

Tiger! Tiger! What is the experience of trauma and transition into adulthood of African refugee and asylum-seeking care leavers?

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Dedication

To Jummy, my beautiful niece. You were only a child when you ran to me and told me there were armed robbers inside our house. We hid, but they found us. I still wonder how you coped with the trauma of that day. It is painful that you are no longer with us. Your recent demise is agonising. Your memory lives on in our hearts. We will not forget you.

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ABSTRACT

This study explores the experiences of trauma and transition into adulthood of African refugee and asylum-seeking care leavers in the UK. It aims to help practitioners better understand the impact of trauma on these young people and give them voice. Giving voice generates better research and develops the confidence of refugees (Temple and Moran, 2006).

These young people make perilous journeys to the UK and battle traumatic experiences with the challenges of transitioning in a hostile environment. Supporting them is a challenge for local authorities. Despite these issues, there is little previous research interest about the experiences of trauma and transition into adulthood of African refugee and asylum-seeking care leavers in the UK.

Psychoanalytically informed Free Association Narrative Interviews (FANI) were used to explore six young people's unconscious processes. Cross-case analysis identified similarities in their stories but there were divergences and complexities in their trajectories.

The young people felt relieved for telling their stories. Their mental health issues can be difficult to detect and transition into adulthood could deteriorate if faced with restrictions and barriers. Immigration status could impact their trajectories. Pre-migratory trauma, separation from family and adapting to a new system could exacerbate their trauma. They rated emotional support highly and felt that trauma could make them stronger. Their closeness or openness to the researcher is non-linear.

The study concluded that the young people's experience is complex. Practitioners need to be attentive to their inner world and external circumstances to better understand and support them. A more open practice and development of a psychosocial approach is recommended. Also, opportunities for the young people to tell their stories and be treated as individuals. It recommends future comparative study of the experiences and trajectories of young people coming to Western Europe from Africa with those from other continents and between those from British and non-British colonies.

CHAPTER 1 – INTRODUCTION

They don't see us as human. They beat us, they use to let us to work free. If you don't have money, they treat you as badly as they want. They burn you, they sell you, 'cos they are smugglers. Especially for the women ... they rape them. If they are young, they don't care. They get pregnant. When they get to Italy, they kill themselves. It's forever to remember (Hagos – Participant in this thesis. His experience in Libya aged 15).

My initial research question was, 'What is the experience of African asylum-seeking care leavers of trauma and transition into adulthood?' However it was important that I pay attention to the realisation that five of my participants were refugees and only one asylum-seeker. Hence I added 'refugee' to the research question. Furthermore, as the research evolved, I found that listening to the harrowing stories of my participants evoked powerful memories of my previously buried trauma. I envisioned my trauma as a tiger and the addition of 'Tiger, Tiger' at the beginning of the research question encapsulated the complex nature of living and working with trauma. This experience gave the research a new meaning. It helped me connect with parts of myself previously unknown and gain a distinctive depth of insight into my participants' trauma. It highlighted how important my own reflexivity is as a researcher. The story of the tiger is in chapters 4, 5 and 6.

Furthermore, this experience led to extending my initial two subsidiary questions to five (see below). My supervisor drew my attention to the fact that I was already addressing three additional questions, which are key to understanding the young people and the research question. The questions are:

What do refugee and asylum-seeking care leavers perceive to be the impact of trauma in their transition to adulthood?

What factors do refugee and asylum-seeking care leavers perceive helped their transitions into adulthood?

What can we learn about the researcher's trauma background and her emotional responses from conducting these interviews?

What might be the challenges of having an in-depth relationship-based engagement with refugee and asylum-seeking care leavers?

What preliminary assessments can we make of the vulnerabilities and resilience of refugee and asylum-seeking care leavers?

1.1 So, how did I get here? – My background

A young man who risked everything to reach the safety of Britain has begun training to become a nurse... Abraham fled his home country of Eritrea at just 15 years old, facing brutal national service in an oppressive dictatorship... enduring countless hardships... he spent six months in the infamous Calais jungle before reaching the UK aged 17, as an unaccompanied asylum seeker (Hume, 2020).

In August 2020, 18-year-old Buraq Ahmed, an asylum-seeker from Iraq, won a place to study medicine at Cambridge University (BBC, 2020). These are some of the stories of refugee and asylum-seeking young people doing well not just in academia but in other areas of life. These are in stark contrast to stories like 18-year-old Alexander Tekle and Filmon Yemane, who killed themselves within a fortnight of each other in November and December 2017. A third, Osman Nur, 19 years, also killed himself in May 2018. There were indications that he had psychosis at the time of his death. In 2019, 19-year-old Mulubrhan Kfleyosus was found hanging in his flat by his social worker (Murrer, 2019). The coroner ruled that the serious nature of his mental health difficulties were not adequately recognised at the time of his death (The Voice, 2021).

What these young people have in common is that they are asylum-seeking care leavers of African origin, supported by local authorities in the UK. They experienced traumatic circumstances, had difficulties resettling in the UK and committed suicide post 18 years. These deaths bring to light the differentials in outcome for these young people despite the perceived similarities between them. It also highlighted local authorities' failure to adequately address the impact of trauma and the young people's mental health needs.

My specialist area of interest and professional experience is work with care leavers, refugee and asylum-seeking young people. I have worked in this field for several years, including 15 years as Team Manager in leaving care and LAC teams. Over the years, I have seen improvements in services to refugee and asylum-seeking young people. The Children Act (1989) and 'Berhe and Ors, R v Hillingdon and Anor'

(2003) heralded these changes. Despite the changes, I was disquieted by some outcomes and professional lack of understanding of these young people. As Team Manager, I felt I failed those with poor outcomes. I was keen to understand why some like Abraham and Buraq excelled and others like Alexander, Filmon, Osman and Mulubrhane ended up with catastrophic outcomes given their similarities. I was keen to understand their experiences of trauma and their transition into adulthood.

My experience as an African immigrant who arrived in the UK as a teenager like these young people, the absence of my parents in the UK, the uncertainties of life in a different country, battling discrimination and acculturation also drew me to this research. It also affiliated me with the young people. I was curious to know how understanding their experiences could help improve services for them. I was particularly drawn to those over the age of 18. This is because this is the age when the support from Local Authorities as Looked After children ceases. They are more likely to face the challenges linked to unsettled immigration status. BECOME, a charity supporting children in care and care leavers, described turning 18 as a ‘cliff edge or being on death row’ (BECOME, 2020). In chapters 4 and 5, we will see how the instabilities around their immigration status compound their trauma.

1.2 Justification for research

1.2.1 The context

My view of asylum seekers as victims shifted as the research progressed from a disempowering victim position to one that recognises the strength to make their journeys and survive. The perilous journeys of those from Africa are often through the treacherous Sahara Desert and the Mediterranean Sea. The factors pushing these young people to the UK differ and are mostly around safety and ‘a better life’. Post-migration, they are not spared stressors and trauma (Lustig *et al.*, 2004).

Deaths	Africa	Mediterranean
Drowning	185	229
Presumed drowning	189	643
Asphyxiation	64	
Sickness and lack of access to food and water	53	12
Unknown – presumed dehydration	103	17

Table 1 – Top causes of death recorded in 2020 (IOM, 2020b)

IOM (2020a) recorded 3,891 deaths globally of migrants to an international destination. The top causes of death are listed above, includes children and young people.

It was reported that, like previous years, fewer asylum applications by girls were made, with the latest figure being 8% in the last quarter of 2020 (Refugee Council, 2021). The UK was reported to have granted protection to 41,000 children since 2010 (Home Office, 2020). In the year ending March 2021, there were 2,291 applications for asylum from unaccompanied asylum-seeking children (UASC) received in the UK (Refugee Council, 2021). The majority are between 14 and 17 years on arrival (*ibid.*) in time for leaving care services.

However, supporting them is a challenge and a key issue for local authorities. They battle with the financial pressures, shrinking resources, extended duties to support care leavers till 25 and much lower funding for those over 18 (ADSC, 2018). In November 2020, a second local authority refused to take on any more unaccompanied minors as their numbers rose and Independent Review Officers' caseloads soared (Blackwell, 2020).

Recent legislative changes like the Children and Social Work Act (2017), though welcomed, have not successfully addressed issues around their trauma and transition to independence. Changes in immigration laws, such as the Immigration Act (2016), allow the support to be terminated for those over the age of 18 and those 'appeal rights exhausted'. This compounds their difficulties and their needs are unmet by many of the policies meant to support them (Chase and Allsopp, 2013). Lack of alignment between childcare and asylum legislation complicates matters for these young people (Gladwell and Elwyn, 2012; Matthews, 2014). Their experience is complicated further as transitioning into adulthood is a time of uncertainties and anxieties (Broad and Robbins, 2005; Kohli, 2011; Wade, 2011; Treisman, 2017a).

Most research focuses on their care experience from a professional viewpoint (Barrie and Mendes, 2011). Hence one of the aims of this research is to give them voice. There has been a rapid increase in migration and asylum studies over the last decade (Holmes and Castaneda, 2016; Pisarevskaya *et al.*, 2020). Interest is also growing in the literature about refugee and asylum-seeking young people (Chase

and Allsopp, 2013). However, there are gaps in research about their trauma and transition to adulthood (Wade, 2011; Wright, 2014), particularly those from Africa.

I am also mindful of contributions from experts such as Papadopoulos to asylum and trauma (Papadopoulos, 2007; Papadopoulos, 2015; Papadopoulos, 2018); Kohli to asylum-seeking and refugee young people, their families and their resettlement (Kohli, 2007; Kohli, 2008; Kohli and Connolly 2009; Kohli and Kaukko 2017); Wade to refugee young people, transition into adulthood (Wade, Mitchell and Baylis 2005; Wade and Munro, 2008; Wade *et al.*, 2012) and Stein to young people leaving care (Stein, 2010; Stein, 2012; Stein, 2015; Stein, 2019). However, the literature that exists is sparse and is not directly about the experience of trauma and transition of care leavers of African origin in the UK.

Finally, although Wade (2011) called professionals to understand these young people, I believe we cannot fully understand them without understanding their lived experience of trauma and its impact on their transition to adulthood. I also believe that a better understanding of these issues might relieve the pressures on local authorities from this cohort. The UK is finally coming out of the COVID-19 pandemic lockdown and, as travel resumes, the numbers of these young people is likely to rise.

1.2.2 Why Africa?

This research is focused on refugees and asylum seekers from Africa as opposed to other refugees and asylum seekers in the UK for several reasons. In 2020, 28% of asylum applicants in the UK were Africans, 29% were from Middle Eastern countries, 23% were from Asian countries and 13% were from Europe (Sturge, 2021).

Name	Country of origin
Hagos	Eritrea
Ermias	Eritrea
Farhan	Sudan
Abbas	Sudan
Elizabeth	Congo
Ibrahim	Sudan

Table 2 – Country of origin of the participants

Furthermore, between 2014 and 2018, countries in East Africa (Sudan, Eritrea and Ethiopia) were in the UK's top nine child asylum applicant countries (Refugee Council, 2019). Sudan and Eritrea were the top two in 2017 and 2018 (*ibid.*). They maintained this position in the last quarter of 2020 (Refugee Council, 2021). Hence it

is unsurprising that five of my six participants are from two of these countries (Eritrea and Sudan).

Firstly, African refugee and asylum-seeking care leavers differ racially from their white British hosts and other refugees and asylum seekers in the UK. Their black colour sets them apart from other refugees and asylum seekers and white British hosts. They are more likely to suffer from racism and discrimination due to perceived racial, ethnic differences (Haffejee, 2015) and perceived social location (Shakya *et al.*, 2010). According to Paludan (1974), these differences may make their acculturation more difficult. Secondly, African refugees are from former Western European colonies. Their histories and identities have been impacted negatively by colonialism, including the colonisation of the mind (Fanon, 1963), described as the internalisation of the 'systemic violence of the suppression of language, culture and dignity' (Kleibl *et al.*, 2020, p.15). According to Ocheni and Nwankwo (2012, p.46), 'colonisation did not allow for African's industrialisation'. It intensified class struggle, tribalism and ethnicity (*ibid.*). According to Rodney (1982) and Chinweizu (1978), colonialism is responsible for Africa's 'current situation'.

In their research with African refugees and asylum-seeking children and families, Okitikpi and Aymer (2003, p.220) found that many of the social workers appeared 'ill equipped to identify the trauma many of them may have suffered'. They concluded that this lack of confidence needs to be addressed if social workers are to work with this population in a 'supportive and non-stigmatising manner' (*ibid.*).

Butt (2006) also drew attention to this skills gap and hesitation amongst white practitioners to work effectively with these people. Although there are developments in working with refugee and asylum-seeking care leavers, gaps remain with those from Africa. The tragic death of the four African young people discussed earlier is a reminder of this. I have often wondered what social workers have learnt about the trauma and death of these young people. The dearth of literature on the research topic, despite the complex needs of these young people, suggests that these issues are not a priority in literature and practice.

Okitikpi's and Aymer's (2003) call for a long-term strategy in meeting the needs of African refugees is relevant today. One way of doing this is to give them opportunities to tell their stories and amplify their presence in literature. Let us not

wait for another death. Let us understand their trauma, their protective factors, strength and vulnerabilities and understand how to build better relationships with them. Perhaps these may help reduce their trauma, aid their smooth transition into adulthood and avoid catastrophic outcomes.

Finally, 'Africa is disproportionately affected by conflict-induced migration, with four of the top ten refugee-accepting countries in the world being in Africa' (OSAA and ACCORD, 2015, p.6). Although most of those affected stay in Africa (*ibid.*), some still seek asylum in the UK. It is difficult to predict the future of these conflicts. However, the likelihood is that children and young people will continue to make perilous journeys if the conflicts continue. These concerns, changes in social work and asylum legislation and pressure on local authorities make this research urgent and valuable.

1.3 Structure of the thesis

There are six chapters to this thesis. Chapter one is the introductory chapter. It sets out the background, justification and significance of the research. Chapter two reviews the literature on the research question. It demonstrates how the research fits within the literature on refugee and asylum-seeking care leavers, trauma and their transition into adulthood. The crux of chapter 3 (methodology) is what I did, how I did it and why I did it. These are linked with the choices made in terms of ontology, epistemology, and the methods used to identify, select, process and analyse my data. Attention is paid to consent, confidentiality and ethical issues. The data and its analysis are presented in chapter 4 (data). Chapter 5 (findings and discussion) offers a critical exploration of the findings from the research analysis. Chapter six (recommendations and conclusions) explores how the research aims are met, reflects on the research and makes recommendations.

1.4 Conclusion

This study is unique because it helps lay the foundation for research in a key area of social work practice lacking attention in practice and literature. It is an important research for the UK Government, local authorities and practitioners. I hope that as attention is given to the young people, their voices will be heard, and practitioners will understand and support them better. The next chapter (literature review) explores what literature tells us about their trauma and transition to adulthood.

CHAPTER 2 LITERATURE REVIEW

2.1 Introduction

'No one leaves home unless home is the mouth of a shark.

Fire under feet, hot blood in your belly'.

Shire (2009) British Somalian Poet

This poem captures the stark realities of the difficult decisions of refugee and asylum seekers to migrate and their arduous journeys. We established in chapter 1 the justification for the research and the dearth of research in the research question. This chapter reviews the close enough literature on the experience of African refugee and asylum-seeking care leavers in the UK, their trauma and transition into adulthood. The chapter is in three complementary sections. Section one explores the key concepts for understanding and reviewing the research questions. Section two provides an integrated theoretical framework of literature on refugee experience and trauma. Section three is an in-depth review of the key and significant literature, their relevance, strength and gaps in the literature.

I refer the reader to chapter 3 (methodology) for the literature search methodology.

SECTION 1 – KEY TERMS

2.2 Asylum seeker and refugee

The refugee crisis is a global phenomenon (Shultz *et al.*, 2020). Wars, conflict and poverty continue to cause displacement and refugees' migration from less developed countries to Western, more developed countries. As background to this review, it is important to define the words asylum seekers and refugees. Both terms have social and political connotations.

An asylum seeker in this study is defined as:

A person who has left their country of origin and formally applied for asylum in another country but whose application has not yet been concluded (Refugee council, 2021, para.4).

From a policy perspective, many governments define asylum seekers as those who are waiting for a decision about their asylum application, whilst refugees are defined

as those with a successful claim and granted refugee status (Bradby et al., 2015). Five of the six young people in this study are refugees and no longer asylum seekers. However, it is important to note that the five refugee young people were asylum seekers first. This study is about their experience as refugees and asylum seekers, not refugees only. Having clarified these terms, our attention now is to the question of trauma.

2.3 What is trauma?

Trauma is an 'elastic' term (Papadopoulos, 2021). It is 'notoriously, complex and slippery' to define (Schönfelder, 2013, p.28). It originates from the Greek word meaning 'wound' (Oxford English Dictionary, 2020). The Cambridge Dictionary (2021) defines it as:

severe and lasting emotional shock and pain caused by
an extremely upsetting experience, or a case of such shock happening.

Its use ranges from any type of discomfort to serious psychic conditions (Papadopoulos, 2021). 'Trauma has...crossed boundaries between various fields and discourses' (Schönfelder, 2013, p.28). Within the psychoanalytic world, Freud (1920, p.29) defined as traumatic, 'any excitations from outside, which are powerful enough to break through the protective shield of the ego'. In the scholarly world, its origin is in medicine and then psychology. The word trauma has evolved from physical trauma to psychological and emotional 'wounds' experienced by individuals. In this context, trauma is viewed as injury that can be diagnosed medically through symptomatic criteria.

Trauma in this study aligns with SAMSHA's definition because the agency for defining trauma is with the individual and its impact is lasting on the individual.

'Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting effects on the individual's functioning and mental, physical, social, emotional, or spiritual wellbeing' (SAMHSA, 2014, p.7).

This definition places the agency for defining trauma on the individual. It is an intersubjective experience (Theisen-Womersley, 2021) '...what may be traumatic for a particular individual depends on the combination of that event, at that moment in

this individual's life, with their particular developmental history' (Stubley, 2020, p.98). Hence trauma in this research is defined as:

Event(s) experienced by individual(s) to be highly distressing, emotionally or physically harmful or life-threatening and that have a lasting impact on the individual's wellbeing, how they function, relate to others and see the world.

The trauma I am referring to in this research is not limited to Post Traumatic Stress Disorder (PTSD) / clinically diagnosed trauma. None of the participants has a clinical diagnosis of PTSD or complex trauma. However, some participants like Hagos self-reported symptoms associated with PTSD, like nightmares of the traumatic event(s). Ermias, Abbas, Elizabeth and Ibrahim avoided certain painful memories. Elizabeth is diagnosed with depression and anxiety, which I argue stems from her traumatic experiences. I acknowledge that I am not in a position to diagnose PTSD however, this should not negate the experiences of these young people.

How individuals experience events at particular moments in their life with their life history is subjective and personal. The medical/diagnostic definitions of trauma imply that the presence of trauma is objectively assessed by someone other than the person experiencing trauma. Van Der Kolk (2005) argued that these diagnoses fail to recognise the extent that trauma affects early development. He asserted that the early development of individuals shapes their worldview and how they relate to others. This can impact their behaviour in their environment. Van Der Kolk defined trauma as 'an inescapably stressful event that overwhelms people's existing coping mechanisms' (Van der Kolk and Fisler, 1995, p.505). I recognise that there are particular events that most people might find traumatic such as war and natural disasters. Whilst the impact can be traumatic, it can also be positive (Papadopoulos, 2007). Refugees and asylum seekers can experience trauma, but not all trauma is traumatic. For example, although Ermias migratory experiences were traumatic, he stated that it made him stronger.

For me, it just makes me like stronger! Like you learn from them. In short, like any situation can come and I can conquer or challenge it. This is because you are already here, in these serious places and you will never see desert anymore or sea anymore. So other difficulties that come is going to be less.
(Ermias)

Trauma research often uses the definition of trauma in the diagnostic criteria for Post-Traumatic Stress Disorder (Frazier *et al.*, 2019). 'PTSD is a mental disorder that may develop following exposure to an extremely threatening or horrific event or series of events' (Bisson *et al.*, 2015, p.1). Its symptoms are:

re-experiencing the traumatic event or events in the present in the form of vivid intrusive memories, flashbacks, or nightmares, avoidance of thoughts and memories of the event or events, or avoidance of activities, situations, or people reminiscent of the event(s) and persistent perceptions of heightened current threat (WHO, 2020, para, 1).

These symptoms persist for at least several weeks and cause significant impairment in personal, family, social, educational, occupational or other important areas of functioning (*ibid.*). However, many other kinds of events can be distressing apart from those that meet the definition of trauma in the criteria for PTSD. I agree with Papadopoulos that equating trauma with PTSD is 'seriously problematical...not all trauma is PTSD' (Papadopoulos, 2021, p.227).

Summerfield called for attention to be given to the 'socio-cultural networks and communities of survivors, instead of using Western ideologically influenced questionnaires for PTSD to medicalise distress, ignoring culture and context in the process' (Summerfield 1999, cited in Stubbley, 2020, p.98). There are cultural variations in what is traumatic (Hinton and Lewis-Fernandez, 2011).

Trauma's uses surpass 'personal and psychological states but also group and collective responses to adverse events, as well as to wider societal, cultural, and political phenomena' (Papadopoulos, 2021, p.207). Although the young people in this study are black Africans, their culture and historic contexts are not necessarily the same. Asylum seekers and refugees are not a homogenous group, pathologized, 'passive victims' with mental illness (Theisen-Womberly, 2021, p.5). 'Attention should be given to their resilience, resistance and how they interpret and respond to their experience' (*ibid.*, p.7).

According to Ulman and Brothers (1988), trauma occurs 'where there is a pathological alteration in images of the self and the outer world' (p.59). Young (2004) proposed that an event's meaning-making is influenced by individual's social and support context. This model emphasises the shift in the person's sense of

uniqueness and strength to vulnerability, worthlessness and dependency (ibid., p.37). In situations like this, Freud (1926) argued that the individual loses their capacity to differentiate between automatic anxiety (anxiety associated with real danger) and signal anxiety (warns and prepares us for imminent dangers). Siegel (1999) built on this argument.

Siegel argued a window of tolerance between two states 'where emotions can be experienced as tolerable and integrated' (Corrigan, Fisher and Nutt, 2010, p.17). However, he warns that this 'window' for traumatised individuals is narrow and when individuals exit this state, they may engage in harmful behaviour. While this is useful in understanding why some young people self-harm, it does not consider the cultural variance in behaviour, the unique circumstances, linguistic limitations, and complexities of these young people's presentations. Garland (2002, p.11) defined trauma as 'an event that overwhelms existing defences against anxiety in a form which also provides confirmation of those deepest universal anxieties'.

According to psychodynamic theory, traumatised individuals are faced with the task of integrating the traumatic event into their understanding of the meaning of life, self-concept and world image (Schönfelder, 2013, p.28). This definition recognises that the effect of trauma is not just on the individual's mental and physical health but also their social and spiritual well-being. It pays attention to the long-term effect of trauma which I found in some of my participants. It is built on previous literature about the impact of trauma on the self and their world.

The use of the word trauma 'today is not limited to the mental health realm, a psychiatric disorder, or even to the psychological state of an individual or a group, instead, it extends into territories of almost all disciplines of human and social sciences' (Papadopoulos, 2021,p.207).

'Trauma is not an event that took place sometimes in the past; it is also the imprint left by that experience on mind, brain and body' (Van der Kolk, 2014, p.21). '...trauma has now become an expected form of inscription and confirmation of what has happened, thus returning to the original Greek meaning of the word, i.e. the mark left by an injury' (Papadopoulos 2021, p.238). The experience is the 'injury' and the impact is the 'mark' left by the injury. I will let the readers be the judge of this.

Although my use of trauma falls outside formal diagnostic categorisation, I would argue that the evidence from the interviews and my experience several years ago when armed robbers put a gun to my head speaks to the presence of the lasting impact of a range of highly distressing and difficult psychological experiences. My experience is discussed in chapters 4, 5 and 6.

2.3.1 Developmental trauma

Developmental trauma was developed by Van der Kolk *et al.*, (2005). 'It is used to describe the impact of early, repeated trauma and loss which happens within the child's important relationships' (Lyons *et al.*, 2020 p.5). Treisman (2017a) acknowledged that many children and young people experience developmental trauma. These include 'loss, disrupted attachment, discrimination, stigma, physical and mental health conditions' (Treisman 2017b, p.27). She advised that this is taken into consideration in their assessments and our intervention. As they transition into adulthood, those who have suffered from developmental trauma are likely to experience profound difficulties around attention and consciousness, self-perception, medical problems, relationships, perception of the perpetrator and hopelessness (Lyons *et al.*, 2020). These difficulties can be translated into complex post-traumatic stress disorder. Developmental trauma is relevant to this study because it helps us understand some of the behaviour of these young people, reduces stigma and improves access to support (Figley, 2018). However, he calls for caution in over focus and for a broader narrative around the context of the child (Frogley, para. 9).

2.3.2 Complex post-traumatic stress disorder

Unlike PTSD, complex PTSD is chronic and occurs over a prolonged period. The victim has no hope, control or escape (Herman, 1992). Although this is an emerging diagnosis, I feel it is sympathetic and considers the trauma history of refugee and asylum-seeking young people who may have been mistakenly diagnosed with other disorders. Van der Kolk (2014, p.96-97) warns that 'traumatised people feel chronically unsafe in their bodies ... their bodies are constantly bombarded by visceral warning signs... they often become experts at hiding from themselves'. This seems to compound the challenges professionals face in supporting young people like this.

2.3.3 Traumatic memories

One of the things that troubled me with this study is that some of these young people were still having nightmares years after migratory trauma. For example, Hagos says: *'Still, I remember. I don't know how to forget about it. Still, I remember. Still, I get dreams, nightmares'*.

However, I found Van der Kolk's (2014), *The body keeps the score* helpful in understanding some of these reactions. Van der Kolk argues that traumatic events are processed as horrific images, sensations in the internal organs such as abdominal cramps, heart racing. Sometimes they are experienced as fight or flight. The experiences are held within the body and experienced as if they are happening now.

SECTION 2 – INTEGRATED THEORETICAL FRAMEWORK

2.4 Refugee experience

Papadopoulos identified four stages of the refuge experience (anticipation, devastating event, survival and adjustment). He argued that it offers a more accurate account of what they have endured and warns professionals on focusing on only one stage as all four are potentially traumatising (Papadopoulos, 2010).

This section explores the interconnection of post-colonialism, trauma, feminism, critical race and refugee theories in the refugee's experience and trauma. These domains are chosen because 'refugees' pre-and post-migration traumatic events and psychological distress are moderated by typology of refugee and refugee settlement, gender and host country status' (George, 2010, p.386).

By integrating these theories, practitioners might better understand the young people's experiences and provide better services for them. George (2010) attempted to fill the gaps in refugee experience by drawing attention to the interplay of their experiences with their trauma. She built on previous literature, such as Garland (2002). George argued that 'refugee trauma is a consequence of multiple historical, social, political constraints which are part of the refugee experience' (George, 2010, p. 380).

George postulated that the refugee and post-colonial theories help practitioners understand the reasons for some refugee behaviour and the socio-political structures

that create refugee trauma. ‘Trauma theory provides biological explanations for refugee trauma’ (George, 2010, p.382), while feminist theory helps us to put female refugees’ struggles into perspectives in planning services for them. There is a complex interplay between refugee, post-colonial, trauma and feminist theories on the refugee experience. I have, however, included critical race theory because of the impact of institutional racism on these young people. This is illustrated below.

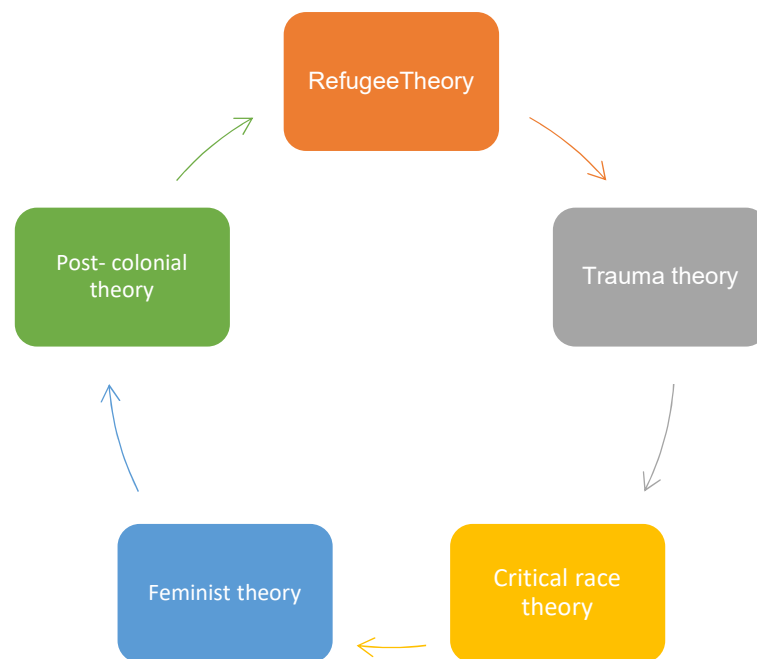


Figure 1 – Refugee experience – an integrated approach

2.4.1 Refugee theory

Although there are arguments in the categorisation of refugees (Crosby, 2006), George (2010) argued that these categorisations help us understand the historical factors underpinning refugee trauma. It also helps us in providing appropriate services for them (George 2010, p.381). Refugee theory helps us understand why refugee and asylum-seeking young people flee their countries of origin, their attitude towards their homeland and how these factors impact their settlement and acculturation. There is a possible link between refugee type, their trauma and settlement (Kunz, 1973; Paludan, 1981).

According to Kunz, there are two types of refugees: acute and anticipatory. Acute refugees have to flee without notice due to catastrophic events in their countries. They are unprepared. Anticipatory refugees anticipate danger, leave with their

resources intact and often with their families. I found it difficult to place the young people in this study in the acute or anticipatory typology as they have attributes of both typologies. I am also not certain about Kunz's assertion that we might be able to predict their future by understanding the typology. I feel that predicting the future of refugee and asylum-seeking young people is far more complex than he suggested. This is because of the interrelation of social, political, internal and external events that affect them. These are discussed further in Chapters 4 and 5.

Kunz also paid attention to refugees' attitudes towards displacement in the kinetic model of refugees (Kunz, 1973, 1981). Based on this model, the young people in the study can be classified as 'majority identified' (Kunz, 1981). These refugees leave their countries due to social and political events in their homeland. They also identify enthusiastically with their homeland but not the government (Kunz, 1981, p.43).

This study is situated in the Paludan (1974) new refugee model because it acknowledges the impact of their differences on their resettlement in their host country. The young people in this study are closer to this model. These refugees differ culturally, racially, ethnically from their host country and are from less developed countries (ibid.). These are countries that have 'low levels of income and face severe structural impediments to sustainable development' (Committee For Development Policy and United Nations DESA, 2021, p.3). Mostly these refugees do not have a support network in the host country. Their acculturation and settlement in their host might be difficult (George, 2010). Contrary to this are the 'traditional refugees' who are culturally and ethnically similar to the people in their host countries and come from countries at the same level of development as their host countries (George, 2010). 'They are more likely to be welcomed and assisted by family and friends who speak their language and can cushion their adjustment' (ibid., p.380). This model gives some insight into why those from Africa might experience greater difficulty settling down in the UK.

2.4.2 Trauma theory

The needs of refugees are complex and cannot be met solely by a medical model. This is because there are ranges of social/political, environmental and cultural factors that affect them. Kroll (2000) aligns with the medical model. However, he extended this by drawing attention to the experiential and environmental factors in

diagnosing PTSD. He drew attention to cultural norms and expectations in the psychological reactions to trauma. Other scholars like Mollica (2006) and Shoeb, Weinstein and Mollica, (2007) assert that asylum seekers' needs cannot be met by focusing only on professional psychiatric and psychotherapy intervention. Mollica criticised the medical model for overdependence on medication. He also criticised mental health practitioners for paying too much attention to the trauma experience when debriefing.

Mollica postulates that individuals suffering from trauma have an innate ability to heal themselves (Mollica, 2006). He advocated for treatment to incorporate traditional medical interventions. Mollica contributes to the role of spirituality, traditional medical intervention, storytelling, relaxation, physical exercise and nutrition to trauma healing (Mollica, 2006). Literature indicates that spirituality is a crucial part of the African refugee trauma (Grupp *et al.*, 2019; Goodall, 2015). Analysis from this study also indicated that faith is a protective factor.

Van der Kolk (2014) also criticised the medical model. He called for a cultural shift from the 'disease' model to begin to address trauma adequately. He argued that trauma impacts the brain, body and mind. It is ever-present and never part of the past. He believes that it is possible to predict some aspects of individual responses to trauma. However, he acknowledged that individual, situational and social factors play a significant role in shaping the symptoms (*ibid.*). Overall, he argued that trauma effects could be devastating to individuals and others around them. Van der Kolk suggested three techniques to heal from trauma: eye movement desensitisation and reprocessing, yoga and mindfulness, and a network of supportive people.

While I agree with Van der Kolk's mind, body and brain narrative, I am not certain how his techniques will be embraced within traditional African healing beliefs. This links with debates around cultural sensitivity and using Westernised scales and concepts for refugees and asylum seekers. Advocates for cultural sensitivity include Summerfield (1999), who called attention to asylum seekers' social, cultural networks and communities.

Debates around therapeutic interventions for traumatised refugees include using a 'predominantly trauma-focused versus a multi-disciplinary approach...' (Stubley, 2020, p.101). While trauma-focused attention is on memories and meaning-making

of trauma, multi-disciplinary provides a more ‘real world’ focus (ibid.) around social needs, legal help, counselling and therapy. According to Stubley, the more social support this population have, the lower their depression and better their acculturation. In their meta-analysis of trauma-focused interventions for refugees, Lambert and Alhsoon (2015) found that it neglected crucial psychosocial stressors.

Given these issues, debates and the complexity of the needs of these young people, I feel they might be better supported using a biopsychosocial approach. This takes into consideration multi-disciplinary and evidence-based trauma (Droždek, 2015) and biology. The biopsychosocial approach recognises the interplay of biology, psychology and social factors in understanding trauma and the interventions. The emotional well-being of refugees is influenced not only by their pre-migration trauma and resettlement adjustment but also their biopsychosocial context (Idemudia *et al.*, 2013). According to Hasto *et al.*, (2013, p.464), the biopsychosocial model is the best approach to study trauma. However, to be effective for this population, attention to cultural sensitivity (Tribe, Sendt and Tracy, 2019) must not be lost in their social context.

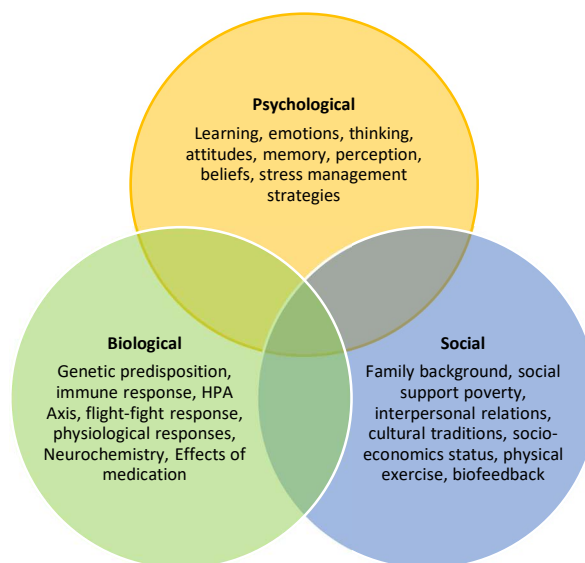


Figure 2 – Biopsychosocial trauma. Adapted from Proactivpeople (2019)

2.4.3 Critical race theory

‘Critical race theory (CRT) offers a radical lens to make sense of, deconstruct and challenge racial inequality in society’ (Rollock and Gillborn, 2011, p.1). It ‘explores the social structuring of racism as a complex, changing and often subtle aspect of society that operates to the benefit of white people’ (Gillborn and Ladson-Billings,

2020). CRT is criticised for a misguided emphasis on race and racism. In October 2020, Kemi Badenoch (Conservative UK Equalities Minister) accused CRT of 'wanting a segregated society' (Cain 2020, para.4). I agreed with Cain that these criticisms seem inflamed by a lack of understanding and perhaps anxieties about what CRT means (ibid.).

I realised later in my research that I avoided the race discourse because of the unconscious fear of being stereotyped as the 'angry black woman' (Motro *et al.*, 2021). However, the call to speak at a CPD event at the Tavistock and Portman NHS Trust about race in my research was an awakening to tackle the race issue. Also, the current spotlight in the UK on racism especially on Black Lives Matters, Samuel Kasumu (Prime Minister Boris Johnson's most senior black advisor), the controversial Race Report, Prince Phillip (Duke of Edinburgh, a child refugee), all make the issue of race a crucial one.

In order to have a better understanding of these young people, it is important to pay attention to the historical and contemporary context in which they are transitioning into adulthood. The young people have a connected history with their white British host through slavery, colonialism, neo-colonialism and white supremacy. When these connected histories are disconnected, racist erasure occurs. According to Stevenson (2021, p.7), 'racist erasure is a particularly aggressive and insidious form of othering'. It is about how:

A dominant group oppresses by negating, suppressing and removing the evidence of trauma of what they consider to be a subordinate group of peoplein order to maintain a positive self-image and not to be persecuted with intolerable depressive anxiety, shame and guilt (ibid., p.8).

In situations like this, a 'veil of ignorance' is created (Danewid, 2017, p.1674). This 'turns responsibility, guilt, restitution, repentance and structural reform into matters of empathy, generosity and hospitality' (ibid.). We see this in the construction of these young people as the 'other', 'alien' 'economic migrants', 'scroungers' (Danewid, 2017) by virtue of their race and colour. These identities add to their already traumatic experiences. While whiteness is equated with purity and goodness, blackness equates impurity and evil (Fanon, 2007). Unconsciously the colonised mind (ibid.) accepts these identities. The colonised black person is caught in an

'impossible bind' (Dini, 2017), struggling with their own culture and strife for equality within the colonial culture (Fanon, 2007). Government policies about them are subtly based on 'doublethink' (Adlam, 2020), recognising them as vulnerable yet 'shutting' them out systematically. According to Danewid, these negative connotations deny the structural violence of these young people's experiences.

The Windrush Lessons Learnt Review revealed that 'policies and legislation developed over the last seven decades are in the context of changing attitudes to race and immigration' (Williams, 2020, p.9). From British MP Enoch Powell's anti-immigration 'River of blood' speech in 1968, calling individuals, especially those from Commonwealth countries to return home to the Beatles' 'Get Back'/'No Pakistani' song of 1969 to Theresa May's 2013, 'Go Home' or face arrest warning, asylum seekers continue to face a hostile environment.

Bhambra (2018) argued that the Commonwealth Immigration Acts of 1962, 1968, and 1971 were enacted to restrict these 'darker citizens' freedom of movement. The current British polity is deeply structured by race such that the state and its practices are themselves racialised and exclusionary (Bhambra, 2018, para. 9). Williams (2020, p.7) concluded that the Home Office had 'institutional ignorance and thoughtlessness towards the issue of race'.

My experience as a black woman in white Britain resonates with Davids' agony of being black in a white world (Davids, 2011, p.1). You are 'not allowed to be an ordinary human being' the violence of hidden stereotypes 'destabilize you' (ibid.). The long stares during my visit to a white British countryside, the constant questions about where I am from and adapting my behaviour to fit in were reminders that I did not belong there. My transient presence as a tourist felt more acceptable than living there on a longer basis and I would not be blamed for 'spoiling' their beautiful countryside. Richard (1994) argues that the idealised countryside for white people covers deep, dangerous and dark underground mines. I see this in the invisible violence of living in a white 'first world' as a black African woman. However, I believe in the interconnectedness of the white British hosts with the black African (see Figure 3). I believe that we are responsible for the other. We are made and simultaneously undone by the other' (Treacher, 2006, p.36).

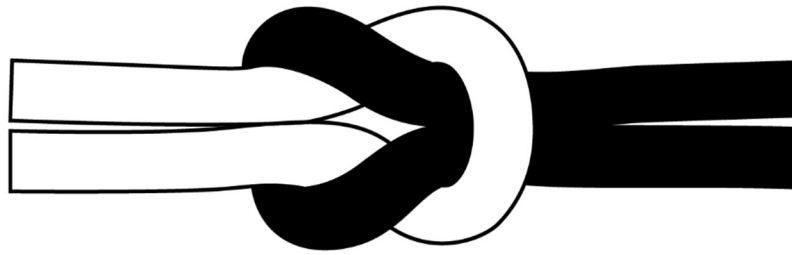


Figure 3 – The black/white interconnection

2.4.4 African feminist theory

One of the limitations of this research is that only one of the six participants is female. The predominance of males reflects the role of migration as part of the transition to adulthood and manhood (Monsutti, 2007; Crivello, 2011). The debates around feminism are complex within and outside the African continent. While there are agreements on the politics of feminism, most of the female scholars in Africa refuse the feminist label. However, some like Adiche (2014) are bold advocates for feminism. Others oscillate between accepting and rejecting it.

While Oyewumi (2003) views it as a westernised concept that ignores racial differences, Aidoo (1990) argues that feminism is neither new nor from abroad. As a black African woman, I recognise that there are differences between the white Western woman's and black African woman's issues. I also understand this is a key reason for the black African feminist discourse. I am drawn to Ogunديpe Leslie's 'Stiwanism' (Social Transformation in Africa Including Women), African-centred feminism. This is because it offers a viable alternative to Western feminism and it is not antagonising men (Osha, 2006). Rather, it addresses economic inequality between men and women in Africa (Osha, 2006, p.18).

Stiwanism is important to this study because it helps us understand the inequalities and subjugation of the black African female in pre-migration and migration and resettlement. Research shows a prevalence of rape of girls and women during conflicts, wars and migration journeys (Alfaro-Velcamp and McLaughlin 2019; Amnesty International, 2004). The male participants in my study confirmed this. The shame surrounding rape appears to be an invisible weapon silencing women. It

might be one reason for their reluctance to engage in this research. Other issues that affect African female refugees include marginalisation and exploitation (Miller, 2004), poor education, economic hardship and lower social status. These are beyond the scope of this research but pertinent to how they deal with trauma and transition into adulthood. I hope future research will deal with this gap.

2.4.5 Post-colonial theory

'When dissecting the postcolonial era the most important issue to bear in mind is that each country, region or continent has its own post-colonial experiences' (Kleibi *et al.*, 2019, p.2). Post-colonial theory proposes that past colonial histories and policies limited the governments of less developed countries to meet their people's basic needs (Phillip, 2004; Hyndman, 2000). These histories and policies fostered social-political dependency (George, 2010, p.381) and anarchy leading to citizens fleeing from their countries. Post-colonial theory deals with the effect of colonisation on cultures and societies and their responses (Ashcroft, 2017, p.1). All my participants are from countries with colonial histories, ravaged by civil wars, poverty and political unrest. Hagos, Ermias and Elizabeth are from Eritrea and Congo, countries which rank third and fourth in the world's top five poorest countries as of November 2020. Black African asylum seekers who leave the continent are drawn to the UK by virtue of their links with their colonial roots (Ventura, 2020).

2.5 Colonialism and children coming out of African countries

We have seen from above that although these young people come from countries with a colonial history, these colonial histories are not the same. I did not explore the experiences of children coming out of Africa with different colonial histories and their impact on their resettlement with my participants. This is because this is not the focus of this study and it is far more complex. However, I recognise that it is a key area of research if we are to understand these young people fully. Hence, one of this study's recommendations is to consider differences in the experiences and trajectories of young people from British and non-British colonies coming to Western Europe. Also, for a comparative study of the lives and trajectories of asylum-seeking young people coming to Western Europe from Africa with other continents.

The young people in this study arrived in the UK as children and brought different colonial histories with them. Farhan, Ibrahim and Abbas are from Sudan, colonised

by the British. Elizabeth is from Congo (DRC), colonised by Belgium. Hagos and Ermais are Eritreans colonised by Italians and the British. Refugees and asylum seekers from these countries are not the same. Even those from the same country differ. These differences include personal, social and political factors.

Furthermore, the resettlement needs of children of these children differ. For example, those coming from the villages are different from those from towns. I recall Ermais telling me those from towns find their migratory journeys more difficult than those from villages exposed to more difficult pre-migratory living conditions. 'The picture is never unitary, cannot be applied from one place to another' (Treacher, 2005, p.8). Practitioners supporting these young people must treat them as individuals and seek opportunities to understand their individual circumstances and histories.

Colonisation meant that areas with pre-colonial historic links were split. For example, the Bantu people of pre-colonial Kongo were split and occupied by two different European powers (French and Belgian). Other Africans with no pre-colonial links and diverse languages and cultures were forced together as a nation, such as Nigeria. Practitioners must not assume that coming from the same country means that the children's needs and experiences are the same.

Furthermore, the colonisation of these countries was not the same. For example, while the French favoured assimilation and direct rule, the British ruled indirectly and gave room for multiculturalism (Jansen, 2013). Outside Africa, their colonised white counterparts such as Australia, Canada and New Zealand were not subject to the same coercive measures as black African colonies (Treacher, 2005). These histories are likely to impact the worldview and expectations, of asylum seeking and refugee care leavers as they settle in the UK.

Traces of colonialism still exist in the post-colonial countries of these children where the colonial west is idealised. For example, Ermais viewed the UK as 'heaven' pre and during his migration to the UK. He was, however, disappointed to find that this was not the case. An unequal relationship was created during the colonial period, which meant the white coloniser deemed themselves superior to the colonised black Africans. This inequality continues today with lasting impacts in the visible and invisible realms. The invisible realm lies in these children's unconscious as they

migrate and resettle in the Western world. 'During resettlement, refugees are forced to reconceptualise their identity as they encounter and integrate into a new host country and culture' (Bergquist *et al.*, 2019).

African refugee and asylum-seeking children are likely to face acculturation challenges during their resettlement. These challenges include racism, which I have already discussed earlier. These children might be drawn to seek asylum in white European countries because of their colonial links, language spoken, and family members' presence in these countries (Crawley, 2010). In chapter 5 (findings and discussion), we will see how English language and family links are protective factors and might support the transition of these children into adulthood. From above, we can see some of the complexities in the colonial histories of African children, and the relevance and impact of their colonial links to their resettlement in Western Europe. I hope future research will be able to explore this area more thoroughly.

SECTION 3 KEY LITERATURE REVIEW

2.6 An overview

Having explored the literature on the key concepts and theoretical framework of the young people's experience, this section reviews the key literature closest to the research questions. The literature on refugee and asylum-seeking care leavers, trauma and transition into adulthood, especially in relation to those of African origin, is sparse. However, there is an increase in interest in refugee and asylum-seeking young people amongst academics (Hek, 2005; Kohli, 2006; Diop, 2009; Jeyasingham, 2009; Wade, 2011; Groark, Chase and Allsopp, 2013; Fazel, 2018; Kohli, 2018; Wade, 2019; Chase and Allsopp, 2020; Devenney, 2020; Morrice *et al.*, 2020; Haile *et al.*, 2021). The increase in the number of unaccompanied children and young people travelling alone to Europe (UNICEF, 2018) is one of the reasons for this increase.

Literature around their transition to adulthood is not trauma-focused and not specific to those from Africa (Dixon and Wade, 2007; Kohli and Mitchell, 2007; Barrie and Mendes, 2011; Wade, 2011 Sulimani-Aidan, 2017; Sirriyeh and Raghallaigh, 2018; Gupta 2019; Chase and Allsopp, 2020). Other literature focuses on the general care leaver transition population (Stein, 2006; Stein and Munro, 2008; Wade 2008; Wade and Munro, 2008; Wade, 2011; Stein, 2012; Stein 2019; Department for Education,

2021). Furthermore, although there is ample literature on refugee trauma, it is not specific to care leavers of African origin and their transition into independence. There are also significant gaps in research on the experiences of refugee and asylum-seeking care leavers and their coping mechanisms in the face of adversity/ trauma. The academic community are calling for increased knowledge and understanding of these young people (Wade, 2011; Kohli, 2014; Gregg and Williams, 2015).

Lastly, most research has sought to explore their experience whilst in care and often from the professionals' perspective (Barrie and Mendes, 2011). This is one of the reasons for my decision to interview young people only in this research.

2.7 Transition to adulthood of care leavers

Transitions in this research are about the change from childhood to adulthood and how to make sense of what has happened to you (Kohli and Connolly, 2009, p.75). Transition involves change. Change 'is external, situational, event-based and defined by outcome... transitions, in contrast, are internal, psychological, based on experience, defined in terms of processes and always take time' (ibid.). The transitions of the young people take account of not only the young people's visible world, but also their invisible world and the forces directing their trajectories. This aligns with my critical realism ontology, discussed in chapter 3.

