

**Here Alone: The role of coping and adaptation in  
Afghan unaccompanied minors (UAM's) living in the  
UK**

Submitted April 2012

by  
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To the University of Leicester, School of Psychology, Clinical Section  
In partial fulfilment of the degree of,  
Doctorate in Clinical Psychology

### **Declaration**

I confirm that this thesis is my own original work, except where otherwise stated with reference to the original author(s). It has been submitted in partial fulfilment of the degree of Doctorate in Clinical Psychology and no part of it has been submitted for any other degree or academic qualification.

## **Section A: Thesis Abstract**

### **Here Alone: The role of coping and adaptation in Afghan unaccompanied minors (UAM's) living in the UK**

The literature review explored the role of coping and adaptation in unaccompanied minors (UAM's) living in western countries. The review highlighted seven studies, although one study was excluded from the synthesis stage due to poor quality. A thematic synthesis (Thomas & Harden, 2008) found internal and external resources, and bi-cultural identity development, as important in coping and adaptation in UAM's. Future research is needed to both broaden the understanding of coping in UAM's and to explore these themes in further detail.

The research study explored the role of coping and adaptation in Afghan UAM's living in the UK. Participants took photographs of things that had helped them to cope and this formed the basis of qualitative interviews. The transcripts were analysed using a thematic analysis (Braun & Clarke, 2006). The findings highlighted three themes as important in the participants' experiences, 'Acculturation'. 'Success' and 'Growing Pains'. The findings were discussed in the context of existing research, recommendations for clinical practice and future research.

Finally, a personal account of the researcher's reflections on the research process can be found in the critical appraisal.

## **Acknowledgments**

Firstly, I would like to thank all the inspirational young people who participated in this study, and touched me with their stories. Without your participation this study would not have been possible.

My thanks to Mary O'Reilly who gave me the creative space to find the researcher within me, and allowed me to follow my instinct and whim.

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## **Section B: Literature Review**

### **A Systematic Review Exploring the Role of Coping and Adaptation in Unaccompanied Minors (UAM's) Living in Western Countries**

Target Journal: The Journal of Child Psychology and Psychiatry<sup>2</sup>

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<sup>2</sup> Guidelines for this journal can be found in Appendix A



## **Literature Review Abstract**

A majority of literature undertaken with unaccompanied minors (UAM's) has predominately focused on their mental health and well being (Lustig et al., 2004). Many researchers have commented upon the resilience that this population appear to demonstrate (e.g. Huemer et al., 2009).

Therefore, this literature review set out to explore the role of coping and adaptation in UAM's living in western countries, and focused on qualitative research. Seven studies were quality appraised using the evaluation tool of qualitative studies (ETQS) and synthesised using a thematic analysis (Thomas & Harden, 2008).

The studies were of mixed quality, and one study was excluded from the synthesis stage due to poor quality. The synthesis concluded that internal and external resources, and bi-cultural identity development, are important in coping and adaptation in UAM's.

Given the dearth of research in this area, future research is needed to both broaden the understanding of coping in UAM's and to explore these themes in further detail. This would be of particular benefit to clinicians and staff working with these young people.

Key words: unaccompanied minors, coping, adaptation, resilience

## **Introduction**

### *Background:*

The UK, together with other countries in Europe, has for centuries received refugees from countries undergoing civil war, famine, political upheaval, or economic deprivation. The law in the UK regarding refugees and asylum seekers is complex and undergoes changes to accommodate change in circumstances in the world as well as public opinion in the host country. Prior to 2002 there was a two-tiered appeal system, however, the Nationality, Immigration and Asylum Act (2002) reduced the system to one stage in an attempt to speed up the process. This has led to an appeal system that can be lengthy and difficult if the decision made is contested. Such a system is difficult to navigate by adult refugees, and additional challenges face those who arrive while they are still children unaccompanied by an adult.

The United Nations High Commissioner for Refugees (UNHCR) 2010 'Global Trends' report indicated that approximately half of the world's 25.2 million refugees and asylum seekers are children, of which some arrive unaccompanied. Most young people make the decision to leave their home country alone, however a minority become separated from their family during the journey and as a consequence become unaccompanied; both groups are classified as unaccompanied minors. More than 15,500 asylum applications were made by unaccompanied minors in 69 countries in 2010. Almost half of these applications were lodged by Afghan and Somali children, which was about 4 per cent of the number of asylum claims made in these countries.

In 2010 Sweden and Germany received 74 per cent of the 15,500 Unaccompanied Minor (UAM) claims, differing to previous years where the United

Kingdom (UK) received the highest number of UAM claims (UNHCR, 2010). In 2008 the UK had 4,285 claims for asylum from UAM's, excluding cases that were age disputed (Home Office 2009).

The Home Office (2009) definition of an unaccompanied child is

‘...is a person under 18, or who, in the absence of documentary evidence establishing age, appears to be under that age; and is applying for asylum on his or her own right and has no relative or guardian in the United Kingdom.’

Although the UK is now receiving fewer number of UAM's than previous years there are still many UAM's who reside in this country. They make approximately 10 per cent of all children in care in the UK (UNICEF, 2010)

In ‘Every Child Matters’ the Department of Health (2003) emphasised UAM's as a vulnerable group and recognised them as children first and asylum seekers second. However, Kralj & Goldberg (2005) highlight that there appeared to be discrepancies with this advice and the Home Offices introduction of stricter policies, including routine detention and deportation of these children. Such changes may be a reflection of distorted and negatively biased public perceptions of immigration issues (Patel & Mahtani, 2007). There is often a stronger narrative around those who make unfounded claims as opposed to those who have genuine protection needs (UNICEF, 2010).

In addition, these young people are often ‘age disputed’ on arrival. The method of age assessments usually relies on medical and dental examinations. However, The Royal College of Paediatricians and Child Health accept a margin error of up to five years (Levenson & Sharma, 2004), and therefore could be argued as unreliable. In 2008, 32 per cent of the 4.285 UAM’s that claimed asylum were age disputed (Home Office 2010). Some of the age disputed young people are put into forcible detention in prison-like environments, known as detention centres (Hodes 2010). As a result UAM’s often live with high levels of uncertainty meaning that they are vulnerable to psychological distress (Kralj & Goldberg, 2005).

*Mental health and well being:*

Subsequently, it has become increasingly inevitable that mental health professionals will come into contact with this group of young people (Kralj & Goldberg, 2005), and hence there is a growing demand for research with UAM’s. A majority of research to date has focused on mental health and well being (e.g. Huemer et al., 2009; Lustig et al., 2004).

Some studies suggest that UAM’s display higher frequencies of symptoms and psychiatric disorders than their accompanied peers (Bean et al., 2007; Wiese & Burhost, 2007). This may mirror their absent family system at a crucial time in their development and having to experience a large number of stressful events (Huemer et al., 2009). In a study by Thomas et al. (2004) 47% of UAM’s had experienced separation or loss of a parent, a further 41% had either experienced or witnessed violence and 24% of African girls reported rape in pre-flight experiences.

As a result, UAM's have experienced potentially complex traumas from their countries of origin which is likely to have led to their departure. These experiences are then possibly further complicated by their flight experiences (Lustig et al., 2004) and difficulties upon arrival in the UK. Stringent reception policies of organisations (Reijneveld et al., 2005), as well as the trend for age disputed UAM's to be put into detention centres are implicated in having a further negative affect on the child's fragile mental health. Overall, the evidence indicates the significance of each stage of migration on a UAM's well being before even reaching mental health services.

Flight literature carried out in refugee camps indicated that that 'virtually all' participants suffered from PTSD, with 48% displaying severe symptoms and others less severe. Although PTSD symptoms appeared to dissipate in the resettlement phase over time, results still indicated that PTSD was present in 50% of participants two years after arriving in the host country (Lustig, 2004). This review illustrated the complexity and severity of mental health issues these children face.

A majority of UAM research has focused on post traumatic stress disorder (PTSD) and symptoms (Ehnholt & Yule, 2006; Huemer et al., 2009), whereas other disorders have not been as explored indicating a bias in the literature towards PTSD. This may be a result of using western frameworks when considering and exploring the difficulties that this population may experience.

The lack of varied research has made it difficult for practitioners and staff working with this client group (Ehnholt & Yule 2006). Referrals to mental health services appeared to be reporting 'problematic behaviours' (Bean et al., 2006) and

once referred UAM's were less likely to attend appointments than accompanied children (Michelson & Sclare, 2009). Some practitioners suggest that UAM's struggle with western frameworks of therapy and talking about their difficulties, which may lead to disengagement. Clinicians working with UAM's appear to have a variety of issues to consider when weighing up what is in the best interest of the child. There has been limited research with UAM's, particularly in regards to treatment and intervention. However, some practitioners may struggle to know how to help UAM's and are reluctant to offer treatment (UNICEF, 2010).

#### *Coping and Adaptation:*

Although UAM's appear to have experienced various traumatic experiences and are faced with the challenges of acculturation, they appear to display remarkable emotional resilience (Huemer et al., 2009; Lustig et al., 2004; Rousseau et al., 1998). Practitioners expressed 'awe' at UAM's ability to cope and have attributed this observation to their family experiences, assuming that these were positive, and suggesting that any mental health needs may be more to do with their isolation, and lack of support (UNICEF, 2010).

Rousseau et al. (1998) attributed these observations to the cultural interpretations the children made of their traumatic experiences and suggested this was 'culture based coping'. UAM's may use coping strategies and inner resources, with the aid and support of peers to achieve mental well being (Terr, 1991) and possibly adaptation. However, UNICEF (2010) also warn that UAM's may give an outward appearance of coping when they may be struggling and in need of further

support. This may reflect a western framework of coping, which may differ depending on the UAM's country of origin.

Further research on coping and what this means to UAM's would be a key resource to all professionals that worked with UAM's in aiding well being and adaptation, and is potentially of high significance. Additionally, more is needed to be known about coping strategies in UAM's, namely what coping strategies are employed and how these are helpful to this group. There is an assumption that those who display resilience use coping strategies and evidence will need to evaluate if those that do not utilise coping strategies are in fact less resilient and exhibit symptoms of psychological distress.

### **Aims of Review**

There currently is scant research into unaccompanied minors in western countries although there is an undercurrent of change as they become a significant minority group within our culture (UNHCR, 2009). To date many previous literature reviews with this population have focused on mental health diagnosis and symptoms (e.g. Huemer et al., 2009; Lustig et al., 2004). Researchers have commented on the emotional resilience displayed by these young people, which may reflect the natural coping skills of this client group (Terr, 1991).

This review aims to critically evaluate and review the existing literature in relation to coping and adaptation in UAM's in western countries, using a systematic approach. Furthermore, it is intended that this review will begin to build a picture of

‘coping’ and help to develop an understanding of the observed emotional resilience in UAM’s. It is hoped that this review will focus on highlighting issues and gaps in the current literature relevant to both clinicians and researchers working in this new and exciting area.

These aims were achieved through a systematic search of relevant databases for qualitative literature only. It was hoped that this would provide a meaningful insight and an in-depth understanding of the concept of coping. Both asylum seeker and refugee legal statuses were included. This would provide a longitudinal understanding of coping reflecting the legal and developmental processes that UAM’s face. The studies were appraised in terms of their quality and finally the findings synthesised into pertinent themes and critically evaluated.

Due to a degree of subjectivity being implied in the review process of qualitative research and concerns that some reviews are not transparent in their methodology (Dixon-Woods, Booth & Sutton, 2007), it was suggested that transparency is key in conducting systematic reviews (Dixon-Woods et al., 2006). This approach was adopted as it was considered best practice and opened the review to future evaluation. Furthermore, issues specific to conducting cross cultural research with UAM’s were taken into account to ensure that studies had also considered these issues.

### **Method**

Prior to the literature search an initial and informal exploration of the topic of UAM’s was conducted with the aim of developing an understanding of the current



issues affecting this group. This involved a variety of strategies including talking to clinicians, professionals, volunteers and researchers with knowledge of the area. Search engines readily available on the internet were also used to find both local and national agencies and resources, and from this a visit to a local agency was achieved. In addition, this search highlighted a number of relevant media resources ('Which Way Home', Camissa, 2009; 'Hamedullah: The Road Home', Clayton, 2011), reflecting an increasing awareness of this hidden population. The resulting concepts, ideas and potential search terms were searched on PsycINFO and then distilled into the final search terms used.

A systematic search of PsycINFO, Scopus, MedLine and the Cochrane database was conducted using the search terms identified. The criterion was limited to peer reviewed articles, in the, English language and published from 2002 to the present time. Using this time frame was felt that the results would reflect the current political, legal and clinical issues pertinent to UAM's in western countries, due to the continual sea of change in these areas. UAM's are particularly vulnerable to these broader social and political contexts in their host countries.

The search revealed 37, 11, 0 and 0 articles respectively. Abstracts were then read to identify relevant articles and reviews excluded this left 10 articles. Duplications were then removed from the databases leaving 7 relevant articles (Goodman 2004; Groark, Sclare & Raval 2010; Hopkins & Hill 2010; Luster et al., 2010; Maegusuku-Hewett et al., 2007; Ni Raghallaigh 2011, Ni Raghallaigh & Gilligan 2009). A summary of the full literature search process can be found in Appendix B.

The concept of validity and the use of quality appraisal and synthesis tools are a routine part of the quantitative literature review process. However, there are far fewer qualitative appraisal tools readily available. Hannes, Lockwood and Pearson (2010) conducted a comparison of three readily available quality appraisal instruments, the critical appraisal skills program (CASP), the evaluation tool of qualitative studies (ETQS) and the Joanna Briggs Institute (JBI) tool. They suggested that the ETQS and the JBI tools were the strongest appraisal tools. Although the authors prefer the JBI tool, it was decided that the ETQS (Appendix C) was best suited to the needs of this literature review. The ETQS has strength in its generalisability to other settings and also has a particular emphasis on ‘context’, which is especially pertinent to this population.

In contrast to the number of appraisal tools available, there are a larger number of qualitative synthesis methods available. However, Barnett-Page and Thomas (2009) suggest that there are little differences between approaches. They suggest that a thematic synthesis can potentially be suited to literature reviews with broad questions, can provide a fresh interpretation of the concept under review and lends itself well to producing an output that is accessible to policy makers and practitioners who may be involved with planning interventions. A thematic synthesis fits well with the aims of this literature review, predominantly synthesising the data in a way that would be accessible to the range of practitioners that work with UAM’s.

Guidelines for conducting a thematic synthesis (Thomas & Harden, 2008):

1. Free line by line coding of findings

2. Organisation of the ‘free codes’ into ‘descriptive themes’
3. The development of ‘analytical themes’

They suggest that the use of line by line coding allows the ‘translation of concepts’ from one study to another, which is an essential task in a thematic synthesis (stage 1). The similarities and differences between codes were compared to create descriptive themes (stage 2). The third stage involved using the descriptive themes to answer the review question, allowing the reviewer ‘to go beyond’ the content of original studies. In this review, the descriptive themes were used to answer the review aims of exploring the phenomena of coping and resilience in UAM’s adaptation to their host countries and potential implications for practitioners working with this population.

In addition, Thomas and Harden (2008) suggest that this approach goes some way in addressing concerns that thematic synthesis can lack transparency due to a failure to distinguish between ‘data driven’ and ‘theory driven’ approaches. They suggest that a thematic synthesis clarifies the difference between ‘data driven’ descriptive themes and the ‘theory driven’ analytic themes, and illustrates how the review questions provide a structure for developing higher order thematic categories.

## **Results**

### **Quality Appraisal (ETQS)**

An overview of the studies is provided in Table 1. Researchers appeared to be from a variety of professional backgrounds. A majority of researchers were from a social work/sociology background (4/7), which may reflect the likelihood and

responsibility of this profession working with this population. A total of 330 participants were used, including UAM's, accompanied asylum seeking children, service providers and foster parents and ages ranged from 9-26 (UAM's and asylum seeking children). A majority of studies used participants who were UAM's at the time of the study, apart from Luster et al. (2010) who used participants that were now adult refugees reflecting on their experiences of being an UAM. Approximately 63% of participants were male, reflecting the gender bias in UAM's who make the journeys to host countries. It is likely that female children are seen as too vulnerable in making such a difficult journey alone. Of the studies that made the data available, a majority of participants appeared to originate from Africa (95%), which would reflect the political situation of Africa at the time that these studies were implemented. All of the studies included used interviews, and some used participant observation, advisory groups and questionnaires too (Table 1).

The ETQS was used to quality appraise the articles and to assign scores between 1 (very poor) and 5 (excellent) on the basis of the appraisal. They are listed in Table 2 and offer a means of comparing the overall quality of the results. This process highlighted varied quality amongst the studies under review. What follows is a discussion of the ETQS based appraisal.

#### *Study, Setting and Sample:*

##### *Phenomena under study*

All of the studies explored the concept of coping as a theme in UAM's. The studies predominately reviewed literature regarding coping, resilience and adaptation. However, Ni Raghallaigh focused on religion in coping and therefore predominately

| Authors                               | Professional background | No. of pp's                                    | Age of pp's (yrs) | Country of Origin   | Gender of UAM pp's     | Method                                 | Stated Analysis               |
|---------------------------------------|-------------------------|--|-------------------|---|------------------------|--|-------------------------------|
| Ni Raghallaigh, 2011                  | Social Work             | 32 UAM's                                       | 14-19             | Eastern Africa (14), Western Africa (13), Africa (3), Western Asia (1) and Eastern Europe (1)                             | Female (18), Male (14) | Participant observation and interviews | Strauss and Corbin, 1998      |
| Groark, Sclare & Raval, 2010          | Clinical Psychology     | 6 UAM's  | 16-18             | Africa (5), Asia (1)  | Female (2), Male (6)   | Interviews and questionnaires          | IPA                           |
| Hopkins & Hill, 2010                  | Sociology               | 39 UAM's<br>70 Service Providers               | 16-17             | Africa, Asia and Eastern Europe   | n/a                    | Interviews and focus groups            | Analysed for themes and codes |
| Luster et al. 2010                    | Not known               | 19 UAM's<br>20 Foster parents                  | 18-26             | Sudanese (Africa)   | Male (17), Female (2)  | Interviews                             | Thematic analysis             |
| Ni Raghallaigh & Gilligan, 2009       | Social Work             | 32 UAM's                                       | 14-19             | Eastern Africa (14), Western Africa (13), Middle Africa (2), Southern Africa (1), Western Asia (1) and Eastern Europe (1) | Female (18), Male (14) | Participant observation and interviews | Strauss and Corbin, 1998      |
| Maegusuku-Hewett-Hewett et al. (2007) | Social Sciences         | 55 asylum seeking children<br>62 Professionals | 9-18              | n/a   | n/a                    | Interviews and focus groups            | Thematic analysis             |
| Goodman (2004)                        | Nursing                 | 14 UAM's                                       | 16-18             | Sudanese (Africa)   | Male (14)              | Interviews                             | Narrative synthesis           |

Table 1: Overview of study characteristics

|  |                      |                              |                      |                    |                                 |                                     |              |
|--|----------------------|------------------------------|----------------------|--------------------|---------------------------------|-------------------------------------|--------------|
| ETQS review area   | Ni Raghallaigh, 2011 | Groark, Sclare & Raval, 2010 | Hopkins & Hill, 2010 | Luster et al. 2010 | Ni Raghallaigh & Gilligan, 2009 | Maegusuku-Hewett-Hewett et al. 2007 | Goodman 2004 |
| <b>Study, Setting, Sample and Ethics</b>                     |                      |                              |                      |                    |                                 |                                     |              |
| Phenomena under study  | 4                    | 4                            | 3                    | 5                  | 4                               | 3                                   | 4            |
| Context I: Theoretical framework                             | 3                    | 3                            | 3                    | 2                  | 4                               | 4                                   | 3            |
| Context II: Setting  | 2                    | 4                            | 4                    | 4                  | 4                               | n/a                                 | 5            |
| Context III: Sample  | 4                    | 4                            | 5                    | 5                  | 3                               | 4                                   | 4            |
| Context IV: Outcomes   | 4                    | 3                            | 4                    | 5                  | 3                               | 4                                   | 4            |
| <b>Ethics:</b>   | n/a                  | 4                            | n/a                  | 3                  | 3                               | n/a                                 | 5            |
| <b>Data Collection, Analysis and Potential Research Bias</b> |                      |                              |                      |                    |                                 |                                     |              |
| Data collection  | 3                    | 5                            | 2                    | 5                  | 3                               | 2                                   | 4            |
| Analysis   | 3                    | 5                            | 2                    | 5                  | 3                               | 2                                   | 5            |
| Potential research bias                                      | 2                    | n/a                          | n/a                  | 2                  | 3                               | n/a                                 | n/a          |
| <b>Total</b>   | <b>25</b>            | <b>32</b>                    | <b>23</b>            | <b>36</b>          | <b>30</b>                       | <b>19</b>                           | <b>34</b>    |

(Scoring Criteria: n/a= not discussed and cannot be sufficiently evaluated, 1= Very Poor, 2= Poor, 3= Average, 4= Good, 5= Excellent )

Table 2: Comparison of studies according to ETQS and scoring criteria

included a background of the literature on religious coping. This article was a re-interpretation of an original study that is also included in this review (Ni Raghallaigh & Gilligan, 2010). Both Hopkins and Hill (2010), and Maegusuku-Hewett et al. (2007) presented an overall social background of UAM's, presenting little overview of the literature on coping.

### *Theoretical Framework*

None of the studies explicitly discussed their epistemological view. This was surprising given the importance of stating an epistemological view in aiding credibility and transparency in the research process (Madill, Jordan & Shirley, 2000). An epistemological view can be an important foundation in the construction and interpretation of the study. Lack of this information can make it difficult for a reader to appraise a study. However, Ni Raghallaigh and Gilligan (2009) did discuss the importance of 'relational context' in this population and considered the weight of context in the interview process. Although, on the whole an epistemological view is not discussed it is apparent that the professional backgrounds of the researchers guided the design and interpretation of their respective studies. The studies with a social work/sociology background (Table 1) appeared to present their introductions and discussions in the light of social work policy and practice. The remaining studies presented their introductions and discussions in relation to previous literature on coping and adaptation.

### *Setting*

The settings of studies varied according to the social policies of the countries where they were conducted. Ni Raghallaigh and Gilligan (2009) suggest that it is

common practice in Ireland for UAM's to live in specific group hostels and the use of the foster care is uncommon. Therefore, their interviews took place in an UAM specific hostel. In 1999 the United States (US) accepted 3600 UAM's from Sudan who resettled in the US and were granted refugee status. Therefore, the US studies (Goodman 2006; Luster et al., 2010), utilised Sudanese UAM participants and Luster et al. (2010) were able to use a retrospective design. However, in many European countries, UAM's refugee status is not known until they are 18, meaning that they often live with uncertainty until this age. It is not uncommon for UAM's asylum claims to be refused at this stage. Therefore, the studies that took place in the UK may not have been able to use a retrospective design and the nature of what the UAM's need to cope with is likely to differ to Sudanese UAM's in the US.

### *Sample*

All studies used appropriate samples for their research aims and used UAM participants. Luster et al. (2010) compared the views of Sudanese UAM's with their foster parents. Hopkins and Hill (2010) and Maegusuku-Hewett et al. (2007) were larger scale studies that compared the views of service providers with UAM's. However, Maegusuku-Hewett et al. (2007) used both UAM's and accompanied children in their sample that had been granted refugee status. However, the authors did not provide data on the numbers of UAM's who participated. The remaining studies used UAM participants and compared individual interviews.

