 2010]. The researcher inevitably informs the development of the themes and so the 'interpretative' element of IPA is central to this process. Smith et al (2010) argue that at this stage the researcher should produce 'concise and pithy' statements reflecting both the essence of what was said and a level of interpretation. Consequently, aspects of psychological theory are likely to be incorporated within the emergent themes [Smith and Osborne, 2008].

Emergent themes were noted in the left-hand margin of the interview transcripts.

6.5.4. Step 4 – searching for connections across emergent themes

All the emergent themes were typed up, with a note of the page on which they had appeared. The themes were examined in order to look for 'clusters' of emergent themes that had commonalities [Willig, 2008], and these were placed together to form one 'super-ordinate' theme [Smith et al, 2010]. Other themes in themselves form a 'super-ordinate concept' under which further emergent themes are subsumed [Smith and Osborne, 2008]. The themes

were moved around and listed as super-ordinate themes under each of which was a list of relevant emergent themes. I found that it was easier to represent the richness of the data for each super-ordinate theme through then clustering some emergent themes as sub-ordinate themes. I checked back with the initial transcript in order to ensure that the super-ordinate themes reflected the initial data set [Smith and Osborne, 2008]. A box listing the themes for each of the individual participants was drawn up and is shown in Appendix 15 [Smith et al, 2010; Willig, 2008].

6.5.5. Step 5 – looking for patterns across cases

At this point, in order to look for patterns across cases I created a table with a column for each participant. I cut and pasted the super- and subordinate themes from each case into a separate column. I was then able to look across all five cases for similarities and differences between the cases in order to move towards a 'master table of themes' [Smith et al, 2010]. I moved the themes around within each column so that they corresponded across cases (Appendix 16). I was then able to create list of 'integrative' super-ordinate and subordinate themes that represented concepts across cases this is shown in Section 8.1. [Smith et al, 2010].

Willig (2008) states that it is important to ensure that the emerging 'integrative themes' remain 'grounded' in the original data. In order to ensure that this was the case I developed the 'master table of themes' whilst cross checking with the original transcripts to ensure that new labels remained authentic. I also

created a table for each participant that related the master table of integrative themes to that participant's original super- and subordinate themes (Appendix 17). Through this process I was able further to refine and develop the master table of integrative themes. Through re-visiting the original data set, ways in which themes developed at an individual case level were consistent with the integrative themes were further illuminated.

Smith et al (2010) refer to writing up as the final part of the analysis. The writing up of the IPA results continued as an iterative process which involved further refinement of the master table of integrated themes.

6.6.0. Responding to threats to validity in data collection and analysis

The methods by which quantitative research is often evaluated are not appropriate for judging qualitative research [Willig, 2008]. Yardley (2008) argues that criteria relevant to judging the validity of quantitative research such as 'objectivity, reliability and (statistical) generalizability' are often applied inappropriately to qualitative research. Qualitative research focuses on studying meaning within a social context and requires the researcher to engage in data interpretation. Objectivity is not possible when the researcher is integral to the process and inevitably influences the outcomes of research through deciding on the research questions, procedures, methods of analysis and interpretation [Yardley, 2008]. Qualitative researchers are interested in the social context and the complexities of lived experiences, and are not seeking consistent, reliable answers to key questions or measurements

[Yardley, 2008]. Furthermore, qualitative researchers are not seeking statistical generalizability, since they tend to carry out more in-depth, context-specific studies of small sample sizes.

However, the development of criteria for judging the validity of qualitative research is essential in order to justify research findings as 'legitimate' and 'trustworthy' [Yardley, 2008]. Within psychological research, a number of authors have put forward criteria for evaluating the validity of qualitative research [Willig, 2008]. Yardley (2000) has presented a framework of four broad principles that can be applied to judging the quality of qualitative research, with the caveat that these should be addressed in a range of ways, depending on the nature of the research being carried out [Yardley, 2008]. In the Table 6.4 I have outlined the ways in which I attempted to address each of these principles. I have also drawn attention to potential weaknesses of this study in relation to these principles

Table 6.4: Demonstrating the way I have responded to each of the four broad principles for judging qualitative research proposed by Yardley (2000)

<i>Core principle for evaluating validity of qualitative research</i>	<i>Ways in which this study demonstrates this principle</i>	<i>Potential weakness of this study</i>
Sensitivity to context	<p>Sensitivity to the perspective of the participants through consideration of the interview and focus group questions so that they were open-ended and encouraged self expression [Yardley, 2008]</p> <p>Smith et al (2010) argue that the nature of an IPA interview demands sensitivity to the dynamics within the interview</p> <p>Careful choice of setting for interview and focus groups</p> <p>Clear information for participants in accordance with ethical procedures</p> <p>Recognition of complexities and inconsistencies in individual views during analysis</p> <p>Reporting in Chapter Eight includes verbatim extracts [Smith et al, 2010]</p>	<p>Difficulties for young people in expressing themselves in a second language</p> <p>Potential for socio-cultural differences between white, female, professional interviewer and young refugees may impact on the views expressed by young people</p> <p>Researcher's status as a 'psychologist' may impact on the views expressed by focus group participants.</p>

<i>Commitment and rigour</i>	<p>Sampling was carefully considered to match the research questions [Smith et al, 2010] Analysis was rigorous and adhered to methodological processes [Braun and Clarke, 2006; Attride-Stirling, 2009; Smith et al, 2010]</p> <p>Perspectives have been gathered from foster carers, social workers and individual young people in order to 'enrich understanding' of the phenomena being studied [Yardley, 2008]</p> <p>Meetings with colleague to discuss coding and themes arising from focus group provided triangulation [Yardley, 2008].</p>	Participant feedback on the analysis was not sought – IPA in itself recognises that analysis arises from the researcher attempting to make sense of the participants making sense of their experience [Smith et al, 2010]. As such the results are suggested as possible interpretations
<i>Coherence and transparency</i>	<p>The research questions were devised as a result of a thorough literature review and careful consideration of the methodology to be used, as has been described in this chapter; The criteria for selecting participants has been described</p> <p>The analysis has been described in detail and examples from the paper trail have been provided</p> <p>The research methodologies have been selected in accordance with my epistemological and ontological stance (see Chapter Five)</p>	Reflexivity could have been more explicit. A criticism of IPA is that it does not 'theorise' reflexivity: that is, whilst it advocates a reflexive approach it is not clear on how this should be operationalised [Willig, 2008]
<i>Impact and importance</i>	To be explored in Chapter Nine.	

CHAPTER SEVEN: RESULTS AND DISCUSSION OF FOCUS GROUPS

7.1.0. Overview of the analysis of the two focus groups

In this chapter I describe and explore the two thematic networks that were developed as a result of the analysis stages of thematic analysis, described in Chapter Six. Two focus group transcripts were analysed, the first with foster carers and the second with social work staff, in order to consider the research questions:

- How do those supporting UASC describe successful outcomes for this group and how do these occur?
- What factors have those workers within the Social Work team for UASC and foster carers for UASC experienced as promoting emotional wellbeing and mental health for this group of young people?
- How do foster carers and social worker staff identify and address mental health needs?

Braun and Clarke (2006) describe “producing the report” as Phase 6 of thematic analysis which commences once the researcher has a “fully worked out” set of themes. The aim of this process is to tell “the complicated” story of the data set. In order to do this, I follow the guidelines described by Attride-Stirling (2001) in ‘Analysis Stage B’, for using thematic networks to organise

qualitative data (see Figure 7.1). I describe one thematic network at a time, exploring the basic themes, their associated organising theme and the patterns that were abstracted from the analysis.

Figure 7.1: Steps involved in Analysis Stage B and C taken from Attride-Stirling (2001)

ANALYSIS STAGE B: Exploration of the text	
Step 4.	Describe and Explore Thematic Networks
c. Describe the network d. Explore the network	
Step 5.	Summarise Thematic Networks
ANALYSIS STAGE C: Integration of exploration	
Step 6.	Interpret Patterns

The initial procedures for analysing the texts which are described as Analysis Stage A by Attride-Stirling (2001) are described fully in Chapter Six and led to the development of two thematic networks. The first is encapsulated by the global theme 'Mechanism that support UASC in doing well and promote emotional wellbeing' (Figure 7.2). The second is encapsulated by the global theme 'Mental Distress' (Figure 7.3).

As suggested by Attride-Stirling (2001) I describe the themes from each network (see Figures 7.2 and 7.3) in a clockwise rotation and illustrate each with text samples. As I proceed I explore the patterns within the network, making connections with psychological theory and prior research explored in the literature review. Finally, I summarise the whole thematic network. Having

followed this procedure for each of the two thematic networks, I complete the chapter with a discussion of the significant themes, patterns and concepts emerging within and across the two networks. Within this discussion I attempt to address my research questions.

In developing the thematic networks I was conscious of the importance of recognising exceptions to the dominant story arising in the data. When describing the results of this analysis, the themes are described and illustrated with quotes from the text. Where exceptions arose in the data, these are also described and illustrated with extracts from the transcripts. I have chosen to distinguish between focus group participants through labelling each with a separate letter; this has allowed me to demonstrate that a number of participants were involved in co-constructing the meaning implicit within each theme. This is in contrast to a theme that might arise from data stemming from only one participant.

In addition, within my analysis and reporting of the data, I am conscious that it is essential to describe the similarities and differences arising between the two focus groups. The group participants were fulfilling two distinct roles with UASC; it is therefore likely that the individual / shared understandings brought by participants to each group, and consequently the social constructs developed within each, would vary. Within my description of the data I ensure that the similarities and differences between the data from the two groups are highlighted, described and explored. In order to ensure transparency for the reader,

Extracts from the foster carer (n=5) transcript are presented against a pale background and

Extracts from the social work staff (n=6) transcript are presented against a darker background.

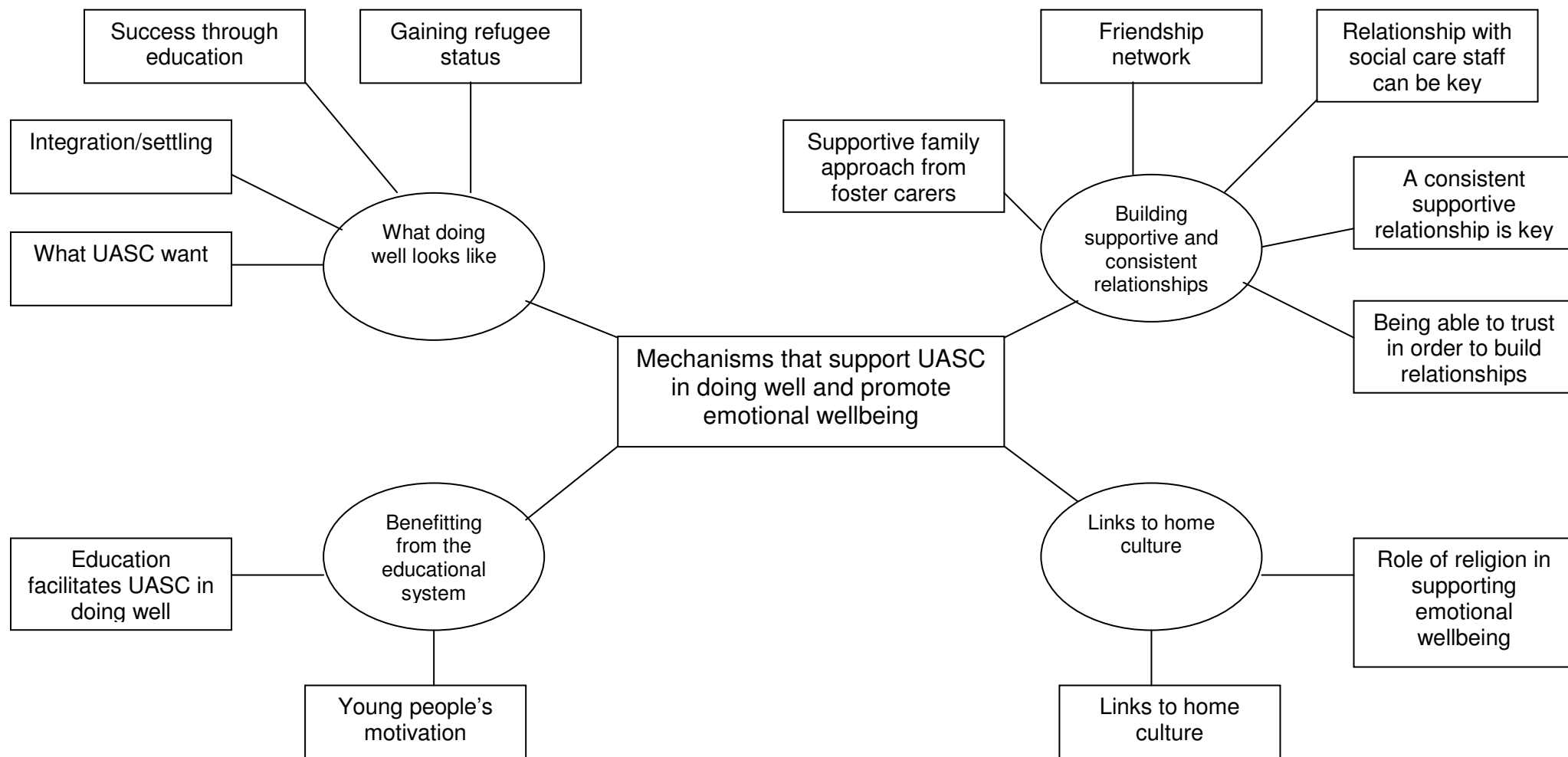
7.2.0. Thematic Network 1 - 'Mechanisms that support UASC in doing well and promote emotional wellbeing' (see Figure 7.2)

'Competence' has been described as 'multi-dimensional', encompassing emotional wellbeing, positive social connections and success in academic/school/work skills [Masten and Telliger, 2012]. This network represents the discussions held within the focus groups about the concept of 'success' / 'doing well' in relation to local UASC. Data represented and discussed in Thematic Network 1 addresses the research questions:

- How do those supporting UASC describe successful outcomes for this group and how do these occur?
- What factors have those workers within the Social Work team for UASC and foster carers for UASC experienced as promoting emotional wellbeing and mental health for this group of young people?

Within this thematic network there are four organising themes, each made up of between one and six basic themes. I explore each organising theme and its component basic themes in turn.

Figure 7.2: Thematic Network 1 – ‘Mechanisms that support UASC in doing well and promote emotional wellbeing’.



7.2.1: Organising Theme – What doing well looks like

In order to understand the mechanisms that facilitate doing well, it is clearly important to establish an understanding of the participants' own understanding of this concept for UASCs. There are four basic themes within this organising theme, each of which is explored below.

7.2.1 (i) *What UASC want*

It was predominantly the foster carers who spoke about doing well from the perspective of what they felt young people wanted when they came to the UK. They described them as wanting a 'package' that included being loved and cared for, accessing education, gaining refugee status, having friendships and being able to 'fit in'. These are explored in more detail within the other basic themes for 'What doing well looks like', but the key indicator for this theme is the attempt by foster carers to identify with the young people they cared for and see the world through their eyes.

B – "I believe it's a package. I believe they come wanting a...wanting the, the, the court stuff to go, wanting a family.They want to have the sense of belonging somewhere ... and I think you know they want the friendships; and if you think of children our children and what they wanted or want it's the same thing. They want to belong, they want a family, they want an education, they want to also have a network of friends of their own culture which is important."

C – "Yes! They are fleeing oppression but what is it? What are their objectives for actually being here? And ...for me a successful outcome would be when they are working towards the objectives that they set for themselves and they are happy and they can see themselves achieving it."

A – “The practical! Their education, because they are desperate to fit in and have the English and learn English.”

S – “.....but I think, these young people, I think their refugee status is their top priority. as well as learning. education.”

Box 7.1: Extracts for ‘What UASC want’.

7.2.1 (ii) Integration and settling

Within the social work focus group there was an emphasis on the concept of ‘settling’, and one social worker referred specifically to integration. Two social workers used the word ‘settled’ in terms of establishing somewhere to live, a school, a group of friends and help with refugee status. Within the focus group with foster carers there was an emphasis on ‘integrating’; all of the foster carers referred to aspects of ‘integration’, which included signs that a young person is adapting to the UK culture, is law abiding and actively seeking out opportunities to mix with English speakers. Mixing with English speakers fulfilled a dual role in improving their spoken English and gaining an understanding of the local culture. There is some distinction between the two in that integration has a strong emphasis on mixing with English speaking peers with a view to developing English skills, while ‘settling’ does not.

C – “He has gone on to do well, he is now in independence; he did well at college, you know and he is on an apprenticeship. And when before he left the placement, he’d actually secured a job, - well, a part time job: you know sort of thing. So, and he was well rounded you, could see that he was going to be a person, that he was going to be a person that was going to integrate into the community you know. He is not going to be a problem; he is not going to sit on the dole, and he likes people and he is going to get on.”

A – “What I mean (by integrate) is that some children will only talk to others of their own nationality and have friends of their own nationality, whereas it’s trying to make a sort of friends of UK citizens. And then they get to know the

culture better and their English improves when they have English friends because.... “

B – “I worked with a 10 year old who came when he was 9 and he’s really well integrated. Of course that’s junior school and he’s just Year 5 and Year 6 at junior school and he’ll be well placed to go to secondary school with a group of peers, and yeah he’s well integrated and his language is progressing.”

“...I was thinking I haven’t actually in five years worked with anybody who has gone on to higher education or really whose progressed beyond Level 1 course...so I can’t talk about that sort of success. But you know success at the beginning is about settling isn’t it? You know when a young person feels settled, and we’ve done a good job at the beginning. And finding, I don’t know, finding somewhere to live and finding networks - trying to anyway. Helping with solicitors, good support with immigration, good support at the Home Office. That’s, you know young people, that’s where it starts isn’t it? The good relationship and they are really positive.”

D – “Um, I think engaging in education and getting that routine um is really important actually in terms of um what’s the word becoming settled. I think.”

Box 7.2: Extracts for ‘Integration and settling’

There was acknowledgement within both focus groups that it can be difficult to achieve ‘integration’ (as defined above).

S – “When you’ve got a group of Afghani boys, and there was group of them in one school, they stuck together. They walked around school together, they ate together, they drank together they... But they needed to integrate with English students who could speak English and it just caused an atmosphere in the school for about two years.”

B – "...and it is quite hard, I think my observation is, to get access call it access, to British society generally isn't it? They don't have lots of English friends; their friends are other Afghan boys or other Iranian people. So, I think they have, I think they have real difficulty making ace.... getting access don't you? And as they get older, that gets less, so the over 18s we work with have actually got hardly any networks."

Box 7.3: Difficulties in achieving 'Integration and Settling'

7.2.1 (iii) *Success through education*

A key element of doing well, identified in each focus group, was accessing education. In addition to being seen as a sign of doing well, this was also viewed as an important mechanism to facilitate doing well through building up skills, knowledge and opportunities for work in the future.

C – "I think being in education really is (a sign that things are going well). I feel that they come here and they are like a sponge really, they are really focused on wanting to get an education.... If they can get time to do some GCSEs, which often they put them back a year, and the young person walk out with some GCSEs, and they come to the country and they haven't even been able to speak English. I feel, that they feel that they really achieve something. So when they actually go into college it's not just about basic ESOL, they are doing, say car ...so that you feel that they are going to come out with something successful and worthwhile."

S – "He went to school, he's one of the best speaking English Afghani boys I know. He studies really hard, he's won the top awards at Great Park if you know Great Park, it's a construction place, for the last two years, he's on level 2 of construction work and next September he starts level 3."

A - "They are desperate to learn, so they have a bit more control for their

future.”

C – “I suppose I can think of two young men who um, one of them is no longer a service user or a client- he is over 21, and both young people have completed university education. One of them is a qualified teacher. So I look back on them: I consider those to be real success stories because they have achieved academically. You know, they came in not being able to speak, they could speak some English but not fluently.”

Box 7.4: Extracts for ‘Success through education’

7.2.1. (iv) *Gaining refugee status*

The importance of gaining refugee status was discussed in both focus groups. The foster carer focus group, particularly, framed it as being a sign of doing well from the young person’s perspective. The social work focus group framed it as of overriding importance in terms of facilitating a young person to settle and achieve.

B – “Until they are sorted, um, you know, they don’t see coming over here as being a success really. They are just going through the motions, trying to get that, trying to achieve that, what they want. Um, I would say that many young people that come through have not achieved, that they don’t get through the court process you know.”

B - “I think it’s overriding really immigration status.”

E – “It’s the most important.”

C – “Yes, it’s the most important thing.”

F – “If their status is, what they call it now indefinite leave to stay,...you know if they can stay, I think the focus is much better than for others who have just got short period of status. It (is) definitely different for the young people that are settled and they know that their life will be here or young people that have

anxieties what will happen.”

Box 7.5: Extracts for 'Gaining refugee status'

7.2.1. (v) *Summary of 'What doing well looks like'*

The organising theme 'what doing well looks like' addresses the initial part of the research question 'How do those supporting UASC describe successful outcomes for this group and how do these occur?' Participants within the focus groups framed 'doing well' for UASCs as becoming 'settled'. This in itself was multi-dimensional, explicitly encompassing building positive social connections through friendships, being cared for and accessing education to build up skills.

Two aspects of 'doing well' discussed were specific to the UASC context, but it can be hypothesised that both are positively related to emotional wellbeing. Firstly, gaining refugee status was seen as key in allowing a young person to plan for the future and actively engage with life in the UK. The foster carer group felt that the young people themselves saw gaining refugee status as a sign of success. Secondly, with reference to the concept of 'integration', foster carers felt that UASCs wanted to 'fit in' and the carers themselves emphasised the positive aspects of adaptation to the local culture and language. This relates to one of the six coping strategies for UASC identified by Raghalleigh and Gillighan (2010) 'adjusting to learning and changing', which emphasised the importance of learning English and the local culture as a positive coping strategy.

7.2.2: Organising Theme – Building supportive and consistent relationships

This organising theme encompasses ways in which relationships act as mechanisms for facilitating a young person to do well on arrival as a UASC. There are five basic themes within this organising theme, each of which is described below:

7.2.2. (i): Supportive family approach from foster carers

There was a great deal of discussion in the foster carer focus group about the nature of the relationship offered in a foster home. It was felt that as foster carers, they were able to provide a home that was like a family, with the idea of their being a key attachment or mother figure and being a secure safe base. Foster carers felt that by offering love, care and emotional support, they were able to support a young person in doing well. The social work focus group described this relationship in a similar way, but with a more negative bias, at times, in that this might act as a barrier to a young person developing the necessary skills for independence.

A – “I think part of it is, just building that relationship, and being able to have someone there who they know will always be there for them. Whereas social workers come and go, and they just get to know one, and then they change and move on, so they have to build that relationship again. And it’s like, even to encourage....when they come in, I try to be home. So there is always someone home, so they always know that there is someone there. And so when they do want to talk, and when it’s the right time for them, ultimately they do come to you they know they can talk to you.”

B – “For me, personally, as I said, it is a package but to make them feel cared for and welcomed (would help them be as successful as possible)...and loved right? And, um, wanted actually”

E – “And also, we need to remember that they are in the wonderful environment of foster placement, where all their needs are met and they have got access to the internet, access to the other things actually. I have a young person who, the young person, calls foster carer as a mum, Mum! So it is the point where it is really strong so it is like there is a really strong attachment.”

Box 7.6: Extracts for ‘Supportive family approach from foster carers’

Three social workers also mentioned exceptions to this theme of a ‘Supportive family approach from foster carers’, although in one of these cases a less loving approach seemed to meet the young person’s needs.

B – “Other things were working for him. At that time he was doing OK at school, got his network, er... settled foster placement. Interesting, very interesting, because it was a really emotionally cold foster placement, hopeless for emotional support, but seemed to contain him in some way. He stayed there the longest, probably 18 months in the end.”

D – “.....a foster placement where the foster carer really didn’t like Afghan food being, you know, it was really clear that she just wanted it once a week....and he couldn’t have that relationship with his foster carer; because he felt that she was keeping him back from, you know expressing his culture and having his food.....and the placement broke down. I would say primarily because of his food.”

F – “ah yeah, when it (foster placement) is good it is really good, but when it is bad it’s really bad: it’s one or the other isn’t it?”

Box 7.7: Extracts demonstrating exceptions to ‘Supportive family approach from foster carers’

7.2.2. (ii) Friendship networks

The importance of having a supportive network of friends was discussed by both groups. This was in relation to general friendships, but there was a particular emphasis on the importance of having friends from the young person's home culture in order to provide 'emotional comfort' and to maintain cultural identity.

C – "I think friendship um...they need that acceptance from their own community, so they are part of it, and it helps them to feel, it feeds into um...well it doesn't feed into, it blocks out the loneliness that they may feel from coming away from their culture."

Researcher – "so is it more successful making friendship networks with other young people that are unaccompanied minors or come from similar backgrounds, similar countries? Is that a more successful way of building a network for a youngster do you think?"

A – "Probably the only way really."

F – "More security for them isn't it? ...and kind of feel more like a home."

D – "And it's not just, you know, it turns into family because not having any family here, that friendships are really important."

E – "I think it is very important to help them keep their identity. For instance, I had a young person who came as 11 year-old boy and he was at school where there were no, there weren't any Afghan children around, and he really felt isolated. He couldn't really talk with anyone in, his age or similar age, in his native language.and we were very pleased that finally he met at least one or two boys, Afghani boys of similar age, with whom he can share his culture, his experience etc. And he is fascinated by that."

C – "He lived with a white elderly couple, actually foster carers with no other children in placement, and so he was able, he went to just a local school, so

he was able to make friends through that group (youth group for UASC). I can remember another young lady um who made friends through that group so ...so that was one way of making a friendship network.”

Box 7.8: Extracts for 'Friendship networks'

7.2.2. (iii) Relationship with social care staff can be key.

This was only referred to by social care staff and in that focus group four out of the five workers referred to their relationship as being key for a young person's emotional wellbeing. This role seemed to be similar to the way that the foster carer role was described as important: social care staff referred to themselves as being an attachment figure, 'like family' and the young person needing that support. However, there was considerably less exploration and description of this key role by participants than when foster carers' role was being explored in both groups.

E – "...I was thinking, transition period, and I was like close to him, but also the responsible adult for, like figure of attachment, towards him, which help him too.”

B – “They (UASC) have very tiny networks I think, which is why they put such a lot of importance on their relationship with us, and why we are so fundamental in that sense, because there are nothere are no relatives.”

D – “In terms of being settled, I think it's really important that a young person has an allocated worker. I think it's a big difference, um, with the young people I've worked with, when they haven't had a consistent allocated worker.”

Box 7.9: Extracts for 'Relationship with social care staff can be key'

7.2.2. (iv) *A consistent, supportive relationship is key*

The importance of finding one person who can be consistent and supportive in a young person's life, in order to facilitate them doing well, is referred to explicitly in the focus group with social care staff. This basic theme is linked to other themes, "supportive family approach from foster carers" and the "relationship with social care staff can be key", each of which describes this concept, but names the adult who is fulfilling that role. There is some indication from each group that they feel they can fulfil this needs for a consistent, supportive relationship better than those fulfilling the other group role. However, there was recognition from one participant in the social care group that this role may be fulfilled by any number of people. This view then gained general consensus from the group.

D – "ah yeah you know just a settled placement with good support (facilitates a UASC to do well). Even in semi-independent living, having a ...perhaps, key-workers, that are there for a long time and not key workers that are coming in and out, and having to have a new keyworker and ...they are more unsettled as well. So it's that consistency: if it's not in our team, then even in a foster placement or even in semi-independent living, but having somebody who is a constant is really, really, really important. (yes, yes from others in group)."

Box 7.10: Single key excerpt for 'Consistent supportive relationship is key'

7.2.2. (v) Being able to trust in order to build relationships

Social care staff and foster carers referred to an issue of trust for UASC. There was an understanding that often circumstances had made it difficult for UASC to trust, but that it was essential to work with young people to overcome this barrier. This was referred to by two participants in each group. In addition the ability to like, and get on, with people was spoken about as a positive attribute in supporting a young person to 'settle'.

C – 'I think there is a thing about trust, because they won't actually tell you everything; but if you, you actually find out, establish what it is that they actually want from being here. If you care..'

E – "I would like to focus on the issue of trust...like it's very important and of course there are relationships. Throughout the time when the young person is involved in a contract with us, I mean of course, during the journey and prior to the journey to UK the issue of trust has been completely ..er how to say... upside down. I mean that, very often, responsible adults making really completely wrong things towards the young person and he or she needs to learn how to trust adults again. So, it is very important for, in creating positive strong relationships with our young people."

Box 7.11: Extracts for 'Being able to trust in order to build relationships'

7.2.2. (vi) Summary of Building supportive and consistent relationships

Social connections with care givers [Werner, 2012] and friends [Luthar et al, 2000] have been consistently recognised in the literature as a protective mechanism, facilitating adaptation despite adversity [Masten, 2007].

Discussions in both focus groups indicated that relationships with key adults and friends are a key factor in promoting emotional wellbeing and explored the mechanisms underlying this process, in the context of the UASC experience locally. The need for a consistent adult with whom a youngster is able to build a trusting relationship was seen as of key importance. This facilitated a sense of continuity that fed into a sense of being settled and could potentially provide 'emotional support' [House et al, 1988]. Adults fulfilling a role that is close to that of primary caregiver, such as 'asylum centre staff', have been found to be the primary source of 'emotional support' [Derluyn and Broekart, 2007]. Foster carers were seen by both groups as able to provide emotionally supportive relationships, while social work staff felt that they often fulfilled this role.

There was a recognition that many UASC find it hard to 'trust' and that this takes time to establish. Distrust has been highlighted as an initial 'coping strategy' after arrival, but the importance of building trusting relationships for emotional health has been highlighted [Raghalleigh and Gillighan, 2010; Kohli, 2006]. Kohli (2006) found that UASCs spoke more openly to social workers after a period of settlement. Themes explored here suggest that it is not just time, but also consistency that allows trust to build. Those adults who are able to build an 'enabling relationship' with young people [Ryan and Deci, 2000], that provides a sense of autonomy, competence and social connectedness, are likely to observe an increased acceptance of emotional support which is positively associated with emotional health [Ryan et al, 2005].

Participants felt that they offered a figure of attachment for UASC through their role as a consistent, caring adult in a young person's life. Foster carers in particular talked about providing a context for young people to talk about their experiences when they were ready. Crittenden (2005) describes the role of an attachment figure as being to support a child to make sense of new information about the world and ultimately to develop skills in reflecting on and integrating past experiences. This process is supported by encouraging a child to communicate and share their positive and negative feelings, thoughts and experiences [Crittenden and Dallos, 2009]. This links to the theme 'Emotional support through the foster carer' from Thematic Network 2, this is explored in Section 7.4.2.

Friendships were raised as a sign that a young person was settling and doing well. Deeper exploration revealed that friendships with other UASC, particularly those from the same country of origin, were felt to play a significant role. These friendships were seen to provide a sense of familiarity and 'social comfort' that is consistent with the 'buffering' model for understanding the link between friendship and emotional wellbeing, whereby the friendship acts to alleviate stress [House et al, 1988]. Friendships with peers from the same community were also seen as enabling the UASC to have a connection to their own cultural identity, reflecting the coping strategy identified as being adopted by UASC of 'maintaining continuity in a changed context' [Raghalleigh and Gillighan, 2010].

Friendships with peers from the same community have been described as 'social bonds' by Bierens et al (2007); who reported that young refugees felt these promoted a sense of identity, community and belonging and also built their confidence in building wider social networks.

7.2.3: Organising Theme – Links to home culture

The two basic themes within "Links to the home culture" are explored below:

7.2.3. (i) Role of religion in supporting emotional wellbeing

The role that religion can play for a young person was discussed by both groups. Participants identified that religion played a role in maintaining a sense of continuity and identity; the importance of rituals and celebrations was highlighted, as was the fact that religion can offer comfort, guidance, structure and a sense of hope.

S – "It's, er,...it's cultural, it's religious needs (that are part of doing well) because they are Muslims andthey are very religious, and they really have strong beliefs ...very strong beliefs. Um...they have a lot of belief in their own religion that if they er...do the prayers 5 times a day and do Ramadan that they will be successful and be rewarded. As well as doing education they do rely on the beliefs of their own religion, it will also help them."

B – "...I mean I just visited somebody yesterday who did Ramadan with, he's over 18 he's got his own flat; he's got other friends with their own flat; but during Ramadan they decided to all move into one flat, fast together and break the fast together. And um you know, I think that's really ..that's

really...that is a success in their lives isn't it? Successful community; but you know it's a group of friendsit's an annual cycle; festivals."