Care leavers are more likely to have poorer outcomes than their counterparts living at home, such as homelessness, unemployment, poorer education outcomes, offending, mental health difficulties and single parenthood (Bilson *et al.*, 2000; Stein, Pinkerton and Kelleher, 2000; Dixon and Stein, 2005; Department for Education, 2010; 2015; 2016). Furthermore, they are expected to be independent and stand on their own far earlier than their peers, missing out on the preparation stage (Stein, 2006; Department for Education, 2013). Stein (2012) raised concerns that transitioning to adulthood is far more challenging for care leavers. Coping with it may be even more difficult without preparation and support (ibid.). Their transition period to independence is a significant research area for these reasons and their increasing vulnerabilities (Fauth, Hart and Payne, 2012; Ofsted, 2012; Joint Commission for Human Rights, 2013; Gladwell *et al.*, 2016; Baker, 2017).

According to Chase and Allsopp (2020), the upheaval of migration impacts the mental health of asylum-seeking care leavers. These young people are faced with

additional uncertainties, risks and opportunities (ibid.) unlike those with a recognised status or their contemporaries living at home. Their pre-migratory, migratory and in-country trauma adds another layer to the challenges faced by those with no immigration issues. Also, they are transitioning into adulthood within a context of 'unrelenting and restrictive immigration policies, increasing interest in immigration and asylum' (Holmes and Castaneda, 2016), and rapidly changing social work practices and policies in the UK and Europe (Gladwell and Ewlyn, 2012). Their journey to adulthood is more accelerated and compressed than their peers with no immigration issues (Stein 2005; Sirriyeh and Ní Raghallaigh, 2018).

Morrow (2013) adds to the debate that their transition is problematic, involves taking on new adult roles and responsibilities and is cumulative. However, I believe transition is non-linear and diversified (Thomson *et al.*, 2002). I acknowledge that this stance is subjective and influenced by my beliefs, culture, status and upbringing (George, 1993 and Elder, 1998). Cohen *et al.*, (2003) added that transition is also influenced by available resources, support of one's family of origin, legislation and policies. Many young people migrating alone felt that this was the beginning of their transition into adulthood (Chatty, 2007; Crivello, 2011). Jeffrey's (2010) and Johnson-Hanks' (2002) 'vital conjunctures' help us understand their transitions at a time of risk and uncertainties.

Qualitative literature reviews by Parry and Weatherhead (2014) show vast variations in the ability of care leavers to negotiate the transition into adulthood (Barratt, Appleton and Pearson, 2020, p.870). This builds on previous literature by Kohli (2007) that the rate that refugee and asylum-seeking children deal with transition is different, dependent on their circumstance, personalities and experience (ibid.). The constraints and opportunities they are presented with might have a huge impact on these. Despite these challenges, migrant young people can successfully transition to adulthood with adequate care and support (Meloni and Chase, 2017). This builds on Papadopoulos' (2007) resilience of refugees. He recognised that trauma could lead to 'psychological injury that can lead to genuine pathological conditions' (ibid., p.306), but refugees can also become 'strengthened by their particular exposure to adversity' (ibid.).

The Children and Social Work Act (2017) is an attempt by the Government to ensure care leavers are given equal chances to their peers. However, this support may be

complicated by restrictions on immigration status and the conflicts between immigration and childcare laws, especially when the young people turn 18. I found Archer's (2003) 'internal conversation' useful in understanding how asylum-seeking care leavers act when faced with constraints and opportunities. These are conversations we have with our minds (Barratt, Appleton and Pearson, 2020) which help us understand how they interpret their experiences and make sense of their transition to adulthood (ibid., p.874).

In their qualitative research with six care leavers, Barratt, Appleton and Pearson found that these conversations are shaped by their trauma experience. It is complex, distressing and unhelpful for some of the young people. They argued that practitioners need to consider the past of care leavers in supporting them with developmental trauma. Barratt, Appleton and Pearson (2020) found that the young people had varying abilities to determine what they wanted for the future. Hung and Appleton's (2016) research is also qualitative and like Barratt, Appleton and Pearson helped practitioners utilise the internal conversations to plan for these young people. However, most of the young people in Hung and Appleton's research found planning for the future an 'anathema' (ibid., p.1). I found their research valuable in understanding some of the difficulties I experienced understanding the inner world of my participants, their openness and closures. This is discussed further in chapters 5 and 6. More recently, Gimeno-Monterde, C, Gómez-Quintero, J.D. and Aguerri, J. (2021) carried out a study in South Western Europe on the challenges faced by childcare services in the transition of unaccompanied minors. Most of the young people in the study were Africans. The scholars found that a settled immigration status, education and employment opportunities are key for supporting these young people, confirming some of the findings in this study.

2.8 Mental health

From above, we see a need for more research on the experiences of these young people, their mental health and coping mechanisms. The research on their psychological well-being suggests that attention needs to be given to their environments, not just the personal factors, to help them deal with trauma. (Broad and Robbins, 2005; Simpson, 2005; Papadopoulos, 2007; Hodes *et al.*, 2008; Simmonds and Merredew, 2009; Groark, Sclare and Raval, 2011; Papadopoulos,

2019). Wade *et al.*, (2005) highlighted the uncertainties surrounding those still waiting for their asylum decision after 18.

One of the key research papers on well-being for care leavers is Coram's (2020) 'What makes life good? Care leavers' views on their well-being'. It is described as one of the largest surveys of care leavers in England. The research analysed the responses of 1,804 care leavers in 21 English local authorities between 2017 and 2019. Although not specific to refugee and asylum-seeking care leavers, it is relevant to understanding the issues they face as care leavers generally. They found that 30% of the care leavers had low well-being (Coram, 2020, p.10). Those with low well-being had higher stress levels, negative emotions and financial difficulties; they were unhappy about their appearance, lonely and unsettled about their accommodation (Coram, 2020, p.3). More importantly, they found that well-being 'dropped steeply' after they left care (Coram, 2020, p.10). The young people reported an abrupt end to their care as Looked After Children, an experience described as 'age-led cliff-edge' (Coram, 2020, p.11). For those with an asylum status, it was complicated further by the anxieties associated with their immigration status.

Chase's (2017) 'Health and well-being, Becoming Adult' research brief is the second key literature into the well-being outcomes for young people who migrated to the UK alone. This research is important because previous research showed a link between refugee and asylum-seeking young people's subjective well-being and future trajectories (Chase, 2013). The research is a three-year longitudinal research funded by the Economic and Social Research Council (ESRC) between 2014 and 2017. Overall, 100 young people participated in the research and a narrative inquiry was used. Although the focus was on young people from Afghanistan, Eritrea and Albania across the UK and Italy, I feel it applies to this research. The research's key findings are that aspects of immigration policies and procedures can impact young people's mental health (Chase, 2017), and that those with unsettled immigration status have limited access to health and well-being services (*ibid.*).

These findings reaffirm previous research about the impact of immigration status on their mental health. In chapter 5 (findings and discussions), we shall see how this study affirms this finding. One of the research strengths is that it contributed to an area of much-needed research for those between 18 to 25 years. It builds on

previous research by McDonald (2015) that education is key to their development and well-being, as we shall find later in this study. It extended the research for asylum seekers in that education can be disrupted when they turn 18. This again raises concerns about asylum-seeking young people and the impact of the changes that can occur when they turn 18.

Although Chase contributed to research on subjective well-being, helping us understand its complexities, she is silent on its measurement and the cultural variation of well-being. Furthermore, I believe that well-being is fluid and likely to change over time, depending on individual circumstances. It is important to highlight these variables if we are to understand the shifts and priorities refugee and asylum-seeking young people give to subjective well-being pre-migration, during migration and post-migration.

Amaral's (2015) research 'Thro' the een o' caer leavers' (through the eyes of care leavers): the experience of young people leaving care and suffering from depression in Scotland' was not specific to refugee and asylum-seeking care leavers. I was not confident that these young people's experience could be fully understood by the formal semi-structured interviews he adopted. I was, however, impressed by Amaral's reflexivity, which I believe is core in any research. Amaral found that care leavers with depression might have difficulties transitioning into independent living due to their specific vulnerabilities (Amaral, 2015).

In the same year, NSPCC extended on this finding. They found that care leavers are four times more at risk of mental health difficulties than their peers living at home (Bazalgette, Rahilly and Trevelyan, 2015). Sanders (2020) found that those over the age of 18 have difficulties accessing mental health services and that care leavers are more likely to suffer from trauma. Previous literature like Simmonds and Merredew (2009) showed that these young people are more likely to suffer from 'extraordinarily challenging emotional well-being' trauma, separation, loss, dislocation, rupture and uncertainty (ibid., p.5).

The qualitative research paper 'Understanding the experiences and emotional needs of unaccompanied asylum-seeking adolescents in the UK' (Groark, Sclare and Raval, 2011) is another key piece of literature on the emotional well-being of care leavers. The research aimed to advance a more contextual understanding of UASC's

response to adversity and the support needed (ibid.). Six UASC in local authority care were interviewed. Five of them were Africans, although the research was not geared towards this population.

I find its Interpretative Phenomenological Analysis (IPA) methodology appealing because of its attention to the 'detailed and nuanced analysis of lived experience' (Tuffour, 2017, p.1). IPA also bears similarities to the Free Association Narrative Interview (FANI) employed in this research in terms of the small numbers of its participants and the attention to the internal conversation. I find FANI more appropriate for interviewing refugee and asylum-seeking young people, especially where there is a need to gain an in-depth understanding of their experience and sensitive topics such as trauma.

One of Groark, Sclare and Raval's (2011, p.437) key findings is for 'the young people's difficulties to be understood in the context of their current social and political position'. Willig corroborated this finding in 2018. He asserted that any authentic research seeking to understand its participants' experiences should also understand the conditions that triggered those experiences located in the participants' social histories, past events and cultures. I agree with this as it recognises the complexities of these young people's needs and this study's biopsychosocial position. Groark, Sclare and Raval called 'for all aspects of young people's trauma (good and bad) to be considered when planning social and psychological support for them' (ibid., p.437). This shifts attention from the popular negative stigma of trauma and calls professionals to be open to all its possibilities, including positive ones (Papadopoulos, 2007; Chase, 2020).

Like Groak *et al.*, Broad and Robbin's (2005) research, 'The well-being of unaccompanied asylum seekers leaving care' was restricted to under 18 UASC. They highlighted the need to pay attention to those over 18, which this study has done. Although the research is not specific to Africans, I was drawn to it because 60% of its 2,039 UASC participants are Africans. Also, all the young people who were at university or about to start university were Africans. The research focuses on the growing numbers, well-being, policy changes and transition into adulthood of USAC. One of the key findings was that UASC could make significant achievements even if experiencing trauma if provided with social support and their needs are properly addressed. However, they called for improvements in the processing of

asylum claims and a clearer protocol between The Home Office and the Department for Education, and more resources to meet the young people's needs.

2.9 Resilience

Young people's experiences of emotional well-being have been explored by qualitative research (Chase, Knight and Statham, 2008). Literature suggests that some individuals are resilient despite exposure to significant trauma (Cauffman *et al.*, 1998; Papadopoulos, 2007; Betancourt and Khan, 2008; Klasen *et al.*, 2010). Others claim that adolescents and children faced with adversity may have varying outcomes that range from symptoms of PTSD to a relative absence of mental health difficulties (Werner and Smith 1982; Southwick *et al.*, 2005; Yehuda *et al.*, 2006). According to Mancini and Bonanno (2009), moderators for resilience are the individuals' mental and emotional make-up.

I found that resilience is complex to define. It is 'one of those empty signifiers marshalled for all kinds of purposes and causes' (Traynor, 2018, p.5). Definitions of resilience have tended to focus on the individual trait, the ability to cope in the face of stress and adversity (Wu *et al.*, 2013, p.1) while maintaining normal psychological and physical functioning (*ibid.*), 'a protective factor' (Hjemdal *et al.*, 2006, p.194) and a personality trait (Friborg *et al.*, 2005). It is 'a conscious effort to move forward in an insightful and integrated positive manner' (Yehuda, 2004 p.29). Papadopoulos extended these individual trait definitions by adding family, community and culture. He defined 'a person, a family or a community as resilient if they withstand pressures and do not alter their basic values, skills or abilities' (Papadopoulos, 2007, p.308).

A refugee's reactions to adversity is not always trauma (Papadopoulos, 2007). 'Not all refugees are traumatised in a psychological or, even less so, in a psychopathological sense' (*ibid.*, p.304). Their response to adversity can also be resilience and Adversity-Activated Development (ADD). He asserted that ADD might have a positive impact on the individual. Papadopoulos argued that in resilience, individuals retain qualities that existed before (*ibid.*), whereas AAD introduces new characteristics that did not exist before the adversity (Papadopoulos, 2007, p.308).

Papadopoulos acknowledged that 'the refugee experience must cause them some degree of psychological discomfort, upset, upheaval, turmoil, pain, disruption or even

disturbance' (Papadopoulos, 2007, p.304). They may also become strengthened by adversity and each individual response is unique and depends on various factors. Garland (2018) resonates with Papadopoulos. She believes that trauma is not always devastating and it can be positive. The mind at times uses defensive measures to protect itself from the risk of pain and damage to itself (Garland, 2002). Refugees 'tend to be resilient and resourceful if they encounter reasonably facilitative conditions' (Papadopoulos, 2007, p.302).

Although Papadopoulos's work is useful, especially regarding variations in individual response, the reader will see in chapter 4 how this study exposes some of its limitations, especially the conceptualisation of resilience across cultures.

Literature suggests that refugee and asylum-seeking young people are resilient (Schapendonk and Steel, 2014; Mainwaring and Brigden, 2016). This study indicates that it might be hasty to categorise all of them as such. Hence this research takes the view that resilience is contextual and fluid and may lead to different trajectories for different young people (Fergus and Zimmerman, 2005). These outcomes can be classified into three categories (Stein, 2006). Those 'moving on successfully, those surviving and 'victims', who have the poorest outcome after leaving care' (ibid.). Stein proposed that their trajectories are impacted by the quality of care and support they experience (ibid.).

Debates exist about whether repression is associated with positive or negative outcomes (Huemer et al., 2013). Research by Huemer et al., (2012) on 41 UASC from Africa in Austria contributed to this debate. This is on the associations between traumatic events, high levels of repression and other personality dimensions (ibid., p.40). The young people displayed a 'complex mixture of problematic behaviour, effortful and automatic self-control' (Huemer et al., 2012, p.48). The researchers found 'high levels of repressive defensiveness, denial of distress and restraint amongst the young people, compared to age-matched norms' (ibid., p.40). They were surprised to find a significant increase in 'distress and depression and low happiness and confidence' (ibid.) The research suggested that the young people were not as resilient as suggested by their interviews and symptoms' count.

This research highlights Van Der Kolk's claim that while we may want to move beyond trauma and use defence mechanisms such as denial, 'the part of our brain

responsible for our survival is not very good at denial' (Van der Kolk, 2014, p.2). The research also raised questions about whether the young people in this study are actually resilient. If they are, what is the long-term price of their repression and denial? I also wonder what part culture plays in repression.

2.9.1 The African context

In order to gain some understanding of the young people's resilience, I reviewed some African literature. The growth in the study of resilience in Africa is slowly taking pace (Theron, Theron and Malindi, 2013). Most of the literature is within South Africa. In their 2013 research with 11 South African youth, Theron and her colleagues noted differences between the Eurocentric and Afrocentric definitions of resilience (ibid.). Theron's 2016 research with 181 black South African youths reinforced the importance of attending to the young people's preferred resilience pathways (Theron, 2016). In their 2018 review of youth resilience in South Africa, Van and Theron found that affective support was the most resilient enabling process. Personal or relational resilience was prevalent and fewer spiritual/ cultural resilience enablers were identified.

In her 2020 scoping review of empirical research of children and adolescents in South Africa, Theron found that their resilience 'is a complex socio-ecological process supported by relational, personal, structural, cultural, and or spiritual resilience enablers' (Theron, 2020, para.1). The context of the young people in this research differs from above. However, the literature gives us some insight into resilience from parts of Africa, where most of these young people come from. Resilience is explored further in chapter 4 (data) as more questions arose from it.

2.10 Openness and closeness of refugee and asylum-seeking young people

Research reveals that asylum-seeking young people also use silence as a coping mechanism (Chase, 2010). She asserted that the silence for many stems from 'a desire to retain a degree of agency in their resettlement journey' (ibid., p.2050). It helped them look to the future (Chase, 2010, p.2065) instead of the past. Chase found that the young people's decision about the degree of openness about their past and current lives is more complex than shown in previous research.

In his research with 20 social workers, Kohli (2006) sought to elicit how well they knew the UASC they were working with. This is in the context of silence, mistrust

and the need to tell their stories to the Home Office and other professionals. The research revealed that most of the young people were reluctant to talk about their past, others talked only when prompted (p.713). Silence was the pattern amongst the young people. Like Chase, Kohli indicated that silence could constrict and defend particular positions these young people adopt as they settle in their host country. I feel the females who declined to engage in this study probably felt safer in their silences and it gave them something they had control over. I also believe a lot is spoken in silence and practitioners need to be attuned to the language of silence. The social workers in Kohli's research appeared to have done this well and responded well (Kohli, 2006, p.720). He referred to them as 'therapeutically minded listeners and companions...' (ibid., p.701). The openness and closeness of these young people are discussed further in chapters 4 (data) and 5 (findings and discussions).

2.11 Social network and immigration status

Literature suggests that refugee and asylum-seeking young people are more likely to be lonely and isolated during their resettlement in the UK (Hek, 2005; Wade *et al.*, 2012; Refugee Action, 2017). The aim of McDonald's (2016) qualitative research, 'The social networks of unaccompanied asylum-seeking young people in the transition to adulthood', was to understand 'the experiences of unaccompanied asylum-seeking young people when they become adults and leave care' (ibid., p.289). Although this is a thesis, I was drawn to it because the participants are aged 17–25 years refugee and asylum seekers. McDonald indicates that the isolation and loneliness were primarily immediately after arrival. However, the findings in this study indicated that loneliness and isolation could continue after this and it can be fluid.

McDonald interviewed 30 participants (18 young people and 12 professionals) over a year in three interview phases, using a semi-structured method. The first two were interviews with the young people and the third with the professionals. Her difficulty recruiting female asylum seekers resonates with mine in this study, where only one out of the six is female. In McDonald's case, only 3 of the 18 young people are female. I also feel a large number of participants would have made it more difficult to concentrate on 'beyond the surface issues'.

McDonald challenged the notion of the vulnerability of refugee and asylum-seeking young people. Instead, she argued that they are providers of care. I recognise that this positions them from a strength-based perspective. However, I feel care must be taken not to ignore any vulnerabilities. I feel that there can be developments and strengths from vulnerabilities. This occurs if vulnerabilities are not used as a deficit but as a tool to ensure the right level and type of services are provided. Those involved in their care must recognise that refugee and asylum-seeking care leavers' vulnerabilities can be multifaceted from their pre-migration to their resettlement attempts. The vulnerability I am talking about recognises that sometimes strengths can be made latent by individuals' particular circumstances. The vulnerabilities are not that of a victim. Strength and vulnerabilities are key to this research and form one of the research questions. Hence they are explored further through chapters 3, 4 and 5.

McDonald concluded that social network is complex and may be impacted by unsettled immigration status. Her research contributes to previous research that temporary immigration status has negative ramifications for asylum-seeking young people (McDonald, 2015), especially regarding their education, social isolation and well-being. It calls for a more 'permanent status to be granted...automatically to children who are unable to return to their country of origin if their initial claim is refused' (ibid., p.278). In addition, education is a protective factor, especially in reducing isolation, building social networks, and encouraging positive engagement with their families and community. This finding also links with findings in this research about the protective role of education in transitioning to adulthood and trauma.

Research by Cronin, Sandhu and Kohli, (2015) 'Put Yourself in Our Shoes: Considering Children's Best Interests in the Asylum Systems' focuses on asylum-seeking young people's experiences of asylum application in England and Scotland. They found that the asylum system 'is not built to find the child's best interests, rather it is for establishing grounds for granting asylum' (ibid., p.148). It also added to previous research that delays to the asylum applications could add to the distress of the young people.

2.12 Conclusion

Having justified the urgency for this research, the literature review, however, reveals a scarcity of literature. The few that exist are useful and the following recurring themes emerged:

- Mental health deterioration can lead to unsuccessful transitions to adulthood.
- Stability is a priority for transition to independence.
- The contradictions between the Home Office (Asylum regulations), the Department for Education and Skills and Children's Services, remain a problem in planning transitions.
- Though vulnerable, refugee and asylum-seeking young people have a high level of resilience.

Although the popular methodology for researching refugee and asylum seekers is qualitative, I do not feel this can be achieved if we only 'hear' what we are told. I want a more rounded understanding of an experience. None of the literature brought us close to the lived experience, states of mind, inner world, unknown history and interrelations with the young people's pre-migration, migration and resettlement experiences. The Free Association Narrative Interview (FANI) best answers these questions given my research question and participants' complexities. My research fills the gaps in the literature and contributes to our understanding of these young people's experiences of trauma and transitions into independence.

Despite the debates around their trauma and support, the challenge for professionals seems to remain how to understand the presentation of their trauma and provide appropriate support. Although theoretical frameworks and models are useful in understanding these young people, later, in chapters 5 and 6, I will suggest that these models cannot completely answer the questions posed in this research by complex young people like mine. I end this chapter aptly with the question:

How can we smell the real, ...lose our minds, achieve personal change and discover (Cooper, 2009) 'complex particulars' (ibid., p.432) if we only know our participants in part? I entered my research arena with this question in mind.

CHAPTER 3 – METHODOLOGY

3.1 Introduction

The literature review process led me to where I could position my work in light of the research questions posed. In the literature review, we found complexities in researching trauma and transitions of refugee and asylum-seeking care leavers. This chapter answers the question of how the research was conducted, with these complexities in mind. It explores the methods and the rationale for the methods in relation to the research aims and questions discussed in chapter 1. The chapter starts with the methodologies of the literature search, followed by the, ontology, epistemology and theoretical framework guiding the research. Attention is paid to the recruitment, ethical issues, confidentiality, consent, the insider researcher position and the design (methods) of the research. The data collection and analysis are explored.

3.2 Methodologies of the literature search

I started my literature search naively and was drawn into an array of literature. I quickly learnt that I needed to focus and define my research scope to avoid it becoming too vast and unwieldy. By so doing, I was able to concentrate and narrow it down and found the following criteria useful:

Inclusion:

1. English language literature
2. Published and unpublished literature, including PhD theses.
3. Primary research relating to the experience of transition and trauma of refugee and asylum-seeking care leavers.
4. Papers about care leavers and transition into adulthood.
5. Care leavers aged 18–25 years.

Exclusion:

- Papers published in another language other than English
- Primary research relating to refugee and asylum-seeking care leavers other than their transition into independent living or trauma

- Papers published/ unpublished about economic migrants

Although I considered search tools such as SPICE, PICO to focus and refine the research question, I chose SPIDER because my research is qualitative and fit for qualitative searches (Cooke, Smith and Booth, 2012). I focused my mind by breaking down the research questions into key concepts, namely, 'trauma', 'care leaver', 'transition', 'independent living', 'refugee' and 'asylum seeker'. I used electronic databases PsycARTICLE, PsycINFO, SocINDEX and CINAHL to carry out most of my research. However, I also used non-academic databases such as Google. I searched books and used snowball sampling to add rigour to the search. I set up RSS feeds on Moedlet, Research Gate and EBSCO Journal alerts to notify me of new issues on the research questions.

I created a concept table and identified keywords using specific, similar and related terms. The latter was done by finding synonyms and acronyms of each concept, alternative ways of phrasing words, spelling variants, combining singular and plurals, and brainstorming free terms using a thesaurus, Google and Wikipedia. To ensure that I captured all literature, I searched for each concept and combined them later using Boolean operators AND / OR / NOT. For example, 'trauma and asylum', 'independence OR transition', 'trauma AND care leavers AND asylum'. I used wildcards to maximise literature retrieval and truncated terms depending on the database.

I kept detailed records of my searches, constantly referring to them to ensure I was thorough and focused. I was disappointed that my research topic (including previous, current and planned reviews directly related to trauma and transitions into adulthood of refugee and asylum-seeking care leavers of African origin in the UK) generated no results.

3.3 Paradigms

It is vital to discuss paradigms at this stage because it shows how I, as a researcher, view and interpret the information before me. According to Guba and Lincoln (1994, p.107), paradigms are the 'basic set of beliefs or worldview that guides the research action'. It defines the researcher's philosophical orientation and has significant implications for decisions made in the research process ... including methodology and methods (Kivunja and Kuyini, 2017, p.26). Denzin and Lincoln (2000) echoed

the same. Although Rowland (1995) identified three philosophical layers in any research, ontological beliefs, epistemological assumptions and methodological choices (Dobson, 1999, p.265), I agree with Lincoln and Guba (1985) that ethics is the fourth. I will discuss this later in this chapter. Guba and Lincoln (1994) also identified four competing paradigms guiding inquiries, especially qualitative inquiries:

Positivism – There is only a single tangible reality (Park, Konge and Artino, 2020). ‘Knowledge can and must be developed objectively, without the researchers’ values or participants influencing its development’ (Park, Konge, and Artino 2020, p.691). This scientific method is not suitable for studying humans in the social world.

Post-positivism – Humans are not objective. We are biased and our observations are theory laden. ‘Reality is assumed to exist but to be only imperfectly and probabilistically apprehendable because of basically flawed human intellectual mechanisms and fundamentally intractable nature of the phenomena’ (Guba and Lincoln, 1994, p.110).

Constructivism – There is no absolute truth, only the truth that a person or culture believes. Our understanding of reality is a social construction, not an objective truth.

Critical theory – The investigator and the investigated objects are interactively linked with the investigator’s values. This inevitably affects the inquiry.

3.4 Ontology – Critical realism

If we imagine Grix’s imagery that ‘ontology and epistemology are to research what footings are to a house’ (Grix, 2004, p.59), we will understand the importance of ontology and epistemology in research. I view them as the bedrock on which the research is built. They are also interrelated. ‘Ontological beliefs are our beliefs regarding reality or (what it is)’ (Rowland, 1995, p.278). According to Rowland, our ontological beliefs influence the epistemological assumptions we make. ‘Our explanations of how people come to know about the world depend on what we believe the world to be’ (Rowland, 1995, p.278). I believe that there is no single verifiable truth (Rehman and Alharthi, 2016). I believe in the multiplicity of reality and that reality is socially constructed.

Critical realism has its roots in Roy Bhaskar’s works (1975; 1979; 1994) and sits within the post-positivism framework. He criticised positivism (1998) for limiting

reality to what can be empirically known. According to Bhaskar, the universe and the social world are stratified and open systems of emergent entities (Vincent and O'Mahoney, 2016, p.3). He argued that positivism lacks the more complex part of the processes: the human (ibid.). He also criticised constructivism for reducing reality to human discourse or knowledge (Vincent and O'Mahoney, 2016). Critical realism believes that the world is theory-laden and these theories help us to understand reality, contrary to positivism and constructivism. As a result of these criticisms, critical realism rose as a substitute for positivism and constructivism.

I was drawn to critical realism's explanatory nature for social events and its focus on understanding. This is because my research is about understanding human experience. According to critical realism:

The world, as we know and understand it, is constructed from our perspectives and experiences through what is 'observable'. Unobservable structures cause observable events and the social world can be understood only if people understand the structures that generate events. (Hammond, 2020, para. 1).

'There is a reality that exists independent of our thoughts about it' (Sayer, 2004, p.6). For example, if refugee and asylum-seeking young people are not aware of institutional racism, it is still a reality. The knowledge we construct of it can be 'fallible/ mistaken' (Haigh *et al.*, 2019, para.13) and our understanding can change.

Critical realism adopts a casual analysis of social problems and the effects they can have through a three-layered 'iceberg of reality' (Fletcher, 2017, p.5). It stratifies reality into three domains, empirical, actual and real, as in Figure 4.

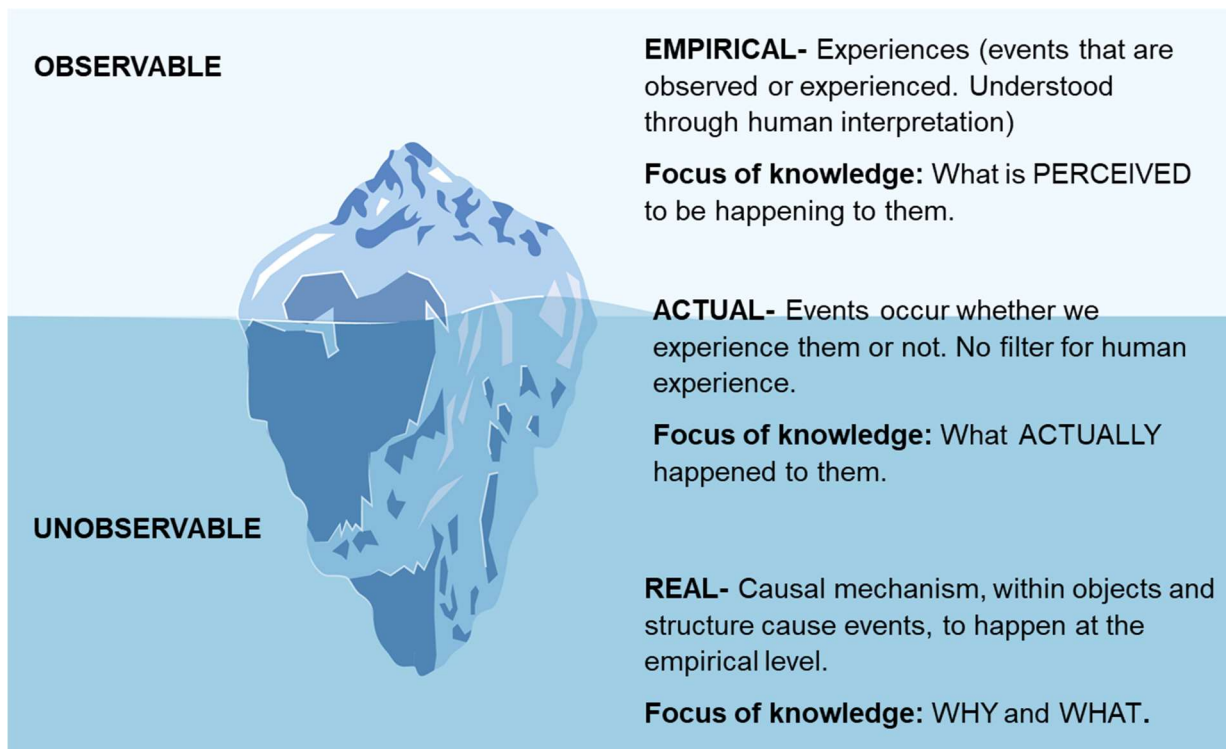


Figure 4 – Critical realism iceberg of reality (Adapted from Fletcher, 2017).

These concepts are helpful to this research because it alerts us to the unobservable, invisible, beneath the surface structures that lead to observable events in the young people’s lives. They include the refugees’ experience, racism and post-colonialism – social structures that the young people have no control over. I agree with critical realism that only by recognising and engaging with these unobservable structures can we truly understand our world. What we perceive on the surface is not always reality. These beliefs have influenced my epistemological assumptions. This remains critical realism, as we shall see in the epistemology section.

Although critical realism is viewed as a meta-theory and criticised for lack of methodological direction, I view this as an opportunity. This is because it encourages creativity and flexibility in application (Hammond, 2020). Furthermore, unlike positivism and constructivism, critical realism pays attention to context (Archer, 1995). I believe it is important to understand the context in which my participants are transitioning. I believe in the interrelation of the researcher with the participants in their context to understand them better. I found this reassuring because it adds multilayers to my enquiry. I agree with Mishler that:

The problem raised by so radical a decontextualization of the interview at so many different levels ... is that respondents’ answers are disconnected from

essential socio-cultural grounds of meaning. Each answer is a fragment removed from both its setting in the organised discourse of the interview and from the life setting of the respondent Mishler (1986, p.23).

I am not saying that critical realism is the panacea for all social research. However, having considered its advantages, criticisms, alternatives, my participants and research questions, I believe my choice is justified. Critical realism's stance of understanding reality and experiences beyond the surface and observable aligns with FANI (Free Association Narrative Interview) methodology that I used for this research. I will discuss this a bit further.

3.5 Epistemology

Epistemology is about how we come to know what we know. How we know the truth or reality. It is how we see the world and make sense of it (Crotty, 1998). It is the assumptions we make about 'the very basis of knowledge, its nature and forms, how it can be acquired and ... communicated to other human beings' (Cohen, Manion and Morrison, 2007, p.7). I agree with Alexandrov (2009, p.31) that critically questioning the basis of our knowledge is of central importance in research. In order to understand my epistemological stance, I asked myself how I acquired my knowledge, how I know what I think I know? What is the relationship between me and what is known? I recognise that my vast work experience with care leavers, refugee and asylum-seeking young people could influence my knowledge and the hypothesis I hold. However, I learnt not to see what I expect to see or find what I expected to find in research. I realise the danger inherent in 'confirmation bias' (Nickerson, 1998) and how our interpretation of events can be wrongly deemed as facts. Alexandrov (2009) distinguished facts from interpretation and warned against reification. He argued that researchers need to seek interpretation of their own interpretation (double hermeneutic). I found my tutorial group, other doctorate colleagues and my supervisor's insights useful in achieving this, challenging where necessary and strengthening my reflexivity.

Our epistemological assumptions about knowledge profoundly affect how we seek understanding of social behaviour (Cohen, Manion and Morrison, 2007; Bryman, 2008). My epistemology shifted from constructivist at the beginning of the course to critical realism. I respect that experience is individual. This critical realist

epistemology meant that I hold the young people's uniqueness and my relationship with them core in my attempts to understand their experiences. I also value the need to stay close to them. I feel this is more important in a complex and sensitive topic such as trauma. Staying close includes emotional closeness, their conscious and unconscious self. I also believe our relationship and interpretation of each other will be influenced consciously and unconsciously by our beliefs.

'Critical realists admit an inherent participation in the production of knowledge' (Watkins, 1994 p.95). They believe that the way we perceive facts, especially in the social realm, depends partly upon our beliefs and expectations (Bunge, 1993, p.231). Critical realism epistemology is justified because it aligns with the research aim of seeking understanding and giving voice. Also, it helps develop insights into the researcher's unique experience and the resilience, strength, and vulnerabilities of the participants because of the attention to the observable and non-observable.

3.6 Methods – In search of the unknown

The epistemological assumptions described above impact the methodological choices I made (Rowland, 1995, p.278). This research was carried out qualitatively for several reasons. Qualitative methods pay attention to the individual experience, which resonates with my research aim of understanding experience. It also helps address the research questions, especially around the relationship between the participants and the researcher, the researcher's trauma background and emotional experience and the young people's vulnerabilities and resilience.

In searching for my method, it needed to align with my research aim of having an in-depth understanding of refugee and asylum-seeking young people's experiences. I was conscious that my participants could view the interviews as interrogations, similar to their asylum interviews. Hence, I needed to ensure that they were clear about my research role and purpose. The method needed to address the sociological and psychological elements of their experiences (Clarke, 2002; Frosh, 2008). I was keen to go beyond what is presented to us in narrative face-to-face interviews. I wanted to understand and pay attention to emotions, things spoken and unspoken and nuances, especially as I was researching trauma. I felt actions are invaluable and include subtle things such as hesitations, emphasis, emotions and the relationship between the participants and researcher.

Furthermore, I was mindful that my extensive experience in leaving care and asylum might lead to bias. It might also give me a false impression that I knew everything about them.

I cannot entirely agree with Sechrest's (1992, p.106) assertions that 'only quantitative data is ultimately valid'. This fuelled claims that quantitative research is more 'credible' than qualitative methods. Quantitative approaches were unsuitable because they are not exploratory and do not foster relationships between the participants and the researcher (Lincoln and Guba, 1985).

I was initially drawn to semi-structured interviews because of their flexibility and the interactional relationship between the participants and the researcher. However, they are deficient in addressing psychic, unconscious processes and emotions needed for the sensitive topic of trauma. I needed to 'bear witness' (Amir, 2018), feel my participants' fears and joys and 'travel their journeys'. I needed to access their latent, unknown parts.

I considered using trauma screening questionnaires, but ethically I felt this was inappropriate for refugee and asylum-seeking young people who might not fully understand the concepts. Also, their variable language and cultural needs needed to be considered for such screening (Shannon *et al.*, 2015). I also considered focus groups, photography, surveys and diaries but did not feel they best meet my research questions and aims.

3.6.1 Free Association Narrative Interview (FANI)

I wanted an in-depth understanding of the young people's lived experience of trauma and transition to understand their inner world, silences and emotions. I initially struggled with Holloway and Jefferson's notion of the defended subject and the 'top-down', expert-knowledge epistemological strategies (Frosh and Baraitser 2008, p.347). Archard (2020) had similar feelings while completing his PhD using FANI. I felt this position was contrary to my research aim of giving voice. However, my experience of interviewing the young people helped me realise that not only were the participants defended, but I was also defended as a researcher. The concept of the defended subject was useful in understanding the anxieties inherent in the interview process and the research relationship. I understood that discussing the sensitive

topic of trauma may arouse psychic defences. I found the revelation that I was part of the data liberating.

By eliciting a narrative structured according to the principles of free association, therefore, we secure access to a person's concerns which would probably not be visible using a more traditional method (Hollway and Jefferson, 2008, p.309).

Hence the research is grounded in the fundamental FANI psychoanalytic proposition that 'anxiety is inherent in the human condition and that defences against such anxiety are mobilised at a largely unconscious level' (Hollway and Jefferson, 2013, p.107). The psychoanalytic principles were used as a heuristic framework and not a therapeutic process (Frosh, 2010). Psychoanalytic theory aligns with critical realism as they both pay attention to the surface and depth model and to observable/unobservable. They alert us to empirical occurrences that may just be beyond the reach of the observable. Psychoanalysis helps us understand casual mechanisms such as anxieties and defences that underline events at the empirical level, similar to critical realism. My interest was not only in the abstract but also in understanding the consequences of social processes such as migration and the context in which the young people find themselves in the UK. Hence the research is also embedded in the psychosocial theoretical framework. The participants are positioned as psychosocial. The psychosocial method recognises that there are 'psychical conflicting forces and tensions between the internal world of the individual and the external, social world' (UK Data Service reports, no page).

Their inner world cannot be understood without knowledge of their experiences in the world and whose experiences of the world cannot be understood without knowledge of the way in which their inner worlds allows them to experience their outside world. (Hollway and Jefferson, 2012, p.4).

Unlike other methods, the psychosocial goes beyond conscious narratives of interviews. It seeks an understanding of participants through an exploration of unconscious processes. I was drawn to FANI because of its emphasis on not just the conscious but the unconscious process. FANI 'reaches beyond and below the text' of defended participants (Hollway and Jefferson, 2009, p.4620). It pays attention to psychic processes and the relationship between researcher and participants. I was keen for my research to be practise near and close to my participants' social and

emotional complexities. Its emphasis on emotions was useful in researching trauma and addressing researcher containment. FANI gave my participants opportunities to tell their stories their way. It was reassuring to hear that all the young people were grateful for being allowed to tell their stories.

FANI adds an additional analysis level and a deeper understanding of experience (Clarke, 2002). In FANI, I found new insights, innovation, freshness and a depth of understanding best suited for researching the difficult topic of trauma. It gave me a greater insight into myself, where I revisited what I thought I knew, opened new horizons and, most importantly, gave me a new lens to see my participants. We shall see later in chapter 5 the transformation I experienced using FANI (Alexandrov, 2009). I might not have achieved it had I used other popular, traditional methods.

Debates exist about the relevance of psychoanalysis in psychosocial studies. While Frosh and Baraitser argued that 'the loose and sometimes pious way in which psychoanalysis has been theorized within psychosocial studies has not done favours to either approach' (ibid., 2008, p.348), they recognised that both are legitimate and bringing them together is productive (ibid.).

Although I had initial anxieties about using FANI due to my lack of clinical and psychoanalytic experience, I felt that my thinking and practice were transformed by daring to tread into this domain. Similar feelings were reported by Frosh (2010) and Archard (2020). It was also good to know that some of my participants experienced the interview as therapeutic despite my lack of therapeutic training. For example, Abbas said he felt 'lighter' at the end of our interview.

However, one of the criticisms against FANI is that it 'fails to attend to the psychodynamic exploration in the interview material' (Archard, 2020, p.4). Furthermore, I sometimes experienced it as restrictive, especially in responding to unpredictable human emotions. For example, when participants are upset or the conversation dries up. On such occasions, I had to withdraw from my FANI researcher role and respond to the needs of my participants. I also feel that the requirement for researchers to follow up the participants' ordering and paraphrasing can be a two-edged sword. Although it helps 'respect and retain the interviewees' meaning frame' (Hollway and Jefferson 2012, p.33), it can also be experienced negatively by some participants. One of my participants, Ermias, complained that I

was repeating what he was saying 'a hundred times'. He interpreted this as me not understanding him. Overall, although I have no regrets about using FANI, I feel there is room for creativity and flexibility in its development.

3.7 Recruitment

I interviewed five refugee and one asylum-seeking care leaver. Five male and one female. This was purposive in keeping with the research aim of seeking a deeper understanding of their lived experiences instead of generalisation. According to Nicholls (2009, p.639), 'the more individualistic the methodology, the smaller the numbers needed and the greater the depth required to achieve 'sampling sufficiency' (Patton, 1980). I achieved this through two interviews for each participant. Critics of purposive sampling claim that it is open to researcher bias and error of judgment. To alleviate these, I applied the following criteria.

Inclusion:

- Care leaver aged 18–25
- African origin
- Minimum of six months since arriving in the UK
- Speaks and understand English
- Traumatic experience

Exclusion:

- Enduring mental health difficulties

My initial plan was to recruit from statutory leaving care teams. However, none of the three local authorities that I approached granted me access. However, I had a positive response from my organisation. Hence five of the six participants are from the leaving care team I manage. The five young people were recruited through their personal advisors and the sixth through a voluntary organisation supporting asylum-seeking young people.

Overview of participants

Pseudonym	Age	Gender	Country of origin	Time in the UK	Immigration status	Current activity
Hagos	20	Male	Eritrea	5 years	Indefinite leave to remain	College
Ermias	20	Male	Eritrea	5 years	Indefinite leave to remain	University
Farhan	22	Male	Sudan	5 years	Indefinite leave to remain	University
Abbas	22	Male	Sudan	5 years	Indefinite leave to remain	University
Elizabeth	25	Female	Congo	10 years	Awaiting outcome of the appeal of the refusal	NEET (Not in Education or Employment)
Ibrahim	21	Male	Sudan	4 years	Indefinite leave to remain	College

Table 3 – Overview of participants

3.8 Interview schedule

The participants were interviewed twice in line with the FANI method. Although FANI allows for only one question, I felt the need to add an additional question to capture all the key issues of the research question (asylum, leaving care, transition into independence, trauma). The questions posed are:

1. Can you tell me your story and the times when you experienced difficult and distressing situations as far back as you can remember and how these experiences have or have not affected you in becoming an independent adult?
2. Looking back at your life from as far as you can remember, can you tell me what you think is important to help you deal with difficult and distressing situations and becoming an independent adult?

During the first interview, the participants were invited to tell their stories freely for as long as they felt comfortable. At the end of the interview, they were thanked, debriefed and arrangements made for the second interview. The second interview was often shorter and was to check for inaccuracies from the first interview. The interviews lasted from 18:34 minutes to 70 minutes. My last interview was carried out on WhatsApp audio due to the COVID-19 pandemic restrictions. This was my second interview with Ibrahim. We agreed that no video would be used as he seemed anxious about this. I provided the young people with £20 gift voucher of their choice to thank them for their time at the end of the second interview. I Informed

them of the next step of the research. I signposted Elizabeth to agencies that could support her.

3.9 Consent

I considered the young people's vulnerabilities in seeking consent, such as their first language not being English and their unfamiliarity with research processes. 'Differences in languages, educational backgrounds and social norms may impede genuinely informed and voluntary agreement to the participation in research' (Leaning, 2001, p.1433). I was also conscious that asylum seekers might fear that their data might be shared with the Home Office (Krause, 2017). Furthermore, Ellis *et al.*, (2007) argued that refugees who have been exposed to authoritarian regimes in their countries or whose culture does not allow for authorities to be questioned might not understand the concept of voluntary participation. To mitigate against these issues and ensure informed consent, Mackenzie, McDowell and Pittaway (2007) suggested a relational approach. The approach recognises that although refugees may have agency, they continue to face 'the consequences of displacement and trauma' (Krause, 2017, p11). Mackenzie, McDowell and Pittaway (2007) called for negotiations with participants to be continuous and some control to be given about how they engage.

Hence I obtained consent verbally and in writing directly from the young people. They were informed of their right to withdraw from the interview at any time and that there would be no repercussions. I went through the consent forms and provided opportunities for questions. They were given the choice of when and where to have the interview and if they needed interpreters. I also discussed the differences between my role as a team manager and a researcher, why I was conducting the research, my independence from the Home Office and confidentiality. I was clear about what was expected of them, who has access to their data, what was in it for them and their rights.

3.10 Ethics – The Arctic fox

Like the Arctic fox's adaptation to its environment, I adapted my ethics based on the context and situation. Although the research was given ethical approval by the Tavistock and Portsmouth NHS Trust (see appendix 1), I recognised that ethical approval was not enough. I believe that ethics is not just procedural but should also

be in practice, especially because of the 'ethically important moments ... the difficult, often subtle and usually unpredictable situations that arise in the practice of doing research' (Guillemin, Gillam and Gillam, 2004, p.262). I found reflexivity a useful tool to manage these situations. For example, stopping the interview to console Elizabeth when she became upset and giving opportunities to withdraw.

The utilitarian ethics of doing something guided the study because it 'will result in some good' (Head, 2020, p.75). I was careful throughout the research that 'no harm was done to the participants in the recruitment, methodology, design and analysis' (The National Commission for the Protection of Human Subjects of Biomedical and Behavioural Research, 1979). I was conscious of the need for care, trust and empathy in researching refugee and asylum-seeking young people. Hence this was at the heart of my research. I found Ellis' (2007) relational ethics useful 'acts from our hearts and minds' (ibid., p.4). I was open and honest about the research. I recognised the 'emotional cost' (Bloor, Fincham and Sampson, 2007, p.25) of researching trauma and took on the duty of care for myself.

I conceptualised 'the researched as participants rather than subjects' (Head 2020, p.81). I learnt to put my 'expertise' position aside and accepted that as researchers we do not know everything and will get things wrong. We also need our participants more than they need us (Head, 2020, p.77). I was conscious that my position and power relations shifted through the research. I was the Manager, Manager/Researcher and Manager/Expert by the end of the research. It was important that staff supporting me with the recruitment and the young people participating in the research were not doing so out of compliance or duty.

Finally, I recognise that a core ethical dilemma in psychosocial research is the decision to share data interpretation. I became more alert to this as I analysed my data. How might the young people react to my data interpretation? What if they disagree? What if I am wrong? How might these affect the data? I found this very complex and could not find a unitary answer. However, I decided not to share the interpretation because, ultimately, my goal is to do no harm.

3.11 Confidentiality

Although five participants have leave to remain in the UK, one was still waiting for a decision. I was conscious of the anxieties that might be aroused in telling their

stories and their doubts about my position with the Home Office. To mitigate against this, I ensured that they were aware of confidentiality within the research and the circumstances where I may need to reveal information. I avoided identifiable details about them and instead used pseudonyms.

3.12 Credibility and reliability

I am conscious that qualitative research is often criticised for lacking scientific rigour and being open to researcher bias (Rolfe, 2006; Sandelowski, 1986). Although debates exist on how qualitative research should be judged, I am more inclined to agree with Lincoln and Guba (1985) and Guba and Lincoln (1994). They argued that merely applying validity and reliability presupposes a single absolute account of social reality. I was drawn to this because it resonates with my critical realism ontology that there are multiple realities and world views. Hence, I adopted the alternative approaches of 'truth value, consistency, neutrality and applicability' (Noble and Smith, 2015, p.34; Lincoln and Guba, 1985).

As an alternative to validity, truth-value recognises that multiple realities exist and personal experiences and beliefs may lead to 'methodological bias' (Noble and Smith 2015, p.34). I came into the research naively about the similarities I had with the young people, especially in terms of race, culture and the immigrant experience. I later realised that within these similarities are differences and these issues are complex. I found completing a reflexive diary, reflexivity, peer interviews, the scrutiny of my research group, my supervisor's support and challenge, and the FANI method useful in enhancing the truth value.