### *Data Collection and Outcomes*

All studies used qualitative methods for analysis. Ni Raghallaigh and Gilligan (2009), also used participant observation, however they did not discuss this further or



explain what this entailed. The results of the participant observation did not appear to be incorporated in to the results. It was difficult to ascertain what this added to the study. Groark, Sclare and Raval (2010), used standardised mental health questionnaires in addition to interviews to triangulate the data. It was not discussed whether the measures were culturally appropriate to the sample or had been standardised to a non-western sample. It is possible that the results of the questionnaires could be misleading and may not have triangulated the data. The questionnaires did not appear to add to the overall results of the study, and suggested that some participants had a mental health need.

### *Ethics*

Ni Raghallaigh (2011), Hopkins and Hill (2010) and Maegusuku-Hewett (2009) did not mention ethical approval or informed consent. Considering that UAM's are a particularly vulnerable population it is important that studies adequately address these issues. UAM's are likely to have experienced powerlessness and vulnerability in their lives, it is important that researchers do not re-create these experiences or feelings in research situations. Despite not mentioning ethical approval or consent, these are issues that Maegusuku-Hewett et al. (2009) acknowledge in their article and Ni Raghallaigh discussed in her original article (Ni Raghallaigh & Gilligan, 2010).

### *Data Analysis:*

There were a mixture of analysis frameworks utilised in the studies. Luster et al. (2010) and Maegusuku-Hewett et al. (2009) used thematic analysis, Groark, Sclare & Raval (2010) used Interpretive Phenomenological Analysis (IPA), and Goodman

(2004) used narrative analysis. With the exception of Maegusuku-Hewett et al. (2009) these studies were transparent in their description of the analysis, providing enough information for the analysis to be replicated, showed clear evidence of iterative analysis and efforts to establish validity and reliability. Ni Raghallaigh and Gilligan (2009) used guidelines by Strauss and Corbin (1998), presumably Grounded Theory and Hopkins and Hill (2010) stated that they ‘analysed for themes and codes’, without identifying a particular analysis framework. There was a lack of transparency in how both of these studies were reported, with insufficient detail regarding the analysis process undertaken.

#### *Researcher’s Potential Bias*

A majority of the studies did not discuss any potential researcher biases (Table 2). Ni Raghallaigh and Gilligan (2009) did state that the interviewer had previously worked as a social worker with UAM’s and discussed the impact that this may have had on the interviews (however it was not clear whether she had known any of the participants that she interviewed or how aware they were of her previous role).

#### *Policy and Practice Implications*

There appeared to be clear implications for policy and practice with Sudanese UAM’s in the US, due to the specific context surrounding this population of UAM’s. There were implications for promoting opportunities for building coping skills and considering future plans, through foster parents and service providers. The context of these studies needs to be taken into consideration when applying the findings to different countries.

Overall, the emphasis of findings were made applicable to social workers but are relevant to all professions that come into contact with this population. The role of a professional could be viewed as a facilitator of coping and resilience, by providing opportunities and reducing barriers for this to occur.

#### *Other Comments*

It is likely that the word limits of journal articles limited the amount of detail that authors could include. This is especially evident in the larger scale studies (Hopkins & Hill, 2010; Maegusuku-Hewett et al., 2007) who scored lower overall (Table 2). Likewise, it is feasible that ‘potential researcher bias’ was not seen as an important area to include in reporting the studies.

#### *Thematic Synthesis*

A thematic synthesis was completed of the studies (Thomas & Harden, 2008). As findings were not explicitly differentiated between UAM’s and their accompanied peers, in the Maegusuku-Hewett et al. (2008) study, the results were excluded from the synthesis, as inclusion would have confounded the results.

The descriptive themes were derived from looking across all six studies for codes (stage 1) and themes (stage 2). The analytic themes were created by using the descriptive themes to answer the review aims (stage 3).

#### *Descriptive Themes:*

Thematic analysis of the findings resulted in eight main descriptive themes which were related to coping or resilience in UAM's in their host countries (figure 1).

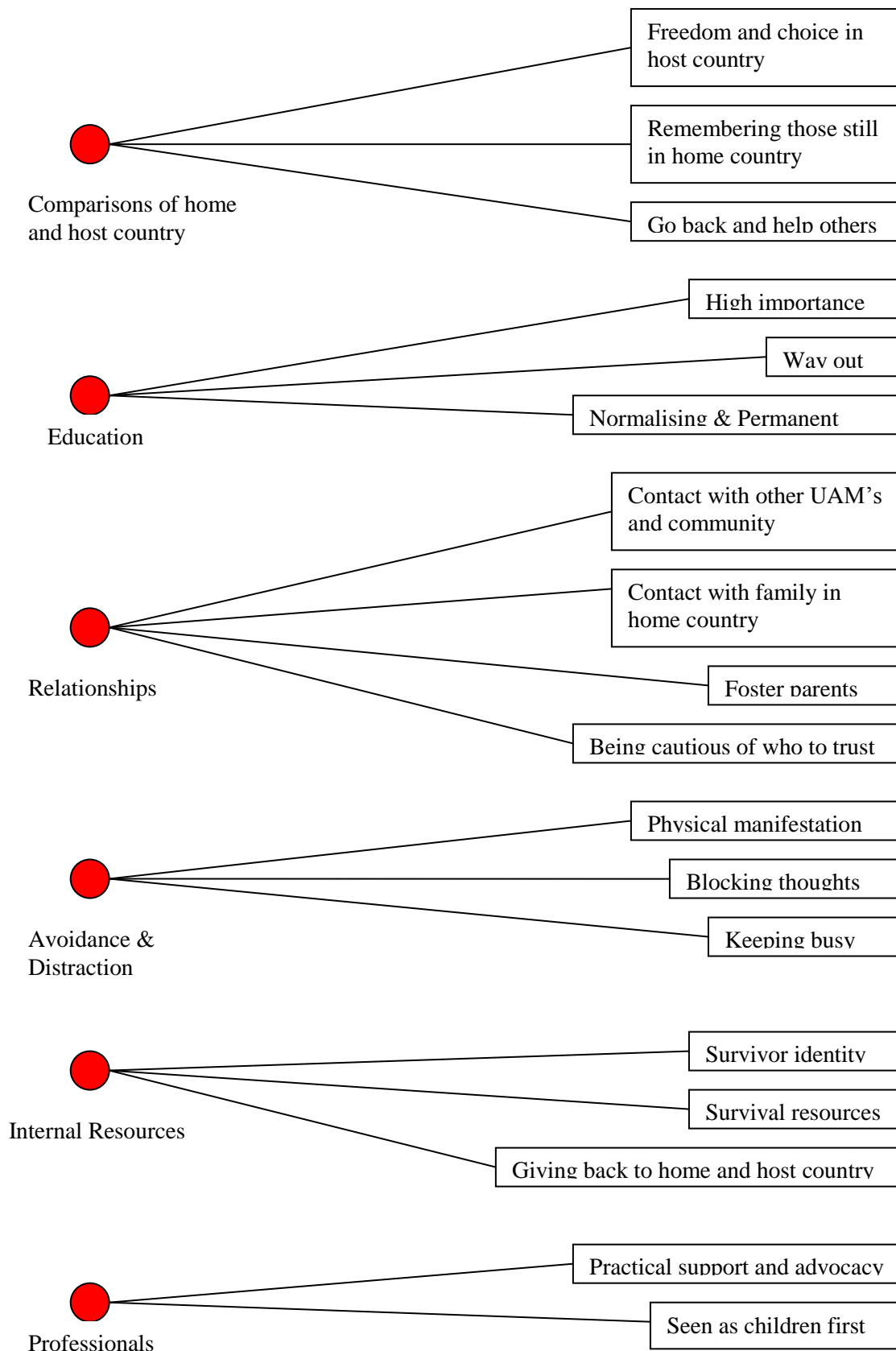
#### *Comparisons of home and host country*

UAM's appeared to make comparisons between their home country and host countries. They described appreciating a sense of freedom, choice and opportunity (education) in their lives, which made them feel 'happy' (Groark, Sclare & Raval, 2010). They felt it was important to remember those in their home country and felt 'a responsibility to make a better life' for themselves and for some, to help those in their home country (Luster et al., 2010).

#### *Education*

The importance and value of education was a strong theme throughout the studies, from both UAM's and service providers. Professionals felt that going to school was a normalising experience, an opportunity for UAM's to learn about the host culture and socialise. Some UAM's emphasized that learning English and receiving language important was very important to their personal and social development (Hopkins & Hill, 2010). It was seen by UAM's as a 'way out' of their situations and an opportunity to better their lives (Groark, Sclare & Raval, 2010). Education was seen as a strong resource and currency that held a sense of permanence in their lives that may otherwise feel unsettled.

*'Knowledge is the key. Wherever you go, you get a job. But the cattle, maybe an enemy can appear and kill them all, and from there you're left with nothing,*



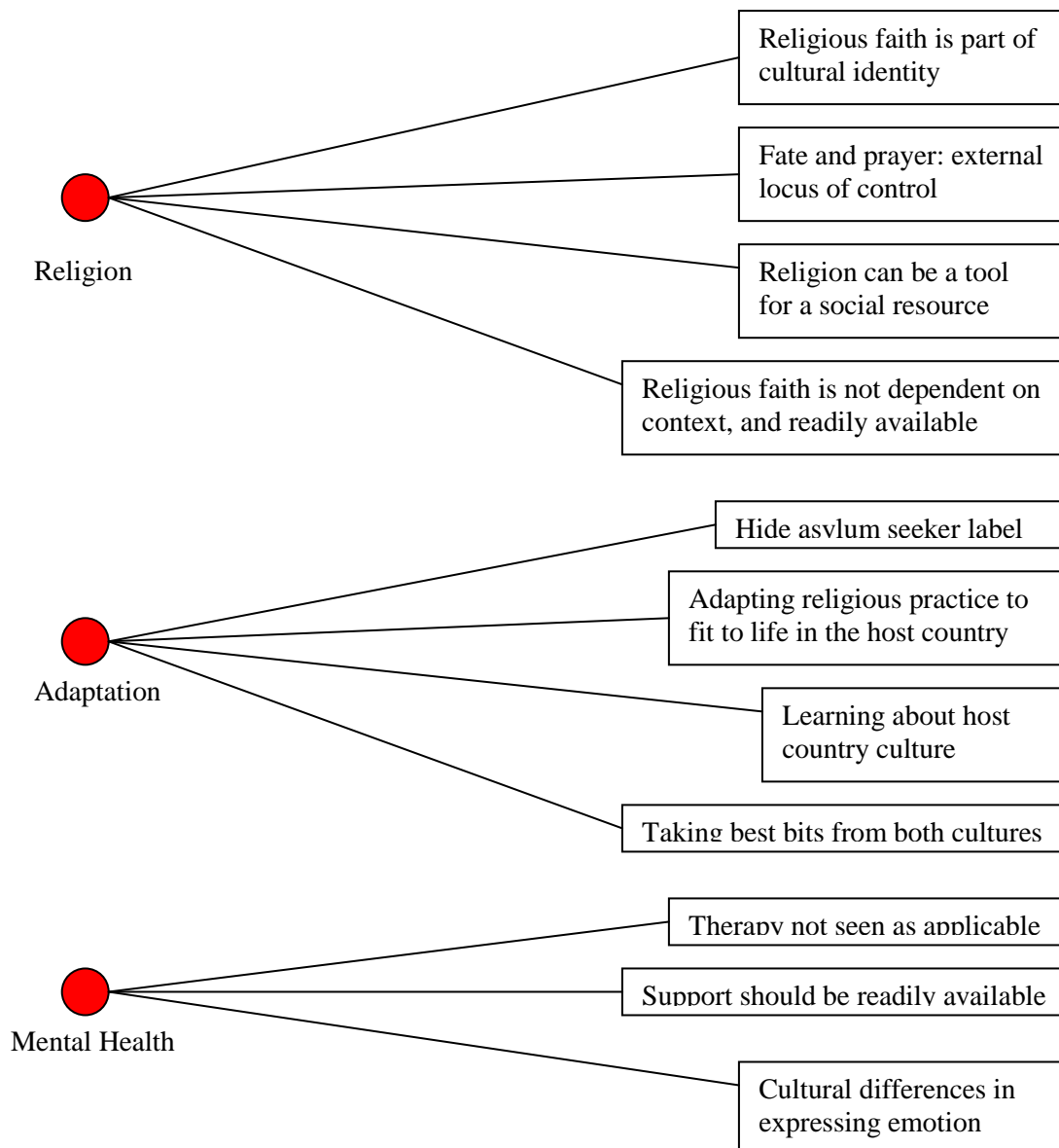


Figure 1: Descriptive Themes

*because you depend on cattle. But knowledge cannot be taken away from you until you die.'* (Goodman, 2004)

### *Relationships*

Relationships with others was an important theme in considering coping. It seemed important for UAM's to maintain a sense of cultural identity and shared experience by socialising with their community and other UAM's. When possible, it was seen as helpful for UAM's to have some contact with family in their home country (Hopkins & Hill, 2010). Positive relationships are likely to come from foster parents who are perhaps the most consistent people in their lives (Luster et al., 2010). UAM's described feeling cautious about who to trust as an adaptive coping mechanism, as a result of their experiences (Ni Raghallaigh & Gilligan, 2010).

#### *Avoidance and Distraction*

UAM's appeared to be reluctant to talk about their experiences to others and utilised a range of avoidance and distraction techniques. UAM's described trying to block their thoughts and kept busy so that they did not ruminate (Groark, Sclare & Raval, 2010). In some cases rumination was associated with giving up, and even dying (Goodman, 2004). Some UAM's said their worries and concerns made them feel sick or could not sleep (Groark, Sclare & Raval, 2010). It was suggested that avoidance and distraction had been a useful survival strategy for this population, although there were some concerns that it may not continue to be helpful in the long term.

#### *Internal Resources*

There was an appreciation of UAM's adaptive coping strategies that had allowed them to 'survive' their experiences. There was a sense that UAM's were resilient before they arrived in their host countries and contained a wealth of internal resources (Luster et al., 2010). Some UAM's described themselves as part of a group

of ‘survivors’ (Goodman, 2004) and it appeared important for many, to not forget their home countries and they wanted to ‘give back’ (Groark, Sclare & Raval, 2010).

### *Professionals*

Many professionals saw the importance of their role in providing practical support and advocacy. Ensuring basic needs (housing, food) were appropriate was valued by social workers. Professionals felt that many UAM’s needed advocacy to help them negotiate the asylum and social care system. They described a necessity for this population to be seen as ‘children first’ and not as asylum seekers (Hopkins & Hill, 2010).

### *Religion*

Religious faith appeared to hold many resources for UAM’s. It was associated with cultural identity and held a sense of familiarity for this population (‘relatively compelling’). For some it was also a social resource in being able to meet new people. UAM’s described religious faith as an independent resource that was not dependent on context, meaning that they could practice and use it for comfort anywhere (‘readily available’). A sense of fate and belief in a higher being, also allowed an external sense of control that was comforting for some UAM’s (Ni Raghallaigh, 2011).

### *Adaptation*

Adaptation to the host country was described as a process. UAM’s learnt about their host culture, from a variety of sources; friends, professionals and school (Groark, Sclare & Raval, 2010; Hopkins & Hill, 2010), and those who were seen as having adapted well ‘took the best bits’ from both cultures (Luster et al., 2010). Some



UAM's talked about hiding the fact they were an asylum seeker from other people in their host country, as they were concerned about others reactions (Groark, Sclare & Raval, 2010). Others had decided to keep their religious faith and practice private as they felt it was not as valued in their host country, and feared making themselves more different (Ni Raghallaigh, 2011).

### *Mental Health*

There were mixed opinions on the role and value of mental health support. Some professionals and UAM's did not view mental health support as valuable or applicable. Some UAM's did not want to 'talk' about their experiences (Groark, Sclare & Raval, 2010) and some professionals did not think therapy would be helpful until UAM's knew their asylum status. However, others felt that it may be useful if the support was readily available and did not take so long to access. Cultural differences in the expression of emotion was seen as a barrier to therapy (Hopkins & Hill, 2010).

### *Analytic Themes:*

The identified descriptive themes were used to address the review aims of exploring coping and resilience in UAM's and highlighting potential implications for practitioners working with this population (Table 3).

### *Individual Factors*

The evidence suggested that UAM's held internal resources and personal traits that helped them to cope. It was felt by others (professionals, foster parents) that this

| Themes                           | Evidence  | Implications for intervention development  |
|----------------------------------|---|--|
| Individual factors               | UAM's hold a number of internal resources that they have developed through their previous experiences that can allow them to cope with difficulties in the host country. This includes religious coping, suppressing difficult emotions and survival skills.  | <ul style="list-style-type: none"> <li>• Recognising UAM's individual strengths and traits</li> <li>• Ensuring UAM's are able to use these resources e.g. access to places of worship</li> <li>• Respecting UAM's wish to not talk about difficult experiences (when applicable)</li> </ul>  |
| External factors                 | <p>In the host country UAM's are vulnerable to the services and support that they receive.</p> <p>Access to education can allow UAM's to have an overall holistic and positive experience which UAM's value and can lead to a sense of control.</p> <p>There was concern that professionals should help UAM's more with advocacy, navigating the asylum system and ensuring basic needs are met. Mental health services were seen as lacking.</p> | <ul style="list-style-type: none"> <li>• Ensure basic needs are met e.g. appropriate housing, dietary requirements</li> <li>• Facilitating access to education and learning English</li> <li>• Providing an advocacy service to UAM's</li> <li>• Specialist services or roles may be beneficial</li> <li>• Mental health services need to be more accessible</li> <li>• Mental health services need to take account of cultural differences in expressing emotion</li> </ul> |
| Bi-cultural identity development | <p>UAM's begin to negotiate and integrate both their home and host cultures, developing a bi-cultural identity.</p> <p>Relationships with others both in the home and host country are important in this process.</p>   | <ul style="list-style-type: none"> <li>• Facilitate positive relationships in the host country e.g. foster parents, friendships</li> <li>• Facilitate contact with home country and culture e.g. UAM peers, family, community</li> </ul>   |

Table 3: Analytic Themes

had been developed by experiences in their home countries and migration, and had resulted in a 'survivor' trait (e.g. determined, strong).

UAM's described using avoidance and distraction to stop themselves from dwelling on difficult thoughts and feelings. It was felt that this could lead to a sense of 'giving up', which they perhaps could not afford to do in terms of their survival in the host country. They also described using religious coping, which was both 'readily available' and 'relatively compelling'.

Implications for professionals working with this population would be to focus on recognising and building on internal resources. It is likely that coping strategies that UAM's have developed through their difficult experiences may not always be possible or appropriate in their host country. Initially they may need some support in learning local knowledge that will help them to use and adapt these resources e.g. locating local places of worship, health centres etc

### *External Resources*

UAM's are inevitably vulnerable to the social and political context that they find themselves in. UAM's valued having access to consistent education which may have been a new experience. It allowed them to educate themselves, build friendships and learn about their host culture. Housing differed according to the country of study but those who had foster care appeared to be more likely to experience a consistent positive relationship and support. Mental health services were not always seen as applicable.

It is important that UAM's are seen as 'children first' and that their basic needs are met. This includes suitable housing for a looked after child and access to culturally appropriate (e.g. halaal) and healthy food. Advocacy was seen as an important role for professionals, as UAM's often did not understand the complex asylum and social systems in their host country. Perhaps a specialist role would be required to ensure that they are given information in a culturally appropriate way. Mental health services need to be more visible to this population and make it clear what services they can provide given the circumstances around asylum to individuals and provide consultation to other professionals working with this population.

#### *Bi-cultural Identity Development*

UAM's are faced with the difficulty of negotiating two cultures when they arrive in their host culture. There may be many things that seem 'alien' to them and they may find it difficult to understand cultural nuances and social rules. They may also struggle to maintain a sense of who they are in such a different environment and contact with other people that they can relate to can be reassuring. Many UAM's learn about their host culture from school, peers and professionals. Eventually, as they begin to adapt to a new life they may integrate both cultures and make changes to suit their life style (e.g. style of dress). It may be important for UAM's to know that this is a normal process and that some identity confusion may be normal.

It would be important for professionals to recognise what stage of their identity development UAM's are at. On arrival, it would be important for UAM's to have somebody that they can ask questions of (e.g. professional, other UAM) and have contact with others from their home country (e.g. other UAM's, community centres, places of religious worship). It is important that feelings of finding things 'different' and 'change' is a normal experience and is not a reflection that something is wrong or that they are choosing between two cultural identities. This theme appeared to be linked to the concept of 'adaptation'.

### **Discussion**

The aim of this review was to explore and evaluate the qualitative evidence for coping and resilience in UAM's and its implications for professionals working with this population. Seven papers met the inclusion criteria and were appraised using the ETQS tool. Studies were of mixed methodology and inconsistent in quality. There was a lack of information about ethical procedures and transparency in studies. One study was excluded from the synthesis as they had not differentiated between UAM's and accompanied minors in their results (Maegusuku-Hewett et al., 2010). The remaining papers were synthesised using a thematic synthesis and implications for practice were discussed. This process highlighted three analytical themes that were seen as important in UAM's ability to cope:

- Internal Resources
- External Resources
- Bi-Cultural Identity Development

The implications of these findings and future research are discussed.

As previously discussed, UAM's are a particularly vulnerable population who are likely to have experienced a range of traumatic experiences. Therefore, it is essential that ethical considerations are taken into account when conducting research with UAM's. It is possible that qualitative interviews may mirror processes in the asylum system of being interviewed and recorded, reminding participants of difficult feelings. The power dynamics in the interview process should be addressed, through clear information giving, consent, respect and debriefing.

There is a known need for qualitative research to be transparent about the research process and analysis. The mixed quality of the studies reviewed highlighted that this is still an issue in research that needs to be addressed. Poor information made it difficult for the reviewer to understand and interpret the findings appropriately. It is likely that findings from studies with poor quality may be misleading and interpreted incorrectly, which could negate any implications for practice.

The review process has highlighted the importance of context when working with UAM's. It is essential that UAM's are not seen as a homogenous group but as individuals, so that they receive appropriate support. There are a number of factors that are important to consider with asylum seekers and refugees (Dow, 2011), especially UAM's:

1. 'Country of origin': It is important to consider the political history of the home country as well as the reason for leaving e.g. war, child soldiers, terrorism.

2. 'Migration process': Some may have travelled alone or with others, they are likely to have been extremely vulnerable (e.g. Sudanese UAM's in the US migrated through the Red Cross.)
3. 'Host country': the attitudes of a host community can affect the likelihood of UAM's adapting to a new culture. The Sudanese UAM's had support from the US community (Goodman, 2004; Luster et al., 2010), which is likely to be a different experience to Afghan UAM's in Europe, given the political and media context around Afghanistan.
4. 'Asylum status': UAM's in Europe only have right to remain until age 18, so live with a degree of uncertainty until this age, whereas Sudanese UAM's in the US were granted refugee status on arrival.

These are important factors in understanding what UAM's have to cope with and it is essential to interpret findings from studies in their context.

The studies highlight some concern regarding the mental health and well being of UAM's and its service provision. It was suggested that mental health services were not necessarily applicable to UAM's, perhaps due to cultural differences in expression of emotion and was linked to rumination. Overall, it appeared that service providers felt that mental health support should be given once asylum status had been given. It is concerning that professionals who may be in most contact with UAM's hold this view and are likely to be gatekeepers to mental health services.

This is potentially a reflection of reports from practitioners that they struggle to work with this client group (Ehnholt & Yule, 2006) which has resulted in a lack

of confidence in mental health professionals (UNICEF, 2010). There appears to be a transference of avoidance when considering mental health difficulties, with the concern that it may be linked to the ‘past’ and would lead to further distress, mirroring the theme of avoidance and distraction. It is important that mental health professionals consider alternative ways of working and ensure that services are appropriate for this populations needs. Strengths based theories and ways of working may complement findings on coping and resilience in UAM’s. There is a need to highlight services to professionals working with UAM’s and provide consultancy and training.