E – "It is about, I believe, a continuation of, maintaining their identity. The religion is part of the culture, when we provide them fully access to the mosque or the place to practise their faith and so help them to have at least one of the common factors. Continuation and stability... everything is changed, when everything is changed, and you can't predict anything about the future, at least something is stable. So faith is one of the factors who help remain in their emotional wellbeing."

Box 7.12: Excerpts for 'Role of Religion in supporting emotional wellbeing'

Exceptions to this theme were raised in that some individual young people choose not to maintain their religious identity as a positive adaptive choice. Also the dichotomy faced by young people who have stepped outside the rules of their religion was discussed; this links to the theme 'Risk Factors' in the second thematic network (see Figure 7.3).

B – "some don't.. some are really pleased that they can say no (to prayer). Some of them said that they have been smacked and hit by parents back in Afghanistan to go to mosque."

E – "But on the other hand there are other young people who change their behaviour, because they came to the new environment and the influences over here make a huge impact on the practising of their faith. I've got one man who is actually living in a city and I know he is actually a Muslim, so I ask him if he is practising Ramadan and he said no because I build my muscles over a year. Over a year, it took me a year to build my muscles and I can't stop eating so (laughter) I keep on building my muscleand I was surprised. So it is like our culture, or let's say European culture, has got effect on them as well."

B – “Some, again I think linked to the religion, it’s not allowed but it happens (drug use). I think that is a bit of a problem isn’t it with a religion, with the rules: once you’ve broken them you’re not quite sure where you stand.”
“He does drink and does do drugs, but also you know does a bit of a mix because he would still say he’s a ...Muslim...My observation of one or two (Muslim boys) who are moving away from believing would still say they are Muslim and do quite a lot of practices - for example, during Ramadan.”

Box 7.13: Excerpts illustrating exceptions to ‘Role of religion in supporting emotional wellbeing’

7.2.3 (ii) *Links to home culture*

Links to the young person’s home culture were raised as playing a comforting role. This links to the friendship networks discussed above, since the role of friendships from the home culture was part of this concept. In addition, home culture food, family networks and language were all mentioned as supporting a young person.

A - “I think that’s an important part actually, the meals from their own culture: quite a lot of mine find restaurants in the city; they go to, their own nationality. And quite often, on special occasions, or even when they are feeling down, they go to a restaurant.”

B – “Often the young person will find in their network a family (from the same country of origin) that they can go and visit, and go and eat with and go and see.”

D – “I think culture is so, it’s such an important part. (New foster carer) said, what I will do, is, he can, we’ll eat together, but I’ll help him cook his food and I

can make sure that he is doing it in a safe way. And it worked really well and it was a really positive experience for him to have somebody encourage him to cook food from his own culture.”

Box 7.14: Excerpts illustrating ‘Links to home culture’

7.2.3. (iii) Summary of ‘Links to the home culture’

Data emerging from this study suggests that social work staff and foster carers perceive cultural links and the associated continuity to play a role in promoting emotional wellbeing for UASC. However, it is clear that UASCs walk a delicate line between maintaining links with their culture and home community and adapting to the new culture. Each strategy has been linked to positive adaptation and coping [Raghalleigh and Gillighan, 2010]. Those who are able to balance these two strategies in a manner that meets their own needs can be described as adopting an ‘integration acculturation strategy’ which results in positive psychological and socio-cultural adaptation [Berry et al., 2006].

Aspects of the data from this study demonstrate that there are hazards for some UASC who do not balance these strategies in a way that makes sense for them: for example, becoming conscripted to Western habits such as using drink or drugs. This then becomes a risk factor for poor emotional health and is explored in Section 7.3, within the organising theme ‘Risk factors’ in Thematic Network 2.

7.2.4: Organising Theme – Benefitting from the Education System

There are two basic themes within this organising theme.

7.2.4 (i) Young person's motivation

The young people's high levels of motivation to gain an education and to learn English were a key discussion point in the foster carer focus group; motivation to learn English was referred to by all participants in this group and motivation to gain an education by four out of the five. Being motivated to gain an education was referred to briefly in the social work focus group but being keen to learn English was not referred to in this group.

C – "I think ..um...young people when they first arrive one of the things is, that they want, and they systematically sit there every day, to learn English."

B - "...they want the education."

B – "...and they are really enthusiastic about education and want to get an education but I suppose..."

"I'm thinking of C, he's in London, he's going to be 21 in January so he's gone through the ESOL. He's got himself on a level 1 course and his focus is eventually to go to university, but he's ... got to do level 2 and probably level 3 and then go. So he's going to be doing it a lot later, so that's where he's still motivated and he's obviously got some ability."

Box 7.15: Excerpts illustrating 'Young person's motivation'

7.2.4 (ii) Education facilitates young person in doing well

The fact that school could contribute to a young person doing well was discussed in both focus group and referred to by all participants often with some clarification about what the school could do to facilitate this. The key indicator for this theme was that: the participant gave an explanation of positive supportive action carried out by the school; or referred to the school context as facilitating integration. Positive actions included: taking the time to understand the needs of the young person, particularly the religious needs; engaging in a multi-agency way with the foster carer or social worker; and providing an individualised approach which might include extra tuition or attending a supportive ESOL unit. It was clear that the needs of UASC were best considered and addressed individually rather than this being considered a homogenous population.

A – “If they (school) understand the needs of the children and the cultures, taking the time.. to learn what their culture is and how things work and why they do things. And when they understand why, they can provide for them. I think (what makes it work) is the school doing that and also what S said about integrating rather than sticking together.”

S – “I’ve got a young person who is at The Heath School. There’s only two asylum seekers there, so most of his friends are English....in school, every single day he is mixing and integrating and you can see it. That’s rubbing off on him culturally and everything and he is becoming one of the lads.”

C- “Because where I live it’s a very multi-ethnic type of environment, and the schools go out to support asylum seekers. So they have a special person in the school, a support worker if you like, that supports asylum seekers and their needs. They put on events, you know, like cultural evenings and stuff like that. For one of mine (who) was into cricket, they brought him into the cricket team.”

C – “I think it’s best if they tailor make it for that individual young person, rather than just putting them in a box. I think that’s really important, so that individual is getting what they need rather than just being shoved into an existing provision. It depends on the young person ...I can think of a young man he was in a lovely, special class with an ESOL teacher, there was about half a dozen of them it was a really nice set up that they sort of laid on for him. So I really think, partly, it depends on that individual young person and one young person might sink and one might swim.”

E – “..at one of the PEP meetings a teacher suggested that because the young person is Muslim faith so he would like to pray at 1 o clock. She prepare a special room for him and three other young people to have a pray in that room and a prayer mat was provided as well.”

D – “....quite often I feel that if the school get(s) in touch with you in regards to a parents evening or something like that you know there is an attempt there to engage in a multi-agency way.”

Table 7.17: Excerpts that illustrate ‘Education facilitates a young person doing well’

However, both focus groups referred to the fact that they had had mixed experiences of school. Participants referred to times where the school context did not facilitate integration, the school did not provide for the young person’s needs either culturally or educationally and in one extreme case the school was not able to protect young people from racist bullying. The ESOL system was referred to in both groups as acting as a barrier to a young person making progress educationally.

A – “I have had a lot of pupils who have been on the ESOL course where they have not been pushed. It’s at the time when they are like a sponge, they want to learn the language, and they say the teachers won’t give me anymore work ...and they are desperate to learn.”

S – “We’ve had to deal with (racism), even from school, even from teachers, even from teachers towards the young person. You go there to a meeting and

they promise this, that and the other nothing happens.”

“One particular school, they had 7 or 8 Afghani boys in their school at any one time. They could not deal with it, there was trouble, there was racism, there was everything. No matter how many times the school promised that these boys would be safe. They was not safe, one boy got beaten up outside school, got his teeth knocked out of his mouth for no apparent reason.”

D – “I have worked with some better schools, definitely, that will put in extra support and really seem to make an effort with a young person I’ve been working with. Then, some schools I’ve found that can be quite unsupportive.....I haven’t had one experience of schools; I’ve had many experiences of school.”

C – “You’re kind of taken out from the mainstream classes anyway which can sometimes isolate really.”

A – “...or even if you are in the mainstream classes and ... you are the only Afghan boy in school. I’ve got one at the moment; he just sits next to someone who is white British, probably doesn’t hardly understand the work, he just sits and says hello and you know if he gets a bit stuck on his work he will help him a little bit, otherwise that’s it.”

F- “There’s not pathways off that (ESOL) if you can’t get to a certain level in your English.”

B – “Then I’ve got other young people who are just stuck in ESOL and can’t get above entry three... I think they would be employable, really they would be good workers but they can’t get a job either.”

Box 7.17: Excerpts for ‘Exceptions to school facilitating success’

7.2.4. (iii) Summary of ‘Education facilitates doing well’

This organizing theme directly addresses the later part of the research questions “How do those supporting UASC describe successful outcomes for this group and how do these occur?” Through exploration of the mechanisms

that facilitate UASC engagement in education. Interestingly the foster carers emphasised the motivation of young people to gain an education and learn English far more than social workers. This may be due to their differing roles and the fact that foster carers become more involved and in tune with individual UASC. The social work staff role has a greater emphasis on process and legislation.

The strong theme of motivation expressed by foster carers reflects themes within the literature that emphasise the determination of UASC to succeed educationally [Kohli, 2003]; the high aspirations of refugee children and the belief that these can be achieved through hard work [Maegusuku-Hewett et al, 2007].

Schools that facilitate young people to do well were described as; adopting a positive attitude to UASCs, showing an interest in them as individuals and adopting a flexible and individualised approach to meeting their needs. The whole school culture and context is of vital importance in providing this approach and facilitating integration. Participants had varied experiences of schools. Perceptions of a racist attitude within the culture of some schools associated with young people not being safe; reflects findings by Hek (2005), that young people attending schools which they did not see as welcoming, felt vulnerable to bullying and racist attitudes from teachers. Hek and Sales (2002) found that a positive whole school attitude to refugees was one of three key themes reported by young people as helping them settle and achieve in school.

The ESOL system was seen as a potential barrier to UASC making educational progress; those that could not achieve level 3 were described as ‘stuck’ and could not move on to further studies.

7.2.5: Summary and discussion of ‘Mechanisms that support UASC in doing well and promote emotional wellbeing’

Data presented in Thematic Network 1 addresses the research question “How do those supporting UASC describe successful outcomes for this group and how do these occur?” An understanding of what UASCs want to achieve and gain once they have arrived in the UK was close to the heart of foster carers; who automatically considered success from the young person’s perspective. Their perception was that UASC wanted to be cared for, have friends, fit in, achieve educationally and gain a secure refugee status. Participants felt that a young person could be seen as doing well if:

- they built up positive social connections;
- accessed education; and
- demonstrated a level of integration with the UK culture.

Gaining a secure refugee status was seen as enabling this process.

In addition, Thematic Network 1 addresses the research questions “What factors have those workers within the Social Work team for UASC and foster carers for UASC experienced as promoting emotional wellbeing and mental health for this group of young people?” Specifically, building positive social

connections was seen as a protective mechanism that promoted emotional wellbeing and contributed to UASC doing well. A relationship with a consistent supportive adult was seen as providing a potential source of emotional support. Foster carers in particular described having a relationship with young people that facilitated them in making sense of their experiences - through building trust and being available to listen to the young person. This reflects a key role of an attachment figure described by Crittenden (2005) in the DMM.

Friendships with peers from the same country of origin were described as playing an important role in promoting emotional wellbeing. Firstly, through providing social comfort and a sense of familiarity; and secondly, through facilitating an ongoing connection with the young person's cultural identity. In addition to friendships, other connections with home culture such as food and language were seen as providing emotional comfort. In the same way, maintenance of religious beliefs and rituals were seen as promoting emotional wellbeing; through providing a sense of continuity, structure and comfort.

Accessing education and learning skills that would support a youngster to work were indicators that a UASC was doing well. Schools were described as varied in the way that they engaged with UASC. A school ethos that demonstrated an interest in UASCs as individuals, whilst being willing to provide an individualised approach, was seen as most effective. Foster carers overwhelmingly described UASCs as being ready to learn and engage with education. However, the ESOL approach to education was described as being a frustration to many UASCs.

7.3.0: Thematic network 2 – ‘Mental Distress’ (see Figure 7.3)

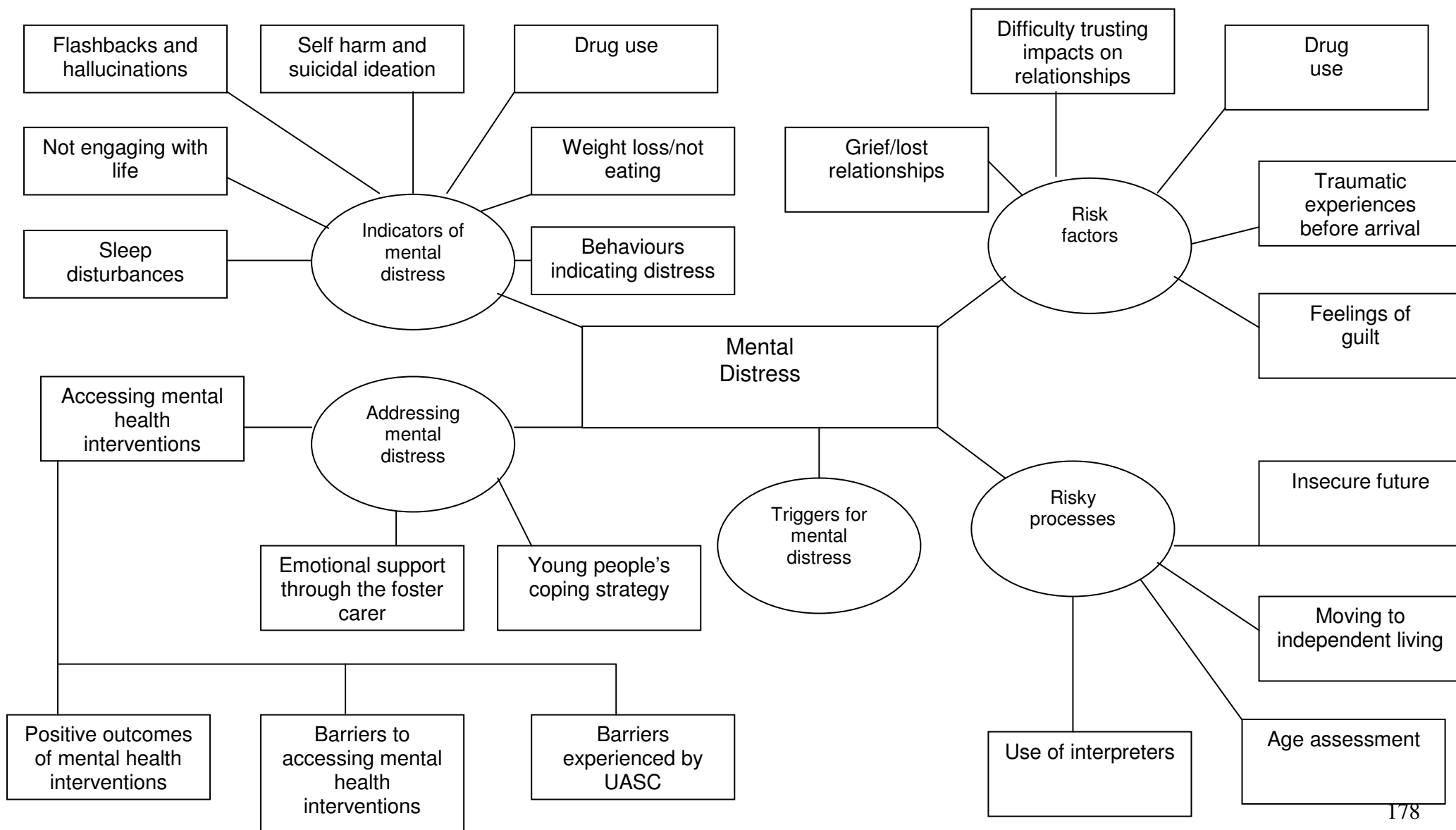
This thematic network, illustrated in Figure 7.3, focuses on discussions within the groups about mental health difficulties. Data presented and discussed within this thematic network addresses the research question: “How do foster carers and social workers identify and address mental health needs?” There are five organising themes, the fifth one ‘Addressing Mental Distress’ is a substantial theme addressing the later part of this research question. This has three sub-themes and is explored separately in Section 7.4.

7.3.1: Organising Theme – Indicators of mental distress

This theme focuses on the kinds of behaviours that foster carers and social workers described as signalling to them that UASC were experiencing mental distress. There are six basic themes within this theme; each of which refers to a type of behaviour described by participants as indicating mental distress. All participants referred to young people they had worked with that had demonstrated some indicators of mental distress.

The behaviours described within these themes are not mutually exclusive, young people are often described as displaying a number of these behaviours. Sometimes the behaviours are themselves interlinked; for example the relationship between low mood, drug use and low motivation is explored in the social worker focus group, it is acknowledged that it is hard to know which comes first.

Figure 7.3: Thematic Network 2 – ‘Mental Distress’



7.3.1 (i): *Sleep disturbances*

Difficulties with sleeping were referred to by four participants across the two focus groups; not sleeping, sleeping too much or having bad dreams.

A – “Sleeping, when they are not sleeping and then when they do the opposite of that and then just sleep all the time.”

S – “Sweats, bad dreams, door open, lights on and there was something else. Oh yes, being beaten up in the night. While they are asleep, they thought that me or George are going to beat them up when they are asleep.”

C – “I’ve got a young man ... (whose) emotional health is not good whatsoever. There have been significant sleep difficulties.. in fact he’s not engaging now at all. In fact, I’m due to go and try and see him at two o’clock and hoping he’s there but he probably won’t be. He’s awake all night ..he can’t sleep.”

Box 7.18: Excerpts illustrating ‘Sleep disturbances’

7.3.1 (ii): *Not engaging with life*

Non-engagement was often mentioned alongside drug use and sleep difficulties. It was also discussed by the foster carer quoted below, in terms of a young person affected by trauma and anxiety.

A – “It’s the trauma that they have been through. I have got one whose depressed and also got post traumatic stress. ...The actual physical acts of doing things like changing clothes, he can’t think about that. All he....can think about is his family who are in danger; and he’s really missing them. That’s

consuming all of his thoughts, so every day actions that we take for granted, he can't even comprehend they're not important."

D – "A lot of the people I've worked with, ...who I would describe as, you know, as having a low mood: maybe their appeal is exhausted; they know that their future here is so uncertain; and the probability is that they will be sent home. I've worked with people who are in that circumstance, and they have used cannabis, because you know, what's the point of going to college? Because you are going to be leaving soon. I might as well just go around and sit in my friends house all day, because how can I concentrate in college when you know I'm going to be removed. Very low motivation."

Box 7.19: Excerpts illustrating 'Not engaging with life'

7.3.1 (iii): Flashbacks and hallucinations

These two symptoms of poor mental health were both mentioned briefly.

Flashbacks were mentioned by two foster carers, once in association with bad dreams; hallucinations were referred to as occurring for two different young people by the same social care worker.

S – "They have flash backs and they remember stuff (long pause), he used to have flash back and bad nights."

A – "I went to do a visit, and the foster care told me that they hadn't slept that night because the young person, um, said that he had started seeing things. I told him to explain what he meant, and basically, that the light bulbs had smashed by itself and that he saw things flying around the room.... He was saying that he was seeing er um... in um in in the Indian language they are called 'jins' they are spirits and things."

Box 7.20: Excerpts illustrating 'Flashbacks and hallucinations'.

7.3.1 (iv): Self harm and suicidal ideation

These were mentioned in terms of two specific young people by two separate social work staff.

E – "... and he started talking about there is no sense for him living in this life, in this world; and he started talking about committing suicide a few times."

B – "H, the cannabis user, he came to the country distressed really. He he took some tablets within five days of arriving, and ended up in hospitalbut he carried on self harming from time to time. Cutting first, then probably, every five months and then self medicating with alcohol, cannabistaking a knife to the bedroom and you know her finding it, the foster carer."

Box 7.21: Excerpts illustrating 'Self-harm and suicidal ideation'.

7.3.1 (v): Drug use

This was mentioned by two social workers with regard to specific young people. Whilst it is mentioned here as an indicator of mental distress, it is explored further as a basic theme within 'Risk factors' in Section 7.3.2 (iii).

7.3.1 (vi): Weight loss / Not eating

This was mentioned by two social worker in regard to two separate young people.

C – “I went to see a young person and she told me how she had lost an awful lot of weight, actually. She said, I am just so stressed out all the time from going through this process (temporary accommodation).”

Box 7.22: Excerpt illustrating ‘Weight Loss / not eating’.

7.3.1 (vii): Behaviours indicating distress

There were a number of other behaviours spoken about in both focus groups that indicated a degree of mental distress. These included throwing furniture, breaking objects, physical twitches, being unsafe in a car, telling lies and acting in a paranoid manner.

B – “By the time he landed with me he was up in the air, you know? He was like, off the wall. He was swinging off my lampshades, and knocking fruit over, and screaming, picking chairs up above his head and wanting to throw them at me, and you know lying on the floor. All I could do is get on the floor with him, ‘cause he wanted his mum.”

D – “He had a very traumatic, um experience. At first, and um, when I would go to see him he would kind of bang, you know every part of his body, you know his hands when he was in the car. He you know, ..he ...he, I didn’t feel safe to drive with him sometimes ...opening the door.”

Box 7.23: Excerpts that illustrate ‘Behaviours indicating distress’.

7.3.1. (vii) Summary of ‘Indicators of mental distress’

Data presented here indicates that social workers and foster carers identify a range of behaviours shown by UASC to be symptoms of mental distress. Data

reflects findings from previous research that has described behaviours seen by professionals to indicate mental distress [Chase et al. 2008; Groark et al., 2010].

7.3.2: Organising Theme – ‘Risk Factors’

Risk factors as an organising theme arose from discussions in both groups that focused on a number of experiences, relevant to the UASC context, that pose a potential causal link to poor mental health. There are five basic themes.

7.3.2 (i) Grief/lost relationships

The negative impact on UASC of losing key people through death, leaving their home country or relationship break downs in the UK, for example with foster carers; were spoken about in terms of this leading to isolation, loneliness and bereavement. Two foster carers and two social workers referred to this theme and spoke of individuals having ‘no-one’, ‘very small networks’ of support and suffering ‘bereavement’.

B – “When you come into the country, you have to, emotionally, (deal with) who they (is) left behind. One young person I have got at the moment, at first would actually scream on the floor banging and kicking: ‘I want my mum’; he was desperate for his mother.”

A – “My mum could be in prison, being tortured at home, and that’s .. all he’s thinking about.”

B – “..the one with the injuries, so he had lots of placement breakdowns at

the beginning, because people couldn't feel... that was 6, he moved on 6 times from foster carers. That was foster carers ending, he did not ever want to leave, they ended with him."

"He's hademotional health problems really since he's come, you know linked to being all alone in the world, nobody."

Box 7.24: Excerpts illustrating 'Grief /lost relationships'

7.3.2 (ii) *Difficulty trusting impacts on building relationships*

This links to the theme '*Learning to Trust others in order to build key relationships*', in Thematic Network 1, explored in 7.1.2. (v). UASC often experience difficulty in trusting adults which impacts on their capacity to build the supportive consistent relationships that are integral to doing well.

Instances where a young person struggled to build a trusting relationship with an adult were seen as posing a risk factor for mental distress. Two participants of the social work group referred to this concept.

C – "She is concentrating on her studies now, that's her real focus. She's choosing not to pick up on friendships and stuff. I think she's trying to have a hard exterior to protect herself. She's been really let down over the years."

B – "He was unable to manage his distress sometimes. Well, I suppose, when he did things wrong, or what foster carers perceived as wrong, then they got angry with him then he couldn't really cope with that."

Box 7.25: Excerpts from the social work focus group illustrating 'Difficulty trusting impacts on building relationships.'

7.3.2 (iii) Drug use as a risk factor

As discussed in 7.2.1. (iii), drug use is linked to mental distress and can be seen as an indicator of this distress. However, drug use in itself can lead to mental distress, or act as a barrier to accessing the mechanisms that were described in Thematic Network 1 as promoting emotional wellbeing. These include accessing education, acquiring new skills or building positive peer and carer relationships. Drug use was not discussed by foster carers, three social workers referred to the negative impact of drug use on young people they had worked with.

A – “Really not well at all. And what had caused this (psychotic episode) was cannabisactually taking cannabis. Maybe it was mixed with something else and that was why he was behaving the way he was...”

B – “I’ve got somebody who smokes cannabis. Yes he’s always telling me he’s stopped, it has a big impact on his sort of ability to get up in the morning and do anything and he never manages that. And then says oh I’ll stop but doesn’t stop.”

D – “People I have worked with who are cannabis users they have been more likely to be the young people I can’t engage with and who won’t engage in other services. Maybe education, groups, you know any services. They are less likely to engage, it’s a cycle.”

Box 7.26: Excerpts illustrating ‘Drug use as a risk factor’.

7.3.2 (iv) Traumatic experiences before arrival linked to mental distress

Six foster carers and two social workers spoke explicitly about the traumatic events experienced by a young person prior to their arrival in UK, as being

linked to their experiencing poor mental health. Participants spoke about young people witnessing violence, death or physical injury; experiencing violence towards themselves; or having no control over events that led to making the journey away from home.

S – “I think they carry a lot of experiences I mean they tell you. I’ve been told recently how they travelled from Greece, they, you have to get a boat from Greece to the main land, and they use blow up rafts where about 40 people get in. And the one lad said that he remembers the boat going down before his boat went out, and these people drowned but no one cared about them because no one knew about them. No-one has lost them or forgotten them because they wasn’t there to start off, he would have been on the first boat but there wasn’t enough room.”

B – “He didn’t even know he was being brought here; he thought he was going to the mosque and bit by bit he ended up here. He didn’t want to come here, in fact, a lot of them don’t want to come here, they are brought here.”

S – “I think definitely for him the low mood has come first (before the drug use), he has had a very traumatic journey to the UK.”

B – “He had a very traumatic experience in his home country which er brought him to England. In terms of his, he was living with mother and sisters, his dad had gone long ago so that is unusual in that country to be in a female household. Then there was a rocket attack and he woke up in hospital and his mother and sisters are dead.”

Box 7.25: Excerpts illustrating ‘Traumatic experiences before arrival linked to mental distress’

7.3.2 (v) *Feelings of Guilt*

Within the foster carer focus group there was discussion about UASC suffering strong feelings of guilt, and the subsequent negative impact on their

emotional wellbeing. This theme arose at different points within the focus group and all participants referred to it. Guilt arose from either a sense of 'survivor' guilt, or from acts of violence the young person had carried out in the past. Indicators for this theme are that specific reference is made to the young person expressing a sense of guilt, or that the foster carer hypothesises that this explains a young person's behaviour.

C – "That boy it was days and days of sitting with him and just talking and he was saying, well I have hit my mum but I wouldn't do it again.....so they carry all of that with them."

A – "Guilt that they feel because they have survived and that someone hasn't."

L – "They died and I'm here; he feels so guilty because they had become friendly.."

Box 7.26: Excerpts illustrating 'Feelings of guilt'

7.3.2.(vi) *Summary of 'Risk factors'*

'Grief and lost relationships' is almost inevitable given the experiences implicit in becoming an UASC. Groark et al (2010) identified 'loss' as a powerful theme within the stories of UASC taking part in their study. It is also highly likely that UASC will have experienced potentially traumatic events; furthermore the possibility of guilt feelings should be considered in building an understanding of the psychological needs of UASC. Groark et al (2010) found that participants in their study, who had been in the UK less than six months,

tended to use distraction and avoidance strategies to block out distressing thoughts associated with loss or traumatic experiences. Groark et al (2010) argue that this is an effective strategy to use during the early stages of being in the UK; which is a time of uncertainty, lack of control over events and limited security.

The other risk factors discussed in the groups were: drug use and finding it hard to trust in order to build relationship. Each of these has implications for UASC engaging with mechanisms this study has found promote emotional wellbeing; as such they represent a barrier to adaptation. Difficulties experienced by UASC in trusting others have been discussed in Chapter Two and Three; this has been presented as a 'coping strategy' during the early stages of settlement by Ni Raghalleigh and Gilligan (2010). However, building social connectedness is widely accepted as an effective psycho-social approach to mental health difficulties [Tew et al, 2012; Groark et al, 2010]; efforts to support UASC in overcoming a lack of trust and forge positive relationship in which trust can be established is invaluable in addressing mental health difficulties.

7.3.3: Organising Theme - Risky Processes

Risky processes are defined as those processes imposed on UASC after arriving in the UK that are potential causal links to poor mental health difficulties. These processes are integral to the UK's policies and procedures

for working with UASC. There are four basic themes within this Organising Theme which are described below.

7.3.3 (i) Insecure future

This theme refers to the asylum seeking status that UASC have on arrival; up until a young person is able to gain indefinite leave to stay, their future is insecure. Anxiety about this state of insecurity frequently has a negative impact on emotional wellbeing. This theme links to the basic theme 'what does doing well look like' explored in 7.1.1. (iv). Securing refugee status was described as an indicator of success for young people, as well as a mechanism for being able to settle and move on. Conversely, lack of secure status can act as a barrier to young people accessing mechanisms that support them to do well. This theme was a key discussion point in both focus groups.

B – “They go to court, but they don’t get the results that they want to get. And so they are left in limbo, you know? Then they can’t work or whatever. It’s like a vicious circle for them, and it’s not the experience which they think they would have had or been told they were going to get back in their own land.”

S – “about six weeks ago he went and they took him off to the detention centre (long pause); to cut a long story short ... he came out about ten days later. But he has to go to the home office every week to sign in and he, every week he worries, every Monday morning he worries that they are going to just put him in the van and whip him off to the detention centre.”

S – “One lad always says to me, and he’s not 16 yet, can you tell me what my

future is going to hold for me what my future is.I said please don't worry about it, you're fifteen let the adults worry about it for the time being."

C – "Linked to the low mood, very similar, in that his appeal right isn't exhausted at the moment but he is approaching 18. He could be.... so his future is not certain either, there is always possibility in the future that (he) can be sent back to (his) country of origin."

D – "A lot of the people I've worked with, I would say, who I would describe as you know as having a low mood, maybe their appeal is exhausted. They haven't, they know that their future here is so uncertain here, and the probability is that they will be sent home."

Box 7.27: Excerpts illustrating 'Insecure future'

In addition, lack of a secure status can act as a barrier to services that are supportive to young people. This was principally expressed by one member of the social care staff focus group, but is included here due to the strength of that she expressed:

E – "Everything depends on the immigration status. If it is granted or it is not. What kind of support, what kind of benefits entitled to or not.... But also I was shocked when I came across kind of discriminatory comment from one of the workers when I made the (CAMHS) referral; the question is what is the young person status, because you know I can not see the point that we can help if he's going to home country."

Box 7.28: Further excerpts illustrating how insecure future acts as a barrier to accessing mechanisms that support young people.

7.3.3. (ii) Moving into independent living

The need for a young person to move out of foster care into independent living by the age of 18, with pressure to do so earlier is something that foster carers and social care staff evidently struggle to accept. Within the social care focus group, there was discussion about whether staff would be happy to see their own family members put in this position. Many foster carers were antagonistic towards the social care team for 'imposing' this process on them and the young people they cared for. There was evident tension between the two groups on this issue.

It was felt that both the planning for and the move to independent living lead to feelings of stress associated with: learning new skills such as cooking, shopping and budgeting; the need to survive on less money; loss of relationships with friends and foster carers; and young people feeling the threat and fear of uncertainty. In addition, the social care group spoke about the process required to secure accommodation, which could involve becoming 'homeless' as extremely unsettling.

Discussions highlighted the fact that moving to independence coincides with another stressful event. That is, those UASC without secure refugee status, are required to re-apply to the Home Office for refugee status, as discretionary leave to remain generally expires on or around the 18th birthday. The co-occurrence of these two events potentially exacerbate their negative impact.

S – “I know something else that effects them emotionally, once they reach 16, oh a pathway plan, time to be independent, time to move on. That is just unbelievable, give them a chance to sort themselves out! You’ve got to be independent you’ve got to go shopping and this, that and the other. I told the social workers, anyway, they need extra support, extra guidance and as soon as they get out in the big-wide world right, they are on their own.”