In my group tutorial, I sensed that not everyone was comfortable with my interview's verbatim record because of how my African young people expressed themselves in English. One group member asked me to spellcheck the interviews because 'they were not grammatically correct'. I felt doing so would undermine the young people's voice. For these reasons, I kept their narratives verbatim. Noble and Smith (2015, p.35) argued for 'including rich and thick verbatim descriptions of participants' accounts to support findings'.

Consistency (reliability) is about the 'trustworthiness' of the methods and the researcher maintaining clear and transparent decisions (Noble and Smith, 2015, p.34). It is the clarity, systematic and robust analysis of its data (Guba and Lincoln,

1994). This is evidenced in the systemic and robust trail of my analysis in chapter 4. I found the challenge of my supervisor valuable in drawing me away from my initial premature themes. Though long and painful, by returning to the data, I was able to re-examine and see what was really emerging before me. I acknowledged through the research the complexities of engaging with the participants, especially given my trauma history. I acknowledge that my methodologies and findings are linked to my epistemology, ontology and experiences. I hope that the research's neutrality is evident. Like Lincoln and Guba, I am not seeking generalisability. The alternative they gave for this is 'applicability'. That is, 'consideration is given to whether findings can be applied to other contexts, settings or groups' (Noble and Smith, 2015, p.34).

3.13 Rigour

In addition to the strategies employed above, I also conducted and transcribed all the interviews myself. As a new researcher, I recognise that the debates around rigour make demonstrating rigour more difficult (Rolfe, 2006). However, I position myself closer to Lincoln and Guba, Noble and Smith, as stated above. Where I struggle with them is in the applicability. As a critical realist, I believe in multiple realities. I agree with Sandelowski (1993) that if 'reality is multiple and constructed, then repeatability (applicability) is not an essential (or necessary or sufficient) property of the things themselves' (ibid., p.3).

It is as if in our quasi-militaristic zeal to neutralize bias and defend our projects against threats to validity we are more preoccupied with building fortifications against attack than creating evocative, true to life and meaningful portraits, stories and landscapes of human experience that constitute the best test of rigour in qualitative work (Sandelowski, 1993, p.1).

3.14 'Know thy self' – Researcher interview

The ancient Greek philosopher Socrates called people to know themselves in order to attain wisdom. As a researcher, I felt I had to know myself to understand my participants. As a result, I asked a friend completing her PhD to interview me before I commenced the interviews with my participants. I found this experience useful as it gave me deeper insights into myself and how my participants might respond. It helped me realise that the discrimination I suffered in a workplace was traumatic and

that I had repressed this issue. It also gave an insight into the level of stress the interview situation can generate.

It made me realise that young people may be traumatised but may not be able to name what they are experiencing. I realised that trauma's effect can be long term and can affect individuals mentally and physically. I was surprised about how my narrative was not structured and that I even got the numbers of my siblings wrong. Finally, I found speaking to someone and not being interrupted therapeutic. This prepared me for the interview with my participants and made me open to the possibility that they might display similar behaviour. I feel this use of the self is a core part of the data.

3.15 Insider research

Insider research in this thesis is research undertaken in an organisation, group or community where the researcher is also a member (Trowler, 2011). On an organisational basis, five of the six participants are from my team. Groupwise, I belong to the same race (black African) as all the participants. Belonging to the same race helped me identify with the young people. It can be positive (Tuffour, 2018). However, I agree with Griffith (1998) to exercise caution in claiming an insider position based on race, gender or ethnic history. Although we are the same racially, there are vast differences between the young people and me. There are interracial differences within the black African race. I am Nigerian West African, Hagos and Ermais Eritrean East Africans, Mustapha, Farhan and Ibrahim are Sudanese North Africans and Elizabeth Congolese Central African. Hence my attention in this thesis is about my position as a researcher in the organisation I work.

A key advantage of insider research is that it is 'in a prime position to investigate and make changes to practice situations' (Collins and McNulty, 2020, p.202). However, this position is also a complex and 'problematic' one (Alvesson, 2003). My prior and current work experience with refugee and asylum-seeking care leavers and working in the organisation where the research took place were advantages. This provided me with in-depth access to information and knowledge. Adam (2013, p.4) referred to this as 'insider knowledge'. This is the 'knowledge people have about their own experiences, either through practising or learning experiences' (ibid.). The advantage of this is that it motivated me to continue the research successfully. I was conscious

of the need to be open-minded and not rely solely on my prior experiences and knowledge in my data collection and analysis. I dealt with these through discussions in tutorials, supervisions and reflexive practice.

Being an insider researcher created ethical dilemmas with access to information. My initial naive thought in the planning stage was that reading the participants' case files would give me more understanding of their experiences. However, I learnt from my tutorial supervisor that this might impact the data collected, lead to doubts and affect the trust in my relationship with the participants. Hence, I decided not to read their files or seek information about them from their Personal Advisors.

As an insider researcher, I also had easy access to participants, having been denied this access in all the local authorities I approached as an outsider researcher. I was known to my organisation and met two of the participants prior to undertaking the research. This helped in terms of developing rapport. However, we will see how later in chapter 5, I found that prior relationships with these young people did not necessarily mean that they would be open to me.

I was mindful of the potential for 'implicit coercion of the participants' (Fleming, 2018) that may arise during the recruitment from the power differentials between the participants and me. Fleming recognises that this might be difficult where the researcher is working with potential participants. To mitigate against the implicit coercion, I asked Personal Advisors in my organisation to nominate eligible young people for the interviews.

I feel that the closeness the insider researcher brings to the research is a two-edged sword because the insider researcher is criticised for being 'too close and as a result not attaining the distance and objectivity necessary for valid research' (Brannick and Coghlan, 2007, p.60). According to DeLyser (2001), inside researchers may face difficulties during the research process because of over-familiarity with the research context and participants. DeLyse argued that the over-eagerness of some participants might make it difficult to get the desired responses. I encountered this with Hagos, who wanted to 'help' me, and he became upset when I questioned the need for him to help me.

One of the criticisms of the insider researcher is role entanglement. This is the researcher's involvement in the participant's everyday activities during the data

collection (Adam, 2013). Van Heugten (2004) referred to it as 'over involved'. I realise now that buying Farhan a teddy bear for his newly born son could be considered entanglement. Farhan appreciated the gift and told me he would bring the baby to the office to meet me. In this situation, I positioned myself as a manager and he treated me as such. I found it difficult to remain solely in the researcher role. Although the entanglement was useful in gaining an in-depth understanding of participants, it also created unease in managing the shifts between a researcher and manager.

I feel the entanglement with my participants led to role ambiguity. This is associated with my dual role as a researcher and manager, role duality (Adam, 2013) and the conflicts in conducting this research and helping participants. Before my data collection, I was conscious of the complexities that might arise from managing my roles as Team Manager and researcher. Although I did not know the histories of the young people from my team, my challenge was to help them position me as a researcher, not a manager, and position myself as a researcher solely during the data collection.

At the beginning of the interviews, I told the young people that I was a researcher during the research process. I encouraged them to see me as such instead of a manager. I reminded them of their rights to withdraw from the interview without repercussions on them. I assured them about confidentiality and the protection of their data. The young people told me they understood what I meant. However, in reality this did not stop them from positioning me as a manager, nor me doing the same. I feel this is a complex task. I am conscious that it is difficult to separate from our minds prior relationships when we enter research relationships. Movements within these relationships are fluid.

I found these very complex. For example, after his interview, Farhan asked me for help with his solicitor's fee and Ibrahim asked for help to secure his council flat after my first interview with him. Whilst I was aware of the potential for professional conflicts in these dual roles, sometimes the shifts between the roles are unconscious. I had to stay alert to these. The ambiguity of the role did not end with the researcher/ manager. I was the mother, counsellor and Home Office official for different young people. I found that discussion in supervision/ tutorial and writing a

reflexive diary of my changing positions helped me deal with the complexities of an inside researcher.

Finally, I have charted the many complexities, benefits and potential drawbacks of the insider position. I would argue that I navigated these successfully enough. However, for the insider researcher, there isn't a perfect position. It will always be complex, and each research project will have to navigate its own complexities.

3.16 In search for a perfect fit – Adapted thematic analysis

At the beginning of my analysis, I was unaware that what I was embarking on was a 'formidable task of understanding human reality in its totality' (Clarke and Hogget 2019, p.46). As a new researcher, I learnt from my supervisor the dangers of 'easy answers' (Alexandrov, 2009). They tell us what we already know. Instead, Alexandrov advised researchers to be comfortable with uncertainties and hypothesise long enough 'to give the new knowledge a chance to emerge out of the anxiety of not knowing' (ibid., p.45).

My initial plan for data analysis was to use Nvivo/ MAXQDA. I felt this would hasten my analysis. However, my view changed because I felt mechanical intervention would divert me from the data and conflict with my aim of seeking a deeper understanding of experiences. I agree with Richards and Richards (1994, p. 454) that 'clerical coding delays analysis and prevents researchers from immersing themselves in the data'. I was also not prepared to pay the price of data fragmentation (Hollway and Jefferson 2012). It was vital for me that my data is whole as I believe meaning is found in the whole. To gain a full understanding of my participants, I felt I needed to understand the sums and parts that make them whole. I needed my data to be analysed robustly and systematically. I felt the young people's behaviour could not be interpreted solely on a single observation or phenomenon but needed to include their journeys, culture, context and experience. I felt this was the right decision as the more I immersed myself in the data, the more I understood it and gained new perceptions. I was also keen for a psychoanalytical interpretation of my data, having used FANI to gather it. I agree with Clarke that:

Addressing unconscious forces and motivations adds another level of analysis to sociological research, provides us with a deeper understanding of both

individual experience and the social psychodynamics that operate in the construction of the research environment (Clarke, 2002, p.173).

I chose thematic analysis because of its flexibility, ease of understanding (Braun and Clarke, 2006; King, 2004) and that 'it can highly help to reflect and clarify reality' (Javadi and Zarea 2016, p.34). I was drawn to Cooper's adapted thematic analysis because, again, like FANI, it offered a new and convincing approach for systemic data analysis. It is also embedded in the critical realism epistemology of this research. The rigour of the adapted thematic analysis, revisiting the data repeatedly and applying the theoretical framework helped me arrive at the truthful interpretation of my data.

According to Deetz and Kersten (1983) and Morrow (1994), in order to address the formidable task of understanding human reality in totality, critical research needs to have a hermeneutical understanding of language and meaning, theories of society as a whole and unconscious and cultural relativism (Clarke and Hogget, 2009).

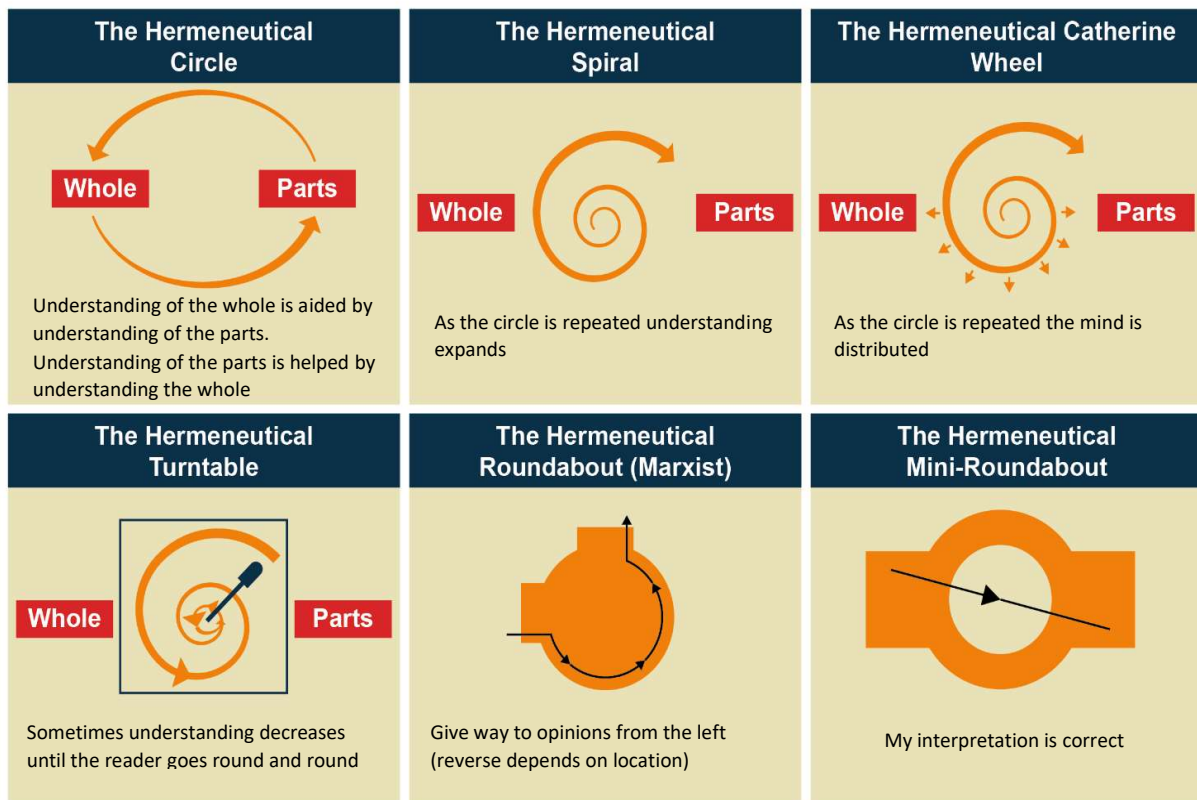


Figure 5 – The Hermeneutics Circle (Theologygrams, 2013)

All my participants had to learn the English language and its cultural context. They were judged on how their semantics and phonetics did not fit the norm. These

judgements consciously and unconsciously positioned them as they carved a new life in the UK. The whole of language can only make sense for them and us when we understand the parts, but this process is not linear. Understanding these issues affects our understanding and interpretations. I found the Hermeneutics Circle useful in explaining this (see Figure 5).

Furthermore, I agree with Cooper (2020a, p.2) that:

Without systematic principles and procedures with which to 'test' the data, we of course, risk just 'finding what we want to find', or what we hoped to find, or what first occurs to us as an interpretation ... and becoming trapped in a 'hermeneutic circle.

I felt I could get beyond the surface interpretation through multilayers of interpretation of the data assisted by psychoanalytic techniques and my critical realism ontology. Hence, I followed the following systematic steps to arrive at the findings:

Step 1. Gather, transcribe and read data

By gathering, transcribing, reading the data and having discussions in my tutorial group and with my supervisor, I began to see preliminary ideas and themes in light of the research questions.

Step 2. Posing the initial questions

The preliminary ideas about what the data was telling me and the research questions were developed into 13 questions (see appendix 7). These questions were posed to data of each of the young people systematically. By structuring the questions in relation to the key areas of the research, I began to see some patterns emerging. The questions were structured as follows:

Questions 1–3: Young people's pre-migration experience and their account of it

Questions 4 and 10: Researcher relationship, the experience of young people and transference

Question 5: Pre-migration and in-country perception of self

Questions 6–9: Trauma and transition into independence

Question 11–12: Psychoanalytic analysis and state of mind

Question 13: Young people's communication of their future

Data generated at this stage was vast but structured. This exercise allowed me to deeply immerse myself in the data and understand each participant's unique issues and those they shared or differed from others.

In order to keep in mind the context of the data, I captured my experiences and observations in a reflective diary immediately after the interviews (Clarke, 2002). With this step, it was exciting to see what Cooper (2020a, p.4) referred to as 'a systematic first order case-based structuring of the data emerging'.

Step 3 – Key questions

At this stage, my task was to systematically reduce the 13 questions into eight key questions and pose them again to each participant.

1. What is known about these young people's history and background?
2. What was the particular nature of each participant's openness and closeness in relation to you in the interview?
3. Intensiveness and nature of anxieties and other strong feelings you were left with.
4. What were the most intense moments of their journey?
5. What kind of figure or inner world person might you have been for them?
6. What kind of support did they find useful?
7. How have they made use of the opportunities and constraints of being in the UK?
8. What was the most difficult but unspoken aspect of their journey?

These questions were useful in building an understanding of the participants, their differences and their similarities. A summary was completed on each participant based on the eight questions and the extensive data generated in response to what the data told us.

Step 4 – Digging deeper into the participant's mindset: transference and countertransference dynamics

As the initial and key questions posed to each young person were completed and patterns began to emerge, a deeper understanding was needed. In order to have psychodynamic insight into the participants, it was vital that I understood their

mindsets, saw beyond the surface and heard what was not spoken. The attention here is about gaining a deeper psychoanalytic understanding of the participants, my mindset and the transference and countertransference dynamics. What we might learn from the information gathered, their inner worlds, the transference and countertransference interplay? What might we learn about their resilience, strength, vulnerabilities and the researcher's trauma history? What are the relational complexities of working with the young people? How might these help to improve practice?

It was essential for me to describe and distinguish emotions that were mine and those evoked in me by the participants. I found my tutorial group, supervision and understanding of projective identification and transference useful in helping me own my feelings. 'Projective identification is an unconscious phantasy in which aspects of the self or an internal object are split off and attributed to an external object' (The Melanie Klein Trust, 2021, para.1). 'It is a communication, defence and creative expression' (Waska, 1999, p.155). Projective identification was useful in understanding the participants' fluid and sometimes contradictory positions to me. Sometimes I felt the anguish of my participants just by being close to them. These powerful feelings often drove me into the 'rescue mode' towards them. This state of mind when we experience other people's feelings as our own is called countertransference. Gemignani (2011, p.701) argued that:

When researching topics that are sensitive and involve core dimensions of the researcher's identities and subjectivities, the process of inquiry is likely to generate significant emotions, attachments, and reactions that transgress traditional forms of data and research position.

He compared this 'relational aspect of the research with psychotherapists' experience of reacting to their client's concerns and narrations' (ibid.). Paying attention to my emotional reactions aided a deeper understanding of myself and the young people. It contributed to the richness of my data and aided my reflectivity.

Cooper (2018) emphasised the use of self in relationship-based and therapeutic social work. I feel the same can be said for social research. He drew attention to the emotional transactions that are constantly occurring between practitioners and others 'whether we choose to recognize them or not' (ibid., p.109). Cooper argued

that understanding and tracking these emotional dynamics in our work 'deepens our practice, improves our performance, effectiveness and decision making, and helps protect us from the sometimes psychologically damaging impact of the work we do' (ibid.).

I agree with Gemignani that countertransference can open researchers up to vulnerabilities and the need to account for the presence of their trauma history and identities. His work with refugees taught me that by distancing oneself from the painful materials they present, 'we contribute to the emotional isolation and incommunicability experienced by trauma survivors' (Gemignani, 2011, p.701). According to Waska (1999), countertransference responses to projective identification can be intense. In situations like these, the unbearable projections of the participants are returned to them. Cooper (2018) called our attention to the companionship between countertransference and transference.

'Transference is a process of displacing or transferring thoughts and feelings originally directed toward significant others from childhood onto a person currently present in the individual's life' (Goldstein and Goldberg, 2006, p.37). According to Freud, internal childhood experiences and internal conflict can help explain adult behaviour and personality (Ewen, 2014). Psychoanalysis uses transference to recognise and address these conflicts. Cooper (2018) argued that professionals need to be emotionally available to receive the defence manifestations that may be thrust at them. There is a further discussion of this and countertransference in chapter 5 (findings and discussions).

Although I was emotionally available to my participants, I was unprepared for the onslaught of emotional upheaval it brought and the closeness to my realities. My familiarity with reading tragic stories as a social work manager did not prepare me for the personal encounter of hearing tragic stories told directly by those affected by them. I agree with Gemignani that 'if embraced and addressed, the researcher's emotional reactions can be an important source of reflexivity and data as well as creativity, motivation and engagement' (Gemignani, 2011, p.701). Devereux argued that neglecting the researcher's emotional response would lead to gathering irrelevant more segmental, peripheral, trivial data' (Devereux, 1967, p.19).

This stage was concluded by generating the participants' profiles (Hollway and Jefferson, 2012) from data generated from stages 2 to 4 (see chapter 4 for the profiles). It was vital for me to have an in-depth understanding of each of the six cases before analysing the findings for the whole study.

Step 5 – Cross-case analysis

Having completed the participants' profiles, I needed a method to help with the comparison of similarities and differences between the cases. Cross-case analysis facilitates the examination of these similarities, differences and themes across cases (Mathison, 2005). I was also mindful of premature conclusions and relying on patterns alone: 'quantitative solution to what is a qualitative methodological problem' Cooper (2020a, p.14). I was keen for the 'higher-level thinking and new discovery' (ibid.).

My cross-case analysis involved a multitude of methods to strengthen the analysis. These included my own method of generating tables, my psychoanalytic instinct, Cooper's adapted thematic analysis and Stake's adapted multi-case method (Stake, 2006). Although there are several cross-case analysis approaches and techniques (Khan and Van Wynsberghe, 2008), I chose Stake because it is valuable in arriving at a deeper, structured and systemic data analysis. It pays attention to the situation of the cases 'which can be obscured by mere comparison' (Barela 2006, p.507). It illuminates the similarities, differences and uniqueness of cases.

Furthermore, Stake's multi-case analysis ties in with the other cross-case analysis methods because they are all valuable for understanding the context and complexities of a small sample of cases. They are useful for studying illuminating similarities and differences between cases. Together, they help with an in-depth understanding of the phenomena and their complexities.

Cross-case analysis sparked my imagination, brought new insights about the participants and prompted new directions for analysing and understanding them. It helped with meaning-making and untangling some of the complexities around my initial questions of why certain young people with similarities had different outcomes. I reevaluated my previous hypothesis and gained deeper insight into multifinality and equifinality theories and the young people's outcomes. This is discussed in detail in chapter 5. Cross-case analysis helped me understand the relationships between the

cases, such as the link between their vulnerability and social isolation. I gained a deeper understanding of my participants by not only concentrating on patterns but also the psychoanalytic analysis of the self and others, the observable and non-observable forces impacting the young people. Overall, these were valuable in crystallising my findings.

3.17 Conclusion

We have seen in this chapter the methodology of the research and how it relates to the research questions and aims, the interrelationship between the methodology, my ontology, epistemology and methods. Also, the impact of the psychoanalytic processes and how they might impact the research interpretation and relationships. The road to 'living', breathing, dreaming and soaking myself in the data was long. However, it enabled me to gain 'deeper thinking and reflection' (Houghton and Houghton, 2018, p.3522) and conclude that my research is not of science and laboratory but of hearts and souls. The next chapter takes us to the data drawn from the study.

CHAPTER 4 – DATA

4.1 Introduction

This chapter follows up from chapter 3 methodology and takes us through the data generation and the data analysis processes. The data is presented as it was to purify it and give voice to the participants. The chapter starts with the participants' profiles. It gives an exposition of both conscious and unconscious processes of the researcher and participants. It draws attention to data on the resilience, strength, vulnerabilities and isolation of the young people. The participants' and researcher's diaries are presented in appendix 6 as an essential part of the data. The five steps of adapted thematic analysis are discussed in chapter 3. The analysis is inductive because I am exploring a new area of research for which a deductive approach would have been unsuitable.

4.2 Participants' profiles

The profiles were drawn from data from steps 2–4 of the adapted systemic thematic analysis. The profile aims to help 'the person come alive for a reader ... provide enough information against which subsequent interpretations could be assessed' (Hollway and Jefferson 2000, p.70).

4.2.1 Hagos

Basic demography

Hagos is a 20-year-old male from Eritrea in the leaving care team I manage. He is the oldest of six children. He lived in a village with his family and described his family as a happy one. His father is a soldier and he last saw him when he was 14 years old. Hagos had elementary education till grade 8. He also looked after his family's farm. There were indications of poverty in his family. Hagos left Eritrea at the age of 15 due to political upheaval and 'no hope of a future'. He felt responsible for supporting his family financially but was too young to leave home. I chose the name Hagos (meaning 'joy' in the Eritrean language, Tigrinia) to reflect my perception of him before the interview. Hagos was granted asylum and has indefinite leave to remain in the UK. He is currently in college and lives in his local authority flat.

What was the particular nature of each participant's openness and closeness in relation to you in the interview?

I interviewed Hagos first because he was eager to tell his story. We had a good rapport and I met him on several occasions before the interview. I perceived him to be doing well. Hagos introduced himself with his full name at the beginning of the first interview, even though I just reminded him about confidentiality. He reminded me twice after the interviews that 'I have to tell this again when my English is better'. I experienced Hagos as open but pained. He openly communicated his disenchantment and desire to return to Eritrea. I felt his vulnerabilities battling these conflicting emotions. I related to this in light of my disillusionment and a conflicting longing for my homeland.

Intensiveness and nature of anxieties and other strong feelings you were left with

I knew Hagos to be a cheerful, easy-going young person and this drew me to him. I was eager and excited to hear his story but dreaded using the FANI method for the first time. Hence, I asked questions in tutorials, spoke to other students who had used FANI, my supervisor, and even had someone interview me. I was also anxious about the dictaphone going wrong and re-traumatising my participants. I felt sad and upset hearing his story. I felt restricted in my role as a FANI researcher with how much I could say and do to help him. I felt he might have interpreted my silence during his interviews as not believing or understanding how difficult his journey was. I felt guilty and troubled when he said:

I know you feel that it's easy, but in that time, it's really hard.... It's true.

I felt protective towards him and annoyed when he was referred to as a 'puppy seeking to please' in one of my group tutorials. I vividly imagined some of his experiences. These reawakened flashbacks of my trauma where armed robbers put a gun to my head while visiting my homeland. I had my baby in my arms and my seven-year-old niece clung to my side. It also brought back painful memories of the kidnap of 276 schoolgirls in my homeland, especially Leah Sharibu, who remains in captivity for refusing to denounce her faith. She was 14 years old at the time. It also brought to mind the persecution of fellow Christians. At the end of the interviews, I felt a sense of injustice and anger, especially for the girls raped on his journey.

What were the most intense moments of their journey?

Hagos witnessed girls raped in Libya and found this extremely distressing.

You see young kids they get raped by like 30/40-years-old man ... Why, why?

Also, his close friend drowned in the Mediterranean Sea and he nearly drowned twice himself. Hagos found his journey in the blazing sun of the Sahara Desert excruciating, he witnessed people fall to their death, or being killed or left behind. He experienced forced labour. Hagos is a Christian but escaped from the killing and forcing Christians to denounce their faith. He was homeless, hungry, cold and destitute in Italy, France and Calais.

What kind of figure or inner world person might you have been for him?

I felt the way Hagos positioned me differed and shifted through the interviews. It seemed to range from the unbelieving Home Office to the helpful Manager, Therapist and the unknown other. I wonder if also a mother. I felt he also positioned me as privileged even though I told him that I am an immigrant like him. At the end of the interviews, Hagos was happy and appreciative of my time to hear his story.

What kind of support did they find useful?

Hagos found his key worker helpful in orientating him and developing his independent living skills. His college tutor helped build his confidence and the leaving care team provided him with accommodation, finance, job search help, guidance and social activities. Although he was not placed in foster care, Hagos feels that refugee and asylum-seeking young people are better off in foster care. He feels they will be less likely to engage in anti-social behaviour in this family environment. Overall, he feels the most important thing is to 'be true to yourself, not to lie to yourself'.

How have they made use of the opportunities and constraints of being in the UK?

Hagos planned to start working upon arrival in the UK but found that he needed language and education. He feels that he let himself down by not staying focused on his education. 'I make a plan, but I don't do it. Still, I'm lying, but I want to stop.' He changed his course to a more practical one due to initial language difficulties. He misses his family and feels isolated and lonely in his flat. He takes up social activities

wherever possible and attends church. He is displeased with what he considers to be the 'British culture' of some of his peers, such as lack of respect for elders. He longs to return to Eritrea. He is pained that this may not be possible.

What was the most difficult but unspoken aspect of their journey?

Hagos talked about people coming to him in his dreams but did not say anything more about this.

Still, people, they try to come to you. Even one of my best friends we used to grow together he died like three months ago on the sea... sank there.

I wonder if 'these people' are ghosts of the dead.

My experience of Hagos

I pay attention here to my experience to give further insight into the conscious and unconscious processes and the dynamics going on between us. Hagos presents an outward facade of a happy, affable, available, sociable young person. However, I feel that the real him is a very lonely, hurting, disappointed, traumatised young man. He represses his emotions. Hagos projected deep sorrow, especially around his absent family. 'I suppose to be with my family.' I questioned the ethics of interpreting participants unconscious without informing them. It felt like deceit and the improper use of power.

I experienced his narrative as the most horrific of all the interviews. I felt responsible for containing him and felt immediate sadness from the beginning. His constant 'it's really hard, innit?' felt like strong projections of his emotions on me. While rereading the data, I realised that my emotions did slip out in the number of 'wow' and 'ahhs' that I said during the interviews. The reverberation of his 'why?, why?' had resonance with my own 'why' for my homeland and my trauma. I felt re-traumatised and somehow silly, weak and annoyed at myself for being distressed by an ordeal many years after it happened. I realised that I was unprepared for the emotional turmoil and self-revelation that researching trauma could bring. Like Hagos, I found discussing the ordeal with a trusted other, my supervisor, helpful.

This experience was powerful for learning about the intersubjectiveness of anxieties and how they come into play between people. It also affirmed the vulnerabilities and defended nature of the researcher and participants. Practitioners need to be aware

that certain objects and actions may bring back distressing memories to these young people and themselves. Furthermore, the projection and introjection of anxieties may result in splitting and further complicate the understanding of the whole person (Hollway and Jefferson, 2001).

Although Hagos was conflicted about how he wanted the interview recorded, I realised that care must be taken in judging these young people by behaviours like this. This is especially in light of issues they might have around trust, confidentiality and vulnerabilities as individuals who have suffered multiple trauma. Understanding and building relationships with these young people is a sensitive and complex matter. I was conscious of the power relations between us. When I asked him what he meant by 'I want to help you. I'm free to tell my story', Hagos seemed to take this to mean that I did not believe him. I felt guilty that he thought of me in this way but also confused. I wondered if his wish to help me was because of my position as a Team Manager or if he had positioned me as someone else in his life and he just wanted to help me. I did not want help out of obligation.

I naively thought my prior good relationship with him would place me in a good position with him. I learnt from this experience the complexity of interpretations that can arise and the sensitivity around disbelief of asylum stories and how these can complicate relationships.

A preliminary assessment of Hagos's strengths and vulnerabilities indicated that he is one of the most vulnerable of the participants despite his leave to remain in the country, stable accommodation and using professional support. Although functioning well in other areas, his vulnerabilities are numerous and include absent family, social isolation, regrets coming to the UK, cultural challenges, financial difficulties, pre-migratory and migratory trauma, ongoing in-country trauma and lack of emotional support.

Finally, although Hollway and Jefferson (2001) advised that data is interpreted after gathering it, I found this difficult. I also felt the interpretation of expressions, nuances, stammers were open to different cultural and contextual interpretations. Hagos stammered a lot during the interviews, but I was unsure whether he has a stammer naturally or whether they were signs of hesitation, as Hollway and Jefferson indicated. I felt I did not know him well enough to make these judgements. However,

I felt that other body languages, such as shaking his legs, were unconscious outward displays of his anxieties.

4.2.2 Ermias

Basic demography

Ermias is 20 years old and from Eritrea. Like Hagos, he lived in a village with his family before coming to the UK. Little is known about his family apart from the fact that he misses them. He was a shepherd and attended school before leaving Eritrea. He left Eritrea at 16 because of a repressive government. Like Hagos, he felt there was no future for him in Eritrea and his only options were to be conscripted into the army or be a teacher. He hinted that he also fled because of fear of persecution for his sexuality but skirted around this subject. Similar to Hagos, Ermias was granted asylum and has indefinite leave to remain in the UK. He is an undergraduate and lives in a local authority flat.

What was the particular nature of each participant's openness and closeness in relation to you in the interview?

Ermias is a care leaver in my team. I met him in the office and events for young people several times before our interviews. Ermias presents as quiet, shy and effeminate, but I felt that he was open and comfortable with me. I felt sad but privileged when he told me that the amount he had spoken to others in the year added up was less than the time he spoke to me. I felt his spoken English sometimes constrained him. On closer analysis, I perceived that Ermias was closed and evasive. He was very clever in how he did this. I felt that he repressed his emotions and presented an outward appearance of happiness. He later confirmed this when he told me:

I hide my emotions. I cry when I am in my house. Even though I'm stressing, I don't show my emotions unless I'm alone.

Ermias's narrative is filled with unfinished sentences and 'errr' when I feel he is about to reveal something. He reveals bits of himself and, almost like a hide-and-seek game, withdraws before popping out again, somehow in a playful manner. I feel this is a defence mechanism.

Intensiveness and nature of anxieties and other strong feelings you were left with

I was disquieted about his loneliness. This was because of his hatred of his voice, shyness to speak to girls and his plan not to speak to anyone for the rest of his life. Ermias lamented about his 'low social skills' and called it 'critical!'. When he spoke of his experience of witnessing girls raped in Libya, it reawakened my gun in the head ordeal. This experience ignited anger in me for the men who abuse women instead of protecting them and a passion for women empowerment.

What kind of figure or inner world person might you have been for him?

Like Hagos, I feel I was positioned fluidly by Ermias. I was a figure of authority, care, but also pain. I was the authoritative manager and caring mother. When he came for the second interview, he said this was his second home. Ermias seemed annoyed with me for repeating his sentences a 'hundred times', which was most frustrating for him. It appeared that my attempt to follow the order of his narrative in line with the FANI methodology rebounded. I feel here I may have become the Persecutor and Torturer. My punishment was the guilt that he projected on me. I may have also become the older person, patient and attentive to him.

What were the most intense moments of their journey?

Ermias initially described his migratory story as 'nothing' but later said it was 'horrible', hence conflicting. He found his migratory experience especially crossing the Mediterranean Sea, Sahara Desert and witnessing the prevalent rape of girls, most distressing. He recalled witnessing a girl taken away and raped at gunpoint. Ermias described this experience as 'most horrifying'. I wonder if Ermias was raped himself.

How have they made use of the opportunities and constraints of being in the UK?

Ermias's expectation before coming to the UK is that it would be 'heaven'. He was ready to die to get there. However, he was disappointed to find that it is 'just like other' European countries he passed through to get to the UK. He regrets coming to the UK, misses home and is lonely. Ermias said the main problem is that he does not like it here (UK). Like Hagos, Ermias is distressed that he cannot return to Eritrea but has resigned himself to his new reality in the UK. He numbs his pain by fantasising

that his country is next door. *'I regret coming... a lot. You can go back, but it's hard'*. Ermias is highly ambitious and focused. He pursues his education diligently and plans his day tightly around education, so no moment is wasted.

What was the most difficult but unspoken aspect of their journey?

Ermias finds life without his family very difficult but says little about them. He hinted about 'torture' but did not say any more about it. He prefers to speak to older people and will only engage in conversations if it is about education. He was not clear why. Ermias skirted around his sexuality and how others perceive him to be effeminate. I felt he was indirectly seeking my views. I wonder if this is the main reason he left Eritrea, as homosexuality is illegal there. Ermias lamented that he would be better off if he were at home (Eritrea) than now. He did not say anything about what he means by being 'better off than now'. I wonder whether this is having a community, family and not being lonely, but I do not know.

What kind of support did they find useful?

Ermias found pathway planning useful in achieving his goals and dealing with his trauma. He used motivation videos to keep himself motivated. He likened education to a piece of gold. This is discussed in detail later in this chapter. Ermias believes in doing something beneficial for himself, that is, good time management and studying hard. He believes that change lies with the individual.

My experience of Ermias

My attention here is how I experienced Ermias. The first thing that comes to mind is complicated and conflicted. It was sometimes challenging to keep up with his confused and disorganised thought pattern. He admits that people perceive him as complicated but seems to enjoy this view of himself. He listens to 'Europeans and Americans' on YouTube to relieve stress but shuns the African ones. Ermias wishes he had been born in the UK because that would make him become 'someone' and he would not be stressed. He feels he would have a different mentality. This conflicts with his desire to leave the UK. He finds it 'tough' not being in Eritrea but seems to struggle that his sexuality would not be accepted if he returns there. His attempts to negotiate his identities seem painful as he is torn between two worlds where he does not feel accepted.

Ermias is confronted with racism externally and is unconsciously trapped in internal racism. His constructed identities of himself and the socially constructed 'other' conflict with his desires. Like Hagos, and Elizabeth whom we shall meet later, he is highly vulnerable. His vulnerabilities are around relationships and trauma (absent family, social isolation, wanting to return home, lack of emotional support, and pre-migratory and resettlement trauma). However, he is functioning well in other areas. His strengths include his leave to remain in the UK, education, English language, employment and training opportunities, independent living, professional support, and self-motivation.

I had an image of being in a game with Ermias as a playful puppy, but I was not aware I was in the game. It also felt like he was hiding his true feelings and this was a defence mechanism. He used emotionally powerful words like 'stress still strikes me a lot!' These conjured strong images of sadness, aroused empathy in me and a drive to rescue him from stress. Ermias projected sadness, especially around his isolation and homesickness.

During the interviews, there was participative countertransference as Ermias's story aroused memories of my experience as a teenage immigrant in the UK. It helped me put his story into perspective and empathise with him. His intensely serious attitude to education reminded me of myself aged 10–15 and endeared me to him.

I was curious about how he viewed his sexuality and why he preferred to speak to older people. I felt he was repressing his feelings. I wondered what else he might be repressing. At times I struggled to understand what he was saying and took great care to listen. I feel it is vital for practitioners to listen and avoid another barrier in the relationship with these young people. When necessary, interpreters should be used with the young person's permission and linguistic relevance, although Ermias felt it was unnecessary.

I struggled to remain entirely in my FANI researcher role and interjected his narrative. I realised this was in my haste to get over the pain of listening to another rape narrative. On reflection, I realise that we were both defensive. I was keen to contain myself and I thought the longer I lingered in the 'softer' narrative, the longer drawn out the pain. My anxieties were wrapped in my haste which was a defence mechanism.

W – *He raped her.*

E – *This is almost on every journey.*

W – *It happens on every journey.*

E – *Yeah! It's terrible!! (raises voice in anger). How?*

On reflection, I agree that practitioners need to be therapeutically minded listeners who can contain their anxieties, 'understand the language of silence and respond well to the spoken and unspoken words' (Kohli, 2006, p.720). I acknowledge that this can be a challenge when the young people are conflicted and complicated.

4.2.3 Farhan

Basic demography

Farhan is a 22-year-old Sudanese young man and a care leaver in my team. He arrived in the UK at the age of 17. He started his narrative from Italy. Nothing is known about his journey from Sudan to Italy. Little is also known about his family apart from the fact that he misses them and 'his father taught him lots of things'. Farhan went to an Islamic school where he studied the Prophet Hadib (prophet Talk) and read the Quran. He left Sudan, where he felt he had no future, to look for a better life. His background is similar to Ermias's and Hagos's, even though they are from different countries. They were all faced with oppressive governments, poverty, recovery from wars; they all had a colonial past and little or no formal education. Unlike the other participants, Farhan is married and had a newborn baby at the time of the interviews. I chose the name Farhan (a Muslim Arabic name meaning happy) to reflect how I perceived him at the beginning of our interviews. Farhan was also granted asylum, has indefinite leave to remain in the UK and is currently studying at university.

What was the particular nature of each participant's openness and closeness in relation to you in the interview?

I met him for the first time in our first interview. I felt that Farhan was closed and evasive but presented a persona of openness disguised by his smiles, laughter and calmness. I was drawn to his calmness and projections of responsibility and 'goodness'. These became a distraction for me from seeing his closeness. There was a quiet defiance and fierce resolution about him. There were indications that he

repressed his feelings. I did not pick these up until after reading the data several times. He confirmed this when he said, 'Even if I feel bad, I don't show it'.

What were the most intense moments of their journey?

Farhan experienced racism from the Italian Police. He was beaten and called 'monkey' along with a Ghanaian asylum seeker for not having a train ticket. Although deeply hurt by this, Farhan did not let it get to him. He felt lonely, had no family support, was destitute and depended on handouts in Italy. Somehow, I minimised his '-15 degree' freezing weather and destitution experience as one of the hardest things on his journey compared to the horror studies of other participants. However, this experience gave me a different insight into trauma and the divergences within it.

What was the most difficult but unspoken aspect of their journey?

Farhan was evasive about his family even when asked direct questions about them. When asked about what he meant by getting a better life, he hinted that it was about the 'whole situation' that he had been through but did not say anything about that.

How have they made use of the opportunities and constraints of being in the UK?

Farhan did not have intentions for education when he came to the UK. He planned to 'better himself'. However, he found that he needed to communicate in English and engage in education to achieve his goals. He made use of advice and support from his key workers and social workers. For him, it is essential to know what you want. He is ambitious and started his education from what he calls 'zero' basic alphabets. Farhan prides himself in the fact that he is 'not less than other people'. He is proud that he achieved his plans of starting university within four years of arriving in the UK and being married.

Farhan has a positive and thankful attitude. He believes that nothing bad will happen to him that God has not 'written' for him. He is reflective, serene, has a sense of purpose and seems unperturbed.

I'm still alive. I still have eyes I can see. I'm not disabled. I'm better than many people still. So that's the way I always push myself in hard situations'.

He was shocked by what he called the 'weed-taking' culture and UK youths' 'lack of respect for elders and having children here and there'. Farhan believes the secret to life is to knowing who you are and listening to elders.

Intensiveness and nature of anxieties and other strong feelings you were left with.

I was surprised that Farhan was married and had a baby just two days before our first interview. I assumed he was Ethiopian or Eritrean and was surprised that he is Sudanese because of his light skin, showing my naivety. There was a strong projection of Islam and how this guides his life through the interviews (respect for elders, doing good, marriage before children, no alcohol or drugs). In a flash moment, he resembled a Fulani man. This stirred up emotions about the Yoruba and Fulani conflicts and my people, the Christian Yoruba, slaughtered in Northern Nigeria.

At the end of the first interview, I was impressed by how pleasant, respectful and focused he seemed. However, at the end of the second interview, I was disappointed when he asked me for help with his solicitor's fees. I wondered if this was what was in it for him for this interview. I felt that he was unconsciously preoccupied with himself. I learnt that practitioners need to be aware of the unconscious dynamics between them and these young people. What we perceive initially may not always be what it actually is.

What kind of figure or inner world person might you have been for him?

I felt Farhan positioned me as the older person, mother, manager and social services.

Social services are like my parents in this country. God first and then social services. So that's the main reason I'm here right now next to you. I own them. They own me a lot (laughs).

I felt he was desperate to show what a good child he is and felt obliged to attend the interviews. I felt he contradicted himself about listening to elders when he said, 'believe in yourself and you not listen to any other people'.

What kind of support did they find useful?

Farhan found the support and advice from social services useful. 'Those people they done a lot for me whilst I was nothing'. He feels social services have done too much for him and there is nothing more they could do for him. Farhan values education and feels this is the only option he has to better himself.

My experience of Farhan

Having provided a profile of Farhan, I now discuss my experience of him. Like Ermias, my experience of Farhan is of contradictions. Some of the contradictions were from my invalid preconceptions. However, as the interview progressed, I began to doubt Farhan. I questioned the possibility of starting university education within four years with no prior formal education or understanding of the English language. I wondered why he avoided speaking about his journey before Italy. I later realised that this might be painful for him. I wondered if he was telling 'thin' stories (Kohli, 2006) to protect himself. Although Farhan has indefinite leave to remain in the UK, I felt he might have experienced psychological distress from Home Office interviews which have impacted his behaviour (Schock *et al.*, 2015).

I doubted him when he said he would not be annoyed if his lecturer beat him for not submitting his assignment. I discussed my doubts with my supervisor and found that having these many doubts was unhelpful to the relationship with Farhan and that researchers cannot always have the 'right' answer to every issue. I agree with Parton and O'Byrne that practitioners need to work 'with ambiguity, uncertainty and complexity' (Parton and O'Byrne, 2000, p.45) and help people 're-story their situation' (Kohli, 2006, p.712). In so doing, they help reconstruct lives. Practitioners should help these young people tell their stories with all their complexities irrespective of shame, guilt, extreme emotions, fear, rage and pleasure (Melzak, 1995, p.112).

Farhan is unlike shy Ermias. Farhan presented as confident and believes in himself, 'I can be like them'. He believes the way to 'become someone' is to 'study and live by the Prophet's story'. He does not let the challenges he encounters bring him down. He strengthens himself with the belief that anything that happens to him, God allows. I felt endeared to him in many ways, including our shared values about respecting elders and education. A preliminary assessment of his strength and vulnerabilities showed that he scored highest among the participants in strength. He

is, however, vulnerable around cultural challenges, pre-migratory and migratory trauma. It would have been easy to say that he is resilient in the loose sense of the word, but I feel resilience is complex and I will be discussing this further in this chapter.

4.2.4 Abbas

Basic demography

Abbas is also a care leaver in the leaving care team that I manage. He is 22 years old. He is from Sudan. Abbas fled for survival and a 'better life'. He started his narrative from Italy. Abbas left Sudan at the age of 16. He misses his family and described them as 'peace, the closest people on earth'. Abbas had no education before coming to the UK. He shares a background of poverty, no future in his country, oppressive government, war, limited education and separation from his parents with the other participants. Unlike Hagos, Ermias and Ibrahim, Abbas has an older brother in the UK (see cross-case analysis 4.4). Although the brother has mental health difficulties, he is a protective factor from what Abbas said would have been his mental health breakdown. I chose Abbas's name (an Arabic name meaning 'lion', 'stern') to reflect how I perceived him during my interviews. Abbas was granted indefinite leave to remain in the UK. He is currently at university and returns to his foster carers over the holidays.

What was the particular nature of each participant's openness and closure in relation to you in the interview?

I met Abbas for the first time at our first interview. My first impression of him was that he was serious and closed. He seemed snappy, irritable, hurried and defensive. On reflection and rereading the data, I was surprised to see that he was open and 'emotionally alive' (Ogden, 1999). Abbas was sincere in expressing his difficulty talking about his family and depression, using phrases like 'it's 'hard!' 30 times, 'it's difficult!' 21 times and 'it's tough/really tough!' 11 times in the first interview alone. Abbas recognised his emotional limits and agreed to stop talking about his family when he found it too painful.

What were the most intense moments of their journey?

Abbas described his experience in Italy as 'horror!' 'A journey where you know nothing ... where you are going, who is leading you.' He lamented about the

absence of his parents to guide him. He was at the mercy of smugglers for directions and guidance who told him to do what was 'against society'. Abbas was too scared to ask them questions. He was destitute, slept on the streets in Italy and lived an 'invisible' life. He hid from the police, not knowing why he was hiding and where he was running to.

What was the most difficult but unspoken aspect of their journey?

I initially felt that Abbas was evasive about his family and his migration from Sudan to Italy. I later realised that it was very painful for him to talk about his family. I now feel that he did not speak about his journey from Sudan to Italy because I directed the course of the interview after he dried up within five minutes of the interview. It was difficult to keep the interviews participant-led as FANI required for this reason.

How have they made use of the opportunities and constraints of being in the UK?

Abbas found the culture, language and systems of the UK alien to him. He felt lonely and isolated, stressed and bored in his Pakistani foster family due to a lack of emotional support, knowledge of his area, sense of belonging and communication difficulties (they speak Urdu). Abbas suffered from sleepless nights, stress and depression because of these. He called his experience of making his first friend 'breathing now'. He felt he was 'nothing' and 'invisible'. He felt like 'heaven' when he finally established contact with his older brother three weeks after his arrival. He lived with him for three months. Abbas made use of support from his brother to orientate himself and for emotional support. He was self-motivated, focused and diverted his attention to learning English and educating himself. Abbas is now at university and a confident, independent young man.

Intensiveness and nature of anxieties and other strong feelings you were left with?

This was the most difficult interview because of the strong projections and transference, his irritation, haste, fatigue and my prolonged attempts to arrange the interviews with him. I was anxious that he might end the second interview prematurely as he was emotional. I was taken aback by his snappiness and his personal questions when I asked him about staying overnight with friends. I was surprised that there was a softer side to him when he became tearful during the

second interview. I felt sad at the depth of loss he expressed from separation from his family. I felt I needed to ease his pain. During our debriefing, I spoke to him about repressed feelings and offered to refer him to our Primary Mental Health Worker, but he declined. Abbas explained to me that it was difficult because he misses family. At the end of the first interview, he said he felt light for speaking to me because he had never spoken to anyone about his experience before. I was relieved to hear this. I was worn out and disappointed that the second interview only lasted 18 minutes.

What kind of figure or inner world person might you have been for him?

I imagine Abbas to be an unwilling dance partner: sluggish and with no sympathy between us, our steps clash. I perceive our dancing shoes as the 'third analytic participant' (Ogden, 1999). My shoes are older; his newer on the surface but have a gaping hole in the soles. He snaps at me for noticing his 'limp' but later agreed to my request to help. I fantasise that I am the farmer of a beautiful field where Abbas is a tree. He rebels and sheds his leaves in protest as I dig to move him to a more fertile site of the field.