Future research in coping in UAM’s may need to consider barriers to coping, as well as facilitators. It is likely that some coping strategies may be unhelpful (maladaptive coping) and present in this population. This may be similar to UAM’s who were discussed as ‘unsuccessful’ in Luster et al’s. (2010) study. However, further research may help professionals identify difficulties earlier and distinguish between adaptive and maladaptive coping.

### **Conclusion**

To conclude, UAM’s are becoming a significant minority in UK culture, placing new demands on clinicians and those involved in their care. Resilience was recognised as a natural resource in these children and is thought to be potentially valuable in its relation to coping and the adaptation (Rousseau et al., 1998). This review focused on literature regarding coping and adaptation in UAM’s, and its implications to practice. Despite mixed quality of studies, this review found three themes: 1) Internal resources 2) External resources, and 3) Bi-cultural identity



development. Future research is needed to both broaden the understanding of coping in UAM's and to explore these themes in further detail. This would be of valuable benefit to clinicians and staff working with these young people.

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**Section C:**

**Here Alone: The role of coping and adaptation in Afghan unaccompanied  
minors (UAM's) living in the UK**

Submitted April 2012  
by  
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In partial fulfilment of the degree of,  
Doctorate in Clinical Psychology

### **Research Report Abstract**

In the United Kingdom (UK), unaccompanied minors (UAM's) make approximately ten percent of the looked after children (LAC) population (UNICEFa, 2010) and Afghan UAM's make a significant proportion of this population (UNICEFb, 2010). However, they are not currently represented in the limited literature.

The current study set out to explore the role of coping and adaptation in Afghan UAM's living in the UK. Participants attended a drop-in service for UAM's and had been settled in the UK for more than a year. Seven participants took photographs of things that had helped them cope and these were then used as the basis of their respective semi-structured interviews. The transcripts were analysed using thematic analysis (Braun & Clarke, 2006).

The findings highlighted three main themes that were seen as important by participants in their experiences of coping to a new life in the UK, 'acculturation, 'success' and 'growing pains'. The importance of advocacy and increased social support was seen as a beneficial factor for participants. The themes appeared to be inter-related and impacted upon participants' ability to acculturate to the UK, succeed, and to develop emotionally as young people.

It was concluded that professionals may need to take on a diverse role when working with UAM's that should consider creative and alternative ways of working. Further research could explore the impact UAM's previous experiences may have had on their overall development, and the implications for this population to engage in clinical work, the foster care and immigration process.

## **Introduction**

### **Background**

Approximately half of the world's 25.2 million refugees and asylum seekers are children, of which some arrive unaccompanied (UNHCR, 2010). More than 15,500 asylum applications were made by unaccompanied or separated children in 2010. Half of these applications were made by Afghan and Somali children.

The Home Office (2009) definition of an unaccompanied minor (UAM) is

‘...is a person under 18, or who, in the absence of documentary evidence establishing age, appears to be under that age; and is applying for asylum on his or her own right and has no relative or guardian in the UK.’

In 2009, 3,175 UAM's were known to have claimed asylum in the UK (UK) (Home Office, 2009). This population made approximately 10 per cent of all children in care in the UK (UNICEF, 2010a). In 2009, 1750 Afghan UAM's arrived in the UK (UNICEF, 2010b) and made a significant proportion of UAM's in the UK.

### **Afghan UAM's- their motivations and journey**

In 2010 UNICEF conducted a study exploring experiences of children on the move from Afghanistan. They found that the countries political situation had led to an increase in child vulnerability due to the conflict related violence. It was reported that children are being killed, exploited and ill treated in increasing numbers, and there have been allegations of attempted recruitment by armed groups which, for

some children, has resulted in arrest, capture and detainment by military forces. This instability in Afghanistan and restricted access to education for children was the motivation of children who had left the country.

In most cases, the child and their family made the decision for the child to migrate and claim asylum, although this was not always the case. The children usually travelled in groups with the help of a broker<sup>3</sup>. These were often unsafe and dangerous situations, which the children and their families were often unaware of before making their decision. The journey to the UK was often taken in stages, and can take from months to over a year. The most common route for this journey can be found in Appendix D. It was highlighted that UAM's were often exploited by smugglers and many died during the journey.

#### *Afghan UAM's in the UK*

UAM's often claim asylum upon arrival in the UK. Social services are obliged to look after them until their 18<sup>th</sup> birthday and they are cared for under section 17 or 20 under the children's act. UAM's are designated a local care authority usually depending on where they have claimed their asylum and are given an assigned social worker (Kralj & Goldberg, 2005). However, approximately 36% are age disputed and the home office procedure for these cases are to treat the individual as an adult until there is evidence to prove other wise (Home Office, 2009). This responsibility is often on the young person to prove their age. Age assessments often involve dental examinations despite advice that they are unreliable (Kralj & Goldberg, 2005).

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<sup>3</sup> A broker is someone who is paid to help the UAM's smuggle in to their destination country so that they can claim asylum. They often employ smugglers across different stages of the journey



UAM's often live in foster care or care homes and have a number of placements before they reach 18 years of age. At this age, UAM's are subject to the adult immigration process and can be refused asylum. The responsibility to produce evidence for their case falls upon the young person. Anecdotal reports suggest that at this stage some are detained in detention centres, as well as others who are age disputed by the Home Office (Hodes, 2010).

### *Coping in UAM's*

Although UAM's appear to have experienced various traumatic experiences and are faced with the challenges of acculturation, they appear to display remarkable emotional resilience (Huemer et al., 2009; Lustig et al., 2004; Rousseau et al., 1998). However a literature review conducted by the researcher (2012) highlighted a dearth of literature in this area. Many studies were not directly focused on coping in UAM's but looked a range of experiences and strengths in UAM's. The majority of participants in these studies were of African origin (Goodman 2004; Groark, Sclare & Raval, 2010; Hopkins & Hill, 2010; Luster et al., 2010; Ni Raghallaigh 2011; Ni Raghallaigh & Gilligan 2009, please see for further discussion) reflecting the political context of the time of their data collection. However, the results of these studies highlighted some potential coping strategies religion (Ni Raghallaigh, 2011), education (Goodman, 2004), relationships (Luster et al., 2010), avoidance and distraction, comparing home and host country (Groark, Sclare & Raval, 2010), internal resources (Luster et al., 2010) and adaptation (Hopkins & Hill, 2010; Luster et al., 2010). Unfortunately, the findings described appeared descriptive, due to methodological weaknesses and differences, and it was

unclear what processes or meaning making were present. At present due to the lack of research in this area it would be difficult to interpret these findings to Afghan UAM's, especially as they are currently poorly represented in the literature.

### **Aims and Objectives**

The current study set out to explore what coping skills Afghan UAM's utilised in the process of adapting to their life in the UK and what underlying core constructs this may reflect. Specific questions that the research sought to address were:

- What coping skills are utilised by Afghan UAM's when adapting to life in the UK?
- How do these coping skills aid adaptation to life in the UK?
- How do Afghan UAM's describe coping and adaptation?
- What is the relationship between coping and adaptation?

### **Methodology**

#### **Study Design**

The study used a qualitative approach due to the limited research present in the area of coping in Afghan UAM's. It was felt that a qualitative approach would produce a richer set of data and allow Afghan UAM's voices to be heard. The study employed the qualitative methodology of Thematic Analysis (Braun & Clarke, 2006). The researcher was aware that there are varying views among the literature as to which qualitative method would best fit the concept of coping.

Interpretative Phenomenological Analysis (IPA) was ruled out as it did not fit the research aims of this study, particularly as the concept of coping was not defined in the study and therefore could not fit the criteria of a phenomenon in IPA. The researcher did not feel that saturation could be met within the time constraints, had conducted a literature review prior to the study design and felt these changes would compromise the value that a Grounded Theory methodology has to offer.

Therefore, Thematic Analysis was considered due to its flexibility. Thematic Analysis does not stipulate an epistemology in its method but instead allows the researcher to make active choices about the form of analysis that they require. Overall it was felt that Thematic Analysis offered similar benefits to grounded theory given the necessities of the time frame and purpose of this research project, and the best fit with the research aims and objectives.

#### *Research Position<sup>4</sup>*

It is important in qualitative analysis to note the researcher's epistemological views to aid credibility and transparency in the research process. The principal researcher identified with both contextual constructionism (Madill, Jordan & Shirley 2000). Contextual constructionism suggests that all knowledge is local, provisional and situation dependent (Jaeger & Rosnow 1988), and therefore acknowledges that the results of a study would vary according to the context in which the data was collected and analysed (Madill, Jordan & Shirley 2000).

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<sup>4</sup> Appendix E

In relation to the current study, the researcher identified with contextual constructionism as overall it was felt that local, provisional and situational factors of both the participants and the researcher would influence data gathered and the analysis stage. Furthermore, the principal researcher believed that there is a particular relevance to the cultural aspects and dynamics that exist between the researcher and participants in the study.

It may be important to note that the principal researcher was of Pakistani and Muslim descent, and also identified herself as a British Citizen. Participants were of Afghan origin and therefore Muslim descent and many had travelled through Pakistan on their journey to the UK. The researcher acknowledged that factors such as this would influence what participants chose or chose not to talk about, therefore the researcher aimed to recognise and remain mindful of contextual factors throughout the study, and constantly questioned methodology, interview schedules and analysis.

The principal researcher had conducted a brief literature review (2010) to establish new areas of research and to ensure that the study would not be repeating existing knowledge, as to do so would be unethical and unfair to participants involved in the study. However, the literature review was then repeated (2012) and highlighted a plethora of new research related to coping in UAM's (Goodman 2004; Groark, Sclare & Raval 2010; Hopkins & Hill 2010; Luster et al., 2010; Maegusuku-Hewett et al., 2007; Ni Raghallaigh 2011; Ni Raghallaigh & Gilligan 2009). Nevertheless, these studies did not utilise Afghan UAM's and coping was not the sole focus of the studies, therefore setting this study apart from the literature.

### *Participants*

A voluntary service in Leicester agreed to participate in this research study. The service runs a youth club for young people aged 13 to 18 years, targeted at unaccompanied asylum seeking children and young people. Members of the group were approached regarding participation in the study. At the time of data collection there was a large group of predominately Afghan UAM's. Therefore, to aid interpretation of results and due to opportunity only this group were approached for participation. Afghan UAM's are currently the highest group of UAM's to be entering the UK (UNHCR, 2010), which is not currently reflected in the literature, and was therefore seen as a particular strength of this study.

The service had been involved with small research projects in the past from various students looking to explore issues affecting UAM's. Staff had worked hard in the past to screen projects that they became involved with and supported but were keen to aid the development of research in this area. The service had advised that the level of English spoken by this group was sufficient enough to consent and participate in an interview. Afghan members of the group had participated in qualitative interviews in English in the past with no need for interpreters. Therefore it was felt that a translator did not need to be provided for this study.

The study was granted ethical approval by the University of Leicester research committee in June 2011 (Appendix F). It was felt that data collection should wait till after the month of Ramadhan as it was expected that the Afghan UAM's would be too tired to participate and less likely to attend the service.

The service was asked to identify potential participants for the study. The researcher only approached potential participants between the ages of 15-18 who had settled in the UK more than a year, as it was felt that this group were more likely to be more emotionally resilient and be able to reflect on their experiences. Therefore, participants in this study were more likely to be coping well, leading to a positive bias in the sample.

### *Consent*

The British Medical Journal (BMJ) guidelines for research with UAM's (Thomas & Byford 2003) suggest that UAM and a legal guardian is approached for consent. Therefore, potential participants were approached and given an information sheet on the aims of the study and what participation would involve (Appendix G) and a consent form (Appendix H). If they expressed an interest in partaking in the study then they were given a separate information sheets (Appendix I) and consent forms (Appendix J) for their foster parents.

Two participants did not want to give their foster parents consent forms as they felt they were old enough to consent themselves and already signed most things themselves. It was agreed that as they were both nearly eighteen that they could consent themselves, in accordance with Fraser Guidelines<sup>5</sup>.

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<sup>5</sup> The Fraser Guidelines refer to guidelines set out by Lord Fraser in the House of Lords (1985) in relation to contraceptive advice for under 16's. However, these guidelines have now been extended and used more broadly in relation to consent and when deciding whether young people are mature enough to make their own decisions.

Incentives were considered inappropriate by the service. Nevertheless, it was felt that participation ought to be acknowledged and a letter thanking participants for their participation and contribution to the research project on university letter headed paper was deemed more suitable (Appendix K).

### *Sample and Recruitment*

There do not appear to be any guidelines for sample size in Thematic Analysis and sample sizes in qualitative research appear to vary. However, qualitative research commonly utilises small sample sizes due to its emphasis of studying data in depth and detail, seeking richness in data (Miles & Huberman, 1994) Therefore, it was estimated that a sample size of 6-10 participants would be sufficient.

The service had approximately 60 UAM's registered, although it was a drop-in service and usually around 20 UAM's would attend a session. Many participants were excluded as they were over 18 and were still awaiting decisions and those who had newly arrived. When approaching potential participants the primary researcher found that as the service was a drop in centre it was often difficult to approach participants and collect consent forms during the time frame for this study. Some participants appeared interested but then did not attend for a few sessions, possibly due to other commitments. One participant was interested but later changed his mind as he felt it would be 'too much work'. In total seven participants took part in the study.

### Procedure

Participants were asked to take photographs of what had helped them to cope in their adaptation to this country. It was felt that a creative method would be beneficial with this participant group as English was a second language. It allowed the researcher to gain a further perspective into the participant's world and their experiences (Wright, Darko, Standen & Patel 2010) and was a shared focal point in the interviews.

The use of photographs in research can also aid the reduction of power dynamics between the researcher and participants. It gives participants more control over what they choose to discuss, less emphasis on language ability, gives the participant and the researcher a shared focal point and activates the agency of participants (Van der Riet & Boettiger, 2009). This seems particularly pertinent in this population who have often encountered experiences of powerlessness. Furthermore, Van der Riet (2008) suggests that creative methods by nature alter the flow and structure of mental functioning, similarly to Vygotsky's idea of mediation (where the act can determine the way an individual thinks about a concept). In regards, to this study it suggests that the act of taking the photographs allowed participants to process their ideas on coping before the interview.

The disposable cameras were given with a 'creative brief' to help participants to remember the aims of the study (Appendix L). The participants were asked to give the disposable cameras to the service staff who then passed them on to the principal researcher to develop. The developed photographs were used as the



basis of a semi structured qualitative interview to explore how the participant's coping strategies are useful to them and aid adaptation.

In this study the data was collected via semi structured interviews (Appendix M) with participants which aimed to extract the participant's understandings and explanations of 'coping' to life in the UK. A preliminary interview schedule was discussed, honed and finalised with a small advisory group consisting of the principal researcher, the research supervisor and a member of staff from the service, a mental health worker from child and adolescent mental health services (CAMHS) who was already linked with the group and an Afghan UAM. It was agreed that UAM's approached for this role would be above the age of 18, as it was felt that they would be able enough to reflect and contribute to the discussion but do not fit the age criteria for participation. An individual fitting this criteria had planned to join this group, however due to unforeseen circumstances he was unable to make the advisory group and the principal researcher met with him separately to consider his input before making changes.

The research interviews exploring the participant's photographs were conducted at the service as it was felt that participants would feel more comfortable in a familiar environment when reflecting on personal experiences. The research interviews were recorded and encrypted digital audio used with prior consent from the participants. In addition, participants were asked if they would like a copy of their photographs that they could keep.

Finally, when the research interviews were completed and the principal researcher had begun analysis on the data and initial themes had been identified, they were discussed again with the advisory group. This advisory group consisted of the same people in the first meeting as well as a volunteer at the service who had been an UAM and was now a law student. The raw data was not discussed in the advisory group due to confidentiality. The principal researcher only presented the initial codes identified from her analysis.

#### Pilot Study:

An Afghan UAM began the interview process by taking photographs but was unable to arrange an interview. However his comments on his experience and the design were favourable. Another pilot was arranged and was successful, as a result, this interview was used in the study.

#### Ethical Considerations:

Due to the vulnerability and complexity of issues that this client group face ethical consideration was a priority and was continually assessed during the development and application of this study. Guidelines within the BMJ for research with UAM's (2003) were used to measure the ethical standards of the study (Appendix N).

The guidelines suggested that UAM's should be involved with the development of the research design as much as possible. This study has aimed to do this by spending time with both professionals whom work with this client group, by speaking to the client group themselves and including them in the advisory groups

which aided the development of the study and analysis of the data. Advice from professionals had been sought on the most appropriate methods of encouraging UAM's to talk about their difficult experiences.

It was noted in the guidelines within the BMJ (2003) that UAM's often distrust researchers and can be reluctant to participate in studies, therefore the principal researcher became a volunteer at the service (February 2011). It was felt that this would encourage participants to feel more comfortable with the principal researcher and facilitate a relationship where experiences of coping and adaptation could be discussed. However, the principal researcher ensured that she emphasised that her role as a researcher was different to her role as a volunteer.

It was recognised that UAM's are a vulnerable group and the principal researcher was aware that talking about coping and adapting to a new life in the UK, albeit predominately focused in a positive stance, might have triggered upsetting feelings in participants. However, it is recognised that talking through these feelings even in a research interview can be beneficial. The principal researcher aimed to inform the service staff of any concerns raised and if it was felt necessary, it had been agreed that participants could be referred to the club's allocated CAMHS worker for further support. Participants' were aware of this arrangement through their information sheet (Appendix G). However, these precautions were not needed in this study and one participant commented on how much he had enjoyed his research experience. Debriefing and feedback was offered to all participants in line with the University and guidelines within the BMJ. Although, none of the

participants formally took up this offer, many asked the researcher how the study was going when they saw her in the service through her role as a volunteer.

Overall, it was felt that the guidelines within the BMJ had been included and weaved into the methodology and procedure, and was continually assessed in all stages of the project by the researcher and the advisory group. All participants were fully supported by the researcher and the service throughout all stages of the research project and afterwards.

### Analysis

The interviews were transcribed verbatim by a transcription service. The transcripts were analysed using Braun and Clarke's (2006) methodology. This involved making a number of analytic choices on the part of the researcher. The researcher followed an inductive latent thematic analysis. An inductive approach was selected so that the themes reflected the data itself in a bottom-up approach. It was felt important that the themes reflected the voices of the participants as much as possible given that English was a second language for participants and their voices can often be lost in services.

Furthermore, a latent analysis was adopted so that the themes would go beyond the semantic content of the data and start to explore underlying processes of the coping skills identified, fitting with the research aims. Latent analysis is reflective of and compatible with a constructionist framework, fitting with contextual constructionist epistemology that the researcher identified.

The researcher re-read all of the interviews and listened to the interviews to check for accuracy and re-familiarize herself with the data (phase 1). The transcripts were then coded (phase 2) and initial themes were identified (phase 3). The initial themes identified can be found in Appendix O. These themes were then reviewed (phase 4) and theme names re-defined (phase 5). This process synthesised the findings into the following results (phase 6).

### *Methodological Rigour*

Quality enhancing measures were weaved in throughout the research process. The researcher sought the views of relevant professionals and Afghan UAM's by including advisory groups in the design and analysis of the study. It was anticipated, that this reflexive practice would enhance the quality of the completed data analysis and interpretations made.

The researcher also volunteered at the service to increase her understanding of the wider experiences of Afghan UAM's and become familiar with the subtleties of their use of English language. This was extremely valuable when analysing the data and being able to put the comments in to their wider context. Furthermore, supervision was also used outside of the advisory groups to understand the dynamics between the researcher, participants and the service.

The researcher kept a reflexive journal of her thoughts and reactions to the research journey. This included impressions and initial themes from the photographs, interviews and transcriptions. The researcher was mindful of these assumptions, and her knowledge of participants through her role as a volunteer, to

ensure that the interviews were conducted and analysed with an open mind and so that the participants had autonomy in the interview process.

## **Results**

### **Photographs**

The photographs were developed and used as the basis of the interviews. The use of the photographs allowed participants to think about what coping strategies they used in their daily lives before coming to the interview. Therefore, they were able to talk about what had been helpful about their coping strategies in depth. Photographs were taken in a number of contexts including the service, home, school/college and in social situations. This reflected the broad range of coping strategies UAM's utilised. During the interviews, the photographs acted as a shared focal point where the participant and interviewer could discuss the photographs in more detail. It also allowed participants to have greater control over the interview process and overall they were relaxed during the interview. This was likely to have been a different experience to Home Office interviews where many UAM's may have felt they had no control or were suspicious of the interviewer's intentions. Providing a space for an equal relationship within the interview appeared beneficial in allowing participants to reflect in depth on their experiences safely.

There was some variation in the number of photographs participants chose to take. However, this did not appear to affect the quality of the interviews. Those who had taken more photographs reported enjoying the process of taking photographs more. Those who had taken fewer photographs reported that they had been short of time,

although they were still able to talk about other coping strategies that they had not taken a photograph of but would have liked to if they had been able to. A short description of the photographs that were taken is in table 4. Cultural pseudonyms have been used to remain faithful to the cultural context of the data<sup>6</sup>.

| <b><u>Participant</u></b> | <b><u>Sex</u></b> | <b><u>Age</u></b> | <b><u>Photographs</u></b>  |
|---------------------------|-------------------|-------------------|--|
| Wasim                     | M                 | 16                | <ol style="list-style-type: none"> <li>1. participant with the English language teacher at the service (x1)</li> <li>2. UAM friends playing pool at the service (x1)</li> <li>3. the participant looking out of his bedroom window (x1)</li> </ol>   |
| Nadeem                    | M                 | 17                | <ol style="list-style-type: none"> <li>1. peers and friends working in the college library (x2)</li> <li>2. peers and friends in the classroom (x5)</li> <li>3. students walking around in college (x6)</li> <li>4. college (x1)</li> <li>5. receiving help from a volunteer at the service (x1)</li> <li>6. staff at the service (x1)</li> <li>7. UAM friends playing pool at the service (x1)</li> <li>8. UAM friends using the computer room at the service (x1)</li> <li>9. UAM friend (x1)</li> </ol> |
| Adam                      | M                 | 17                | <ol style="list-style-type: none"> <li>1. volunteer at the service (x1)</li> <li>2. friend/another UAM living in the same foster placement (x2)</li> <li>3. foster carer (x1)</li> <li>4. UAM friend (x2)</li> <li>5. the service (x1)</li> <li>6. participant at the service (x1)</li> </ol>  |
| Umair                     | M                 | 17                | <ol style="list-style-type: none"> <li>1. staff at the service (x2)</li> <li>2. the service (x1)</li> <li>3. college (x2)</li> <li>4. city centre (x1)</li> <li>5. UAM friends (x4)</li> <li>6. participant at the service (x1)</li> </ol>   |
| Yasin                     | M                 | 17                | <ol style="list-style-type: none"> <li>1. local library (x1)</li> <li>2. UAM friend and a previous foster carer who accompanied him to his asylum</li> </ol>   |

<sup>6</sup> Cultural Pseudonyms have been used to protect the anonymity of participants. However, any similarities to other UAM names in the service or otherwise is coincidental

|       |   |    |  |
|-------|---|----|--|
|       |   |    | hearing (x1)<br>3. participant and the previous foster carer (x1)<br>4. participant and the UAM friend (x1)<br>5. participant in his suit for his asylum hearing (x1)<br>6. college (x1)<br>7. UAM friend at college (x1)<br>8. participant in his flat on Eid day <sup>7</sup> (x1) |
| Naim  | M | 16 | 1. college (x2)<br>2. staff at the service (x4)<br>3. the service (x1)   |
| Sadiq | M | 15 | 1. staff at the service (x3)<br>2. foster carer (x1)<br>3. participant with a group of school friends (x4)<br>4. teachers in his school (x1)<br>5. his football team (x1)<br>6. school (x1)<br>7. school trip (x2)   |

Table 4: Summary of participant's photographs

The photographs were used as the basis of the interview (Appendix M). The interviews were transcribed using the following key.

| <b><u>Symbol</u></b> | <b><u>Meaning</u></b>   |
|----------------------|---|
| (.)                  | Very brief pause  |
| (..)                 | Pause   |
|                      | Speaker overlap begins  |
| ( )                  | Transcription in brackets indicates uncertainty   |
| (( ))                | Transcription in double brackets indicates uncertainty because recording was obscured     |
| [ ]                  | Non-speech eg [laugh]   |
| [*]                  | Indicates frequently occurring phenomena in this case listener affirmation eg mmm or yeah |
| _____                | Underlining indicates added emphasis  |
| XXXX                 | Name has been removed to protect anonymity  |

Table 5: Transcription Key

<sup>7</sup> Eid is a Muslim celebration that is celebrated twice a year



### *The process model*

The analysis identified three main themes: ‘Acculturation’, ‘Success’ and ‘Growing Pains’. These themes represent the experiences and processes described by the participants’ in their interviews. For each of these themes a number of sub-themes were identified that helped to tell the ‘story’ of participants, in relation to the research aims. The themes appeared to relate to each other, impacting on UAM’s overall ability to acculturate, be successful and their ability to further develop as children and adolescents. The themes were inter-dependent and participants described the importance of support within all three themes in being able to utilise their coping skills. Those who did not have adequate support appeared to struggle to acculturate, be successful and emotionally cope with their difficulties, and many used maladaptive coping strategies, such as drug misuse, getting into fights and had poor relationships with others. A thematic map of this relationship between the themes and subthemes is illustrated in figure 2.