C – “He (ex foster child) went on my computer because he stored a lot of his photos on there. He went on it and he said, mum life is really hard, look at me now, and I said well you like fine. Well he didn’t actually, but anyways, he said, he insisted.. no look at me I’ve lost weight and this, that ...and I said well you are studying hard at college and sometimes it’s like that.”

B – “It (independence) is linked, isn’t it, to the doom and gloom about their immigration status you can’t really separate them.”

D – “Even in temporary accommodation you can be moved so many times. Some of the, you know, the not nice places to go, temporary accommodation and that can be very stressful.”

C – “But I think if they were not foster children if it was our own children they wouldn’t have to make that break so early.”

E – “.. when we are moving (a young person top independence) a little bit too early, the impact on education as well; they are dropping out and unfortunately that is very common place.”

B – “... (due to traumatic experience and loss of family) he’s had emotional health problems really since he’s come you know linked to being all alone in the word, nobody. You know he has progressed but that comes back regularly and transition he’s really worried about that, the transition.”

C – “I think accommodation has played a huge, has a huge part to play, the threat or the fear of temporary emergency accommodation causes a lot of distress. “

Box 7.29: Excerpts illustrating ‘Moving into independent living’ as a ‘Risky Process’.

7.3.3. (iii) Age assessment

The process of age assessment was highlighted by one member of the social care focus group as having had a detrimental impact on the mental health of one particular young person. The theme is included due to the significance that it held for one participant. In addition, the young demonstrated considerable resilience in overcoming the level of mental distress described here; becoming one of the participants in the individual interviews explored in Chapter Eight [known as 'Z'].

E – "... the outcome of the age assessment (can mean that) young people need to move the school, they need to change the school, because they are not any longer in the age of secondary school, so they need to be moved to college very quickly and sometimes in the middle of the year. So they are losing their relationship(s): they are not the same friends as they used to be in school; they are different teachers; different attitudes. So it is also making impact on their wellbeing their emotional wellbeing."

"The person who after (an) age assessment shaved his head, stopped eating over a week, isolate(d) himself closed (off) at home. He didn't want to go out of home. So it was completely distressful, I mean the outcome of age made an impact on his wellbeing."

Table 7.31: Excerpts from one participant illustrating 'Age Assessment' as a 'Risky Process'.

7.3.3. (iv) *Use of Interpreters*

The use of interpreters emerged as possessing a risk for the emotional wellbeing of UASC in the group of foster carers. Two participants described how UASC can experience mental distress associated with the involvement of interpreters: through the interpreter's lack of skills leading to inaccurate information being given during interviews, reinforcing feelings of distrust and potentially impact on the young person's future.

A – “She was saying that she knew the interpreter was saying the wrong things. They were asking her the colours of the soldiers' uniforms, to prove that she was actually in captivity, and she said one colour and the interpreter was saying a different colour. But she didn't have the confidence then to say to the interpreter, because they are officials, that he was saying the wrong thing. And then ... when they were going through the process of her refugee status, (she was told) you don't know the colour of the soldiers' uniforms you can't have been imprisoned. She could lose her appeal. The answers that they give are so important for their future.”

Box 7.31: Excerpt illustrating 'Use of Interpreters' as a Risky Process.

7.3.3 (vi) *Summary of 'Risky processes'*

The risk to the mental health of UASC posed by legislative processes in the UK has been referred to as a potential 'secondary trauma' in the literature [Fazel and Stein, 2002; Stanley, 2001]. Findings of this study appear to not only verify, but actually strengthen this statement.

7.3.4: Organising Theme – Triggers for Mental Distress

This theme was discussed in the foster carer group; it was referred to by five foster carers. It alludes to situations that might remind UASC of 'risk factors' such as past traumatic experiences, potentially triggering distress. Triggers include news stories, key words that are associated with risk factors and re-living negative experiences in interviews or during mental health interventions.

C – "Because the whole Arab Springs....is going on every day. Something else can come and remind people of a former life.... will jog their role in it."

B – "I was taking them on holiday. We were going and he said what's a holiday and I said a journey..... for him a journey was walking many, many miles being whipped, some just being shot, some being killed, for him that was journey and he just went mad."

Box 7.32: Excerpts illustrating 'Triggers for Mental Distress'

7.4.0: Organising Theme 'Addressing mental distress'

In order to address the research question 'How do foster carers and social work staff identify and address mental health needs?' the group discussion was focused on this area through the questioning [see Appendix 2 for an outline of the focus groups]. The sub theme 'Accessing Mental Health Interventions' arose primarily from the focus group for social care staff; participants within this group placed a lot of emphasis on mental health interventions being a key form of support for mental distress. However this led to a high degree of frustration on the part of social care staff, due to the

barriers that they encountered in trying to access interventions such as CAMHS.

There was less emphasis from foster carers on mental health service interventions; there was greater emphasis on the psycho-social aspects of support provided through their own relationship with the young person and other mechanisms of support as described in Thematic Network 1 [Figure 7.2].

Mental health support was therefore positioned as occurring through either clinical interventions or psych-social support such as key relationships. One further strand of support was extracted from the data; UASC's coping mechanisms. This was not as prevalent as either of the other themes. I have included this third theme because; the capacity of UASC to develop/retain a sense of agency, control and agency has been shown to be a key coping strategy [Groark et al, 2010]]. This is linked to 'empowerment and reclaiming control over one's life'; one of the five 'recovery' processes identified by Tew et al (2012) as being integral to a psycho-social approach to addressing mental health needs.

7.4.1: Subtheme - Accessing mental health interventions

This theme has three sub-themes that encompass the following: evidence from both groups that clinic based mental health interventions can have positive outcomes for some UASC; the barriers to accessing such

interventions; and the barrier's to engagement from the young person's perspective.

7.4.1 (i) Positive outcomes of Mental Health Intervention

Discussion in both groups focused briefly on times that Mental Health Services such as CAMHS or voluntary organisations provided interventions. Though three foster carers and five social care staff referred to interventions of this type; the participants did not necessarily qualify whether this had been helpful, unhelpful or having any impact. Social care participants appeared to feel that it was an achievement in itself to have obtained the intervention given the barriers that they often encountered [see 7.4.1. (ii)].

Positive outcomes that were discussed included; gaining a diagnosis for example of Post-Traumatic Stress Disorder, being taught coping strategies, a young person seeming happier after the intervention, gaining access to a mental health assessment even if this was to clarify that the young person did not appear to meet criteria for a mental health problem or having a brain scan that clarified that a young person did not have a physical ailment.

Participants did not necessarily evaluate the interventions in terms of whether they had made a tangible difference to a young person's life. For example gaining a diagnosis was described as positive; but in describing the positive effect the participant began to talk about other aspects of the young person's

life such as placement and education contributing to positive outcomes rather than the diagnosis.

A – “Going to CAMHS, and it was actually helpful but when he turned 17 he wasn’t able to stay so it sort of ended. He was quite open, he sort of shared and I think it was good for him to actually talk. They did some work with him on trauma, to help him actually have coping strategies in place when he was having flashbacks. So they helped him to actually cope with those flashbacks and to try and help him sleep a bit better.”

D – “I’ve had a really positive experience of art therapy and because his English isn’t the best it was a way that he could communicate as well, it was really good. The foster carers would say he is happier when he attends the therapy sessions and they can notice a change when he doesn’t.”

B – “Just one more person, he had some help from (voluntary counselling service) whose focus is, they focus specifically on refugees, and um he had a very good service very helpful.”

A – “I think the second one (admission to hospital following psychotic episode) was (helpful) because it gave him time to think about what actually.... I think it was helpful. I think it made him think about what he had been doing, and probably the people he has been hanging about with, and begin to think about what he had been taking.”

Box 7.33: Excerpts illustrating ‘Positive outcomes of mental health intervention’

There was one exception to ‘Positive outcome of mental health service intervention’; in this instance the foster carer withdrew a young person from the service.

L - “....and they refer him back to CAMHS. I went along with him and they were asking him these questions, go back. And then he went back to, he was

doing so well, and when he went there he were going back into his little self again; so I told the social worker I wouldn't be taking him back there I want him to move on."

Box 7.34: Exception to 'Positive outcomes of mental health interventions'.

7.4.1 (ii) Barriers to accessing mental health interventions

Barriers to accessing mental health interventions were a clear source of frustration for three participants in the group for social work staff; in keeping with discussion of mental health services overall there was less discussion of barriers within the foster carer focus group.

Social care staff talked about 'fighting' for a mental health service and felt that services often come too late to be useful to the young person. Social care staff referred to mechanisms described in Thematic Network 1 such as education, building relationships or finding a foster home as leading to the young person becoming settled and less mentally distressed before the service was offered.

The timing of when the service was offered was seen as a barrier to UASC accessing mental health interventions; however, this could be framed as their no longer feeling the need for an intervention after a period of psycho-social support. Further barriers discussed by social care staff were: poor understanding of the emotional needs of UASC by health professionals; lack

of capacity from voluntary services; and poor English skills or temporary status being cited as a barrier by mental health services.

E – “all though I am trying the best I could, I arranged the mental health team for looked after children and I did referral. Also I went with him to doctor to his GP which was really interesting because, initially GP said that the young person is only the wrong attitude and he doesn't have any outstanding emotional needs.”

D – “In the end, after pushing and pushing, and saying, you know this young person really needs some assistance... he was referred to CAMHS. (But) they wouldn't take him because of language but they referred him to an art therapist.”

E – “Just one more comment about (named voluntary service) ... whenever she made a new referral they sent the same letter I am so sorry due to a lack of funds we cannot help.”

Box 7.35: Excerpts for ‘Barriers to accessing mental health interventions’.

7.4.1.(iii) Barriers experienced by the Young Person

A further barrier to mental health interventions was seen as the young person not being ready to engage with a service when it was offered; often this was due to the time it took to get a service as described in 7.3.1. (ii). However, this was also explained in terms of UASC not being clear about why they are attending, or UASC having difficulty repeating their story due to the fact that this in itself might trigger mental distress (as described in 7.2.4).

E – “At some point you discuss with them, and they agree, yes they admitted they want to talk to someone who can provide them some kind of relief. But

when they are waiting for the six or nine months the situation has changed.”
B – “I think sometimes the young people aren’t real really clear how it (can be) helping them. So actually we fight for it, but when they get it I’m not sure how useful it is.”

Box 7.36: Excerpts illustrating ‘Barriers experienced by the Young Person’

7.4.2: Subtheme - Emotional support through the foster carer

This was discussed in the foster carer group but not the social care group. All foster carers contributed to the discussion and spoke in concrete terms about how they offered emotional support to young people experiencing mental distress. This was through listening, pacifying, being there, talking, caring and modelling coping strategies such as going out for a walk. This links to the theme ‘supportive family approach from foster carers’ explored as a mechanism for promoting emotional wellbeing in Section 7.2.2. (i).

One foster carer remarked on the fact that she had training in counselling skills, that she was aware of others who also had this training and that this was useful to support young people. The skill of listening was elaborated following a question from Katrina to explain how this worked.

B – “(listening) can be hard when there’s a language barrier, but even if you don’t understand what they are saying and they are pouring their heart out you can understand by their body language, by the way they are saying it, by their tears, Even if you don’t understand it, at least they are off loading and you can just be there and listen.”

C - "and I find that when you are in the car with them that's another good time when you have some really good conversations."

Table 7.37: Excerpts illustrating 'Emotional support through the foster carer'

One exception to the foster carer being able to address mental distress through their relationship with a young person was explored by one of the foster carers. She had struggled with a young person who she described as displaying extreme behaviours. She ended the placement, describing the experience as '.....horrible because em...it was like it was almost like his word against mine. But I knew the boy couldn't help it, I knew there was something wrong, some real emotional mental issues, paranoia issues. I'm not an expert so I can't, I just know it wasn't ...He thought he heard voices, he thought he saw things, you know someone told him but he hadn't been anywhere you know um...I couldn't handle it.'

7.4.3. Subtheme - Young people's coping strategies

Two participants in each group referred to young people developing strategies that support them in overcoming or managing emotional difficulties. These were in terms of making themselves feel safer through having the light on or door open/locked; just getting on better and seeming more resilient; and taking an element of control over their life.

B – “I’ve not had one that’s not had the light on at night and still do.”

B – “I’ve got two people actually, considering it (making themselves homeless in order to get accommodation) at the moment. I think one of them would cope, they’ve both got refugee status so that’s not an issue, one of them probably would cope with the process and one wouldn’t. So there’s an advantage if you are resilient enough to go the homeless route and suffer this emergency accommodation.”

E – “They rather move to other people and live with friends and share very small space; but at least they still kind of (make) a decision they can make. Exactly because the rest of the power is lost in many things.”

Table 7.38: Excerpts illustrating ‘Young people’s coping strategies’

7.4.4: Summary and discussion of organising theme ‘addressing mental distress’

Social work staff in particular held a strong belief that mental health interventions should be able to meet the emotional needs of UASC. However, this perception led to high levels of frustration when they regularly encountered barriers to accessing these services. These reflect some of the barriers identified by Chase et al (2008) and Groark et al (2010) experienced by UASC in accessing mental health services. This verifies the hypothesis posited in Chapter Three that formal clinic based mental health interventions whilst being not fit for purpose are overly relied on by professionals. However, here were a few occasions cited by participants where a mental health intervention had been supportive and helpful. However, these appeared to be a minority of cases.

The emotional support provided through the foster carers presented as a far more convincing way of providing support for mental distress. This reflects themes that arose in Thematic Network 1 that elaborated on mechanisms for promoting emotional health. Together these describe a psycho-social approach, largely in keeping with psycho-social framework for meeting the mental health needs of UASC suggested by Groark et al (2010).

However, an aspect of the Groark et al (2010) framework is the provision of psycho-education that normalises reactions to trauma and teaches symptom management and coping strategies. The paucity of discussion in either group about individual coping strategies developed by UASC as mechanisms for promoting emotional health suggests that professionals lack understanding and skills in this area. The literature provides wide ranging evidence on the importance of UASC developing individual coping strategies to support their emotional wellbeing [Groark et al, 2010; Raghalleigh and Gillighan, 2010; Chase et al, 2008; Goodman, 2004].

7.5.0 Relating the Thematic Networks to the research questions

Section 7.2.5 summarises the way in which Thematic Network 1 addresses the first two research questions:

- “How do those supporting UASC describe successful outcomes for this group and how do these occur?”

- “What factors have those workers within the Social Work team for UASC and foster carers for UASC experienced as promoting emotional wellbeing and mental health for those group of young people?”

The final research question addressed in this chapter is:

- “How do foster carers and social workers identify and address mental health needs?”

Participants were able to describe signs of mental distress amongst UASC which had enabled them to identify more severe mental health needs. However, when participants perceived a need for expert mental health interventions, they were frequently frustrated by a range of barriers to accessing these services. There was a good understanding of ways to promote emotional wellbeing through providing the psycho-social support, which is described in Thematic Network 1. This is further elucidated in the description foster carers gave of their relationship with UASC, explored in Section 7.4.2. ‘emotional support from the foster carer’. The mechanisms for support described in Thematic Network 1 reflect many of the key aspects within the ‘stabilisation’ stage of the psycho-social framework described by Groark et al (2010) - creating a sense of stability and safety, a ‘secure base’, ideally having a secure legal status, receiving emotional care and support, ensuring basic needs are met and building secure relationships within a social network.

However, participants' knowledge and understanding of strategies that would support young people to recognise their reactions to trauma and develop coping strategies, appeared slender. A key recommendation of this study would be to raise awareness and provide explicit training for social care staff and foster carers on the role that 'psycho-education' can play during a 'stabilisation' phase for UASC [Groark et al, 2010]. It is recommended that this would normalise reactions to trauma, teach symptom management and support the development of coping strategies. The results of the interviews with UASC explored in Chapter Eight, together with research looking at UASC coping strategies, can contribute to this approach. This will be explored in Chapter Nine.

CHAPTER EIGHT: RESULTS AND DISCUSSION OF INTERVIEWS WITH YOUNG PEOPLE

8.1.0 Introduction

In this chapter I present the findings from the Interpretative Phenomenological Analysis of five individual interviews with young people, in order to consider the research question:

- How do young people who arrived as unaccompanied asylum seeker children in Sun-hill and are now post-18 make sense of how they have coped with the experience?

In the summary I then relate these findings to a second research question:

- To what extent do the accounts given by young people relate to a Resilience Framework?

Smith et al (2009) describe the writing up of an IPA study as a means to present the 'phenomenological' aspect of the data through using extracts from the interviews to illustrate the 'lived experience' of participants. This presentation of excerpts abstracted from their narratives is presented alongside the researcher's 'analytical commentary'; resulting in a 'hermeneutic dialogue' between the two. In turn the reader becomes part of the analytical process through their engagement with the findings. For this to occur, it is essential that the reader is able to see clearly the evidence base

for the researcher's claims and to have an understanding of the participants.

To this end, a brief pen picture of each participant is given in section 6.3.2.

Six superordinate themes were constructed through the analysis of the interview transcripts. Within these, were further nested subordinate themes, as illustrated in Figure 8.1:

A. Meeting basic needs as a protective mechanism

- Physiological needs
- Need for safety

B. Protective mechanisms through relationships

- Importance of friendship support network and sociability to access
- Role of Religion and Cultural Identity
- Experience of positive attachments in home country
- Experience of key attachment relationships in UK
- Role of social workers and foster carers

C. Primary importance of Education

- As a protective mechanism
- As a route to a better future
- Facilitating engagement in education
- Negative view of ESOL

D. Vulnerabilities and risk factors

- On leaving home and arrival in the UK
 - *Lack of control over departure or destination*
 - *Adversity in home country and on journey*
 - *Culture shock*
 - *Feeling alone and loss of family support*
 - *Racist reactions*
- Independence at 18
- Uncertain status vs refugee status
- Vulnerabilities leading to emotional distress
- Difficulties with endings/changes to relationships
-

E. Internalised protective mechanisms

Sense of self-efficacy/mastery as a protective mechanism

- Aspirations to be independent
- Self belief and positive self image
- Coping Strategies and Mechanisms

F. Life trajectory

- Maturation process

Figure 8.1: Six superordinate themes and related subordinate themes constructed through the analysis of five individual interviews with UASC.

In this chapter I explore each superordinate theme and its nested subthemes individually; providing a brief statement outlining each theme followed by an exploration of how that theme applies to each participant. The superordinate themes with more complex nested themes are represented (in Figures 8.2, 8.3 and 8.4) in order to support this exploration. In order to represent the 'phenomenological' aspect of the analysis, themes are illustrated through quotations, alongside summarisation of key points using language that aligns closely to that used by the young people.

Protective mechanisms were identified in each of the stories from the young people. These form the core of four of the six super-ordinate themes:

- A - Meeting basic needs as a protective mechanism;
- B - Protective mechanisms through relationships;
- C - Primary importance of education; and
- E - Internalised protective mechanisms.

An integral element to each young person's story was that of vulnerabilities and risk factors; this was to be expected given the fact that participants were drawn from a population that research has demonstrated experience much adversity. The detail of external risk factors and individual vulnerabilities are explored within superordinate theme D.

The final super ordinate theme, F, relates to a sense of life being on a trajectory and the individual's interaction with this life trajectory. Key elements for this group of participants were maturation into adulthood, keeping in touch with the past, moving forward and achieving goals.

8.2.0: Meeting basic physiological and safety needs

When analysing the interviews I formed a strong view that the basic needs of the young people were often paramount on arrival in the UK.

8.2.1.i Physiological needs

Several young people spoke about Social Services providing what they needed in material terms when they arrived in the UK, by providing and paying for shelter, food, drink and clothes.

8.2.1.ii Need for safety/freedom from fear

A number of the young people spoke about the freedom from fear they experienced in the UK. Three of the five expressed a belief that they had been sent here by relatives to be 'safe'. A fourth young person spoke about arriving and experiencing a "good feeling: like - you know - happy, like freedom; nobody can hit or anything: you're not scared."

B said she came to the UK to be safe and on arrival felt more safe than she had expected, especially in terms of being able to practise her religion.

Z reported feeling safe both from danger and also in receiving medical care for his severe headaches, and as a result he felt his 'life is safe here'.

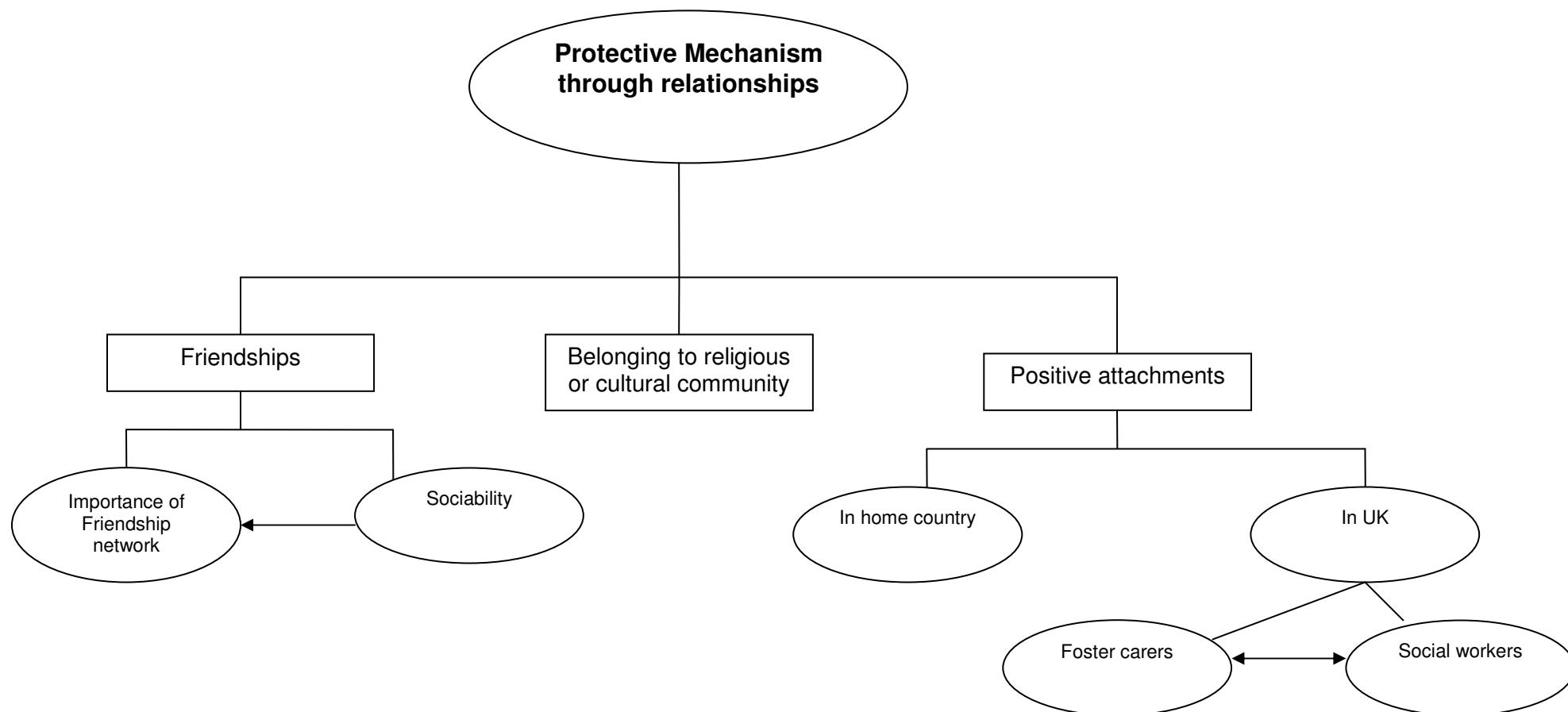
8.2.1.iii Summary for meeting basic physiological and safety needs

On arrival in the UK UASC require basic physiological needs to be met; in addition UASC benefit from feeling safe and free of fear. For the UASC in this study, I felt that meeting these basic needs represented a vital first step in starting the process of 'stabilisation'. Groark et al. (2010) argue that a 'stabilisation phase' is essential for all UASC, in order to create a sense of stability and safety.

8.3.0: Protective mechanisms through relationships (see Figure 8.1)

Across all five interviews a number of emergent themes related to the role of relationships in contributing to emotional wellbeing. In this way the basic psychological need proposed by Ryan and Deci (2000) for social connectedness is being fulfilled in some respect for all five participants. The mechanisms by which these relationships supported the young people were made apparent within the interviews and are explored below.

Figure 8.2: Superordinate theme 'Protective mechanisms through relationships' and nested subthemes.



8.3.1: Importance of a friendship support network and sociability to facilitate access

This was a key theme for all of the young people interviewed. It was clear that having friendships contributed to a feeling of emotional wellbeing in addition to bringing benefits such as learning about life, getting advice and being supported, corresponding to the emotional and instructional roles of social support identified by House et al (1988).

Mechanisms by which friendships contributed to emotional wellbeing for the participants included aspects of both a 'buffering model' for example, time with friends acting as a coping strategy to overcome sadness; and the 'main-effect' model through providing a sense of self worth, continuity and positive experience [House et al, 1988].

It was also clear from the interviews that the participants were able to connect with others and build relationships; I have referred to this as 'sociability' a skill which enables access to friendships. It can be hypothesised that this ability is rooted in positive early experiences of attachment relationships and/or having experienced being successfully 'socially embedded' in a community before departing from their home country.

8.3.1.i: Importance of a friendship support network

N said that he had a lot of friends who come from many places including his own country, Jamaica, UK, Africa and Hawaii. He spoke extensively about the benefits of having met a lot of people from different countries since his arrival in the UK, and attributed feeling happy and healthy to this experience. The opportunity to meet different people was in contrast to his own country where the population was described as more homogenous. The benefits of meeting diverse people for N were that he could learn about life, gain ideas on how to live his own life and there was an element of enjoyment and interest in having conversations about different lives and experiences.

Y also referred to the opportunities for meeting a range of people from different cultures, in the UK and during his journey, as having contributed to him maturing and learning about life.

N: "when you go out, you meet a lot of people. Everyone tells you what they are doing, then somebody give you like idea of what you have to do; you don't know nothing so you take that idea from a lot of people, then you choose which one you want. Then you start living *your* life."

N: "So yeah, meeting a lot of people: that makes me happy."

N: "There's more people in the city, more people like from different countries, so if you are in a big city yeah your mind goes wider you know a lot of things."

Y: .."back home you only meet your neighbourhood and your school people; but here and on my way so many strange people that I never see before.... andcoming to England is a very big difference it is a multi-cultural, multi-language. Because you interacted and you get different experience from different people and that teach you about life and makes you think, oh yeah this is what I think; this is the right thing. You try to identify the right problems and who ismany people from different backgrounds so that I think that makes you more mature."

Y referred to a close group of three friends who were also refugees from his home country, whom he had met on arrival in the UK five years ago. The fact that they share difficult life experiences, a cultural understanding and religion is important for these friendships; he also expressed a sense of shared identity in terms of their all being ambitious with clear targets in life. For Y this core group of friends contrasted with the acquaintance-type friendships he had in church, at college and in school. This core friendship group played an important role for Y he trusted that they would be "there for him" if he needed them; they supported him through moving into independence at 18 and he talks to them about everything.

A said that he enjoys being with friends, and talked about being bored in new situations when he does not know anyone. He said that he likes to have fun with groups of people; examples that he gave included the extended foster family, his foster brothers, large groups of people at the sports club in his home country and other refugees at the refugee centre.

A: "I just go (to city he lived in initially) because I know there lots of people, lots of friends, from school, from college you know. So that is interesting time; it is very good time to be with the friends."

(later in interview) "... the other place was the refugee centre for all young people from all other country.... they all coming every Tuesday; they all come make a party! There was a lot of singing; there was lots of fun every Tuesday it was very good."

In addition, he talked about friends being a source of learning and support; when he first arrived he spoke no English and was very quiet and withdrawn. Things improved when he met a friend to talk to and go out with. Then he met other UASC at school and they could learn from each other because they shared similar experiences. Now, he has a range of friends from different countries, including one from UK. If he has a difficulty, his sources of support are his older foster brother and his friends. These peers help him sort out difficulties and give him advice.

A – "...if I have a problem from college I go to a friend, one of my mates you know. He lived with me in foster family so he is like -you know - big brother! I like him very much he is very good boy. So whenever I got problem, because he know everything I call him, if he can sort it out; if he know he tell me what I have to do."

B talked about friends supporting her through difficult situations such as transition to independence and experiencing racial prejudice. She felt that

talking to friends about problems was helpful; and in terms of experiencing prejudice it was less frightening if she was with a friend because they could just laugh and say 'Look what kind of mentality they have!' Like Y she had a core group of friends whom she had met at a hostel on arrival; friendship had grown from a sense of shared experience and helping each other out.

Overall, B identified social services, friends and church as all having helped her in the UK. Her enjoyment of education was partly due to the fact that she had friends there and they have fun together.

Z meanwhile, reported that he has lots of friends from his home country and other countries, including some who live at the same hostel. He felt that on a scale of 0-10 these friends were a 10 in importance, due to the fact that friends help physically and mentally with problems.

When he first arrived, friendships with peers from his home country were important to Z. Z consciously tries to talk about happy things with his friends to cheer himself up if he feels down. In this way friendship are clearly acting to promote his emotional wellbeing in line with the 'buffering model proposed by House et al (1988).

Z: "especially at night we try to sit down there and chat and make fun. Even when I want to call them, so I try to do my best to talk about good and happy things, enjoyment things and try to ask them, "Come on! Have fun here! Let's have fun here!" We go for tea and that sort of

things and try to change my mind totally about all the worries and tensions.....try to play something: maybe take a goal - a football - that sort of thing, and try to keep ourselves away from the tension and stress.”

Z was the only participant in this study without secure refugee status. Groark et al (2010) argue that relying on the type of ‘avoidance’ strategies described by Z, is an effective coping mechanism for UASC who lack the certainty and safety of a secure refugee status. However, in the long term avoidance strategies can become ‘maladaptive’; whilst processing past events in order to create a ‘coherent and detailed narrative’ is therapeutic [Enholt and Yule, 2006].

8.3.1.ii Sociability

N referred to meeting others in a way that indicated an ease in building relationships.

N - “Yeah, I’ve got a lot of friendsyou meet them sometimes in college and you meet them sometimes in the road ...You start talkingsometimes you know, in break time you go to the canteen or you go to the common room and there is pool in there and a table tennis table in there. When you play, everyone plays there so, and when you want to play there are people there and you start talking. That’s what they do - a lot of people, and that’s how you meet people ...”

Y meanwhile, referred to a sense of being socially embedded in his home country, where he played sports and spent time with friends. He also talked about building relationships with people in a variety of contexts in the UK, such as school and church, which indicated an ease with people.

Despite an initial period of feeling withdrawn and not engaging, A made friends and it is clear that having groups of people around is important for his wellbeing: he talked about having had this experience in his home country and it having been positive “ ...when I used to go in my country to boxing gym, there was about 25, 30 people; that was very interesting very good, you know?”.

B’s story indicates that in her home country she was socially embedded with friends and family with whom to enjoy her life; and she currently enjoys her friendships in college and church.

Z spoke of experiences at the Madrassa at home, and playing games with other children there. He also spoke about starting to make friends bit by bit from the day he first arrived in the UK. His foster family took him to meet other Afghani young people and then took him to a community group for UASC. He felt he was able to embrace each opportunity and start to make friends.

8.3.1.iii Summary of friendship networks

The participants in this study have all developed friendships that provide social support through a combination of social companionship, emotional support and informational support [House et al, 1988]. This is in contrast to research findings explored in Chapter 2 in which the participating UASC did not generally identify peers as sources of emotional support [Derluyn and Broekart, 2007]. Research into coping strategies explored in Chapter 2 [Goodman, 2004; Maegusku-Hewitt et al, 2007; Ni Raghallaigh and Gilligan, 2010] did not identify social connectedness with friends as a significant coping strategy.

In contrast Groark et al (2010) identified actively seeking relationships so as to counter loneliness as one of three coping strategies amongst participants who were newly arrived in the UK. I would argue that these research findings not only reinforce Groark et al's (2010) finding, but extend understanding of the mechanisms by which friendships support emotional wellbeing: that is, through sharing and being supported through difficult experiences, having fun, providing continuity over time and acting as a 'buffer' against stress.

8.3.2: Role of religion and cultural identity

The role of religion and/or being part of a religious or cultural community in contributing to emotional wellbeing in the UK was referred to by four of the five young people. For these four there was a sense of being socially connected

through attending a place of worship. For one participant, the religious aspect was, of itself, a potent protective mechanism; for other participants the sense of a shared identity or a sense of connection with the past was important.