I feel Abbas may have positioned me initially as an intruder. Perhaps later, as a mother, who should be able to contain his unwanted parts, listen to him, look out for him when he was sick and comfort him.

What kind of support did they find useful?

Abbas appreciated the food, shelter and direction from his foster family but felt this was not enough. He felt they did not provide him with emotional support and he would have benefited from this. Abbas felt that being in an environment with people from the same background and his brother was the only reason he survived his trauma on arrival. He finds advice and motivation from his social worker and college good because it motivates him. He called education the 'bottom line ... 'cos if you're willing to study you going to get something out of it'.

My experience of Abbas

I experienced Abbas as the most challenging to interview. He oscillated between angry and tearful to grateful and calm. There was a strong transference between us. My countertransference could have been displayed in my unease with his behaviour. Abbas left me with the most confusing set of feelings. I positioned him as difficult and complicated. His attitude at the end of the interview was very different. He

acknowledged that it was difficult for him to talk about his experience but grateful for the opportunity. He was shocked and thankful for the gift voucher.

An assessment of his vulnerabilities and strength revealed that Abbas and Farhan are the strongest of all the young people. This is in terms of immigration status, education, English language, family and relationship, mental health, employment and training opportunities, independent living skills, support from professionals, community network, confidence and self-belief, motivation to succeed and self-determination. On the surface, Abbas appeared to be doing very well. However, the assessment revealed that he was found to be vulnerable with regard to his absent migratory and pre-migratory trauma and cultural challenges. I feel that Abbas's refusal of help with his pre-migratory and migratory trauma might be culturally based. This is especially in relation to the construction of mental health in the African continent.

However, my relationship with him also revealed what appeared to be my unconscious bias in favour of counselling and therapeutic support for mental health and how this belief might have influenced how I felt my trauma should be dealt with. Finally, although it was good to hear that Abbas felt lighter at the end of the interview, I felt that relationship-based work with him would be very sensitive and complex. Practitioners need to be self-contained, adequately trained and resourced to work with young people like Abbas.

4.2.5 Elizabeth

Basic demography

Elizabeth is from Congo, the only female and the oldest of the participants at 25. She lived with her family until the age of 15 before coming to the UK. Elizabeth fled Congo after returning home one day from school and finding her home destroyed. Her brother's friend helped reunite her with her brother in the UK. He is much older than her. Elizabeth described her family as 'happy and unhappy'. It appears the unhappiness is linked to poverty and having to drop out of school. She shares similarities with the others in terms of her country's political and economic situation and poverty. However, she is the only one of the participants who has not been granted leave to remain in the UK. Elizabeth is bitter about this and is currently awaiting the outcome of her appeal following the Home Office refusal. She has been

waiting for ten years. Later in Chapter 5 (findings and discussion), we will see how these differences and similarities impact their trajectory into adulthood and dealing with their trauma.

What was the particular nature of each participant's openness and closure in relation to you in the interview?

There was no relationship between Elizabeth and me before the interviews. She was recruited through a community organisation supporting asylum seekers. Elizabeth was open during the interview about her history of depression and suicidal ideation. I was alarmed by this as this was not disclosed to me before the interviews. She, however, refused my attempts to end the interview. Elizabeth warned me that her story was very sad and immediately started talking about her trauma from the beginning of the interview. I felt she was open and emotionally available.

Elizabeth was intentionally closed about her pre-migratory and migratory story. At the beginning of the interview, she warned me that she would not talk about these because she was still waiting for the Home Office decision about her appeal. I sensed that she feared that I might disclose her story to the Home Office. She has just been moved to a new area by the National Asylum Support Service (NASS) for her accommodation and feels isolated there.

What was the most difficult but unspoken aspect of their journey?

Most of the males interviewed indicated that the journey to the UK was more traumatic for girls because most were raped. Elizabeth spoke very little about her pre-migratory story and nothing about her migratory one, so I could not tell if she had been raped. However, she hinted that life was very difficult for females without family in the UK.

What were the most intense moments of their journey?

Elizabeth's pre-migratory trauma is around conflict, possibly war and loss, the destruction of her home and all that she knows. It is assumed that her journey to the UK was also traumatic. Elizabeth experienced rejection in the UK from her brother, her only surviving family member. Her greatest trauma in the UK is around her unsettled immigration status. This impacted her life (social isolation, mental health, poverty, poor housing, unemployment and identity). She also lost her 'new family' (long-term friends and support network from the area she previously lived).

How have they made use of the opportunities and constraints of being in the UK?

Elizabeth was placed in the care of a Local Authority on arrival in the UK. She was not allowed contact with her brother for over a year until a DNA test confirmed that they are related. She hated her brother and was bitter about him and her previous solicitor not supporting her asylum application. The latter for mixing her case with someone else's to the Home Office.

Elizabeth also has no access to local authority housing and is dependent on the NASS for her accommodation and subsistence. She struggles to live on food vouchers, especially as a young woman. She has no friends in her new area, hence she feels very lonely. She feels her loneliness is intensified because she is not able to participate in life like her peers. Her accommodation is unsuitable as her ceiling often leaks water onto her bed. She had to find shelter with a friend after an emergency operation.

Although educated and the most fluent in English of the participants, she is the only one not in education, training or employment. Elizabeth is unable to take up any of her multiple offers to study midwifery at university because of her unsettled immigration status. She is frustrated that she cannot follow her dreams of becoming a midwife. Elizabeth is humiliated that she cannot progress to university. She does not appear to be at peace with herself. Elizabeth seemed preoccupied by the idea that only a settled immigration status will bring her peace and joy.

Intensiveness and nature of anxieties and other strong feelings you were left with?

Elizabeth was the most emotional of all my participants but also the most eloquent. She resisted my attempts to end the interview even when she became distressed. Elizabeth said that she found the opportunity to tell her story greatly beneficial. She seemed drained by her ten-year wait for a settled status. I wanted to rescue her but felt limited in my role as a researcher. I felt sad when she said she could not continue in education or work, have a romantic relationship, start a family, have a healthy social life and 'do things girls my age do'. I withdrew from my researcher role and stopped the interview to counsel her when she started crying and stated that she might be dead by the time she is granted leave to remain in the UK. I was anxious

that she might self-harm, so I tried my best to reassure her. Elizabeth was responsive to me and seemed to appreciate my efforts to listen and support her.

I was worried about re-traumatising her more than any of my participants. I felt guilty and had an overwhelming sense of responsibility for her. I was frustrated that I could not refer her to my Team's Mental Health Worker; hence I signposted her to counselling services and her GP. I found myself unconsciously travelling the journey with her, oscillating from a fellow traveller to a tearful witness. In my desperation to keep her safe, I told her that I was confident she would be okay. I kept in touch with her after the interviews. I was relieved to hear that she plans to contact the person who referred her.

What kind of figure or inner world person might you have been for him?

I feel I became the counsellor/therapist when she told me that the person who used to make her 'strong' was no longer there due to her move. This was a protective factor for her. I felt that I was now filling the gap, albeit for a short time. I spoke to her about hope.

What kind of support did they find useful?

One thing she felt social services could have done better for her was emotional support. Elizabeth felt that the following are beneficial to manage her trauma and transition to adulthood. Help with her asylum application, interpretation of asylum documents, settled immigration status, employment, education, financial independence, stable and suitable accommodation, social integration, faith, support from GP, access to physical activities and social workers performing their corporate parenting role. She associates normality with work and fears that she might become 'disabled' and unable to contribute to society like her brother.

She deals with her trauma by resigning and accepting that certain things are out of her control. She relies on her faith in God, immerses herself in her church life and takes encouragement and comfort from church. Elizabeth also stated that she found talking to me useful.

My experience of Elizabeth

As the only one without a settled immigration status, I experienced Elizabeth as the most traumatised, vulnerable and emotionally draining participant. I was not

prepared for the revelations about her mental history. I felt an overwhelming sense of responsibility and hopelessness around her compared to the other participants. I felt the projection of sadness, emotional assault, transference and countertransference.

E – I was so happy that I could do something for myself, but they just took it back – the happiness. So, it's like, I just have to deal with life as it comes and just hope that I'll get my papers once I'm still alive! (shaky voice).

I felt it was more important to console and contain her rather than sticking to the FANI researcher's prescribed role. I struggled with the dilemma of ending the interview after her revelation about her mental health history and her insistence on continuing because she found comfort in talking to me. I felt that stopping the interview might add to her rejection and trauma. I felt an affiliation with her as a Christian. She also personified the unheard females that the males talked about raped on their journeys to the UK. Though I do not have any experience of rape and she did not disclose any, her trauma, like the others, reignited mine.

I found that having an in-depth, relationship-based engagement with refugee and asylum-seeking young people can be challenging emotionally and professionally. Researchers are exposed to vicarious trauma and there is a need for self-care in working with these young people. Professionals working with them must be self-contained. It can be unpredictable and bring challenges in terms of meeting professional expectations and policies whilst responding to their immediate needs. I feel that practice with these young people needs to be from 'hearts and souls' rather than strict professional protocols.

Elizabeth is the least of the young people functioning well. An assessment of her strengths and vulnerabilities revealed that she is strong in her faith, education, English language, independent living skills and making use of professional support where it is available. At the core of her vulnerabilities is her unsettled immigration status. Her vulnerabilities (mental health, social isolation, financial difficulties, migratory and pre-migratory trauma, ongoing in-country trauma and access to emotional support) seem to stem from her unsettled immigration status. I am inclined to think that Elizabeth might be stronger if she has indefinite leave to remain. I feel that the young people's resilience is contextual and changeable.

4.2.6 Ibrahim

Basic demography

Ibrahim is 21 years old and was born in Darfur, West Sudan. He grew up in a small village. His parents were killed in a civil war. At the age of four, he moved to Khartoum to live with his grandmother. He lived with her till he left Sudan for Libya at 16. Ibrahim was unable to complete his Islamic education due to poverty. He lived under a dominant, oppressive and racist white Arab regime that Ibrahim said treated black Africans as 'nothing'. He arrived in the UK at the age of 17 and was granted indefinite leave to remain in the UK.

What was the particular nature of each participant's openness and closure in relation to you in the interview?

Ibrahim is a care leaver in a leaving care team I manage. I met him for the first time during our first interview. Ibrahim presented as a gentle, calm, thoughtful and responsible young man. I was struck by the respect, reverence, hospitality and meticulous way he prepared for my arrival and treated me. He seemed keen to tell his story, but I could sense that he sometimes struggled to express himself in English. The first interview was the shortest first interview at 18:34 minutes. He dried up within three minutes. It was painful for Ibrahim to think about the past. Hence I gave him ample opportunities to stop the interview, but, like Elizabeth, he refused. I found Ibrahim to be open but pained.

What were the most intense moments of their journey?

Ibrahim's trauma started from pre-migration, losing his parents to civil war. He also suffered from political repression and racial discrimination. He found life in Libya traumatic and unbearable. Ibrahim recalled witnessing theft, rape and murder 'things that you shouldn't see at 16' on the streets and was terrified for his life. He was exposed to horrific human suffering, abuse and was destitute. His two best friends were killed, so he fled for safety to Europe. Ibrahim found crossing the Sahara Desert and the Mediterranean Sea from Libya to Italy traumatic. In the UK, he suffered from isolation, loneliness, communication difficulties and absent parenting.

What was the most difficult but unspoken aspect of their journey?

I initially thought that he was evading my questions about his parents, but I later realised that this was because he did not know them. He was under the age of four when they died. It was good to hear him say that he felt comforted to tell his story at the end of the interviews.

How have they made use of the opportunities and constraints of being in the UK?

On arrival to the UK, Ibrahim was placed in a hostel. He found this difficult due to communication difficulties and loneliness. These were relieved when he started attending college, making friends and speaking English. He dealt with his trauma by repression, focusing on the future and patience. Ibrahim is currently in shared accommodation and studying ESOL. He aspires to join the police or become a civil engineer.

Intensiveness and nature of anxieties and other strong feelings you were left with?

Ibrahim volunteered to read from a transcript he previously presented to his ESOL class (an assignment about his story). I was annoyed and confused during my transcription because the town Ibrahim said he was born when he read it was different from what he had written. I was relieved to find out in my second interview that what he read out was his real story and he felt more comfortable telling me his story than his class. We also had different constructions of 'home', which affected our interpretation. Ibrahim was distressed about his parents' death and quickly abandoned the topic. I wondered whether Ibrahim was playing a difficult patriarchal breadwinner role when he said he was helping his grandmother.

Ibrahim's second interview was my last interview for the study. I was anxious about completing it due to the COVID-19 outbreak. I decided against video due to my anxieties around confidentiality and the ethical issues it may raise. It was conducted on the telephone WhatsApp. The inability to observe body language and facial expressions was compensated by increased alertness to non-visual nuances such as pauses, tones and stammering.

I was sad and angry to hear and transcribe another rape and murder narrative. This again brought flashbacks and tearful reliving of my gunpoint trauma. I learnt from this that the researcher's world is in contact with the participant's world and I needed to

be alert to these dynamics. I realised that researchers are not just gathering objective information but opening themselves as they invite the young people to be open. They are likely to find hidden parts of themselves if they are sensitive to these dynamics. Again I found it difficult to stay in the FANI researcher role as he told me about his hardship in Libya. It was good to hear that he felt comforted by the interview at the end of the second interview.

Ibrahim – It is good, you know. You talk to somebody about the past like this one. After you feel comfort, you feel comforted.

What kind of figure or inner world person might you have been for him?

I feel I remained the manager to him. At the end of the interview, he sought my help to secure his council accommodation. I offered myself as a listening ear at the end of the second interview. I wonder if he viewed me as such.

What kind of support did they find useful?

Ibrahim rated shelter and education as the highest priorities in dealing with trauma and transition to adulthood. Education made him independent and helped him build a social network. Ibrahim found his social network supportive. He linked having good friends with who you become.

Ibrahim also found teachers supportive. His preference for accommodation is foster care, especially for orphans like him. He values emotional support. He felt that having someone to speak to will 'make you feel comfortable inside, more open, happier'.

My experience of Ibrahim

As this was my last interview, I had grown more confident of the process. I found him to be conflicted, like Abbas, about whether he wanted to continue with the interview or not. During the second interview, I asked about the civil war in Sudan and how it affected his family. I sense that he found it painful to talk about his deceased parents and the past. I was conscious of my anxieties about re-traumatisation and gave him ample opportunities to stop the interview, but he insisted on continuing. I feel Ibrahim repressed his past and instead focused on the future.

Ibrahim – Just I don't want to think about the past like this one (the interview). Just I want to think about my future. That's help me a lot.

Wura – OK Ibrahim, I am quite happy to stop the interview. Do you want us to stop?

Ibrahim – No, if you have any questions, it's fine. It's not.

I feel repression is protective in the short term and might present as resilience. In the longer term, I doubt its effectiveness. I agree with Melzak (1992) that refugee and asylum-seeking young people can forget their traumatic experiences. However, this can lead to professionals doubting them. I realise that, at times, I oscillated between doubt and curiosity about some of them. Practitioners must learn not to be consumed by their curiosities and doubt (Krause, 2017). They should only pursue it if it is indispensable.

An assessment of his strengths and vulnerabilities revealed that although he is very strong in most areas and appears to be transitioning well, he has vulnerabilities around cultural challenges, migratory and pre-migratory trauma. Socially he is also progressing well.

My emotional response to conducting the interviews was mostly of upheaval, ranging from sadness and tears to anger at the injustice of killing young people because they have no money. I wondered about the impact of this on Ibrahim. I realised later that there were transference and countertransference between us. I found myself crying 'inside' and questioning why I was crying. As a professional, I felt that I should be impenetrable and my emotional filter stronger. I identified with his racism experience in Sudan.

'Smelling the real'

I felt I could hold my emotions during the interviews because my focus was on active listening. After the interview, it was turmoil. I found some reprieve from this during the analysis. I wondered if that 'place of safety' was burying the pain. I wondered what the young people's painful trauma might feel like and how professionals often miss their hidden pain. I felt professionals might have access to this if they gave the young people opportunities to tell their stories. I found that when I got close to the young people emotionally and physically 'practice-near' (Cooper 2009, p.432), I could 'smell the real' (Cooper 2009, p.432). My feelings and emotions about the young people were real but also fluid. It affected the way I related to them. Psychically, sometimes I felt lost in the young people and parts of them lost in me.

Social work practitioners need to be trained psychoanalytically to recognise, separate and deal with these feelings. This might help minimise the confusion and misunderstandings of what the practitioner needs and what the young people need.

4.3 Cross-case analysis

I hope the reader by now has a grasp of each of the young people and my experience of them. My next step was to go beyond the single case and carry out a cross-case analysis. It was valuable in helping to observe and understand the relationships amongst the cases, test theories (Eckstein, 2002), gain new knowledge (Khan and Van Wynsberghe, 2008) refine and develop concepts (Ragin, 1997).

I began this process by devising tables to help illuminate and untangle some of the complexities around key concepts that were presenting. The tables were valuable for analysing the participants' preliminary strengths and vulnerabilities and their social isolation and resilience and understanding them better. No attempt is made here to measure these concepts. Rather they were used to analyse.

In his EVASP research, Papadopoulos found it impossible to measure vulnerability with the same precision that other scientific tools measure phenomena. 'Due to the very multifaceted and polymorphous nature of the phenomena themselves, such an instrument is impossible to be devised' (Papadopoulos, 2010, p.39). This argument also applies to strength, isolation and resilience, which are complex phenomena. Papadopoulos argued that despite these limitations, it is still possible to find other means of 'ascertaining' vulnerabilities in a more systematic way (ibid.). His Trauma Grid and the Asylum Seekers Protection Indices – ASPIS (REF, 2014) are two such tools that organisations adopt worldwide.

4.4 Preliminary strengths and vulnerabilities

While Papadopoulos's ASPIS is renowned and comprehensive (REF, 2014), its generalised nature means that it does not address my participants' specific issues. Hence I devised a tool that might be more relevant to refugee and asylum-seeking care leavers and mainly for preliminary analysis. I based the strength analysis dimensions on key individual, family, community and societal factors relevant to refugee and asylum-seeking care leavers. These factors fall under the categories of legal, health, accommodation, education, employment, financial, identity,

professional support and community network. These are also dimensions in pathway planning for care leavers. The tool is untested.

By strength, I mean individuals' capacity to cope with adversity or 'perform at an optimal level' (Linley and Harrington, 2006) at a given time and place. It includes the impact and experience of events on the individual and the available services to deal with the event. I agree with Linley and Harrington (2006, p.88) that 'strengths may fluctuate according to situational demands'. They echoed Fleeson (2001) that despite the fluctuations, strength is 'largely consistent over time' (Linley and Harrington, p.88).

I found vulnerabilities more complex to explore. I was also not satisfied with its early definitions that focused on the individual. As a critical realist, I associated vulnerabilities with the observable and unobservable structures and how these lead to observable events. I believe vulnerability is a conglomeration of internal and external events (UNHCR and IDC, 2016) that individuals are exposed to at a particular time and place. This was echoed in Papadopoulos's key research finding that the 'vulnerability of refugees cannot be understood as an absolute but depends entirely on the given environment, especially the available services' (REF, 2014, para. 3). It is also about how individuals experience the events, their impact and the services available to them.

Strengths	Hagos	Ermias	Farhan	Elizabeth	Abbas	Ibrahim
Legal – Granted leave to remain in the UK	3	3	3	1	3	3
Education – Access and engagement in education	2	3	3	1	3	3
Language – Ability to communicate in English Language	2	2.5	2.5	3	2.5	1.5
Family – Strong family ties and relationships in the UK	1	1	3	1.5	3	2
Mental Health – History/risk of mental health difficulties	1.5	2	3	1	3	3
Employment and training – Employment and training opportunities	2	3	3	1	3	2
Independent living skills – Daily living skills to live an independent life	3	3	3	3	3	3
Professional Support – Made use of support from professionals	2.5	3	3	3	3	3
Community connections – Access and engagement with community network	1.5	1	3	1	3	3
Self-confidence – Belief in own abilities and skills	1.5	1	3	1	3	3
Motivated to succeed – Drive and action to reach set goals	2	3	3	3	3	3
Faith – Strong religious belief in a God	1.5	1	3	3	2	2
Housing – Available, safe, secure and stable accommodation	3	3	3	1	3	3
Enjoying and achieving – Attaining personal and social development	1	1.5	3	1	3	3
Emotional support – Access to safe, trusting professional/ personal relationships to listen, advise and support around feelings and concerns	1	1	3	1	3	2
Total	33	30	44.5	25.5	43.5	39.5

Table 4 – Strengths

RAG	Scale	Description
Green	2.5 – 3	High strength
Amber	1.5 – 2	Medium strength
Red	1	Low strength

The preliminary strengths and vulnerabilities' analysis revealed that Farhan and Abbas had the most strength. Hagos and Ermias are vulnerable and Elizabeth is highly vulnerable. These three have a lack of emotional support, migratory, pre-migratory and country trauma, and social isolation in common, factors that are essential for dealing with trauma and transitioning into adulthood.

Vulnerabilities	Hagos	Ermias	Farhan	Elizabeth	Abbas	Ibrahim
Legal – Awaiting outcome of asylum application	3	3	3	1	3	3
Absent family – No connection with family	1	1	3	1.5	3	2
Community connections – Lack of access to community network	1.5	1	3	1	3	3
Regrets coming to the UK and wants to return home	1	1	3	3	3	3
Cultural norms and practices – Positive view of and engagement in the cultural norms and practices in the UK	1	1	1	3	1.5	1.5
Housing – Lack of safe, suitable accommodation	3	3	3	1	3	3
Mental Health – Mental health concerns/ history of mental health difficulties / suicidal ideation	1.5	2	3	1	3	3
Finance – Financial difficulties	1.5	3	3	1	3	3
History and journey – Migratory and pre-migratory trauma	1	1	1.5	1	1	1
Current trauma – Ongoing in-country trauma	1.5	2	2	1	2	2
Emotional support – Lack of safe, trusting professional/ personal relationships to listen, advice and support around feelings and concerns	1	1	3	1	3	2
Total	17	19	28.5	15.5	28.5	26.5

Table 5 – Vulnerabilities

RAG	Scale	Description
Green	2.5 – 3	Good, no vulnerability
Amber	1.5 – 2	Risk of significant vulnerabilities without supportive measures
Red	1	Poor, significant vulnerabilities

Scale – 3 – Good; 1 – Poor

4.5 Social isolation

Research indicates that isolation leads to vulnerabilities (Papadopoulos, 2010). Those isolated are distanced from the support they require in adversity to strengthen them (Quinn, 2014). Furthermore, building close bonding relationships in their host country is fundamental to the integration of refugees and asylum seekers (Strang and Quinn, 2021). Research by Chen *et al.*, (2017) shows that associated loneliness and isolation can impact asylum seekers' psychological disorders. They also found that they could 'moderate the association between pre-migration traumas and psychological disorder' (ibid., 2017, p.47).

	Hagos	Ermias	Farhan	Elizabeth	Abbas	Ibrahim
Legal – Granted leave to remain in the UK. Stable immigration status	3	3	3	1	3	3
Ability to communicate in the English language	2	2	2	3	2	2
Access and engagement in education	2	3	3	1	3	2.5
Family support in the UK	1	1	3	1.5	3	1
Access to resources	3	3	3	1	3	3
Access to own community network and engagement	1.5	1	3	1	3	2
Own perception of social status	1.5	1	3	1	3	2
Financial stability	2	2	2	1	2	2
Ability to engage in cultural norms and practices of the UK	1	1	1	3	2	2
Emotional well-being	1.5	1.5	3	1	2	2
Friendship – Mutual relationship with other person(s) liked, known well and trusted but not a family member	1.5	1	3	1	3	3
Mental health – History/risk of mental health difficulties	1.5	2	3	1	3	3
Total	21.5	21.5	32	16.5	32	27.5

Table 6 – Social isolation questions score

RAG	Scale	Description
Green	2.5 – 3	Good, no vulnerability
Amber	1.5 – 2	Risk of significant vulnerabilities without supportive measures
Red	1	Poor, significant vulnerabilities

The analysis indicated that those with the least strength are more likely to suffer from loneliness and isolation, again highlighting Hagos, Ermias and Elizabeth. Social

isolation is complex and can be impacted by an interplay of personal, community and political factors. For example, Elizabeth presents as an open and extroverted person. She seems to have become lonely and isolated because of the restrictions placed on her by her immigration status. Table 6 is an indication of the participants' social isolation.

4.6 Resilience

This section follows from the discussions in the literature review (Chapter 2) on resilience, highlighting the complexities around its definition and debates about the possible outcomes. Like social isolation, response to trauma is influenced by access to resources, human connections, communities, societies, religions and culture (Sherrieb, Norris, and Galea, 2010). Academics agree that resilience differs in place, context and nature of threats. Hence it is almost impossible to establish a generic scale that suits all places, contexts and events (Salisu and Hashim, 2017, p.24). Even though the main scales pay attention to the individual cognitive and behavioural strategies to overcome adversity, they fail to address the emotional process (Leys *et al.*, 2020, p.2). They also claim that resilience is difficult to measure (Leys *et al.*, 2018). Papadopoulos's (2007) trauma grid is specific to asylum seekers and refugees. It provides a framework for mapping out their response to adversity, which is not only pathological but also positive Adversity Activated Development (REF, 2014). Papadopoulos considers the individual's existing strength. Different people react to trauma differently. I agree with Southwick *et al.*, (2014) that resilience is not binary (its presence or absence). It is possible to be traumatised under certain conditions and functions but be resilient to other functions (Kim-Cohen and Turkewitz, 2012). Refugee and asylum-seeking young people's resilience can be complex. As this study is about a minority group, the cultural ramification in the construction of resilience cannot be overlooked. This is important because resilience is understood differently across cultures.

There is no doubt that resilience is a good quality (Chamorro-Premuzic and Lusk, 2017). However, an underlined question needs to be answered if we are to understand it truly. If we are to move resilience from the simplistic, we need to ask what the cost of resilience is. If we look closely, we will see that resilience is a double-edged sword. It is good but also problematic. What is wrong with someone

not being resilient? Are we saying that being traumatised, depressed, or nearing breakdown is wrong or a sign of weakness? Surely, these are understandable consequences of adversity and trauma and they should be tolerable. What does it mean when we say we want to help someone to be more resilient? Why do we use resilience as a kind of defence against the parts of people who are not resilient or the parts that may be resilient due to suppressing or repressing their distress?

I ask these questions from my trauma experience when I repressed my feelings because it was expected that I 'get on with it'. I now realise that my repression is a defence mechanism and is more tolerable to those who expect me to 'get on with it'. Traynor (2018) argued that 'promoting resilience is an individualistic attempt to mitigate systemic problems'.

Trauma and adversity have an effect that persists. We need to recognise the complexity of the relationship between resilience and vulnerability. This is about how defences operate and how we protect ourselves by repressing the trauma, splitting it (Freud, 2018). All of these keep individuals safe and held together. The young people may appear very successful and competent based on all these. However, beneath the surface, a lot is going on for them. We see this in Ermias and Hagos. If we fail to link vulnerability theory with how defences work, we will end up with too simple a story and a surface understanding of these young people.

4.6.1 Relationship

Furthermore, developing an in-depth relationship-based intervention with these young people is very sensitive and complex. My experience as a researcher, especially listening to others' horrific stories, holding and trying to contain the projections of anguish and sadness, put me in the position of 'the witness' (Blackwell, 1997). I found myself unconsciously 'travelling' the gruesome journeys with my participants. The journey was vivid and I entered and exited at various points, each point leaving different impressions on me. For the first time, I was able to name my experience of being held at gunpoint as trauma and truly deal with the ensuing issues. I want practitioners to learn that by being attentive to these young people, they may find their unconscious and that of the young person stirred up, opening up latent parts. This might help with a better understanding of themselves

and others. I learnt that if you attend to a young person's inner world, you open yourself to the possibility of opening up your inner world.

Practitioners need to be alert to the unconscious dynamics they may be drawn into with these young people and how this may affect the perception of their openness and closeness and understanding of what they are telling us. Cooper referred to this as 'non-verbal recruitment into a particular role or subject position by the interviewee' (Cooper, 2020b, p.9). The same occurs in practice, where practitioners are recruited into various positions by the young people. My position as a mother had the greatest pull for me. I later realised this pulled me into action, empathy, compassion, love and care for my participants.

Practitioners need to be familiar with the concepts of transference and countertransference and aware of their own personal transference regarding the 'subject's material' (Cooper, 2020b, p.9). For example, I felt a strong identification with the young people because we are all immigrants and Africans. However, I found that I identified with some more than others and my emotional responses were not always the same. I learnt from this that practitioners should not be too quick to conclude who these young people are and their perceived relationship with them. They must also be willing to accept that practitioners are also defensive. Their defence might affect their perceptions of the young people if care is not taken. Practitioners should bear in mind the impact of trauma on these young people's inner world and understand that, as a result, their narratives may not be in any linear, coherent order. I accept that these young people's inner worlds and their experiences may leave us with uncertainties. I address this further in chapter 5.

4.6.2 Researcher engagement in trauma

The cost of the researcher engaging in trauma is greater where the researcher has previous experience of trauma (Pack, 2013; Moran and Asquith, 2020) as I do. It puts them at risk of vicarious trauma. However, I feel that it can also be a golden opportunity to flourish. Vicarious growth can be an asset (Pack, 2013; Barrington and Shakespeare-Finch, 2013). I found new meaning in my traumatic experience and increasing self-revelation. However, organisations and professionals must not negate the emotional impact on those working with trauma. Opportunities are needed for training, debriefing and self-care. Engaging with trauma of refugee and

asylum-seeking young people helps deepen the relationship with them, increasing empathy and understanding.

4.7 Multi-case cross-case analysis (Stake)

Although I found the tables useful for my analysis, I needed a systematic method that goes beyond patterns and numbers. More importantly, I needed to pay attention to the 'complex particulars' (Cooper, 2009) needed in psychosocial research of this nature. I found introducing Stake (2013) cross-case analysis at this stage the answer. I found that seeking similarities, differences, uniqueness and themes across the cases helped me in this sense-making task. I also took a systematic five-step approach to guide me in my analysis and arrive at my findings. (Please see cross-case analysis five steps for the details.)

4.8 Triangulation

Having arrived at my findings, the question here is how do I test their validity? Triangulation uses multiple methods or data sources in qualitative research to develop a comprehensive understanding of phenomena (Patton, 1999). It helps enhance the validity of the research (Fusch, Fusch and Ness, 2018; Hentz, 2012; Flick, 2004), enhance the reliability of the study results (Stavros and Westberg, 2009) and data saturation (Fusch and Ness, 2018). It is a means of mitigating against the researcher's bias to the research (Fusch, Fusch and Ness, 2018; Fields and Kafai, 2009). Triangulation helps with verification and improving the depth of understanding by a particular theme (Atkinson and Delamont, 2005).

According to Denzin (1978) and (Patton, 1999), there are four types of triangulation. Denzin defined data triangulation as 'gathering data from different sources across time, space, and person' (Campbell *et al.*, 2020, p.126). Investigator triangulation is when two or more researchers are used in a study. Theory triangulation uses multiple theories or hypotheses when examining a situation or phenomenon (David, 2010, p.16). Methodological triangulation uses multiple methods of data collection about the same phenomena Polit and Beck, 2012).

There are two types of methodological triangulation, within and between methods (Campbell *et al.*, 2020). I used the within - method because it was more suitable for this study. It allowed me to use multiple qualitative methods to collect and analyse

my data. The between - method combines both quantitative and qualitative data collection techniques (Casey and Murphy, 2009) hence it is unsuitable for this qualitative study.

I agree with Fusch, Fusch and Ness (2018) that looking at data from multiple perspectives and considering a phenomenon in more than one way assists in mitigating the potential to see the data from just one perspective. Reflective discussions with my supervisors and group supervision provided me with intersubjective triangulation for different perspectives of my data and analysis. It provided me with reflective opportunities of my beliefs, values and assumptions and unearth some biases. I also used two separate interviews with each participant and psychoanalytic observation of the participants and researcher's reflective diaries to triangulate the data as part of my methodological triangulation. The reflective diary helped me reflect and capture my experiences of the research process, and examine my assumptions, beliefs and subjectivities. Reflection has a potential for qualitative data collection (Lutz and Paretti, 2019).

Methodological triangulation allowed me to use multiple qualitative methods to analyse my data. In addition to these, I used multiple methods/approaches to analyse the data. These included thematic analysis, reflections from group and personal supervision to generate different responses, my own psychoanalytical interpretation of the data and a systematic analysis of my own transference/countertransference.

Theoretical triangulation also provided me with different lenses to look at a situation with different questions in mind (David, 2010). Sociological / socio-political theories were used to help make sense of what was being presented to me. These included an integrated theoretical framework involving post-colonialism, trauma, feminism, critical race and refugee theories. Psychoanalytical and psychosocial theories were used to help understand and make sense of the conscious and unconscious processes. The theories were used to address the subjectivity and intersubjectivity dimensions. Using these triangulation, I would argue, helped enhance the validity of the data. Some of the limitations of triangulation I found are that it adds to the complexity of the research and is time-consuming. However, its advantages outweigh these issues.

4.9 Conclusion

We have seen how the data from the study was generated and analysed to help answer the research questions. Attention was paid to the conscious and unconscious processes as they are a vital part of the data, along with the resilience, strength, vulnerabilities and isolation of the young people. The findings and discussion from the data is the focus of the next chapter.

CHAPTER 5 – FINDINGS AND DISCUSSION

5.1 Introduction

Having been immersed in the young people's stories and the thematic analysis of these stories in the previous chapter, this chapter moves a step further. My attention here is making sense of the whole picture. At the beginning of my research, I wanted to understand why some refugee and asylum-seeking care leavers transition well into adulthood despite their trauma and others do not. I wanted to understand why different people end up with the same vulnerabilities and those with similarities ended up with different outcomes. The chapter starts by exploring the concepts of multifinality and equifinality to help us understand these issues. Links with psychoanalytic theories of transference and countertransference are drawn. The findings are discussed and their implications illuminated. It explores how the study contributes to existing research and fills gaps. The strength and limitations of the study are explored. The chapter concludes with a poem about my journey with 'tiger'.

The aims of the research are detailed in chapter 1. The cross-case analysis used to arrive at the findings is detailed in chapter 3.

5.2 Multifinality and equifinality theories

What strikes me most in my analysis are the similarities in the young people's stories and the divergence in their trajectories in the UK. I will discuss these divergences and the importance of understanding the divergences in their pathways further in the chapter. I hope this will help us to come to grips with how we might provide services for them. I struggle with Papadopoulos's assertion that the 'loss of home is the only condition that refugees share, not trauma' (Papadopoulos 2002, p.9). Home for me is not just about a place. It is about the state of mind, a feeling of safety, being at peace and stability. It recognises the young people's difficult pre-migration experiences, their traumatic and life-threatening migration and challenging attempts to build a new life. 'For them, home is much more than a lost homeland. It is a chance to manage the debris and reclamation of their lives' (Kohli, 2014, p.94).

The idea that similar circumstances may lead to different outcomes is the central focus of multifinality. Equifinality, on the other hand, is about how different circumstances can lead to the same outcome (Cicchetti and Rogosch, 1996). We are

surrounded by these concepts in daily life even though we may not realise it. Children of the same parents might be given the same opportunities and upbringing but still have different outcomes. This is more complex than having the same experience. It is an interweaving of the person's agency, their environment, opportunities and vulnerabilities. With my participants, we see that those with vulnerabilities such as delayed asylum application decisions have considerably worse outcomes than their counterparts. The young people's needs differ and the outcomes are not linear (Loughry and Eyber, 2003).

Social workers need to move beyond the simplistic understanding of the similarities the young people share and the concept of home if they are to do any meaningful work with them. These theories are useful for social work and might help us understand why professionals cannot treat refugee and asylum-seeking young people as a homogenous group. Loizos (2002) warns against the dangers of stereotyping and that it 'could make appropriate professional relationships difficult' (ibid., p.43). Social workers must be alert to the risk of unconscious bias and be supported to understand racism's internal workings. This is more so in their intervention with black African care leavers, whose 'blackness' is already constructed as 'bad and evil' (Fryer, 2018).

5.3 Finding and discussions

Having laid the foundations of the chapter with multifinality and equifinality, I now explore the findings in light of the five research questions and their implications for social work.

5.3.1 What do refugee and asylum-seeking care leavers from Africa in the UK perceive to be the impact of trauma in their transition into adulthood?

My analysis suggested that the traumatic experiences during the young people's pre-migration and migration might exacerbate in-country trauma. This finding adds to previous findings by scholars such as Rousseau (1995). According to Rousseau, the traumatic experiences faced by children pre-migration and post-migration put them at risk of mental health problems. Migratory experiences are socially and politically constructed, thrusting children into adulthood. The young people's journeys were uncharted and unnegotiated. They are severed from the nurture of family and community. Trauma put these young people at risk of mental health difficulties

(Groak, Sclare and Raval, 2011; Kien *et al.*, 2019). Many experience mental health difficulties such as stress and depression, especially in the early years of arrival in the UK. For Hagos, this continues in the form of nightmares and flashbacks. It leaves an indelible mark on them that seems to follow them into adulthood.

Although determined to be successful, refugee and asylum-seeking care leavers face acculturation challenges as they navigate a new life in a country very dissimilar to theirs. Their acculturation challenges include racial and institutional discrimination, new systems, language, cultures and ways of life. These stressors do not necessarily cease once they are granted settled immigration status. However, the level varies from individual to individual. For example, although Ermias and Hagos have indefinite leave to remain in the UK, they regret coming and want to leave. 'It is just the system' – Ermias.

My analysis revealed that adapting to new systems and cultures could intensify their trauma. The study adds to existing literature. I feel that Berry's (1990) definition of acculturation as the process of learning and adapting to a new culture should include learning and adapting to new systems. For example, health and education services which can be a challenge for the young people at the beginning of their resettlement.

Abbas refused to go out of his foster home because he did not understand the system. Berry (1997) acknowledged that acculturation can be stressful and can be linked to psychological and social difficulties. I use figure 6 below to illustrate the link between acculturation and the prospect of transition into adulthood for these young people.

In addition to the challenges of adapting to their new systems and culture, the analysis also indicated that refugee and asylum-seeking young people are likely to suffer from loneliness and social isolation in their host country. This finding builds on existing literature. The research on refugees by Phillimore *et al.*, (2007) suggested that exclusion, isolation and loneliness are some of the refugees and asylum seekers' common problems, which harm their lives and mental health (*ibid.*, p.10). Okitikpi and Aymers (2003) and Kohli (2002) also shared this viewpoint.

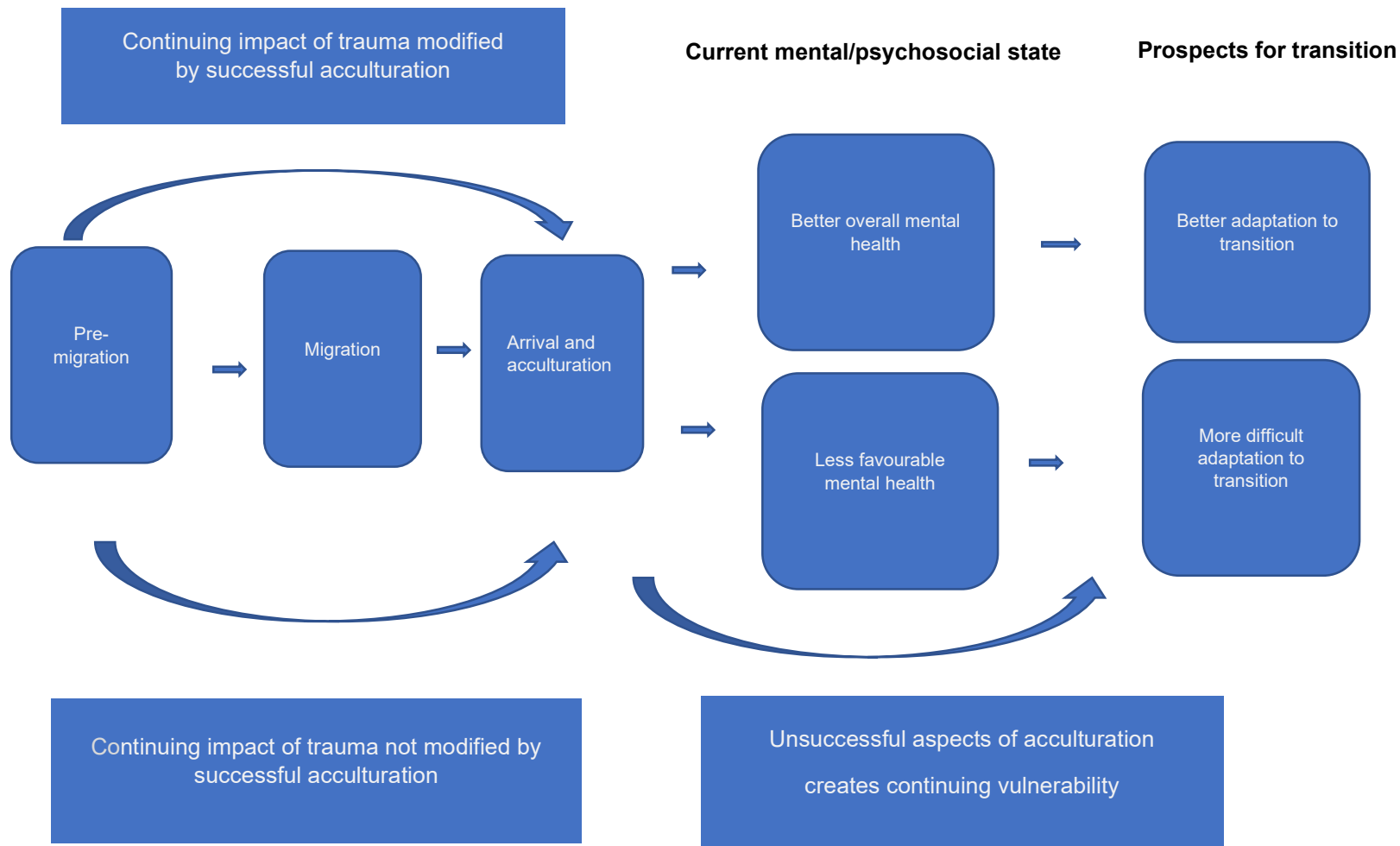


Figure 6 – Acculturation and transition

I view isolation as a bereavement but a social and invisible one. It might exacerbate trauma and the mental, physical and psychosocial well-being of those afflicted. In many cases, such as with Abbas, Farhan and Ibrahim, isolation is relieved over time and through participation in education. However, others remain isolated, despite participating in education. I was shocked by the extent of Ermias's isolation even though he is at university. Ermias's isolation is induced by what he calls 'critical social skills', a derision of his voice and fear of what others might feel about his sexuality. These socially constructed identities bring him into a reclusive and introverted existence. Hagos has no friends even though he takes up opportunities to socialise with care leavers' activities in my team.

Elizabeth is unique. Her extroverted personality seemed subdued by the uncertainties around her immigration status. Even though there are predictors of social isolation, its occurrence is fluid. Social isolation can permeate all stages of the young people's journey. Ultimately, social isolation might impact their transition and trajectory. Having access to social and community networks is important to these young people. Despite their challenges, what I found humbling is the positive attitude they have towards their trauma. I feel this positive attitude is a defence and protective mechanism. It gives them hope for the future. Linked to this positivity is my finding that traumatic experiences could make you stronger and mature you. 'If I survive this, I can survive anything' - Ermias.

These findings call for professionals to pay more attention to the impact of pre-migratory, migratory and post-migratory experiences on these young people's transition into adulthood. I use figure 7 below to illustrate the young people's journeys and the personal, community, social, political factors on their trajectories as refugee and asylum-seeking care leavers.

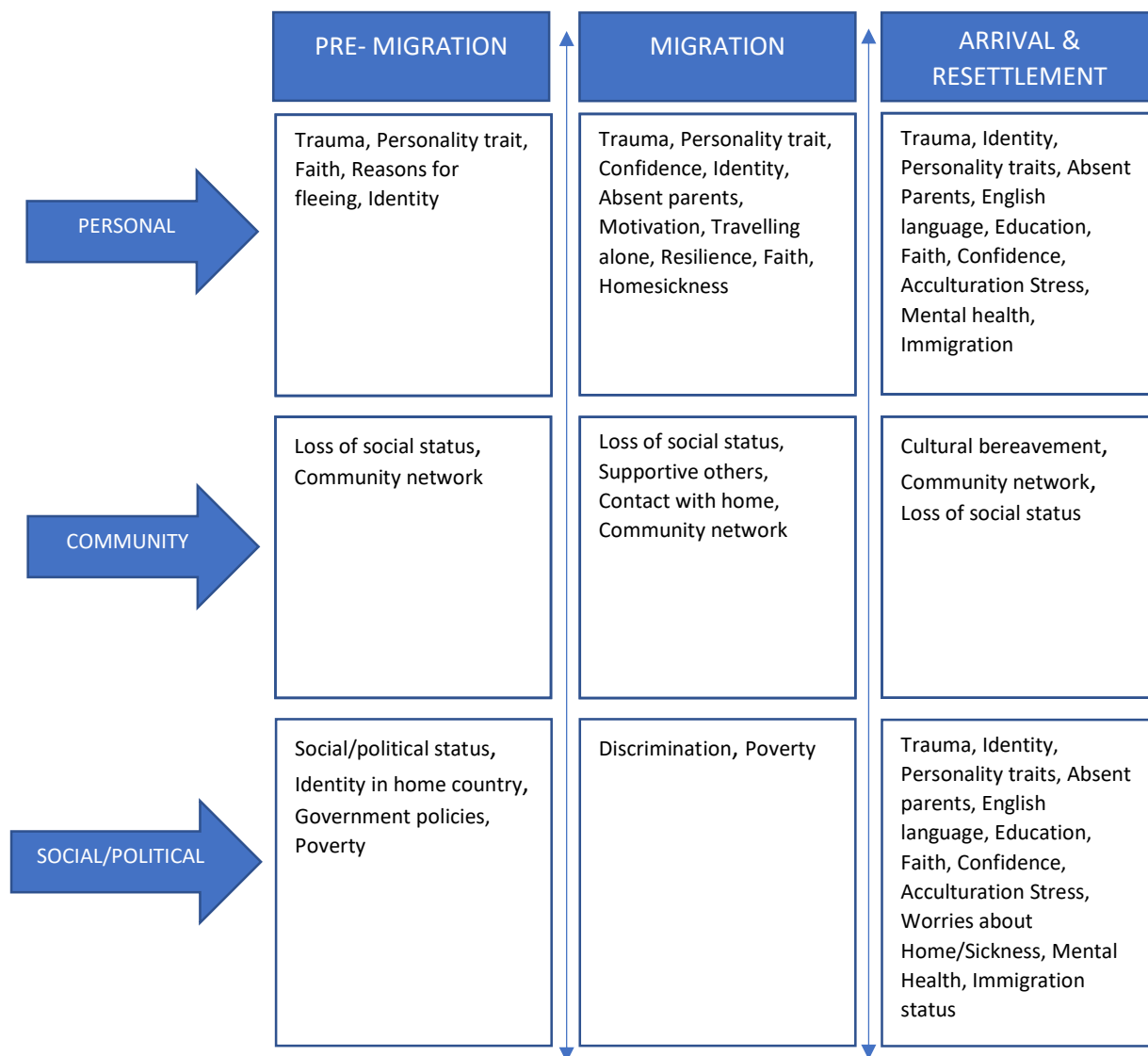


Figure 7 Personal, community, social and political factors

5.3.2 What do refugee and asylum-seeking care leavers from Africa in the UK perceive to be the factors that help their transitions into adulthood?

Language barrier is one of the biggest obstacles of acculturation (Bridging Refugee Youth and Children’s Services, 2016). The analysis indicated that education and the ability to communicate in the English language were protective factors from their trauma. Understanding and speaking in English meant that they could engage in daily activities, form friendships outside their ethnic network, understand the new systems more, and continue with education (Salvo and Williams, 2017). Education offered some distraction from their trauma. Kohli and Mather echoed similar findings:

In many ways, their will to learn English and to achieve academically can be seen as a therapeutic endeavour that helps them to find some justification for coming so far away from home, as well as providing daily, structured activity as a counterpoint to periods of 'psychological hypothermia' (Kohli and Mather, 2003, p.209).