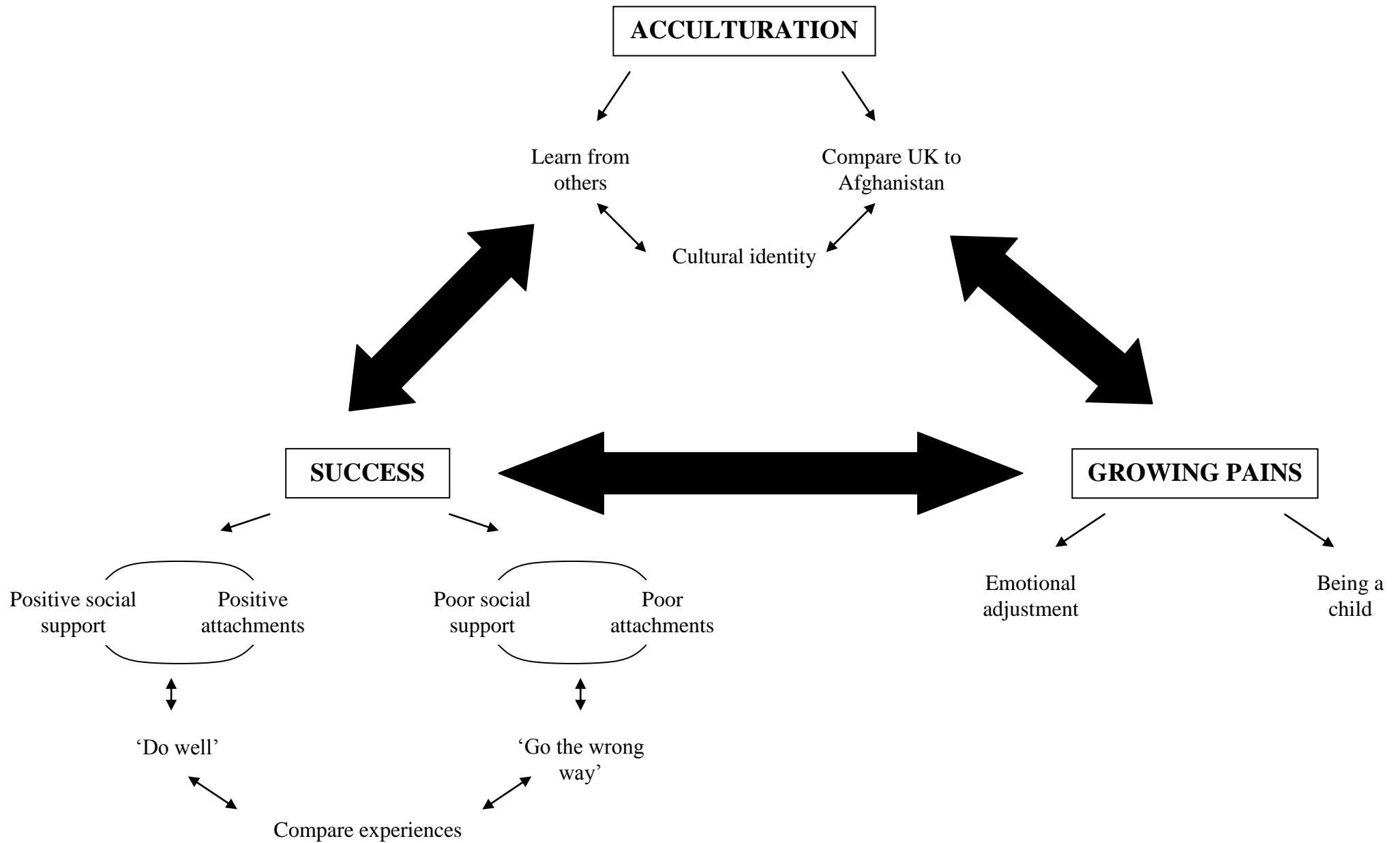


Figure 2: Thematic map of themes and sub-themes

### Acculturation

‘Acculturation’ was seen as a process of being able to ‘learn from others’ and ‘compare the UK to Afghanistan’, leading to a new sense of ‘cultural identity’. Upon arrival UAM’s have to cope with a new culture and language. This experience can present a set of challenges that many may have felt unprepared for before arriving in the UK. Many are focused on surviving their journey to the UK and little thought may have been given to what they may face when they arrive. Many UAM’s struggle with the language barrier, social isolation and communicating with their foster carers when they arrive. This felt confusing to participants and they struggled to make sense of their new world.

“I couldn't say hi I couldn't say hello or I couldn't ask someone where is this place and where is this and where which where this bus going from or where that's why I couldn't like I was like shy you know couldn't ask anyone because I was shying and I couldn't even ask hello how are you or anything even when I came first I was with the family she always was saying to me er do you understand I wasn't know what does that mean understand like I was confused what to say to her” (Umair, male, aged 17: 79-85)

### *Learn from others*

UAM’s learnt about the UK through others, this included their peers, friends, foster carers, staff at the service and teachers. This allowed participants to learn about UK culture and cultural nuances through practice. This was also seen as a positive aspect of relationships as UAM’s had opportunity to learn and share information. Learning was seen as reciprocal in nature by participants, and being

able to give something back to others was valued. Many UAM's shared their experiences with each other so that they could learn about acculturation and overcome their initial difficulties of communication and social isolation difficulties.

“and this Gxxxxxx xxxxxxxxx he's my best friend and if I have any problem or anything I can share it with him or like if he have any problem he sharing it to me” (Umair, male, aged 17: 32-34)

Many UAM's have to learn English upon arrival, as very few come with this language skill. However, they often learnt different languages on their way to the UK, when they passed through other countries and as a result, became adept at picking up languages quickly. Participants saw this as a vital skill in acculturation and one that had also been a survival skill on their journeys. This was also related to participants' ability to be independent and not rely on others to translate for them.

“...yeah but it was very different as well difficult to understand something and I was trying to if I was learning English in like in 1 month I was trying to learn it in 2 weeks because it was very hard the interpreter couldn't come all the time” (Adam, male, aged 17: 242-244)

UAM's often come across difficulties in their daily living and when interacting with others. Cultural nuances in the UK are often difficult for UAM's to understand as they are not always explainable or appear to make sense on face value, this may lead to misunderstandings.

However, UAM's do not always feel able to ask people what something might mean, as they often feel embarrassed. As a result, they wait until they can ask someone who they trust.

“cos you learning in college and also you learning at home from the people who you live with [\*] so like in college you learning how to communication with the people how to talk with the people how to ask a person if you got problem where you have to go you learning about like even you learning about real life how to live and that one is same as if you go home for example your mum tell you what to do if you got problem what to do er if you got any other issues like who you need to ask yeah so it's like they teach you you like how to get on with these people [\*] how to work with the different people how to work in a team so that's I think similar” (Yasin, male, aged 17: 260-269)

#### *Compare the UK to Afghanistan*

The participants compared different aspects of the UK to Afghanistan at different points in their experiences. In Afghanistan, the only accepted religion is Islam and any difference is not tolerated, this is a stark difference for many UAM's arriving in the UK, where difference is not only accepted but often celebrated.

“yeah scarf hijab<sup>8</sup> doing hijab scarf there and er when I came to here no one doing hijab or anything I think what the people doing [laughs] you don't do anything I didn't know was thinking in Afghanistan all in the world is Muslim no” (Naim, male, aged 16: 580-583)

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<sup>8</sup> A hijab is a head covering that Muslim women sometimes wear and is mandatory in Afghanistan

Participants learnt to respect differences and tolerance in the UK. This was contrary to the cultural lessons they had learnt in Afghanistan where differences were a source of conflict and violence. Many continued to describe this as 'law', reflecting the lack of choice and exposure to other faiths they had experienced in Afghanistan. In acculturating to the UK, many UAM's had begun to respect religious difference and saw others as equal. Participants used terms related to family, such as 'brothers and sisters', reflecting a shift in their outlook and a cultural acceptance of their new local community.

“Umair: Erm because here law is very different and here you can't even fight with anyone fighting or the law is very different respect other people and to be good with other people and to spend your time about culture about or religion and

Interviewer: What do you mean

Umair: I mean like you can't even say like I'm a Muslim or you are Christian or you are this or you are black or you are white like you all have to be like brothers and sisters you know mean

Interviewer: Yeah

Umair: Like you shouldn't be rude to anybody...” (Umair, male, aged 17: 215-224)

### *Cultural Identity*

Although the participants described adapting to life in the UK, being able to maintain a sense of cultural identity from their country of origin was also important. This allowed UAM's to integrate their cultural experiences from the UK and Afghanistan. However, UAM's also hold a sense of cultural identity from being an UAM and from their experiences in other countries during their migration. 'Culture' holds a multifaceted meaning for UAM's that cannot just be understood by their home and host country. As a result, participants' enjoyed being able to spend time with other Afghan UAM's at the service, who understood what they were going through and were able to celebrate religious festivals together, such as Christmas and Eid.

“they make it party for us and they make it to have a fun to join with day in the year and to have a fun with other Afghani friends and meet other friends to come and spend Eid and Christmas things in the club (.) yeah” (Umair, male, aged 17: 117-120)

Spending time with Afghan UAM peers allowed participants to spend time with others with shared experiences. This could not always be understood by 'others' in their lives and often led to a shared understanding between UAM's in the service. Most foster carers were not of a similar religion or background and this could often make it difficult for participants to embrace their unique sense of cultural identity. Those who lived in independent accommodation were able to embrace their cultural identity and had the freedom to celebrate this appropriately. Yasin lived in independent accommodation and described how he hosted an Eid

party for other Afghan UAM peers at the service who were still living with foster carers, and otherwise may have missed out on the Eid celebrations.

“Yasin: I invite them cos I know most them they live with the family they can't invite like people to their family houses because they making a problem not making problem but it's not nice to take them to someone else house so I got my own flat now so that's why I told them like I invite them make them a party there drinking tea

Interviewer: So how many people were there?

Yasin: Like there were about 15 boys” (Yasin, male, aged 17: 92-98)

### Success

The quality of UAM's 'social support' and their ability to form 'attachments' with others was significant in whether they were able to 'do well'. In those who were described as 'going the wrong way', it was suggested that they had poor experiences of social support and building attachments with others. Some participants appeared to have oscillated between both positions and this theme felt fluid in nature, making it difficult to identify who were doing well. Although those who suggested they were doing well, felt it was important to help their peers who they saw as being misguided. As a result, participants would often 'compare experiences' through various means, leading to some movement along this continuum of success.

### *Social Support*



Participants discussed the importance of having good social support from others that met their practical needs. This included advocacy, immigration, foster care and daily living support. This support often came from a variety of sources, including foster carers and teachers, although all participants used the service as their main means of access to social support. They also highlighted the need for their support systems to adapt to their needs as they changed. UAM's needs changed the longer they had lived in the UK and as a result their developmental, social and immigration needs altered. This was not reflected in the social support that they received from their social workers and foster carers, and the understanding of UAM's needs appeared static upon their arrival with little change after this time.

It is often difficult for UAM's to understand the social care and immigration systems that they enter upon arrival. Cultural and language barriers often inhibit them from understanding these situations. Advocacy and support from others is important in enabling UAM's to access a fair immigration and foster care system. Misunderstandings at this stage could lead to detrimental effects for a young persons Home Office application and age assessment. Naim described his foster parents helping him to understand these situations in a way that he understood.

“...they want to show (.) to go with you other places when they want if they have any interview other places they take you there and if some letters come there to your house if you don't understand that letter the foster care can read for you they will tell you explain you you easy language English” (Naim, male, aged 16: 462-466)

UAM's often worried about their immigration cases and their future. Home Office interviews and the immigration process can often be too complex for young people to understand. Participants valued more support in understanding the legal process and services to help prepare those being deported. The service offered advocacy and immigration support for UAM's. Many Afghan UAM's joined the service for this support, and some would only attend when they needed help with a difficulty. Some participants described receiving support from others too, including foster parents and teachers, although this was unusual.

“yeah that's important for me in the in all the youth club as well they help us as well any problem they will help with us all the deporting and that stuff with passport and that stuff so they are helping with us (.) even college as well college teachers as well” (Nadeem, male aged 17: 85-88)

The service often worked in a collaborative manner and the drop-in nature of the service emphasised ‘choice’ in participants. Their values worked towards an empowerment approach that allowed UAM's to exercise their autonomy in a safe and supportive environment. Consequently, participants described being able to go to the service with support for anything without feeling judged.

“it's er helping when I got some problems when I'm sad about something and I don't know what to do I'm telling with them and er we solve the problem together” (Adam, male, aged 17: 29-31)

UAM's often felt burdened with the responsibility of their immigration cases and futures. This felt especially difficult with their cultural, language and developmental barriers. This made it difficult for young people to fully understand these systems and the consequences of their actions and words. Many would often approach their Home Office interviews and age assessments in a naïve manner, without understanding the purpose of an assessment. UAM's also struggled to access the same education and healthcare as their western peers, due to not understanding western systems. It is important that UAM's have an adult who can help negotiate these systems with them. Without this support many UAM's may be vulnerable to receiving an unfair health, social care and immigration experience. Yasin described his relief in receiving this essential support from a support worker at a care home.

“...she was taking my responsibility and that was helpful for me cos if that was all the responsibility I took I couldn't do anything cos I I don't know about it that's why helpful she took the all responsibility of me (.) yeah so that was and I'm so happy from her” (Yasin, male, aged 17: 200-203)

The young people described needing different things at different stages of their experiences.

Upon arrival young people valued extra support with their education, in order to catch up with their peers. Some schools had teaching assistants that would help UAM's in the classroom and others accessed tuition and support with their homework at the service. Those who were older and were now living on their own

or were due to be living on their own felt that opportunities to learn life skills were vital and further support with this would be useful. Some UAM's had learnt to cook and to budget through their foster carers, however many left their foster carers with little understanding of what skills they may need to live on their own. This led to some UAM's not knowing how to budget or pay bills, and having to ask their Afghan UAM peers what to do or ask staff at the service for support.

“yeah because now I'm living with the foster carer I don't know what to do and then and then so I when I become 18 to know before that I need to learn cooking something like that ( ) need to know about how to pay the bills for the yeah council house and for gas and the water and things like that need to know about all those things like” (Adam, male, aged 17: 185-189)

Moving out of foster care did not fit Afghan UAM's cultural norms. In Afghanistan, young men would be expected to stay with their family until they married and it was not unusual for the newly wedded couple to remain within the male's family home. The UK foster care system's tendency of moving UAM's into independent accommodation at 18 years old did not fit with this cultural understanding of family. Initially, this had been difficult for some UAM's in the service to understand and to realise that this was not a form of rejection but reflected a western concept of adulthood.

“yeah houses problem to be stay you know there is problem here you know in my country we staying with the family and the Mum and Dad and here when you 16 or 18 you leave the house you know...” (Naim, male, aged 16: 437-439)

### *Attachment*

It was important for UAM's to have supportive and containing relationships with others, in meeting their emotional and developmental needs. These relationships were found in multiple sources including relationships with foster carers, friends, staff at the service, teachers and romantic relationships. UAM's experienced a loss of family attachments when they had left Afghanistan and some had lost contact with their families and no longer knew where they were, subsequently their attachments with others in the UK felt especially important. These relationships in the UK also allowed UAM's to experience a culturally different experience of attachment.

In Afghanistan, it was not uncommon for UAM's to come from large extended families, where love and support would be shown in maintaining the family system; in the UK UAM's experienced attachment with smaller family systems that demonstrated their support by facilitating independence. Furthermore, many UAM's had romantic relationships, which reflected a shift in their cultural understanding of relationships, as in Afghanistan this would have been punishable by law.

Participants wanted to feel that they were loved and cared for. This meant that they could share their problems with others who could help them to feel better

and reduce their sense of being overwhelmed by responsibilities. These relationships were both supportive and containing, and in some ways reflected a 'paternal' role. Wasim talked about how this approach had made him feel loved and accepted by his foster family.

"easier it's easy everything is now easier for me because when I go home I live with the people they are really good(.) I love them they love me there we are really good we have no problem (.) we are all like same family they look after me like a son look after them I look after them like a (fath) and mum they are really helpful they they show me which is the good way which is the wrong way and that's all (.) that's always helpful" (Wasim, male, aged 16: 128-135)

It was significant that positive attachments were available and could therefore be relied on as a source of support. As a result, participants felt safe within these relationships and could share their problems. These relationships offered reassurance and helped participants to feel less isolated with their difficulties and feel better.

"yeah [\*] because when if you have any problem or if you have any you can't find anyone in night time or morning you know 24 hr might the friend can help you might he can if you call him he can come to help you or might you have another problem like depressing and things you can share it with him and it will help you" (Umair, male, aged 17: 154-158)

UAM's also offered reassurance and support to their peers and there was a culture of a shared experience within the service. This allowed UAM's to feel less alone and that they had their own sub-culture of being an Afghan UAM in the UK.

“I know I know like same like me whose people is coming like me sometimes we talk with them and I make them happy you know they haven't got family here like that guy you know he haven't got the family he's always upset so when I'm talking I am make him happy innit so [\*] he always put his head down like that I say to him do your work and don't worry about anything” (Umair, male, aged 17: 211-216)

Although UAM's were able to have positive relationships with others they still had experiences where they did not feel accepted by others. UAM's often struggled to be accepted by their western peers in the UK. They were often vulnerable to being teased and bullied for being different, and at times often felt like outsiders in some settings. It is important for UAM's to have support with understanding these experiences and promoting inclusion within these settings. Teachers have a valuable role in promoting inclusion and understanding in educational settings.

“because I can't properly speak English I can't talk to him and I'm telling him her and he's sorting out for me and he's telling this guy why you saying these things she's helpful and she's my form teacher as well (..)” (Sadiq, male, aged 15: 105-107)

Others had experiences where they had felt they had not been accepted by their wider community and this is likely to be influenced by negative media attention of refugee and asylum seekers. The emphasis in western society to focus on an individual sense of self rather than a collective sense of self like in Afghanistan could also be perceived as rejection. This can be difficult for young people to understand especially when they first arrive in the UK.

“...I ask someone to give me some little bit water they say no I can't give you no one's helping you there so everyone there look after theirself [\*] no one care about you (..) you end up at ( ) you know that who look after people even he shouting if you want to go or not...” (Nadeem, male, aged 17: 175-179)

Some Afghan UAM's in the service struggled to form positive relationships with others and would sometimes get into fights with their peers, and were seen as not doing well by their peers. These UAM's would often present as distrusting and would be especially suspicious of those in authority. Subsequently, some UAM's would get into trouble with the police or teachers and respond in a manner that would not be appropriate. This sometimes led to difficulties with their immigration case, exclusion and further problems. These UAM's would often become increasingly isolated, which would impact on their ability to 'do well' and they would often 'go the wrong way'.



*'Do well' or 'Go the wrong way'*

It was important to UAM's to stay focused and to 'do well', by working hard and being good people. They worked hard towards a good future for themselves and made the most of their education in order to justify their difficult journeys. Doing well was also seen as an opportunity to contribute to society. Many UAM's also wanted to eventually go back to Afghanistan and help others. In contrast, they described some of their Afghan UAM peers as having 'gone the wrong way'. These peers often had poor relationships with others, misbehaved, broke the law, got into trouble or abused drugs.

Participants had a strong work ethic and took responsibility for their futures. UAM's had often utilised their resources in successfully being able to migrate to the UK. They also continued to use these skills in increasing their life opportunities so that they were able to be successful. In comparison to their western peers, these UAM's had a strong work ethic, were motivated, set goals and self monitored their progress. Yasin saw the photographs he had taken as part of the project as a way of further monitoring his progress.

"...for example a year after I'm gonna to realise like how I was look like at this time and how was like erm my English was and how was I getting on the people communication with other people with the friend with the for example English people er not just even Afghanis so I took the picture I've got the picture so after a year I can realise how different I am now [\*] since er the time that I taken the picture I can see it in the difference [\*] what's good about

me and what's bad about me and even I'm going on the right side even I'm going on the right way or the wrong way so [\*] I can see and I can like realise if it's bad thing or good thing” (Yasin, male, aged 17: 164-172)

UAM's often felt proud of their hard work and achievements. Many would win awards at school or college for their hard work, and would show this to their foster carers or staff at the club. Their sense of pride acted as motivator to stay focused on working towards a better future.

“...I'm try to be more good and in 2 years I really proud of myself because lots of people been here like 3 4 years they still doing like other courses but still I'm very happy because I'm in 2 years I start doing course mechanic course engineering [\*] I like to work more harder to do something good in the future” (Umair, male, aged 17: 66-70)

Many UAM's did not have access to education when they were in Afghanistan, as many schools had been closed. Consequently, many UAM's in the service had no education before coming to the UK and could not write in their mother tongue. Although this led to some difficulty when joining the education system in the UK, many UAM's were highly motivated due to the availability and access to education.

“one things I didn't understand about the (..) my education because I wasn't read English [\*] I wasn't anymore any education from my country [\*] now I didn't understand everything I can't read I can't do everything” (Sadiq, male, aged 15: 394-396)

All the participants discussed the importance of helping others and felt that this was their duty. Being able to give back to society was a cultural norm for Afghan UAM's. Many of the Afghan UAM's were from villages in Afghanistan, and members of the village saw themselves as a collective whole, and would contribute to the running and productivity of the community.

“I could do more well for future to help people if I become a doctor I'll be I can helpful people Afghan I can help people people will be happy God gonna happy from me if you help people” (Wasim, male, aged 16: 509-512)

For some helping others was also about helping other newly-arrived Afghan UAM's. They wanted to be able to offer the support that they had not had or the support they had valued when they arrived, so that other UAM's would not have similar difficulties.

“Just like I was came before and I was don't know nothing about er when they came just help them and what problem they got and introduce them to some people they don't know” (Adam, male, aged 17: 271-273)

Helping others and contributing to society was also seen in some ways as a form of social action, that could change others views of asylum seekers. UAM's were keen to change others negative views of refugees and asylum seekers, as a result of their negative experiences, and as a way of increasing their acceptance in society.