N referred to attendance at church with foster carers being a good thing and as providing opportunities to meet people. He also referred to the fact that he continues to attend church, but does not remark on what this contributes to his life.

Y referred to the fact that he had attended church since he was young and attends now every week, but did not elaborate on how this contributes to his emotional wellbeing. However the sense of a shared cultural and religious identity was evidently a key element of Y's core friendship group described above.

On arrival at a foster family, a key support mechanism for A was the fact that his foster parent took him to meet others from his home country and eat at restaurants run by people from his home country. This sense of familiarity was a key support for him at a difficult time when he first arrived. In addition, since he did not speak English at that time, people he met were able to speak to him; translate for him; give him advice; and tell him where the mosque was. He continues to feel a strong sense of identity with people he meets from his home country, but now has friends from many countries.

A – "...that was fantastic when I went (to meet people from home country) I

go and see, I never knew there was (home country) place and I go there and I see the people that come to England. So exciting ... like so exciting - then give hugging and hugging each other. They tell me what you need to know. like a lots of help; they tell me where the mosque is, so I can go for a prayer and everything.”

For B religion was an important element of her life; attending church provided supportive relationships with others who help each other, provide ideas for how to live and are “really nice to each other”. In addition, the spiritual aspect of her religion was an important support mechanism during difficult times: through reading the bible and praying she felt she could forget problems.

Z spoke about his friendships as being principally from his own country, but did not refer to other aspects of religious or cultural identity.

8.3.2.i Summary of the role of religious and cultural identity

In summary, whilst maintaining a connection with religion was important for four of the five participants, these findings do not support previous research that has positioned religious identity as a core coping strategy that also contributes to other coping strategies [Raghalleigh and Gillighan, 2010]. Religion was presented as just one element of a more holistic cultural identity that participants found to be comforting on arrival in the UK; this corresponds to the coping strategy identified by Raghalleigh and Gillighan (2010) of *‘maintaining continuity in a changed context’*. For the participants in this study,

this also included having friends from the same cultural and language background and eating familiar food.

8.3.3 The experience of positive attachment relationships

8.3.3.i: Experience of positive attachments in home country

A strong theme emerging from three of the five interviews was the existence of strong family attachments in the young person's home country. A fourth young person alluded to a strong sense of family in the home country, but did not elaborate on these bonds, and there was a sense that this was too painful for them.

The fifth young person, A, had lost his father at an early age, his mother was ill and his uncle had lived some distance away. He did not seem to have any key enduring family bonds, although he did indicate a time at which he had been socially embedded in his home community, through attending a community boxing gym. He also spoke about older men within the community providing guidance and explaining 'what you have to do in your life...what you have to be.' However, as a result of difficult circumstances this sense of belonging was fractured and he seemed to experience a sense of rejection in being sent away.

N spoke powerfully about his attachment to his grandma who had raised him and was his 'everything'; she has always provided empowering messages on keeping strong, getting on in life and relating positively to others.

Y spoke powerfully about his bond with his family, the fact that his parents were his role model. In an echo of the way N's grandma had taught him to be strong, Y made it clear that his parents had not raised him to be weak. This attachment and influence remain alive for Y, who lives in hope of seeing his family again; their influence on how he lives his life is key and he is in no doubt that they would be proud of how he is doing.

Z meanwhile, spoke about his grandparents with whom he had lived since he was 10 and whom he misses a great deal; he felt that they had sent him away to be safe and spoke about his brother, whom he also misses.

N: "I don't want to take any advice from other peopleI listen, but I don't do it because of them I have to believe it myself first. But, my grandma if she talking to me yeah, I think everything she say is right for me. I don't know - it could be wrong, but for me everything she say is right and I don't think she ever say something bad to me. Everything yeah everything is in the right way: whatever she told me to do and I'm doing it yeah! It make me happy, so my gran is the best."

Y – "My family, they are my life, they are the people that brought me to this world and so I can't compare them with anyone. There is no secret between

families: I mean in my family, yeah. They have a big influence of course: they teach me how to live; they teach me wrong from right... right from wrong and how to be socialised, how to approach people, how to live my life - everything they teach me. I really have a very strong bond with my family.”

N recognises the need to have one person in life that is there for you, and for him that is his grandma.

N : “...you need someone in life you know: she is that one. You need someone to give you some advice to make your head up, to be strong, then carry on with your life.”

B, however, was reluctant to talk in detail about her family. She said they were important, but that she was not able to be in touch with them.

8.3.3.ii: Development of key (attachment-like) relationships in UK

There was a range of people referred to as being a key person in the UK.

Across the five respondents, this kind of key attachment-type relationship is characterised by:

- an openness that allows the young person to talk about emotions and experiences;
- support with problem solving and advice; and

- a feeling of pleasure when that person recognises their achievements and feels proud of them.

This type of relationship would fulfil the attachment figure's role, described by Crittenden (2005), of supporting a young person to reflect on new learning and information in order to make sense of it and integrate it into pre-existing internal working models.

N referred to a girlfriend whom he had had for a while who was able to give advice, give ideas and help him think about problems.

N did not talk about a key attachment to either his foster carer or social worker, explaining their helpful input as being their job rather than as a result of their being close to him. N is the only one of the five who continues to have contact with a member of his birth family, with whom he has a strong attachment.

N : "They (foster carers) used to help me butto be honest ...they doing it... like they not doing it for you, they doing it for them jobs to be honest and straight yeah ...sothey was important for me but....they were good for me; they used to help me - everything I need or something, but obviously at the some time they used to do it for them jobs: not for me, so I think like if I didn't have any support, you know from anyone: I think would they take care of me? I don't think so! I don't know!. They wouldn't help me for free: you know what I'm saying! They need to get something, so they was important for me but not

on that level. I mean I don't expect help from them now."

However, N spoke about his foster carers as having provided a key source of help during his time in UK, through giving him advice on how to achieve in life and continuing to act as aspirational role models for what he could achieve.

Y spoke about the relationship that developed with his social worker in the UK and the fact that he was able to speak about 'almost everything' with them, including his emotions, relationships, family and what he needed. He also spoke about his social worker being impressed with his college results. Y found this relationship helpful and felt that it had been beneficial to have one person as his social worker, so as to build up a relationship with them.

Y: "..... you can't just open up to someone new, so it is better to have someone you know for a long time. I don't like the idea of changing social workers every so often....."

The young person, A, who did not appear to have had a key relationship in his home country developed strong attachments to two foster 'uncles' and also to the city in which he was first accommodated.

A – "I love (City) because I lived there, you know first, when I come to England. I lived there for two and half years. It is like my own city like I was born there. So when I go there, you know, I feel free. I just go there because I know there lots of people; lots of friends."

In particular his principal foster uncle is more important than anyone in his home country. He identified him as having taught him how to live in UK and learn English. A second respite foster family also became very important to him. He maintains contact with both families and their approval remains important to his sense of self.

A – "...the most important (person) was, you know, my uncle (foster father) because he was the only person: when I can't say anything, he teach me everything from the beginning. From the money, the road crossing he teach me; he was the only person - even setting the table! He was telling me how to eat, how to sit, how to talk with people."

A: "...when I first passed my driving test, I go to my uncle (second foster father) ooohh it was so exciting, so I hug him. Ohh it's really good time in your life! He really say, "Look at other kids: you are just an example for them. You passed your driving (test): you did really well.Because I failed my test three times, fourth time I passed!" so when I passed, I feel like "Ooh!" - so he was really happy; more than me!"

Z had been with three foster families and cited the final foster mother as being particularly important to him, being like his 'real mum'; she supported him, taught him life skills and attended court for him. Her positivity towards him was important to his positive sense of self, and the fact that she had gone to court and said good things about him was key. Z is still able to turn to her if he is stuck.

B developed a strong attachment to her social worker on arrival; she subsequently found a change in social worker to someone she did not find so helpful very stressful. Despite this 'rupture' she spoke of Social Services as being 'like family': looking after her, giving her confidence, giving her ideas on how to handle problems and providing an opportunity for being happy. She clearly felt her social worker had cared about her and kept her in mind.

B: "...My social worker: she was really good yeah; she was really, really good. She helped me with everything: to not feel alone, she took me with her kid; she took me around; she show me too many things. So that kind of thing they help you to be happy.They care about you always. They call you, what you doing, what you want to do, what you want - you know too many things. They took you out with them to enjoy; to spend time with them; too many things like part of the family to look after you. If you have any problems you call them immediately and they solve those sort of things so that all stuff they help you a lot."

B: "there's too many very good person (in Social Services) very, very good person.....They give even not work time they give you even extra....time which means they really care: they look after you."

8.3.3.iii: Role of social workers and foster carers

The relative roles played by foster carers and social workers were perceived differently by the young people interviewed; this may have been influenced by

whether the young person felt the need to attach because they did not have an attachment figure in place or 'in mind'. For example A did not have an existing sense of belonging or an attachment figure when he arrived in the UK and clearly this influenced his relationship with foster carers. Y and B did not experience foster care but both had close relationships with social workers.

A had strong relationships with foster carers and described the social worker's role as being a practical one to support foster carers if they were unable to sort something out, or provide financially when he moved to a new home.

Whilst Z described a strong bond with his third foster carer; he also felt that the social worker had played a key supportive role in enabling him to develop. He described the foster carers and social workers working together as a team. He had a sense that social workers could be relied on to sort out all aspects of his life from food to lawyer to dentist. The first step to being helped was the provision of medical input for severe headaches which he had then experienced.

Neither Y nor B had experienced foster care, and both spoke positively about the supportive nature of the relationship with a key, consistent social worker.

In addition to the close bond that she built with her social worker, B spoke about the kinds of help that she received from different agencies at times of difficulty such as transition to independence; she described the fact that she had found someone to talk to, who was able to explain what to expect and

reassure her meant that she gained some peace of mind and confidence. She also reported that her college was supportive because they show you where to go, have an induction, explain everything, provide student service support if being bullied, and listen carefully to you if you have a problem.

8.3.3.iv Summary of findings with regard to attachment relationships acting as a protective mechanism

Four of the young people indicated the existence of a strong family network or key attachment figure in their life prior to leaving their home country, and the fifth referred to key adults providing guidance and support on how to live. In this way all five participants indicated having experienced being socially connected growing up. It is not possible to know whether these relationships provided an 'autonomy-supporting' parenting style [Deci and Ryan, 2008b] or corresponded to the parenting style Crittenden (2005) has described as enabling a child to make sense of their experiences of the world.

However, the participants spoke about these as positive relationships that provided guidance, teaching and contributed to emotional wellbeing. Two participants spoke about the ongoing influence of these relationships on the way that they conduct their lives.

All five participants identified one or more adults in the UK who had provided support; including social workers or foster carers. These adults generally appeared to have provided an 'enabling context' in which the needs proposed

by Ryan and Deci for autonomy, competence and a sense of connectedness could be met [Ryan and Deci, 2000]. There is evidence that as these needs were fulfilled, a level of 'emotional reliance' developed: that is, the young people were able to seek emotional support through talking about a range of important issues; this in turn led to an enhanced sense of emotional wellbeing. This mechanism reflects findings of Ryan et al (2005) whereby emotional reliance increased exponentially with need fulfilment and led to better emotional health.

Crittenden (2008) argues that positive attachment patterns are key to human survival. I would argue that the young people's descriptions of key relationships both in their home country and after arrival in the UK demonstrate that all five had developed a positive attachment pattern which has been key to their positive adaption and coping.

8.4.0: Primary importance of Education

Education was of key importance to these young people, fulfilling a number of roles for them. N, B, A and Z all started talking about their education and the course they were doing at the very start of the interview in response to a general question about their life.

N spoke about his course and aspirations 'to go to uni, finish it, find a job: that would be my dream come true actually'. N felt that his family may have sent him to the UK rather than another country because there is better access to

education here than in other countries. As a result, achieving in education was closely bound up with his views of himself as a person, his identity and the risks taken by him and his family for him to come to the UK.

The participants from the African state, N, B and Y, had experienced a consistent education in their home country since age 5-6 years. Since being in the UK all three had focused on making progress with their education and had plans to attend university.

The two participants from Afghanistan had more limited experience of education in their home country. A had attended school for 'one or two years', and had started training at age 5 or 6 to be a carpenter. He was passionate about the importance of education, stating that 'if you have no education you are like blind: you can't see anything.' This reflects Z's attitude: he also had not had a consistent education before arriving in UK and spoke passionately about the importance of education as the only thing that can change someone's life. He sees it as a way to be independent and access information.

Z reflected on the difference between his country and the UK in terms of education. He felt that if there was more education in his home country, then people's lives would be different.

Z: so an educated person can think the way the right stuff is, and he does understand what is right and what is wrong. An uneducated person is going to

be regretting on what ever he is going to be doing, but an educated person will never regret because he has got the knowledge to think about right and wrong.

It was clear that education contributed to the emotional wellbeing of each of the young people interviewed and as such I have described it as a protective mechanism. The mechanisms by which this occurred were explored by each young person and are described below; a second key theme explored is that of education as a route to a positive future.

8.5.1: As a protective mechanism

N stated that doing his college course is one of the most important things to have supported him in the UK 'I am in college; if you are in college or you are doing something, yeah, you don't get stressed: at least you can say I am doing something.'; he sees having a plan as something that makes life easier.

B spoke about her enjoyment of study and education across her life, both in her home country and in the UK: she explicitly explored the mechanisms by which education can make a positive impact on her emotionally, through being kept busy, having lots of friends, having a sense of achievement, and meeting the challenge of having a lot of work to do. There is a further sense that B feels part of the college community and that this provides a sense of belonging.

Z and Y expressed a belief that the school environment was more beneficial than college for supporting their learning of English and also enabled them to learn appropriate cultural communication because they were interacting with UK citizens. Y explained that interacting with the same age group meant that he could understand the way young people socialise in this culture and what they talk about, and provided a sense of enjoyment.

The sense of achievement Y gained through education was evident in the way he spoke about study.

A spoke with pride about his achievements in the practical side of plumbing and his interest in this work. This sense of confidence and pride contribute to a sense of emotional wellbeing:

A: '...the practical is no problem. I am higher than everyone in college: they even give me a gift; they give me lots of tools. Everything is so interesting, you know, to work in plumbing. So the teacher saying all the pupils so lazy and he say come here I got one student who is interested. The practical is easy.'

Z spoke about how he had changed and developed personally during his time in the UK and his achievements in education are part of this positive change. He also expressed a love for education and the fact that he was happy with how it is going for him.

8.5.2: As a route to a better future

N and B were both focused on how the course they were completing would lead to future employment: N as a photographer, while B hopes to ‘.... finish my course at university, to graduate, to have some work in a profession, for example nursing, in the future.’

Y stated that ‘..without education you won’t get a better job, you won’t get a better life, you won’t have better lifestyle.’ He plans to study at university, then get a job using his qualification, and felt that that this would make him more independent in life.

A explained that he had chosen a plumbing course because it would lead to a good job in the future and it built on his skills as a carpenter. However hard he found the course, it was of primary importance for him to succeed:

A – ... to pass my course, to get my certificate and get a good job because it is hard, you know to buy everything with the less money. So you have to fight to win: life is a game; you have to fight. When you are kids you have to get to school, you have to learn, to get a job, to get a good life, so you have do a hard job - you know, hard work to get your future good.

Z is currently doing an ESOL course and found it hard to plan beyond that, although he did express the desire to make something of himself

professionally in order to be successful and not have to rely on any-one else.
He believes that education will change his life.

8.4.3: Facilitating engagement in education

The following ways in which schools or colleges facilitated the interviewees to engage in education emerged from the interviews:

1. Communication between the educational setting and social care staff; for example, meeting on the first day to talk about the best sources of support in school and social workers having information about parent evenings.
2. Providing resources; Y appreciated being given a laptop, free school meals and other resources in school.
3. Y appreciated teachers who demonstrated sensitivity to English being his second language.
4. Individualised approach to learning English; this included a teacher coming to A's home to help learn English initially, attending a small school to learn English in small groups of 2-3 and the teachers of English coming from different countries themselves.

8.4.4: Negative view of ESOL

N expressed the view that it was more useful to communicate with people in English than attend an ESOL course. Y was not happy about attending an

ESOL course with adults in college because it was not too easy for him and he wanted to be going to school with same-age peers. However, Z was attending an ESOL course and spoke positively about it.

8.4.5 Summary of education as a protective mechanism

Education was clearly of paramount importance to all five participants; this reflects previous findings in research with UASC, reviewed in Chapter Two [Kohli and Mather, 2003; Maegusuku-Hewett et al, 2007; and Wade et al, 2012]. However, there is a paucity of research into the mechanisms by which schools can facilitate engagement of UASC or the mechanisms by which engagement in school acts as protective mechanism for UASC; both of which this study has begun to consider.

These findings demonstrate that engagement in education acts as a protective factor for UASC in a number of ways:

- A sense of pride and achievement associated with education is described by participants as promoting emotional wellbeing.
- Peer relationships in school provide opportunities for learning both English and about the UK culture; this facilitates UASC in adopting an 'integration acculturation strategy' [Berry, 2006].
- Relationships with peers in school fulfil the role of social companionship; reflecting findings of Derluyn and Broekart (2007).
- Attending school or college can result in a 'sense of belonging'.

In addition, education contributes significantly to two of the five recovery processes, identified by Tew et al (2012) as forming an effective psycho-social approach to addressing mental health problems:

- it can provide a sense of hope and optimism about the future; and
- provide a sense of meaning and purpose in life.

8.5.0: Risk factors and vulnerabilities (see Figure 8.3)

8.5.1: Risk factors

The risk factors for poor emotional health spoken about by the five young people arose from their circumstances as UASC: that is, having little control over the decision to leave their country and no idea about their destination; on arrival in the UK, the new culture and being alone. The systems imposed by legislation such as the need to apply for refugee status and to move into independence at 18 were potential but not inevitable risks for these young people.

Themes developed as risk factors are frequently associated with challenges to the one or more of three basic psychological needs postulated by self-determination theory [Ryan and Deci, 2008]. Firstly, the UASC experience inevitably leads to a lack of autonomy at points in the participants' lives, particularly at the time of departure from their home country, arrival in the UK, experiencing a lack of autonomy over their future through uncertain refugee status and for some, transition to independence. Secondly, on arrival,

participants appeared to experience a challenge to their sense of competence when faced with a completely different society and language barriers; and finally participants' sense of social connectedness was adversely affected, as evidenced by expressions of loneliness and loss.

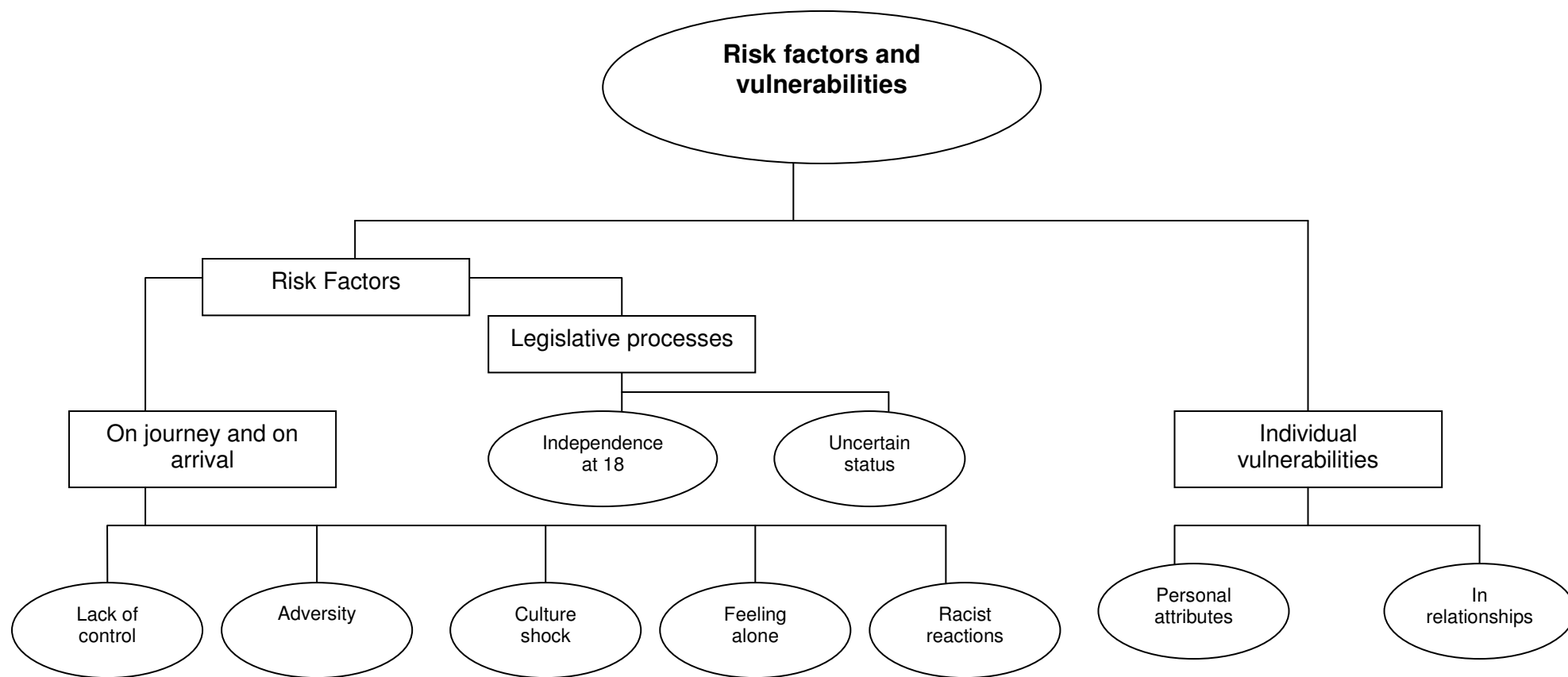
In addition, a number of risk factors are associated with experiencing threat to the physical safety of participants and/or those close to them.

8.5.1.i: Leaving home and arrival in the UK

Lack of control over departure or destination - All of the five young people spoke about being 'sent' by family members to the UK; they lacked agency or control in the decision-making process or in chances to ask about what would happen to them. They did not know where they were going.

N, for example, spoke about arriving and not having any idea about what he was going to do next and being 'put in' foster care. There is a clear message of things being done to him at this point in his life and it is only after being in the UK for a while that he felt he was in a position to start living his own life; for N, this meant taking control of his life and making decisions for himself.

Figure 8.3: Superordinate theme 'Risk factors and vulnerabilities' with nested subthemes.



Adversity in home country and on journey - The majority of those interviewed had experienced adversity in their home country before leaving. B referred to having been in trouble in her home country, and this being why she had had to come, but she had no idea where she was coming to.

Y had been informed by a family member that he was in danger and must leave for his own safety. Y also had a very difficult journey to the UK which he did not want to talk about, although he did say it had been a risk that paid off when he received refugee status. Y had bad nightmares and sleeping difficulties when he first arrived, taking sleeping pills for a short time to address this difficulty.

Z's life had also been in danger in his own country; he had lost his parents when he was 10 and lived with his grandparents for three years before these troubles had restarted.

A experienced adverse events in his home country for a number of years before leaving; his father died when he was young and left the family with little support apart from through an uncle who lived an hour away. His mother was ill, and A started to work for the family at a young age. He was then taken by the Taliban and when he managed to return to his village the police were looking for him. Since he was endangering his family, his uncle sent him away. He was the most displaced young person interviewed as he seemed to have lost a sense of belonging in his home community.

A had a difficult journey over six months with different people; he described this as very hard as he had no freedom and was frequently hit.

Culture shock - When A arrived in the UK there was sense of freedom but at the same time everything was different and he could not understand any English. It is starkly evident from A's account that he experienced a profound culture shock on arrival in UK and for a while this affected his personality – he became quiet and withdrawn:

A – "I was a little different (from the way he had been at home) because everything was..... When I came, I was like the first thing I can't speak English! So I was settling in, working out how the people is here, how is all the things. So that makes me quiet - you know when you don't understand somebody so just you can't say anything, you keep quiet (laughs)".

On arrival in the UK N experienced difficulties in adapting at first due to the language barrier: not understanding what people were saying affected his confidence; he worried that people were talking about him; he got nervous when people spoke to him and he didn't know what they were saying; in shops if there was a difficulty with communication he felt like an idiot, often leaving and trying somewhere else. He is aware that he needed to build confidence in communicating and that this was best done through practising talking to people. His initial reaction and lack of confidence appears out of character for a young man who now prides himself on being strong and not caring what others think of him.

B referred to the fact that on arrival everything was new and unknown, including the culture and language. Y referred to how different the UK is, in terms of being multi-cultural, with people from different cultures and speaking different languages, as well as the many 'strange' people he met on the way to UK.

Z could not read or write at all when he arrived; he did not understand the language or know about the culture: he did not have a clue what to do. He was really unhappy and sad when he arrived in contrast to feeling happy and satisfied now.

Feeling alone and loss of family support - The most significant difference for Y in the UK was that he was living without family support; in his home country his family was always there for him when he came home:

Y – "I used to spend my time with my family (back home)....it's entirely different nownow I spend time with friends or alone, but back home I used to spend it with friends, and when I come home my family is there for me and we used to share everything together: it is a bit different. It's actually a big difference, it makes me lonely and I miss them. I miss the time that I shared with them andeverything every thing about home. (Here) can't be the same."

Y says that he is happy, apart from this separation and feeling of loneliness, which is made worse by the fact that he is not in touch with any of his family.

However, as a result of being alone, Y also feels an overpowering sense of responsibility for his own life which he would not have had to contemplate if he still had family support.

Y – “When you come here it is totally different: back home I was young and I never thought about anything because my parents are there for me and they do everything for me. When it comes to England I am here alone, I have to think about my life ...how to lead it: what I have to do and everything sothe responsibility that my family had on me ...everything has to be by me now so it’s...entirely a big difference because I’ve got big responsibilities.”

Despite overcoming initial difficulties on arrival and now feeling happy and satisfied with his life, Z becomes sad if he thinks about his family. This seems to be a complex sadness arising from feeling all alone and worrying about what will happen to him, alongside a sense of loss and worry about his family, especially his brother. He contrasts this sense of loss to the loss of his mother and father who died while he was living in his home country, but does not say how this is different. It may be that the uncertainty of not knowing what has happened to his family results in feelings of anxiety as well as sadness.

Z – “I do miss them a lot and I’ve visited and applied for assistance from the British Red Cross to find my family, but they have been unsuccessful.”

B referred to feeling alone in the UK and Social Services helping her to not feel so alone; she is not in contact with her family and does not know where her parents are.

When A arrived in the UK, he experienced a sense of freedom, but at the same time, he felt that he had lost 'everything'.

There is a particular sense of rupture for the three young people (B, Y and Z) who have strong attachments to family in their home country but are not in touch and are left with uncertainty as to their wellbeing.

Racist reactions - Two of the young people referred to racist reactions from others in society as a factor which had caused them emotional difficulty. N said that some peers appeared to be scared of him because he is black and he noticed that they avoided him and didn't want to talk to him. Though he professed not to care whether they talked to him or not, he also said it made him feel a bit down when people judge him in this way:

N: "When they do that it's like, who do they think they are..... some people they judge you. But before they judge you, they've got to know you first, so when they know you and can judge you."
--

N was also aware that he was at a disadvantage going for jobs when he was in competition with UK-born citizens.

In a similar way to N, B minimised the effect of what she described as racist incidents "some place, some people, is like racism things but it's OK, it's fine". She then described being ignored in some public places "sometimes they don't even like to see you, they don't like even to talk to you, you feel it in the face or something; they ignore you that's all." She also relayed a specific incident on a bus. She described feeling scared, upset and uncomfortable as a result of these incidents. She also expressed a feeling that there was nothing she could do about them.

8.5.1.ii Risk factors associated with legislative processes

Independence at 18 - B found the required move to independence particularly difficult, reporting that it had a significant impact on her emotional wellbeing. This was exacerbated by the fact that her social worker, with whom she had built a strong relationship, changed at this time and she found the new social worker unhelpful, harsh and judgemental.

B: "I'm just stressed because it wasn't like this; before, they help in a lot of things. ...The social worker said that's it, you stay in the road (laughs) that is the worst things I had in my life."

The process of moving, as described by B seemed to mirror her experience of flight from her home country in that she had no control over what happened to her; she left her home but did not know where she was going that night; she experienced a sudden feeling of being alone since her new social worker was

unsupportive; she ended up in a hostel a long way from her college or anyone she knew; she did not have anywhere to cook; and seemed to experience a degree of fear in the new situation:

B: "...it was really far away and I just see people and they just drunk and too many things. "So you're going to leave me here (voice rises in pitch) that's it?" (laughs). OK!... and in that moment I got really difficult life because before it wasn't like that and just in the moment changed everything and I stayed there and I can't cook because they don't have place to cook and just to sleep."

The process of getting permanent accommodation following this temporary move continued to be stressful for B. She did not feel clear about what she should be doing to acquire a house and felt totally 'alone' as Social Services were not helping her. She felt unsupported by her social worker and felt that the communication between them broke down at this crucial time of change:

B: "Oh we don't understand each other; she don't understand me - sometimes she think I want to do to myself this troubles. But I don't want to be stressed, so how come I make these kind of troubles? You know we don't understand each other, so I am scared to call her sometimes and if I don't call her 'why you don't call me this happen - if you don't tell me there's going to be trouble'".

Once she had found somewhere to live she experienced further stress due to the need to budget and ensure that she paid the bills:

B: " ...for example um...if you don't pay water, you don't pay electricity you don't pay everything you going to have trouble. So you need to pay on time....so to manage that money to pay on time you make a stress because for example you've got fifty pound yeah OK, so £30 for water £10 for light, and the rest for you to clean house; you know, too many things for food ...so that make you stressed."

In comparison A did not appear to have found the move to independence in itself to be stressful, although he was really sad to leave the foster family and in particular his uncle to whom he was attached; he continues to miss them now. Y said he had coped with the move to independence as he had friends with whom he could stay.

N was a clear exception to the received understanding that moving to independence at 18 is a risk factor for UASC. He is clearly proud of the fact that he is independent and able to care for himself. "I think that's a proud thing when you start to live by your own.". He sees his life as having started when he reached 18 and moved to independence. His ability to take control of his life and regain a sense of autonomy contributes to his emotional wellbeing, ameliorating the risk factor he experienced on arrival, in having little or no control over his life.

N: "...if when I was out I was with my family yeah I used to know a lot of people 25 .. 26 in the church and you start to talk to them yeah, and they lives by their own and do everything by their owns yeah, but if you are under age or you 16 to 18 you live in foster care and you don't, you don't, you can't do what ever you want to do: if you want to go out, you have to ask them: you know what I'm saying? -You can't have your own responsibility."

Uncertain status vs refugee status - Of the young people interviewed only Z had uncertain status. Y spoke about his first four months being difficult, due to uncertainty about his status he "...stress out for the moment and makes you think about everything you've been through um...how you came and if you don't get your paper and.... you could likeI did everything for nothing.' He cited friends who did not have refugee status and how this contributed negatively to their wellbeing "they think about it every day and night; they think about what could happen to them."

The accounts of these young people indicate that obtaining refugee status acts as a protective mechanism; Y spoke about how he felt happy and grateful when he received permanent status 'because I feel like I am accepted to this society for who I am, for why I came here. I think I can say I feel loved or accepted. I came from a strange society to a new country and for them to understand my situation and give me that chance makes me happy, and from there I start leading my life.'

Gaining refugee status removes uncertainty about the future, allows the individual to regain some sense of autonomy and can provide a sense of belonging to the new culture.

8.5.2 Vulnerability factors

In contrast to protective factors, vulnerability factors render an individual more susceptible to poor outcome from risk factors [Mastern and Telligen, 2012; Rutter, 2012]. Vulnerability factors can exist at the internal, family or societal level [Cicchetti, 2010].

8.5.2. i: Personal attributes that have a vulnerability effect

This theme is concerned with vulnerability factors at the internal level. Since the young people I interviewed were chosen to represent a sample of youngsters who were ‘doing well despite adversity’, it may not be surprising that this was not a strong theme within their stories, in comparison with the contrasting theme ‘internalised protective mechanisms’. However there was some evidence of emotional distress arising from vulnerability amongst these participants. In some cases this appears to relate to a context in which the participants’ psychological needs for autonomy, a sense of competence or social connectedness are challenged.