The young people found relief from their isolation by engaging in education, learning and communicating in the English language. For Farhan, 'education is everything'. Although the young people were aspirational, their trajectory within education differs even though most have been in the UK for around the same time. Whilst Farhan, Ermias and Abbas are pursuing a university education, Ibrahim and Hagos are at college. Elizabeth could not take up her midwifery university offers due to her unresolved immigration status. Her vulnerabilities meant that, unlike her peers, she suffered mental health breakdown and suicidal ideation. She still suffers from depression even though she desires education and her English is good.

I was surprised to find that even though education and English language are protective factors, the extent of this protection was mediated by their strength and vulnerabilities. Hence, Ermias, one of the most educated of them, is acutely lonely and isolated. Hagos remains lonely and isolated even though he appears to disguise this with a 'happy' outlook.

In addition to education and the English language, my analysis also suggested that faith is a protective factor. It is used as an anchor to deal with trauma and navigate their new life. The young people found solace and relationship in their places of worship and a way to reduce their isolation. This finding builds on literature that shows faith as a coping mechanism in traumatic situations and promoting resilience (Fontan and Rosenheck, 2004; Peres *et al.*, 2007; Schweitzer, Kagee and Greenslade, 2009). Faith can provide hope, motivation (Pargament *et al.*, 1998) and meaning-making (Koenig, 2006). I can testify to this in my own experience.

In addition to the above is the role of family. The study indicated that in-country trauma could be intensified by separation from families. Separation can be traumatic and impact the young people's development. This finding builds on previous research, such as Miller *et al.*, (2018), who found that separation from family is a major source of distress for refugees (p.26). In their research for the Refugee

Council and Oxfam, Beaton *et al.*, (2018) found more pronounced stress and an inability to focus on integration activities on those separated. They suggested that family reunion is a positive integrator for new arrivals and those already in the UK (ibid., pp.2-3).

In the absence of family in the UK, my analysis suggested that the young people valued the support of foster carers, tutors, 'social workers' (including personal advisors) and keyworkers and made use of it. They were grateful for these, especially foster carers. This finding builds on literature by Chase, Knight and Stratham, 2008; Sirriyeh and Ni Raghallaigh, 2018; Wade 2019 that the quality of relationships in this family-like environment was the most important of this support. They found that it helped create a secure base (Wade, 2019) and supported transitions to adulthood (Simmonds, 2009).

Although the young people found support from professionals useful, what struck me most was that they feel ultimately responsible for making positive changes to their lives. My hypothesis about this is that the UK's individualistic life differed vastly from their community one in their countries. To survive, they learnt to be self-sufficient on their journeys or die. They have to adapt quickly and be the 'authors of their destinies'. They cannot always trust others and have to look inward for strength. Their quest for a better life is a motivator for survival. As I gained new insight into human behaviours and relationships, I challenged my previous acceptance of Maslow's hierarchy of needs/motivation. Like Nielson (2016), I believe that the hierarchy stages are not linear and are dependent on individual circumstances. As a result, I devised a hierarchy of needs that illuminates fluidity and reflects what my data shows of the young people's needs.

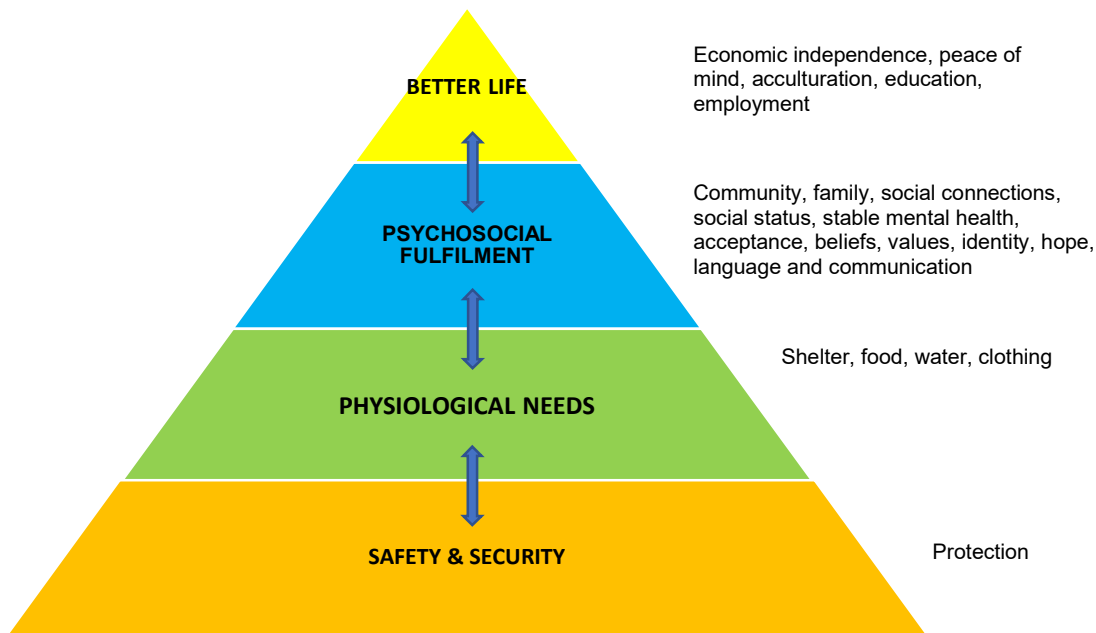


Figure 8 – Asylum seekers’ hierarchy of needs

My analysis suggested that ultimately the young people’s priority is a better life in the UK. They had high expectations of the UK at the point of entry; however, their lived experience affected whether or not they maintained those high expectations and how they viewed their future. While Farhan, Abbas and Ibrahim look forward to a happy future in the UK, Elizabeth has a gloomy view of her future. I was intrigued about why Ermias and Hagos want to leave and return to a place where they previously had ‘no future’. It appears the grant of leave to remain in the UK is an anti-climax that gives them a clear mind to start questioning their lives and trajectories.

Trauma and transitions to adulthood are complex matters involving personal, community and social/ political factors. These must be taken into consideration in building relationships with them and providing services. I used the Life-course journey diagram below to show the complexity of the contexts that might affect their trajectory of trauma and transition to adulthood.

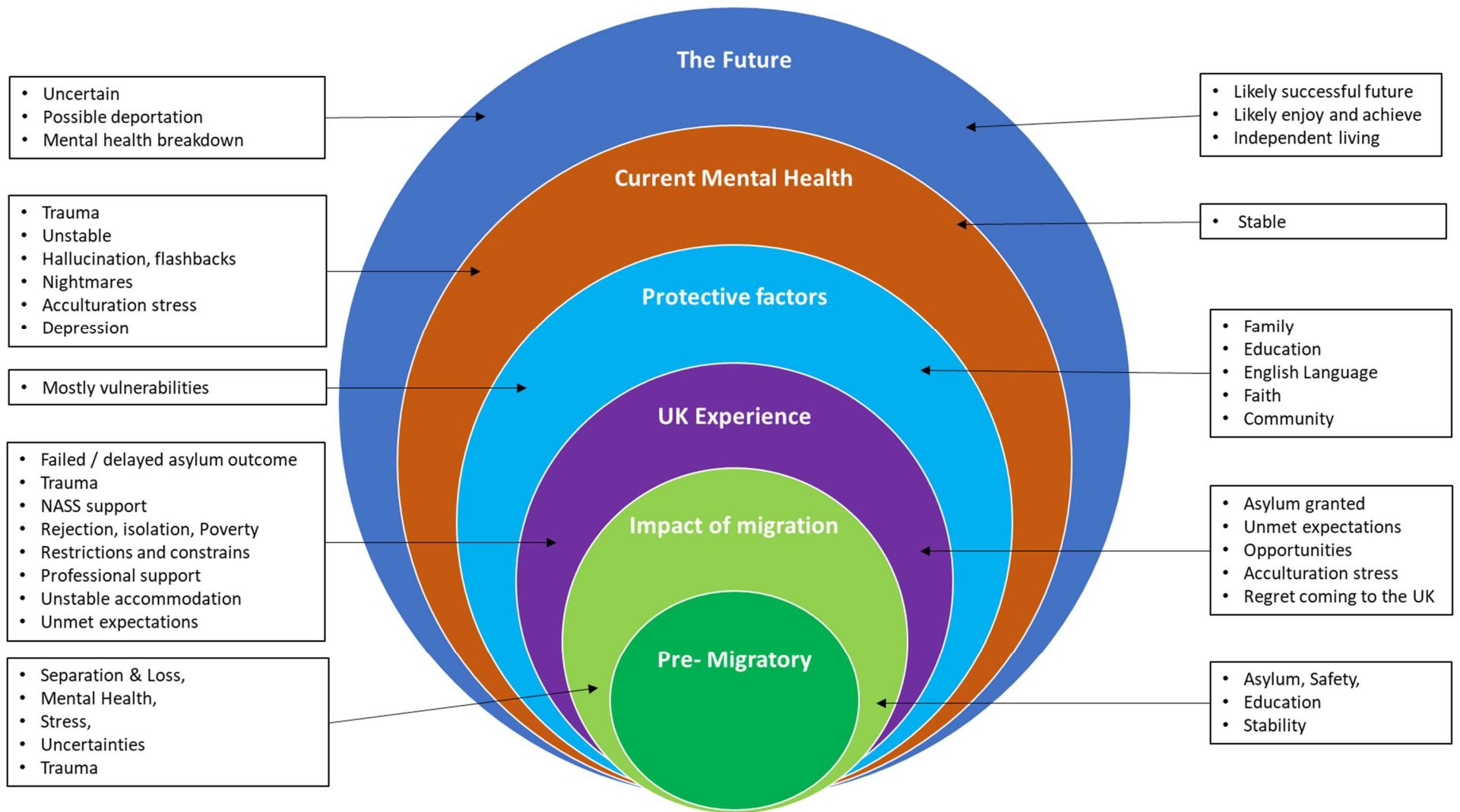


Figure 9 – Life course journey diagram

5.3.3 What might be the challenges of having an in-depth relationship-based engagement with refugee and asylum-seeking care leavers?

A further complexity with these young people is in the development of an in-depth relationship-based intervention. To explore this, I used my researcher's vision as an open vessel, countertransference and transference, authoritative doubt and sound of silence. My vision of the trauma researcher is an open vessel, where participants deposit their feelings and emotional upheavals.



Figure 10 – The open vessel

This was an unexpected but useful revelation. I naively assumed that the 'vessel' was clean and empty but later realised it had residues. In my case, the 'vessel' was unknown and glossed over by an invisible 'shield'. I learnt that I had previously protected myself from hearing the painful stories of these young people. When pain is too difficult to bear, practitioners are sometimes moved to action (Fox, Leech and Roberts, 2014). They called this a defence mechanism. Lord Laming warned that this move to action is about 'self-care'. However, I learnt that by being receptive and open to the emotions of the young person's inner world, I also open myself to unknown and latent emotional experiences. The 'shield' finally came off and the 'vessel' was seen in its true form.

My analysis suggested that prior relationship with the young people is not a guarantee of their openness to us. Their openness and closeness are complex and practitioners must resist jumping to premature conclusions about them. I was surprised that Elizabeth, whom I had no prior relationship with, was the most open. Those I had a good prior relationship with were not as open as expected. I assumed that Abbas was closed because of his haste, snappiness and annoyance but on

close analysis found that he was, in fact, open. Outward presentation is not an indication of openness or closeness. The young people also positioned me fluidly and their openness and closeness to me were not linear.

Practitioners need to learn that these young people's states of mind are such that we cannot judge their openness /closeness and relationship with us by how long they communicate with us. In building relationships with these young people, practitioners must be alert to the risk of developing compassion fatigue and vicarious trauma. 'Compassion fatigue is the stress resulting from helping or wanting to help a traumatised or suffering person' (Figley, 1995, p.7). I mitigated this through regular discussions with my supervisor and colleagues and keeping a reflective diary. I agree with Shemmings that talking openly about powerful feelings evoked by social work helps build resilience and confident practice (Shemming, 2017). These opportunities are currently patchy in social work.

5.3.3 (i) Inner world – Countertransference and transference

What is also patchy in social work is attention to psychoanalytic concepts in social work. I was unaware of countertransference and transference until I embarked on my research, even though it is highly pertinent to the relationships with the young people I work with. Although Freud initially considered transference as a nuisance (Cobb, 2015) before later asserting that it is a 'blessing in disguise ... without them, we cannot really know life and what we are dealing with' (Freud and Jung, 1906-13, p.278). Countertransference is often a reaction to transference and occurs when a therapist transfers emotions to a person in therapy.

Countertransference gives the analyst access to the patient's world (Grant and Cawley, 2002) and is crucial to understanding how the patient relates to others (Cobbs 2015). I had to learn to differentiate the feelings that were mine from those of my participants, those projected on me and the countertransference taking place. Grasping these theories has helped me gain a richer understanding of previously unknown unconscious processes going on between my participants and me. Without understanding these dynamics, it is easy for the researcher and participants to get entangled in a web of unchecked emotions.

Cooper (2020b, p.7) drew our attention to how the researchers and participants influence each other inter-subjectively and unconsciously. He brought to light

Ogden’s analytic third. ‘The analytic third is established when we make genuine contact with one another at a deeper emotional level of experience’ (Diamond, 2007, p.145). Practitioners need to attain this analytic third if they are to develop meaningful relationships with these young people. Without understanding the power of transference and countertransference, it might be challenging to understand these young people. The diagram below illustrates the transference and countertransference between Abbas and me.

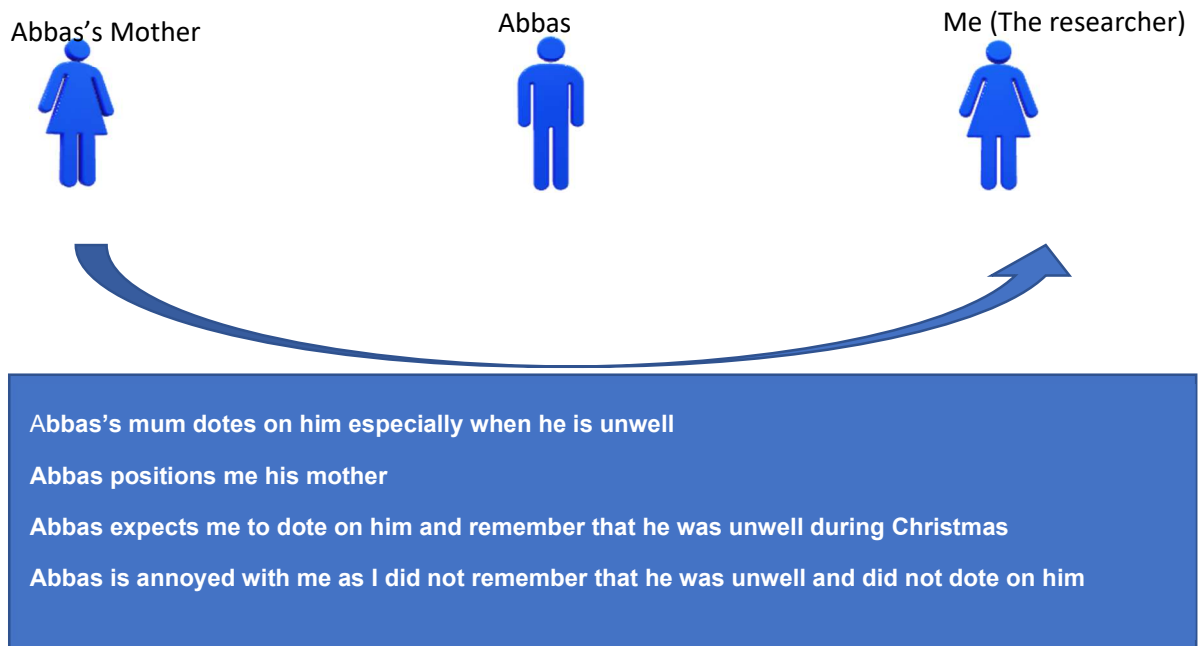


Figure 11 – Transference

Abbas and I are defensive. What I perceived to be ‘snappy behaviour’ seems to be his annoyance and disappointment that I did not behave like the mother he positioned me to be. I received his emotions and unconsciously transferred them back to him. This was unhelpful to our relationship. It aroused anxieties in me that he would end the interview prematurely.



Figure 12 – Countertransference

5.3.3 (ii) Countertransference

In social work practice, I find that we may not always be aware of the dynamics going on ‘here and now’ and how these young people position us. I now understand the subjectivity of my experience with the young people. I understand that there was conscious and unconscious reciprocity between us. Freud asks practitioners to be ‘purely receptive’, non-judgemental and objective. While I agree with Freud and Jung that giving of oneself in expectation for something in return is ‘ill-advised’ (Freud and Jung, 1906-13, pp.475-476), I believe that relationship is subjective and the researcher role is both giving and receiving. Practitioners need to find a balance between both roles. I feel there are inherent dangers in giving too much of ourselves. This might be perceived as desperate, over-familiar and, if not careful, intimidating. Practitioners must choose carefully how they give, understanding the purpose and the boundaries of giving. I believe giving also helps balance the power dynamics between the researcher and the researched, the practitioner and the young person.

Practitioners need to be aware of the cultural ramifications of ‘giving’, especially regarding their position towards the young people. Some of these young people are still struggling with the Eurocentric communication/ relationship they experience in the UK, compared to what they were brought up with pre-migration. I agree with Freud that ‘one must, therefore, always recognise one’s countertransference and overcome it, for not till then is one free oneself’ (Freud, 1908-38, p.112).

5.3.3 (iii) Authoritative doubt

In freeing oneself, practitioners also need to free themselves from the bounds of certainty. We often seek certainty as human beings, especially in social work

practice (Mason, 1993). However, I agree with Williams that the 'challenge of social work is to practice within a context of uncertainty and this makes us strive for certainties' (Williams, 2015, p.5). This is crucial to working with refugee and asylum-seeking young people who have no records to justify their stories.

According to Williams, safe uncertainties encompasses two positions – knowing and expertise and 'not knowing, curiosity and uncertainty' (Williams, 2015, p.5). Mason (1993) refers to this as 'authoritative doubt'. Previously I would have disagreed with Mason (1993) that seeking certainty can be paralysing and lead to uncreativity. I felt it was my role to ascertain everything and determine the truth. However, I found myself entangled and stuck with some questions that I sought answers to but they remained unanswered. Did Farhan and Ermias really start university within 4/5 years of their arrival in the UK, with no prior formal education or English?

My supervisor helped me understand that it is okay not to answer all these questions and practice with uncertainties.

5.3.3 (iv) The Sound of Silence

Further complexity in working with these young people was their silence on certain aspects of their lives. It reflects their inner lives. Sometimes, like Elizabeth, the silence is a defence about their asylum applications. Children affected by war might keep silent as a survival mechanism for their unbearable loss and distress (Melzak, 1992). Ibrahim's request not to 'talk about these things but to talk about the future' is an example of dealing with these intolerable losses. According to Kohli, the young people told 'thick' stories when they felt safe to do so, 'so long as someone understood how and why they were sometimes silent' (Kohli, 2006, p.720).

Like the participants in Kohli's study, social workers need to understand these silences and respond well to these young people's spoken and unspoken world (Kohli, 2006, p.720). They should not be quick to label the young people as a 'closed book' (Beek and Schofield, 2004) without understanding the reasons for their silence.

Social workers need to understand the complexities of these silences but contextualise them within individual dichotomies. Sometimes the hints the young people give are a way of inviting practitioners into their inner world. It might help us understand what is going on for them. Social workers must come off their 'psychic

retreat' (Steiner, 1993) if they are to understand and have an in-depth relationship with these young people. We find in the chart below that refugee and asylum-seeking young people can be silent in a variety of areas. Sometimes it is easy to see these areas, but at times this is difficult, for example, when the young people use protective measures such as denial and repression to block out pain or protect themselves. I later saw this in some of the names I gave my participants, such as Hagos (joy), Farhan (happy), protecting myself from the pain hidden beneath their smiles.



Figure 13 – The participants' silences

5.3.4 What preliminary assessments can we make of the vulnerabilities, strengths and resilience of refugee and asylum-seeking care leavers?

The concepts of strength, vulnerabilities and resilience are very complex to define and assess. So when the young people say, 'trauma makes you stronger', it is important that professionals understand this within the context and the meaning-making framework of the young people. Their resilience is fluid and contextual, bound by both observable and unobservable agents. They can be traumatised under certain conditions and be resilient to other functions. Furthermore, professionals can misunderstand their resilience, strengths and vulnerabilities if care is not taken to understand their defences.

The preliminary strength and vulnerabilities analysis suggested that those highly vulnerable (Hagos, Ermias and Elizabeth) have in common a lack of emotional support, migratory, pre-migratory and in-country trauma and social isolation. Previous research (Hek *et al.*, 2012) shows that having a strong social network and access to emotional support is essential for the well-being of refugee and asylum-seeking care leavers. Research also shows that emotional support promotes mental and physical health (Melkman and Benbenishty, 2018; Hek, 2005; WHO, 2005). This links with my finding that the young people found emotional support highly valuable in dealing with their trauma and transitioning to adulthood.

Lack of appropriate and adequate support during the acculturation process can intensify their vulnerabilities and affect refugee and asylum-seeking young people's well-being and outcome. The stages and pace they adapted differed and were mediated by how long they had been in the country, their environment and their support. The pace of acculturation can be further delayed by ever-changing and complex asylum legislation and policies. Figure 14 below illustrates the acculturation and the different positions of refugee and asylum-seeking young people at various points of their settlement in the UK.

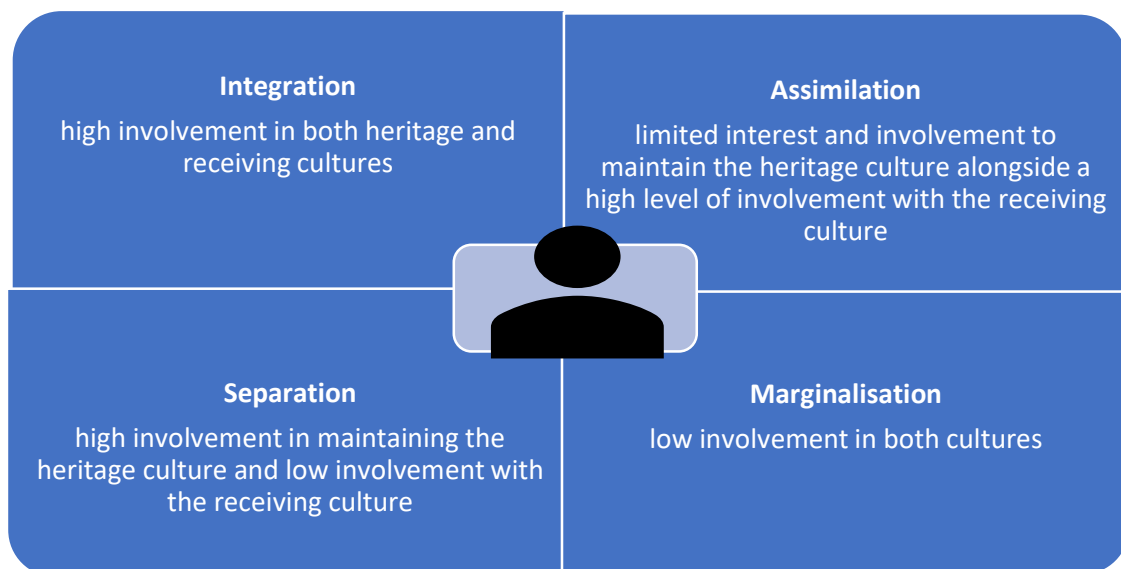


Figure 14 – Acculturation grid (Berry, Phinney, Sam and Vedder, 2006)

My analysis also indicated that the young people's mental health and well-being could deteriorate and their transition to adulthood be delayed if they are faced with restrictions and barriers whilst attempting to build a life for themselves in the UK. Evidence in the general refugee literature resonates with my findings (Silove *et al.*,

1997; Burnett and Peel, 2001; Crowley, 2003). Whilst there are various barriers and restrictions for these young people, the most notable is the delay or denial of stable immigration status.

This correlates with my finding that refugee and asylum-seeking young people's immigration status impacts their trajectory of trauma and successful transition into adulthood. This builds on existing literature and research that confirms the same (Kohli and Mather, 2003; Children's Society, 2006; Kohli, 2007; Gimeno-Monterde, Gómez-Quintero, J.D. and Aguerri, J. 2021). Furthermore, aspects of the UK asylum system can harm some asylum seekers' mental health and psychological well-being (Sturge, 2021). Of all the six young people, Elizabeth is the only one still waiting for her asylum application's positive decision. Elizabeth seems to be living in a state of liminality, on the margins of society, a shadowed life (Chavez, 1992).

In this state, Elizabeth cannot progress with her education, engage in employment, have a romantic relationship as she would have liked or participate in social activities. She is hopeless and suggested she might be dead by the time she is eventually granted leave to remain. Her transition to adulthood is frozen, unlike the other young people who have been granted leave to remain. However, it was interesting to see the divergence between Elizabeth, who desires to be in the UK but is still waiting for her leave to remain to be granted and Hagos and Ermias, who has leave to remain but yearn to leave the UK and return to Eritrea.

I also found that the young people's mental health difficulties might be difficult to detect and impact on their can last long into adulthood. This builds on previous literature asserting the same (Children's Society, 2018; Chase *et al.*, 2019). However, this does not negate the abundance of literature on the prevalence of Post Traumatic Mental Disorder and other mental health difficulties amongst refugee and asylum-seeking young people. In their 2020 research Blackmore *et al.*, found that the highest level of PTSD is from refugees and asylum seekers from Africa. He associated this with African countries consistently ranked highest for political 'terror' (Gibney *et al.*, 2019).

The young people can disguise mental health difficulties through defence mechanisms such as repression, splitting and 'dumping' into others. They might refuse discussions about mental health or may not be aware that they are going

through mental health difficulties. The young people's wish to get on with their lives is captured in Hagos's statement 'the past is the past'. He refused to accept any suggestion that he might need mental health support for his nightmares and flashbacks. Ermias only cries when he is alone. I understand that these behaviours might be influenced by their social construction of mental health, often based on cultural nuances.



Figure 14 - Tiger! Tiger!!. Smiling outwardly but trauma inside

However, it appeared that the longer the young people have been in the UK, the more they might accept the Eurocentric construct of mental health. Elizabeth has

been in the country for ten years and she talks more openly about her mental health and is open to receiving support.

Finally, although I am used to the saying 'what does not kill you makes you stronger', my hypothesis before this research was that trauma was bad. I was surprised to find the young people asserting that trauma can make you stronger and mature you. This finding confirms Papadopoulos's (2007) Adversity Activates Development theory that trauma can be positive.

5.3.5 What can we learn about the researcher's trauma background and emotional responses from conducting these interviews? – Unleashing the Tiger!

I was not naive at the start of the research of the emotional impact of researching trauma. The findings indicated that the emotional cost is greater for trauma researchers with a trauma history. They are more likely to be at risk of vicarious trauma but also growth. I thought I knew myself and entered the research arena with this confidence. I thought I had dealt with my trauma of armed robbers putting a gun to my head, the terror of what they might do to my baby and seven-year-old niece.

This was many years ago, after all. I felt stupid and infantile that reading the young people's trauma narratives aroused emotions in me. I cried every time I read or wrote about my ordeal. My supervisor helped me to find myself and the root of the 'stupidness' that I felt. I remember vividly being told to 'Be quiet!' when we eventually found each other after the armed robber had gone.

I since 'shut up', and deep inside the trauma laid dormant for years until I entered into the 'tiger zone' and felt the 'teeth of the tiger' tearing on the inside that which I thought was dealt with. It is called trauma. I found that researching trauma brings out varying levels of emotional turmoil and anxieties in the researcher, which is part of the interpretative data. While I agree with Freud that trauma damages the psychological skin of the victim (Freud and Breuer, 1955), I believe that the puncture can also be healed. As with my young people, I found that we only put a 'plaster' on the 'puncture' or deny that there is a puncture, not knowing that the puncture may become a rip if not taken care of. The projection between the researcher and subjects is powerful, even though we may not realise this until the data is analysed.

The sickness and death of my then seven-year-old niece as I was concluding this research makes researching trauma even more difficult. I learnt that psychological 'psychic retreats' only provide a temporary reprieve from painful and unbearable states of mind. I now understand the importance of dealing with this pain. My ability as a researcher to tolerate the primitive emotional turmoil during the interview process was good. It helped my participants communicate their traumatic and unthinkable experiences. In psychosocial research, it is not easy to simply 'bear witness' (Blackwell, 1997) and not help our participants. Hence I found myself seeking ways to help my participants.

5.4 The dance of the trio – Pre-migration, migration and resettlement

While we might feel guilty and rush to rescue these young people, especially when confronted by their painful narrative, it is important to look at the whole picture. According to Howe *et al.*, 1999, p.4:

The complex interplay between the past and the present, the psychological inside and the social outside, is the dance that practitioners have to understand if they are to make sense of what is going on and intervene appropriately and effectively.

Professionals need to understand how pre-migration, migration and resettlement experiences, their outside presentation and inner experiences are interwoven and need to be understood in planning and supporting them effectively.

5.5 Our complex world

The research took me on a journey of 'personal change and the discovery of complex particulars' (Cooper, 2009, p. 432). We live in an ever-changing complex system. Refugee and asylum-seeking young people are part of that complex system. There are networks of interactions as they journey to the UK and try to make a new life for themselves, which ultimately affect their trajectory knowingly and unknowingly. The boundaries that exist in these systems are fuzzy and fluid. Hence we cannot classify our complex world like 'this and that'.

I learnt that if we look closely at the similarities amongst these young people, there are differences. Where there are family resemblances amongst the participants, if we look closely, we will see differences. This is where I deviate from a universal truth.

The young people fled their countries due to traumatic social-political circumstances. Congo and Eritrea are from the top five poorest countries globally, and Sudan is not too far off (Ventura, 2020). The countries also have colonial ties to the UK. They all come from oppressive and repressive governments and countries that have recently come out of war (Eritrea, Sudan and Congo). They travelled alone in harrowing circumstances, crossing the treacherous Mediterranean Sea and the Sahara Desert, destitute, exploited and abused.

However, they differ in several ways. Ibrahim is an orphan of war, Hagos and Ermias were at risk of been recruited into the army. Ermias had the added fear of imprisonment for his sexuality and Elizabeth's family disappeared. We must realise these differences in planning for them. They are on a constant journey of change. Their capacity to adapt to these changes in their new environment is affected by a multitude of factors. Practitioners also need to focus on interactions between structures, systems and psychological factors to understand these young people.

5.6 Unlearning what I thought I knew

The young people's adaption and the impact of trauma on them are dependent not only on their actions but also on others' actions and their changing environment. As a result, each of these young people's trajectories is not linear.

My prior hypothesis was that being granted leave to remain in the UK was the ultimate goal of refugee and asylum-seeking young people as they seek a new safe and 'better life'. The risks to their lives they took justified this hypothesis. It was surprising to find that two of them want to return home despite their pre-migratory and migratory trauma. I learnt an important lesson to be open to the possibility that not all refugee and asylum-seeking young people want to remain in the UK. Returning might be a way of healing from their trauma.

I hope that professionals who work with these young people will be open to this possibility. Professionals can only recognise this by giving the young people opportunities to tell their stories, hearing what is spoken and unspoken and being alert to their individual needs. There is a need to look beyond 'triple planning' to a new and daring dimension that some of these young people might want to return home. Triple planning involves planning for three possible asylum application outcomes from the Home Office post 18. The outcomes are receiving status, waiting

for a decision and refusal/ removal (Wade, 2011). However, achieving triple planning is complex (Wade *et al.*, 2012) especially as asylum-seeking young people may not accept or engage with the possibility of being refused to leave to remain or face deportation (Wright 2014). Planning in these uncertain and unpredictable situations is problematic as it is unknown what the outcome of their asylum application might be. I am also conscious of the challenges around return and the possible political ramifications for those who remain or are still seeking asylum. However, we must not shut the doors to these possibilities because of these challenges.

I also previously assumed that refugee and asylum-seeking young people would not want to tell their stories. On close scrutiny, I found that this was protection against my anxieties that I might re-traumatise them. In practice, I consciously and unconsciously avoided their histories. I was surprised to find that all the young people were grateful for having someone listen to their stories. No one had ever heard Abbas's story apart from the Home Office. He talked about feeling lighter at the end of our interviews. Since concluding my research, I encourage my team to provide opportunities for these young people to tell their stories and to look beyond what they present outwardly.

'Bearing witness' helped me access previously locked and frozen parts of me. In so doing, I am more available to my subjects, hearing what they are saying and their experiences of trauma and transition. To illuminate the findings, I completed a diagram showing the findings discussed above through the young people's migratory journey and the research experience (see appendix 14).

5.7 Research strengths

The research lays an important foundation in the study of trauma and transition to adulthood of care leavers of African origin in the UK. The scarcity of literature on this topic is discussed in Chapters 1 and 2. Hence the research is a valuable contribution to knowledge. It also builds on research and literature on the general care leavers' population. As many children and young people from Africa continue to make these perilous journeys to the UK, it is vital that practitioners have an in-depth understanding of them and their needs and respond to them appropriately.

In addition to these, the research was carried out using a psychosocial methodology (Hollway and Jefferson, 2013) hence it offers a deeper insight into the experiences of

refugee and asylum-seeking care leavers and the researcher than in existing literature. Furthermore, psychoanalysis is currently underutilised in social work. The research adds to the application of psychoanalysis studies in social work, thus contributing to knowledge. It encourages social workers to understand psychoanalytic theories and concepts to make their intervention with these young people richer. It pays attention to both the conscious and unconscious. It illuminates how paying attention to the inner worlds of the researcher and the young people can help in having a deeper understanding of the self and the young people we seek to serve.

The adapted thematic systemic analysis and Stake cross-case analysis, though painstaking, add richness to the study.

5.8 Implications for practice

Having discussed the research's strength, this section attempts to answer the 'so what' question of the research. The research aims of seeking an in-depth understanding of trauma and transitions into adulthood and enabling the young people to tell their stories might interest social service departments, Department for Education, the Home Office, policy makers, social workers, personal advisors, foster carers, tutors, and other statutory and non-statutory organisations involved with these young people. I also hope that it will be of interest to the young people themselves. This section will explore how the findings might be relevant and beneficial to these stakeholders.

One of the research's key findings is that unresolved immigration status restrictions might harm young people's mental health. In chapter 2 we learnt how the contradictions in asylum and childcare policies complicate this. The study supports arguments for reviewing the Home Office policies and procedures to expedite the young people's asylum application. This should take into consideration their trauma histories.

The findings suggest that psychoanalysis is a useful tool for a deeper understanding of self and others and to deal effectively with the problems presented. Although there is a steady emphasis on psychoanalytic theory in institutional social work (Berzoff, Flanagan and Hertz, 2021), attention to it in social work training and practise is

patchy. The situation is more critical for personal advisors where such understanding and concepts are very limited by virtue of their unqualified professional status.

Social workers are less likely to jump into pathologising or labelling (Parkinson, 2018, p.114) if they are helped to make sense of where their feelings originate from (Parkinson, 2018). Social workers and personal advisors need to be supported to understand and apply theoretical concepts to understand the young people's inner world and also have the 'capacity for attunement to our emotional experience of ourselves in relation to others' (Cooper 2018, p.109). Like Parkinson (2018) and Okitikpi & Aymer (2008), I believe in relationship-based practice. Practitioners need to build a relationship with the young people to gain their trust and encourage dialogue and understanding.

The findings suggested that practitioners should pay attention not just to providing practical and emotional support to the young people. They also need to be alert to the dynamics going on between them and the young people, their interpretations of each other and the role of transference and countertransference. We learn from Hollway and Jefferson's FANI method that 'paying attention and taking the interviews seriously' (Hollway and Jefferson 1997, p.66) might help the young people 'warm to the event' (ibid.). Hollway and Jefferson warned that practitioners' anxieties and preconceived ideas can be unconscious barriers in relationship building and could affect their openness and closeness to us (ibid., 1997).

Practitioners need to remain open to what is communicated psychically to them (Fox, Leech and Roberts, 2014, p.182). By being open to the young people's emotional experiences, practitioners might become open to the complex data about them. They might give themselves opportunities to understand the young people better, how they are processing their trauma and their complex world. Practitioners might be more likely to recognise the dynamics between them and the young people. This did not come to me until later in my analysis and discussions in my tutorial. I learnt that what the young people were portraying on the surface was not necessarily a reflection of their inner world. They may not be aware of the depth of pain they carry because of their desire 'to get on' with the present and look to the future. I agree with Cooper that understanding these dynamics is a core professional skill, perhaps the most central skill we need to develop, sustain and hone (Cooper, 2018, p.109).

The findings also suggested that the key relations in relationship-based social work are 'ourselves' (Ruch, G., Turney, D. and Ward, 2018, p.71). The study supports arguments about the use of self (Corey, 2002; Walters, 2008). According to Kaushik (2017, p.22), 'knowing the self is a pre-condition to know others'. Cooper (2012) also asserts that the use of self must be central to social work practice. Social workers need to be alert to the use of self in practice, its boundaries and how it might affect their decisions.

While recognising the importance of the use of self, the research also indicated that self-care is important in building relationships with these young people. It supports arguments about the need for self-care in social work to guard against burnout (Lee and Miller, 2013). Self-care is a critical issue for the entire social work workforce and attention is needed to steer social workers to its implementation (ibid.). Jackson called it 'the overlooked core competency' (Jackson, 2014, p.14). Social work departments can support staff by making available reflective spaces where staff can safely talk about their feelings regarding the young people they are working with.

The study offers suggestive evidence for reflexive thinking and supervision for building strong relationships with the young people and effective practice. Already some local authorities do this through systemic group supervision. However, practice varies across local authorities. I found that my initial unconscious decline of the 'invitation to think about race' is a defence mechanism (Brooks, 2014). There are suggestions that social work might address racism more effectively with psychoanalysis. It might help us understand concepts like white fragility, internal racism and why black practitioners like me might be hesitant at times to talk about racism. According to Fernando (2012), it is easy to overlook the internal dimensions of racism. Currently, it appears that racism is addressed only on the surface and visible levels in social work.

Furthermore, there is suggestive evidence that resilience and response to trauma is complex. It is not just about innate qualities and strengths but also external, community, social and political environments. Considering these factors might help professionals build an in-depth relationship with these young people and offer a wholesome understanding of their needs.

The study supports arguments for trauma-informed practice. This is recognised as good practice for refugee and asylum seekers. Internationally it is recognised as the 'best practice' for immigrants and refugee children and young people (ISSOP, 2017; SAMHSA, 2014; Felitti *et al.*, 1998). Trauma-informed practice is consistent with the core social work value and mission of promoting social justice for oppressed and vulnerable people (NASW, 2015). There are suggestions that social workers and personal advisors need to consider developmental trauma and the impact of trauma on the young people during pre-migration, migration and resettlement. Trauma-informed practice emphasises strength instead of pathology (Leveson, 2017). It recognises the existence of trauma in individuals' histories and supports them in a sensitive, respectful, compassionate and kind partnership (Elliott *et al.*, 2005). It facilitates choice in the delivery of services (Harris and Fallot, 2001). However, practice must be culturally relevant (East and Roll, 2015), especially bearing in mind the young people's African heritage.

The study support arguments that faith is a protective factor for these young people. Advocates for faith (Mhaka-Mutepefa and Maudeni, 2019; Brewer-Smyth and Koenig, 2014; Weber and Pargament and Cummings, 2010) argue that faith is a resilience-building factor to deal with chronic life events in the African continent. This is true in my personal life. However, some scholars argue that faith can be protective and damaging (Weber and Pargament, 2014, p.358). Koenig (2009) was inconclusive about whether 'it is a resource or liability because it is often intricately entangled with neurotic and psychotic disorders' (p.283). However, these should not be reasons to ignore faith as it is a key part of identity and understanding these young people.

If we are to support these young people to deal with their trauma and transition into adulthood effectively, practitioners need to understand their journeys, fears, values and beliefs. Professionals have to pay attention to the complexities of these young people's experiences. They need to understand that isolation is complex and not limited to their arrival in the UK but, in some cases, continues years after. Opportunities need to be provided for them to access education and the English language, build on confidence and access suitable social activities.

With the young people's help, practitioners should find what works for each individual. It is easy to interpret academic achievements, good behaviour,

maintaining their tenancy and signs of well-being as successful transitions into independence, but we must look beyond this.

The study's findings suggest that an anti-oppressive strength-based approach is essential to working with these young people. It suggests that the trauma discourse can oppress, pathologise and diminish their resilience. The study supports arguments to reposition them from victims to survivors. It recognises what they have achieved instead of focusing on the deficit (McCashen, 2007). Strength-based practice correlates with the social work value of choice and empowerment of the service user. Strengths-based frameworks can assist practitioners in identifying refugee's strengths and resources and assisting them in mobilising pathways to build resilience (Hutchinson and Dorsett 2012, p.66). 'The identification of strengths is not the antithesis of the identification of problems, instead, it is a large part of the solution' (Graybeal, p.234). Strength-based practice allows for flexible working rather than just following tried and tested procedures. One of the criticisms of strength-based approaches is the evidence that it works (Staudt, Howard and Drake, 2001). However, Stoerkel (2021) argues that there are increasing evidence showing its impact. However, it will require the buy-in and commitment of senior leadership for strength-based practice to be embedded (Haynes, 2019).

Furthermore, the study's findings correlate with arguments around authoritative doubts, the need to recognise the uncertainties within social work while keeping the child's safety the centre of practice (Mason, 1993, p.38). It reminds us that the young person's world is complex and unpredictable and building relationships with them is complex. Our relationship with them might be complicated further if we always seek certainties. Trust might also be affected and we might break the 'thin thread' that binds us to these young people if they feel that we doubt them.

5.9 Limitations

This study is small, however, this helps with having an in-depth understanding of the experiences of the young people. It does not claim generalisation. I also acknowledge that the first language of all my participants is not English and their fluency varies. Whilst they did not require interpreters, I am conscious they may have communicated better if the research was conducted in their first language. While the

study will help with the foundations for future research with refugee and asylum-seeking care leavers of African origin in the UK, their trauma and transition into adulthood, the literature available to me was around my research topic and not specific to it..

In addition to these, I recognise the difficulties in recruiting females for a study of this nature. However, I feel it is important that more of their voices are heard. This is an area for future research. I also recognise that although I planned to conduct all my interviews face to face in line with the FANI methodology, the restrictions of the COVID-19 pandemic meant that I had to conduct the last interview by phone on WhatsApp. I agree with Pierre (2008) that qualitative interview is live and face to face. However, a telephone interview offered flexibility with timescale. It also gave the participant the freedom to speak without my physical presence. It was good that this was my second interview with Ibrahim and rapport was already established at the first interview.

I also acknowledge that one researcher conducted this research so there is a risk of personal bias. I recognise my privilege as an insider researcher meant that I might have prior knowledge (Merton, 1972; Chavez, 2008) of five of my participants. However, I knew three by name only. I met two before their recruitment but did not know their circumstances. As team manager, I have direct access to their files but avoided this. I am thankful to my tutorial supervisor, who warned me about the dangers of accessing their files on data generation and interpretation. To avoid bias, I had regular consultations with my supervisor, colleagues and group. I kept an open mind to challenges. My service also went through a restructure, which meant that all the young people were transferred to another team during this study.

I recognise the power relations between me and the young people as team manager. However, I mitigated against this before and during the interviews to reassure them of my role as a researcher, their rights and my responsibilities. Although I took these steps, I cannot guarantee that this was fully eradicated.

5.10 Conclusion

One theme that resounds throughout this research is the complexities of the young people's experiences and working with them. Theoretical concepts of multifinality and equifinality and the psychoanalytic theories of transference and

countertransference have been valuable in teasing out these complexities. The research findings have been explored in light of the research questions. The strength and limitations, as well as the implications of the research, have also been explored. Chapter 6 is the final chapter. It tells us how the research aims have been met, makes recommendations and reflects on the research journey. I end this chapter with a poem about my journey thus far. Unplanned, the poem is my visualisation of my trauma experience. The poem is concluded in chapter 6 as I found myself again wrapping my experience and emotion in poetry.

Tiger, Tiger!

I had a tiger

I did not seek or desire it

It was thrust on me by armed robbers

My baby in my arms, seven-year-old niece on my side and a pointed gun to my head

My father also given a tiger wrapped in a gun pointed at him

My mother, extended family, locked up in our own home

A horrible gift for daring to return to my homeland to celebrate my mother

Prowling, growling eyes, razor teeth, seeking to devour

It tears in pieces those that come its way, leaving carcasses behind

I was determined not to be its victim

I am bold! I am strong!!

It laid nameless for years

I have now found a name for it

It is called trauma

I was ordered to shut up after the ordeal as an uncontrollable yell escaped my mouth

I realise now, it was because they were also given the same gift

They were fearful that the donor might return and thrust more of the 'gift' on us

I hated the tiger and kept it caged for years

I took it on a journey, a place of no return and buried it there

I leapt gallantly, joyful that the tiger had been dealt with
I shut my mouth and spoke no more of the tiger.
Several years on, the tiger crept back
Ushered in by a mere word 'holiday'
It rumbled me inside and tears began to flow
I thought I buried you, tiger!!
Where did you come from?
Begone, tiger!!
I entered the research arena several years on. So sure that the tiger was dead
I listened carefully as my young people spoke about their own tigers
I am bold! I am strong until I put pen to paper or read about their tigers
Tiger, tiger!! Why have you returned? I buried you!!
I felt stupid, almost cheated that this horrible tiger had escaped from its cage
Hear, oh hear tiger!! I am stripping you of your stripes, your teeth, your root
This time you will be gone for good!

A poem by Wuraola Bolaji 25/10/2020 10:05 (whilst writing the findings section)



Figure 15 – Trauma

CHAPTER 6 - RECOMMENDATIONS AND CONCLUSIONS

6.1 Introduction

the
go home blacks
refugees
dirty immigrants
asylum seekers
sucking our country dry...
messed up their country and now they want
to mess ours up
how do the words
the dirty looks
roll off your backs
maybe because the blow is softer
than a limb torn off

or the words are more tender
than fourteen men between
your legs
(Shire, 2009)

This poem captures some of the struggles of black African care leavers settling in the UK. This research lays some of the early foundations for research in the trauma and transition of refugee and asylum-seeking young people from Africa, where there is paucity. It builds on literature regarding the general care leaver's trauma and transition. This final chapter flows from the findings and discussions in chapter 5. It starts by examining how the research aims have been met. Recommendations are made for practice, young people and future research. Attention is paid to reflexivity. It ends with an 'Ode to Tiger'. I hope this will help professionals see the value of recognising and owning their trauma as a prelude to understanding and effectively supporting these young people.

6.2 Meeting the research aims

My research question is the experience of trauma and transition to adulthood of care leavers of African origin in the UK. This research is unique in that it illuminates and deepens understanding on a new and important research area. It meets the research aim of gaining an in-depth understanding of refugee and asylum-seeking care leavers of trauma and transition into adulthood. Although its attention is on a small sample of six young people, using a Free Association method deepens insights on the experiences and understanding of the young people in a way that bigger samples in quantitative methods would not. Ultimately, I believe that it is in having a deep understanding of these young people that we can begin the task of providing them with an appropriate and effective service.

My participant's voices were heard and care was taken that their voice, not mine, is reported in the production and interpretation of data. I was attentive and responsive to what the young people were telling me, both spoken and unspoken. The research aim of helping them tell their stories was met. On the other hand, I regret that my niece did not have the opportunity to tell her story of the gun ordeal. I learnt that because I buried my trauma of the event, it shielded me from seeing her trauma until much later.

We must look beyond the surface. To do this, professionals need to understand the social and cultural construction of mental health for these young people. Where their immigration status is a constraint, it can significantly impact their trauma and transition into adulthood.

I found that the 'self' is a rich part of the data. My hypothesis on the researcher-participant relationship was flawed when I found that their openness and closeness was not linear. I learnt from this the importance of listening with memory of desire (Bion, 1967).

The most intense moment for me as a researcher was when I got in touch with my latent trauma. This was a part of me that I thought was already dealt with. I realised that being 'strong' is not in burying our trauma but bringing it to the surface, naming it and dealing with it. This experience made me conclude that when professionals are sensitive, attuned and attentive to these young people, they may find their latent trauma. Unconscious anxieties may be activated and stirred up. I feel this new

revelation of the self and the ability to deal with it frees the practitioner to help the young people better. Practitioners will be better positioned to understand the complexities of the young people, their inner world, what is spoken and unspoken. Their response to the young people's needs will be in a way that meets individual needs instead of services based on organisational anxieties and procedures.

Finally, I hope that by providing access to the research and its summary to academic and non-academic worlds, mapping out and engaging with key stakeholders in the statutory, voluntary and community levels, they will have that in-depth understanding, the final aim of the research. The young people themselves will help achieve this aim.

6.3 Recommendations and future research

Having met the aims of the research, I now present the recommendations under the categories of social work practice, young people and the future.