“...so they can help these people as well to understand the system and how does it work and how you talk the way you (work) and talk to people nicely [\*] and they telling for you innit to stay in Leicester” (Nadeem, male, aged 17: 494-497)

Those UAM's who were doing well avoided getting into trouble. This involved avoiding others who they saw as going the wrong way. Some UAM's in the service misused drugs, got into fights, dropped out of education and struggled to maintain relationships with others. There was often some peer pressure on those who were doing well to be influenced by these peers.

“...when someone want to make a trouble I just keep myself away I don't want trouble I don't need trouble I don't want to fight when someone want to fight with me if they swear if they swear I will just keep my head down and then just walk from him away they needs trouble you don't need to fight” (Wasim, male, aged 16: 364-369)

It was seen as important to not keep bad company as it was viewed as a waste of their journeys. There was a sense that those who did go the wrong way would later regret their choices. It was suggested that some Afghan UAM's were too young to understand the consequences of their actions and may need more support to prevent them going the 'wrong way'. These UAM's were likely to not fully understand the consequences of 'going the wrong way' until it was too late. These decisions could later affect their immigration case and lead to deportation.

“yeah if you a have good company or chill with good people your future will be good if you don't there's no point you coming in this country and you spoil your life here you know if you was like having a bad company you could stay there you could don't care about yourself but here you came long way...”

(Umair, male, aged 17: 337-341)

### *Compare experiences*

UAM's often compared their experiences at the service, and the service acted as social foreground for comparing immigration cases and social progress. For some this appeared to provide motivation to 'do well', although for others this led to some peer pressure to 'go the wrong way'. Subsequently, the concept of success appeared to be on a continuum, which was influenced both by the quality of social and emotional support that participants received, as well as the influence of their peers. This meant that some participants had found themselves in different positions along this continuum, and as a result had shifted in how well they were acculturating, developing and emotionally coping with their experiences. UAM's as young people often needed reminding to 'do well' and to focus on their futures, as at times it was easier to give in to peer pressure.

“...some people they coming here start drinking drugs and things like that so end up at the end of the day yeah they are on the wrong side at the end of the day they realise they did mistake shouldn't be here so those are the things that you have to tell them cos the young guys they go away they don't think that

much about the things what they are doing [\*] you have to remember it you have to remind them” (Yasin, male, aged 17: 405-410)

### Growing Pains

There was a strong background of childhood and adolescent development to participants’ narratives. Participants experienced a range of emotions in reaction to their experiences, that were often further complicated by the uncertainty of their asylum status. Furthermore, it appeared important for the participants to maintain their child identity and continue to have normal experiences to their peers in the UK.

### *Emotional Adjustment*

The young people experienced a range of emotions whilst living in the UK. This was related to their experiences of acculturating to the UK and success. Those who were doing well appeared to have better experiences of acculturating and emotionally coping with their experiences. Whereas, those who would ‘go the wrong way’, struggled to acculturate and emotionally cope with their experiences, impacting on their ability to develop appropriately as young people.

Many UAM’s discussed feeling worried, depressed, sad, ashamed and happy at times. It was often difficult for participants to make sense of these feelings and many reported that they often felt worried about their future. This reflected UAM’s constant shift of emotions and struggle to cope with their experiences.

“yeah often I feel some like like everyday I feel sometime 1 hour sad 1 hour happy 1 hour worry about something 1 hour not thinking everything is fine and then just sometime is really bad time sometime really good time” (Wasim, male, aged 16: 234-237)

A majority of participants sought comfort from their positive relationships and engaged in activities for enjoyment. However, one participant talked about engaging in activities to distract himself from his thoughts. This acted as a way of avoiding his difficult feelings and helped him to sleep at night. He had previously had some input from CAMHS as he had been struggling to cope with his emotions, although it was not clear how successful this had been.

“...it’s really helpful to go gym happy come back home tired sleep go back to college go to football have a chat with friends at football and have fun there and come back home tired you can sleep well” (Wasim, male, aged 16: 263-266)

Childhood and adolescence can often be emotionally difficult for young people, complicated by hormonal changes occurring at this time. For UAM’s it is further complicated by the challenges of acculturating to new country and dealing with the UK legal system.

UAM’s found the immigration process difficult to understand and was a consistent source of worry and anxiety for many UAM’s in the service. Many felt uncertain about their futures and struggled with these feelings, which impacted on their ability to succeed and acculturate. Some UAM’s experienced their Home

Office interviews as traumatic and often felt victimised. Seeing other UAM's being deported or taking 'voluntary leave' would have negative impact on the UAM's in the service. Some of those who had decided to take 'voluntary leave' often displayed signs of low mood and anxiety, due to the complex immigration and appeals system, before making their decision. At the time of interview, Nadeem was approaching his immigration court case.

“why the Home Office they asking about the case and that stuff innit so you know I really I don't like that why they asking for that if you want (believe) them or not (believing) them without his (stop) you don't need case innit why you came what for you came you know what happen why you leave your family they asking so many questions you know even so I don't know I don't understand why they need this case and er they can't do anything with that case innit...” (Nadeem, male, aged 17: 420-426)

UAM's were concerned about what would happen to them if they returned to Afghanistan, as many did not know where their families were and worried about becoming homeless and potentially vulnerable in a politically unstable and dangerous country. There are currently no ways to ensure a young persons safety when they arrive back in Afghanistan.

“... if you go to Afghanistan where shall we know where to go you should be sleeping on the road something like that cos you will be not have I don't know this my house now I don't know which way to go my house cos like the picture I have



in my eyes before there maybe I forget I want to remember but sometimes just forget” (Naim, male, aged 16: 731-736)

“they didn't even think how I'm gonna survive back home so they have to like think about those things” (Yasin, male, aged 17: 370-371)

### *Being a Child*

Amongst dealing with what sometimes felt like adult responsibilities, it was important for UAM's and others to remember that they were still young people. At times, it felt as if their child identities often became lost in the overall emphasis on their identities as an asylum seeker and as a looked after child. The concept of a normal childhood felt tangled for these young people, and was overshadowed by their difficult experiences. However, UAM's at the service were able to spend time with their peers and engage in fun activities. Participants stated the importance of being able to have fun amongst their worries and difficulties.

“they looking after like a like a family like a brother or like a mother father sister they looking like this way [\*] no war nothing just feeling ( how say this) fun fun [\*] and these thing” (Sadiq, male, aged 15: 369-371)

Having fun allowed UAM's to forget their other worries regarding immigration, acculturation and a pressure to do well, and for those moments they were children. These moments were difficult to hold onto but were extremely valuable to UAM's.

“yes but when you see your friend you can have a joke with them you have fun with them you forget everything when you thinking about you forget it you change your mind and then when you sit alone when you doing something alone you thinking about always thinking about always make yourself sad when you are with a friend you have a joke you have fun you forget everything which in your mind and I ((am not)) think you are happy” (Wasim, male, aged 16: 278-285)

## **Discussion**

### **The findings in context**

#### ***The Process Model***

The aim of the process model was to explore the relationship between the themes and sub-themes. ‘Acculturation’, ‘success’ and ‘growing pains’, were inter-related and inter-dependent and affected UAM’s overall ability to acculturate, be successful and their ability to further develop as children and adolescents. The use of a model was a valuable addition to the existing research on coping, which had begun to highlight factors related to coping.

#### ***Acculturation***

The concept of comparing differences was visible in participants’ narratives of all stages of adaptation and appeared to be a way for participants to understand the UK, particularly in relation to religious and racial differences.

Although this had initially been a shock to them, they learnt to be tolerant and accepting of cultural, religious and differences. Given the political context of Afghanistan, where differences are a source of violence and death this transition in cultural attitude appeared particularly significant to Afghan UAM's.

Previous studies have also reported on the tendency of UAM's to compare their home and host countries when understanding their new world (Groark, Sclare & Raval, 2010; Luster et al., 2010). Participants discussed the importance of learning about the UK through others as being an important component of their adaptation. This paralleled findings that UAM's learn about their host culture through a variety of coping sources, such as friends, professionals and school (Groark, Sclare & Raval, 2010; Hopkins & Hill, 2010).

'Cultural identity' incorporated some elements of Luster et al's. (2010) study that suggested Sudanese UAM's took the 'best bits' from both cultures. UAM's appeared to struggle to negotiate their different identities and were also influenced by how others responded to them. Participants discussed the importance of being able to celebrate their unique sense of 'cultural identity'. This was sometimes difficult for those who were living with foster parents, who were often of a different religious and ethnic background. Participants valued being able to celebrate religious celebrations with other Afghan UAM's at the service or in their own residences. Other studies also highlight the importance of maintaining a sense of cultural identity and shared experience by socialising with others from their home country and other UAM's (Hopkins & Hill, 2010).

## *Success*

The ability of Afghan UAM's to be successful was dependent on good social support and positive attachments. Positive relationships were a source of containment and emotional support for participants. Although Luster et al. (2010) suggested that the most common source for a positive relationship was with foster parents, many of the participants also had significant relationships with friends, teachers and staff at the service. Therefore, these findings highlight the importance of the range and variety of relationships that this population has with 'others', professional or otherwise and has some parallels with the idea of having multiple sources of attachment, in attachment theory (Gerhardt, 2004). Attachments with others helped Afghan UAM's emotional and social development, enabling them to cope with their experiences. Given the transient backgrounds of this population, the reported value of having positive relationships with a varied number of sources is unsurprising.

UAM's often struggled to understand the number of systems that they found themselves in and consequently had a significant social support needs, including advocacy. It was apparent that these needs were not static. Participants needed support when they first arrived with their English and understanding the UK. Older participants struggled with the idea and reality of moving out of foster care and in to independent accommodation. This concept did not exist in Afghan culture, where children were expected to live with their parents until they were married and in the case of males may even still reside within the family home. Participants who had moved in to independent accommodation struggled with budgeting, cooking, taking responsibility for themselves and felt unprepared. Social support mainly came from

the service and their foster parents, and was not consistent within UAM's in the service.

Participants described going to the service for help with any problem, including immigration. The service often phoned solicitors or social workers on behalf of the UAM's, acting as an advocacy service. Other studies highlight the need for social support and advocacy (Hopkins & Hill, 2010) however this study has illustrated the need for social support is on-going and when this is in place Afghan UAM's report it as beneficial. There was a sense that without the support of others the UAM's were vulnerable to a poor experience living in the UK compared to their western peers.

The concept of 'doing well' was a source of motivation for participants to make better futures for themselves. Participants were focused and had a high work ethic in achieving their goals. Sudanese UAM's also displayed a high level of internal resources which were also likely to have been influenced by their migration experiences and subsequent 'survivor identity' (Goodman, 2004; Luster et al., 2010). Access to education was a significant component in ensuring a good future for all participants in the study. This was consistent with other studies of UAM's and coping (Goodman 2006; Groark, Sclare & Raval 2010; Hopkins & Hill 2010; Luster et al., 2010; Maegusuku-Hewett et al., 2007; Ni Raghallaigh 2011; Ni Raghallaigh & Gilligan 2009).

Those who had 'gone the wrong way', appeared to have had poor social relationships and used maladaptive coping strategies, such as drug misuse and

avoidance. This group were often distrustful of others, would experience high levels of conflict within their relationships and become socially isolated. This group of UAM's might be unlikely to participate in research due to distrust and isolation. Overall, the participants in this study were likely to be doing well and coping, leading to a positive bias in this study sample. This is considered further under study limitations, below.

### *Growing Pains*

Participants experienced a mixture of emotions and struggled to make sense of these experiences. Previous studies suggested that UAM's do not want to talk about their problems (Groark, Sclare & Raval, 2010) and professionals felt therapy with UAM's would not be applicable until their immigration cases had been decided (Hopkins & Hill, 2010). However, participants in this study articulated their feelings clearly in the interviews and made links between times they felt better and times they had not. The use of photographs and having interviews in UAM's own environment appeared to be helpful in engagement. Furthermore, some UAM's in the service had also been in contact with CAMHS, and struggled to engage with the service, often disengaging. This may reflect that traditional western ways of engaging UAM's and conducting research interviews is not culturally appropriate. Creative and other ways of working need to be considered when engaging UAM's in a therapeutic and research context.

UAM's appeared to value being able to engage in fun activities and spending time with their peers, although one participant appeared to use activities and socialising as a way of keeping busy to distract him self from his difficulties.

The researcher was aware that another participant had recently engaged in self harm but did not discuss this during his interview. It is possible that participants had avoided certain topics in the interview that they may have felt ashamed of, and gave a skewed account of their coping, reflecting the constant shift of emotions and coping strategies utilised. It was not clear whether avoidance and distraction was consistent within the participants, although the absence of this topic may reflect its presence. Avoidance and distraction has been suggested by other studies (Goodman, 2004; Groark, Sclare & Raval 2010).

Being a child felt a relatively new theme in comparison to existing research on coping in UAM's. It was clear in participants' narratives that the ability to maintain a child sense of identity was vital, fitting with recommendations that they should be seen as children first and asylum seekers second (Department of Health, 2003). However, this did not appear with practice, by the legal, social care and foster system, where UAM's appeared to be treated as asylum seekers first and children second. It is important for UAM's to have space to be a child and have a childhood. Many UAM's appeared to do this in the service.

### *Use of Photographs*

The use of photographs as a creative tool to aid the conversation and depth of the interviews appeared beneficial. The photographs also acted as a shared focal point during the interviews and placed less emphasis on participant's language ability. By being able to choose what they wanted to talk about in the interviews, it allowed participants to exercise their right to autonomy and choice in an interview setting. For some this may have been a different experience to their Home Office

interviews were they may have felt victimised. This approach also fitted with the ethos of the service, where collaboration and choice was emphasised.

### *The Service*

The service was a consistent source of support for Afghan UAM's in their ability to acculturate, succeed and make sense of the emotional experiences, enabling them to develop as young people. This meant those that had poor experiences elsewhere could rely on the service as an objective and external source of support, acting as another protective factor. It is important to be aware that many UAM's in other parts of the country do not necessarily receive such support and perhaps may be more vulnerable to 'going the wrong way' and not coping.

### *Study limitations*

Relying on participants to opt in to the study may have led to only those who were stronger and more resilient taking part, with the less organised and less frequent attenders struggling to follow the series of steps required prior to being interviewed. Thus there was a possibility in the research process that those who had participated were 'coping', however this was not the case. Some participants had engaged with maladaptive coping strategies (e.g. self-harm, drug misuse) and had contact with CAMHS. Their narratives of coping were a contrast to the experiences they did not disclose, and perhaps a reflection of the constant shift of emotions that they experience, and their movement along their continuum of success. Subsequently, 'Coping' did not always mean doing well to UAM's, but rather surviving their emotional turmoil and uncertainty. Coping may fall within a continuum of positive



coping strategies (utilising protective factors) and maladaptive coping strategies (social isolation and avoidance).

In addition to the inherent bias possible in the recruitment process, the researcher was aware that some topics were not discussed during participants' interviews. Through her role as a volunteer the researcher had informal conversations with participants and other Afghan UAM's, and anticipated that romantic relationships would have been discussed. Furthermore, due to her shared religious background and previous research it was imagined that the role of religion would have been more prominent (Ni Raghallaigh 2011; Ni Raghallaigh & Gilligan, 2010). It is likely that these topics are important in coping but may have been seen as a private matter to participants in the study or were not discussed as they had already discussed them with researcher. The role of religion may have felt like a contentious issue for participants given that this topic is a source of violence in Afghanistan. Similarly, engaging in romantic relationships may have felt a contradiction of their religious beliefs and cultural experiences, and participants may have struggled to negotiate these issues internally. The researcher could have made it explicit to participants that they could have discussed previous topics that they had with the researcher in her role as a volunteer.

During the course of the study the Home Office and UAM's legal situation was ever in the background. It felt like a tension to the researcher when thinking about 'coping' and what impact this would have on UAM's immigration cases. In some participants' accounts it appeared that evidence of 'lying' was the focus of the Home Office's case. It is not clear, if someone was seen to be 'coping' well,

whether this would be perceived as evidence for them lying about their past experiences in Afghanistan or having overcome adversity.

This study purposefully only utilised Afghan UAM's, which therefore limited its transferability to other UAM's. However, a former UAM who had originated from Cameroon attended the second advisory group, to help with interpretation and analysis. He reported that he identified with the participants' accounts and had an emotional reaction which reminded him of his experiences. This suggested that the results of this study may be transferable to other UAM experiences. The focus in this study on underlying core constructs and not just descriptions of coping may aid its transferability to the other cultures and give more scope when thinking about future research and clinical implications.

#### *Directions for future research*

There would be a benefit in exploring the potential transferability of this study with other UAM populations and contexts. This study explored Afghan UAM's understanding and experiences of coping, however given the significant role 'others' (professionals, foster carers and teachers) play in their lives, it would be valuable to explore their understanding of coping in UAM's.

Considerations need to be given to UAM's deprived emotional and cognitive development due to their poor environment in childhood. The literature on attachment suggests that physical and emotional deprivation in early childhood limits the neurological development of children and their ability to emotionally self-regulate (please see Gerhardt, 2004 for further discussion). This study highlighted

the importance of positive relationships with others in Afghan UAM's being able to emotionally and socially develop. Further developmental, cognitive and neurological research with UAM's may give some insight in their ability to engage in the current immigration, foster care and mental health systems. Little was known about participants' prior experiences of attachment before coming to the UK. It might be assumed that those who report coping well may have had positive experiences of attachment, and those who appear to be experiencing difficulties (e.g. 'go the wrong way') may have had negative experiences of attachment. Further research exploring the relationship between early attachment and current experiences may be useful. Although, finding out about early attachment experiences may prove difficult due to the lack of information that UAM's come with and creative methods may need to be used.

Further research using an ethnographic approach, and drawing explicitly, for example, on the experiences of volunteers who work in a service such as that used as the participant pool in this study would be worth considering. In addition, the use of less language based techniques to explore matters was found to be a useful tool in this research and is to be recommended for further studies of populations of young people learning to use the English language.

### *Clinical implications*

The findings of this research give rise to a number of tentative implications for clinical practice. Given the range of professions that come into contact with this client group, it is likely that the results may provide different implications to professional groups.

For UAM's who may be struggling to build positive relationships, attachment theory and interventions may suit. The findings regarding supportive and 'contained' relationships, lend themselves well to The Solihull Approach (Douglas, 2007) when considering interventions with systems, such as foster carers and educating other professionals working with UAM's. However, given that many UAM's change foster families or live in care homes, other attachment interventions that can be implemented individually, such as dyadic developmental psychotherapy (Hughes, 2004) or creative models that do not rely on language such as theraplay (Wettig, Coleman & Geider, 2011) may be more appropriate.

Furthermore, the visibility of coping and resilience in UAM's could be a key foundation to engaging and working with UAM's. The observation in this study that many UAM's appeared to enjoy the interview process and reflecting on their achievements could suggest that strength-based interventions might be beneficial. Solution-focused therapy has an emphasis on the present and future which as the theme 'success' suggests is a clear goal of Afghan UAM's. This approach could help individuals to identify their existing internal resources and build upon them further.

It may be important for Clinical Psychologists to become involved in capacity assessments for UAM's. This population are often required to make important decisions that could impact on their immigration status. Many young people often feel low in mood and anxious about the immigration case, this could lead to some UAM's making 'voluntary' decisions to return to their home country.

At present, there is no formal procedure to ensure that UAM's have capacity to make this decision. Capacity could be influenced by mood and cognitive deficits. Clinical Psychologists would have a valuable role in ensuring good practice access to fair support within the foster care and immigration systems.

Given UAM's political issues and their experiences of social injustice, there may be a wider role for professionals in advocating and influencing social policy. Community psychology employs various perspectives within and outside of psychology to address issues of communities, the relationships within them, and related people's attitudes and behaviour. There is also an emphasis on issues of empowerment and social justice. The researcher felt that this was important to consider within the design of this study, and to consider issues of power and empowerment in the Afghan UAM's experience of being a participant. Furthermore, the results of this study were exhibited in a local museum. It felt important to share the findings within the local community as well as an academic audience. The findings have also been shared within an academic conference setting which has been uploaded to you-tube, to maximise viewing and dissemination.

It is unlikely that all UAM's will be in need of or gain access to mental health services, however the need for advocacy support is essential. There is currently no clarity as to who would provide such a service and for the participants in this project this role was mainly taken on by the service. However, it is possible that in practice any professional working with an UAM may need to take on an advocacy role alongside their initial role. The introduction of advocacy services for UAM's across the UK would be significantly beneficial.

UAM's need further support in preparing for the future. Participants in this study wanted to build life skills so that they could live independently. However, building skills in emotional regulation as well as practical skills is an essential part of adolescence. These skills should not be seen as important only once an UAM has received their refugee status, as the reality is their journey in the UK could end with deportation. These skills are just as valuable in an Afghan UAM's being able to cope with a new life in Afghanistan as it is in the UK. They are life skills and as looked after children in the UK they should have the right to the same developmental and social support as their peers. More consideration needs to be given to UAM's who are returned to Afghanistan, in preparing them for what will be a loss of their UK attachments and life, and entering an unstable and dangerous country. As children in the UK, we have a responsibility to support UAM's at all stages of their journey, whatever the outcome of their asylum status.

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**Section D:**

Critical Appraisal

Submitted April 2012

by

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To the University of Leicester, School of Psychology, Clinical Section  
In partial fulfilment of the degree of,  
Doctorate in Clinical Psychology

## **Critical Appraisal**

### **Deciding on the research topic**

Unaccompanied minors (UAM's) were not a population that I had previously heard about before starting my research project in this area. One of the most enjoyable parts of conducting this research project had been learning about this topic area from what felt like a blank slate. However, I found it curious that despite my lack of previous awareness I had found myself there.

Choosing a topic for my doctoral thesis, that I would commit to for three years, felt like a significant decision to make. Upon hearing numerous research suggestions I felt uninspired by many and began to feel pressure and despair at the thought of choosing a research project within the time frame. I recalled a talk conducted by a refugee charity at my previous employment which had left me feeling very moved and so I decided to enquire about other research ideas within this population. Further discussion, led to the mention of UAM's and my lack of awareness again led me to feel intrigued and moved by what I learnt. A brief literature review highlighted constant mention of how resilient this population was and the need for further research in this area. This project was conducted out of sheer admiration and respect, for what felt like an 'under dog' population.

Upon further reflection during the research process and my experiences in training, I realised how much I identified with this population. My own experiences as a child of moving a lot and constantly changing school were challenging. Furthermore, my experience of attending an Islamic boarding school and then

moving back to public education was again a cultural and adaptive challenge in its own right. However, instead of these challenges holding me back I learnt to value the importance of my education, worked hard and have always adapted well to different environments. These skills have helped me well as a Trainee Clinical Psychologist. Although I do not want to compare my previous experiences to those of UAM's, who have faced much bigger challenges, there were some parallels that I found myself identifying with through out the research process. During training, my interest had been drawn to community psychology and its concepts of justice, empowerment and empathy. These principles were important factors that I considered throughout my research project.

In retrospect, it does not seem so surprising that I was attracted to this population and their experiences of coping. The narratives of this population both moved me and drew out my own coping resources, which allowed me to persevere through the inevitable research difficulties.

### Research planning

In the initial stages I found it difficult to receive support for my research project. It did not help that despite talking to many local clinicians that nobody seemed to know where UAM's were in the local area. I had an idea and no potential participants. Academic staff were constantly concerned that my (unlocated) participant population were too vulnerable to take part in a research project and participation may further traumatise the UAM's. I was advised by some staff to not continue with this project, however I did not feel that this would be the case and was determined to locate the local UAM's population. I was allocated a research

supervisor who, similarly had little knowledge of this population but was happy for me to pursue my idea and we planned to reconsider at a further date.