N appears to be sensitive to the judgements of others, although he is actively working to minimise how this affects him through self-talk about not caring

what others think of him. He appeared particularly vulnerable to these negative feelings just after arrival. This was a time when he not only lacked a sense of autonomy, but also experienced challenges to his competence: that is, he reported difficulties with communicating when he first arrived in the UK as affecting his confidence.

N: "One old lady was there and she was from my country and the people who come from my country, they don't wear like that clothes... you know what I'm saying; and when she see me, yeah, she goes like um..."...how can you wear... like that?" She started judging me, she doesn't know me, she hasn't talked to me, she never met me before and she started talk about me: "Oh you're going to get into trouble if you wear like that.... blah blah....", and I didn't talk to her in that time."

B appeared to be sensitive to signs of disinterest or rejection from adults in an role of authority. She relayed a number of situations in which she felt that she was being ignored or brushed off by people to whom she turned for help, which lead to her feeling stressed in these situations.

Throughout Z's interview there was a strong sense that his headaches are having a negative impact on his emotional wellbeing and a key focus for him is to sort these out. He attributes the headache to a time when he was 9 and fell heavily on his head. However, it could be hypothesised that poor mechanisms for coping with pain are rendering him more vulnerable to other stressors in his life. He appears to battle with anxiety; although he actively

takes action against this, he has a tendency to worry about his family, his education and his future, which makes him upset. He chose to use an interpreter for the interview, despite the fact that his social worker reported that he is able to communicate in English, perhaps indicating an ongoing lack of confidence and sense of competence.

8.5.2.ii: Vulnerability in social relationships

B was evidently profoundly affected by the dramatic change in relationship with Social Services when her social worker changed. It seems as though her vulnerability as a result of being alone in an unfamiliar country and her previous experiences of losing key relationships led to her forming a strong attachment to 'Social Services'

B: "...there's too many very good person (in Social Services). Very, very good person, the help they give, even not work time they give you even extra. For example today she finish; maybe she don't even have work today, but she give you time, which means they really care: they look after you; they really... I mean I don't know what to say."

and that when this was ruptured, it accentuated her dependence as a source of enduring vulnerability.

In a similar way, A demonstrated an extreme reaction to an early disruption in his relationship with his foster family – he was asked to spend some time with

another family in another city while his foster family went on holiday. He reports that he refused to go and said he would stay in the initial family's house – this led to some conflict with Social Services and a threat that the police would be called if he did not comply. He explained it was the first time that he had had to leave the home and the city he had grown used to.

8.5.3 Summary of risk and vulnerability factors

The experiences reported by UASC in this study illuminate a number of risk factors associated with their experiences; these reflect many of the factors explored in the literature and reviewed in Chapter Two. These experiences often result in a challenge to a sense of autonomy, competence and/or social connectedness, which are basic psychological needs [Ryan and Deci, 2008]. It is essential that psycho-social approaches to supporting the mental health of UASC recognise the potentially harmful psychological impact resulting from a loss of autonomy and/or competence as well as social connectedness.

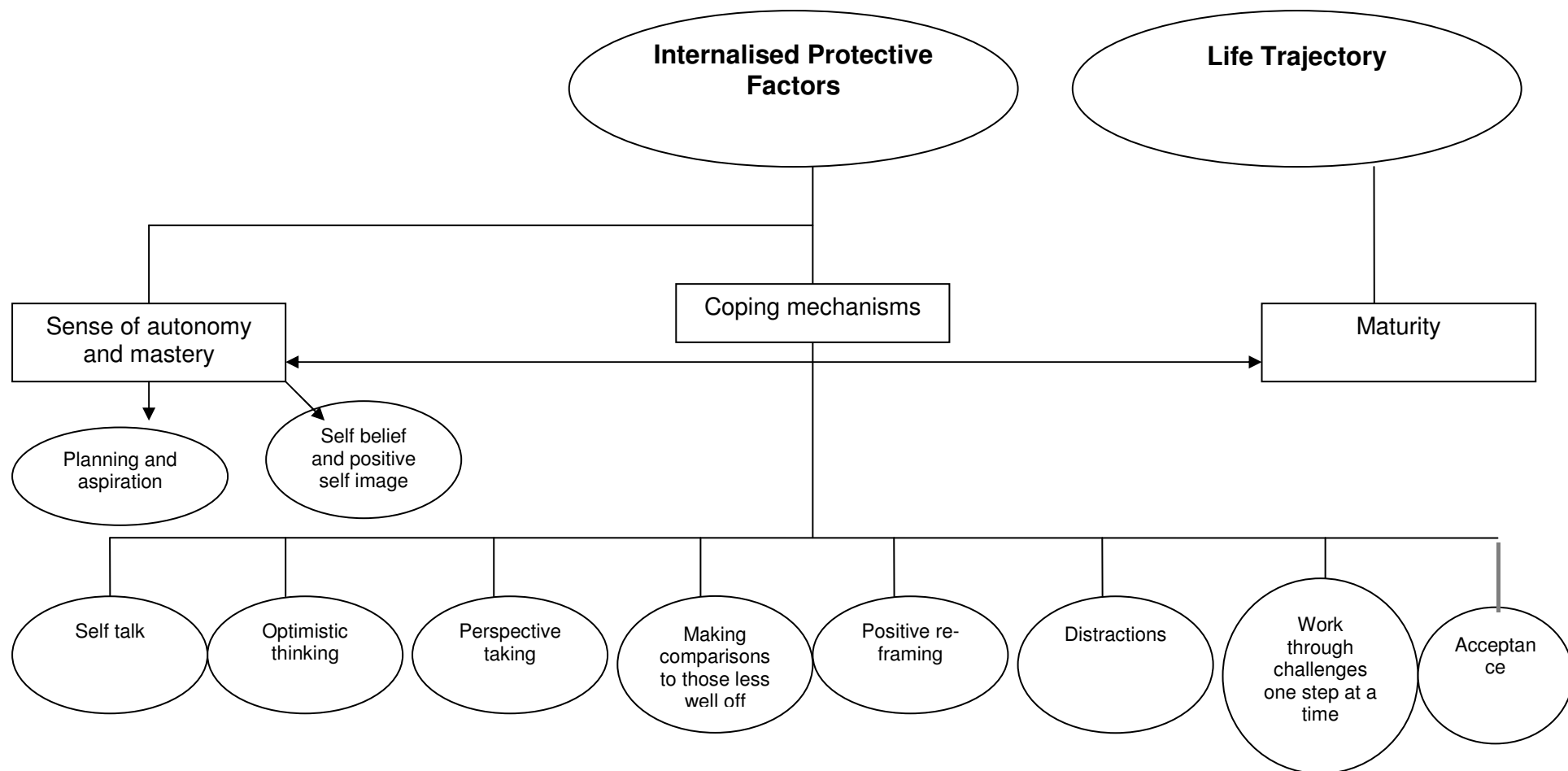
Dealing with traumatic events experienced prior to arrival in the UK, alongside loss of family and friends have been found to be a risk factor for UASC in developing mental health problems [Heptinstall et al, 2004; Groark et al, 2010]. Experiences of racism and discrimination have emerged from other research that has sought out the voice of UASC [Stanley, 2001; Wade et al, 2012]; I would argue that this constitutes a potential risk factor for mental health problems for UASC in the UK, and should be taken into account in supporting UASC.

An interesting element of this analysis was that the move to independence was not necessarily seen as a risk factor. In fact, it had potential as a mechanism by which UASC regain a sense of autonomy and competence. It may be due to the dominant voice in the UASC literature being one that frames UASC as vulnerable victims, that the potential for independence at eighteen to be a protective mechanism is not considered.

There were few examples of individual's being vulnerable to poor outcomes in the face of the risk factors experienced. This is unsurprising given the selection process. However, despite demonstrating high levels of resilience some of the participants demonstrated vulnerability in particularly adverse circumstances: just after arriving and struggling with the English Language; a sudden and unpleasant transition into independence; or not yet having a secure refugee status.

The young person without a secure refugee status demonstrates vulnerability to anxiety and 'getting down'. He deals with this through avoidance at present as discussed in section 8.3.1.i.

Figure 8.4: Superordinate themes 'Internalised protective mechanisms' and 'Life trajectory'



8.6.0: Internalised protective mechanisms (see Figure 8.3)

8.6.1 Sense of autonomy alongside a mastery orientation as a protective mechanism

In contrast to few example of vulnerability, all five young people demonstrated both a mastery orientation to life, (that is a belief that they can overcome difficulties or problems with which they are faced), and a sense of being in control of their future. Being self-sufficient and independent was important for the participants. This mastery orientation impacts on the young people in terms of having self-belief, a positive self image and having plans/ aspirations in life, each of which is, in itself, a mechanism that is protective and promotes emotional wellbeing.

This theme can be related to Self-determination theory and links to evidence that the young people are experiencing a sense of autonomy and competence in their lives. Since all five also spoke about social connectedness, there is evidence that for all five participants the three basic psychological needs postulated by Ryan and Deci (2008) are met.

For N it was clearly important to be in control of his own life and he strongly believes that he is – he talks about taking ideas from a range of people whom he has met in the UK, but always taking the final decisions about his life for himself. He spoke often about ‘living my life’, by which he meant following his own path in life ‘so you live life how you want to: not how people want you to.’

N demonstrates a mastery-orientation to life in that he perseveres in the face of difficulties and believes in a good future for himself:

"I'm going to try my best: you got to keep trying; you can't go back, obviously. In the future if something stopped me, I wouldn't stop, I would just keep trying. Life goes on: you try your best; the more you try your best, one day it could be like happiness."

Y demonstrates a sense of competence based on his prior experiences of being able to overcome the difficulties involved in taking flight from home:

"I had to learn to do it and..... I managed tomake my way out of itthat makes me a strong person and if you are strong personyou can face whatever situation you get."

He refers to having subsequently 'coped' with the transition to independence with the help of friends and to be now coping with everything OK. Y clearly demonstrates a mastery orientation: he does not give up, perseveres and takes action to overcome obstacles. On arrival he was not happy about the ESOL class at college he was attending, and was proactive in that he asked for a school place. Again, when he did not get this, he persevered with the course. He reflected that

"If I had quit it I wouldn't be here now, would be somewhere else maybe working (in a) warehouse. And that's not my choice: I wouldn't get the kind of job that I like."

He feels that because he has tried and done his best in education he is where he wants to be; at sixth form he identified that English was challenging but he tried hard and achieved a higher grade than was predicted. He is not afraid of challenges and in fact seems to relish them – he acknowledges that it won't be easy studying at university but is looking forward to going.

A states that his plumbing course is difficult, but that is OK for him because he sees that he needs to work hard to complete it and that he is 'trying my best: that is all you can do'. This sense of mastery incorporates an attitude of perseverance and self-belief which is reflected in his story from when he arrived in the UK with little education and no English. His perseverance was also shown through his determination to pass his driving test which he failed a number of times.

"...most of my friends when they failed, they are like, forget it man - it is too hard, but I was there, no I have to pass the test: I need it. So I did it and I spend a lot of money as well until I get it."

A has experienced captivity and lack of freedom in the past and the sense of freedom he experienced on arrival in the UK was liberating for him because no-one could tell him what to do. Having a sense of autonomy and

independence is of key importance to A; he cites a major achievement as having 'learnt to sort out my own problems' and he expresses a sense that 'everyone is alone in this life' and so a sense of self-reliance is key.

Z expressed the belief that if you want change, it is down to you to change yourself; demonstrating a mastery orientation to learning through seeing achievement as being down to his own efforts and hard work. However he was aware that in order to achieve he needed the ongoing support and safety afforded by living in England; he felt that if he continues to be kept as safe as he is now he could achieve 'anything in my life that I want'. For Z the fact that he had arrived 'without a clue' about the UK culture or English language and can now manage almost everything for himself is a major achievement. He expressed a love of education and explained how he had overcome the challenge of learning English through his own 'willingness' to learn and the school's intensive support.

In contrast, B indicated that she had struggled to take control of her life; relying heavily on the help of Social Services and adults within college, occasionally appearing helpless in the face of difficulties. However, once her social worker removed support she took on the challenge of finding herself somewhere to live, and felt it was down to her that she found a house: "It took me a lot to get that house". She was proactive in seeking out other sources of support through voluntary agencies and friends. She has also taken control of her own educational choices in order to maximise her future chances. She

has a mastery orientation to study in that she enjoys it and feels good when she does well.

Having a sense of autonomy and a mastery orientation results in the following positive adaptations for these participants:

1) Planning and having aspirations (to be independent and more)

A belief in one's ability to influence one's own life leads to a belief that one can plan for the future and actualise that plan. This planning involves having a future goal, engaging in practical steps towards that future goal, and maintaining a sense of hope for the future and an aspirational element to the plan.

2) Self-belief and positive self image

A sense of autonomy and mastery had led the participants of this study to feel a sense of pride in what they have achieved academically and in learning to live independently since arriving in the UK.

N and Y both expressed a sense of pride in being strong people; this attribute was linked to lessons they had learnt from family members. N said his grandmother '(from a young age) was trying to make me strong to think about my life she used to give me a lot of advice you know what I am saying like ...being in life what you have to do'.

8.6.2: Individual coping mechanisms

The participants demonstrated a number of what I have called 'cognitive coping strategies'; these all seemed to involve the young person thinking through the strategy using language:

Self-talk to put difficulties into perspective. When N arrived in the UK and felt shy, nervous and self-conscious about his difficulties speaking or understanding English, he overcame this by self-talk and questioning himself; "When I go out, yeah, I've got my people from my country: they speak the same language, so when I speak with them, yeah, like people don't care about us..... Then I'm ask myself why I'm doing that (feeling others are talking about him in English): they speak that other language - none of my business - then I get used to it."

Optimistic ways of thinking – participants expressed an understanding that life will have ups and downs. This understanding allows them to be resilient and cope with difficulties because they know that they will not last for ever.

Perspective taking - participants demonstrated an understanding that life's difficulties are not personal to them, but something everyone has to manage:

Making comparison to those less well off – participants compared themselves to others less fortunate than themselves or a time in the past when they faced severe adversity. 'I am happy because I have friends who didn't get this

chance and I have friends who don't have any paper: any refugee status, who still waiting for it. I have friends who don't get chance to go to college. I have friends who don't make it through here.' This led to feeling of gratitude.

Positive reframing of events – N spoke about how people grow and expand their minds through diverse experiences; the wider the range of backgrounds of the people you are able to meet, the 'wider' your mind goes and the wider the opportunities are that you have. He compares his social experiences in the UK favourably with the limited experiences in his own country. He sees opportunities to develop his mind, confidence and communication skills in every interaction he has.

Y spoke about the opportunities available to him in the UK compared to his home country. He also has a strong sense that the adversity he has experienced has somehow brought out positive qualities and strength in him which now enables him to benefit from these opportunities.

Z expressed the opinion that he had changed as a person in a positive way since being in the UK he said that he now felt satisfied with himself. He was grateful for all the support he had received since this had changed his life. He felt that through education and the medical support that he was getting he was going to be secure in his life. If he had remained in his home country he 'might have been thrown in a ditch and not been able to come out for his whole life.'

This reflects the hypothesis within resilience theory that adversity can enhance the coping skills of individuals [Rutter, 2012].

In addition to cognitive coping strategies participants demonstrated other coping strategies:

Distraction - Z said that if he starts to think about his family or worry about his life, he can feel upset; in this situation he says to himself 'No! no! These are just useless things to think about, and I want to come out of that and just change my mind and think of something else'. He then finds that going out of the house for a walk straight away is helpful, or he calls his friends for a chat about different things.

Facing a challenge one step at a time - A said he learnt this approach at age 5 or 6 during his carpentry apprenticeship.

Acceptance of difficulties.- This ability is a good coping strategy when faced with situations over which the individual has little or no control. Y expressed the need to accept the separation from his family which was the one element of his life that made him upset, but which he can not change. He sees it as part of life but also maintains a hope that one day he will see them again.

8.6.2 Summary of internal protective mechanisms

The young people involved in this study had all been in the UK for at least two and a half years. They had all reached a point in their life where they were able to express a sense of autonomy and competence in at least some areas of their lives. In this study this was also associated with a 'mastery approach' to learning and life in general. As hypothesised in Self-determination theory, alongside social connectedness, discussed in Section 8.3, these seemed to be resulting in a sense of emotional wellbeing. Specifically this analysis demonstrates that the combination of autonomy, competence and mastery facilitated: planning for the future, aspirations, hope, pride, self belief and positive sense of self.

These participants demonstrated a rich range of coping strategies. Some of these have been previously highlighted in research as being used by UASC, although none have been identified as 'cognitive strategies' : 'adopting a positive outlook' and 'suppressing emotion and seeking distraction' were identified by both Goodman (2004) and Ni Raghallaigh and Gilligan (2010); and acceptance was identified by Groark et al (2010).

However, through this analysis additional strategies have been constructed: active use of self talk; perspective taking; facing a challenge one step at a time and optimistic thinking. In addition the use of re-framing to identify ways in which adversity has enhanced skills and opportunities was identified;

reflecting the 'steeling effect' hypothesised by Rutter (2012) that adversity may have in some individuals.

8.7.0: Life trajectory (see Figure 8.4)

Some of the interviews with young people demonstrated a strong recognition of their being on a life path, as though their life were a project which they were orchestrating. All of the young people had arrived as adolescents in the UK and were now young adults living independently; for some, this sense of maturing into a young adult was a key aspect of their identity and a source of pride. All of the young people were thinking about and planning for their future.

8.7.1: Maturation process - N Y A Z

Z spoke about having learnt life skills and developed skills to nearly manage everything for himself day-to-day since arriving in the UK. In addition, there is a strong sense that he has personally changed while in the UK. Some of this is linked to his learning about UK culture, such as the rules, regulations and law in the UK, but he also seems to feel he is growing as a person.

N spoke about the 'leap' in maturity from the time he arrived at 16 when he was too young to think for himself, to now that he is 20 and living independently. When he was 16 and in his home country, he felt he did not have to think about any kind of problem because he had family around.

On arrival in the UK he lived with foster carers and began to learn about life; he feels that he started 'living *his* life' when he moved to independence at 18. This meant taking responsibility for himself, managing money and knowing how to live a good life; he refers to this as settling his life down. N is clear that this process has been accelerated because he has not got family support: 'when you are away from them, you get a bit older, you think about yourself like an older person.'

Y echoes N's feeling that back home he did not need to think about anything because he had his family to take all the responsibility and do everything for him. He contrasts this with his current situation, where he lives alone and has to think about his life and how to lead it, which includes looking for a job, cooking for himself, paying bills, making friends and doing school work. He feels this maturation process has been accelerated through being on his own without family support; now he is older he would have moved on to college back home, but he would still rely on his family financially and emotionally. Y felt that his experiences during his journey to the UK and in the UK have made him mature further – specifically meeting so many different people and attending college with adults on arrival.

Y talks about starting to lead his life when he gained refugee status in the UK.

A talks about life as being a 'game' which involves putting in all the hard work to education so as to reach your goal. Unlike Y and N he did not have the

social support at home and had to work from a young age. There was a sense of some continuity of skills and development across his life from training as a carpenter and then choosing to train as a plumber in UK so as to use the same skills; attending a gym back home and then attending one in the UK.

8.7.2 Summary of life trajectory

It can be hypothesised that, the sense of autonomy and mastery expressed by participants and explored in Section 8.6.1, enables these young people to have a sense of pride in and control over their life trajectory.

The theme constructed around maturation and orchestrating one's own life path did not develop in B's interview. Her sense of autonomy in managing her life also appeared weaker than that of the male participants, including two from her country of origin. She spoke at length about her sense of pride and mastery in terms of academic performance and had plans for her future education; but did not speak in this way about living independently. It is not possible to draw conclusions about gender differences from this small sample size. However, this apparent difference does raise questions about a possible cause; it might be hypothesised that early developmental experiences lead to differing expectations of male and females in this country of origin. These expectations might be that males should demonstrate relatively more strength and independence; whilst females should expect relatively less independence.

8.8.0 Relating the analysis to a resiliency framework

The data presented in this chapter is now discussed in order to address the research question “To what extent do the accounts given by the young people relate to a Resilience Framework?”

Key themes arising from the IPA with the five participants create a detailed picture of protective mechanisms that have supported these young people in adapting and coping with the adversity that they have faced.

The super ordinate theme D, ‘Risk factors and vulnerabilities’ illustrates the specifics of the adversity that they have experienced and the impact of this on their emotional wellbeing. The mechanisms by which adversity challenges a sense of autonomy, competence and social connectedness provides an invaluable framework in developing an effective psycho-social approach to addressing mental health difficulties with UASC.

Despite adverse experiences, all five participants are demonstrating positive adaptation through their engagement in education, planning for their future and the positive relationships they have formed with key adults and friends. It is important to remember that, though these young people had all arrived in UK at a relatively older age, which has been highlighted as posing a risk for poor outcomes, all five had been in the country for at least two and half years which has allowed time for positive adaptation to develop. In addition all but one had permanent refugee status.

There is clearly a transactional relationship between the individual personalities, the family/society context in which they have grown up, life experiences and the relationships that they have each developed on arrival in the UK. The findings of this analysis indicate that these young people have developed protective factors early in life that have facilitated their engagement with relationships and opportunities on arrival in the UK.

This analysis has explored the protective mechanisms that are operating for this group of UASC; these are highlighted at the individual, family and community levels for these young people. These are illustrated in Table 8.1 shown below.

Table 8.1: Summary of the protective mechanisms that have supported the young people in this study to cope with the adversity they have experienced.

Level	Protective Factor	Protective Mechanism
Individual level	Sense of autonomy	Planning for the future and having aspirations leading to a sense of hope
	A mastery orientation and feeling of competence.	Sense of being in control of one's own destiny Engage in education as a route to a better future Self belief, positive self image, sense of pride and strength
	Positive attachment patterns lead to skills in building relationships	Friendships provide positive experiences, help in learning about life, provide support through difficult times, help with problem solving, provide continuity and act as an emotional buffer
	Development of personal coping strategies and mechanisms	<ul style="list-style-type: none"> • Able to accept difficulties • Active use of self talk • Perspective taking • Facing a challenge one step at a time • Re-framing adverse experiences as having lead to more positive outcomes • Distraction as a coping strategy • Avoidance • Self-talk to put difficulties into perspective

Family level	Early experience of strong and positive family attachments	<p>Provide guidance on how to live life</p> <p>Teach how to form positive relationships</p> <p>Provide a sense of belonging</p>
	Key attachment relationships formed in the UK	<p>Provide a secure base</p> <p>Teach about life and support with problem solving</p> <p>Facilitate understanding and reflection through open conversations</p> <p>Facilitate sense of self-worth and confidence through being proud of their achievements</p>
Community level	Religious and cultural affiliations	<p>Provide continuity and familiarity</p> <p>Provide opportunities to make social connections</p> <p>Provide distraction strategies through religious practices</p>
	Arriving in the UK and receiving support through social services.	<p>Freedom from fear</p> <p>Basic needs met</p>
	Engaging in education.	<ul style="list-style-type: none"> • Provides sense of purpose and hope • Access to friendships, sense of belonging and opportunities to integrate culturally • Keeping busy • Provide sense of achievement and pride.

CHAPTER NINE: CONCLUSIONS

9.1.0. Introduction

This research study has provided a rich description of the social constructs of foster carers and social workers, gained through two focus groups; these have addressed the research questions:

- How do those supporting UASC describe successful outcomes for this group and how do these occur?
- What factors have those workers within the Social Work team for UASC and foster carers for UASC experienced as promoting emotional wellbeing and mental health for this group of young people?
- How do foster carers and social worker staff identify and address mental health needs?

Section 7.2.1. (v) outlines the manner in which foster carers and social care staff describe 'doing well' in the UASC context. This encompasses 'becoming settled' which in itself refers to building social connections, being cared for and attending an education setting. Specifically the UASC would not just be 'attending' education but actually be learning new skills that would support them in the future. Furthermore, gaining a secure refugee status was intimately bound up with being able to facilitate a young person to 'settle'; and

also was felt to signify success to the UASC themselves. In addition, 'integration' through learning English and adapting to the local culture was felt to be an important element of doing well by foster carers.

Section 7.2.5 summarises the mechanisms that foster carers and social care staff saw as promoting emotional wellbeing and adaptation for UASC, these are described in thematic network 1 (Figure 7.2). Building social connections, with a key supportive adult and a network for friends, were seen as being of primary importance. Friendships with peers from the same country of origin, or those who has shared experiences as being an UASC were seen as playing an emotionally supportive role. In the same way maintaining links with their home culture was seen as emotionally supportive for UASC; religion in particular was seen to provide a sense of continuity, structure and comfort. Education was also seen as providing a potential mechanism for achieving positive outcomes; however, participants had mixed experiences of how well schools worked with UASC.

Thematic network 2 (Figure 7.3) describes the signs that participants felt signified mental health difficulties such as sleep difficulties or hallucinations; and the risk factors that were seen to make UASC vulnerable to mental health difficulties, including the processes integral to the UASC experience in the UK such as moving to independent living, and specific triggers to mental distress.

Section 7.4.4 summarises the ways in which participants had addressed signs of mental health problems. There was a significant difference between the two

groups; the foster carers principally relied on psycho-social approaches that drew on the therapeutic nature of their relationship with the individual.

However, social care staff held a belief that formal intervention through CAMHS or a voluntary agency should be the best form of support. This was despite their experience that these services were often not fit for purpose; and that there were many barriers to them being effective, including language barriers, waiting times and reluctance on the part of many UASC to attend. However, both groups had had some positive experience of more formal interventions.

IPA carried out following interviews with five UASC has informed a detailed picture of the risk factors and vulnerabilities experienced by this group of young people, alongside the protective mechanisms which had acted to promote their emotional wellbeing and positive adaptation. This has addressed the research questions:

- How do young people who arrived as unaccompanied asylum seeker children in Sun-hill and are now post 18 make sense of how they have coped with this experience?
- To what extent do the accounts given by young people relate to a Resilience Framework?

Results were illustrated in Table 8.2.

9.2.0. Contribution of this research to existing understanding

The findings from both strands of the research have verified and reflected exiting knowledge in terms of the UASC experience. Findings from the interviews with young people have attempted to build on the existing research findings focusing on adaptation and coping of UASC from a resilience framework. The risk factors for poor outcomes that have emerged from this study are similar to those already known in this field of work. However, emergent themes in the interviews with young people led to my application of Self-determination theory to the UASC context. This led to a deeper understanding of the mechanisms by which risk factors challenge the psychological wellbeing of UASC. This new understanding of the risk factors commonly experienced by UASC, can inform effective psycho-social approaches to both preventing and addressing mental health difficulties in this population, as outlined below.

Through recognising the challenge posed to young people's sense of autonomy and competence by risk factors common to the UASC context, approaches to mental health difficulties can attempt to ameliorate this; for example, where possible, building a sense of autonomy and competence for UASC within the relationships that they are developing, the interventions provided and the context in which they are living.

The importance of 'social connectedness' as a fundamental psychological need is better recognised in the current body of knowledge that focuses on

UASC adaptation and emotional wellbeing. Research on supporting UASC has often advocated the need for a secure base and attachment figure; and / or building up a friendship network and building community connections through attending activities, sporting clubs and promoting religious affiliations [Groark et al, 2010; Chase et al, 2008; Wade et al, 2012]. This study provides further evidence for the importance of promoting 'social connectedness' for UASC; analysis has identified the following protective factors:

- friendships;
- key attachment relationships; and
- maintenance and further development of religious and cultural affiliations.

Furthermore, I would argue that this study has extended current understanding of the importance of social connectedness through exploring the mechanisms by which key attachment figures, friendships, school, religious and cultural links all potentially facilitate emotional wellbeing and positive adaptation. Without an understanding of these mechanisms, staff working with UASC or any other vulnerable group, are in danger of putting something in place because it is seen as 'protective' without ensuring that it does actually promote adaptation. For example, a key relationship with a foster carer might not be effective if it does not act in an 'autonomy-supporting' style [Deci and Ryan, 2008b] or provide the context that UASC in this study reported as supportive: a sense of continuity; an openness that allows the young person to talk about emotions and experiences; support with

problem solving and advice; a sense of pride and recognition in the young person's achievements.

The application of the DMM as an explanatory framework for the attachment relationships of UASC, provides the basis of a new understanding for how key relationships, both in the home country and after arrival in the UK, play a pivotal role in supporting adaptation. The DMM grew out of 'clinical concerns' and has been applied in order to illuminate understanding of 'psychological difficulties' and to inform treatment [Crittenden, 2010]. However, this research study has applied the model in order to understand positive adaptation in the face of adversity. Crittenden (2008) argues that positive attachment patterns are key to human survival. The DMM provides a 'life-span' theory for the development of attachment patterns which promotes the consideration of attachment experiences for UASC at different stages of their journey.

In addition to illuminating the mechanisms underlying the protective factors constituted through social connectedness with key adults and friends, this study has also illuminated mechanisms underlying the protective mechanisms potentially afforded in educational settings (see Section 8.4.5).

'Internalised protective mechanisms' were also a strong emergent theme in the interviews with young people. In particular, the mastery orientation demonstrated by young people has implications for support practices; Dweck (2006), for example, outlined approaches that have been shown to develop a 'mastery-oriented' approach amongst students. Applying and evaluating these

approaches in supporting those UASC who are demonstrating a helpless motivational style would be a useful focus for future research.

In addition to a mastery approach, emergent themes from the interviews with young people demonstrate that these UASC display a sense of competence, autonomy and social connectedness. This study has argued that these factors can lead to a sense of pride in what has been achieved, planning for the future and sense of hope.

Some of these mechanisms have been cited as 'coping strategies' in previous research; for example 'adopting a positive outlook' [Ni Raghalleigh and Gilligan, 2010]. However, this research suggests that these positive mechanisms are in fact brought about through meeting the three basic psychological needs postulated by Self-determination theory [Ryan and Deci, 2008]. This study has identified a number of coping strategies these include those I have called 'cognitive coping strategies', which involve the young person in using language to talk through a positive approach to their situation.

Participants illustrated a number of strategies that do not appear in the literature, such as active use of self-talk, perspective taking and re-framing the adversity they have experienced as having had a positive impact on them.

The increased understanding of the mechanisms contributing to the emotional wellbeing for UASC developed through this study, taken alongside the psycho-social model (Tew et al, 2012), can be applied to a comprehensive

psycho-social intervention, aimed at promoting emotional wellbeing, preventing and addressing mental health difficulties. Section 9.3 presents the basic principles that would underlie a model using this approach.

This study has made a start in exploring the mechanisms by which schools and colleges might facilitate inclusion in respect of UASC. Previous research has generally examined what works for engaging and including refugee children as an undifferentiated population; it was my own belief that UASC-specific research was required in order to maximise the enormous protective potential offered by education to UASC, and the outcomes of this study contribute to this population-specific research corpus, as illustrated in Table 9.1.

This study has highlighted positive examples of inclusive practice, but also the mixed nature of provision. In particular the role of ESOL courses in educational provision for UASC requires further evaluation.

An additional theme identified through the focus group analysis that requires further research, is the potential for conflict in the relationship between foster carers and social workers. I have suggested in Section 9.3 this might be addressed through joint training and collaboration in delivering a psycho-social model to address UASC's mental health needs

Table 9.1: Emerging themes from this study regarding mechanisms that facilitate or compromise UASC inclusion in education

Mechanisms that support UASC's inclusion in school or college:	Based on emergent theme from:
Having a positive and sensitive attitude to the needs of the UASC population, including cultural needs and needs associated with English as an additional language	Both focus groups UASC interviews
Adopting a flexible and individualised approach to meeting an individual's needs	Both focus groups and UASC interviews
The whole school culture and context is of vital importance in providing an inclusive approach and facilitating integration	Both focus groups
Communication between the educational setting and social care staff including an initial joint meeting for example and social workers having information about parent evenings	UASC interviews Focus group with social care staff
Providing resources such as a laptop, free school meals and books	UASC interviews
Barriers to inclusion:	
Racist attitude within the culture of schools, associated with young people not being safe	Focus group with foster carers
Courses that are too easy, and the nature of ESOL courses	Both Focus groups UASC interviews

9.3.0. Implications for practice

The results of this study signal a need to supplement the universal approach to supporting the emotional health needs of UASC outlined by Groark et al (2010). This incorporates an essential 'stabilisation phase' for all UASC that includes:

- a secure base with a consistent and available carer;
- basic needs (such as food, drink and shelter) to be met;
- building a secure social network; and

- psycho-education focusing on normalising reactions to trauma and coping strategies.