6.3.1 Recommendations for social work practice

The Home Office and social care must work together to ensure that policies and practices are streamlined to avoid unnecessary delays in processing asylum claims. The young people do not always understand the legal systems, laws and policies that will affect their future in their host country. For this reason, it is important that they are supported to access prompt and effective legal advice as soon as they arrive and that this is reviewed regularly.

Regarding training, psychoanalysis is currently mostly the terrain of mental health practitioners and might seem daunting for non-clinically trained professionals. However, the study's findings suggest that psychoanalysis might equip professionals with the tools to deal with the complexities of the young person's world and build an in-depth relationship with them. The recommendation here is for psychoanalysis to be embedded into training and practice for social workers and personal advisors. Practitioners might benefit from psychoanalysis to understand their fears and defences about hearing painful stories and be better equipped to address these.

Similarly, the young people could benefit from professionals working within a strength-based anti-oppressive framework, given that they are a marginalised group. Embedding this within the framework of psychoanalysis might help strengthen and

give meaning to the strength-based anti-oppressive practice. Furthermore, considerations need to be given to the review of 'Language That Cares' (a glossary of professional jargon that care leavers disagree with) to pay more attention to oppressive social work languages used to address refugee and asylum-seeking young people. An example of this is UASC which positions them as asylum seekers first instead of children. Practitioners might learn from this if this framework is modelled from top to bottom. Hence my recommendation, like Haynes (2019), is for senior managers to model it.

Furthermore, trauma-informed practice needs to be embedded given the young people's trauma histories. This should not be limited to social workers but could be extended to personal advisors and foster carers. This can be achieved through training, practice and supervision. Supervision needs to go beyond case discussion to a reflexive space where practitioners are given time for deep discussions about individual young people, given the emotional turmoil of working with trauma. It needs to be about quality, not quantity.

This ties in with self-care, a much-neglected requirement in social work. Attitudes to self-care as a weakness need to change in social work and it might help if this message is coming from the top. Furthermore, professionals should be given support about what self-care means and where and how they can access it. There are suggestions that ignoring self-care might lead to burnout, one of the reasons why social workers leave the profession (Smullens, 2015).

Furthermore, personal advisors play a key role in supporting young people's transition to adulthood and dealing with their trauma. It is now paramount that their role is reviewed to improve their effectiveness and raise their profile. Some of the suggestions for doing this are to include a framework for training and compulsory continued professional development.

6.3.2 Recommendations for young people

The young people should be supported to access timely and suitable emotional and mental health support, considering their trauma, culture and personal preferences. I hope with this they might be more open to accessing mental health services. Their needs are specific and assessment tools such as SDQ need to be reviewed regularly to capture their experiences, needs and context. Pathway plan reviews need to be

live documents that these young people can relate to, especially where English is not their first language. Practitioners need to orientate themselves with verifiable information about the young people's country of origin and, where possible, support those who want to return to do so safely. Practitioners should ensure that planning, including triple planning is not based on assumptions but the young people's real wishes.

Opportunities should be provided for the young people to tell their stories. This should take into consideration their individual needs, such as language and culture. This can be in the form of audio recording, pictures, photographs, face-to-face discussions or poetry. This study challenges professionals and agencies to look beyond the surface of what the young people are presenting to us when making decisions about them. They need to go beyond their anxieties of re-traumatising the young people.

Enabling the young people to tell their stories resonates with calls from the echelon of government like Steve Mc Cabe (MP, House of Commons) that 'it is only through listening to their voices that we can truly begin to understand the situation and what is needed' (Mc Cabe, 2020). Lemm Sissay MBE (a former care leaver) also called for the voice of care leavers to be placed at the heart of the Government's Independent Care Review (Dacey, 2020). As England undertakes its independent Care Review, it must consider care leavers' voices, especially those from Africa. This is because it is often the most vocal that are involved in consultations and reviews. Those of African origin do not necessarily fall into that group because of language difficulties or inadequate support to understand their new system.

6.3.3 Recommendations for future research

We can see from chapter 2 the different colonised states of mind of these young people. The colonial experiences they carry within them and their circumstances in the countries they migrate to are different. We cannot lump them all together as post-colonial subjects. Currently no study exists that compares the lives and trajectories of young people coming to Western Europe from Africa with other continents. So a comparative study in this respect might help us understand and support these young people better.

Furthermore, the young people in this study are from British and non- British former

colonies. Future studies might consider whether there are differences in the experiences and trajectories of young people from British and non-British colonies coming to Western Europe.

6.4 Reflexivity

At the beginning of my doctorate, I recall my professor telling us that ‘you will be changed’. Change? I wondered. I was indignant at this suggestion. I felt I did not embark on the doctorate to be changed. I am here to learn. I vowed quietly that no one would change me. I was confident in myself and what I knew, so who needed change? I did not realise that knowledge and change are inseparable. Almost four years on, it is hard to believe that these thoughts entered my mind and I am thankful to my professor, now my supervisor, for planting these early seeds. The research brought change and reconstructed my knowledge of myself, my participants, my research topic, and the latent and unconscious processes between my participants and me. I can now boldly say that change is the lifeblood of knowledge, without change, knowledge is fruitless.

Part of the change is the shift in my epistemological position from constructivist to critical realist. Also, my initial dislike for the ‘defended subject’ and researcher notion, especially the researcher’s right to interpretation and seeming supremacy. However, by becoming more attuned with theories, re-examining my position and role in the research process, I have accepted these viewpoints. I also believe they have contributed to the truthfulness and validity of my research.

I did not fully understand the implications of my ‘inside researcher’ position and relied heavily on the presumed similarities between myself and the participants. I feel this might have helped gain their trust. Despite the similarities, I later realised that our differences (culture, language, background, academic and social status, employment, leaving care and immigrant categories) are far greater than our similarities.

I was embarrassed to find that my knowledge of the young people’s countries and culture was minimal, even though I pride myself in being African. However, I used this opportunity to learn more about them and gain a fresh perspective. My hypothesis that the young people would be open to me because of our prior

relationship was flawed. I found that their openness and closeness was not necessarily linear and was complex.

Overall, I was unprepared for the revelation of myself and the latent trauma that the research brought to light. Trauma is a very emotive topic to research and researchers must be prepared for the anxieties and emotional turmoil it brings to them. I finally accepted that having a gun put to my head was traumatic and affected me in ways that I did not recognise. My vision of my experience was of a tiger and the reflexive writing of a poem helped me name the unnameable.

On reflection, I wish I had added poetry to my research method because of its power to tell painful stories, where words and emotions might not be enough. I realise my quest to protect my subjects meant that I had to be 'strong' when listening to their difficult stories. My emotional turmoil came in the tears that I shed whilst transcribing the interviews and the unexpected flashbacks of my trauma. I realised that as a researcher, the duty of care is not only to the participants but also to myself. I learnt the importance of supervision, reflection and self-care in the research process. I end my research with an Ode to Tiger:

Adieu Tiger

Tiger! Tiger!

I finally found you

I named you trauma

In finding you, I found me

In finding me, I found others

In finding others, I found their voices

In finding their voices, I found understanding

In finding understanding, I found light

In the light, I found the guide to a 'better life'

Tiger, Tiger, you made us stronger!!

REFERENCES

- Achankeng, M. (2017) 'The refugee and migrant crisis: human tragedies as an extension of colonialism', *Addressing inequalities, mobility and dislocation: insights from international and domestic research and practice*, Michigan State University, East Lansing, Michigan, 12 – 13 June. doi.org/10.1080/00358533.2020.1717089.
- Adam, A.S. (2013). Managing insider issues through reflexive techniques: An insider-researcher's journey. Available at: https://www.researchgate.net/publication/275336987_Managing_insider_issues_through_reflexive_techniques_An_insider-researcher%27s_journey (Accessed: 7/11/2021).
- Adichie, C.N. (2014) *We should all be feminists*. London: Fourth Estate.
- Adlam, J. (2020) 'No room at the inn? Re-imagining social inclusion at the intersections between climate change, globalisation, homelessness, and human migration', *Journal of Social Work Practice*, 34(4), pp.379-392.
- ADSC (2018) *Research Report Safeguarding Pressures Phase 6*. Available at: https://adcs.org.uk/assets/documentation/ADCS_SAFEGUARDING_PRESSURES_PHASE_6_FINAL.pdf (Accessed 2 September 2020).
- Aidoo, A. (1990) 'We were feminists in Africa first', *Index on Censorship*, 19(9), pp.17-18. doi:10.1080/03064229008534948.
- Alexandrov, H. (2009) 'Experiencing knowledge: the vicissitudes of a research journey', in Clarke, S and Hogget, P. (eds.) *Researching beneath the surface: Psycho-social research methods in practice*. London and New York: Routledge, Taylor and Francis group, pp.29-50.
- Alfaro-Velcamp, T. and McLaughlin, R.H. (2019) 'Rape without remedy: Congolese refugees in South Africa', *Cogent Medicine*, 6(1), pp.1-15. doi: 10.1080/2331205X.2019.1697502.
- Alvesson, M. (2003) 'Methodology for close up studies—Struggling with closeness and closure', *Higher Education*, 46 (2), pp.167-193.
- Amaral, M. (2015) *Thro'the een o'caer leevers (through the eyes of care leavers): The experience of young people leaving care and suffering from depression in Scotland*. PhD thesis. Heriot-Watt University. Available at: https://www.ros-test.hw.ac.uk/bitstream/handle/10399/3011/AmaralM_0115_sbe.pdf?sequence=1&isAllowed=y (Accessed: 4 March 2019).
- Amir, D. (2018) *Bearing witness to the witness: A psychoanalytic perspective on four modes of traumatic testimony*. London: Routledge.
- Amnesty International, (2004) *Lives blown apart: crimes against women in times of conflict: stop violence against women*. Available at: <https://www.amnesty.org/en/documents/ACT77/075/2004/en/> (Accessed: 12 February 2020).
- Archard, P.J. (2020) 'The psychoanalytically-informed interview in social work research', *Journal of Social Work Practice*, pp.1-13. (Accessed: 21 January 2021).
- Archer, M.S. (1995) *Realist social theory: The morphogenetic approach*. Cambridge: Cambridge University Press.
- Archer, M.S. (2003) *Structure, agency and the internal conversation*. Cambridge: Cambridge University Press.
- Ashcroft, B. (2017) 'Postcolonial theory', *The Wiley-Blackwell Encyclopaedia of Social Theory*, pp.1-5.
- Atkinson, P. and Delamont, S. (2005) 'Qualitative Research Traditions', in Calhoun, C., Rojek, C and Turner, B (eds.) *The Sage Handbook of Sociology*, London: Sage Publications, pp.40-60.

- Baker, C. (2017) *Care leavers' views on their transition to adulthood: a rapid review of the evidence*. Available at: <https://coramvoice.org.uk/wp-content/uploads/2021/01/999-CV-Care-Leaver-Review-Summary-lo-2.pdf>. (Accessed 5 May 2020).
- Barela, E. (2006) 'Review of Multiple case study analysis', by Robert E. Stake. *American Journal of Evaluation* 28(4), pp.570-572. doi: 10.1177/1098214007307454.
- Barratt, C., Appleton, P. and Pearson, M. (2020) 'Exploring internal conversations to understand the experience of young adults transitioning out of care', *Journal of Youth Studies*, 23, pp.869-885. doi: 10.1080/13676261.2019.1645310.
- Barrie, L. and Mendes, P. (2011) 'The experiences of unaccompanied asylum-seeking children in and leaving the out-of-home care system in the UK and Australia: A critical review of the literature', *International social work*, 54, 485-503. doi: 10.1177/0020872810389318.
- Barrington, A.J. and Shakespeare-Finch, J. (2013) 'Working with refugee survivors of torture and trauma: An opportunity for vicarious post-traumatic growth', *Counselling Psychology, Quarterly*, 26(1), pp.89-105. (Accessed: 10 October 2020).
- Bazalgette, L., Rahilly, T. and Trevelyan, G. (2015) *Achieving emotional wellbeing for looked after children: a whole system approach*. Available at: <https://learning.nspcc.org.uk/research-resources/2015/achieving-emotional-wellbeing-looked-after-children-whole-system-approach>. (Accessed: 10 October 2020).
- BBC News (2020) *Iraqi refugee inspired by NHS treatment to study medicine at Cambridge*. Available at: <https://www.bbc.co.uk/news/uk-wales-53778785> (Accessed: 21 September 2020).
- Beaton, E., Musgrave, A. and Liebl, J. (2018) *Safe but not settled: The impact of family separation on refugees in the UK*. doi: 10.21201/2017.1596.
- Become, (2020) *National Care leavers week 2020*. Available at: <https://www.becomecharity.org.uk/improving-the-care-system/national-care-leavers-week/> (Accessed: 3 November 2020).
- Beek, M. and Schofield, G. (2004) 'Providing a secure base: Tuning in to children with severe learning difficulties in long-term foster care', *Adoption and Fostering*, 28, pp: 8-19. doi: 10.1080/14616730500049019.
- Berhe & Ors, R. (on the application of) v Hillingdon & Anor (2003) EWHC 2075.
- Berry, J.W. (1990) 'Psychology of acculturation', in Berman, J.J. (ed.) *Nebraska Symposium on motivation, cross-cultural perspectives, current theory and research in motivation*. Lincoln: University of Nebraska Press: 201-234.
- Berry, J.W. (1997) 'Immigration, acculturation, and adaptation', *Applied Psychology*, 46, pp.5-34. doi: 10.1080/026999497378467.
- Berry, J.W., Phinney, J.S., Sam, D.L. and Vedder, P. (2006) 'Immigrant youth: Acculturation, identity, and adaptation', *Applied Psychology*, 55, pp.303-332. doi: 10.1111/j.1464-0597.2006.00256.x.
- Bergquist, G., Soliz, J., Everhart, K., Braithwaite, D.O. and Kreimer, L. (2019) 'Investigating layers of identity and identity gaps in refugee resettlement experiences in the Midwestern United States', *Western Journal of Communication*, 83(3), pp.383-402.
- Berzoff, J., Flanagan, L.M. and Hertz, P. (eds) (2021) *Inside out and outside in: Psychodynamic clinical theory and psychopathology in contemporary multicultural contexts*. Maryland, USA: Rowman and Littlefield.
- Betancourt, T.S. and Khan, K.T. (2008) 'The mental health of children affected by armed conflict: Protective processes and pathways to resilience', *International Review of Psychiatry*, 20(3), pp.317-328. doi: 10.1080/09540260802090363.

- Bhambra, G.K. (2018) *Racial hierarchy and migration in Britain Windrush 70th anniversary series*. Available at: <https://mediadiversified.org/2018/06/25/racial-hierarchy-and-migration-in-britain-windrush-70th-anniversary-series/> (Accessed: 20 November 2020).
- Bhaskar, R. (1975) *A realist theory of science*. Leeds: Leeds Books.
- Bhaskar, R. (1979) *The possibility of naturalism: a philosophical critique of the contemporary human sciences*. Brighton, Sussex: Harvester.
- Bhaskar, R. (1994) *Plato etc: The problems of philosophy and their resolution*. London and New York: Verso.
- Bhaskar, R. (1998) 'Critical Realism and Dialectic' in Archer, M.S., Bhaskar, R., Collier, A., Lawson, T. and Norrie, A. (eds), *General Introduction in Critical Realism: Essential Readings*. London: Routledge, pp.575-640.
- Bilson, A., Armstrong, C., Buist, M., Caulfield-Dow, A., Lindsay M. (2000) *A safe launch – Scottish throughcare & aftercare in a European context*. Available at: http://www.wecanandmustdobetter.org/files/3814/2780/1996/How_Good_Is_Your_TAA_Service.pdf.(Accessed: 2 February 2021).
- Bion, W.R. (1967) 'Notes on memory and desire', in R. Lang (ed.) *Classics in psychoanalytic technique*. New York and London: Jason Aronson Inc, pp.259-260. Available at: <https://icpla.edu/wp-content/uploads/2014/08/Bion-W.-Notes-on-Memory-and-Desires.pdf>. (Accessed 5 May 2020).
- Bisson, J. I., Cosgrove, S., Lewis, C., and Robert, N. P. (2015) 'Post-traumatic stress disorder', *BMJ (Clinical research ed.)*, 351, doi.org/10.1136/bmj.h6161.
- Blackwell, D. (1997) 'Holding, containing and bearing witness: the problem of helpfulness in encounters with torture survivors', *Journal of Social Work Practice*, 11, 81-89. doi: 10.1080/02650539708415116.
- Blackwell, A. (2020) 'Second council no longer taking asylum-seeking children as IRO caseloads soar', *Community care*, 20 November. Available at: <https://www.communitycare.co.uk/2020/11/20/second-council-longer-taking-asylum-seeking-children-iro-caseloads-soar/> (Accessed: 4 February 2021).
- Blackmore, R., Boyle, J.A., Fazel, M., Ranasinha, S., Gray, K.M., Fitzgerald, G., Misso, M. and Gibson-Helm, M. (2020) 'The prevalence of mental illness in refugees and asylum seekers: a systematic review and meta-analysis', *PLoS medicine*, 17(9). e1003337. doi: 10.1371/journal.pmed.1003337.
- Bloor, M., Fincham, B and Sampson, H. (2007) 'Qualiti (NCRM) commissioned inquiry into the risk to well-being of researchers in qualitative research', *Qualitative Research*, 2-4. (Accessed: 20 February 2021).
- Bradby, H., Humphries, R., Newall, D. and Phillimore, J. (2015) *Public health aspects of migrant health: a review of the evidence on health status for refugees and asylum seekers in the European Region*. Available at: https://www.euro.who.int/__data/assets/pdf_file/0004/289246/WHO-HEN-Report-A5-2-Refugees_FINAL.pdf. (Accessed: 16 February 2020).
- Brannick, T. and Coghlan, D. (2007) 'In defense of being "native: The case for insider academic research', *Organizational Research Methods*, 10(1), pp.59–74. doi:10.1177/1094428106289253.
- Braun, V and Clarke, V. (2006) 'Using thematic analysis in psychology', *Qualitative research in psychology*, 3, pp.77-101. doi: 10.1191/1478088706qp063oa.
- Brewer-Smyth, K. and Koenig, H.G. (2014) 'Could spirituality and religion promote stress resilience in survivors of childhood trauma?', *Issues in Mental Health Nursing*, 35(4), pp. 251-256. doi: 10.3109/01612840.2013.873101.

Bridging Refugee Youth and Children's Services (2016) 'Language Integration Barriers: Perspectives from Refugee Youth', US refugee youth consultation. Washington, DC, February 2016. Washington DC, United State Conference of Catholic Bishops, pp 1-5.

Broad, B. and Robbins, I. (2005) 'The wellbeing of unaccompanied asylum seekers leaving care', *Diversity in Health and Social Care*, 2(4), pp.271-277.

Brooks, O. (2014) 'Race and our evasions of invitations to think: How identifications and idealizations may prevent us from thinking' in Lowe F. (ed.) *Thinking space – Promoting thinking about race, culture, and diversity in psychotherapy and beyond*. London: Karnac, pp. 35-55.

Bryman, A. (2008) *Social research methods*. Oxford: Oxford University Press.

Butt, J. (2006) *Are we there yet? Identifying the characteristics of social care organisations that successfully promote diversity*. London: SCIE. Available at: <https://www.scie.org.uk/publications/raceequalitydiscussionpapers/redp03.pdf>. (Accessed: 20 October 2020).

Bunge, M. (1993) 'Realism and antirealism in social science', *Theory and Decision*, 35, pp. 207-235. doi: 10.1007/BF01075199.

Burnett, A. and Peel, M. (2001) 'Asylum-seekers and refugees in Britain: Health needs of asylum-seekers and refugees', *British Medical Journal*, 322(7285), pp. 544-7. doi: 10.1136/bmj.322.7285.54.

Campbell, R., Goodman-Williams, R., Feeney, H. and Fehler-Cabral, G. (2020) 'Assessing triangulation across methodologies, methods, and stakeholder groups: The joys, woes, and politics of interpreting convergent and divergent data', *American Journal of Evaluation*, 41(1), pp.125-144.

Casey, D. and Murphy, K. (2009) 'Issues in using methodological triangulation in research', *Nurse Researcher*, 16, (4), pp. 40-55.

Cauffman, E., Feldman S.S., Waterman, J. and Steiner, H. (1998) 'Post-traumatic stress disorder among female juvenile offenders', *Journal of the American Academy of Child and Adolescent Psychiatry*, 37, pp.1209–1216. (Accessed: 5 May 2020).

Chamorro-Premuzic, T. and Lusk, D. (2017) 'The dark side of resilience', *Harvard Business Review*, 16. Available at: <https://hbr.org/2017/08/the-dark-side-of-resilience> (Accessed: 3 January 2020).

Chase, E. (2010) 'Agency and silence: Young people seeking asylum alone in the UK', *British Journal of Social Work*, 40(7), pp.2050-2068. doi: 10.1093/bjsw/bcp103.

Chase, E. (2013) 'Security and subjective wellbeing: the experiences of unaccompanied young people seeking asylum in the UK', *Sociology of Health and Illness*, 35(6), pp.858-872. doi: 10.1111/j.1467-9566.2012.01541.x.

Chase, E. (2017) *Health and wellbeing. Becoming adult research brief no.5*, London Available at: <https://becomingadultproject.files.wordpress.com/2017/12/ba-brief-5-low-res.pdf> (Accessed: 3 January 2020).

Chase, E. and Allsopp, J. (2013) *Future citizens of the world? The contested futures of independent young migrants in Europe*. Oxford: Refugee Studies Centre.

Chase, E. and Allsopp, J. (2020) *Youth Migration and the Politics of Wellbeing: Stories of Life in Transition*. Bristol: Bristol University Press.

- Chase, E., Knight, A. and Statham, J. (2008) *The emotional well-being of young people seeking asylum in the UK*, London: BAAF.
- Chase, E., Knight, A. and Statham, J. (2008) *Promoting the emotional well-being and mental health of unaccompanied young people seeking asylum in the UK*. London: Thomas Coram.
- Chase, E., Rezaie, H. and Zada, G. (2019) 'Medicalising policy problems: the mental health needs of unaccompanied migrant young people', *The Lancet*, 394(10206), pp. 1305-1307. doi: 10.1016/S0140-6736(19)31821-5.
- Chatty, D. (2007) 'Researching refugee youth in the Middle East: Reflections on the importance of comparative research', *Journal of Refugee Studies*, 20(2), pp.265-280. doi: 10.1093/jrs/fem005.
- Chavez, C. (2008) 'Conceptualizing from the inside: Advantages, complications, and demands on insider positionality', *The Qualitative Report*, 13, pp. 474-494. doi: 10.46743/2160-3715/2008.1589.
- Chavez, L.R. (1992) *Shadowed lives: undocumented immigrants in American society*. San Antonio, TX: Harcourt Brace Jovanovich College Publishers.
- Chen, W., Hall, B.J., Ling, L. and Renzaho, A.M.N. (2017) 'Pre-migration and post-migration factors associated with mental health in humanitarian migrants in Australia and the moderation effect of post-migration stressors: findings from the first wave data of the BNLA cohort study', *The Lancet Psychiatry*, 4, pp.218-229. doi: 10.1016/S2215-0366(17)30032-9.
- Chen, W., Ling, L. and Renzaho, A.M.N. (2019) 'Impacts of social integration and loneliness on mental health of humanitarian migrants in Australia: evidence from a longitudinal study', *Australian and New Zealand Journal of Public Health*, 43, pp.46-55. doi: 10.1111/1753-6405.12856.
- Children and Social Work Act 2017, (c.2) London: HMSO. Available at: <https://www.legislation.gov.uk/ukpga/2017/16/contents/enacted> (Accessed: 15 March 2020).
- Children's Act 1989, (c.20) London: HMSO. Available at: <https://www.legislation.gov.uk/ukpga/1989/41/contents> (Accessed: 15 March 2020).
- Children's Society (2006) *Making a New Life in Newham: a study investigating the factors that facilitate young refugee settlement in Newham*. London: The Children's Society. Available at: http://www.childrenssociety.org.uk/resources/documents/Project/4291_full.pdf. (Accessed: 6 September 20).
- Children's Society (2018) *Distress signals: Unaccompanied young people's struggle for mental health care*. Available at: <https://www.basw.co.uk/resources/distress-signals-unaccompanied-young-peoples-struggle-mental-health-care>. (Accessed: 3 February 2020).
- Chinweizu, C.A. (1978). *The West and the rest of us: white predators, black slavers and the African elite*. Lagos, Nigeria: Nok Publishers Ltd.
- Cicchetti, D. and Rogosch, F.A. (1996) 'Equifinality and multifinality in developmental psychopathology', *Development and Psychopathology*, 8(4), pp.597-600. doi: 10.1017/S0954579400007318.
- Clarke, S. (2002) 'Learning from experience: psycho-social research methods in the social sciences', *Qualitative Research*, 2, 173-194. doi: 10.1177/146879410200200203.
- Clarke, S. and Hoggett, P. (2019) *Researching beneath the surface: Psycho-social research methods in practice*. London: Routledge.

- Cobb, S. M. (2015) 'What passes between client and therapist?', *Psychologist*, 28(7), pp. 600–602. Available at: <http://search.ebscohost.com/login.aspx?direct=true&db=pbh&AN=113609288&authtype=shib&site=eds-live&scope=site> (Accessed: 28 April 2020).
- Cohen, L., Manion, L. and Morrison, K. (2007). *Research methods in education*. 6th edn. London: Routledge/Taylor & Francis Group.
- Cohen, P., Kasen, S., Chen, H., Hartmark, C. and Gordon, K. (2003). 'Variations in patterns of developmental transmissions in the emerging adulthood period' *Developmental Psychology*, 39(4), p.657. doi: 10.1037/0012-1649.39.4.657.
- Collins, H. and McNulty, Y. (2020) 'Insider status:(Re) framing researcher positionality in international human resource management studies', *German Journal of Human Resource Management*, 34(2), pp.202-227.DOI: 10.1177/2397002220908425.
- Committee for Development Policy and United Nations Department of Economic and Social Affairs.(2021).*Handbook on the Least Developed Country Category: Inclusion, Graduation, and Special Support Measures* (Fourth Edition) United Nations Publications.
- Commonwealth Immigration Acts 1962* (c.29) London: HMSO. Available at: <https://www.freemovement.org.uk/wp-content/uploads/2018/04/CIA1962.pdf> (Accessed: 3 February 2020).
- Commonwealth Immigration Act of 1968* (c.9) London: HMSO. Available at: <https://www.legislation.gov.uk/ukpga/1968/9/contents/enacted> (Accessed : 3 February 2020).
- Commonwealth Immigration Act of 1971* (c.77) London: HMSO Available at: <https://www.legislation.gov.uk/ukpga/1971/77/contents/enacted> (Accessed: 3 February 2020).
- Cooke, A., Smith, D. and Booth, A. (2012) 'Beyond PICO: the SPIDER tool for qualitative evidence synthesis', *Qualitative Health Research*, 22, pp.1435-1443. doi: 10.1177/1049732312452938.
- Cooper, A. (2009) 'Hearing the grass grow: Emotional and epistemological challenges of practice-near research', *Journal of Social Work Practice*, 23, pp. 429-442. doi: 10.1080/02650530903374960.
- Cooper, A. (2012) 'The self in social work practice: Uses and abuses'. *How to do relationship-based social work: CSWP/ Essex University Day conference*. Southend, 13 January. Available at: <https://www.yumpu.com/en/document/read/22204117/the-self-in-social-work-practice-uses-and-abuses-andrew-cooper>.(Accessed: 5 May 2020).
- Cooper, A. (2018) 'The use of self in social work practice', in Bower, M and Solomon, R. (eds) *What social workers need to know. A Psychoanalytic approach*. London: Routledge, pp. 109-123.
- Cooper, A. (2020a) *Analysing Data 1: From raw data to theorisation*. Unpublished paper. Tavistock and Portman NHS Trust.
- Cooper, A. (2020b) *Analysing Data 2: Unconscious processes*. Unpublished paper. Tavistock and Portsman NHS Trust.

- Coram Voice, (2020) *What makes life good? Care leavers' views on their well-being*. Available at: <https://coramvoice.org.uk/wp-content/uploads/2020/11/1883-CV-What-Makes-Life-Good-Report-final.pdf> (Accessed: 31 January 2021).
- Corey, M.S. and Corey, G. (2002) *Groups: Process and practice*. Pacific Grove, CA: Brooks.
- Corrigan, F.M., Fisher, J.J. and Nutt, D.J. (2011) 'Autonomic dysregulation and the window of tolerance model of the effects of complex emotional trauma', *Journal of Psychopharmacology*, 25(1), pp.17-25. doi: 10.1177/0269881109354930.
- Crawley, H. (2010) *Chance or Choice?: Understanding why asylum seekers come to the UK*. Available at: <https://www.refugeecouncil.org.uk/wp-content/uploads/2010/04/Chance-or-choice-2010.pdf> (Accessed: 5 May 2020).
- Crivello, G. (2011) 'Becoming somebody: Youth transitions through education and migration in Peru', *Journal of Youth Studies*, 14(4), pp.395-411. doi: 10.1080/13676261.2010.538043.
- Cronin, K., Sandhu, B. and Kohli, R.K.S (2015) *Put yourself in our shoes: considering children's best interests in the asylum system*. London: Law Centres Network.
- Crosby, A. (2006) 'The boundaries of belonging: Reflections on migration policies into the 21st century', *Inter Pares Occasional Paper*, 7. Available at: <https://www.statewatch.org/media/documents/news/2006/jul/boundaries-of-belonging.pdf> (Accessed: 15 March 2020).
- Crotty, M. (2003) *The foundations of social research: meaning and perspectives in the research process*. 3rd edn. London: Sage Publications.
- Crowley, P. (2003) *An exploration of the mental health needs of asylum-seekers in Newcastle*. Newcastle: Black Mental Health Forum.
- Dacey, R. (2020) *Why we must "elevate" the voices of care-experienced children?* *Yorkshire Post*. Available at: <https://www.yorkshirepost.co.uk/news/politics/why-we-must-elevate-voices-care-experienced-children-lemn-sissay-mbe-3027513> (Accessed: 9 November 2020).
- Danewid, I. (2017) 'White innocence in the Black Mediterranean: hospitality and the erasure of history', *Third World Quarterly*, 38:7, pp.1674-1689, doi: 10.1080/01436597.2017.1331123.
- David, H. (2010) *An Introduction to Triangulation*. UNAIDS Monitoring and Evaluation Fundamentals.
- Davids, M.F. (2011) *Internal racism: A psychoanalytic approach to race and difference*. Basingstoke: Palgrave.
- Deetz, S. and Kersten, A. (1983) 'Critical models of interpretive research', in Putnam, L.L. and Pacanowsky, M.E. (eds) *Communication and Organizations*. London: Sage Publications.
- DeLyser, D. (2001) 'Do you really live here? Thoughts on insider research', *Geographical Review*, 91(1/2), pp.441-453.
- Denzin, N.K. (1978) *Sociological methods: A sourcebook*. New York, N: McGraw-Hill.
- Denzin, N.K and Lincoln, Y.S. (2000) *Handbook of Qualitative Research*. Thousand Oaks, California: Sage.
- Department for Education (2010) *The Children Act 1989. Guidance and Regulations Volume 3: Transition to adulthood for care leavers: statutory guidance for local authorities on helping care leavers aged 16 and 17 prepare for adulthood*. Available

at: <https://www.gov.uk/government/publications/children-act-1989-transition-to-adulthood-for-care-leavers>. (Accessed: 3 January 2020).

Department for Education (2013) *A cross-departmental strategy for young people leaving care*. Available

at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/266484/Care_Leaver_Strategy.pdf (Accessed: 3 January 2020).

Department for Education (2015) *Care leavers transitions to adulthood*. Available

at: <https://www.nao.org.uk/wp-content/uploads/2015/07/Care-leavers-transition-to-adulthood.pdf>. (Accessed: 3 January 2020).

Department for Education (2016) *Keep on caring: Supporting young people from care to independence*. Available at: <https://www.gov.uk/government/publications/keep-on-caring-supporting-young-people-from-care-to-independence>. (Accessed: 3 January 2020).

Department for Education (2018) *Children looked after in England (including adoption), year ending 31 March 2018*. Available

at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/757922/Children_looked_after_in_England_2018_Text_revised.pdf (Accessed: 3 January 2020).

Derluyn, I. and Broekaert, E. (2005) 'On the way to a better future: Belgium as transit country for trafficking and smuggling of unaccompanied minors', *International Migration* 43(4), pp.31–56. doi: 10.1111/j.1468-2435.2005.00332.x.

Devenney, K. (2020) 'Social Work with Unaccompanied Asylum-Seeking Young People: Reframing Social Care Professionals As 'Co-Navigators'', *The British Journal of Social Work*, 50(3), pp.926-943. doi.org/10.1093/bjsw/bcz071.

Devereux, G. (1967) *From anxiety to method in the behavioural sciences*. Hague, Paris: Mouton and Co.

Diamond, M. A. (2007) 'Organizational change and the analytic third: Locating and attending to unconscious organizational psychodynamics', *Psychoanalysis, Culture and Society*, 12, pp.142-164. doi: 10.1057/palgrave.pcs.2100116.

Dini, R.(2017) *An Analysis of Frantz Fanon's Black Skin, White Masks*. Florida: CRC Press.

Diop, M. (2009) *Unaccompanied minors' rights within the European Union: Is the EU asylum and immigration legislation in line with the convention on the rights of the child?* Brussels: Odysseus Network.

Dixon, J. and Stein, M. (2005) *Leaving care: Throughcare and aftercare in Scotland*. London: Jessica Kingsley Publishers. doi: 10.1111/j.1365-2206.2006.00439.x.

Dixon, J. and Wade, J. (2007) 'Leaving Care? Transition planning and support for unaccompanied young people', in Kohli, R. and Mitchell, F (eds) *Working with unaccompanied asylum seeking children: issues for policy and practice*. Basingstoke: Palgrave MacMillan, pp.125-141. (Accessed: 4 February 2020).

Dobson, P.J. (1999) *Approaches to theory use in interpretive case studies – a critical realist perspective*. 10th Australasian Conference on Information System. Wellington, New Zealand. 1–3 December, pp.259-270. Available

at: file:///C:/Users/wurab/Downloads/Nd_and_Pb_isotope_signatures_on_the_Sout.pdf. (Accessed :4 February 2020).

- Droždek, B. (2015) 'Challenges in treatment of posttraumatic stress disorder in refugees: Towards integration of evidence-based treatments with contextual and culture-sensitive perspectives', *European Journal of Psychotraumatology*, 6(1). doi: 10.3402/ejpt.v6.24750.
- East, J.F. and Roll, S.J. (2015) 'Women, poverty, and trauma: An empowerment practice approach', *Social Work*, 60(4), pp.279-286. doi:10.1093/sw/swv030.
- Eckstein, H. (2002) 'Case study and theory in political science' in Gomm, R., Hammersley., M. and Foster, P. (eds) *Case study method: Key issues, key texts*. London: Sage Publications, pp.119-163.
- Elder Jr, G.H. (1998) 'The life course as developmental theory', *Child development*, 69(1), pp.1-12. doi:10.2307/1132065.
- Elliott, D.E., Bjelajac, P., Fallot, R.D., Markoff, L.S. and Reed, B.G. (2005) 'Trauma-informed or trauma-denied: principles and implementation of trauma-informed services for women', *Journal of Community Psychology*, 33(4), 461–477. doi:10.1002/jcop.20063.
- Ellis, B.H., Kia-Keating, M., Yusuf, S.A., Lincoln, A. and Nur, A. (2007) 'Ethical research in refugee communities and the use of community participatory methods', *Transcultural Psychiatry*, 44(3), pp.459-481. (Accessed :14 Feb 2021).
- Ellis, C. (2007) 'Telling secrets, revealing lives: Relational ethics in research with intimate others', *Qualitative Inquiry*, 13, pp. 3-29. doi: 10.1177/1077800406294947.
- Ewen, R.B. (2014) *An introduction to theories of personality*. New York: Psychology Press.
- Fanon, F. (1963) *The wretched of the earth*. New York: Grove Press.
- Fanon, F. (2007) *Black skin, white masks*. New York: Grove Press.
- Fauth, R; Hart, D and Payne. L (2012) *Supporting care leavers' successful transition to independent living*. Available at: https://fostercarerresources.files.wordpress.com/2014/12/ncb_rsch_9_final_for_web.pdf. (Accessed : 7 May 2020).
- Fazel, M. (2018) 'Psychological and psychosocial interventions for refugee children resettled in high-income countries', *Epidemiology and Psychiatric Sciences*, 27(2), pp.117-123.
- Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V. and Marks, J.S. (1998) 'Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study', *American Journal of Preventive Medicine*, 14(4), pp. 245-258. doi:10.1016/s0749-3797(98)00017-8.
- Fergus, S. and Zimmerman, M.A. (2005) 'Adolescent resilience: A framework for understanding healthy development in the face of risk', *Annual Review of Public Health*, 26, pp.399-419. doi: 10.1146/annurev.publhealth.26.021304.144357.
- Fernando, S. (2012) 'Internal Racism: A Psychoanalytic Approach to Race and Difference', *The British Journal of Psychiatry*, 200(5), pp. 436-436. doi: 10.1192/bjp.bp.111.099556.
- Fields, D. A. and Kafai, Y. B. (2009) 'A connective ethnography of peer knowledge sharing and diffusion in a tween virtual world', *International Journal of Computer Supported Collaborative Learning*, 4, 47–69. doi:10.1007/s11412-008-9057-1.
- Figley, C.R. (1995) 'Compassion fatigue: Toward a new understanding of the costs of caring', in Stamm, B.H. (ed.) *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators*. Lutherville: The Sidran Press, pp.3-28.

- Fleeson, W. (2001) 'Toward a structure-and process-integrated view of personality: Traits as density distributions of states', *Journal of Personality and Social Psychology*, 80(6), pp.1011. doi.org/10.1037/0022-3514.80.6.1011.
- Fleming, J. (2018) 'Recognising and Resolving the Challenges of Being an Insider Researcher in Work-Integrated Learning', *International Journal of Work-Integrated Learning*, 19(3), pp.311-320.
- Fletcher, A.J. (2017) 'Applying critical realism in qualitative research: methodology meets method', *International Journal of Social Research Methodology*, 20, 181-194. doi: 10.1080/13645579.2016.1144401.
- Flick, U. (2014). *An introduction to qualitative research*. London: Sage.
- Fontana, A. and Rosenheck, R. (2004) 'Trauma, change in strength of religious faith, and mental health service use among veterans treated for PTSD', *The Journal of Nervous and Mental Disease*, 192(9), pp.579-584. doi: 10.1097/01.nmd.0000138224.17375.55.
- Fox J, Leech J. and Roberts E. (2014) *Supporting Emotional Resilience within Social Workers: Practice tool*. Dartington: Research in Practice.
- Frazier, P. A., Emily M. A., Viann, N., Addie, M. and McKenzie K. (2019) 'Trauma Psychology', *Psychology*. doi:10.1093/obo/9780199828340-0241.
- Freud, S. (1908-38) 'The Sigmund Freud-Ludwig Binswanger correspondence', Standard edition Vol.10:155. London: Open Gate Press, 2000, pp. 276.
- Freud, S. (1920) 'Beyond the pleasure principle', Standard edition Vol. 18. London: Hogarth Press, 1955, pp.3-64.
- Freud, S (1926) 'Inhibitions, Symptoms and Anxiety', Standard edition Vol. 20. London: Hogarth Press, pp 75-176.
- Freud, S. (1963) 'Fixation to traumas - the unconscious' Standard edition Vol.16. London: Hogarth Press, 1955, pp.273-285.
- Freud, S. and Breuer, G. (1955) 'Studies in Hysteria', Standard edition Vol.2. London: Hogarth Press, 1955, pp.1-335.
- Freud, S. and Jung C.G. (1906-13) 'The Freud/Jung Letters: The Correspondence between Sigmund Freud and C.G. Jung', London: Hogarth Press with Routledge & Kegan Paul, 1974, pp.1-705. Available at: <https://ia801707.us.archive.org/24/items/FreudJungLetters/The-Freud-Jung-letters-The-Correspondence-between-Sigmund-Freud-and-C-G-Jung.pdf>. (Assessed 10 October 2020).
- Freud, A., 2018. *The ego and the mechanisms of defence*. Routledge.
- Friborg, O., Barlaug, D., Martinussen, M., Rosenvinge, J.H. and Hjemdal, O. (2005) 'Resilience in relation to personality and intelligence', *International Journal of Methods in Psychiatric Research*, 14(1), pp.29-42. doi: 10.1002/mpr.15.
- Frogley, C. (2018) *Developmental Trauma: How useful is this framework?* Available at: <https://www.acamh.org/blog/developmental-trauma-useful-framework/> (Accessed 10 October 2020).
- Frosh, S and Baraitser, L. (2008) 'Psychoanalysis and psychosocial studies', *Psychoanalysis, Culture & Society*, 13, pp.346-365. doi: 10.1057/pcs.2008.8.

- Frosh, S. (2010) *Psychoanalysis outside the clinic: Interventions in psychosocial studies*, Basingstoke: Macmillan International Higher Education.
- Fryer P. (2018) *Staying Power: The history of black people in Britain*. London: Pluto Press.
- Fuertes-Gutiérrez, M (2015) *Languages and the refugee crisis*. Available at: <https://www.open.edu/openlearn/languages/languages-and-the-refugee-crisis> (Accessed 3 May 2020).
- Fusch, P., Fusch, G.E. and Ness, L.R. (2018) 'Denzin's paradigm shift: Revisiting triangulation in qualitative research', *Journal of social change*, 10 (1), pp.19-32. doi: 10.5590/JOSC.2018.10.1.02.
- Garland, C (2002). *Understanding Trauma : A Psychoanalytical Approach*. London and New York: Routledge.
- Garland, C. (2018) *Understanding trauma: A psychoanalytical approach*. London and New York: Routledge.
- Gemignani, M. (2011) 'Between researcher and researched: An introduction to countertransference in qualitative inquiry', *Qualitative Inquiry*, 17(8), pp.701-708. doi: 10.1177/1077800411415501.
- George, L.K. (1993) 'Sociological perspectives on life transitions', *Annual Review of Sociology*, 19(1), pp.353-373. doi: 10.1146/annurev.so.19.080193.002033.
- George, M. (2010) 'A theoretical understanding of refugee trauma', *Clinical Social Work Journal*, 38(4), pp.379-387. doi: 10.1007/s10615-009-0252-y.
- Ghorashi, H., De Boer, M. and Ten Holder, F. (2018) 'Unexpected agency on the threshold: Asylum-seekers narrating from an asylum-seeker centre', *Current Sociology*, 66(3), pp. 373-391. doi: 10.1177/0011392117703766.
- Gibney, M., Cornett, L., Wood, R., Haschke, P., Arnon, D., Pisanò, A. and Barrett, G., (2019) *The political terror scale 1976–2018*. Available at: <http://www.politicalterroryscale.org/> (Accessed: 25 February 2021).
- Gillborn, D. and Ladson-Billings, G. (2020) *Critical race theory*. London: SAGE Publications Limited.
- Gimeno-Monterde, C., Gómez-Quintero, J.D. and C. Aguerri, J. (2021) 'Unaccompanied young people and transition to adulthood: Challenges for child care services', *Children and Youth Services Review*, 121. doi: 10.1016/j.childyouth.2020.105858.
- Gladwell, C. and Elwyn, H. (2012) *Broken Futures: Young Afghan asylum seekers in the UK and in their country of origin*. London: Refugee Support Network. Switzerland: UNHCR. Research Paper 246. Available at: <https://www.unhcr.org/uk/research/working/5098d2679/broken-futures-young-afghan-asylum-seekers-uk-return-country-origin-catherine.html>. (Accessed: 5 May 2020).
- Gladwell, C., Bowerman, E., Norman, B., Dickson, S and Ghafoor, A. (2016) *After return: documenting the experiences of young people forcibly removed to Afghanistan*. Available at: https://hubble-live-assets.s3.amazonaws.com/rsn/attachment/file/8/After_return_April_2016.pdf. (Accessed: 5 May 2020).
- Gokah, T. (2006) The naïve researcher: Doing social research in Africa. *International Journal of Social Research Methodology*, 9(1), pp.61-73. doi: 10.1080/13645570500436163.

- Goldstein, W.N. and Goldberg, S.T. (2006) *Using the transference in psychotherapy*. Maryland: Jason Aronson, Incorporated.
- Goodall, C. (2015) *Shouting towards the sky: the role of religious individuals, communities, organisations and institutions in support for refugees and asylum seekers, New issues in refugee research. Paper No 275*. Geneva: UNHCR Policy Development and Evaluation Service.
- Grant, J. and Crawley, J. (2002) *Transference and projection: Mirrors to the self*, Maidenhead: McGraw-Hill Education (UK).
- Graybeal, C. (2001) 'Strengths-based social work assessment: Transforming the dominant paradigm', *Families in Society: The Journal of Contemporary Human Services*, 82(3), pp. 233-242. doi: 10.1606/1044-3894.236.
- Gregg, L. and Williams, N. (2015) *Not just a temporary fix: the search for durable solutions for separated migrant children*. London: The Children's Society.
- Griffith, A. I. (1998) 'Insider/outsider: epistemological privilege and mothering work', *Human Studies*, 21, pp.361–376.
- Grix, J. (2004) *The Foundations of Research*. New York, NY: Palgrave Macmillan.
- Groark, C., Sclare, I. and Raval, H. (2011) 'Understanding the experiences and emotional needs of unaccompanied asylum-seeking adolescents in the U.K', *Clinical Child Psychology and Psychiatry*, 16, pp.421-442. doi: 10.1177/1359104510370405.
- Grupp, F., Moro, M.R., Nater, U.M., Skandrani, S. and Mewes, R. (2019) 'Only God can promise healing: help-seeking intentions and lay beliefs about cures for post-traumatic stress disorder among Sub-Saharan African asylum seekers in Germany', *European Journal of Psychotraumatology*, 10(1), p.1684225. doi: 10.1080/20008198.2019.1684225.
- Guba, E.G. and Lincoln, Y.S. (1994) Competing paradigms in qualitative research. *Handbook of qualitative research*, 2, pp.105.
- Guillemin, M., Gillam, M. and Gillam, L. (2004) 'Ethics, reflexivity, and "ethically important moments" in research', *Qualitative Inquiry*, 10, pp. 261-280. doi: 10.1177/1077800403262360.
- Gupta, A. (2019) 'Asylum-Seeking Children in and Leaving Care', *Social Work with Refugees, Asylum Seekers and Migrants: Theory and Skills for Practice*, p.143. (Accessed 4: July 2020).
- Haffejee, B. (2015) 'African refugee youths' stories of surviving trauma and transition in US public schools. *Journal of Muslim Mental Health*, 9(1), pp. 3-23 doi: 10.3998/jmmh.10381607.0009.101.
- Haigh, F., Kemp, L., Bazeley, P. and Haigh, N. (2019) 'Developing a critical realist informed framework to explain how the human rights and social determinants of health relationship works', *BMC Public Health*, 19(1), pp.1-12. doi: 10.1186/s12889-019-7760-7.
- Haile, S., Rezaie, H., Tewoderos, W., Zada, G., Chase, E., Meloni, F. and Allsopp, J. (2021) 'Co-constructing knowledge about the well-being outcomes of unaccompanied migrant children becoming "adult"', *Peer Research in Health and Social Development: International Perspectives on Participatory Research*, pp. 89-101. doi: 10.4324/9780429316920-9.
- Hammond, M. (2020) *What is Critical Realism?* Available at: [https://warwick.ac.uk/fac/soc/ces/research/current/socialtheory/maps/criticalrealism/#:~:text=Critical%20Realism%20\(CR\)%20is%20a,and%20the%20%27observable%27%20world.&text=Thus%2C%20according%20to%20critical%20realists,the%20structures%20that%20generate%20events](https://warwick.ac.uk/fac/soc/ces/research/current/socialtheory/maps/criticalrealism/#:~:text=Critical%20Realism%20(CR)%20is%20a,and%20the%20%27observable%27%20world.&text=Thus%2C%20according%20to%20critical%20realists,the%20structures%20that%20generate%20events). (Accessed: 8 June 2020).