Although, I was yet to find this population I had begun developing my method and was drawn to a suggestion of using photographs. I felt that this would be an interesting representation of my participants' understanding of coping and aid any language difficulties. An internet search led to me to a local voluntary group that engaged disadvantaged young people through a variety of creative means (including photographs). They were also involved in a creative project helping refugee and asylum seeking women and their children.

Unfortunately, upon calling the organisation I was told that they would be soon losing funding for this project but I could sit in on this project before it ended and I could volunteer at the drop in centre. I hoped that members of the group could help me to identify where I could find the local UAM population, unfortunately this was not the case. However, a member of staff informed me of a local project that provided iftar<sup>9</sup> to homeless and disadvantaged groups in the area in a local park, in return they asked that people who could provide some food. As a Muslim, I was also fasting at this time and felt that the project fit within my understanding of what the month of Ramadan was about and happily provided some food and attended. Although, there did not appear to be many refugee or asylum seeking individuals at the event the member of staff recalled that her friend had once done a photographic project at a service for UAM's. Further questioning, over lots of food, revealed that

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<sup>9</sup> Iftar is the breaking of the fast with food and drink at sunset in the month of Ramadan

this service was around the corner from my house and that the UAM's had particularly enjoyed taking the photographs.

Similarly, previous enquiries had got back to me about another two services in the local area and I arranged visits with all three. The first service was the one which later became my data collection site. The staff were keen on the research project, had engaged in university research projects in the past and would let me volunteer at the service to strengthen my understanding of this population. Feedback on the research idea was consistently positive by all of the services, none foresaw any difficulties in engaging participants or causing them further distress and all of them were keen for me to use their service for participation. However, for predominately convenience purposes and so that I could also volunteer, I chose the service nearer to me. I was relieved and motivated by the fact that I now had a research idea and a research site with 'real' potential participants. My research proposal went through university ethics smoothly and I was excited and relieved, considering the feedback I had received by internal staff previously.

As UAM's fall within the looked after children (LAC) I had contacted a number of local services within the region for advice and support. Most admitted to not having much contact with this population and others did not get back to me, which had been demoralising. However, the local LAC service had recently allocated a link worker to the service where I was data collecting, and she informed me that a clinician was planning to conduct some research with UAM's. I felt extremely concerned by this information, given the amount of effort that I had given into reaching this stage of my project. I was anxious that the projects would be too

similar, overlap in research aims and that they would use the participants that I had worked so hard to find. I felt disheartened by a potential competitive issue and sought support from my research supervisor. The university contacted his supervisor, on my behalf, for further information on the project, who reassured us that the projects had different aims and they would not use the participants that I planned to approach. I then met with the principal researcher to ensure that the projects were not similar. We agreed that he would not approach my participants until a year later. With this information, I felt reassured that I again had a viable research project and was keen to start data collecting.

### Data collection

Initially, I had hoped to include two UAM's in the advisory groups. One did not attend and the other could not attend due to personal difficulties. However, he did contribute at a later date and we reviewed information and consent forms, and the creative brief. He agreed to take part in a pilot interview and took a disposable camera. However, by the time his photographs had been developed his personal difficulties had worsened and he had become homeless and understandably could no longer contribute to the project. This experience illustrated to me how complicated it can be for an UAM who has turned 18, and no longer fits within the child system but an immigration decision is yet to be made.

There were also a number of difficulties in recruiting UAM participants. The drop in nature of the service meant that it was often difficult for me to approach participants, collect consent forms, give and collect the disposable cameras, and then arrange interviews. This proved to be a lengthy process. Many potential

participants were lost at various stages as it was difficult to contact them if they did not attend.

One participant initially refused to take part in the interview when he saw the recording equipment. It is likely, that this reminded participants of the home office interviews. I explained the purpose of the recording equipment and offered him the opportunity to talk it over with somebody he trusted. Fortunately, he returned to complete the interview. Another participant, appeared to struggle to engage during the interview and kept texting, answered his phone and then ended the interview to meet a friend. This experience was exasperating and although it had been difficult, the interview was still useful and used in analysis. However, most participants appeared to enjoy the interview process and one participant commented on how much he had enjoyed his interview process and had felt good about himself. The interviews may have been a chance to stop and take stock of how far they had come and what they had achieved.

### Data analysis

From the outset of this project I had been keen on conducting a qualitative study. I had previous experiences of being involved with both quantitative and qualitative projects and had enjoyed conducting the interviews and creating that connection with a participant group. This process felt more natural to me than quantitative research where I had not felt that I got to know my sample in the same way, and seemed a logical decision to make when committing myself to a project for three years.

Choosing a qualitative analysis did not feel as natural. In my previous experience, these decisions had already been made. I did not feel as confident making this decision. I sought advice from a number of qualitative researchers, who advised that my study did not fit an Interpretative Phenomenological Analysis (IPA) and would perhaps fit a Grounded Theory (GT) model better. After much reading on GT, I had some concerns whether I would reach saturation or would even be able to conduct analysis in between interviews given the drop in nature of the service. My research supervisor suggested Thematic Analysis (TA) and upon further reading felt that the flexibility TA had to offer was a better fit to the research project.

Once this decision had been made the analysis stage went smoothly. I decided to present the codes to the advisory group as I was keen not to do too much analysis before meeting with them, as the aim of the advisory group was to aid analysis. The involvement of a different previous UAM, from Cameroon had a clear added benefit when discussing themes. He clearly had an emotional reaction to the codes and was able to reflect on how similar experiences had led him to feel at the time. This allowed us to consider and interpret the codes into potential themes. This process also allowed me to get more familiar with the data. I then completed the rest of the analysis with supervision from my research supervisor.

### Amendments

During the viva voce it was suggested that I used the knowledge gleaned as a volunteer to add to the analysis of the participant's interviews which had not been part of the initial plan. Initially I had some misgivings about introducing some of the ideas brought from this source when reflecting on what was both said and not



said in the interviews. For myself ethical questions were raised regarding who was the 'expert' in the study, and whether research allowed participants to be the expert of their own experiences. It was important to me to continue to empower participants and to write this in a way that reflected these beliefs. In the initial analysis there had been an attempt to keep my volunteer and researcher role separate, however, having been encouraged to do so by my external and internal examiner during the viva voce examination. I was able to sit down with my research supervisor and weave in some of what I knew from my volunteer experience. This was not without some concern not to overstep the ethical boundaries placed between my volunteer and research role, although it did enable further development of the dynamic tension between 'doing well and 'going the wrong way'.

### Dissemination

During the research process it had always been an aim for me to disseminate my results to a wider audience that included UAM involvement. This desire grew as I volunteered and got to know my population more. Initially, I considered exhibiting the photographs from the project, however upon developing the photographs I had grave concerns about confidentiality. I decided instead to do an exhibition of the results of the project with art work that the UAM's had completed to exhibit with the help of a local artist at the service. I rang a number of potential venues and received interest from a local museum that was also located near the other two UAM services that I had initially visited. They agreed to exhibit the work for two months which started from young people seeking safety week. All registered UAM's were made aware of the exhibition, as well as other services I had been in contact with as a result of this study. It was an interactive display that asked visitors

what helped them to cope and where they felt the most safe (Appendix P), visitors wrote their answers on post it notes. I was called by the museum two weeks later to be told that they had run out of post it notes. The process of being able to produce and disseminate my results to the public in such a visible way was a highlight of this project. It had always been important to me to raise awareness of this often hidden (and very hard to find) population. It was a pleasure to watch this awareness increase over the research process and be a part of that progression. It had been more than I had even initially hoped for.

I had a strong belief that research belongs in the public as well as the academic world. To even the playing field, as part of my role as a member of the diversity forum I was offered the opportunity to present my findings and exhibition at a refugee and asylum seeker conference in upcoming months. I presented this workshop with the service. I also hope to publish my findings later this year.

The dissemination process has shown me how far I have come and made all the complications worth it<sup>10</sup>.

### *Personal and professional development*

There have been a number of things that I have learnt along this journey as a practitioner and a researcher. The most valuable research decision I made was to volunteer. This allowed me to get to know the subject area so much more than I could have got from the literature. Listening to day to day experiences, helping with homework and girlfriend troubles was a different experience to my training experiences as a Trainee Clinical Psychologist. I found the experience significantly

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<sup>10</sup> A summary of the research process can be found in Appendix Q

grounding and motivating. During the month of Ramadan, it also became a spiritual experience where I was able to share my fasting experience with the UAM's. I was aware of how many opened their fasts alone, as they did not have families and as a result organised an iftar in the club by asking local shops and restaurants to supply food. I felt it was important to use this opportunity to raise awareness in the local Muslim community where the young people were a part of.

However, at times it did feel as if I had dual roles and I was concerned about approaching the young people as potential participants. In practice, this did not appear to be a problem and for some they seemed a lot more comfortable saying no. I was mindful of times when I had felt conflicted and made use of research supervision to manage this conflict. These dual roles, and the pressures of being on placement and other academic deadlines, were difficult to manage at times. I saw my volunteer role as enjoyable, as a result I made an effort to attend and only did not when other pressures were highly demanding.

The service was a voluntary organisation and therefore constantly had funding concerns. This was both worrying in terms of the research project and also the potential loss of a highly valuable service. This experience gave me an insight in to the struggles of third sector services. I endeavoured to raise awareness of the service through out the service by including them in the exhibition and inviting them to the refugee and asylum seeker conference committee. I learnt valuable lesson about working with and supporting third sector services. Given government agenda's of the big society I think working with third sector and voluntary services will be an important component of work as a Clinical Psychologist.

Most importantly, I have learnt that it is possible to both enjoy and do research. My research journey and Trainee experiences have led to a greater interest in community psychology ideas and principles. Although, it would perhaps be difficult to conduct participatory action research as part of a doctorate qualification, due to time limitations and ethical approval, this is a research area that I would like to pursue further upon qualification.

## **Section E:**

### **Appendices**

Appendix A: Journal of Child Psychology and Psychiatry guidelines

Appendix B: Literature search

Appendix C: The Evaluative Tool of Qualitative Studies (ETQS)

Appendix D: Common journey made by Afghan UAM's to the UK

Appendix E: Epistemological position

Appendix F: Ethical approval

Appendix G: Participant information sheet

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Appendix I: Legal guardian information sheet

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Appendix K: Thank you letter to participants

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Appendix N: BMJ guidelines for research with UAM's

Appendix O: Initial themes

Appendix P: Exhibition

Appendix Q: Summary of the research process

## Appendix A: Journal of Child Psychology and Psychiatry guidelines

### The Journal of Child Psychology and Psychiatry

[Published on behalf of the Association for Child and Adolescent Mental Health](#)

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These should make an original contribution to empirical knowledge, to the theoretical understanding of the subject, or to the development of clinical research and practice. Adult data are not usually accepted for publication unless they bear directly on developmental issues in childhood and adolescence.  
**Original articles should not exceed 6000 words, including title page, abstract, references, tables, and figures; the total word count should be given on the title page of the manuscript. Limit tables and figures to 5 or fewer double-spaced manuscript pages. It is possible to submit additional tables or figures as an Appendix for an online-only version. Manuscripts exceeding the word limit will not be accepted without permission from the Editor.**
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These should survey an important area of interest within the general field. These include papers in the Annual Research Review, Research Review and Practitioner Review sections, which are usually commissioned. Word limits for review papers are stated at the time of commissioning.

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<http://mc.manuscriptcentral.com/jcpp-camh> Previous users can *Check for existing account*. New users

should *Create a new account*. Help with submitting online can be obtained from Piers Allen at ACAMH (E-mail: [Piers.Allen@acamh.org.uk](mailto:Piers.Allen@acamh.org.uk))

1. The manuscript should be double spaced throughout, including references and tables. Pages should be numbered consecutively. The preferred file formats are MS Word or WordPerfect, and should be PC compatible. If using other packages the file should be saved as Rich Text Format or Text only.

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#### *Layout*

**Title:** The first page of the manuscript should give the title, name(s) and short address(es) of author(s), and an abbreviated title (for use as a running head) of up to 80 characters.

**Abstract:** The abstract should not exceed 300 words and should be structured in the following way with bold marked headings: Background; Methods; Results; Conclusions; Keywords; Abbreviations. The abbreviations will apply where authors are using acronyms for tests or abbreviations not in common usage.

**Key points:** All papers should include a text box at the end of the manuscript outlining the four to five Key (bullet) points of the paper. These should briefly (80-120 words) outline what's known, what's new, and what's clinically relevant.

**Headings:** Articles and research reports should be set out in the conventional format: Methods, Results, Discussion and Conclusion. Descriptions of techniques and methods should only be given in detail when they are unfamiliar. There should be no more than three (clearly marked) levels of subheadings used in the text.

**Acknowledgements:** These should appear at the end of the main text, before the References.

**Correspondence to.** Full name, address, phone, fax and email details of the corresponding author should appear at the end of the main text, before the References.

#### *References*

The *JCPP* follows the text referencing style and reference list style detailed in the *Publication manual of the American Psychological Association* (5th edn.).

**References in text:** References in running text should be quoted as follows:

Smith and Brown (1990), or (Smith, 1990), or (Smith, 1980, 1981a, b), or (Smith & Brown, 1982), or (Brown & Green, 1983; Smith, 1982).

For up to five authors, all surnames should be cited in the first instance, with subsequent occurrences cited as et al., e.g. Smith et al. (1981) or (Smith et al., 1981). For six or more authors, cite only the surname of the first author followed by et al. However, all authors should be listed in the Reference List. Join the names in a multiple author citation in running text by the word 'and'. In parenthetical material, in tables, and in the References List, join the names by an ampersand (&). References to unpublished material should be avoided.

**Reference list:** Full references should be given at the end of the article in alphabetical order, and not in footnotes. **Double spacing must be used.**

References to journals should include the authors' surnames and initials, the year of publication, the full title of the paper, the full name of the journal, the volume number, and inclusive page numbers. Titles of journals must not be abbreviated and should be italicised.

References to books should include the authors' surnames and initials, the year of publication, the full title of the book, the place of publication, and the publisher's name.

References to articles, chapters and symposia contributions should be cited as per the examples below:

Kiernan, C. (1981). Sign language in autistic children. *Journal of Child Psychology and Psychiatry*, 22, 215-220.



Thompson, A. (1981). *Early experience: The new evidence*. Oxford: Pergamon Press.

Jones, C.C., & Brown, A. (1981). Disorders of perception. In K. Thompson (Ed.), *Problems in early childhood* (pp. 23-84). Oxford: Pergamon Press.

Use Ed.(s) for Editor(s); edn. for edition; p.(pp.) for page(s); Vol. 2 for Volume 2.

#### *Tables and Figures*

All Tables and Figures should appear at the end of main text and references, but have their intended position clearly indicated in the manuscript. They should be constructed so as to be intelligible without reference to the text. Any lettering or line work should be able to sustain reduction to the final size of reproduction. Tints and complex shading should be avoided and colour should not be used unless essential. Figures should be originated in a drawing package and saved as TIFF, EPS, or PDF files. Further information about supplying electronic artwork can be found in the Blackwell electronic artwork guidelines at <http://www.blackwellpublishing.com/authors/digill.asp>

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## Appendix B: Literature search

### Step 1: Informal Search Strategies:

Talking to professionals, researchers and staff working in this area to identify resources

### Step 2: web and media resources

UNHCR: <http://www.unhcr.org/cgi-bin/texis/vtx/home>

NRUC: <http://www.nruc.gov.uk/index.html>

*Refugee Council*: [www.refugeecouncil.org.uk/](http://www.refugeecouncil.org.uk/)

*Refugee Action*: [www.refugee-action.org.uk/](http://www.refugee-action.org.uk/)

HARP Social Inclusion Research Programme: [www.harpweb.org.uk](http://www.harpweb.org.uk)

The Home Office: [www.homeoffice.gov.uk](http://www.homeoffice.gov.uk)

### Step 3: initial database search

Searches were conducted amalgamating a variety of potential useful terms on PsychINFO:

Unaccompanied, migrant, refugee, asylum seek\*, mental health, psych\*, well being, trauma cop\*, adapt\*, accult\*, resilien\*

### Step 4: Final search criteria

|   | Search Terms (1, 2 & 3 combined with 'AND' syntax) |
|---|--|
| 1 | 'unaccompanied'                                    |
| 2 | 'refugee' or 'asylum seeker'                       |
| 3 | 'minor*' or 'child' or 'youth'                     |
| 4 | 'coping' or 'resilience'                           |

### Step 5: Relevance (abstracts were scanned for relevance)

| Database          | Criteria / Limiters                         | Articles returned | Relevant Articles |
|-------------------|---|-------------------|-------------------|
| PsycINFO          | Peer reviewed, English Language, Year 2002+ | 37                | 6                 |
| SCOPUS            | English Language, Year 2002+                | 11                | 4                 |
| Ovid: MedLine     | English Language, Year 2002+                | 0                 | 0                 |
| Cochrane Database |   | 0                 | 0                 |

|  |    |
|--|----|
| Total articles                                       | 10 |
| Total articles after reviews and duplicates removed, | 7  |

## Appendix C: The Evaluative Tool of Qualitative Studies (ETQS)

### Evaluation Tool for Qualitative Studies

Building on work within a project exploring the feasibility of undertaking systematic reviews of research literature on effectiveness and outcomes in social care, a set of evaluation tools have been developed to assist in the critical appraisal of research studies. The qualitative study tool was developed to reflect the uniqueness of the qualitative research paradigm, in particular, its concerns with meaning, context and depth. Particular emphasis lies on the areas of study context and the process of data collection and analysis. The tool has six sub-sections: study evaluative overview; phenomenon studied and context issues; ethics; data collection, analysis and researcher bias; policy and practice implications; and other comments. It provides a template of key questions to assist in the critical appraisal of quantitative research studies.

#### **Evaluation Tool for Qualitative Studies**

##### **Review Area**

##### **(1) STUDY OVERVIEW**

Bibliographic Details

Purpose

Key Findings

Evaluative Summary

##### **(2) STUDY, SETTING, SAMPLE AND ETHICS**

Phenomena under Study

Context I: Theoretical Framework

Context II: Setting

##### **Key Questions**

0. Author, title, source (publisher and place of publication), year

1. What are the aims of the study? 2. If the paper is part of a wider study, what are its aims?

3. What are the key findings of the study?

4. What are the strengths and weaknesses of the study and theory, policy and practice implications?

5. What is being studied?

6. Is sufficient detail given of the nature of the phenomena under study?

7. What theoretical framework guides or informs the study?

8. In what ways is the framework reflected in the way the study was done?

9. How do the authors locate the study within the existing knowledge base?

10. Within what geographical and care setting is the study carried out?

11. What is the rationale for choosing this setting?

12. Is the setting appropriate and/or sufficiently specific for examination of the research question?

13. Is sufficient detail given about the setting?

14. Over what time period is the study conducted?

Context III: Sample (events, persons, times and settings)

15. How is the sample (events, persons, times and settings) selected? (For example, theoretically informed, purposive, convenience, chosen to explore contrasts)

16. Is the sample (informants, settings and events) appropriate to the aims of the study?

17. Is the sample appropriate in terms of depth (intensity of data collection - individuals, settings and events) and width across time, settings and events (For example, to capture key persons and events, and to explore the detail of inter-relationships)?

18. What are the key characteristics of the sample (events, persons, times and settings)?

Context IV: Outcomes

19. What outcome criteria are used in the study?

20. Whose perspectives are addressed (professional, service, user, carer)?

21. Is there sufficient breadth (e.g. contrast of two or more perspective) and depth (e.g. insight into a single perspective)?

### **(3) ETHICS**

Ethics

22. Was Ethical Committee approval obtained?

23. Was informed consent obtained from participants of the study?

24. Have ethical issues been adequately addressed?

### **(4) DATA COLLECTION, ANALYSIS AND POTENTIAL RESEARCHER BIAS**

Data Collection

25. What data collection methods are used to obtain and record the data? (For example, provide insight into: data collected, appropriateness and availability for independent analysis)

26. Is the information collected with sufficient detail and depth to provide insight into the meaning and perceptions of informants?

27. Is the process of fieldwork adequately described? (For example, account of how the data were elicited; type and range of questions; interview guide; length and timing of observation work; note taking)

28. What role does the researcher adopt within the setting?

29. Is there evidence of reflexivity, that is, providing insight into the relationship between the researcher, setting, data production and analysis?

Data Analysis

30. How were the data analysed?

31. How adequate is the description of the data analysis? (For example, to allow reproduction; steps taken to guard against selectivity)

32. Is adequate evidence provided to support the analysis? (For example, includes original /

|   |   |
|---|---|
|   | raw data extracts; evidence of iterative analysis; representative evidence presented; efforts to establish validity - searching for negative evidence, use of multiple sources, data triangulation); reliability / consistency (over researchers, time and settings; checking back with informants over interpretation)   |
| Researcher's Potential Bias                                 | 33. Are the findings interpreted within the context of other studies and theory?<br>34. Are the researcher's own position, assumptions and possible biases outlined? (Indicate how those could affect the study, in particular, the analysis and interpretation of the data)  |
| <b>(5) POLICY AND PRACTICE IMPLICATIONS</b><br>Implications | 35. To what setting are the study findings generalisable? (For example, is the setting typical or representative of care settings and in what respects? If the setting is atypical, will this present a stronger or weaker test of the hypothesis?)<br>36. To what population are the study's findings generalisable?<br>37. Is the conclusion justified given the conduct of the study (For example, sampling procedure; measures of outcome used and results achieved?)<br>38. What are the implications for policy?<br>39. What are the implications for service practice? |
| <b>(6) OTHER COMMENTS</b><br>Other Comments                 | 40. What were the total number of references used in the study?<br>41. Are there any other noteworthy features of the study?  |
| Reviewer  | 42. List other study references<br>43. Name of reviewer<br>44. Review date  |

**Source:** Long AF, Godfrey M, Randall T, Brett AJ and Grant MJ (2002) *Developing Evidence Based Social Care Policy and Practice. Part 3: Feasibility of Undertaking Systematic Reviews in Social Care*. Leeds: Nuffield Institute for Health.