The initial 'stabilisation stage' which Groark and colleagues advocate is aimed at creating a sense of stability and security. Secure refugee status is closely linked to this. Findings from this study have further demonstrated the overriding importance of attaining a secure refugee status. One UASC participant (Z) did not have this, and yet was demonstrating positive adaptation through having built a friendship network, a secure attachment relationship and engaging in education. Z's case demonstrates that adaptation and protective mechanisms can be operationalised despite uncertain refugee status; Z was, however, using the less adaptive coping mechanisms of distraction and avoidance. Similarly, in the Groark et al. (2010) study, UASC without secure status who had been in the country for less than a year were found to be using avoidance as a coping strategy. Findings suggest that UASC at various stages of settlement, including their refugee status, are likely to benefit from different types of coping strategy.

This stabilisation phase does appear to constitute the bedrock of a psycho-social approach to preventing mental health difficulties for UASC. Once this stage has been achieved it is argued that the majority of UASC will adapt and move forward.

Alongside literature reviewed in Chapters Two and Three, this study has highlighted specific coping strategies that appear useful for UASC (Section

8.6.2). Furthermore interviews with UASC have demonstrated the importance of providing a context in which their sense of competence and autonomy is supported. Themes developed in the focus groups indicate a lack of recognition by social care staff or foster carers of the importance of:

- UASC gaining control and a sense of autonomy in their lives;
- UASC developing a sense of competence in their life; and / or
- recognising and encouraging the UASC's own coping strategies.

The findings of this study can be applied to the Groark et al (2010) model in order to inform the development of a comprehensive psycho-social multi-agency approach to supporting the emotional wellbeing of UASC in this LA. This would include explicit training for social care staff and foster carers on the mechanisms that support emotional wellbeing, including:

- an exploration of the mechanisms required to build a key attachment with a consistent adult, who might be a social worker, foster carer or key worker;
- developing understanding of the ways in which friendship networks operate to support emotional wellbeing;
- the importance of facilitating UASC to gain a sense of control in their lives; and
- the importance of supporting UASC to recognise and develop their coping strategies.

This approach to understanding and preventing mental health difficulties is particularly relevant in the light of findings from this study, which indicate that

social work staff place a high level of importance on clinic- based interventions such as CAMHS. However, as noted on Section 7.4.1 (ii), a number of the UASC whom they had referred had proved able to move forward and adapt before an appointment was offered, suggesting that a robust psycho-social model would have been sufficient and more appropriate for these young people. In addition this would remove much of the frustration expressed by social care staff, *Section 7.4.1. (ii)*, in trying to support UASC in managing their mental health needs.

9.4.0. Evaluation of this study

In Section 6.6 I used criteria developed by Yardley (2000) to begin to consider the quality of this research design. Potential weaknesses highlighted by this reflection are given with my responses:

- *the findings are offered as one possible interpretation of the data -*
however many of these findings are reinforced by existing literature and research which adds strength to them;
- *the socio-cultural differences between myself, the researcher and the UASC might impact on the stories they tell, in the interviews -* I found that participants increasingly moved from ‘the general to the particular’ [Smith et al, 2009], divulging more as the interview progressed indicating a degree of comfort.

On reflection I have identified further limitations to this study. Firstly, the fact that only one of the five UASC was female meant that it was not possible to draw gender-based conclusions. I deliberately chose to incorporate a 'female voice' in my research and continue to believe that this was a good decision. However had the other female participant originally approached been able to meet me, this would have strengthened this element of the analysis.

Secondly, in carrying out the analysis I was painfully aware of my poor knowledge of the cultural backgrounds of the UASC participants. I carried out the analysis based on assumptions from my own cultural background. The study would have been improved if I had sought out information about the culture and society in the two countries from which participants originated.

Yardley (2000)'s fourth principle for evaluating the validity of qualitative psychological research is addressed in Table 9.2.

Table 9.2: Post hoc reflection of the validity of the study, based on criterion proposed by Yardley (2000)

<i>Core principle for evaluating validity of qualitative research</i>	<i>Ways in which this study demonstrates this principle</i>	<i>Potential weakness of this study</i>
Impact and importance	<p>This study has made a theoretical contribution through applying Self-determination theory to understanding the positive adaptation of UASC</p> <p>This study has led to findings that add to the understanding of protective mechanisms that support UASC in adapting</p> <p>These findings can be applied to the ways in which professionals engage with UASC</p>	The implications for practice are ambitious and require further development

9.5.0. Conclusion

This small scale research study has provided a rich picture of the protective mechanisms which can facilitate UASC, who arrive in this LA, to adapt and cope with their experiences. This has led to a deeper understanding of both the nature of these protective mechanisms and the means through which they operate, which can be used to inform a psycho-social approach to preventing and/or addressing mental health difficulties in this population.

References

Ager, A. and Strang, A. (2004) *Indicators of Integration: The Experience of integration final report*. London: Home Office.

Ainsworth, M, Blehar, M., Waters, E. and Wall, S. (1978) *Patterns of attachment: A psychological study of the strange situation*. Hillside, NJ: Lawrence Erlbaum.

Alderwish, M. (2012) *Research Study - The experiences of Unaccompanied Asylum Seeking Children (UASC) in the care system – Small-scale local study*. Submitted in part fulfilment of an Masters Award in Social Work: University of Leicester.

Anthony, E. (1974) Introduction: The Syndrome of the psychologically vulnerable child. In Anthony, E. and Koupernik, C. (Eds) *The child in his family: Children and Psychiatric Risk*, 3, New York: Wiley.

Aronson, J. (1994) A Pragmatic View of Thematic Analysis. *The Qualitative Report*, 2 (1).

Atride-Stirling, J. (2001) Thematic networks: an analytical tool for qualitative research. *Qualitative Research*, 1, 385 – 405.

Bandura, A. (1996) *Self-efficacy: The exercise of control*. New York: Freeman.

Bao, X. and Lam, S. (2008) Who makes the choice? Rethinking the role of autonomy and relatedness in Chinese children's motivation. *Child Development*, 79, 269-283.

Bean T., Derluyn I. and Eurelings-Bontekoe E. (2007) Comparing psychological distress, traumatic stress reactions, and experiences of unaccompanied refugee minors with experiences of adolescents accompanied by parents. *Journal of Nervous and Mental Disease* 195, (4), 288–297

Beirens, H., Hughes, N., Hek, R. and Spicer, N. (2007) Preventing Social Exclusion of refugee and Asylum Seeking Children: Building New Networks. *Social Policy and Society*, 6 (2)

Berry, J.W. (1997) Immigration, acculturation, and adaptation. *Applied Psychology: An International Review*, 46, 5–34.

Berry, J. (2005) Acculturation: living successfully in two cultures. *International Journal of Intercultural Relations*, 29, 697-712.

- Berry, J., Phinney, J., Sam, D. and Vedder, P. (2006) Immigrant youth: acculturation, identity, and adaptation. *Applied Psychology: An International Review*, 55, 303–332.
- Bird, H. and Gould, M. (1995) The use of diagnostic instruments and global measures of functioning in child psychiatry epidemiological studies. In Verhulst, F. and Koot, H. (Eds.), *The epidemiology of child and adolescent Psychopathology*, 86–103. Oxford: Oxford University Press.
- Birleson, P., Hudson, I., Buchanan, D. and Wolffe, S. (1987) Clinical evaluation of a self-rating scale for depressive disorder in childhood (Depression self rating scale). *Journal of Child Psychology and Psychiatry*, 28, 43 – 60.
- .
- Black, A., and Deci, E. (2000). The effects of student self-regulation and instructor autonomy support on learning in a college-level natural science course: A self-determination theory perspective. *Science Education*, 84, 740–756
- Boland K (2010) *Children on the move: a report on children of Afghan origin moving to western countries*. UNICEF, Geneva
- Boyatzis, R. (1998) *Transforming Qualitative Information*. Sage : Thousand Oaks

Bowlby, J. (1969). *Attachment and loss: Vol. 1: Attachment*. New York: Basic Books

Bowlby, J. (1988) *A Secure Base: Clinical Applications of Attachment theory*. London : Routledge

Braun, V. and Clarke, C. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77 – 101.

British Educational Research Association (2011). *Ethical Guidelines for Educational Research*. London: BERA

British Psychological Society (2011). *Code of Human Research Ethics*. Leicester: BPS

Brofenbrenner, U. (1979) Contexts of childrearing problems and prospects. *American Psychologist*, 34 (10), 844 -850

Bronstein, I., Montgomery, P., and Eleanor, O. (2013) Emotional and behavioural problems amongst Afghan unaccompanied asylum-seeking children: results from a large-scale cross-sectional study. *European Child Adolescent Psychiatry*, 22, 285–294.

Burr, V. (1995) *An introduction to social constructionism*. London: Routledge.

Burrell, G. and Morgan, G. (1979) *Sociological Paradigms and Organisational Analysis*. London: Heinemann Educational Books.

Chamberlin, J. (1997) 'A working definition of empowerment', *Psychiatric Rehabilitation Journal*, 20(4), p. 43–6.

Chase, E. (2010) 'Agency and Silence: Young people seeking asylum in the UK'. *British Journal of Social Work*, 40, 2050-2068.

Chase, E., Knight, A. and Statham, J. (2008) *The emotional wellbeing of young people seeking asylum in the UK*, BAAF, London

Cicchetti, D. (2010) Resilience under conditions of extreme stress: A multilevel perspective. *World Psychiatry*, 9, 145–154.

Cicchetti, D., & Rogosch, F. A. (1996). Equifinality and multifinality in developmental psychopathology. *Development and Psychopathology*, 8, 597–600.

Cicchetti, D., & Rogosch, F. A. (2009). Adaptive coping under conditions of extreme stress: Multilevel influences on the determinants of resilience in maltreated children. In E. A. Skinner & M. J. Zimmer-Gembeck (Eds.), *Coping and the development of regulation. New Directions for Child and Adolescent Development*, 124, pp. 47–59. San Francisco: Jossey-Bass.

Clausen, J. (1991) Adolescent competence and the shaping of the life course. *American Journal of Sociology*, 96, 805.

Crawley, H. (2007) *When is a Child Not a Child? Asylum, Age Disputes and the Process of Age Assessment*. Immigration Law Practitioners Association: London.

CLCA (2000). *Children (Leaving Care) Act 2000*, The National Archives, [online] accessed on 3rd July 2011 available from <<http://www.legislation.gov.uk/ukpga/2000/35/section/1?view=plain>>

Crawley, H. (2006) *Child first, migrant second: Ensuring that every child matters*. Immigration Law Practitioners' Association: London

Crittenden, P. (1992) Children's strategies for coping with adverse home environments: an interpretation using attachment theory. *Child Abuse and Neglect*, 16, 329 – 343

Crittenden, P. (1999) Danger and development: The organisation of self-protective strategies. *Monographs of the Society for the Research in Child Development*, 64, 3, 145 - 171

Crittenden, P. (1995) Attachment and risk for psychopathology: The early years. *Journal of Developmental and Behavioural Pediatrics: Supplemental*

Issue on Developmental Delay and Psychopathology in Young Children, 16,
S12-S16

Crittenden, P. (2005). Attachment Theory, Psychopathology, and
Psychotherapy: The Dynamic-Maturational Approach. *Psicoterapia*, 30, 171-
182.

Crittenden, P. (2008) *Raising Parents: Attachment, parenting and child safety*.
Willan Publishing : Devon

Crittenden, P. (2010) *Preface: Pathways forward*. *Clinical Child Psychology
and Psychiatry*, 15, 299 - 301

Crittenden, P. and Dallos, R. (2009) All in the Family: Integrating Attachment
and Family Systems Theories. *Clinical Child Psychology Psychiatry*, 14, 389 -
409

Daniel, B., Wassell, S. and Gilligan, R. (1999) It's just common sense isn't it?
Exploring ways of putting the theory of resilience into action. *Adoption and
Fostering*, 23, 6 - 15

Davies, M. and Webb, E. (2000) Promoting the Psychological Well-being of
Refugee Children. *Clinical Child Psychology and Psychiatry*, 5 (4), 541 – 554.

Deci, E., Koestner, R., & Ryan, R. (1999). A meta-analytic review

of experiments examining the effects of extrinsic rewards on intrinsic motivation. *Psychological Bulletin*, 125, 627–668.

Deci, E. L., & Ryan, R. M. (2000). The “what” and “why” of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry*, 11, 227–268.

Deci, E. and Ryan, R. (2008) Self-Determination Theory: A Macrotheory of Human Motivation, Development, and Health. *Canadian Psychology*, 49, (3), 182–185

Deci, E. and Ryan, R. (2008b) Facilitating Optimal Motivation and Psychological Well-Being Across Life’s Domains. *Canadian Psychology*, 49, (1), 14–23

DCSF (Department for Children, Schools and Families) (2010), [online] accessed 5.1.14 available from <http://webarchive.nationalarchives.gov.uk/20100202100434/http://dcsf.gov.uk/everychildmatters/healthandwellbeing/mentalhealthissues/camhs/fourtierstrategicframework/fourtierstrategicframework/>

Department for Education (2010) *The Children Act 1989 Guidance and Regulations Volume 3: Planning Transition to Adulthood for Care Leavers*. Department for Education: London.

DOH (Department of Health) (1989) *The Children Act*. HMSO : London. The National Archives, [online] accessed on 3rd July 2011 available from <<http://www.legislation.gov.uk/ukpga/1989/41/section/1>

Department of Health (2003) *Guidance on Accommodating Children in Need and their Families*, LAC(2003)13, Department of Health: London.

Derluyn, I. and Broekaert, E. (2008) Unaccompanied refugee children and adolescents: The glaring contrast between a legal and psychological perspective. *International Journal of Law and Psychiatry*, 31, 319 - 330

Diener, C. and Dweck, C. (1980) An analysis of learned helplessness: (II) The processing of success. *Journal of Personality and Social Psychology*, 39, 940-952

Downie, M., Koestner, R., ElGeledi, S., and Cree, K. (2004). The impact of cultural internalization and integration on well being among tricultural individuals. *Personality and Social Psychology Bulletin*, 30, 305–314

Downie, M., Chua, S., Koestner, R., Barrios, M., Rip, B., and M'Birkou, S. (2007). The relations of parental autonomy support to cultural internalization and well-being of immigrants and sojourners. *Cultural Diversity & Ethnic Minority Psychology*, 13, 241–249

Dunkerley, D., Scourfield, J. Maegusuku-Hewitt, T. and Smalley, N. (2005) 'The experiences of frontline staff working with children seeking asylum' *Social Policy and Administration*, 39 (6), 640-652

Dweck, C. (1999) *Self theories: Their role in motivation, personality, and development*. Psychology Press: Philadelphia

Dweck, C. (2006) *Mindset: The new psychology of success*. Random House: New York

Dykman, B. (1988) Integrating cognitive and motivational factors in depression: Initial tests of a goal orientation approach. *Journal of Personality and Social Psychology*, 74, 139-158

Elbert, T. and Schauer, M. (2002) Burnt into memory, *Nature*, 419, 883.

Enholt, A and Yule, W. (2006) Practitioner Review: Assessment and treatment of refugee children and adolescents who have experienced war-related trauma. *Journal of Child Psychology and Psychiatry*, 47 (12), 1197 – 1210.

Fazel, M. and Stein, A. (2002) The Mental Health of Refugee Children. *Archives of Disease in Childhood*, 87 (5), 366 - 370

Fazel, M., Wheeler, J. and Danesh, J. (2005) Prevalence of Serious Mental Disorder in 7000 refugees resettled in Western Countries: A Systematic Review. *Lancet*, 365, 1309 – 1314.

Fernet, C., Guay, F. and Senecal, C. (2004). Adjusting to job demands: The role of work self-determination and job control in predicting burnout. *Journal of Vocational Behavior*, 65, 39–56. In Deci, E. and Ryan, R. (2008b) Facilitating Optimal Motivation and Psychological Well-Being Across Life's Domains. *Canadian Psychology*, 49, (1), 14–23

Fraser, R. (2003). *Psychiatric disorder and social adjustment among young adults leaving local authority care*. Unpublished MSc dissertation, Imperial College, London, University of London. Cited in: Hodes, M. and Tolmac, J. (2005) Severely impaired young refugees. *Clinical Child Psychology and Psychiatry*, 10 (2), 251 – 261.

Garnezy, N. (1985) Stress resistant children: the search for protective factors. In Stevenson, J. (Ed) Recent research in developmental psychopathology. *Journal of Child Psychology and Psychiatry Book Supplement*, 4, 213-233. Oxford: Pergamon Press

Garnezy, N., Masten, A., and Tellegen, A. (1984). The study of stress and competence in children: A building block for developmental psychopathology. *Child Development*, 55, 97–111

Gayton, F., Carhill, A. and Suarez-Orozco, C. (2007) Understanding and responding to the needs of newcomer immigrant youth and families.

Prevention Researcher, 14, 10-13

German, M. (2004) Enabling reconnection: Educational psychologists supporting unaccompanied, separated, asylum-seeker/refugee children.

Educational and Child Psychology, 21 (3), 6- 29

Gilham, B. (2000) *Case Study Research Methods*. London: Continuum

Gilligan, R. (2007) Adversity, resilience and the educational progress of young people in public care, *Emotional and Behavioural Difficulties*, 12, 2, 135-145.

Ginott, H. (1969). *Between parent and child*. New York: Avon

Giorio, A and Girogio, B. (2008). Phenomenology. In Smith, J. (2008) eds *Qualitative Psychology: A practical guide to research methods*, 2nd edition.

Sage : London

Glaser, B. and Strauss, A. (1967) *Discovery of Grounded Theory*. Chicago:

Aldine

Goetz, T. and Dweck, C. (1980) Learned helplessness in social situations.

Journal of Personality and Social Psychology, 39, 246 - 255

Goodman, J. (2004). Coping with trauma and hardship among unaccompanied refugee youths from Sudan. *Qualitative Health Research*, 14 (9), 117-1196

Groark, C., Sclare, I. and Ravel, H. (2010) Understanding the experiences and emotional needs of unaccompanied asylum-seeking adolescents in the UK. *Clinical Child Psychology and Psychiatry*, 16 (3), 421 – 442.

Grolnick, W., and Ryan, R. (1987) Autonomy in children's learning: An experimental and individual difference investigation. *Journal of Personality and Social Psychology*, 52, 890–898.

Hauser, S., Allen, J., and Golden, E. (2006). Out of the woods: Tales of resilient teens. Cambridge, MA: Harvard University Press cited in: Rutter, M. (2012) Resilience as a dynamic concept, *Development and Psychopathology* 24, 335–344

Hek, R. (2005) The Role of Education in the Settlement of Young Refugees in the UK: The Experiences of Young Refugees. *Practice*, 17 (3).

Hek, R. and Sales, R. (2002) *Supporting Refugee and asylum seeking children: An examination of support structures in schools and the community*. London: Middlesex University, Haringey and Islington Education Departments.

Heptinstall, E., Sethna, V. and Taylor, E. (2004) PTSD and depression in refugee children: Association with pre-migration trauma and post-migration stress. *European Child and Adolescent Psychiatry*, 13, 373-380

Hillingdon, London Borough of. (2003). *News Release: Judicial review on unaccompanied asylum seeking children*. London: London Borough of Hillingdon

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

Hodes, M. (2002) Three Key Issues for Young Refugees' Mental Health. *Transcultural Psychiatry*, 39 (2), 196 – 213.

Hodes, M. and Tolmac, J. (2005) Severely impaired young refugees. *Clinical Child Psychology and Psychiatry*, 10 (2), 251 – 261.

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

Home Office (2010) *Control of Immigration: Statistics United Kingdom 2009*. [online] accessed on 4th January 2014 available from <http://www.homeoffice.gov.uk/rds>.

Home Office (2002) *Unaccompanied Asylum Seeking Children Information Note*, Home Office: London

Hopkins, P. and Hill, M. (2008) Pre-flight experiences and migration stories: The accounts of unaccompanied asylum-seeking children. *Children's Geographies* 6(3): 257–268

Horowitz, M., Wilner, N. and Alvarez, W. (1997) Impact of events scale: A measure of subjective stress. *Psychosomatic Medicine*, 41, 209 – 218.

House, J., Umberson, D. & Landis, K. (1988) Structures and processes of social support. *Annual Review of Sociology*, 14, 293–318.

Howard, M.R., & Hodes, M. (2000). Psychopathology, adversity and service utilisation of young refugees. *Journal of the American Academy of Child and Adolescent Psychiatry*, 39, 368–377.

Hubbard, J., Realmuto, G., Northwood, A. and Masten, A. (1995). Comorbidity of psychiatric diagnoses with post-traumatic stress disorder in survivors of childhood trauma. *Journal of the American Academy of Child and Adolescent Psychiatry*, 34, 1167 – 1173.

Humphries, B. (2004) An unacceptable role for social work: Implementing immigration policy. *British Journal of Social Work*, 34, 93–107.

Humphries, B. and Mynott, E. (2001) *Living your life across boundaries: Young separated refugees in greater Manchester*. Save the children : Manchester

Jang, H., Reeve, J., Ryan, R.M. and Kim, A. (2009) Can self-determination theory explain what underlies the productive, satisfying learning experiences of collectivistically-oriented Korean students? *Journal of Educational Psychology*, 101, 644-661.

Jones, L., Hardiman, E. and Carpenter, J. (2007) 'Mental health recovery: A strengths-based approach to culturally relevant services for African Americans'. *Journal of Human Behaviour in the Social Environment*, 15(2), 251–69.

Joussemet, M., Koestner, R., Lekes, N., and Houliort, N. (2004). Introducing uninteresting tasks to children: A comparison of the effects of rewards and autonomy support. *Journal of Personality*, 72, 139–166.

Joussemet, M., Landry, R. and Koestner, R. (2008) A Self-Determination Theory Perspective on Parenting Canadian Psychology. *Canadian Psychological Association*, 49(3), 194–200

Kinderman, P. and Tai, S. (2009) *Psychological Health and Wellbeing: a new ethos for mental health. A report of the working group on psychological health and wellbeing*. BPS:Leicester

Kinzie, J., Sack, W., Angell, R., Manson, S. and Rath, B. (1986). The Psychiatric Effects of Massive Trauma on Cambodian Children: I. The Children. *Journal of the American Academy of Child Psychiatry*, 25, 370 – 376

Koestner, R., Ryan, R. M., Bernieri, F. and Holt, K. (1984). Setting limits on children's behavior: The differential effects of controlling vs. informational styles on intrinsic motivation and creativity. *Journal of Personality*, 52, 233–248.

Kohli, R. (2006) The Comfort of strangers: social work practice with unaccompanied asylum seeking children and refugee children and young people. *Child and Family Social Work*, 11 (1), 1 – 10.

Kohli, R. and Mather, R. (2003) Promoting psycho-social wellbeing in unaccompanied asylum seeking young people in the United Kingdom. *Child and Family Social Work*, 8 (3)

Krueger, R. and Casey, M. (2009) *Focus Groups – A practical guide for applied research*. Los Angeles: Sage

LaFromboise, T., Coleman, H., and Gerton, J. (1993). Psychological impact of biculturalism: Evidence and theory. *Psychological Bulletin*, 114, 395–412

LaGuardia, J. and Patrick, H. (2008) Self-determination theory as a fundamental theory of close relationships. *Canadian Psychology*, 49, 201-209

Leamy, M., Bird, V., Le Boutillier, C., Williams, J. and Slade, M. (in press) A conceptual framework for personal recovery in mental health: Systematic review and narrative synthesis, *British Journal of Psychiatry*. Cited in: Tew, J., Ramon, R., Slade, M., Bird, V., Melton, J. and Le Boutillier, C. (2012) Social factors and recovery from mental health difficulties: A review of the evidence. *British Journal of Social Work*, 42, 443 – 446

Lustig, S., Kia-Keating, M., Knight, W., Geltman, P., Ellis, H., Kinzie, J.D. (2004) Review of child and adolescent refugee mental health. *Journal of the American Academy of Child and Adolescent Psychiatry*, 43, 24–36.

Luster, T., Qin, D., Bates, L., Rana, M. and Lee, J.A. (2010) Successful adaptation among Sudanese unaccompanied minors: perspectives of youth and foster parents, *Childhood*, 17, 2, 197-211.

Luthar, S. and Zelazo, L. (2003) Research in Resilience: An integrative review. In Luthar, S. *Resilience and Vulnerability: Adaptation in the Context of Childhood Adversities*. Cambridge: Cambridge University Press.

Luthar, S., Cicchetti, D. and Becker, B. (2000) The construct of resilience: a critical evaluation and guidelines for future work. *Child Development*, 71 (3), 543 – 562.

Macksoud, M. and Aber, J. (1996) The War Experiences and psycho-social development of children in Lebanon. *Child Development*, 67, 70-88

Maegusuku-Hewett, T., Dunkerley, D., Scourfield, J. and Smalley, N. (2007) Refugee Children in Wales: Coping and Adaptation in the Face of Adversity. *Children and Society*, 21.

Main, M., and Solomon, J. (1986). Discovery of an insecure disorganized/disoriented attachment pattern: Procedures, findings and implications for classification of behaviour. In Yogman, M. and Brazelton, T. (Eds.), *Affective development in infancy*, 95–124, Norwood, NJ: Ablex

Mason, J. (1996) *Qualitative researching*. London: Sage

Masten, A. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56, 227–238.

Masten, A. (2007) Resilience in developing systems: Progress and promise as the fourth wave rises. *Development and Psychopathology*, 19, 921–930

Masten, A. and Cicchetti, D. (2012) Risk and resilience in development and psychopathology: The legacy of Norman Garmezy. *Development and Psychopathology*, 24, 333–334

Masten, A. and Powell, J. (2003) A Resilience Framework for Research, Policy and Practice. In Luthar, S. *Resilience and Vulnerability: Adaptation in the Context of Childhood Adversities*. Cambridge: Cambridge University Press

Masten, A. and Tellegen, A. (2012). Resilience in developmental psychopathology: Contributions of the Project Competence Longitudinal Study. *Development and Psychopathology*, 24, 345–361.

Masten, A., Best, K., and Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity. *Development and Psychopathology*, 2, 425–444.

Masten, A., Hubbard, J., Gest, S., Tellegen, A., Garmezy, N., and Ramirez, M. (1999). Competence in the context of adversity: Pathways to resilience and maladaptation from childhood to late adolescence. *Development and Psychopathology*, 11, 143–169

Masten, A., Burt, K., Roisman, G., Obradovic', J., Long, J., and Tellegen, A. (2004). Resources and resilience in the transition to adulthood: Continuity and change. *Developmental Psychopathology*, 6, 1071–1094.

Moller, A., Deci, E, and Ryan, R. (2006). Choice and egodepletion: The moderating role of autonomy. *Personality and Social Psychology Bulletin*, 32, 1024–1036

Mougne C (2010) Trees only move in the wind: a study of unaccompanied Afghan children in Europe. United Nations High Commissioner for Refugees Policy Development and Evaluation Service: Geneva

Murray, M. (2008) Narrative Psychology. In Smith, J. (eds) *Qualitative Psychology: A practical guide to research methods*. Second edition. Sage: London

Myers, A. (2001) *Growing up too fast*. London: The Refugee Council

National Institute for Clinical Excellence (NICE). (2006) Post-traumatic stress disorder (PTSD). The management of PTSD in adults and children in primary and secondary care. *National Clinical Practice Guideline Number 26*. London: Gaskell and The British Psychological Society

Newman, T. (2004) *What works in building resilience?* Barnardos: Ilford

Niemiec, C., Ryan, R., and Deci, E. (2009). The path taken: Consequences of attaining intrinsic and extrinsic aspirations in post - college life. *Journal of Research in Personality*, 43, 291 - 306

Nightingale, D. and Cromby, J. (1999) *Social Constructionist Psychology: A Critical Analysis of Theory and Practice*. Buckingham: Open University Press

Ni Raghallaigh, M. and Gilligan, R. (2010) Active survival in the lives of unaccompanied minors: coping strategies, resilience, and the relevance of religion. *Child and Family Social Work*, 15, 226 - 237

Oxfam (2007) *Fairplay: Refugees and asylum seekers in Scotland. A Guide for journalists*. Oxfam : Edinburgh

Papageorgiou, V., Frangou-Garunovic, A., Iordanidou, R., Yule, W., Smith, P. and Vostanis, P. (2000) War Trauma and Psychopathology in Bosnian refugee children. *European Child and Adolescent Psychiatry*, 9, 84-90

Patterson, W. (2000), Reading Trauma: exploring the relationship between narrative and coping. Unpublished PhD thesis. The Nottingham Trent University, UK. Cited in Patterson, W. (2008). Narratives of events: Labovian narrative analysis and its limitations. In Andrews, M., Squire, C. and Tamboukou, M. (Eds) *Doing Narrative Research*. London: Sage

Pelletier, L. G., Fortier, M. S., Vallerand, R. J., & Briere, N. M. (2001). Associations among perceived autonomy support, forms of self-regulation, and persistence: A prospective study. *Motivation and Emotion*, 25, 279–306. In Deci, E. and Ryan, R. (2008b) Facilitating Optimal Motivation and Psychological Well-Being Across Life's Domains. *Canadian Psychology*, 49, (1), 14–23

Piaget, J. (1971). *Biology and knowledge*. Chicago: University of Chicago

Press

Quinton, D., and Rutter, M. (1988). Parenting breakdown: The making and breaking of intergenerational links. Aldershot: Avebury. Cited in Rutter, M. (2012) Resilience as a dynamic concept, *Development and Psychopathology* 24, 335–344

Refugee Council (2012) Refugee Council briefing on Home Office asylum statistics for 2011. [online] accessed on 6th June 2012 available at <http://www.refugeecouncil.org.uk/policy/briefings/2012/asylumstats2011>.

Robson, C. (2002), *Real World Research 2nd edn*. Oxford: Blackwell Publishing

Roth, G., Assor, A., Kanat-Maymon, Y., & Kaplan, H. (2007). Autonomous motivation for teaching: How self-determined teaching may lead to self-determined learning. *Journal of Educational Psychology*, 99, 761–774.

Rutter, M. (1986). Meyerian psychobiology, personality, development, and the role of life experiences. *The American Journal of Psychiatry*, 143, 1077–1087

Rutter, J. (1990) Psychosocial resilience and protective mechanisms. In Rolf, A., Masten, A., Cicchetti, D., Nuechterlein, K. and Weintraub, S. (eds) *Risk and*

protective factors in the development of psychopathology, 181 – 214. New York: Cambridge University Press

Rutter, J. (1993) Resilience: Some conceptual considerations. *Journal of Adolescent Health*, 14, 626 -631

Rutter, J. (2003) *Supporting Refugee Children in 21st Century Britain*, 2nd edn. Stoke on Trent:Trentham Books, Stoke-on-Trent, UK.

Rutter, M. (2012) Resilience as a dynamic concept. *Development and Psychopathology*, 24, 335–344

Ryan, R. (2009). Self - determination Theory and Wellbeing. *Wellbeing in Developing Countries, Research Review*, 1, 1 - 2

Ryan, R., and Deci, E. (2000). The darker and brighter sides of human existence: Basic psychological needs as a unifying concept. *Psychological Inquiry*, 11, 319–338.

Ryan, R., & Deci, E. (2008). From ego-depletion to vitality: Theory and findings concerning the facilitation of energy available to the self. *Social and Personality Psychology Compass*, 2, 702–717.

Ryan, R., La Guardia, J., Butzel, J., Chirkov, V., and Kim, Y. (2005). On the interpersonal regulation of emotions: Emotional reliance

across gender, relationships and cultures. *Personal Relationships*, 12, 145–163.