- Harris, M. and Fallot, R. (2001) *Creating cultures of trauma-informed care (CCTIC): A self-assessment and planning protocol*. Available at: <https://www.theannainstitute.org/CCTICSELFASSPP.pdf>. (Accessed: 3 February 2020).
- Hasto, J., Vojtova, H., Hruby, R. and Tavel, P. (2013) 'Biopsychosocial approach to psychological trauma and possible health consequences', *Neuro Endocrinology Letters*, 34(6), pp.464-481. Available at: <http://nel.altamira.sk/userfiles/articlesnew/NEL340613R01.pdf> (Accessed:15 June 2020).
- Haynes, K (2019) *Senior leader but-in critical to success of strengths- based social work, says guidance*. Available at: <https://www.communitycare.co.uk/2019/02/24/senior-leader-buy-critical-success-strengths-based-working-says-government-guidance/> (Accessed: 25 February 2021).
- Head, G. (2018) 'Ethics in educational research: review boards, ethical issues and researcher development', *European Educational Research Journal*, 19(1), pp. 72-83. doi: 10.1177/1474904118796315.
- Head, G. (2020) 'Ethics in educational research: Review boards, ethical issues and researcher development', *European Educational Research Journal*, 19(1), pp.72-83. doi.org/10.1177/1474904118796315.
- Hek, R. (2005) *The experiences and needs of refugee and asylum-seeking children in the UK: A literature review*. London: Department for Education and Skills. Available at: <https://dera.ioe.ac.uk/5398/1/RR635.pdf> (Accessed:15 March 21).
- Hek, R., Hughes, N. and Ozman, R. (2012) 'Safeguarding the needs of children and young people seeking asylum in the UK: Addressing past failings and meeting future challenges', *Child Abuse Review*, 21(5), pp.335-348. Available at: <https://onlinelibrary.wiley.com/doi/epdf/doi:10.1002/car.1202>.
- Hentz, P. (2012) 'Case study: the method', in Munhall, P. L. (ed.) *Nursing Research: A qualitative perspective*. 5th edn. Ontario: Jones and Bartlett Publications, pp.359-369.
- Herman, J.L. (1992) 'Complex PTSD: A syndrome in survivors of prolonged and repeated trauma', *Journal of Traumatic Stress*, 5(3), pp.377-391. doi: 10.1002/jts.2490050305.
- Hillingdon Judicial Review (2003) The full Hillingdon judgement can be viewed at www.bailii.org/ew/cases/EWHC/Admin/2003/2075.html (Accessed :1 May 2020).
- Hinton, D. E. and Lewis-Fernández, R. (2011) 'The cross-cultural validity of posttraumatic stress disorder: Implications for DSM-5', *Depression and Anxiety*, 28(9), pp.783–801.
- Hjemdal, O., Friberg, O., Stiles, T.C., Rosenvinge, J.H. and Martinussen, M. (2006) 'Resilience predicting psychiatric symptoms: A prospective study of protective factors and their role in adjustment to stressful life events', *Clinical Psychology & Psychotherapy: An International Journal of Theory & Practice*, 13(3), pp.194-201. doi: 10.1002/cpp.488.
- Hodes, M., Jagdev, D., Chandra, N. and Cunniff, A. (2008) 'Risk and resilience for psychological distress amongst unaccompanied asylum seeking adolescents', *Journal of Child Psychology and Psychiatry*, 49(7), pp.723-732. doi: 10.1111/j.1469-7610.2008.01912.x.
- Hollway, W and Jefferson, T. (2008) 'The free association narrative interview method' in Given, L.M. (ed.) *The Sage encyclopedia of qualitative research methods*. Sevenoaks, California: Sage, pp.296–315.

Hollway, W. (2009) 'Applying the 'experience-near 'principle to research: psychoanalytically informed methods', *Journal of Social Work Practice*, 23, pp. 461-474. doi: 10.1080/02650530903375025.

Hollway, W. and Jefferson, T. (1997) 'Eliciting narrative through the in-depth interview', *Qualitative Inquiry*, 3(1), pp.53-70. doi: 10.1177/107780049700300103.

Hollway, W. and Jefferson, T. (2000) *Doing qualitative research differently: Free association, narrative and the interview method*. London: Sage.

Hollway, W. and Jefferson, T. (2001) 'Free association, narrative analysis and the defended subject: The case of Ivy', *Narrative Inquiry*, 11(1), pp.103-122. doi: 10.1075/ni.11.1.05hol.

Hollway, W. and Jefferson, T. (2012) *Doing qualitative research differently: A psychosocial approach*. California: Sage.

Hollway, W. and Jefferson, T. (2013) *Doing qualitative research differently: A psychosocial approach*. 2nd edn. California: Sage.

Holmes, S. M. & Castañeda, H. (2016) 'Representing the "European refugee crisis" in Germany and beyond: deservingness and difference, life and death', *American Ethnologist*, 43, pp. 12-24. doi: 10.1111/amet.12259.

Home Office (2020) *Factsheet: Unaccompanied asylum seeking children*. Available at: <https://homeofficemedia.blog.gov.uk/2020/01/15/factsheet-unaccompanied-asylum-seeking-children/#:~:text=The%20UK%27s%20safe%20and%20legal%20routes&text=The%20Government%20also%20remains%20fully,good%20progress%20in%20doing%20so> (Accessed:17 November 2020).

Houghton, F. and Houghton, S. (2018) 'An appraisal of thematic analysis: warts and all', *The All Ireland Journal of Teaching and Learning in Higher Education*, 10(2), pp. 3521–3525. Available at: <https://ojs.aishe.org/index.php/aishe-j/article/view/352/588>. (Accessed : 20 January 2020).

Howe, D. (1995) *Attachment theory for social work practice*. London: Macmillan International Higher Education.

Huemer, J., Völkl-Kernstock, S., Karnik, N., Denny, K.G., Granditsch, E., Mitterer, M., Humphreys, K., Plattner, B., Friedrich, M., Shaw, R.J. and Steiner, H. (2012) 'Personality and psychopathology in African unaccompanied refugee minors: Repression, resilience and vulnerability', *Child Psychiatry & Human Development*, 44(1), pp.39-50. doi: 10.1007/s10578-012-0308-z.

Huemer, J., Völkl-Kernstock, S., Karnik, N., Denny, K.G., Granditsch, E., Mitterer, M., Humphreys, K., Plattner, B., Friedrich, M., Shaw, R.J. and Steiner, H. (2013) 'Personality and Psychopathology in African Unaccompanied Refugee Minors: Repression, Resilience and Vulnerability', *Child Psychiatry Hum Dev* (44),pp. 39–50. <https://doi.org/10.1007/s10578-012-0308-z>.

Hume, H. (2020). *Refugee who fled oppressive dictatorship as teen begins nursing degree*. Ipswich Star. 4 November. Available at: <https://www.ipswichstar.co.uk/news/ipswich-refugee-begins-nursing-degree-1-6915992> (Accessed:17 November 2020).

Hung, I. and Appleton, P. (2016) 'To plan or not to plan: The internal conversations of young people leaving care', *Qualitative Social Work*, 15, 35-54. doi: 10.1177/1473325015577408.

- Hutchinson, M. and Dorsett, P. (2012) 'What does the literature say about resilience in refugee people? Implications for practice', *Journal of Social Inclusion*, 3(2), pp. 55-78. doi: 10.36251/josi.55.
- Hyndman, J. (1996) International responses to human displacement: Neo-liberalism and post-cold war geopolitics. *Refuge: Canada's Journal on Refugees*, pp.5-9. doi: 10.25071/1920-7336.21190.
- Hyndman, J. (2000) *Managing displacement: Refugees and the politics of humanitarianism*. Minneapolis, US: University of Minnesota Press.
- Idemudia, E., Williams, J., Madu, S. and Wyatt, G. (2013) 'Trauma exposures and posttraumatic stress among Zimbabwean refugees in South Africa', *Life Science Journal*, 10(3), 349. doi: 10.1037/tra0000214.
- Immigration Act 2016 (c.19) London: HMSO Available at: <https://www.legislation.gov.uk/ukpga/2016/19/contents/enacted> (Accessed: 14 March 2020).
- International Society for Social Paediatrics and Child Health (ISSOP) (2017) *Budapest declaration on the rights, health and well-being of children and youth on the move*. Available at: <https://www.issop.org/cmdownloads/budapest-declaration-on-the-rights-health-and-well-being-of-children-and-youth-on-the-move/> (Accessed: 4 April 2020).
- IOM (2020a) *Migrant fatalities recorded worldwide in 2020*. Available at: <https://missingmigrants.iom.int/> (Accessed: 2 December 2020).
- IOM, (2020b) *Death of migrants recorded in Africa in 2020*. Available at: <https://missingmigrants.iom.int/region/africa>. (Accessed: 2 December 2020).
- Jackson, K. (2014) 'Social worker self-care –The overlooked core competency. *Social Work Today*', 14(3), pp.14. Available at: <https://www.socialworktoday.com/archive/051214p14.shtml>. (Accessed: 2 February 2021).
- Jansen, Y. (2013) *Secularism, Assimilation and the Crisis of Multiculturalism*. Amsterdam University Press.
- Javadi, M. and Zarea, K. (2016) 'Understanding thematic analysis and its pitfalls', *Demo*, 1, pp.33-39. doi: 10.15412/J.JCC.02010107.
- Jeffrey, C. (2010) 'Geographies of children and youth I: eroding maps of life', *Progress in human geography*, 34(4), pp.496-505. doi: 10.1177/0309132509348533.
- Jeyasingham, D. (2009) 'The emotional well-being of young people seeking asylum in the UK', *Child and Family Social Work*, 14 (4), pp.502-503. doi: 10.1111/j.1365-2206.2009.00651.x (Accessed: 2 May 2020).
- Johnson-Hanks, J. (2002) 'On the limits of life stages in ethnography: toward a theory of vital conjunctures', *American Anthropologist*, 104(3), pp.865-880. doi: 10.1525/aa.2002.104.3.865.
- Joint Commission for Human Rights (2013) *The human rights of unaccompanied migrant children and young people in the UK*. Available at: <https://publications.parliament.uk/pa/jt201314/jtselect/jtrights/9/9.pdf> pp.52-54 (Accessed: 15th December 2018).
- Kaushik, A. (2017) 'Use of self in social work: Rhetoric or reality' *Journal of Social Work Values and Ethics*, 14(1), pp.21-29. Available at: <https://jswve.org/download/2017-1/14-1-articles/21-Use-of-Self-in-Social-Work-.pdf>. (Accessed: 4 February 2021).

- Khan, S. and Van Wynsberghe, R. (2008) 'Cultivating the under-mined: Cross-case analysis as knowledge mobilization', *Forum: Qualitative Social Research*, 9(1), pp.34. doi: 10.17169/fqs-9.1.334.
- Kien, C., Sommer, I., Faustmann, A., Gibson, L., Schneider, M., Krczal, E., Jank, R., Klerings, I., Szelag, M., Kerschner, B. and Brattström, P. (2019) 'Prevalence of mental disorders in young refugees and asylum seekers in European countries: a systematic review', *European Child & Adolescent Psychiatry*, 28(10), pp.1295-1310. doi: 10.1007/s00787-018-1215-z.
- Kim-Cohen, J. and Turkewitz, R. (2012) 'Resilience and measured gene–environment interactions', *Development and Psychopathology*, 24(4), pp.1297-1306. doi: 10.1017/S0954579412000715
- King, N. (2004) 'Using Templates in the Thematic Analysis of Text', in Cassell, C. and Symon, G. (eds) *Essential guide to qualitative methods in organizational research*. London: Sage Publications p.256. doi: 10.4135/9781446280119.n21.
- Kivunja, C. and Kuyini, A.B. (2017) 'Understanding and applying research paradigms in educational contexts', *International Journal of Higher Education*, 6, pp.26-41. doi: 10.5430/ijhe.v6n5p26.
- Klasen, F., Oettingen, G., Daniels, J., Post, M., Hoyer, C. and Adam, H. (2010) 'Posttraumatic resilience in former Ugandan child soldiers', *Child Development*, 81(4), pp. 1096–1113. doi: 10.1111/j.1467-8624.2010.01456.x.
- Kleibl, T., Lutz, R., Noyoo, N., Bunk, B., Dittmann, A. and Seepamore, B. (eds.) (2019) *The Routledge handbook of postcolonial social work*. London: Routledge.
- Koenig, H.G. (2006) *In the wake of disaster: Religious responses to terrorism and catastrophe*. West Conshohocken: Templeton Foundation Press.
- Koenig, H.G. (2009) 'Research on religion, spirituality, and mental health: a review', *The Canadian Journal of Psychiatry*, 54(5), pp. 283-291. doi: 10.1177/070674370905400502.
- Kohli, R.K. (2002) 'Social work with unaccompanied asylum seeking young people. *Forced Migration Review*, 12(3), pp.31-33. (Accessed :3 January 2021).
- Kohli, R.K. (2006) 'The sound of silence: Listening to what unaccompanied asylum-seeking children say and do not say', *British Journal of Social Work*, 36, pp.707-721. doi: 10.1093/bjsw/bch305.
- Kohli R.K.(2007) *Social Work with Unaccompanied Asylum Seeking Children*. London: Palgrave Macmillan.
- Kohli R.K. (2008) 'Unaccompanied asylum seeking children and the transition into care,' in Lefevre .M and Luckock . B (eds) *A guide for social work practice in foster, adoptive and residential care. British Association of Adoption and Fostering*, pp.204-212.
- Kohli, R.K. (2011) 'Working to ensure safety, belonging and success for unaccompanied Asylum-seeking children', *Child Abuse Review*, 20, pp.311-323. doi: 10.1002/car.1182.
- Kohli, R.K. (2014) 'Protecting asylum seeking children on the move', *Revue Européenne des Migrations Internationales*, 30(1), pp.83-104. doi 10.4000/remi.6768.

- Kohli, R.K. (2018) 'Protection: migrant children and institutional protection', in Bhabha J, Kanics J, Senovilla Hernández D (eds). *Research Handbook on Child Migration*, Cheltenham: Edward Elgar Publishing, pp. 381-396.
- Kohli, R.K. and Connolly, H. (2009) 'Transitions for young people seeking asylum', in Petch, A. (ed.). *Managing transitions, Support for individuals at times of change*. Bristol: Policy Press, pp. 73–92.
- Kohli, R.K. and Kaukko, M. (2017) 'The management of time and waiting by unaccompanied asylum-seeking girls in Finland', *Journal of Refugee Studies*, 31(4), pp. 488-506. doi: 10.1093/jrs/fex040.
- Kohli, R.K. and Mather, R. (2003) 'Promoting psychosocial well-being in unaccompanied asylum seeking young people in the United Kingdom', *Child and Family Social Work*, 8(3), pp.201-212. doi: 10.1046/j.1365-2206.2003.00282.x.
- Kohli, R.K. and Mitchell, F. eds. (2007) *Working with unaccompanied asylum-seeking children: issues for policy and practice*. Basingstoke: Macmillan International Higher Education.
- Krause, U. (2017) 'Researching forced migration: Critical reflections on research ethics during fieldwork', *Refugee Studies Centre. Working Paper Series*, 123, pp.1-39. Available at: <https://www.rsc.ox.ac.uk/publications/researching-forced-migration-critical-reflections-on-research-ethics-during-fieldwork> (Accessed: 5 May 2020).
- Kroll, J. (2000) 'Use of no-suicide contracts by psychiatrists in Minnesota', *American Journal of Psychiatry*, 157, pp:1684–1686. doi.org/10.1176/appi.ajp.157.10.1684.
- Kunz, E.F. (1973) 'The refugee in flight: kinetic models and forms of displacement', *The International Migration Review*, 7(2), pp.125-146. doi: 10.2307/3002424.
- Kunz, E.F. (1981) 'Part II: the analytic framework: exile and resettlement: refugee theory', *International Migration Review*, 15, pp.42-5. doi: 10.1177/0197918381015001-207.
- Lambert, J.E. and Alhassoon, O.M. (2015) 'Trauma-focused therapy for refugees: Meta-analytic findings', *Journal of Counselling Psychology*, 62(1), pp. 28-37. doi: 10.1037/cou0000048.
- Leaning, J. (2001) 'Ethics of research in refugee populations', *The Lancet*, 357(9266), pp.1432-3. doi: 10.1016/S0140-6736(00)04572-4.
- Lee, J.J. and Miller, S.E. (2013) 'A self-care framework for social workers: Building a strong foundation for practice', *Families in Society*, 94(2), pp.96-103. doi: 10.1606/1044-3894.4289.
- Levenson, J. (2017) 'Trauma-informed social work practice', *Social Work*, 62(2), pp.105-113. doi: 10.1093/sw/swx001.
- Leys, C., Arnal, C., Wollast, R., Rolin, H., Kotsou, L., Fossion, P. (2018) 'Perspectives on resilience: personality trait or skill?', *European Journal of Trauma and Dissociation*, 4(2), pp.1-6. doi: 10.1016/j.ejtd.2018.07.002.
- Lincoln, Y.S. and Guba, E.G. (1985) *Naturalistic inquiry*. Beverly Hills: Sage.
- Linley, P.A. and Harrington, S. (2006) 'Playing to your strengths', *Psychologist*, 19(2), pp.86-89. (Accessed: 2 December 2020).
- Loizos, P. (2002) 'Misconceiving Refugees?' in Papadopoulos, R.K. (ed.) *Therapeutic care for refugees: no place like home*. London: Karnac, pp. 41-56.

- Loughry M. and Eyber C. (2003) 'Roundtable on the demography of forced migration, National Research Council, program on forced migration and health at the Mailman School of Public Health, Columbia University', *Psychosocial Concepts in Humanitarian Work with Children. A Review of the Concepts and Related Literature*. Washington DC: The National Academies Press.
- Lustig, S.L., Kia-Keating, M., Knight, W.G., Geltman, P., Ellis, H., Kinzie, J.D., Keane, T. and Saxe, G.N. (2004) 'Review of child and adolescent refugee mental health', *Journal of the American Academy of Child and Adolescent Psychiatry*, 43, pp. 24-36. doi: 10.1097/00004583-200401000-00012.
- Lutz, B.D. and Paretti, M.C. (2019) 'Development and implementation of a reflective journaling method for qualitative research', *ASEE Annual Conference & Exposition*. Tampa, Florida, 15-19 June. pp. 1-15.
- Lyons, S., Whyte, K., Stephens, R. and Townsend, H. (2020) *Beacon House developmental trauma close up*. Available at: <https://beaconhouse.org.uk/wp-content/uploads/2020/02/Developmental-Trauma-Close-Up-Revised-Jan-2020.pdf> (Accessed: 2 December 2020).
- Mackenzie, C., McDowell, C. and Pittaway, E. (2007) 'Beyond "do no harm": The challenge of constructing ethical relationships in refugee research', *Journal of Refugee studies*, 20(2), pp.299-319. doi: 10.1093/jrs/fem008.
- Mainwaring, C. and Brigden, N. (2016) 'Beyond the border: Clandestine migration journeys', *Geopolitics*, 21(2), pp.243-262. doi: 10.1080/14650045.2016.1165575.
- Mancini A.D. and Bonanno G.A. (2009) 'Predictors and parameters of resilience to loss: toward an individual differences model', *Journal of Personality*, 77(6), pp.1805–1832. doi: 10.1111/j.1467-6494.2009.00601.x.
- Mason, B. (2015) 'Towards positions of safe uncertainty', *InterAction - The Journal of Solution Focus in Organisations*, 7, pp. 28-43. Available at: <https://sfwork.com/resources/interaction/04Mason.pdf>. (Accessed: 14 June 2020).
- Mathison, S. (2005) *Encyclopaedia of evaluation* (Vols. 1-0). Thousand Oaks, CA: Sage Publications, Inc. doi: 10.4135/9781412950558.
- Matthews, A. (2014) *What's going to happen tomorrow? Unaccompanied children refused asylum*. Available at: [http://bsl.intersearch.com.au/jspui/bitstream/1/3630/1/What's%20going%20to%20happen%20tomorrow_OCC%20UK%20April%202014\).pdf](http://bsl.intersearch.com.au/jspui/bitstream/1/3630/1/What's%20going%20to%20happen%20tomorrow_OCC%20UK%20April%202014).pdf) (Accessed: 6 June 2020).
- Mc Cabe, S. (2020) *Only by listening to the voice of care leavers can we truly understand what needs to change*. Available at: <https://www.politicshome.com/thehouse/article/only-by-listening-to-the-voices-of-care-leavers-that-we-can-truly-begin-to-understand-what-needs-to-change> (Accessed: 13 November 2020).
- McCashen, W. (2007) *The strengths approach: A strengths based resource for sharing power and creating change*. Bendigo: St Luke's Innovative Resources.
- McDonald, K. (2016) *The social networks of unaccompanied asylum seeking young people in the transition to adulthood*. Doctoral dissertation. University of York. Available at: <https://etheses.whiterose.ac.uk/17520/1/Thesis-%20Corrected%20Copy4.pdf>. (Accessed: 4 October 2019).

- Melkman, E.P. and Benbenishty, R. (2018) 'Social support networks of care leavers: Mediating between childhood adversity and adult functioning', *Children and Youth Services Review*, 86, pp.176-187. doi: 10.1016/j.chilyouth.2018.01.040.
- Meloni, F. and Chase, E. (2017) *Transitions into institutional adulthood. Becoming Adult Research Brief, 4*. Available at: <https://becomingadultproject.files.wordpress.com/2017/12/ba-brief-4-low-res.pdf> (Accessed: 3 January 2020).
- Melzak, S. (1992) 'Secrecy, privacy, survival, repressive regimes, and growing up' *Bulletin of the Anna Freud Centre*, 15(3), pp. 205-224. (Accessed: 5 May 2020).
- Melzak, S. (1995) *What happens to children when their parents are not there? The challenge of holding a developmental and child focussed perspective within organisations that offer therapeutic work with survivors of torture and organised violence*. London: Medical Foundation for the Care of Victims of Torture.
- Merton, R. (1972) 'Insiders and outsiders: A chapter in the sociology of knowledge', *American Journal of Sociology*, 78(1), pp.9-47. doi: 10.1086/225294.
- Mhaka-Mutepfa, M. and Maundeni, T. (2019) 'The role of faith (spirituality/religion) in resilience in Sub-Saharan African children', *The International Journal of Community and Social Development*, 1(3), pp. 211-233. doi: 10.1177/2516602619859961.
- Miller, A. (2004) 'Sexuality, violence against women, and human rights: women make demands and ladies get protection', *Health and Human Rights*, pp.16-47. doi: 10.2307/4065345.
- Miller, A., Hess, J.M., Bybee, D. and Goodkind, J.R. (2018) 'Understanding the mental health consequences of family separation for refugees: Implications for policy and practice', *American Journal of Orthopsychiatry*, 88(1), p.26-37. doi: 10.1037/ort0000272.
- Mishler, E.G. (1986) *Research interviewing: context and narrative*. Cambridge: Harvard University Press.
- Mishna, F., Van Wert, M. and Asakura, K. (2013) 'The best kept secret in social work: Empirical support for contemporary psychodynamic social work practice', *Journal of Social Work Practice*, 27(3), pp.289-303. (Accessed: 4 February 2021).
- Mollica, R. (2006) *Healing invisible wounds: Paths to hope and recovery in a violent world*. New York: Harcourt Books.
- Monsutti, A. (2007) 'Migration as a rite of passage: Young Afghans building masculinity and adulthood in Iran'. *Iranian Studies*, 40(2), pp.167-185. doi: 10.1080/00210860701276183.
- Moran, R.J. and Asquith, N.L. (2020) 'Understanding the vicarious trauma and emotional labour of criminological research', *Methodological Innovations*, 13(2), pp.1-11. doi: 10.1177/2059799120926085.
- Morrice, L., Tip, L.K., Brown, R. and Collyer, M. (2020) 'Resettled refugee youth and education: aspiration and reality', *Journal of Youth Studies*, 23(3), pp.388-405.
- Morrow, R. (1994) *Critical theory and methodology*. Thousand Oaks, CA: Sage.
- Morrow, V. (2013) 'Troubling transitions? Young people's experiences of growing up in poverty in rural Andhra Pradesh, India', *Journal of Youth Studies*, 16(1): 86–100.

Motro, D., Evans, J.B., Ellis, A.P. and Benson III, L. (2021) 'Race and reactions to women's expressions of anger at work: Examining the effects of the "angry Black woman" stereotype', *Journal of Applied Psychology*. doi: 10.1037/apl0000884.

Murrer, S. (2019) *Teenage found dead in his flat by his social worker in Milton Keynes*. Available at: <https://www.miltonkeynes.co.uk/news/politics/council/teenage-refugee-found-dead-his-flat-his-social-worker-milton-keynes-939992> (Accessed: 17 November 2020).

NASW (2021) *Code of ethics of the national association of social workers 2021 amendments* Available at: https://www.socialworkers.org/LinkClick.aspx?fileticket=UyXb_VQ35QA%3d&portalid=0 (Accessed: 2 January 2021).

Nicholls, D. (2009) 'Qualitative research: Part three – methods', *International Journal of Therapy and Rehabilitation*, 16, pp. 638-647. doi: 10.12968/ijtr.2009.16.12.45433.

Nickerson, R.S. (1998) 'Confirmation bias: A ubiquitous phenomenon in many guises', *Review of General Psychology*, 2(2), pp.175-220. (Accessed: 8 June 2020).

Nielson, N. (2016) *Inverting Maslow's hierarchy*. Available at: <https://medium.com/@jnnielsen/inverting-maslows-hierarchy-b2c32156f091> (Accessed: 15 August 2020).

Noble, H. and Smith, J. (2015) 'Issues of validity and reliability in qualitative research', *Evidence-based Nursing*, 18, pp. 34-35. doi: 10.1136/eb-2015-102054.

NSPCC (2015) *Achieving emotional wellbeing for looked after children*. Available at: <https://learning.nspcc.org.uk/media/1122/achieving-emotional-wellbeing-for-looked-after-children.pdf> (Accessed: 12 September 20).

Ocheni, S. and Nwankwo, B. (2012) 'Analysis of colonialism and its impact in Africa', *Cross-Cultural Communication*, 8(3), pp.46-54.

Office of the Special Adviser on Africa (OSAA) United Nations; African Centre for the Constructive Resolution of Disputes (ACCORD) (2015) *Conflict-induced migration in Africa: maximising new opportunities to address its peace, security and inclusive development dimension*. Available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/Durban-EGM-report.pdf> (Accessed: 4 June 2020).

Ofsted, (2012) *Children's care monitor 2011. Children on the state of social care in England*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/181174/100098.pdf. (Accessed: 12 June 2020).

Ogden, T.H. (1995) 'Analysing forms of aliveness and deadness of the transference-countertransference', *International Journal of Psycho-Analysis*, 76, pp.695-709. Available at: <https://micpp.org/wp-content/uploads/2014/10/0BwRWOna5hU1jX2V0STI5VGhKdDQ.pdf>. (Accessed: 5 May 2020).

Ogden, T.H. (1998) *Reverie and interpretation*. Lanham: Jason Aronson.

Okitikpi, T. and Aymer, C. (2003) 'Social work with African refugee children and their families', *Child & Family Social Work*, 8(3), pp.213-222. doi: 10.1046/j.1365-2206.2003.00286.x.

Okitikpi, T. and Aymer, C. (2008) *The art of social work practice*. Lyme Regis: Russell House.

O'Reilly-de Brún, M., de Brún, T., Okonkwo, E., Bonsenge-Bokanga, J.S., De Almeida Silva, M.M., Ogbedor, F., Mierzejewska, A., Nnadi, L., van Weel-Baumgarten, E., van Weel, C., van

- den Muijsenbergh, M. and MacFarlane, A. (2016) 'Using Participatory Learning & Action research to access and engage with "hard to reach" migrants in primary healthcare research', *BMC Health Services Research*, 16(25), doi: 10.1186/s12913-015-1247-8.
- Osha, S. (2006) 'African feminism' *Quest: An African Journal of Philosophy / Revue Africaine de Philosophie*, 20(1-2), pp.1-205. Available at: https://www.quest-journal.net/Quest_XX_2006.pdf. (Accessed: 2 June 2020).
- Oyewùmí, O. (2003) *African women and feminism reflecting on the politics of sisterhood*. Trenton, NJ; Africa; World Press.
- Oxford English Dictionary* (2020) Oxford: Oxford University Press.
- Pack, M. (2013) 'Vicarious traumatised and resilience: An ecological systems approach to sexual abuse counsellors' trauma and stress', *Sexual abuse in Australia and New Zealand*, 5(2), pp.69. (Accessed :3 January 2020).
- Paludan, A. (1974) *The new refugees in Europe*. Geneva: University Exchange Fund.
- Paludan, A. (1981) 'Refugees in Europe', *International Migration Review*, 15(1/2), pp.69–73. doi.org/10.1177/0197918381015001-209.
- Papadopoulos, R.K. (2002) 'Refugees, home and trauma' in Papadopoulos, R.K. (ed.) *Therapeutic care for refugees: no place like home*. London: Karnac, pp. 239-252.
- Papadopoulos, R.K. (2007) 'Refugees, trauma and adversity-activated development', *European Journal of Psychotherapy and Counselling*, 9(3), pp.301-312. doi: 10.1080/13642530701496930.
- Papadopoulos, R.K. (2010) *Enhancing vulnerable asylum seekers' protection*. trainers' handbook. Rome: International Organisation for Migration.
- Papadopoulos, R.K. (2015) *Involuntary dislocation home, trauma, resilience and adversity-activated development*. London and New York: Routledge.
- Papadopoulos, R.K. (2018) *Therapeutic Care for Refugees*. Abingdon: Routledge.
- Papadopoulos, R.K. (2019) *Handbook on working with refugees. Psychosocial dimensions of the refugee condition. The Synergic Approach* (In Greek). Babel.
- Papadopoulos, R.K. (2021) *Involuntary Dislocation: Home, Trauma, Resilience, and Adversity-Activated Development*. London: Routledge.
- Pargament, K. and Cummings, J. (2010) 'Anchored by faith: Religion as a resilience factor in handbook of adult resilience' in Reich J.W., Zautra A.J. and Hall J.S. (Eds) *Handbook of adult resilience*. New York: The Guilford Press, pp.193-210.
- Pargament, K.I., Smith, B.W., Koenig, H.G. and Perez, L. (1998) 'Patterns of positive and negative religious coping with major life stressors', *Journal for the Scientific Study of Religion*, 37(4), pp.710-724. doi: 10.2307/1388152.
- Park, Y.S., Konge, L. and Artino Jr, A.R. (2020) 'The positivism paradigm of research', *Academic Medicine*, 95, pp.690-694. doi: 10.1097/ACM.0000000000003093.
- Parkinson, C. (2018) 'Sustaining relationships: working with strong feelings: part II: hopelessness, depression and despair', in Gillian, R. Turney, D. Ward, A. (eds) *Relationship-based social work: Getting to the heart of practice*. London: Jessica Kingsley, pp. 113-128

Parliament House of Commons (2021) *UK asylum system and asylum seekers' mental health*. (CDP 2021/0054). London: The Stationery Office.

Parry, S. and Weatherhead, S. (2014) 'A critical review of qualitative research into the experiences of young adults leaving foster care services', *Journal of Children's Services*, 9(4), pp. 263-279. doi: 10.1108/JCS-04-2014-0022.

Parton, N. and O'Byrne, P. (2000) *Constructive social work: towards a new practice*. London: Palgrave Macmillan.

Patton, M.Q. (1980) *Qualitative evaluation methods*. Beverly Hills, CA: Sage publications.

Patton, M.Q. (1999) 'Enhancing the quality and credibility of qualitative analysis', *Health Sciences Research*, 34, pp.1189–1208.

Patton, M. (2015) *Qualitative research and evaluation methods*. Los Angeles: Sage.

Peres, J.F., Moreira-Almeida, A., Nasello, A.G. and Koenig, H.G. (2007) 'Spirituality and resilience in trauma victims', *Journal of Religion and Health*, 46(3), pp. 343-350. doi: 10.1007/s10943-006-9103-0.

Philip, K. (2004) *Civilizing natures: race, resources, and modernity in colonial South India*. New Brunswick: Rutgers University Press.

Phillimore, J., Ergun, E., Goodson, L. and Hennessy, D. (2007) '*They do not understand the problem I have': Refugee wellbeing and mental health*. Birmingham: University of Birmingham.

Pierre, E.A. (2008) 'Decentering voice in qualitative inquiry', *International Review of Qualitative Research*, 1(3), pp.319-336. doi: 10.1525/irqr.2008.1.3.319.

Pietrzak, R.H. and Southwick, S.M. (2011) 'Psychological resilience in OEF–OIF veterans: application of a novel classification approach and examination of demographic and psychosocial correlates', *Journal of Affective Disorders*, 133, pp.560-568. doi: 10.1016/j.jad.2011.04.028.

Pisarevskaya, A., Levy, N., Scholten, P. and Jansen, J. (2020) Mapping migration studies: An empirical analysis of the coming of age of a research field. *Migration Studies*, 8(3), pp.455-48. doi:10.1093/MIGRATION/MNZ031.

Polit, D.F and Beck, C.T. (2012) *Nursing research: Generating and assessing evidence for nursing practice*. Philadelphia, PA: Lippincott Williams and Wilkins.

Proactivpeople (2019) *Biopsychosocial model and proactiv des*. Available at: <https://proactivpeople.com.au/biopsychosocial-model-and-proactiv-de>. (Accessed: 5 May 2020).

Psychology Today (no date) *Transference*. Available at: <https://www.psychologytoday.com/gb/basics/transference> (Accessed: 2 November 2020).

Quinn, N. (2014) 'Participatory action research with asylum seekers and refugees experiencing stigma and discrimination: the experience from Scotland', *Disability & Society*, 29(1), pp.58-70. doi: 10.1080/09687599.2013.769863.

Ragin, C. (1997) 'Turning the tables: How case-oriented research challenges variable-oriented research', *Comparative Social Research*, 16, pp.27-42. doi:10.4135/9781473915480.n15.

REF (2014) *Changing the practice of organisations that work with vulnerable asylum seekers and refugees*. Available at: <https://impact.ref.ac.uk/casestudies/CaseStudy.aspx?Id=43498>. (Accessed: 3 June 2020).

Refugee Action (2017) *Safe but alone: The role of English language in allowing refugees to overcome loneliness*. Available at: <https://www.refugee-action.org.uk/wp-content/uploads/2017/10/Safe-but-Alone-final.pdf> (Accessed: 15 September 2020).

Refugee Council (2019) *The truth about asylum*. Available at: <https://www.refugeecouncil.org.uk/wp-content/uploads/2019/06/Children-in-the-Asylum-System-May-2019.pdf> (Accessed: 15 July 2020).

Refugee Council (2021) *Asylum statistics 2021*. Available at: <https://www.refugeecouncil.org.uk/resources/asylum-statistics-march-2021/> (Accessed: 20 April 2021).

Rehman, A.A. and Alharthi, K. (2016) 'An introduction to research paradigms', *International Journal of Educational Investigations*, 3(8), pp.51-59. (Accessed: 5 Jan 2020).

Richards, B. (1994) *Disciplines of delight: The psychoanalysis of popular culture*. London: Free Association Book.

Richards, T.J. and Richards, L. (1994) 'Using computers in qualitative research' in Denzin, N.K. and Lincoln, Y.S. (eds.) *Handbook of qualitative research*. London and Los Angeles: Sage, pp. 465-462.

Rodney, W. (1982) *How Europe underdeveloped Africa*. Enugu, Nigeria: Ikenga Publishers.

Rolfe, G. (2006) 'Validity, trustworthiness and rigour: quality and the idea of qualitative research', *Journal of Advanced Nursing*, 53, pp. 304-310. doi: 10.1111/j.1365-2648.2006.03727.x.

Rollock, N. and Gillborn, D. (2011) *Critical Race Theory (CRT)*, *British educational research*, Available at: <https://www.bera.ac.uk/researchers/resources/publications/critical-race-theory-crt>. (Accessed: 20 January 2021).

Rousseau, C. (1995) 'The mental health of refugee children', *Transcultural Psychiatric Research Review*, 32(3), pp.299-331. (Accessed: 4 February 2021).

Rowland, G. (1995) 'Archetypes of systems design', *Systems Practice*, 8(3), pp. 277-288. doi: 10.1007/BF02250476.

Ruch, G., Turney, D. and Ward, A. (2018) *Relationship-based social work: Getting to the heart of practice*. 2nd edn. London: Jessica Kingsley.

Salisu, I. and Hashim, N. (2017) A critical review of scales used in resilience research. *IOSR Journal of Business and Management*, 19(4), pp.23-33. doi: 10.9790/487X-1904032333.

Salvo, T. and Williams, A.C de C. (2017) "If I speak English, what am I? I am full man, me": Emotional impact and barriers for refugees and asylum seekers learning English', *Transcultural Psychiatry*, 54(5-6), pp.733-755. doi: 10.1177/1363461517746315.

Sandelowski, M. (1986) 'The problem of rigor in qualitative research', *Advances in Nursing Science*, 8(3), pp. 27-37. doi: 10.1097/00012272-198604000-00005.

Sanders, R. (2020) *ESSS Outline: Care experienced children and young people's mental health*. Available at: <https://www.iriss.org.uk/resources/esss-outlines/care-experienced-children-and-young-peoples-mental-health>.(Accessed: 23 February 2021).

- Sayer, A. (2004) 'Why critical realism?', in Fleetwood, S and Ackroyd, S (eds) *Critical realist applications in organisation and management studies*. London and New York: Routledge. Taylor and Francis, pp.6-19.
- Sayer, A. (2000) *Realism and social science*. London and Los Angeles: Sage.
- Schapendonk, J. (2015) 'What if networks move? Dynamic social networking in the context of African migration to Europe', *Population, Space and Place*, 21(8), pp.809-819. (Accessed: 2 March 2021).
- Schock, K., Rosner, R. and Knaevelsrud, C. (2015) 'Impact of asylum interviews on the mental health of traumatized asylum seekers', *European Journal of Psychotraumatology*, 6, pp. 20-30. doi: 10.3402/ejpt.v6.26286.
- Schönfelder, C. (2013) *Wounds and words: childhood and family trauma in romantic and postmodern fiction*. Bielefeld: Transcript Verlag.
- Schweitzer, R., Kagee, A. and Greenslade, J. (2009) 'Salient concerns of refugees'. *Australian and New Zealand Journal of Psychiatry*, 41(3), pp. 282-288. doi: 10.1080/00048670601172780.
- Sechrest, L. (1992) 'Roots: Back to our first generations', *American Journal of Evaluation*, 13, pp.1-7. doi: 10.1177/109821409201300102.
- Shakya, Y. B., Guruge, S., Hynie, M., Akbari, A., Malik, M., Htoo, S. *et al.* (2010) 'Aspirations for higher education among newcomer refugee youth in Toronto: Expectations, challenges, and strategies' *Refugee*, 27(2), pp.65-78. doi: 10.25071/1920-7336.34723.
- Shannon, P., Im, H., Becher, E., Simmelink, J., Wieling, E. and O'Fallon, A. (2012) 'Screening for war trauma, torture, and mental health symptoms among newly arrived refugees: a national survey of US refugee health coordinators', *Journal of Immigrant and Refugee Studies*, 10, pp.380-394. doi: 10.1080/15562948.2012.674324.
- Shemmings, D. (2017) *Tackling burnout: why organisations need to be 'trauma-informed'*. Available at: <https://www.communitycare.co.uk/2017/08/10/tackling-burnout-organisations-need-trauma-informed/> (Accessed: 20 November 2020).
- Sherrieb, K., Norris, F. H., & Galea, S. (2010). Measuring capacities for community resilience. *Social Indicators Research*, 99(2), 227-247. doi:10.1007/s11205-010-9576-9.
- Shire, W. (2009) *Home*. Available at: <https://www.facinghistory.org/standing-up-hatred-intolerance/warsan-shire-home> (Accessed: 3 March 2021).
- Shoeb, M., Weinstein, H. and Mollica, R. (2007) 'The Harvard trauma questionnaire: adapting a cross-cultural instrument for measuring torture, trauma and posttraumatic stress disorder in Iraqi refugees'. *International Journal of Social Psychiatry*, 53(5), pp.447-463. doi: 10.1177/0020764007078362.
- Shultz, C., Barrios, A., Krasnikov, A.V., Becker, I., Bennett, A.M., Emile, R., Hokkinen, M., Pennington, J.R., Santos, M. and Sierra, J. (2020) 'The global refugee crisis: pathway for a more humanitarian solution'. *Journal of Macromarketing*, 40(1), pp.128-143. doi: 10.1177/0276146719896390.
- Siegel, D.J. (1999) *The Developing Mind*. New York: The Guilford.
- Silove, D., Sinnerbrink, I., Field, A., Manicavasagar, V. and Steel, Z. (1997) 'Anxiety, depression and PTSD in asylum-seekers: associations with pre-migration trauma and post-migration stressors', *The British Journal of Psychiatry*, 170(4), pp. 351-357. doi: 10.1192/bjp.170.4.351.

- Simmonds, J. and Merredew, F. (2009) *The health needs of unaccompanied asylum seeking children and young people*. Available at: <https://www.nice.org.uk/guidance/ph28/resources/looked-after-children-ep23-unaccompanied-asylum-seeking-children-john-simmonds-and-florence-merredew2> (Accessed: 7 May 2020).
- Simpson, S. (2005) 'Questions and hindsight: work with Zara, an asylum-seeking care leaver', *Journal of Social Work Practice*, 19, pp.263-274. doi: 10.1080/02650530500291054.
- Sirriyeh, A. and Raghallaigh, M.N. (2018) 'Foster care, recognition and transitions to adulthood for unaccompanied asylum seeking young people in England and Ireland'. *Children and Youth Services Review*, 92, pp.89-97. doi: 10.1016/j.childyouth.2018.02.039.
- Smullens, S. (2015) *Burnout and self-care in social work: A guidebook for students and those in mental health and related professions*. Washington: NASW press.
- Southwick, S.M., Vythilingam, M. and Charney, D.S. (2005) 'The psychobiology of depression and resilience to stress: implications for prevention and treatment', *Annual Review of Clinical Psychology*, 1, p.255-291. doi:10.1146/annurev.clinpsy.1.102803.143948.
- Southwick, S.M., Bonanno, G.A., Masten, A.S., Panter-Brick, C. and Yehuda, R. (2014) 'Resilience definitions, theory, and challenges: interdisciplinary perspectives', *European Journal of Psychotraumatology*, 5, pp1-14. doi: 10.3402/ejpt.v5.25338.
- Stake, R. E. (2013) *Multiple case study analysis*. Derby: Guildford Press.
- Staudt, M., Howardw, M.O. and Drake, B. (2001) 'The operationalization, implementation, and effectiveness of the strengths perspective – A review of empirical studies', *Journal of Social Service Research*, 27(3), pp.1-21. doi: 10.1300/J079v27n03_01.
- Stavros, C. and Westberg, K. (2009) 'Using triangulation and multiple case studies to advance relationship marketing theory', *Qualitative Market Research*, 12, pp.307–320. doi:10.1108/13522750910963827.
- Steel, Z., Silove, D., Brooks, R., Momartin, S., Alzuhairi, B. and Susljik, I.N.A. (2006) 'Impact of immigration detention and temporary protection on the mental health of refugees', *The British Journal of Psychiatry*, 188, pp.58-64. doi: 10.1192/bjp.bp.104.007864.
- Stein, B.N. (1981) 'The refugee experience: defining the parameters of a field of study', *International Migration Review*, 15 (1/2), pp. 320-330. doi:10.2307/2545346.
- Stein, M. (2005) *Resilience and young people leaving care: overcoming the odds*. York: Joseph Rowntree Foundation.
- Stein, M. (2006) 'Research review: young people leaving care', *Child and Family Social Work*, 11(3), pp. 273-279. doi: 10.1111/j.1365-2206.2006.00439.x.
- Stein, M. (2010) *From care to adulthood: improving outcomes for young people leaving care*, Impacts and Outcomes of Care and Adoption for Young People Conference. Royal Geographical Society London, 28 April 2010. pp. 64-68.
- Stein, M. (2012) *Young people leaving care: supporting pathways to adulthood*, London: Jessica Kingsley Publishers.
- Stein, M. (2015) 'Supportive pathways for young people leaving care. Lessons learned from four decades of research', in Del Valle, J. F., Holmes, L., Whittaker, J.W. (eds). *Therapeutic residential care with children and youth: developing evidence-based international practice*. London: Jessica Kingsley Publishers, pp.189-203.

- Stein, M. (2019) 'Supporting young people from care to adulthood: international practice', *Child & Family Social Work*, 24, pp. 400-405. doi: 10.1111/cfs.12473.
- Stein, M., Pinkerton, J. and Kelleher, P. (2000) 'Young people leaving care in England, Northern Ireland, and Ireland', *European Journal of Social Work*, 3(3), pp.235-246. (Accessed: 3 May 2020).
- Steiner, J. (1993) 'A theory of psychic retreats', in *Psychic retreats*. London: Routledge, p.113.
- Stevenson S. (2021) 'Working with the trauma of racism in groups in a time of white supremacy — erasure, psychic ghettoization or bearing witness', *Group Analysis*. doi:10.1177/05333164211018638.
- Stoerkel, E. (2021) *What is strength based approach?* Available at: <https://positivepsychology.com/strengths-based-interventions/> (Accessed: 21 October 2020).
- Strang, A.B. and Quinn, N. (2021) 'Integration or Isolation? Refugees' Social Connections and Wellbeing', *Journal of Refugee Studies*, 34 (1), pp. 328-353. doi: 10.1093/jrs/fez040.
- Stubley, J. (2020) 'Trauma and Migration', in Bhugra, D. (ed.) *Oxford Textbook of Migrant Psychiatry*. Oxford: Oxford University Press, pp. 97-104.
- Sturge, G. (2021) *Asylum statistics* (House of Commons briefing paper SN01403). Available at: <https://commonslibrary.parliament.uk/research-briefings/sn01403/>. (Accessed: 5 April 2021).
- Substance Abuse and Mental Health Services Administration, Trauma and Justice Strategic Initiative. (2014) *SAMHSA's working definition of trauma and guidance for trauma-informed approach*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Available at: https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf. (Accessed: 4 April 2020).
- Sulimani-Aidan, Y. (2017) 'To dream the impossible dream: care leavers' challenges and barriers in pursuing their future expectations and goals', *Children and Youth Services Review*, 81, pp. 332-339. doi:10.1016/j.chidyouth.2017.08.025.
- Summerfield, D. (1999) 'A critique of seven assumptions behind psychological trauma programmes in war-affected areas', *Social Science & Medicine*, 48(10), pp. 1449–1462. doi: 10.1016/S0277-9536(98)00450-X.
- Temple, B. and Moran, R. (eds) (2006) *Doing research with refugees: Issues and guidelines*. London: Policy Press.
- Theisen-Womersley, G. (2021) *Trauma and Resilience Among Displaced Populations: A Socio-cultural Exploration*. Switzerland: Springer Nature.
- The Cambridge Dictionary (2021) Cambridge: Cambridge University Press.
- The Melanie Klein Trust (2021) *Projective identification*. Available at: <https://melanie-klein-trust.org.uk/theory/projective-identification/> (Accessed:15 March 21).
- The National Commission for the Protection of Human Subjects of Biomedical and Behavioural Research, (1979) *Belmont report: ethical principles and guidelines for the protection of human subjects of research*. Available at: <https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/index.html>. (Accessed: 5 February 2019).
- The Voice* (2021) *Teenage refugee killed himself after mental health difficulties not recognised*. 8th April, Available at: <https://www.voice-online.co.uk/news/uk->

news/2021/04/08/teenage-refugee-killed-himself-after-mental-health-difficulties-not-recognised/ (Accessed: 10 May 2021).

Theologygrams (2013) *Hermeneutics in a nutshell*. Available at: <https://theologygrams.wordpress.com/2013/07/18/125/> (Accessed: 09 July 2020).

Theron, L.C. (2012) Resilience research with South African youth: Caveats and ethical complexities. *South African Journal of Psychology*, 42(3), pp.333-345. (Accessed: 5 November 2020).

Theron, L.C., Theron, A.M. and Malindi, M.J. (2013) 'Toward an African definition of resilience: A rural South African community's view of resilient Basotho youth', *Journal of Black Psychology*, 39(1), pp.63-87. doi: 10.1177/0095798412454675.

Theron, L.C. (2016) 'Toward a Culturally and Contextually Sensitive Understanding of Resilience: Privileging the Voices of Black, South African Young People', *Journal of Adolescent Research*, 31(6), pp.635-670. doi:10.1177/0743558415600072.

Theron, L.C. (2020) 'Resilience of sub-Saharan children and adolescents: A scoping review', *Transcultural Psychiatry*, pp.1-52. doi: 10.1177/1363461520938916.

Thomson, R., Bell, R., Holland, J., Henderson, S., McGrellis, S. and Sharpe, S. (2002) 'Critical moments: Choice, chance and opportunity in young people's narratives of transition', *Sociology*, 36(2), pp.335-354. doi: 10.1177/0038038502036002006.

Traynor, M. (2018) 'Guest editorial: What's wrong with resilience?', *Journal of Research in Nursing*, 23(1), pp.5-8. doi: 10.1177/1744987117751458.