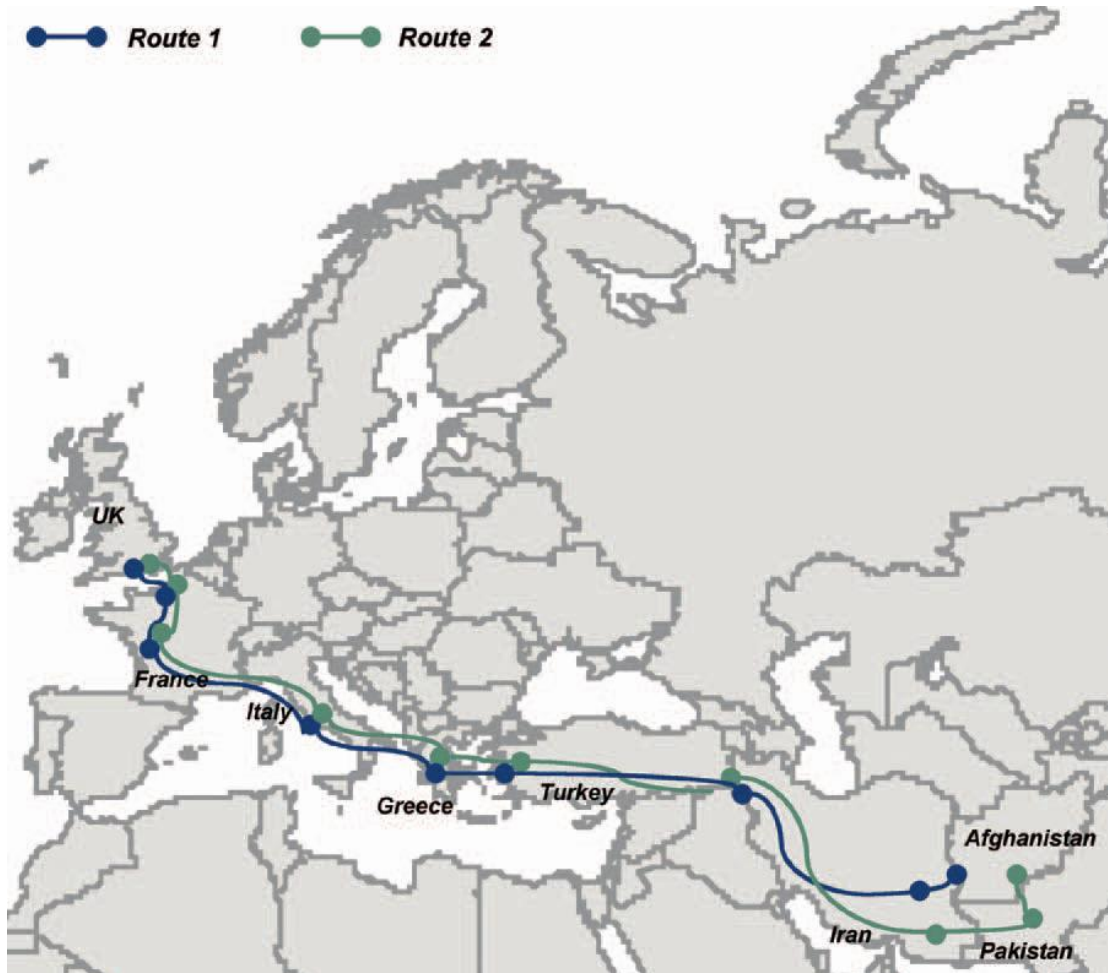
**See also:** Long AF and Godfrey M (2004) An evaluation tool to assess the quality of qualitative research studies, *International Journal of Social Research Methodology Theory and Practice*. 7 (2): 181-196.

**Note:** This tool was developed while the lead author was at the Health Care Practice R&D Unit (HCP RDU) at the University of Salford. It has since been slightly modified.

Evaluation Tool for Qualitative Studies  
Prof Andrew Long, School of Healthcare, University of Leeds

## Appendix D: Common journey made by Afghan UAM's to the UK

Routes travelled to UK based on information provided from interviews with children (UNICEF 2010b)



### Route 1

Afghanistan – Iran – Turkey – Greece – Italy – France – UK

### Route 2

Afghanistan – Pakistan – Iran – Turkey – Greece – Italy – France – UK

*Note:*

*\*Children often move between Afghanistan /Pakistan and Afghan/Iran before journey to the west*

*\*There are two main crossings on the Afghanistan and Iran border – Islam Qala and Zaranj.*

*\*The main border crossing on the Afghanistan/Pakistan border is Torkham. There are reported to be 52 routes used by smugglers in this area.*

## Appendix E: Epistemological position

It is important in qualitative analysis to note the researcher's epistemological views to aid credibility and transparency in the research process. The principal researcher identified with both contextual constructionism (Madill, Jordan and Shirley 2000). Contextual constructionism suggests that all knowledge is local, provisional and situation dependent (Jaeger and Rosnow 1988), and therefore acknowledges that the results of a study would vary according to the context in which the data was collected and analysed (Madill, Jordan and Shirley 2000).

In relation to the current study, the researcher identified with contextual constructionism as overall it was felt that local, provisional and situational factors of both the participants and the researcher would influence data gathered and the analysis stage. Furthermore, the principal researcher believed that there is a particular relevance to the cultural aspects and dynamics that exist between the researcher and participants in the study.

It was important to note that the principal researcher was of Muslim descent and participants were of Afghan origin and therefore Muslim descent. The researcher acknowledged that factors such as this would influence what participants chose or chose not to talk about, therefore the researcher aimed to recognise and remain mindful of contextual factors through out the study, and constantly questioned methodology, interview schedules and analysis.



## Appendix F: Ethical approval

University of Leicester Ethics Review Sign Off Document



To: **FAIZA NASIR**

Subject: Ethical Application Ref: **fn33-bf82**

*(Please quote this ref on all correspondence)*

---

**21/06/2011 16:55:50**

### **Psychology**

Project Title: **The role of coping and adaptation in unaccompanied minors (UAM's) living in the UK**

Thank you for submitting your application which has been considered.

This study has been given ethical approval, subject to any conditions quoted in the attached notes.

Any significant departure from the programme of research as outlined in the application for research ethics approval (such as changes in methodological approach, large delays in commencement of research, additional forms of data collection or major expansions in sample size) must be reported to your Departmental Research Ethics Officer.

Approval is given on the understanding that the University Research Ethics Code of Practice and other research ethics guidelines and protocols will be complied with

- <http://www2.le.ac.uk/institution/committees/research-ethics/code-of-practice>
- <http://www.le.ac.uk/safety/>

## **Participant Information Sheet**

### **The role of coping and adaptation in unaccompanied minors (UAM's) living in the UK**

This study is being run with participation from \*the service\* have given permission for you to be contacted about taking part in this study. I am conducting this study as part my thesis for the doctoral training program in Clinical Psychology.

I would like you to take part in a research study and would like to seek your permission to do so first. Before you decide whether or not to give me permission to take part in this study you need to understand why the research is being done and what it will involve. Please take some time to read the following information carefully. You may wish to discuss the study with a friend, your legal guardian or someone else before deciding to consent.

#### **Why is this research important?**

There has been some research to suggest that some young people like yourselves are struggling to access health services for your physical and emotion well being. It has been suggested that this may be because some services struggle in knowing how to best help your needs and as a result might be reluctant to offer young people like you services. This could mean that many young people like you might go without the additional help that they might need.

#### **What does this research aim to do?**

This study aims to explore and understand coping skills used by young people like you to aid adaptation to life in the UK. It is hoped that this new knowledge around coping may further guide professionals working with young people from similar backgrounds to you.

#### **Why have I been invited to take part?**

You have been asked to take part because you have been identified as a young person who has migrated to the UK alone, and we would like to learn from your experiences in how you have adapted to your life here.

#### **What is involved in participating?**

Taking part involves taking pictures on a disposable camera of what 'has helped you to cope whilst living in the UK', which will be used as

the basis of a discussion with you and the researcher. The discussions will take place at \*the service\* and are expected to last no longer than 60 minutes (1 hour). The discussions will be audio recorded. After the interview the researcher will go away and transcribe the recording removing any identifiable details. You will have the opportunity to see the transcript and check or comment on it if you like before it goes forward to be analysed

### **What are the benefits of taking part?**

Taking part will help improve professionals understanding of how young people like you use coping skills to help adapt to life in the UK. This knowledge may help professionals working with young people like you, to respond to their needs more effectively. You may benefit from talking through your experiences and having your story heard even though the interview will not be a therapy session. You can also keep a copy of the photos that you take. At the end of the study the researcher will give you a thank you letter on behalf of the University for taking part in their research.

### **What are the disadvantages of taking part?**

The only potential disadvantage in taking part is that sometimes talking through your experiences may cause you to feel unsettled or upset. Despite this being unpleasant there is evidence that this talking through difficult events can have a beneficial effect even when in a research interview. If you become upset or distressed the researcher will either pause or stop the interview. If there is any significant concern about your well being then the CAMHS link worker to \*the service\* will be contacted with your permission and your legal guardian will need to be informed that this has taken place.

### **What will happen to the information I give?**

Your consent form and the interview data will be kept separately from the rest of the data and kept confidential in a locked and secure cabinet. The only people who will be able to access this will be the researcher and her academic supervisor at The University of Leicester. You will have the opportunity to look at the anonymised transcripts (write-up) of your interview. To improve the quality of the research anonymised transcripts (write-ups) may be viewed by other researchers from within the Clinical Psychology department at The University of Leicester.

### **What happens if I change my mind about taking part?**

If you change your mind about taking part in the study, you have the right to remove yourself and/or your data, up till the analysis stage,

without any negative consequences. The research is separate to your attendance to \*the service\* and will not impact the help they provide to you.

**Who is funding this research?**

This research is being funded by the University of Leicester and is taking place with the kind participation of the \*the service\*

**Who should I contact if I want to find out more or want to make a complaint?**

Faiza Nasir is the principal researcher for this study. If you have any questions but do not want to contact Faiza Nasir then you can contact her academic supervisor, Mary O'Reilly. Contact details are below:

Faiza Nasir  
Clinical Psychology Department  
University of Leicester  
104 Regent Road  
Leicester  
LE1 7LT  
Tel: 0116 223 1639  
email: [fn33@le.ac.uk](mailto:fn33@le.ac.uk)

Mary O'Reilly  
Clinical Psychology Department  
University of Leicester  
104 Regent Road  
Leicester  
LE1 7LT  
Tel: 0116 223 1639  
email: [mjo11@le.ac.uk](mailto:mjo11@le.ac.uk)

**Thank you for considering taking part in this study**

**Participant Consent Form**

**The role of coping and adaptation unaccompanied minors (UAM's) living  
in the UK**

**Consent Statement:**

- I understand that my consent is voluntary and that I may withdraw from the research at any time up until January 2012, without giving reason.
- I understand that the principal researcher's role is separate to her voluntary role in \*the service\*.
- The information sheet and consent form have been read to me and I understand what my participation involves
- The data will be held confidentially and only Faiza Nasir and her supervisor Mary O'Reilly will have access to them.
- The data will be kept in a locked filing cabinet for a period of five years after the appearance of any associated publications. Any personal information, e.g. names and contact details will be destroyed one year after completion of the study.
- In accordance with the requirements of some scientific journals and organisations, the coded data may be shared with other competent researchers. The coded data may also be used in other related studies. Names and other identifying details will not be shared with anyone.
- The overall findings may be published in a scientific journal, or presented at scientific conferences.
- This study will take approximately fifteen months to complete.
- I will be able to obtain general information about the results of this research by requesting a 'summary of research findings' on a separate form. I can also request to see a copy of my anonymised transcripts on the same form.

I am giving consent for my data to be used for the outlined purposes of the present study.

All questions that I have about the research study have been satisfactorily answered.

I agree to give consent to be interviewed as part of this research project by the researcher

Participants signature .....  
Participants name .....  
Date .....

**Please note that this form will be kept separately from your data**

**Information Sheet for Legal Guardians of Unaccompanied Minors**

**The role of coping and adaptation in unaccompanied minors (UAM's) living in the UK**

This study is being run with participation from \*the service\* and they have passed on your contact details to be contacted regarding the above study. The principal researcher is conducting the study as part her thesis for the doctoral training program in Clinical Psychology.

Your client ..... has expressed an interest in taking part in the above study and we would like to request your consent for their involvement. Before you decide whether or not to give permission for your client to participate you need to understand why the research is being done and what it will involve for you and your client. Please take some time to read the following information carefully. You may wish to discuss the study with a colleague or someone else before deciding to consent.

**Why is this research important?**

Figures suggest that approximately 3000 unaccompanied minors (UAM's) seek asylum in the UK each year (Home Office, 2007). Unicef's recent 'Levelling the Playing Field' (2010) document highlighted that many UAM's are not accessing health services when struggling with both emotional and physical health problems. There were indications in the report that some practitioners (GP's, mental health workers) appeared to struggle in 'helping' this client group and were perhaps reluctant to offer treatment (UNICEF, Levelling the Playing Field, 2010).

**What does this research aim to do?**

This study aims to explore and understand coping skills utilised by this client group. Ultimately, it is hoped that new knowledge around coping may further guide and give some direction to practitioners working with this growing population.

**Why have I been invited to take part?**

The BMJ guidelines for research with unaccompanied minors (2003) suggest that legal guardians should be asked for consent as well as the potential participant being approached for participation in a study.

**What is involved in participating?**

As a legal guardian only your permission is needed for your client to participate in this study, as your client has expressed a wish to do so. The principal researcher, Faiza Nasir, will formally invite your client to take part in the study by offering an information sheet similar to this one and then a consent form, similar to the one you will have accompanying this information sheet. Participation involves participants taking pictures on a disposable camera of 'what has helped them to cope in adapting to life in the UK', which will be used as the basis of an interview. Interviews are expected to last no longer than 60 minutes and will be audio recorded. After the

interview the researcher will go away and transcribe the recording removing any identifiable details. Participants will have the opportunity to view the transcript, verify and comment on it, if they like, before it goes forward to be analysed.

**What are the benefits of taking part?**

The knowledge gained from the study may help professionals working with this group of young people to respond to their needs more effectively. Your client/s may benefit from talking through their experiences and having their story heard even though the interview will not be a therapy session.

**What are the disadvantages of taking part?**

The only potential disadvantage in your client taking part is that talking through their experiences in adapting to life in the UK may cause them to feel unsettled or upset. Despite this being unpleasant there is evidence to suggest that this talking through difficult events can have a beneficial effect even when in a research interview. If your client becomes distressed the principal researcher will either pause or stop the interview. If there is any concern about your clients' well being then the CAMHS link worker to \*the service\* will be contacted and you will be informed that this has taken place.

**What will happen to the information I give?**

Your consent form and the raw interview data will be kept separately from the rest of the data and kept confidential in a locked and secure cabinet. The only people able to access this will be the researcher and her academic supervisor at The University of Leicester. Your clients will have the opportunity to view the anonymised transcripts of their interview. To improve the quality of the research anonymised transcripts may be viewed by other qualitative researchers from within the Clinical Psychology department at The University of Leicester.

**What happens if I change my mind about taking part?**

If you or your client changes their mind about taking part in the study, you have the right to remove yourselves and/or your data, up till the analysis stage, without any negative consequences

**Who is funding this research?**

This research is being funded by the University of Leicester and is taking place with the kind participation of \*the service\*

**Who should I contact if I want to find out more or want to make a complaint?**

Faiza Nasir is the principal researcher for this study. Alternatively you could contact her academic supervisor, Mary O'Reilly. Contact details are below:

Faiza Nasir  
Clinical Psychology Department  
University of Leicester  
104 Regent Road  
Leicester  
LE1 7LT  
Tel: 0116 223 1639 / 07890966102  
email: [fn33@le.ac.uk](mailto:fn33@le.ac.uk)

Mary O'Reilly  
Clinical Psychology Department  
University of Leicester  
104 Regent Road  
Leicester  
LE1 7LT  
Tel: 0116 223 1639  
email: [mjo11@le.ac.uk](mailto:mjo11@le.ac.uk)

**Thank you for considering consenting to your client/s being approached for participation in this study**



**Legal Guardian Consent Form**

**The role of coping and adaptation in unaccompanied minors (UAM's)  
living in the UK**

**Consent Statement:**

- I understand that my consent is voluntary and that I may withdraw from the research at any time up until January 2012, without giving reason.
- I am aware that my consent only gives the researcher permission to interview my client/s dependent on their consent
- The raw data collected will be held confidentially and only Faiza Nasir and her supervisor Mary O'Reilly will have access to them.
- The data will be kept in a locked filing cabinet for a period of five years after the appearance of any associated publications. Any personal information, e.g. names and contact details will be destroyed one year after completion of the study.
- In accordance with the requirements of some scientific journals and organisations, the coded data may be shared with other competent researchers. The coded data may also be used in other related studies. Names and other identifying details will not be shared with anyone.
- The overall findings may be submitted for publication in a scientific journal, or presented at scientific conferences.
- This study will take approximately fifteen months to complete.

I am giving consent for the researcher to approach the requested client/s for participation in the above study only.

All questions that I have about the research study have been satisfactorily answered.

I agree to give consent for the researcher to approach the following client/s  
.....  
.....  
.....

|            |           |           |
|------------|-----------|-----------|
| Legal      | guardians | signature |
| .....      |           |           |
| Legal      | guardians | name      |
| .....      |           |           |
| Date ..... |           |           |

**Please note that this form will be kept separately from the data**

Appendix K: Thank you letter to participants

**The role of coping and adaptation in unaccompanied minors (UAM's)  
living in the UK**

Dear xxxxxxxx

On behalf of the University of Leicester, I would like to thank you for your involvement in the above study. Your participation has helped to increase the knowledge and literature in this area. We appreciate taking the time out to complete the various stages that were involved in this study. We would like to wish you the best in your future.

Yours Sincerely,

Faiza Nasir  
Trainee Clinical Psychologist

Mary O'Reilly  
Clinical Psychologist and Clinical Tutor

## Appendix L: Creative brief

### Instructions (Creative Brief)

I would like you to think about your life since being in the UK.

I would like you to think about what things have been ‘helpful’ for you in coping with difficulties since being here.

There may have been some things that you may have found helpful in coping with difficulties when you first came here that you may not use any more. Also, you may be some things that you now find helpful that you may not have used when you first came. I am interested in both.

**I would like you to take some pictures with the disposable camera provided of some of the things that you have found helpful in coping with difficulties since living in the UK.**

There may be some things that you might think of but are not able to take pictures of. This is ok, you can tell me about these in your research interview.

You can take as many pictures as you like but you will need to choose five of your coping pictures for the interview. I would like you to choose these pictures based on what has helped you the most.

Thank you for participating in this study. If you have any further questions then please contact me on the details below or at \*the service\*.

Faiza Nasir  
Clinical Psychology Department  
University of Leicester  
104 Regent Road  
Leicester  
LE1 7LT  
Tel: 0116 223 1639  
email: [fn33@le.ac.uk](mailto:fn33@le.ac.uk)

## Appendix M: Interview schedule

### **Interview Schedule**

1. What things/people/places have helped you to live/settle here in Leicester?
2. Do you have pictures of these in the ones you took for this project?
3. Pick three of the pictures you have taken, and tell me, in what ways are two of them similar? In what ways does the third differ?
4. What coping skills have you taken a picture of? Please explain these to me
5. Are there any other coping skills that you use but have not been able to take a picture of?
6. Have you found these coping skills helpful in your adapting to your life here?
7. In what way have they been helpful?
8. Tell me about what was strange when you first arrived
9. What sorts of hurdles have you encountered
10. How have some of the things/people/places in these pictures helped to overcome these hurdles?
11. What advice would you give another young person in a similar situation who has just arrived in the UK

In addition, probes were used by the researcher to facilitate conversation if the young person becomes stuck. The interview took a flexible and relaxed stance to aid conversation and to help the participant to feel relaxed. Established methods to explore concepts (e.g. the contrast technique from personal construct theory) were be used.

**Issues that need to be considered during research:**

***Before the research***

- Will the answer to the research question benefit the young people?
- Does the study compromise the interests of the young people?
- Is research with unaccompanied asylum seeking children the only way to answer the research question?

***While planning the study***

- Are the research methods appropriate?
- Have the young people been involved in the design?
- Is the information sheet appropriate and adequate for the children?
- Is the language appropriate and are translations available?
- Has this study been approved by appropriate ethics committees?
- What distress could the research cause to participants?
- What mechanisms are required to support children who are distressed by the interview?

***During the research***

- Has the young person given informed consent?
- Has the young person's legal guardian given informed consent?
- Are the researchers aware of child protection issues and procedures?
- Have child protection issues and procedures been discussed with the young person?

***After the research***

- Is there a procedure for debriefing after the interview?
- Is there a system for feeding back results?

## Appendix O: Initial themes



| <i><b>Initial Themes</b></i>  | <i><b>Initial Sub-themes</b></i>   |
|-------------------------------|--|
| <b>Positive Relationships</b> | <ul style="list-style-type: none"> <li>• Understanding</li> <li>• Genuine</li> <li>• Reciprocal</li> <li>• Contained</li> </ul>  |
| <b>Safety</b>                 | <ul style="list-style-type: none"> <li>• Safe</li> <li>• Not safe</li> </ul>   |
| <b>Acculturation</b>          | <ul style="list-style-type: none"> <li>• Compare differences</li> <li>• First arrived</li> <li>• Adaptation</li> <li>• ‘The rules’</li> </ul>  |
| <b>Success</b>                | <ul style="list-style-type: none"> <li>• Pathway to success</li> <li>• Measuring success</li> <li>• Don’t go the wrong way</li> <li>• Helping others</li> </ul>                        |
| <b>To be a Child</b>          | <ul style="list-style-type: none"> <li>• Sport</li> <li>• Fun</li> <li>• Friends</li> </ul>  |
| <b>Education</b>              | <ul style="list-style-type: none"> <li>• Varied role of teachers</li> <li>• Extra support with education</li> <li>• Like education</li> <li>• Prospects</li> <li>• Learning</li> </ul> |
| <b>Practical Needs</b>        | <ul style="list-style-type: none"> <li>• Ongoing needs</li> <li>• Resources</li> <li>• Immigration</li> <li>• Advocacy</li> </ul>  |
| <b>Cultural Identity</b>      | <ul style="list-style-type: none"> <li>• Other UAM’s</li> <li>• Cultural Needs</li> </ul>  |

## Relationships to other

### Positive

- volunteer
- staff/advocacy
- mother figure - confident stage

positive cycle  
 being supported + helped (practically + emotionally)

the service / foster parent  
 open door - stable + consistent  
 knowing available  
 → attachment

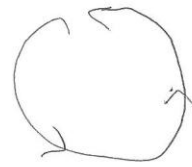
family attachment  
 ↓  
 safe enough to be a child