Ryan, R., Rigby, S., and King, K. (1993) Two types of religious internalization and their relations to religious orientations and mental health. *Journal of Personality and Social Psychology*, 65, 586–596

Sack, W. H., Clarke, G. N. and Seeley, J. (1996). Multiple forms of stress in Cambodian adolescent refugees. *Child Development*, 67, 107-116

Sarantakos, S. (2005) 3rd edn. *Social Research*. Basingstoke: Palgrave Macmillan

Shaffer, D., Gould, M.S., Brasic, J., Ambrosini, P., Fischer, P., Bird, H., & Aluwahlia, S. (1983). A children's global assessment scale. *Archives of General Psychiatry*, 40, 1228–1231

Silverman, D. (2001) *Interpreting Qualitative Data (second edition)* . Los Angeles: SAGE

Silverman, D. (2006) *Interpreting Qualitative Data (third edition)* . Los Angeles: SAGE

Silverman, D. (2008) *Qualitative Research, Theory Method and Practice* 2nd edn. London: Sage

Sinha S, Uppal S and Pryce A (2008) Seeking sanctuary: Exploring the changing postcolonial and racialised politics of belonging in East London. *Sociological Research Online* 13(5): 101–110

Smith, J. and Osborn, M. (2008) Interpretative phenomenological analysis. In Smith, J. (eds) *Qualitative Psychology – A practical guide to research methods* (second edition), 53 – 81. London: Sage

Smith, J., Flowers, P., and Larkin, M. (2010) *Interpretative Phenomenological Analysis: Theory method and research*, 2nd edition, London: Sage

Smith, J., Jarman, M. and Osborne, M. (1999) Doing Interpretative Phenomenological Analysis. In Murray, M. and Chamberlain, K. (Eds) *Qualitative Health Psychology: Theories and Methods*, 218 – 241. London: Sage

Smith, P., Perrin, S., Dyregrov, A. and Yule, W. (2003) Principal Components Analysis of The Impact of Event Scale with Children in War. *Personality and Individual Differences*, 34, 315-322

Smith, P., Perrin, S., Yule, W. and Rabe-Hesketh, S. (2001) War Exposure and Maternal Reactions in the Psychological Adjustment of Children from Bosnia-Herzegovina. *Journal of Child Psychology and Psychiatry*, 42, 395-404

Soenens, B., Vansteenkiste, M., Lens, W., Luyckx, K., Beyers, W., Goossens, L., and Ryan, R. (2007) Conceptualizing parental autonomy support: Adolescent perceptions of promoting independence versus promoting volitional functioning. *Developmental Psychology*, 43, 633–646.

Spence, S. (1997) Structure of anxiety symptoms amongst children: A confirmatory factor-analytic study. *Journal of Abnormal Psychology*, 106, 280 – 297.

Staci M. Zolkoski, and Lyndal M. (2012) Resilience in children and youth: A review. *Children and Youth Services Review*, 34, 2295–2303

Stanley, K. (2001) *Cold Comfort: Young separated refugees in England*. London: Save the Children

Strauss, A. and Corbin, J. (1998) *Basics of Qualitative Research, techniques and procedures for developing grounded theory*. Thousand Oaks: Sage.

Summerfield, D. (2000) Childhood, war, refugeedom and ‘trauma’: three core questions for mental health professionals, *Transcultural Psychiatry*, 37, 417 – 433.

The Refugee Council (2012) Refugee Council information: Asylum statistics Feb 2012. [Online] accessed on 6th January 2014 available from www.refugeecouncil.org.uk

Temple, B. and Edwards, R. (2002). Interpreters/Translators and Cross-Language Research: Reflexivity and Border Crossings. *International Journal of Qualitative Methods*, 1 (2), 1-12

Tew, J., Ramon, R., Slade, M., Bird, V., Melton, J. and Le Boutillier, C. (2012) Social factors and recovery from mental health difficulties: A review of the evidence. *British Journal of Social Work*, 42, 443 – 446.

Thomas, S. and Byford, S. (2003) Research with Unaccompanied children seeking asylum *British Medical journal*, 327, 1400-1402.

Thomas, S., Thomas, S., Nafees, B. and Bhugra, D. (2004) 'I was running away from Death' – the pre-flight experiences of unaccompanied asylum seeking children in the UK. *Child: Health, Care and Development*, 30 (2).

Tolmac, J., and Hodes, M. (2004). Ethnicity and adolescent psychiatric admission for psychotic disorders. *British Journal of Psychiatry*, 184, 428–431.

UNHCR (1951) Convention relating to the status of refugees. Geneva: United Nations High Commission for Refugees (UNHCR)

United Nations High Commissioner for Refugees (UNHCR) (1994) *Working With Unaccompanied Minors in the Community: A Family Based Approach*, UNHCR, Geneva.

UNHCR (2002) Special feature on the 50th anniversary of the convention

[online] accessed 8th August 2013 available at

<http://www.unhcr.org/1951convention/index.html>

UNHCR (2004) *2003 Global refugee trends: Overview of refugee population, new arrivals, durable solutions*. Asylum seeker and other person of concern to UNHCR. Geneva: United Nations High Commission for Refugees. In

Derluyn, I. and Broekaert, E. (2008) Unaccompanied refugee children and adolescents: The glaring contrast between a legal and psychological perspective. *International Journal of Law and Psychiatry*, 31, 319 - 330

Vansteenkiste, M., Zhau, M., Lens, W. and Soenens, B. (2005) Experiences of autonomy and control among Chinese learners: vitalizing or immobilizing? *Journal of Educational Psychology*, 97, 468 - 483

Vostanis, P. (2004) the impact, psychological sequelae and management of trauma affecting children. *Current Opinion in Psychiatry*, 17, 269 – 273.

Wade, J., Sirriyeh, A., Kohli, R. and Simmonds, J. (2012) *Fostering Unaccompanied Asylum-seeking Young People – A research project*. BAAF: York

Werner, E. (2012) Children and war: Risk, resilience, and recovery. *Development and Psychopathology*, 24, 553–558

Werner, E. and Smith, R. (1982) *Vulnerable but invincible: a longitudinal study of resilient children*. McGraw-Hill, New York.

Werner, E. and Smith, R. (1992) *Overcoming the odds: high risk children from birth to adulthood*. Cornell University Press, New York.

Wernesjo, U. (2012) Unaccompanied asylum-seeking children: Whose perspective? *Childhood*, 19, 495 - 507

Whittaker, S., Hardy, G., Lewis, K. and Buchan, L. (2005) An Exploration of Psychological Well-being and Young Somali Refugee and Asylum-seeker Women. *Clinical and Child Psychology and Psychiatry*, 10 (2), 177-196.

Wilkinson, S. (2008) Focus groups. In Smith, J. (2008) (ed) *Qualitative Psychology: A practical guide to research methods*. Sage: London

Williams, G., McGregor, H., Zeldman, A., Freedman, Z. and Deci, E. L. (2004). Testing a self-determination theory process model for promoting glycemic control through diabetes self-management. *Health Psychology*, 23, 58–66

Williamson, L., Rutter, J. and Jones, C. (1998) Unaccompanied - but not unsupported, in J. Rutter and C. Jones (eds) *Refugee Education: Mapping the Field*, Trentham Books, Stoke-on-Trent, p 49-74.

Willig, C. (2001) *Introducing Qualitative Research in Psychology*. Oxford: Oxford University Press.

Willig, C. (2008) *Introducing Qualitative research in Psychology* (Second Edition) Maidenhead : Open University Press.

World Health Organisation, WHO (1992) *The ICD-10 Classification of Mental and Behavioural Disorders*. Geneva: World Health Organisation

www.theyworkforyou.com/ [online] accessed August 2012 available from <http://www.theyworkforyou.com/wrans/?id=2012-02-09a.83.0&s=unaccompanied+asylum+seeking+children#g83.2>

Yardley, L. (2008) Quality in qualitative research. In Willig, C. (2008) *Introducing Qualitative research in Psychology* (Second Edition) Maidenhead : Open University Press

Yardley, L. (2000) Dilemmas in qualitative health research, *Psychology and Health*, 15, 215 - 228

Young Minds [online] accessed on 4th January 2014 available at http://www.youngminds.org.uk/for_parents/services_children_young_people/camhs/what_are_cahms

Yin, R. (2003) *Case study Research Design and Methods*. Third Edition.

Thousand Oaks, London, New Delhi: Sage

Zolkoski, S. and Bullock, L. (2012) Resilience in Children and Youth: A review.

Children and Youth Services Review, 34, 2295 - 2303

APPENDIX 1: Interview schedule used with young people

Check through the consent form and invite young person to ask questions.

Reminder for the young person that they can choose to leave the interview at any time; and explain that they can choose to withdraw their data from the study at any time up until 28th February 2013. Check that it is OK to record the interview and explain that I may note down some things that I am interested in so I can remember to come back to them later. Explain that they can ask for a break at any time they wish.

Explain that I am interested in them and their experiences so as to help improve services and practice with young people arriving unaccompanied in UK, There is no right or wrong way to answer the questions in the interview. I will not say very much because it is their story that I am interested in.

Outline of timings and structure of interview and that a further meeting can be arranged if needed.

1) What hobbies/interests do you have?

What were your hobbies in your home country?

What is the difference between your life here and there?

2) You don't need to tell me but if it's OK can you tell me how you came to live in the UK?

What were you hoping for when you came to the UK?

How have things gone since you arrived in this country? (success?)

3) Can you tell me what things have made you feel well and happy since arriving in the UK?

What would have made you feel well and happy in your home country?

Have these things changed over your life?

What is the main difference now as compared to when you were younger?

4) What things have made you feel sad or caused you difficulties since arriving in the UK?

What about before you came to the UK?

What is the main difference between what causes you difficulties now and before you came to this country?

How did do/did you try and cope with these things?

What might have helped?

What is it about you that helps you to cope?

5) Can you tell me about your education?

How did you feel when you first went to that school?

What difficulties/support did you experience?

Who/what was important for you at that time?

What were your goals for education?

What did you achieve through education?

6) Tell me about the people/relationships in your life.

In the UK?

Now?

In the past?

Who have been the most important people for you?

What impact/influence have they had/has their absence had?

What do they think/would they think about your life now? [Use people identified in question 6 Father/mother/auntie/grandparent/ brother/foster carer/ social worker]

7) What do you think your life would have been like if you had not met X/ attended that school/ gone to that foster carer? [Pick out key factors that the young person has highlighted, good or bad, to elaborate on their influence]

8) How do you see your future?

What are your hopes/aspirations?

What might get in the way of those?

What support do you have that will help you in getting there?

What support do you need but don't have?

What is it about you that will help you to reach those goals?

9) How would you describe yourself as a person?

Draw interview to a close, summarise and check for accuracy. Decide whether further meeting required; remind young person that key worker is aware we have met today if they feel they need support would they like me to ask key worker to contact them, remind them of my number if they think of further questions, remind them that summary of findings will be sent out.

Opportunity for young person to ask any questions.

Would they like an information sheet of findings sent to them once research completed?

Build on questions to use during the interview: Why?/How?/Can you tell me more about that?/How did that make you feel?/Can you tell me what you were thinking?

APPENDIX 2: Outline of the Focus Group structure to be held with members of the social work team/foster carers working with UASC

Introduction:

- Explain general purpose of group see script in box below

Hello and welcome. Thank you for agreeing to take part in this focus group which is seeking the views and perspectives of social work staff/ foster carers on the emotional health and wellbeing of young people who have arrived as unaccompanied asylum seeking children in Sun-hill with a particular focus on the ways young people cope and overcome adversity. The data collected from this group will contribute to a doctoral thesis alongside views collected through focus group with foster carers/social work staff and a number of individual interviews with young people.

The Key research question I hope to address through this focus groups is

- How do social workers / foster carers working with young people arriving as UASC define 'successful outcomes', what factors do they feel contribute to these?

- Establish structure and timeframes
- Establish own neutrality
- No right or wrong answers

- Group 'rules'

We will need to establish group rules that are acceptable for all taking part similar to ground rules that you may be familiar with from tema meetings and training days these should cover include:

1. Confidentiality
2. Accepting individual views and perspectives even if they are different to one's own
3. Reminder that we are talking about a diverse group of young people so there will naturally be differences between participants' experiences
4. Allow all members of the group time to speak and not to speak over one another, feel free to indicate if you have a point through raising and hand and Katrina or I will ensure that we come back to you.

Warm up:

- Outline necessary background information ie name, role, time in team/as a foster carer - allow all members to speak

Body of group discussion:

- What evidence do you look for to judge if an unaccompanied asylum seeking young person you are working with is coping well?

- What factors do you feel contribute to them coping, adapting, feeling happy and well?
- In what way is education important in this process of adaptation and coping?
- What role do social relationships play in supporting young people to adapt and cope? Look at three tiers of social connectedness [Ager and Strang, 2004) and discuss.

Social bonds – the importance of accessing connections within ones own community

Social bridges – cross-cultural networks

Social links – engagement with services and institutions

- What issues arise with regard to poor emotional and /or mental health for UAS young people?
- What has been effective in addressing mental health needs? What services have you used? Have they been effective? How?
- What factors make life difficult for UAS young people?

- What have you learnt about cultural and/or gender differences in approaches to mental health and mental health interventions for this group of young people?

Closure:

- Identify key themes
- Summarise key themes
- Identify individual differences and attitudes
- Check for accuracy and seek elaboration
- Reaffirm consent for data to be retained for transcription and analysis

**APPENDIX 3: Copy of the EC2 submitted to the University of
Birmingham Ethics Board**

Form EC2 for POSTGRADUATE RESEARCH (PGR) STUDENTS MPhilA,
MPhilB, MPil/PhD, EdD, PhD IS

This form MUST be completed by ALL students studying for postgraduate research degrees and can be included as part of the thesis even in cases where no formal submission is made to the Ethics Committee. Supervisors are also responsible for checking and conforming to the ethical guidelines and frameworks of other societies, bodies or agencies that may be relevant to the student's work.

Part A: to be completed by the STUDENT

NAME: Jo Farmbrough

COURSE OF STUDY (MPhil; PhD; EdD etc): EdPsychD

POSTAL ADDRESS FOR REPLY:

CONTACT TELEPHONE NUMBER:

EMAIL ADDRESS:

DATE: 1.7.12

NAME OF SUPERVISOR: Sue Morris

PROPOSED PROJECT TITLE: To identify factors that contribute to the educational success, emotional wellbeing and social connectedness of young

people who arrived as unaccompanied asylum seeker children (UASC) in Sun-hill, and use the knowledge gained to inform practice in Sun-hill.

BRIEF OUTLINE OF PROJECT: (100-250 words; this may be attached separately)

I intend to carry out a focus group with social care staff working with UASC in Sun-hill exploring their views about how young people who arrive unaccompanied and seeking asylum in Sun-hill adapt and cope with their experiences. The questions are planned in order to incorporate a discussion about education, social relationships and emotional wellbeing. I will hold another focus group following a similar structure with foster carers who have supported UASC. The data collected from these groups will be analysed using Thematic Analysis.

Following this I intend to carry out between 2-4 case studies with young people who arrived in Sun-hill unaccompanied and seeking asylum and are now over 18. The young people will be given the option of using a disposable camera to take pictures of people/places/things in their lives that have negative or positive connotations for them; where this option is taken up the pictures will be used as a basis for discussion at the start of the interview. The data collected during these interviews will be analysed using an Interpretative Phenomenological Approach (IPA).

MAIN ETHICAL CONSIDERATION(S) OF THE PROJECT (e.g. working with vulnerable adults; children with disabilities; photographs of participants; material that could give offence etc):

The interviews with young people will potentially involve them in talking about issues that were traumatic and stressful. Thomas and Byford (2003) have cautioned researchers to be aware of traumatisation or re-traumatisation. It may be that young people disclose experiences that they have not previously spoken about or that they present as mentally distressed or vulnerable to the extent of seeming to require professional support. Unaccompanied asylum seeking children are a vulnerable group, carrying out research with them raise a number of ethical issues. I will now outline the challenges and how I will attempt to address these:

Hek (2005) has explored the ethical dilemmas involved in allowing participants to talk about their experiences which may be upsetting; she addressed this by ensuring that participants were informed of what the project would entail and their right to withdraw at any time. Leaflets were distributed to potential participants informing them of the purpose of the project and what they would be expected to do if they took part – young people were then left to volunteer.

I intend to provide details of the research for young people and have the idea of taking part introduced by a key adult who can explain the information. The interviewing approach will be open so that young people can discuss areas which they feel are important to them but not be pushed to talk about issues

that they find difficult. I will allow time for de-briefing at the end of the interview so that the young person can ask questions or clarify anything they are concerned about. The young person will have mobile phone and e-mail contact details for me if they feel they would like to contact me in the lead up to or after the interview.

The key adult who introduced the idea of taking part to the young person will remain involved in the research and be aware of when the interviews are taking place so that they can offer support. I will also provide contact details for myself in case the young person wishes to contact me for further support.

- Issues of language, culture, religion, social norms and experiences of oppression [Thomas and Byford, 2003] also make it difficult to ensure genuinely freely given informed consent.

I will consult with the service providers in the social care team prior to identifying young people I wish to approach about taking part, I will use their understanding and knowledge in this area to inform the way that young people are approached, addressing typical concerns in the written information provided and the best way to organise interviews.

- The young people I wish to interview are unaccompanied and therefore parental consent can not be gained.

Since the young people I wish to interview arrived in this country unaccompanied by parents or their usual carers I have decided to avoid issues with regard to parental consent by approaching young people of 18 or over. However, I will gain consent from the social worker supporting the child in order to approach the young people initially.

- Since I am focusing on young people connected to one borough it may be possible for the reader to identify who the participants are despite attempts to safeguard anonymity and confidentiality.

In order that the young people, foster carers and social care staff remain anonymous I will transcribe the focus groups and interviews promptly and delete the audio-recording. I will change all names in the transcripts and keep the pseudo-name 'key' and signed consent forms separate to all other data in a locked drawer in my home. I will not refer to exact ages, current jobs or work or living location in the write up of the research. The authority will not be named in any reporting outside of the area itself.

- Participants are likely to have English as a second language and I will need to determine whether their English is sufficient to fully understand the information provided about the research in order to give fully informed consent and indeed participate in the research.

I intend to discuss this issues with the social care team that know the young person in order to ascertain the language skills of the young person in

particular whether they require reports translated for care reviews or translators present in formal meetings. If it seems appropriate I will translate the information provided for young people initially and the feedback on interviews and findings but will require a level of English that is sufficient to take part in a verbal discussion.

- I wish to use anonymous quotes in my reporting of the research and will need to gain consent from young people to do so.

I will gain the consent of participants to use quotes from the interviews in the initial consent form with the reassurance regarding the anonymous nature of all reporting.

- Thomas and Byford (2003) have highlighted the fact that some young people may be very suspicious of interviews, following long interviews at the Home Office.

I intend to offer more than one meeting with the young person and to start with more open questions about their life before addressing more sensitive issues. Where young people opt to use a disposable camera to take pictures a more informal meeting can be arranged at which the camera will be given out and this will provide an opportunity to set the tone for the person centred, relaxed approach of the interviews

- The refugee status of young people will influence how vulnerable they feel in talking about their experiences. Young people who are recently arrived in the country may find it difficult to refuse consent due to a lack of agency and power brought about by their vulnerable situation. In addition, they may be under the impression that taking part will support their asylum application [Thomas and Byford, 2003].

Since those that are recently arrived in the country may find it difficult to refuse consent I have decided to work with those that have been in the country for two or more years.

RESEARCH FUNDING AGENCY (if any): N/A

DURATION OF PROPOSED PROJECT (please provide dates as month/year): 08/12 – 12/12

DATE YOU WISH TO START DATA COLLECTION: 08/12

Please provide details on the following aspects of the research:

1. What are your intended methods of recruitment, data collection and analysis? [see note 1]

Please outline (in 100-250 words) the intended methods for your project and give what detail you can. However, it is not expected that you will be able to answer fully these questions at the proposal stage.

Step 1 – I intend to recruit professionals involved in working with unaccompanied asylum seeking children (UASC) through asking the social care team manager to approach staff to see if they are interested in taking part in a focus group. I intend to recruit foster carers who have worked with UASC by approaching the manager of the foster care team in Sun-hill and asking her if her workers could ask foster carers if they are interested in taking part. I will provide written information with regard to the purpose of the research, confidentiality and how the data collected will be used. [Appendix 1].

The focus groups will discuss what professionals feel to be good outcomes for UASC and what they feel contributes to these. They will be guided to consider educational, emotional well being and social connectedness. [See appendix 2 for a draft outline of the Focus Group interview structure].

Subject to the agreement of participants, I will make a recording of the focus group in order to maintain a full record of discussion to submit to later analysis. I will transcribe the focus group interview and subject this to qualitative analysis, identifying themes abstracted from the focus group discussion. A written record of these themes will be sent to participants for comment regarding their authenticity as an account of the interview and key themes emerging from the group discussion.

Step 2 - I intend to ask social workers and foster carers to identify cases where the professionals consider that the young person (who arrived in the UK unaccompanied and seeking asylum) has coped successfully with living in England. In an attempt to combat professional bias brought about by professionals having formed a stronger bond with some young people than with others or some workers having left; I will compare the names identified by

the two groups. If possible, I will recruit participants who have been nominated by both a social worker and foster carer. If this is not possible I will approach young people nominated by either a social worker or foster carer. I will make a note of how each participant is nominated and remain mindful for the potential implication for this in my interactions with these young people and in my analysis of their accounts.

In selecting the cases I will ask the social work team about the level of English spoken by the young person to ensure that the young person does not currently require an interpreter for formal meetings or translations of formal reports. If this is the case I will not select them for this particular study as I wish to conduct the interviews without an interpreter since this will safeguard the young person's confidentiality, removes concerns about the quality of communication and difficulties with picking up signals of distress through an interpreted communication.

I intend to carry out two case studies but will select four cases initially in case the first young people I approach do not wish to take part. I will ask a key adult to share information about my research with one young person at a time [see Appendix 3 for the information sheet].

If a young person is interested in participating I will ask them to complete a consent form that contains more in depth information [see Appendix 3].

Interviews will be carried out with the first young person [see Appendix 4 for semi-structured interview outline].

The interviews will be taped (subject to the interviewee agreeing to this otherwise notes will be taken), transcribed and then analysed using Interpretative Phenomenological Analysis.

2. How will you make sure that all participants understand the process in which they are to be engaged and that they provide their voluntary and informed consent? If the study involves working with children or other vulnerable groups, how have you considered their rights and protection? [see note 2]

I will ask the social work team for details of the key worker within the team that is familiar with the young person. I will ask the identified adult to approach the young person initially to gauge whether he/she are interested in taking part in the research using a script I have provided [Appendix 3]. If the young person is interested I will ask the key worker to offer support in explaining the following written information to them: the purpose and aims of my research; an outline of the methods I will use; what the young person will be expected to do if they take part; an explanation that the young person can choose to withdraw at any time if they wish to do so; an explanation of how I will maintain confidentiality; and details of how findings will be reported [Appendix 3].

I will request that young people sign to give informed consent if they wish to take part having read the information and leave them a copy of the information [Appendix 3].

Since the young people approached will be over 18 it will not be necessary to gain consent from carers or other adults. However, I will consult with the

young person's social worker and heed their advice as to the vulnerability and/or sensitivities of the young person and gain their signed consent to work with the young person after they have shared the initial information [Appendix 3]. Thomas and Byford (2003) recommend gaining consent from legal representative when carrying out research with unaccompanied children seeking asylum; since the young people I hope to work with will be over 18 this would not be necessary but I will consider this if the most appropriate case appears to be a young person who is not yet 18.

I will provide written information for the professionals taking part in the focus group [Appendix 1]. This will detail the aims and purpose of the research; the details of the focus group structure; an explanation of how I will maintain confidentiality; how and to whom the research will be reported.

3. How will you make sure that participants clearly understand their right to withdraw from the study?

I will include in the script at the beginning of each interview a reminder that the young person can choose to withdraw at any time from the research as well as making this clear in the original information provided.

I will also advise the young people participating that, if they elect to withdraw from the study and to retract their data, they may do so at any point until March 2013 (by which time data analysis and abstraction of themes from the full data corpus will be well underway.)

4. Please describe how you will ensure the confidentiality and anonymity of participants. Where this is not guaranteed, please justify your approach. [see note 3]

I intend to ensure the confidentiality of participants by changing the names used in the reporting, not referring to their country of origin, not giving accurate details of their age and using a pseudo-name for the Local Authority when disseminating the findings beyond Sun-hill. However, since the interview process may involve talking about things that are upsetting I will maintain the involvement of the key adult who initially approached the young person, by informing them of when the interviews take place so that they can check that the young person is OK after the interviews. I will make this clear to the young person in the information about the research and give them an opportunity to choose someone different to take the post interview de-briefing and support role if they prefer.

I will include in the confidentiality statement that any information emerging indicating potential harm to the young person themselves or others will be shared with those who can ensure their well being. In the first instance this will be through discussion with the young person's social worker to agree the best plan of action to safeguard those who have been identified as at risk. The Sun-hill safeguarding procedures will be followed as appropriate these can be accessed at <http://www.sun-hill.gov.uk/staysafe>

5. Describe any possible detrimental effects of the study and your strategies for dealing with them. [see note 4]

It may be upsetting for the young person to talk about their past. In order to address this I will ensure that the key adult is aware of when the interview has taken place and if the young person appears distressed I will ask her/him at the end of the interview whether they would like me to contact the key adult to request they make contact. I will provide my contact details for the young person in case they feel the need for further support.

The interviewing approach will be open so that young people can discuss areas which they feel are important to them but not be pushed to talk about issues that they find difficult [Hek, 2005].

I will consult with service providers from the social care team prior to interviewing the young person to seek advice about the best way to carry out the interview and ensure that support is available. As the interviewer I will be sensitive to signs that the young person has reached a point in their narrative where they do not wish to continue.

The young person will be informed prior to the interviews what the purpose of the study is and what will be expected of them and that they can withdraw at any time.

I will pay attention to issues of power differentials between myself and the young person through attempting to give them a sense of agency through selecting meeting places and times and in my overall approach throughout all phases of the study.

6. How will you ensure the safe and appropriate storage and handling of data?

The tape recordings, contemporaneous notes and anonymous transcripts will be kept in a locked filing cabinet drawer at my home. The recordings will be transcribed promptly and then deleted. The pseudo-name 'key' and signed consent forms will be kept separately in a locked drawer in my home. Only I will have access to each location.

Electronic versions of the anonymous transcripts will be stored on the secure University of Birmingham server. When it is required to transport data electronically I will use an encrypted memory stick or e-mail within the University of Birmingham secure network.

The data will be destroyed after 10 years.

7. If during the course of the research you are made aware of harmful or illegal behaviour, how do you intend to handle disclosure or nondisclosure of such information? [see note 5]

If harmful behaviour emerges during the interview I will refer to the confidentiality statement that states information of this sort may be disclosed. It is likely that any disclosure will not be discussed immediately as it will be necessary for me to think through the information, make notes on my reasoning and note my decision making process. As appropriate, I will take advice from my Research Supervisor without naming the young person and/or my professional supervisor within Sun-hill. If it was felt to be appropriate I would approach the young person's social worker to discuss putting safeguarding procedures into place.

If illegal behaviour that did not threaten harm to the young person or others were referred to in the interview I would think through the information, make notes on my reasoning and decision making process and take advice from my supervisor without naming the young person. If it was decided that I should share the information I would meet with the young person to talk this through.

8. If the research design demands some degree of subterfuge or undisclosed research activity, how have you justified this and how and when will this be discussed with participants?

N/A

9. How do you intend to disseminate your research findings to participants?

I intend to offer all participants the option of receiving an information sheet detailing the findings of the research and the choice of receiving this by post or e-mail.

APPENDIX 4: Information sheet and Statement of Informed Consent to take part in a Focus Group Interview adapted for use with both social work staff and foster carers

I, _____, agree to participate in this research project on identifying the factors that contribute to educational success, emotional wellbeing and social connectedness for young people arriving in Sun-hill unaccompanied and seeking asylum. This study is being carried out by Jo Farmbrough, Educational Psychologist, as part of a Professional Doctorate in Educational Psychology at the University of Birmingham. Sue Morris is her Research Supervisor based at the University of Birmingham.

I understand that the study will entail a group interview to explore the views of those who are providing/ have provided foster care to UASC regarding the salient factors contributing to positive outcomes for this group of young people. The researcher will follow this focus group interview by carrying out between two and four in-depth interviews with young people who arrived in Sun-hill as an unaccompanied child seeking asylum about their experiences.

I understand that my participation is entirely voluntary and that:

- The focus group interview that I will take part in will last two hours or less and will be facilitated by Jo and Katrina Gardiner, Senior Educational Psychologist

- The focus group will be audio-taped and Jo may take notes. All recordings will be transcribed promptly using pseudo-names and the initial recording deleted; the recorder and all notes will be kept in a locked filing cabinet to which only Jo Farmbrough has access. Only Jo, her University Supervisor, university assessors and Katina Gardiner will have access to the anonymous transcripts
- In accordance with the Data Protection Act 1998 all data will be destroyed after 10 years
- All electronic versions of anonymous documents will be stored on the Sun-hill secure network, any e-mailed documents will be sent internally using the Sun-hill or University of Birmingham secure networks
- The identity and views of participants will be kept confidential, that is it will not be possible to identify whose views are being reported and quotes will be anonymous
- That is unless anything is said that suggests participants or any others are at risk from harm where this is the case the Sun-hill safeguarding procedures will be adhered to
- Participation in this study is entirely voluntary, if I wish to withdraw from this study or leave, I may do so at any time, and I do not need to give any reasons or explanations for doing so
- I will not be able to withdraw my views after the focus group as it will not be possible to identify my contribution
- The findings of this doctoral study will be made available within Sun-hill and may be used to inform practice. The findings may also be more widely disseminated through professional journals or conferences in

order to inform and improve practice in this area but Sun-hill will not be identified in dissemination outside of the borough.

I have read and understood this information and I agree to take part in this study. Jo Farmbrough has offered to answer any questions I may have about this study and what I am expected to do.

Date:_____ Signature:_____

If you have any concerns or questions about the study please contact Jo Farmbrough on 073 XXXXXXXX or _____

If you have cause for any complaint about this study please contact X, Principal Educational Psychologist XXXX@sun-hill.gov.uk or Sue Morris, University of Birmingham Research Supervisor _____ or telephone _____.

APPENDIX 5: Meeting with UASC social work team 11th September 2012

Approximately 19 workers

Shared information about the research – see Powerpoint handout

A lot of questions re the criteria for young people taking part –

Feeling that there will be a number of young people who are interested in taking part and may need to have clearer / narrower criteria other than post 18 having arrived in Sun-hill as UASC and receiving support from this team. Reiterated minimum of two and maximum of 6 cases studies. The fact that each individual is a case study in themselves.

1. Caution not to use the same young people that have taken part in research already as the national picture in danger of being heavily influenced by a small number of young people!!

My thought is these not to be approached

2. Discussion re interpreters- points made that young people find it hard to think in a different language when speaking about deeply emotional issues. That may need interpreter available to step in if required. Keeping this option open will mean I can access a more representative group of young people. Deborah – they have interpreters that they know to be good. Point made by

Cornelia that they use interpreters to carry out 'therapeutic' type social work with young people and it is not detrimental; need to weigh up the obvious effect on dynamics of interview with the ability to access wider range of young people

My thought – an interpreter this should be offered to those approached.

3. Also, thinking about the young people who struggle to engage with education, learn English, and get on that they really form the majority of this group and danger of research focusing on those young people most ready to engage rather than this group there was a feeling that their voice is not being heard in research, discussion about the social care team being with them through the difficulties and upset. I emphasised that the focus group is a place for me to find out about whole cross section of this vulnerable group. Cornelia felt that if more time was taken with young people to reassure them about research likely to get greater number interested in taking part. Also discussed young people who have arrived with no experience of education and some do really well in education and others just don't manage to engage and progress – interest expressed in what is it that makes the difference

My thought – what if my criteria is having built a relationship with social care team / worker that has persisted over time and that this is indicator of success....but doesn't exclude young people struggling in other areas...

4. Discussed whether they should be in foster care – this is not one of the criteria
5. Discussed immigration status – not particular about this we discussed those young people (few) who received refugee status immediately Cornelia suggested that might hypothesise that they are more settled and then do better but not necessarily and need to bear in mind that reason they received immediate refugee status is that they have very difficult experiences prior to their arrival. There are a number of youngsters who have had insecurity over their immigration status and recently have gained refugee status after appeal and would have an interesting story to tell.
6. Discussed gender – nice to have a balance..
7. Discussed ethnic background – best to have a variety.....
8. Discussed how long the young person would have been in the country – two year or more so likely to have arrived at 16 or 17 but maybe younger. In this way have sufficient length of time and experience to reflect on

My thoughts – research that looks at young people arriving younger doing better suggests a useful focus would be on experiences of those arriving at an older age and their perspectives.

9. Asked what I mean by successful outcomes – discussed the ‘definition’ and the fact that this varies depending who you are and the fact that Sun-hill have a definition, government policy makers have a definition but I clarified that don’t mean just education...and that I was interested in their ideas about this and would be exploring this in the focus group.

10. Discussed payment to young people general consensus that young people should be offered a token of gratitude either voucher or money and that there should be a choice at the interview there was no reason that the group could think of why a young person should not have money this was seen as more useful but might impact on benefits for some young people.