### Difficulties

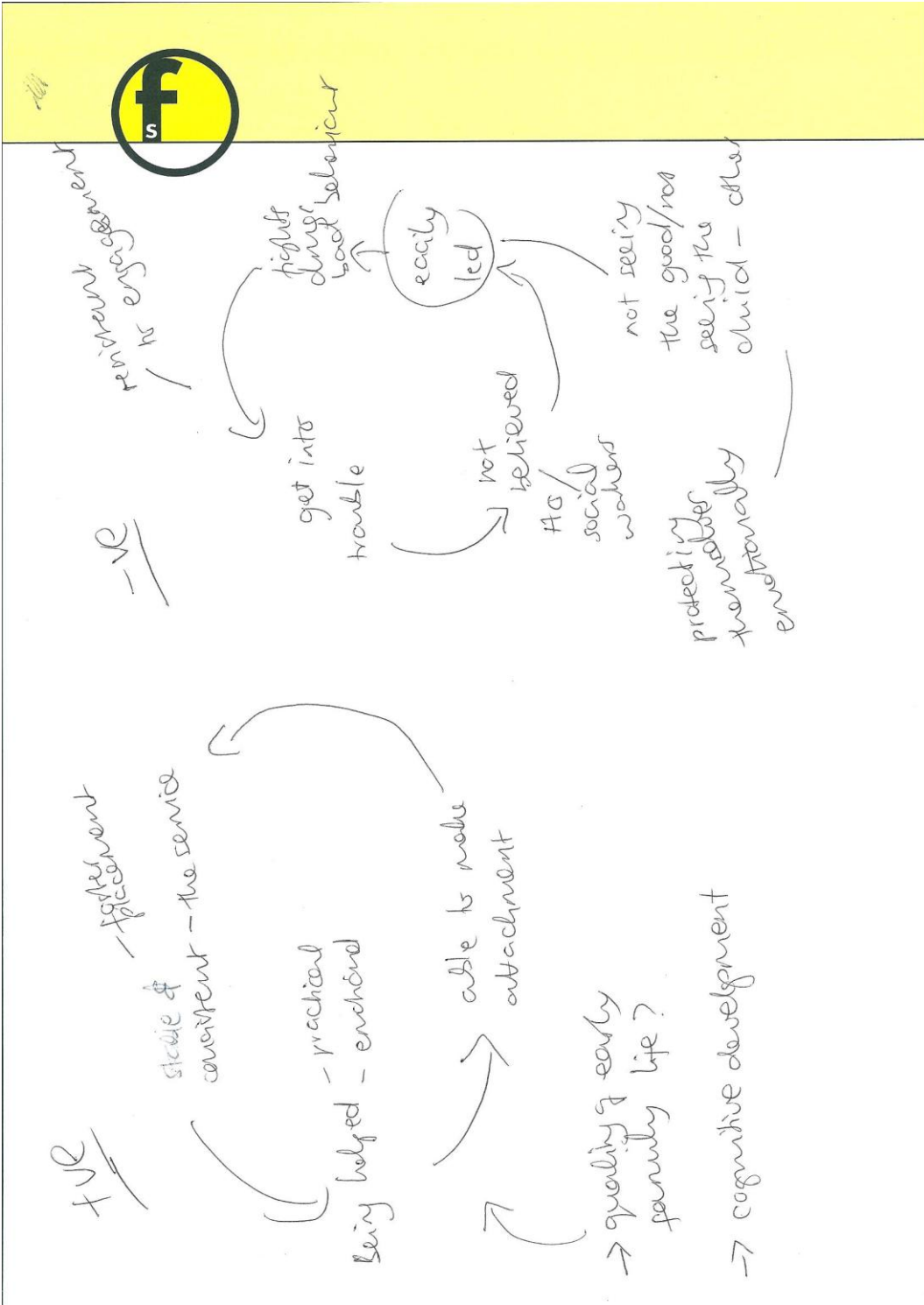
- fight
- drugs
- bad behaviour
- authority figure - police
- home oppo

repeating self  
 pattern  
 fulfilling  
 negative cycle

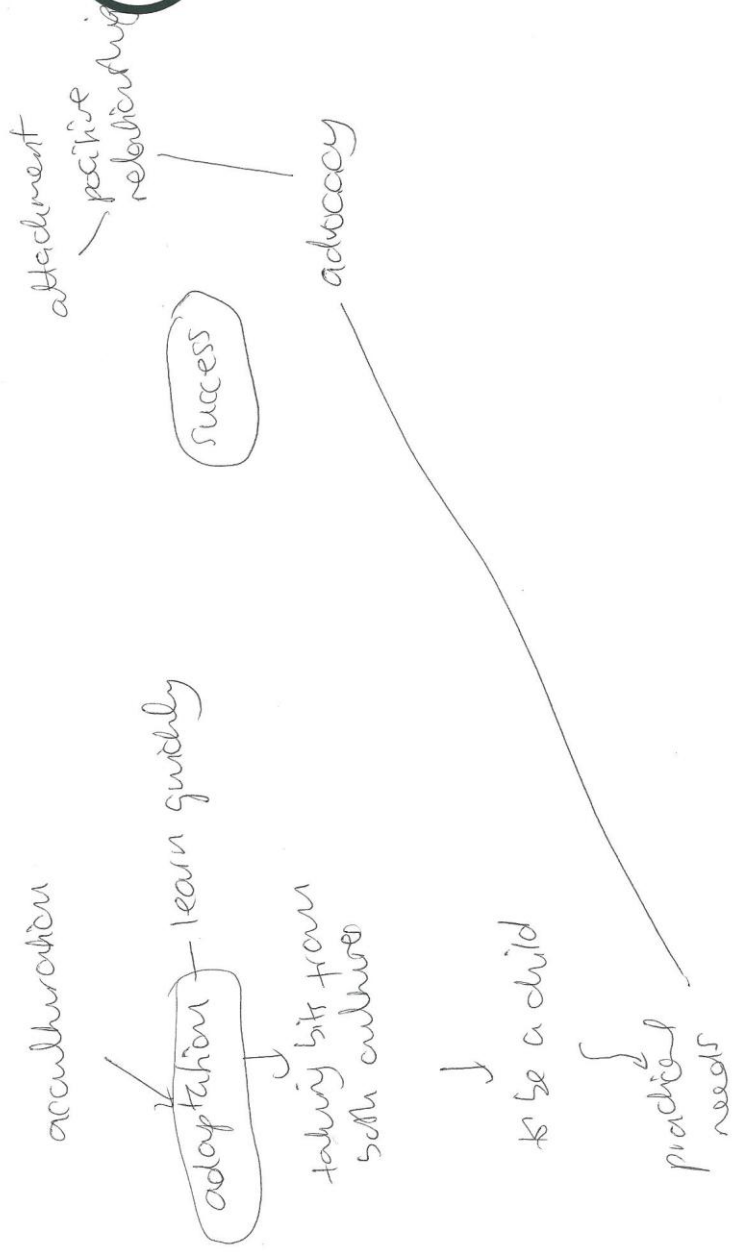


break the cycle?

'helping other' - peer support

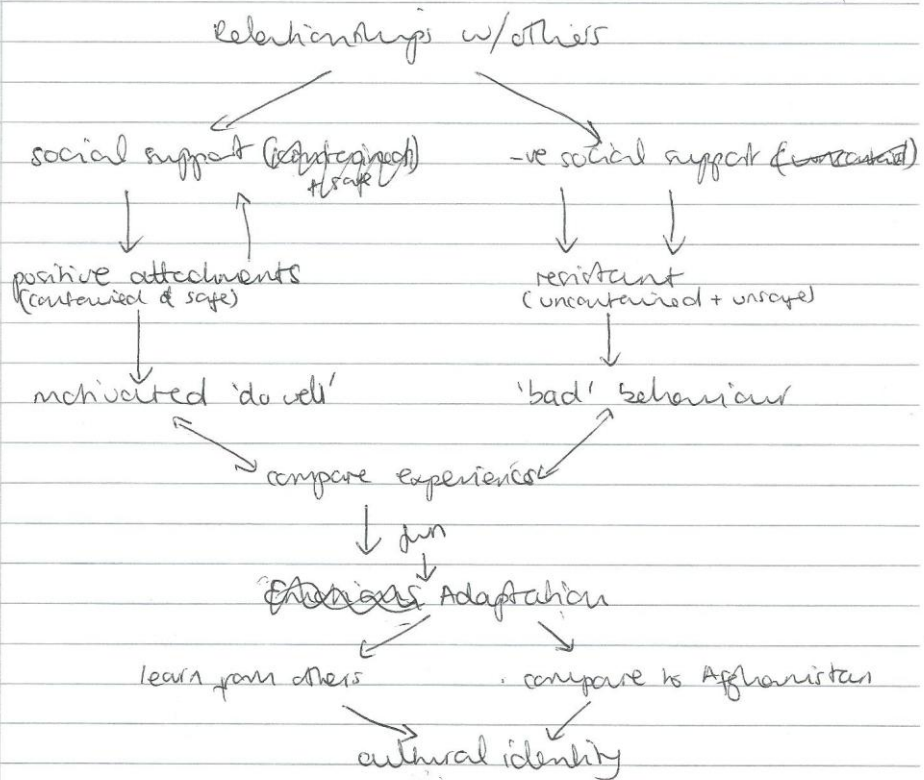


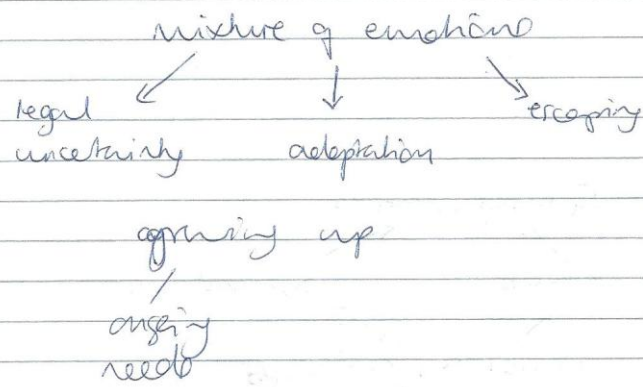


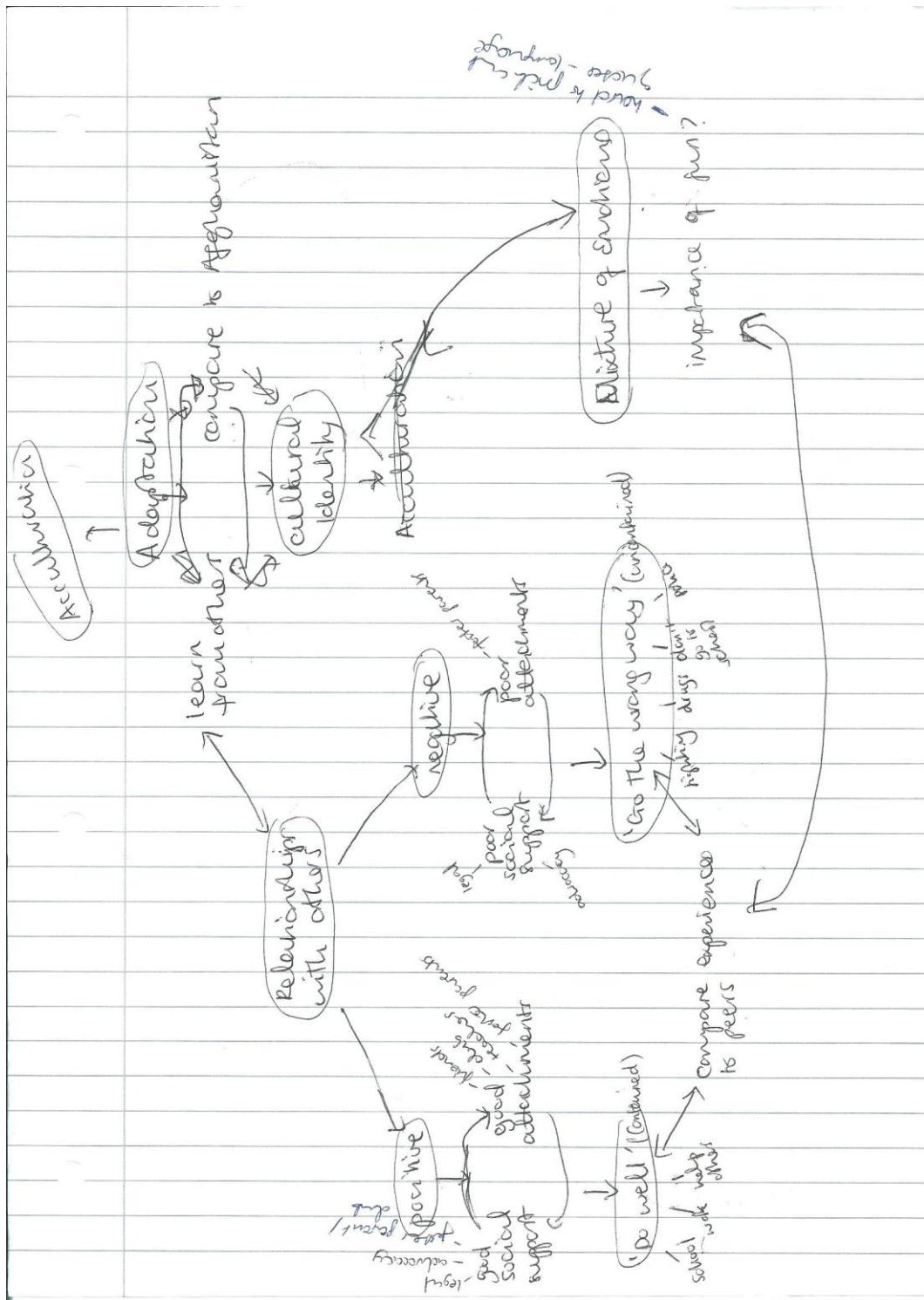


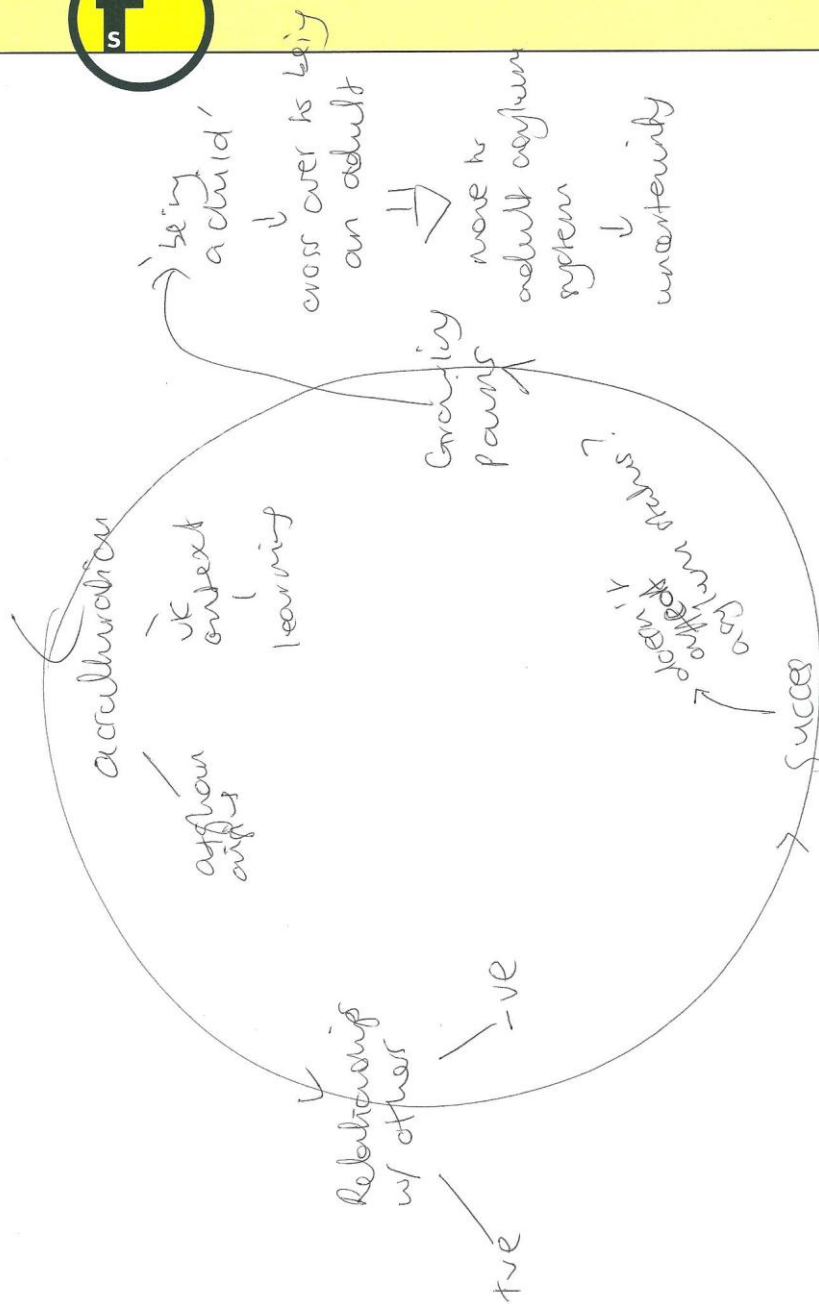
positive relationships — attachment  
— social support

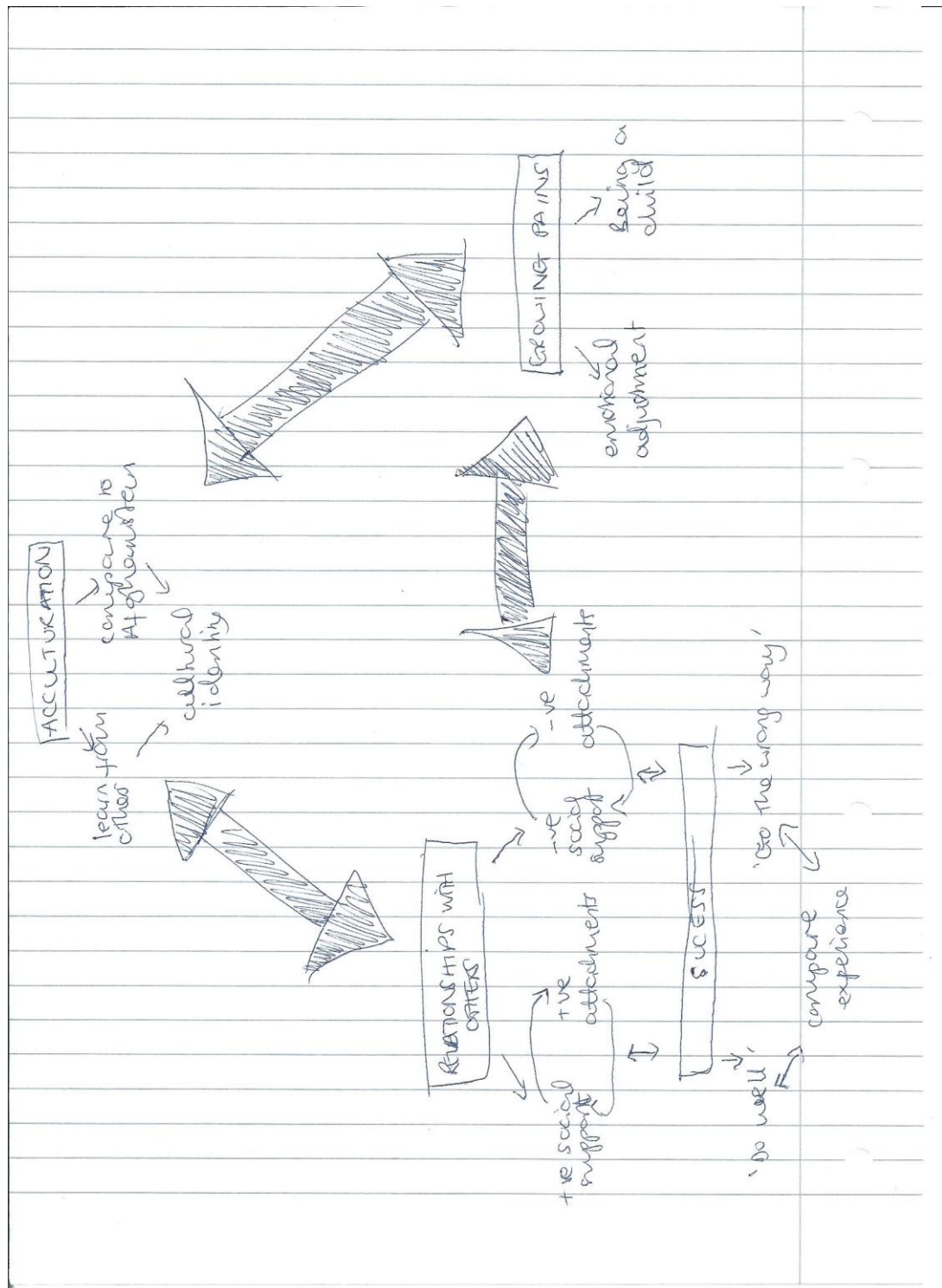
Relationships w/others — positive & attachment  
— difficult behaviour



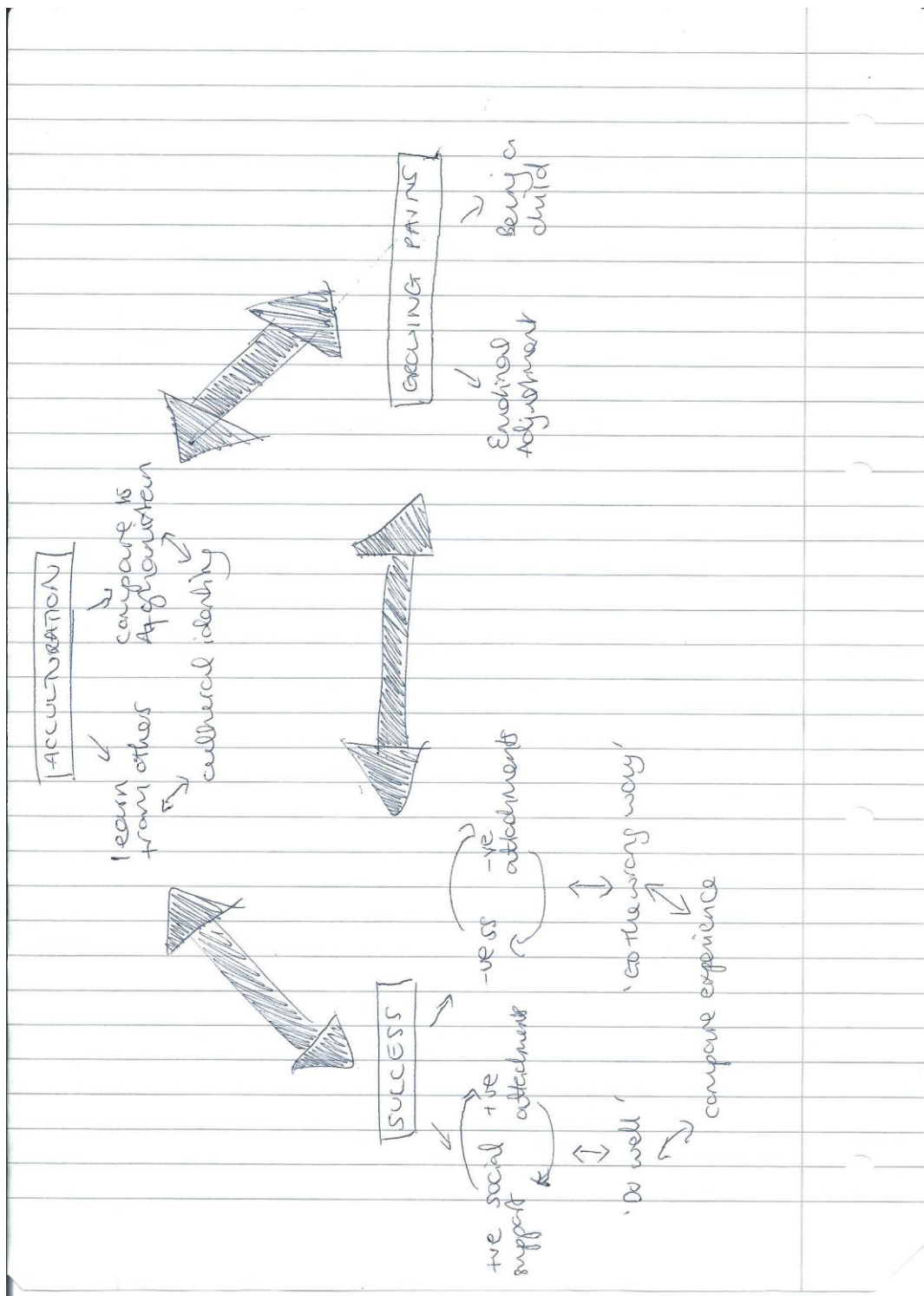












## Appendix P: Exhibition







## Appendix Q: Summary of the research process

| Date (month/year)   | Process   |
|---------------------|---|
| Feb 2011            | The principal researcher became a volunteer   |
| March 2011          | Submitted to the University of Leicester ethics   |
| June 2011           | Ethical approval received by the research committee   |
| July 2011           | Advisory group met to finalise the drafts of the consent forms, information sheets and the initial interview schedule |
| Sep 2011            | Potential participants were identified by staff at the service  |
| Oct – Dec 2011      | Potential participants and guardians were approached and given information sheets and consent forms                   |
| Oct – Dec 2011      | Participants were given disposable cameras with instructions  |
| Oct – Dec 2011      | Disposable cameras were collected and developed   |
| Nov 2011 – Jan 2012 | Individual interviews explored the photographs and the meaning the participant made of them                           |
| Feb 2012            | Initial analysis  |
| March 2012          | The advisory group met again to discuss the themes that had begun to emerge during coding                             |
| March 2012          | The principal researcher completed the analysis according to Braun & Clarke (2006)                                    |
| March 2012          | Exhibition (including results of the study)   |
| June 2010           | Presented the research at a refugee and asylum seeker in a conference workshop  |