Actions agreed:

- i. Social work team members to think about young people that could be approached and let managers know – from this pool of young people select a sample to be approached;
- ii. I left the script for social workers to go through with young people for perusal and welcomed feedback;
- iii. Those interested in taking part in the focus group to let managers know and I left informed consent letters these should be signed and brought along to the focus group to indicate aware of what involved in – date

set for 24th October morning and if more than 8 interested in taking part could set a separate date. Venue to be social work team offices.

APPENDIX 6: Initial information to be shared by social worker with young people who arrived as unaccompanied asylum seeking children in Sun-hill who might be interested in taking part in a study looking at the things that have helped and not helped them adapt and cope to life in UK.

Hello!

My name is Jo Farmbrough, I work with young people in Sun-hill as an Educational Psychologist. I work to support children and young people to have a positive experience of school and life from age 0-19.

I am studying to complete a doctorate at the University of Birmingham and my University Supervisor is called Sue Morris. I am interested in finding out about the experiences and views of young people that arrived in Sun-hill as unaccompanied asylum seeking children so as to find out what has helped them to cope with life in UK and learn from these experiences to help young people arriving in UK in the future.

In particular, I am interested in what has helped you to feel well and happy, what difficulties you have encountered, things that have made you feel sad and what has helped you to cope with these things.

If you would like to take part in this study I would meet you in a place that you feel comfortable for between one hour and one and a half hours. We might

meet on more than one occasion if there is a lot to talk about. Possible places to meet would include my office in Cheshire Wood, the Social Work team office, your college or school or a library.

Your social worker will be kept informed of our meetings so that they can offer you support before and afterwards if you need it. You can choose a different adult to provide this support. You would be able to contact me at any time on a mobile before or after the meetings if you have any questions.

If you agree to take part you can at anytime change your mind about being part of the study, you can ask not to be included, you can leave an interview without giving a reason and you can ask for your information not to be used in the study up until February 28th 2013.

I will record the interviews if you are happy for me to do so, or else I will take notes. To ensure your confidentiality the recording will be typed up as quickly as possible and deleted from the recorder, the interviews will be typed up using made-up names. Only my supervisor Sue, the university examiners and I will see these typed up interviews. The names of people taking part will be kept confidential, I will not include these in the report I write and I will be careful to make sure that they can not be identified by anyone reading the report. All notes and recordings will be kept in a locked cabinet which only I can open.

The findings of the study will be used in the following ways:

- As part of my University Doctoral Thesis
- In a report for people working with UAS young people in Sun-hill summarising findings and making recommendations
- In reports for professionals working with UAS young people across UK
- I hope the findings may be used to try and improve services.

If you are interested in taking part:

- You can complete and return the form below to the address given
- You can e-mail your name and details to
- You can contact me by telephone or text on *****.

Thank You!!

Your name _____

Contact telephone number/e-mail _____

Social worker's name _____

Social worker's number _____

APPENDIX 7: informed consent form for UASC participants

I _____ would like to take part in the study looking at what is helpful and unhelpful for unaccompanied asylum seeking children in Sun-hill. I have read the information sheet and understand that:

<i>My taking part is voluntary.....</i>	<i>Please tick:</i>
If I decide to, I can leave an interview at any point.	
I can choose to withdraw from the study at any point and ask for my interview information not to be used in the study up until February 28 th 2013.	
My views will be kept confidential unless I say anything that suggests I or another are at risk from harm - if this is the case Jo will talk to my social worker and they will take action to safeguard those at risk	
I will not receive any payment for taking part	
My views will be recorded, typed-up with a different name and kept locked in a filing cabinet that only Jo Farmbrough has access to. Computer records will be kept on the Sun-hill Secure Network. Records	

will be kept for 10 years.	
I agree to anonymised quotes being used as part of the study.	
The results of the study will be used in Jo's university doctoral thesis, shared with those working in Sun-hill and may be written up for professional journals or shared at conferences for people working with UASC. Sun-hill will not be named when reporting outside Sun-hill.	

Signed.....Date.....

Please return to: Jo Farmbrough,

If you have cause for any complaint about this study please contact *****,

Principal Educational Psychologist *****@Sun-hill.gov.uk or Sue Morris,

University of Birmingham Research Supervisor [REDACTED] or

telephone [REDACTED].

APPENDIX 8: Interpreter briefing sheet

This is an interview to inform my doctoral research; please remember that the views and perspectives of the interviewee are important and there are no right or wrong answer. Therefore it is important to interpret what has been said as closely as possible even if this does not seem 'right' or 'correct'.

If the interviewee decides to answer for themselves in English this is OK please do not feel the need to be interpreting throughout the interview if this is not required just you being there as a safety net is important.

It is really important that you try and remain 'neutral' throughout the interview that is do not prompt the interviewee with answers. It is OK for the interviewee to have thinking time.

When words or phrases are used for which there are no direct English translation please alert me to this and we can explore the idea further in order for me to understand what is meant by the interviewee; giving a range of ways in which the word can be used with real life examples would be helpful.

I will try and conduct the interview by asking short questions and would appreciate it if you can translate answers in small chunks to avoid paraphrasing so that I can have as full a record of answers as possible.

I will share the interview schedule with you but this may vary slightly and is flexible

It is important to remember that this interviewee is taking part in the interview on the understanding that their views will be kept confidential; please do not share their name, personal details or content of the interview with others.

Please sign below to indicate that you agree to keep the content of the interview confidential:

Name:

Date:

APPENDIX 9: Interpreter de-brief sheet

Please could you answer the following questions in order to help me when reflecting on the interview. These will be kept confidential and will only be used for the purpose of validating my research findings:

1) Please comment on how you feel the interview went.....

2) What if any effect do you feel that you had on the content of the interview?

3) Do you feel that there are any particular similarities or differences between yourself and the interviewee?

Please select the most appropriate answer:

4) I was able to make a close translation of the interviewee's responses

Never sometimes often most of the time all of the time

5) I felt that I had to paraphrase the interviewee's answers

Not at all sometimes often frequently all the time

6) I am aware that I added to what the interviewee said

Not at all sometimes often frequently all the time

7) I am aware that I left out of some of what the interviewee said

Not at all sometimes often frequently all the time

Name:

Date:

APPENDIX 10: Details of analysis stages 1-4 carried out using thematic analysis with data from social work staff focus group

Phase 1 - familiarisation with the data

This requires 'immersion' in the data set. I transcribed the audio-tape of each group, which Braun and Clarke (2006) state is a good start in this process of familiarisation with the data. I then listened to the audio a second time whilst reading the transcript, and finally re-read the entire transcript. Braun and Clarke (2006) advise that it is helpful to start noting down ideas for coding that emerge during this preliminary phase, and I made a note of concepts I considered of interest during this phase.

Phase 2 - generating initial codes

In order to code the data I read through each transcript and highlighted sections of interest, noting sections that appeared to be forming repeated 'patterns' (themes) across the data set [Braun and Clarke, 2006]. I then wrote notes about the highlighted sections in the right-hand margin of the transcript. These notes formed the basis of a set of codes. I followed the advice given by Braun and Clarke (2006) to code as widely as possible to ensure that I did not narrow down the data set at this early stage. I was also mindful that sections of text could be coded in more than one way and that it was acceptable for codes to be contradictory [Braun and Clarke, 2006]. As I worked through the transcript I created a separate list of codes which allowed me to encode

patterns with the same label. Once I had completed the transcript, I collated all relevant excerpts under each code label, ensuring that I quoted sufficiently to retain the context of the excerpt [Braun and Clarke, 2006]. This process generated 65 codes for the focus group with social work staff.

Phase 3 - searching for themes

This phase is the beginning of analysing the codes into overarching themes [Braun and Clarke, 2006] and collating the relevant codes within each theme. In order to do this I printed out all the codes and their relevant excerpts and laid them out on the floor. I was then able to organise these into groups which corresponded to a common overarching theme. I maintained a separate group of themes that did not seem to fit in elsewhere [Braun and Clarke, 2006].

I developed seven candidate overarching themes with subthemes and then re-read the transcript in order to check whether any key concepts had been missed or misconstrued.

Phase 4 - reviewing themes

In order to review the themes it is necessary to read all the coded excerpts under each candidate theme to ensure that the theme is internally homogenous and that there is external heterogeneity between the themes [Patton, 1990]. This phase may lead to the rejection of some candidate themes due to there being insufficient data to represent the theme; combining

themes that are in fact similar; or separation of what had appeared to be one theme into more than one [Braun and Clarke, 2006]. As a result of this I re-organised the codes to form an additional theme relating to 'education' and additional sub-theme within 'mental distress', relating to an 'insecure future' making a total of seven candidate themes with fourteen subthemes.

I then returned to the original transcript, reading it in conjunction with the thematic map to ensure that the thematic map represented the content of the data set. This gave me an opportunity to code and incorporate any additional data relevant to the thematic map.

APPENDIX 11: Codes from social worker focus group formed into first thematic map - Map 1, with my thoughts illustrated in comment boxes.

1. Theme 'promoting emotional wellbeing'

Subtheme 'mechanisms for becoming settled'

Subtheme: cultural religious identity

Subtheme: young people taking the initiative to cope

2. Theme- relationships

Subtheme: Seeking a family/key attachment figure

Subtheme: building social networks

Subtheme: disrupted lost relationships/trust

3. Theme – Mental Distress

Subtheme: signs of mental distress

- *Sleep issues*
- *Not engaging*
- *Low motivation*
- *Telling lies*

Subtheme: Causal links to mental distress

Subtheme: Insecure future/transition at 18

4. Theme – The system = powerlessness

5. Theme – Engagement with Mental Health support services

6. Theme: Barriers to engagement

Subtheme: timing on mental health interventions

Subtheme: reluctance of young person

Subtheme: Positive experiences of mental health intervention

7. Theme – engagement between young person and education

Subtheme: young person's motivation/engaging

Subtheme: Education system's response to the Young person

Themes that currently do not fit elsewhere

Opportunities to develop English

Relationships with relatives

Multiagency engagement/communication with other professionals

APPENDIX 12: Seventeen basic themes grouped under four organising theme for 'Mechanism that support UASC in doing well and promote emotional wellbeing'

What does doing well look like

What young people want

Definition – attendees state what they believe a UASC YP wants when come to UK

Indicators -

Differentiation – predominantly discussed by foster carers, 1 quote from social workers

Settling

Definition – attendees talk about what being settled looks like for UASC

Indicators – mention being settled, things working,

Differentiation – all social worker quotes 3SWs

Success through education

Definition – accessing education demonstrates YP doing well and an expectation is expressed that education leads to life opportunities

Indicators – mention of work, qualifications, skill development

Differentiation – 4 FC/3SW

Integrating

Definition – behaviours that demonstrate YP is becoming part of the community

Indicators – law abiding, make an effort to mix with English speakers to improve understanding of culture and English, adapt behaviours

Differentiation – mostly discussed in FCFG

Difficulties with integrating noted

Top priority to achieve Refugee status

Definition – YP feel successful if they achieve refugee status

Indicators – mention of YP's overriding desire for this in order to feel successful

Differentiation – mostly discussed by FCFG

Mechanisms that support a YP to do well

Developing supportive consistent relationships

Caring relationships with foster carer

Definition – foster carer provides a secure base and key attachment figure

Indicators – mention of foster care placement being like a family, providing love, care, meeting basic need, emotional support

Differentiation – Mostly discussed in FCFG some negative perception indicated from SW about this creating a tension in views

Building a Network of Friendships

Definition – network for friendships fulfils a supportive function

Indicators – support with finding friendships mentioned as important or specific positive aspect of friendship is mentioned,

Differentiation – mentioned by 5 SWs/4 FCs

Finding someone who can provide a consistent relationship over time

Definition – a key consistent adult is important in supporting wellbeing and success of YP

Indicators – refer to someone providing consistency/continuity

Differentiation – / 2 SWs

Positive relationship with social work staff

Definition – the relationship with SW can play a key role in UASC YP's life

Indicators – like family, key attachment figure, needing the relationship

Differentiation – only mentioned by SWs

Learning to Trust others in order to build key relationships

Definition – there is an assumed difficulty with trust and usually referral to overcoming this

Indicators – refer to learning to trust

Differentiation – 1 SW; 2FC

School facilitates “doing well”

Definition – statement that school can support a young person to do well often with accompanying description of how

Indicators – an explanation of the school carrying out positive action to support YP or referring to school providing context in which integration is possible

Differentiation – 4 FCs;5 SWs

had to kind of sink or swim and thankfully they swam and

School may not facilitate “doing well”

Definition – discussion of times at which school has not been successful

Indicators – context works against integration, discrimination, ESOL

Differentiation -

Links to home culture

Religion

Definition – religion plays an important role in maintaining continuity, identity and emotional wellbeing

Indicators -

Differentiation – 3SW / 2SW

Links to home culture

Definition - links to home culture are important to support emotional wellbeing

Indicators – mention of positive role played by links with food, friends, language

Differentiation – 3FC /4SW

Exception - Rejecting cultural identity

Young Person's motivation

Motivation to attend school/be educated

Definition – Young people arrive motivated to learn and maximise their life opportunities

Indicators – demonstrate an interest in gaining knowledge and an education

Differentiation – 5 FC/1SW

Motivation to speak English

Definition – young people's motivation to speak English when they arrive

Indicators – examples of Young person demonstrating desire to learn english

Differentiation – discussed by 4 FCs

Exceptions to motivation to learn English

Definition - Young people often prefer to mix with familiar peers so don't integrate and get to learn or practice English

Links to difficulties with integrating above

APPENDIX 13: Sixteen basic themes grouped under three organising themes for 'Mental Distress'

Themes related to mental distress

Signs of mental distress

Definition – young people demonstrate signs of mental distress

Indicators – flashbacks, erratic behaviours, sleep issues, unable to focus on daily activities, Telling lies, self harm, links to drug use

Differentiation – 4FC / 6SW

Risk factors

Grief/lost relationships

Definition – the negative impact of losing key people through death, leaving home or relationship break downs in UK leading to isolation, loneliness, bereavement

Indicators – talk of Young person having no-one, grief, bereavement

Differentiation – 2FC/2SW

Difficulty trusting in order to build relationships

Definition – difficulty in feeling safe to trust others in order to build the supportive consistent relationships necessary for emotional wellbeing

Links to – the trust theme in other network

Drug use

Definition – drug use prevents young person from accessing mechanisms that facilitate emotional wellbeing

Indicators – talk of drug use as a barrier

Differentiation – only discussed by SWs

Links to – drug use being an indicator of mental distress

Traumatic experiences before arrival

Definition – stories of traumatic events experienced by young person prior to arrival in UK

Indicators – witnessing violence, death, physical injury, experiencing violence towards themselves or having no control over events leading to the journey

Differentiation – 6FCs/ 2SW

so he may will be using it but if he is I think its definitely in terms of the chicken and

Guilt

Definition – YP suffers feelings of survivors guilt or for acts of violence they have carried out

Indicators – specific reference made by YP to feeling guilty or FC hypothesising guilt

Differentiation – discussion in FC FG all involved

Triggers for mental distress

Definition – things that remind a Young person of trauma or other risk factors

Indicators – news or words that have associations; reliving negative experiences in interviews or during mental health interventions

Differentiation – 5 FCs

Risky processes

Definition – processes that are imposed on a young person after arriving in the UK that can contribute to poor emotional health

Indicators – processes that are part of policy and procedure

The requirement to move into independent living between 16-18

Definition – referral to this process as causing distress

Indicators – distress arising from need to learn new skills including budgeting, less money, loss of relationships, threat and fear of uncertainty

Differentiation – 2 FCs/ all SWs

Links to time of uncertainty re status

Interpreters cause distress

Definition – Young people experience elements of distress associated with interpreters

Indicators – lack of trust, lack of skills means inaccurate information given during key processes

Differentiation – only discussed in FC FG 2 FCs

Outcome of age assessment leads to distress – 1 SW spoke about this a number times.

Insecure future

Definition – Young person not having secure refugee status has negative impact on emotional wellbeing

Indicators – links to signs of mental distress, detention centres

Links to mechanisms that support doing well and what does doing well look like

Differentiation 2FCs/ 5SWs

Themes related to addressing mental distress

Mental Health Service Support

Definition – times that interventions have been positive

Indicators – talk of positive outcomes including diagnosis, coping strategies, YP seeming happier, assessment,

Differentiation – 3 FCs/ 5 SWs

Opposite – unhelpful or no mental health service

Definition – perceived lack of emotional health support, terminated because having a negative impact or no impact

Indicator – due to triggering negative memories

Barriers to accessing mental health services

Definition – the system prevents access to services at the critical time Social workers feel they have to fight for services which often come too late to be useful

Indicators – long referral routes mean services often offered to late, professionals lack understanding of emotional needs of UASC mean service not offered, language or status is a barrier

Differentiation – very important to SW

Young person is reluctant to access Mental health services

Definition – young person is not in right state of mind for services

Indicators – young person not clear about why attending, does not want to repeat their story

Differentiation – 1 FC/4 SWs

Foster carer role in emotional support

Definition - Foster carer uses strategies to support YP emotionally through their relationship

Indicators – listening, pacifying, being there, talking, caring, modelling coping strategies such as going out for a walk

Differentiation – discussed by all foster carers not Social workers

Exception – time that FC unable to support and placement broke down

YP's coping strategies

Definition – young person develops a strategy to support their overcoming or managing emotional difficulties

Indicators -

Differentiation – 2 FCs/ 2 SWs

APPENDIX 14: Notes made on the process of using IPA to analyse five transcripts of individual interviews

Case 1 – N

Step 1 and step 2 - Listened to audio and read the transcript. Read the transcript. Made original notes using black/red/ and pencil. Read again and made more notes. I started highlighting echoes that occurred throughout the text and dichotomies. In red I was beginning to pick out connections to psychological theories – attachment, resiliency, protective factors and coping. In red some contradictory links to concepts from focus groups re distress at transition / independence as a good thing/ relationship with foster carers and social workers was seen as a job.

Step 3 – Wrote emergent themes into left margin, Began to list ideas for super-ordinate themes.....based on 'echoes' developing in language then grew from there.

Step 4 - Wrote out the emergent themes and then began to cluster into super-ordinate themes and then drew two diagrams to illustrate connections between these. Checked back against the ideas for super-ordinate themes I had begun to note down and initial notes in research diary on re-reading interview to ensure all had been covered, they had.

Created four super-ordinate themes with subordinate themes.

Case 2 – B

Step 1 and 2 - Listened again, noted initial ideas in note form on separate piece of paper to the interview highlighted key ideas and then made notes using black, pencil and red.

At this point read back on the theories of resilience and Maslow as were appearing to be key in this interview. How can I make adequate conceptual notes without clarity on these psychological theories.

Reflected on need to think about protective mechanisms, coping mechanisms and adaptation at a theoretical level within the conceptual noting.

Own agency being a source of strength.

Lack of control being a risk factor and points in time when UASC experienced enforced lack of agency.

Thinking about what makes a process risky....identify and explore the relationship between variables affecting their life.

Step 3 - Wrote emerging themes onto left-hand margin and then onto computer then started to look for connections between emergent themes. Moved them around on computer data set 2. Using abstraction and subsumption.

At this point with a view to next step of 'looking for patterns across cases' I decided to keep the connections wide so that they could then be combined with other four cases – not wishing to narrow it in too soon.

At this point feels as though the thematic analysis was far more rigorous!

Created five super-ordinate themes with subordinate themes.

Case 3 – A

As above. This time listened and highlighted key ideas first and then moved onto adding notes in right-hand column.

Again study is mentioned as primary object of interest early on in the interview.

Case 4 - Z

Step 1 and 2 - Read through, then listened, then read again. Made initial notes in research diary.

Step 3 – emergent themes written into margin. Had some theoretical ideas in mind:

Maslow hierarchy – safety/sense of belonging/need for esteem and confidence/

Carol Dweck and Mastery approach (thought of this while doing A)

Resilience

Self efficacy

Attachment figure/place

Made notes of thinking during this process because beginning to make links to other case as the data corpus feels more joined up rather than treating as separate interviews but also seeing each YP's experience as separate as well.....!

Step 4 – carried out as above

Case 5 - Y

Step 1 and 2 – listened and read, then read transcript. Initial noting as above.

Step 3 – wrote emergent themes in left-hand margin.

Step 4 – As typing up emergent themes found that I was able to type many of these emergent themes straight into clusters which then made up the super-ordinate and sub ordinate themes. This was because my thinking by the time of doing this last case has developed to feel that resilience does apply and that many of these super-ordinate headings are going to be common across

all cases. One very evident difference between cases is the framing of difficult experiences as leading to positive outcomes.

APPENDIX 15 – Five boxes listing the super-ordinate and subordinate themes for each of the five participants.

Case 1 - N. four super-ordinate themes each with some sub-ordinate themes

<p>Life Trajectory – before, arrival and now - growth in maturity <i>'Now' Settling life down</i> <i>Increasingly able to take control of 'My life'</i></p> <p>Value of social connectedness <i>Knowing people facilitates learning about life Meeting diverse people facilitates emotional wellbeing (6)</i> <i>Expanding the mind</i></p> <p>Vulnerability Vs strength <i>Vulnerabilities on arrival</i> <i>Self concept as being strong (8)</i> <i>Coping mechanisms</i></p> <p>Promoting Emotional wellbeing <i>Proud of how well doing for stage on life trajectory (16) [Link to life trajectory]</i></p> <p><i>Emotional wellbeing supported by range of advice from others (16) [Link to relationships with diverse group]</i></p> <p><i>Emotional wellbeing supported by identity as a strong person ((17) and Dismissive of weakness (17) [link to vulnerability Vs strength]</i></p> <p><i>Positive outlook and belief in self (18)</i> <i>Values religion (7)</i> <i>Key attachment figure</i> <i>Having a goal or a plan supports emotional wellbeing Value of good education</i></p>

Case 2 – B. Five super-ordinate themes.

<p>Risk factors <i>Vulnerabilites</i></p> <p><i>On leaving home –</i></p> <p><i>On arrival –</i></p> <p><i>Independence at 18 posed significant risk factor mirrored leaving home (3) -</i></p> <p><i>Attachment Vs Rupture in attachment link - vulnerability</i></p> <p><i>Racist reaction from some people in some places causes upset (9)</i></p>

Feelings and causes of Emotional distress

Lack of control Vs own agency

Needs – Physiological, esteem and Safety

Mechanisms for promoting emotional wellbeing/Protective processes provided through relationships, systems or the environment

Education contributes to emotional wellbeing keeps you busy and opportunity for lots of friends (10) provides sense of achievement (11) sense of agency through being successful (11) feels nice (11) provides student network (11)

Having support networks/sense of belonging

Need for love and belonging being met (attachment link?)

Being socially embedded is a protective factor (1)

Education is route to positive future (15)

Coping mechanism – do for yourself

Case 3 - A. Fourteen super-ordinate themes

Primary motivation is to achieve through study (1)

Mastery approach

Enjoy social interaction (1) (3) (8) Protective mechanism?(enjoys it and so accesses it then it leads to many benefits)

Continuity of identity

Developed sense of belonging in UK

Maintained cultural identity with home country (5)

Risk factors

Endings/changes to relationships are difficult (13)

Motivated to learn and adapt to new culture

Sense of agency – protective mechanism

Need for self esteem and confidence met

Coping mechanisms

Positive experience on arrival

Social worker role support to foster carers, financial (7) with transition (7) (9)

Physiological needs – created home for self, learnt to cook for self (10)

Need for safety and security

Case 4 – Z. Eight super-ordinate themes and 12 sub ordinate.

Education is of primary importance to effect positive change in life (11)

Education essential because

Vulnerabilities

Vulnerabilities lead to tensions and worries (7)

On arrival

Contributors to emotional wellbeing in UK (protective factors)

Education in UK contribute to emotional wellbeing (2)

Changed as a person in positive way since arriving in UK (2) (3)

Support mechanisms are changing his life (14)

Mechanisms for positive adaptation

Mechanism of positive adaptation through social services (3) (10)

Key bond with foster carer acted as a protective mechanism (6) and (10)

Friendship group act as protective mechanism

Positive adaptation - Gained cultural knowledge in UK (3)

Protective factor is experience of good relationships in home country

Sense of agency/mastery

Self belief

Aspiration to be self reliant and have successful life (11)

Coping mechanisms

Safety is key (15)

Case 5 – Y. Eight super-ordinate themes

Protective mechanisms

Importance of friendships (1)
Attends church (2)
Sociability
Strong family bonds/attachments (3) (4)
Sense of hope (3)
Gaining refugee status
Support of Social services on arrival
Reinforcement of positive self image from significant other
Positive self image

Sense of self-efficacy /Mastery

Important to be independent (13)

Positive about education

Education as a protective mechanism

Risk factors

Adapting to something totally different
In UK must think about own life and have big responsibilities (4)
Feeling alone
Uncertain status
Traumatic journey to UK (6)
Financial
ESOL
No key person

Life trajectory

Coping strategies / outlook/ thinking

Thinking –

Expressions of emotions

Attributes positive outcomes to difficulties experienced

APPENDIX 16: Table created to look for patterns across cases

Y	Z	A	B	N
<p>Importance of friendships (1)</p> <p>Sociability</p> <p>Strong family bonds/attachments (3) (4)</p> <p>Support of Social services on arrival</p> <p>Attends church (2)</p> <p>Reinforcement of positive self image from significant other</p>	<p>Friendship group act as protective mechanism</p> <p>Protective factor is experience of good relationships in home country</p> <p>Mechanism of positive adaptation through social services (3) (10)</p> <p>Key bond with foster carer acted as a protective mechanism (6) and (10)</p>	<p>Enjoy social interaction (1) (3) (8) enjoys it and so accesses it then it leads to many benefits)</p> <p>Developed sense of belonging in UK</p> <p>Positive experience on arrival</p> <p>Maintained cultural identity with home country (5)/</p> <p>Need for self esteem and confidence met</p> <p>Social worker role support to foster carers, financial (7) with transition (7) (9)</p>	<p>Having support networks/sense of belonging</p> <p>Being socially embedded is a protective factor (1)</p> <p>Need for love and belonging being met (attachment link?)</p>	<p>Value of social connectedness</p> <p>Knowing people facilitates learning about life Meeting diverse people facilitates emotional wellbeing (6)</p> <p>range of advice from others (16) [Link to relationships with diverse group]</p> <p>Key attachment figure</p> <p>Values religion (7)</p>

Y - Vulnerabilities and Risk factors	Z	A	B	N
<p><i>Traumatic journey to UK (6)</i></p> <p><i>Adapting to something totally different In UK must think about own life and have big responsibilities (4)</i></p> <p><i>Feeling alone</i></p> <p><i>Financial difficulties when independent</i></p> <p><i>No key person</i></p> <p><i>Uncertain status Vs Gaining refugee status</i></p> <p><i>Expressions of emotions</i></p>	<p><i>On arrival</i></p> <p><i>Vulnerabilities lead to tensions and worries (7)</i></p>	<p><i>Endings/changes to relationships are difficult (13)</i></p>	<p><i>Leaving home –</i></p> <p><i>On arrival –</i></p> <p><i>Independence at 18 posed significant risk factor mirrored leaving home (3) -</i></p> <p><i>Attachment Vs Rupture in attachment link - vulnerability</i></p> <p><i>Racist reaction from some people in some places causes upset (9)</i></p> <p><i>Feelings and causes of Emotional distress</i></p>	<p><i>Leaving home</i></p> <p><i>Vulnerabilities on arrival</i></p>

<p>Y -Primary importance of education</p> <p><i>Education as a protective mechanism</i></p> <p><i>Negative view of ESOL</i></p>	<p>Z</p> <p><i>Education essential because Education in UK contribute to emotional wellbeing (2)</i></p> <p>Education is of primary importance to effect positive change in life (11)</p>	<p>A Primary motivation is to achieve through study (1)</p>	<p>B</p> <p><i>Education contributes to emotional wellbeing keeps you busy and opportunity for lots of friends (10) provides sense of achievement (11) sense of agency through being successful (11) feels nice (11) provides student network (11)</i></p> <p><i>Education is route to positive future (15)</i></p>	<p>N</p> <p><i>Expanding the mind</i></p> <p><i>Value of good education</i></p>
<p>Y - Sense of self-efficacy /Mastery</p> <p><i>Important to be independent (13)</i></p> <p><i>Positive self image</i></p>	<p>Z - Sense of agency/mastery</p> <p><i>Self belief</i></p> <p><i>Aspiration to be self reliant and have successful life (11)</i></p>	<p>A - Mastery approach</p> <p>Sense of agency – protective mechanism</p> <p>Motivated to learn and adapt to new culture</p>	<p>B – Lack of control Vs own agency</p>	<p>N - Positive outlook and belief in self (18)</p> <p><i>Self concept as being strong (8)</i></p> <p><i>Emotional wellbeing supported by identity as a strong person ((17)</i></p> <p><i>Proud of how well doing for stage on life trajectory (16) [Link to life trajectory]</i></p>

<i>Y – Coping strategies / outlook/ thinking</i> <i>Thinking –</i> <i>Sense of hope (3)</i>	<i>Z – Coping mechanisms</i>	<i>A - Coping mechanisms</i>	<i>B - Coping mechanism – do for yourself</i>	<i>N - Coping mechanisms</i> <i>Having a goal or a plan supports emotional wellbeing</i>
<i>Life trajectory</i> Attributes positive outcomes to difficulties experienced	<i>Changed as a person in positive way since arriving in UK (2) (3)</i> <i>Support mechanisms are changing his life (14)</i> <i>Positive adaptation - Gained cultural knowledge in UK (3)</i>	<i>Continuity of identity</i>		<i>Life Trajectory – before, arrival and now - growth in maturity</i> <i>'Now' Settling life down</i> <i>Increasingly able to take control of 'My life'</i>
	<i>Safety is key (15)</i> <i>Medical support</i>	<i>Physiological needs – created home for self, learnt to cook for self (10)</i> <i>Need for safety and security</i>	Needs – Physiological, esteem and Safety	

**Appendix 17: Table relating the Integrated themes to the super and sub
ordinate themes developed through IPA from the interview with**

N

<p>Experience of key attachment relationships in UK</p> <p>Role of social workers and foster carers</p>	<p><i>Foster carers act as aspirational role models (17)</i></p> <p><i>Professional help</i></p>
<p>B. Vulnerabilities and risk factors</p> <p>On leaving home/journey</p> <p>Arriving in the Uk</p> <p>Feeling alone</p>	<p><i>No control over being 'sent' (3)</i></p> <p><i>No control on arrival (3)</i></p> <p><i>Vulnerabilities on arrival</i></p>

Independence at 18	<i>Found independence a positive factor lack of autonomy in foster care - risk</i>
Difficulties with endings/changes to relationships	
Uncertain status	<i>Racist reaction (8)</i>
Racist reactions	<i>Vulnerabilities</i>
Feelings and causes of emotional distress/personal vulnerabilities	
C. Primary importance of Education	
As a protective mechanism	<i>Expanding the mind</i>

<p>As a route to a better future</p> <p>Negative view of ESOL</p>	<p>Emotional wellbeing supported by course (16)</p> <p><i>Dream come true would be to go to uni and then get a job (1)</i></p> <p><i>ESOL not helpful (12)</i></p> <p><i>Value of good education</i></p>
<p>D. Protective mechanisms within child</p> <p>Sense of self-efficacy/mastery as a protective mechanism</p> <ul style="list-style-type: none"> - Aspirations to be independent - Self belief and positive self image - Attribute success to own hard work <p>Coping Strategies and Mechanisms</p>	<p><i>Self efficacy/mastery - Having a goal or a plan supports emotional wellbeing</i></p> <p><i>Positive outlook and belief in self (18)</i></p> <p><i>Self concept as being strong (8)</i></p> <p><i>Emotional wellbeing supported by identity as a strong person ((17)</i></p> <p><i>Proud of how well doing for stage on life trajectory (16) [Link to life trajectory]</i></p> <p><i>Self agency</i></p> <p><i>Coping mechanisms</i></p>

E. Meeting basic needs as a protective mechanism Physiological needs Need for safety	<i>Foster carer role (16)</i>
F. Life trajectory Maturation process Settling my life down Positive outcomes have arisen from difficult experiences	<i>Life Trajectory – before, arrival and now - growth in maturity</i> <i>‘Now’ Settling life down</i> <i>Increasingly able to take control of ‘My life’</i> <i>Expanding the mind = positive outcome of difficulties</i>