Treacher, A. (2006) 'Something in the air: Otherness, recognition and ethics', *Journal of Social Work Practice*, 20(1), pp.27-37. doi.org/10.1080/02650530600565860.

Treacher, A. 2005. On postcolonial subjectivity. *Group Analysis*, 38(1), pp.43-57.

Treisman, K (2017a) *Working with relational and developmental trauma in children and adolescents*. London and New York: Routledge.

Treisman, K. (2017b) 'Reflecting on some of the experiences and psychological considerations of supporting unaccompanied asylum seeking young people', *Seen and Heard*, 27(2), pp.27-39.

Tribe, R.H., Sendt, K.V. and Tracy, D.K. (2019) 'A systematic review of psychosocial interventions for adult refugees and asylum seekers', *Journal of Mental Health*, 28(6), pp.662-676. doi: 10.1080/09638237.2017.1322182.

Trowler, P. (2011). *Researching your own institution: Higher education*. Available at: <http://www.bera.ac.uk/resources/researching-your-own-institution-higher-education>. (Accessed: 5 February 2021).

Tuffour, I. (2018) 'Reflections of a black African insider researcher', *Nurse Researcher*, 26 (1).

Tuffour, I. (2017) 'A critical overview of interpretative phenomenological analysis: a contemporary qualitative research approach', *Journal of Healthcare Communications*, 2, pp.52. doi: 10.4172/2472-1654.100093.

UK Data Service (no date) *Introduction to psychosocial studies*. Available at: <https://ukdataservice.ac.uk/teaching-resources/psychosocial/introduction.aspx> (Accessed: 3 November 2020).

Ulman, R. B. and Brothers, D. (1988) *The shattered self. A psychoanalytic study of trauma*. Hillsdale, NJ: Analytic Press.

UN High Commissioner for Refugees (UNHCR), UNHCR and IDC (2016) *Vulnerability Screening Tool – Identifying and addressing vulnerability: a tool for asylum and migration systems*. Available at: <https://www.refworld.org/docid/57f21f6b4.html> (Accessed: 25 April 2020).

UNICEF, (2018) *Children on the move: Key facts and figures*, Available at: <file:///C:/Users/wurab/Downloads/Data-brief-children-on-the-move-key-facts-and-figures-1.pdf> (Accessed: 15 March 2021).

United Nations Office of the Special Adviser on Africa (OSAA) and the African Centre for the Constructive Resolution of Disputes (ACCORD,) (2015) *Conflict- induced migration in Africa. Maximising new opportunities to address its peace, security and inclusive development dimensions. Proceedings of the conference outcome*, Durban, South Africa, 23-24 November. Available at: <https://www.accord.org.za/publication/conflict-induced-migration-africa/>. (Accessed: 20 June 2020).

Van Breda, A.D. and Theron, L.C. (2018) 'A critical review of South African child and youth resilience studies, 2009-2017', *Children and Youth Services Review*, 91, pp.237-247. doi: 10.1016/j.childyouth.2018.06.022.

Van den Muijsenbergh, M., Teunissen, E., Van Weel-Baumgarten, E. and Van Weel, C. (2016) 'Giving voice to the voiceless: how to involve vulnerable migrants in healthcare research', *The British Journal of the Royal College of General Practitioners*, 66(647), pp.284-285. doi: 10.3999/bjgp16X685321.

Van der Kolk, B. (2000) 'Posttraumatic stress disorder and the nature of trauma', *Dialogues in Clinical Neuroscience*, 2(1), pp:7-22. doi: 10.31887/DCNS.2000.2.1/bvdkolk.

Van der Kolk, B.A. (2005) 'Developmental', *Psychiatric annals*, 35(5), pp.401.

Van der Kolk, B. (2014) *The body keeps the score: Mind, brain and body in the transformation of trauma*. London: Penguin UK.

Van der Kolk, B.A. and Fisler, R. (1995) 'Dissociation and the fragmentary nature of traumatic memories: Overview and exploratory study', *J Trauma Stress* 8 (4),pp: 505–525. doi.org/10.1007/BF02102887.

Van der Kolk, B. A., Roth, S., Pelcovitz, D., Sunday, S., and Spinazzola, J. (2005) 'Disorders of extreme stress: The empirical foundation of a complex adaptation to trauma', *Journal of Traumatic Stress*, 18(5), pp.389-99. doi:10.1002/jts.20047.

Van Heugten, K. (2004) 'Managing Insider Research: Learning from Experience', *Qualitative Social Work*, 3 (2), pp. 203-219.

Ventura, L. (2020) *Poorest countries in the world 2021*. Available at: <https://www.gfmag.com/global-data/economic-data/the-poorest-countries-in-the-world> (Accessed: 16 August 2020).

Vincent, S. and O'Mahoney, J. (2018) 'Critical realism and qualitative research: An introductory overview', in Cassell, C., Cunliffe, A.L. and Grandy, G. (eds) *The sage handbook of qualitative business and management research methods: history and traditions*. London: Sage Publications.

- Wade, J. (2011) 'Preparation and transition planning for unaccompanied asylum-seeking and refugee young people: a review of evidence in England', *Children and Youth Services Review*, 33(12), pp. 2424-2430. doi: 10.1016/j.chidyouth.2011.08.027.
- Wade, J. (2019) 'Supporting unaccompanied asylum-seeking young people: The experience of foster care', *Child & Family Social Work*, 24(3), pp.383-390. doi: 10.1111/cfs.12474.
- Wade, J. and Munro, E. (2008) 'Introduction: comparative exploration of care leavers' transitions to adulthood' in Stein, M. and Munro, E. (eds) *Young people's transitions from care to adulthood: international research and practice*. London: Jessica Kingsley, pp.209-224.
- Wade, J., Mitchell, F., and Baylis, G. (2005) *Unaccompanied asylum-seeking children: the response of social work services*. London: BAAF.
- Wade, J., Sirriyeh, A., Kohli, R. and Simmonds, J. (2012) *Fostering unaccompanied asylum-seeking young people: creating a family life across 'a world of difference'*. London: BAAF.
- Walsh, P. (2019) *Briefing: migration to the UK: asylum and resettled refugees*. Available at: <https://migrationobservatory.ox.ac.uk/wp-content/uploads/2019/11/Briefing-Migration-to-the-UK-Asylum-and-Resettled-Refugees.pdf> (Accessed: 16 November 2020).
- Walters, H.B. (2008) 'An introduction to use of self in field placement', *The New Social Worker*. Available at: https://www.socialworker.com/feature-articles/field-placement/An_Introduction_to_Use_of_Self_in_Field_Placement/ (Accessed: 4 April 2020).
- Ward, A. (2018) 'The use of self in relationship-based practice' in *Relationship-based social work: Getting to the heart of practice*. 2nd Edition. London: Jessica Kingsley, pp.55-74.
- Waska, R.T. (1999) 'Projective identification, countertransference, and the struggle for understanding over acting out', *The Journal of Psychotherapy Practice and Research*, 8(2), p.155. Available at: <http://www.sakkyndig.com/psykologi/artvit/waska1999.pdf>. (Accessed: 15 June 2020).
- Watkins, J.M. (1994) 'A postmodern critical theory of research use', *Knowledge and Policy*, 7(4), pp.55-77. doi: 10.1007/BF02696292.
- Weber, S.R. and Pargament, K.I. (2014) 'The role of religion and spirituality in mental health', *Curr Opin Psychiatry*, 27(5), pp.358-363. doi: 10.1097/YCO.0000000000000080.
- Werner E.E. and Smith R.S. (1982) *Vulnerable but invincible: a longitudinal study of resilient children and youth*. New York: McGraw-Hill.
- Williams, J. (2015) *PSDP–Resources and Tools: Safe uncertainty*. Available at: <https://practice-supervisors.rip.org.uk/wp-content/uploads/2019/11/Safe-uncertainty.pdf> (Accessed: 5 July 2020).
- Williams, W. (2020) *Windrush lessons learned review*. Available at: <https://www.gov.uk/government/publications/windrush-lessons-learned-review> (Accessed: 3 January 2020).
- Willig, C. (2008) *Introducing qualitative research in psychology*. 2nd ed. Berkshire: Open University Press.
- World Health Organization (2005) *Promoting mental health: concepts, emerging evidence, practice: a report of the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne*. World Health Organization. Available at:

https://www.who.int/mental_health/evidence/MH_Promotion_Book.pdf. (Accessed: 15 June 2020).

World Health Organisation. (2020). *Post-traumatic stress disorder*. In *International classification of diseases for mortality and morbidity statistics* (11th ed.). Available at: <https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/2070699808> (Accessed: 15/3/2020).

Wright, F. (2014) 'Social work practice with unaccompanied asylum-seeking young people facing removal', *British Journal of Social Work*, 44, pp.1027-1044. doi: 10.1093/bjsw/bcs175.

Wu, G., Feder, A., Cohen, H., Kim, J.J., Calderon, S., Charney, D.S. and Mathé, A.A. (2013) 'Understanding resilience', *Frontiers in Behavioural Neuroscience*, 7, pp.10. doi: 10.3389/fnbeh.2013.00010.

Yehuda, R. (2004) 'Risk and resilience in posttraumatic stress disorder', *Journal of Clinical Psychiatry*, 65, pp.29-36. (Accessed: 15 June 2020).

Yehuda R., Flory J.D., Southwick, S. and Charney D.S. (2006) 'Developing an agenda for translational studies of resilience and vulnerability following trauma exposure', *Annals of the New York Academy of Sciences*, 1071(1), pp. 379–396. doi: 10.1196/annals.1364.028.

Young, M. (2004) *Exploring the meaning of trauma in the South African police service* PhD dissertation. University of Pretoria. Available at: <http://www.scielo.org.za/pdf/sajip/v38n2/v38n2a20.pdf>.

APPENDICES

Appendix 1 – Research Ethics Approval

The Tavistock and Portman
NHS Foundation Trust
Quality Assurance & Enhancement
Directorate of Education & Training
Tavistock Centre 120 Belsize Lane
London
NW3 5BA

Tel: 020 8938 2699
Fax: 020 7447 3837

Wuraola Bolaji

By Email

15 August 2019

Re: Research Ethics Application

Title: What is the experience of trauma and transition into adulthood of asylum-seeking care leavers of African origin?

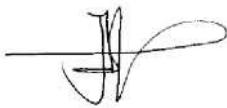
Dear Ms Bolaji,

I am pleased to inform you that subject to formal ratification by the Trust Research Ethics Committee your application has been approved. This means you can proceed with your research.

If you have any further questions or require any clarification, do not hesitate to contact me.

I am copying this communication to your supervisor.

May I take this opportunity of wishing you every success with your research.



Yours sincerely,

Paru Jeram

Secretary to the Trust Research Degrees Subcommittee

T: 020 938 2699

E: academicquality@tavi-port.nhs.uk

cc. Course Lead, Supervisor, Course Administrator

Appendix 2 – Participant information pack

The Tavistock and Portman

NHS Foundation Trust

Tavistock and Portman Trust Research Ethics Committee

If you have any queries regarding the conduct of the programme in which you are being

asked to participate, please contact:

Paru Jeram, Trust Quality Assurance Officer pjeram@tavi-port.nhs.uk

The Researcher

Wuraola Bolaji

Tavistock and Portman NHS Trust

120 Belsize Ln, London NW3 5BA

wb112013@gmail.com

Consent to Participate in a Research Study

The purpose of this letter is to provide you with the information that you need to consider in deciding whether to participate in this study.

Project Title

What is the experience of trauma and transition into adulthood of asylum-seeking care leavers of African origin?

Project Description

Asylum seeking care leavers are one of the most vulnerable people in our society, often seen as victims of triple jeopardy. Many of them would have experienced pre-migratory trauma, separation and loss and undertaken perilous journeys to the UK. This is complicated by a new set of stressors and challenges as they seek a stable base in a new country and as care leavers.

Trauma in this research is viewed as any deeply distressing or disturbing experience. For asylum-seeking young people, this will be wide-ranging from what might be considered everyday events such as separation from their

families, discrimination, illness or accidents to extreme experiences of dangerous journeys to the UK and war.

I am curious about their transition into independence, especially in the context of trauma and how practice can improve outcomes for them. I have often wondered why some fail and some succeed, even though their experiences might be similar. I am interested in understanding how social factors affect their reaction to trauma and their development into adulthood.

I am therefore seeking to interview six to eight asylum-seeking care leavers individually. Each participant will be interviewed on two separate occasions. Each of these interviews will last up to one hour or more if necessary. It will be led by the participants who will only talk about what they feel comfortable to talk about.

What is the purpose of the study?

1. The research is part of a Professional Doctorate in Social Work and Advanced Research.
2. Have an in-depth understanding of the lived experiences of asylum-seeking care leavers of trauma and transition into adulthood.
3. To enable asylum-seeking care leavers to tell their stories of trauma and transition into adulthood.
4. To help practitioners gain a better understanding of the impact of trauma and transition into adulthood of asylum-seeking care leavers.
5. To gain an insight into why some asylum-seeking care leavers fail, and others succeed in their transition to adulthood.

Can I take part in the study?

We are looking for young people who:

- Are care leavers aged 18–25
- Are of African origin
- Have been living in the UK for at least six months
- Understand, speak and read in English
- Have experienced a deeply distressing or disturbing experience (this could be anything from everyday events like separation from your family, serious illness or accidents to extreme experiences of dangerous journeys and war)

- Live in the London / M25 area
- Have no history of mental health difficulties
- Are not receiving mental health support/ treatment

Where is the location?

I would like to undertake the interview in a place that is safe and as neutral as possible.

Do I have to take part?

No, your participation is voluntary. There will be no adverse consequences in terms of your immigration, legal rights, your entitlements and your care as a care leaver if you decide not to participate or withdraw at a later stage. You can withdraw your participation at any time without giving a reason and without prejudice.

What will happen if I take part?

If you decide to take part, I will give you a consent form to sign. I will arrange to meet you for an informal interview. I will ask you some basic information about yourself (such as your age, ethnicity and when you arrived in the UK). I will also invite you to tell your experiences of growing into an adult and your distressing experiences that you feel comfortable to share. These experiences could be before you came to the UK, during your journey to the UK, now, or all of these times. I will record the interview by audiotape and will make a written copy of what you have said. I will offer you a copy of your interview and the analysis and would welcome any comments you might have.

The research will last about three months, but your involvement will only be for two hours (two interviews, one hour each) or a bit longer if you require it. The two interviews will be at an interval of one to a few weeks between them.

Will my taking part in the study be kept confidential?

Any identifiable information about you will remain confidential to me. I will ask you to choose another name you want to be called that is not your true name. When typing the transcript, your name and others referred to during the interview will be substituted with these other names so that they will not be identifiable to anyone else.

In any written reports of this research, this confidentiality will be strictly observed so that all information is kept in a way that does not mention you (anonymous). I will lock the audiotape securely in my cupboard and the tape will not have your name on it. I will be the only one who can identify it from the interview number I give to it.

Data generated in the course of the research will be retained in accordance with the University of Essex Data Protection Policy. I will keep the tape for a maximum of five years. I will erase it anytime from three to five years after my research.

Any information you give will remain confidential and will not be disclosed except where safeguarding issues or imminent harm to self or others arise. If such issues are disclosed, then the relevant safeguarding policies will be implemented and you will be kept informed in line with organisational and national policy.

Given the small number of participants (up to eight), it is important that you know that whilst I will make every effort to anonymise, some details in the publicly available doctoral thesis could lead to you being identified by others working with the project. Confidentiality of information provided is subject to legal limitations.

What are the possible disadvantages/risks of taking part?

I hope that you will enjoy taking part in this study. However, I recognise that discussions about trauma (deeply distressing situations) can, by its nature, be distressing. You will be in charge of the interview and only talk about what you feel comfortable to. After the interview, I will debrief you and offer you further support, should you find this helpful. I can also ask your Personal Advisor / Leaving care coach to refer you to other people you could contact if you feel you need more support. If you appear distressed during the interview, you or I may end the interview early without any pressure to continue.

What do I gain from taking part?

You will be provided with a gift voucher of £20 after you have completed the two interviews with me. This is a token from me to thank you for taking part. I

also hope that you will enjoy taking part and find the experience of been listened to a positive one. More importantly, I hope that your contribution will help local authorities, social workers, personal advisors/leaving care coaches and others who work with asylum-seeking care leavers like you to understand how best to support them.

What will happen to the results of the study?

The results of this study will be written up into a research report as part of my Doctorate in Social Work and Advanced Research at the Tavistock and Portman NHS Foundation Trust. Further, it may be submitted to a social work publisher for publication. I also hope to have opportunities to discuss the result in reports, conferences and meetings about care leavers.

What if I have concerns about the researcher or any aspect of the research project?

Please contact Paru Jeram, Trust Quality Assurance Officer pjeram@tavi-port.nhs.uk

Disclaimer

You are not obliged to take part in this study and are free to withdraw at any time. Should you choose to withdraw from the programme, you may do so without disadvantage to yourself and without any obligation to give a reason.

Appendix 3 – Consent form for participants to sign

Consent to participate in an experimental programme involving the use of human participants

What is the experience of trauma and transition into adulthood of asylum-seeking care leavers of African origin?

I have read the information leaflet relating to the above programme of research in which I have been asked to participate and have been given a copy to keep. The nature and purposes of the research has been explained to me and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.

I understand that my involvement in this study and particular data from this research will remain strictly confidential. Only the researchers involved in the study will have access to the data. It has been explained to me what will happen once the experimental programme has been completed.

I hereby freely and fully consent to participate in the study, which has been fully explained to me. Having given this consent, I understand that I have the right to withdraw from the programme at any time without disadvantage to myself and without being obliged to give any reason.

Participant's Name (BLOCK CAPITALS).....

Participant's Signature

Investigator's Name (BLOCK CAPITALS).....

Investigator's Signature.....

Date:

Appendix 4 – Letter of consent to carry out research in Local Authority

[REDACTED]

Ask for: [REDACTED]

Direct line Email

Date: 30/7/19

Your ref: Our ref:

Dear Wuraola,

Re: Letter of consent to carry out research in Local Authority

I am pleased to consent for the research on (What is the experience of trauma and transition of asylum-seeking care leavers of African origin?) to be carried out in [REDACTED] Council. I understand this is part of your Doctorate degree at Tavistock and Portman NHS Trust.

I understand that you will recruit up to 8 care leavers and conduct interviews with them on the above topic. I confirm that I have viewed the protocol (Participants' information pack) and am satisfied with this.

I trust that this consent letter is adequate for your purposes. However, if you or the Tavistock Ethics Committee have any further queries, please do not hesitate to contact me.

Yours sincerely

[REDACTED]

[REDACTED]

Appendix 5 – Interview schedule

Interview Schedule

Research Question:

What is the experience of trauma and transition into adulthood of asylum-seeking care leavers of African origin?

First Interview:

The Free Association Interview Methodology allows for one interview question. However, I have adapted it to include more questions. This is because I feel one interview question is insufficient to address the key issues in the research (trauma, transition into independence, asylum and care leavers).

I will present the information sheet again to the participants and give them opportunities to ask questions should they need to do so. I will check that they are happy to proceed with the interview and show them the previously signed consent form. If this has not been signed, they will be given an opportunity to sign. They will be reminded of their right to withdraw without a need for explanation. The interview will be audio recorded.

I will ask the participants some demographic questions (see below). These will be anonymised upon transcription. Participants are not obliged to answer these questions and can choose to answer only what they feel comfortable answering.

The participants will be invited to tell their stories freely and to the extent, they feel comfortable with by asking the following questions.

Interview questions:

Can you tell me your story and the times when you experienced difficult and distressing situations as far back as you can remember and how these experiences have or have not affected you in becoming an independent adult?

Looking back at your life from as far as you can remember, can you tell me what you think is important to help you deal with difficult and distressing situations and become an independent adult?

The participants will be debriefed at the end of the interview and arrangements will be made for the second interview. They will be thanked for their time and participation.

Second Interview:

This interview will be used to check for accuracy and clarify questions and inconsistencies that may have arisen from the first interview. I will check that they are happy with the anonymity and alias (pseudonym) they have given themselves.

At the end, they will be thanked for their time and provided with a gift voucher. I will remind them of :

- Support networks (should this be necessary)
- The next step in the research
- The final date they can exercise their right to withdraw their data from the research
- How findings will be fed back to them.

Appendix 6 – Reflexive diaries

Appendix 6 (i) – Why am I doing this?

18/1/20

I have been wondering about the reasons for undertaking this research and, indeed, my reasons for going into social work. I hear myself, like many others, saying, 'it is to help others? Yes, I went into it to help others. But I then ask myself why I feel I am in a position to help others. Why do I want to help others? What makes me feel that others need helping and that I am in a position to help them? How do I feel when I have helped others? With the latter question comes an insight into myself. I help others because I feel it is a good thing to do. As a Christian, I feel morally it is right. I also gain a personal sense of joy and satisfaction from seeing improvements in the situations of others due to my intervention. My explanation to the young people who participated in this research is that I am researching to help asylum-seeking care leavers and professionals. I have been thinking about what Blackwell said about helping others:

I believe Auden here grasps a truth that is essential for us to recognise in our work with torture survivors. So, I want to begin by asserting quite unequivocally that I do not believe we are here or that we should be here to 'help' our clients. I believe we are here to bear witness (Blackwell, 1997, p.81).

I agree with Blackwell that:

Good intentions are not hard to come by, so trying to be helpful is easy ... It makes them feel better and it makes us feel better. Bearing witness, on the other hand, may well make both ourselves and the client feel worse, at least in the short term...'

We provide a recognition of what has happened, how the client's life has changed and how they have come to feel about their lives and themselves. It is through this context of recognition that the client can piece together the shattered parts of her subjective continuity and recover her sense of integrity as a whole person... What we are often dealing with is a present which is overwhelmed by the past: a past that contains the present and the future, holding them in abeyance in a state of induced terror, grief and outrage (ibid., p.87).

My experience as a researcher, especially of listening to the horrific stories of others, holding and trying to contain the projections of anguish and sadness, put me in this 'witness' position. Although I am not present during the events, my presence is in the aftermath of the events. I find myself unconsciously 'travelling' the gruesome journeys with them as they retell their stories. My journey with them is vivid and I enter and exit it at various points, each point leaving different impressions on me, from fellow 'traveler' to a tearful witness as I embed myself in the data.

Sometimes I wonder if Blackwell is right by saying:

The only person we are really here to help is ourselves (p.81).

Helpfulness may be a very natural and human response as part of a real relationship. However, it can easily become a means of exploitation whereby we use another's need and vulnerability in order to fulfil our own need to be helpful and to feel good about ourselves as a result (ibid., p.82).

Appendix 6 (ii) Sample research diary - Hagos

Date	Activity	People involved	Aim	Outcome	Personal observations and reflections
	2 nd interview Hagos	Wura and Hagos	To complete the 2 nd part of the Fani interview	Interview completed	<p>Hagos arrived on time and I was grateful that he came. Hagos on his scooter. It seemed to me to be his only friend and the one thing that sometimes draw people to him. He seemed very trusting as he was happy to leave the scooter at the reception even after the security at left. 'You have cameras, don't you?' he asked. I was not convinced and advised him to bring the scooter to the interview room. He had a smile as usual, until when we started talking.</p> <p>He repeated some things word for word, as in the last interview. I was struck but this and wondered if the experience was so traumatic it is inked in his memory. 'It is really, really bad'.</p> <p>I noticed at a point that his legs were shaking. I recall at a point he took out his finger and scratched the side of the table he was sitting at so loud, I could hear it. What was this all about, I wondered? Even though he spoke more of the story this time, physically he</p>

Date	Activity	People involved	Aim	Outcome	Personal observations and reflections
					<p>seemed more affected. I wonder if this is the stress of the trauma or recounting the story. Or is it that I am more open to these nuances/ body languages?</p> <p>There was more use of his hands. He would raise his hands up and down as he spoke. His face fell when talking about his family. 'I suppose to be with my family'. His face spoke of deep sorrow. Hagos seemed angered by the political situation in his country and how that has affected him 'why, why, why' he would ask in a silent but sad voice.</p> <p>I felt the need to ask him about what he meant when he said, 'I feel free to tell my story' during our last interview. My hypothesis is that he now has his leave to remain in the UK and perhaps now feel safe and free to tell his story without fear of getting it entangled with his narrative to the Home Office. I am not saying he lied. I was struck by his response to my question, 'I want to help you'. Somehow I wished that he did not say this. I hope</p>

Date	Activity	People involved	Aim	Outcome	Personal observations and reflections
					<p>this is not to do with the power relations between us.</p> <p>It reminded me of our seminar where one of the students in my group described him as a 'puppy' seeking to please. I did not agree with this description and somehow annoyed that he had used this to describe him. I felt Hagos was really happy to have someone give him attention to hear his story but describing him as a puppy seemed harsh.</p> <p>I asked him about his nightmares and what he meant by 'it is not about feeling mad, it's not about health'. Once again, he laughed and said he did not require support and it was not about health. I wondered whether this is about his internal resilience, pride or culture (view of mental health). It felt like I was discussing a taboo with him. I wondered how the trauma might affect or is affecting him.</p> <p>Hagos mentioned family at the first interview but did not talk about them. It seemed to me that this was avoidance. It was too painful for him, so he skirted around them. He spoke about his</p>

Date	Activity	People involved	Aim	Outcome	Personal observations and reflections
					<p>sisters and brother ‘they are too young’ with delight but also pain as it they are trapped in a situation they cannot escape from. He was concerned for his sister, who has eye problems. He said this was caused by reading with a lantern. I wish I help her. He spoke about his father but did not mention his mother. I feel this was the most painful and he avoided it. When I asked him about his mother, his face lit up and he laughed. Was this a nervous laugh? We both laughed. He speaks to them over the phone, but they have to go to a town to receive the call and the cost of the call was too much for them, so they cannot call him.</p> <p>The most striking thing seemed to be his isolation from his family and the huge sense of responsibility to provide and look after them. However, he cannot do so due to the need to learn the English language, education and understand the UK systems.</p> <p>I remember at a point I hoped that Hagos would not continue with his trauma narrative. I wonder why. I think this is</p>

Date	Activity	People involved	Aim	Outcome	Personal observations and reflections
					<p>because these are very painful experiences that it is difficult to keep hearing as a researcher.</p> <p>I feel I now understand why he spoke so much about the girls who were raped at the first interview. I feel they reminded him of his sisters. It felt that he was the family's sacrificial lamb, the one who was sent to go through a very traumatic journey but who, in the end, is looked upon to 'save' the rest of the family from their predicament and give them a brighter and better life. In this case, he made it to the 'Promise land', but who needs time to know the new land before he can help his family. He is frustrated by this and I feel this sense of frustration might have made him 'lazy'. He described himself as lazy. Is this someone who has now buried his head in the sand as he has not achieved his goals.</p>

Appendix 6 (iii) – Beyond ‘resilience’

18 February 2020

Today I had face-to-face tutorials with my supervisors to discuss my research and update them. I found the experience very useful. It helped me understand where I was in the research, my place and feelings, and start formulating some hypotheses.

I talked about the themes that were beginning to emerge from the research: loneliness and isolation, homesickness, the concept of home, culture, and the young people's view about that support. The more I immerse myself in the data, the more I understand my young people and the depth of terror/ trauma they have gone through. I wonder how someone could have gone through such issues: slavery, near-death experiences, seeing young girls raped, homelessness, destitution and yet present as happy-go-lucky as Ermias does. I remember that he said he used to cry, but he hides his emotions. He appears to us as a respectful, compliant young person who is doing well in his independent living skill.

Abbas said he was very light at the end of his interview. He said he had never spoken to anyone about his experience before. He said the foster home was good but lacking in providing emotional support. He longed to be part of a family.

Hagos said he regrets coming here and I doubt if I will find this in his pathway plan. He longs to go home but feels trapped here because he cannot return. If he does, the soldiers will take him and imprison him. Ermias also would like to go home and feels that he would be a different person if he were at home. He misses his family so much. We did not see this depth of emotions/discussions in the pathway plans for these young people. Yes, they are doing well on the surface, but my question is, are they really doing well. I recall my time in a local authority and the great pride I took in helping several of our asylum young people get to university. This was our standard for success along with other markers like living independently, maintaining a tenancy, financial management etc.).

I feel that my stance has changed from what I previously described as a young person doing well. Pathway plans need to give more attention to emotional health, not just practical and visible developments. We plan for the future with little understanding of the past of these young people and how that past is affecting their

future. We do not know their stories. We pride ourselves in triple planning when we do not even know what their history and story are. How can we triple plan when we do not know what is going on for our young people?

I wonder why we cannot stop, be quiet and listen to the stories of these young people. Are we too afraid of these, or we lack the time? Are we too bound in meeting targets that we fail to see the obvious (their stories)? We pride ourselves on a strength-based approach but not an emphasis on the future. I am beginning to question the validity of such performance measures such as Ofsted. Yes, we might meet all the targets, yes our young people might all be EET, but these are just surface issues. How do we measure the deeper issues? Should we measure these over the obvious? How can we plan when we do not know the story?

Yes, we cannot believe all stories. However, I have not started from a deficit place that sees asylum seekers as 'liars'. How many times have I heard, 'oh, they tell the same story'?

Talking about my own traumatic experience of being held at gunpoint by armed robbers and my reaction to it many years on opens a window into how our young people might experience trauma. It was years later that I saw the effects. I understand Hagos when he said, 'I still see, I still shout'. This is because even sitting here, I still 'see' the armed robbers, albeit not so clearly. All of these make me wonder about our young people who may present as well now, but what will they be like in years to come, mentally? Local authorities need to wake up and start getting to know their young people well. Know who they really are, their fears.

We plan for young people to remain in the UK when deep down what some of them want is to go back home. They miss their families. Should we be finding out more about these? We focus on pathway plans. We say they are compliant but is this hidden compliance? We only bother about the now. We do not think about the future. It is so easy to see the resilience but not the vulnerability. Are we creating problems for the future?

Appendix 6 (iv) – Feelings about my analysis

4 April 2020

I had already decided in my research assignment that I would use thematic analysis and a data management software for the analysis of my research. I steered clear of it because I dislike coding, which is the core of grounded theory. However, there was a shift in my view after I finished my data collection and met with my supervisor. I became attracted to a method that seemed to offer more freedom in analysis and less tedious data breakdown.

I am surprised about how quickly I have shifted my thinking from writing the following in my assignment, making a strong point for thematic analysis.

I feel that I am on a learning journey in my analysis. As I research more, I hope whatever method I finish with will be the perfect method, and no time will be wasted starting and dumping data analysis methods.

Appendix 6 (iv) – Beginning the analysis

10 April 2020

I am still unsure how to proceed with the analysis and what questions I should be asking, but I think I am making slow progress. Today is the bank holiday Good Friday, but we are in Covid lockdown. As I sit to commence my work, I have a final glimpse at my phone and read the tragic news of my young cousin's death. My heart is heavy and sad at this dear one's loss. I await the news of how she died, but I am resting in the comfort that my God gives. Something tells me it is coronavirus but maybe not, as there have been few deaths in Nigeria.

This is the context in which I have started my analysis. To stop my analysis and in the context of the lockdown, I see that her death may even be more difficult to bear.

I read Cooper's (2020) unpublished article again about research analysis and see some new revelations. I agree with Cooper that I am seeking a psychoanalytical interpretation of my data, the same as most students, especially having used FANI to gather the data. Cooper, however, argues that most of the analysis is not psychoanalytical.

Appendix 6 (v) – A beautiful countryside?

29 August 2020, Salcombe, Devon

I was on holiday with my family in Devon. Yesterday, the plan was to take a small boat to cross over to the other side of the Salcombe Estuary to start our five-mile walk to the Gara Rock. In order to do this, we had to join a small queue to embark on the boat. I saw an inflatable as well as several small boats in the water and one

bigger one. Although this water was no way near the Mediterranean, my mind immediately went to asylum-seeking young people crossing the Mediterranean Sea. I remember my eyes catching a glimpse of a newspaper heading about asylum seekers in the Mediterranean.



Terror of crossing over

I remember while I was standing in the line, I spluttered something like, 'I am not on the Mediterranean'. I now realise it was a protective mechanism from the terrors I felt for the asylum seekers crossing the Mediterranean Sea. I recalled some of my participants said they were forced into an already overloaded inflated boat. I plucked up courage and moved to the front of the queue. However, as I got closer, I stood back and asked others to go ahead as the images of the Mediterranean grew stronger. I looked at the water and dreaded crossing over. I was torn between not crossing the river and spoiling the trip and getting on the waters and yelling.

My husband offered to bring the car and get me to the other side by road. I refused his offer but agreed to let the children go ahead in a different boat. At least I would not spoil their day. Beneath my sunglasses, tears were streaming as I moved closer to the boat. My youngest daughter held on to me as I braved to get on the boat. I was ushered carefully into the boat and sat frozen in between my daughter and my husband. I shut my eyes tight, so I would not see the sea, especially as I could not swim. and remembered the Sudanese young man who drowned recently using an inflatable boat because he could not swim. There were others in the boat, but I was

in so much dread that I did not care that they could see my tears. I recited my Christian prayer silently 'I do not have the spirit of fear but of a sound mind'.

The boat sped along, and I was relieved when they told me we were on the other side. I felt that if I could make it one way, I must be able to make it the other way. My family cheered as I came out of the boat. I saw a gentle smile on one woman's face as I stepped out of the boat. I felt free on solid ground and galloped onto the narrow road where our walk started. I felt surrounded by beauty.



The other side – Beautiful countryside view from a cliff edge

As we stood on a cliff edge, my attention was drawn to the heights when my husband told me how proud he was of me. I climbed a tree with my children and felt really proud of myself. On our way back, I felt more confident getting on the boat. I even kept my eyes open for some of the journey.

At nighttime, as I laid my head down to sleep, my body suddenly jerked involuntarily. I made nothing of it. Again, as I was drifting off to sleep, I started seeing bridges, water, and seemingly drowning images, almost falling off mountain tops. I fought these images repeatedly, but they were simply replaced with new ones. I wondered why I was having this experience. The day was good and I felt I had a breakthrough

going on the boats and the cliff tops, so why was falling asleep like this? My husband told me maybe I had buried the dread and that made me feel things were OK and now that I was relaxed, those latent fear resurfaced. I agreed with him. Like an onion, I felt the protective layers were now peeled off and my true feelings revealed. As a trauma researcher, I had been traumatised, but I had buried these feelings until I had a trigger.

I feel that reading and hearing about young people drowning in the Mediterranean has been traumatic. I still see their pictures in my mind's eye as they perish in the sea. It makes me wonder how refugee and asylum-seeking young people cope with the trauma of their experiences. Many have lost families and friends in horrific circumstances. Many have lost friends to the sea. I wonder if I am affected so much and I do not even know these young people, how much more the young people who have had direct experience. How much more the longer-term impact of this on them. They may seem OK now, but a trigger may ignite those latent issues and lead to mental health breakdown. I wondered what would have happened if I had opened my eyes to the sea and started screaming. I cannot even swim: was that even more dangerous? I think the trauma of refugee and asylum-seeking young people is bigger than they themselves know and professionals have a myopic view of what is going on for them. I found it difficult to explain the experience to my family. I wonder how much more difficult it is for these young people to explain their trauma to strangers.

Appendix 6 (v) – If all is well, why do I feel like this?

The feelings evoked in me by listening to the stories of my young people also evoked hidden, buried experiences that I survived but laid latent. I find that as I write, powerful emotions are evoked in me. It is not fear or sadness. I do not seem to have a name for it, but I feel it as a heaviness in my heart. I do not know what it is and why it's still there many years after the event of a gun being put to my head by armed robbers. I feel perhaps it is that 'state of shock' that Garland talked about. According to Garland, the process of projective identification involves the survivor:

making a desperate and unconscious attempt to rid himself of intolerable states of terror and helplessness and at the same time to let the object know about the condition of their internal world so that something can be done about it. Part of what is characterised as a 'state of shock' involves losing the ability to communicate effectively through any means other than projective identification (p.518-519).

As the trauma research progresses, I recognise that there will be an interplay of projective identification between the young people and myself. I hope as Garland states, I can hold those intolerable states and transform them into something manageable for them; in Bion's word, 'detoxify' them.

March 2021

I have not written in my diary for some time as I have been busy writing. The news of my niece's death is hard to bear. She was the little girl with my baby and me when the armed robbers attacked us many years ago. She grew into a beautiful young woman, a university graduate, before being snatched away. So much pain to bear, it is hard to write about it.

Appendix 7 – Initial 13 questions posed to the data

1. What is known about these young people's history and background?
2. How consistent/integrated was this account?
3. What is learnt from their history and background by the young people and others?
4. What was the relationship between the young person and the researcher prior to the interview and how did the researcher experience the impact of this on the young person telling their stories?
5. How did these young people view themselves pre-migration and in their new environment?
6. What was observed and communicated with regards to their experience of trauma and how they dealt with it?
7. What did the young people communicate with regards to trauma and their transition into adulthood?
8. What might we infer and understand to be the mental struggles they encounter as they move towards independence?
9. What support did they find beneficial in dealing with trauma and transition into an adult?
10. How did the researcher experience the young person and what was the countertransference?
11. What state of mind /prominent emotional response/curiosity about the participant did the researcher experience? How can this aid our understanding of how to work with and relate to them?
12. What were the participant's maximum anxieties and distress? How does this help our understanding of relating to and supporting them?
13. What did the young people communicate with regards to their future?

Appendix 8 – Cross-case analysis five steps

Step 1 Themes

I began by completing a themes worksheet to highlight the themes that emerged in relation to the research questions and the analysis. An overall analysis of the findings from this was carried out for the data generated about the young people. (See appendix 10 - Overall analysis of the findings).

Step 2 Analyst notes whilst reading a case report

I completed analyst notes while reading each case. The notes included a synopsis, situational constraints, uniqueness of the case amongst other cases, and prominence of the case to each of the eight themes (i.e., the more each theme appears in a case, the more prominent it is). I also included comments and noted possible excerpts for the cross-case report and findings. (See appendix 11(i)–11(ii) – Sample Analyst notes whilst reading a case report.)

Step 3 Ratings for expected utility for each case

To further develop the theme, a rating of each case's expected utility for each of the eight themes was completed. This involved analysing how useful each of the cases was for developing the eight themes. The ratings were ranked:

H – high utility/ highly useful

M – medium utility

Low – low utility

(See appendix 12. Ratings of expected utility of each case)

Step 4 Merged findings

I collated all the findings from the analyst notes and printed each one of these in its own strip (findings strips). The findings were numbered, case identified, sorted and ranked. Findings that were similar in topic were placed together and those that were not set apart. This was useful for making the assertions. The findings were discussed in supervision and group tutorial. I completed the Matrix for generating theme-based assertions rated as important for the eight themes paying attention to which cases the merged findings can be found. I graded what was learnt from each case H, M, L (high, medium and low). A merged findings of the themes were carried to deepen the information extracted from the data (See appendix 13 i – iii –Matrix for generating theme-based assertions from merged findings). These are samples.

Step 5 Tentative and final assertions

The merged findings were ordered (cutting and pasting), placing those with the highest rating at the top and the lower ones at the bottom. I paid attention to the new ordering and thought about what the most meaningful assertions could be to answer the research questions. I reviewed the assertions, reordering and dropping those that are less important. I

discussed my progress with my supervisor and tutorial group. I reviewed the findings that led to the assertions and ensured that the assertions are based on compelling evidence. Further analysis of the case and themes finally evolved into the final assertions (See appendix – xx - Multicase assertions for final report.)

Appendix 9 – Themes Worksheet

Theme 1

What is learnt from their history and background by the young people and others?

Theme 2

What was the particular nature of each subject's openness and closeness in relation to you in the interview?

Theme 3

What did the young people communicate with regards to trauma and their transition into adulthood and how they dealt with it?

Theme 4

Intensiveness and nature of anxieties and other strong feelings you were left with?

Theme 5

How have they made use of the opportunities and constraints of being in the UK?

Theme 6

What support did they find beneficial in dealing with trauma and their transition into an adult?

Theme 7

What might we infer and understand to be the mental struggles they encountered as they move towards independence?

Theme 8

What did the young people communicate with regards to their future?

Appendix 10 – Overall analysis of the findings

1. What is learnt from their history and background by the young people and others?

Poverty is a factor for leaving – All

No future in own country (lack of education, employment and training opportunities, corruption, no peace in country, political unrest) All

Need to support family financially when in UK – H, I

Left country as an unaccompanied minor – All

Will take risks for a 'better life' – All

Oppressive and repressive government are factors for leaving – H, ER, F, A, I

Left for survival and a better life – ALL

Religion –still practicing religion. Protective factor – F, EL, H

High expectations of life in the UK – All

2. What was the particular nature of each participant's openness and closeness in relation to you in the interview?

The openness/ closeness is not linear. It is dependent on multilayers of factors, the here and now, the experience of the participant and context – All

The young people positioned me differently, ranging from the care-giving mother, helpful manager, the pain-inflicting torturer and the attentive therapist – All

3. What did the young people communicate with regards to trauma and their transition into adulthood and how did they deal with it?

Found telling the story helpful – All

Trauma and hardship (including village life) can make you stronger and can help prepare for transition into adulthood. – H, ER, F

Traumatic pain can be camouflaged by an outward appearance of happiness and success in other areas of transition into independence – H, ER, I, A

Mental health difficulties can be difficult to detect in refugee and asylum-seeking young people – H, ER

Shame around mental health can make it difficult for young people to accept and use services – H

Leaving their country as children can increase trauma and risks due to lack of parental support during migration and in the host country – All

Pre-migratory and migratory trauma can exacerbate in-country trauma – All

Females are at greater risks of abuse and hardship in migration and less likely to share their stories – H, ER.

Repression, denial and fantasy are used as protective factors from trauma, but their impact is temporary and superficial – H, ER, F, I, A

Being with family and those from the same community is the most important factor in dealing with trauma – All

Family is a protective factor for dealing with trauma and transitioning into an independent adult – All

Delays and refusal of the asylum application can magnify trauma and disrupts successful transition into independence – EL, H

Social isolation and loneliness can compound the impact of trauma and delay transition into adulthood – H, ER, A, EL

Young people had a religious background (mostly Christian / Muslim). They continue to practice their religion on arrival in the UK and as they settled in the UK. This is a protective factor for them. – EL, H, A, F

Education is a protective factor for dealing with trauma and transitioning into an independent, successful adult – it makes you independent – All

Environmental factors such as the weather, culture can compound social isolation and affect mental health without understanding and support – F, H, ER

4 Intensiveness and nature of anxieties and other strong feelings you were left with

FANI – anxieties about the first interview, mechanical issues with dictaphone – H

FANI – difficulty staying in the role when he talked about hardship in Libya – I

FANI – difficulty staying in the role when participant became tearful/upset – EL, A

Anxieties

Anxiety about completing the interview due to COVID – I

Anxiety that the interview might end prematurely as he was emotional – A

Flashback

Flashback of my own traumatic experience – H, ER

Flashback of Fulani Christian persecution – F

Fear

Alarmed and anxious that she might harm herself – EL

Confused

Confusion and annoyance for telling two stories – I

Confused – his contradiction and language – ER

Doubts

Mistrust – not know what story to believe – I, F

Doubts – ‘to be really honest, I was looking for a better life for myself’ – F, I

Curious

I was curious how A and F managed to get to university within 3/ 4 years if arriving in the UK with no English and formal qualification – A and F

Curiosity about how he is helping grandmother – I

Surprises (married, newborn, from Sudan, height) – F

Relief- At the end of the interview, when he said: *'Yes, it's good, you know. When you talk to someone like this one after, you feel comforted.* Appreciate talking to someone'. Abbas was relieved. At the end of the interview, he said he has never spoken to anyone about his experience before and felt 'lighter'. All

Worn – I felt worn out by the end of the short interview dealing with the assault of emotions he was projecting to me, my fears and anxieties – A

Endearment – His intensely serious attitude to his education reminded me of myself as a young person and I was able to relate to this – ER.

Disappointment – What is in it for him? – F

Anger – Anger hearing and transcribing another rape and murder story – H, ER

Anger at men who violate and rape women instead of protecting them – H, ER

Disquieted – EL, ER

Sadness – All (sadness, especially when EL became tearful and A was upset). All

Sadness that she was not able to take up offers and life seemed stuck – EL

Sadness about his plan not to speak to anyone for the rest of his life – ER

Social isolation – ER, H, EL, A

Loneliness – ER, H, EL

Guilt – Felt guilty and responsible for causing pain and need to ease the pain – EL

5. How they made use of the opportunities and constraints of being in the UK

The young people were keen to learn the English language and viewed this as a survival tool in their new country – All

The young people have high educational aspirations for university education (three of them are currently at university – ER, F, M, one unable to take up offers due to immigration status and the other two are working towards it – All

Those granted indefinite leave to remain in the UK are making more positive progress in their transition to adulthood than the one who is still awaiting the decision – All

The trauma of those refused or still waiting for a decision for their asylum application is exacerbated by the delay – EL

Young people with family members in the UK are more likely to want to remain in the UK than those without – A, EL, F,

Social isolation exacerbates the trauma, mental health and transition into adulthood, and contact with the community/family environment helps prevent mental health breakdown – H, I, EL

The young people find the lifestyle, culture of their new environment challenging but retain their cultural values – F, EL, H, ER

Though granted ILR, some young people regret coming to the UK and wish they could return to their home country – H, ER.

Taking responsibilities for own life – ER, H, F, A

Made use of available support networks from professionals, community and family where available – All

6. What support did they find beneficial in dealing with trauma and their transition into an adult?

Family – All

Leaving care team/social worker – H, ER, F, A, EL

College tutor – H, ER, A, I

Emotional – H, ER, EL, A, I (*did not get any emotional support; they wish they did)

Help finding social network – H

Social activity/network – A, H, EL, I, F

Change lies with you – H, ER, A

Motivational videos helped trauma – H

Pathway plan helped with trauma – ER

Keyworker helped with trauma – F

Gym/access to physical activities helped with trauma – H, ER, EL

Education helped with trauma – All

Foster care helped with trauma – H, A, I

Culturally matched environment helped with trauma – A

Settled immigration helped with trauma – All

Employment helped with trauma – EL, F

Financial independence/support helped with trauma – EL, F

Stable and suitable accommodation/shelter helped with trauma – EL, I, A, F

Faith helped with trauma – EL, F, H

Support with asylum application process interpretation of documents helped with trauma – EL

Thankfulness and a positive attitude – F, H, I

Help with independent living skills/ understanding system – H, F

7. What did the young people communicate regarding trauma and mental struggles, and what do we infer and understand from these as they move towards independence?

Trauma effect can be long lasting – All

Separation from families is traumatic and can have a long-term impact on young people's development, including psychosocial development – All

Surviving traumatic experiences can increase resilience (make you stronger) – H, ER, F,

Opportunities to tell their stories helps relieve stress – H, ER, EL, A

Refugee and Asylum-seeking young people might not always want to remain in the UK. When we triple plan, we need their voice in terms of the priority of the planning – H, ER

Language – a necessary skill for integration and transition, its absence can deepen social isolation and intensity of post-traumatic stress – All

Young people need help understanding their new country and its systems to help integrate them into the country and relieve post-traumatic stress – All

Unmet expectations about their new country can have a huge impact on mental health and transition to adulthood – H

Mental health is culturally constructed, and support is likely to be sought within families, communities services and faith groups rather than formal mental health services unless in extreme cases – H

Difficulties in communication, English language, and social skills can exacerbate trauma, delay integration, and transition into independent adulthood – H, ER

The cultural construct of mental health may impact access to mental health services – H

Faith is a protective factor in dealing with trauma and social isolation – H, F, EL

8. How they viewed the future

No hope of a future in the home country on arrival and high hopes for a better life in the UK – All

Education and English language are prerequisites for achieving a successful future in the UK – All

Plans for self-imposed isolation due to fear of perceptions about his sexual identity – ER

Optimistic about the future in the UK and working hard towards it – F, A, I

Young people's views and expectations of the future in the UK change over time depending on their experience, support available to them, immigration status – All.

Young people want to live with their families now and in the future and view them as protective factors – All

Delays and refusal in asylum application magnifies the hopelessness and uncertainties about a future in the UK – EL, H

Long for a future back in their home country but accept that this may not be possible – ER, H

Appendix 11 – Analyst notes whilst reading a case report

Appendix 11 (i) – Analyst notes whilst reading a case report – Hagos

Case ID: H

Synopsis of the case:

Hagos is from Eritrea. Happy family and misses them. Traumatic journey through Libya; witnessed the rape of young girls/women. Christian fled from ISIS, risk of religious persecution. Arrived aged 17. Regrets coming to the UK and wishes he could return home. Not so motivated as he would like to be. Still suffers from nightmares. Presents as happy, but I think he is deeply traumatised.

Uniqueness of case situation for programme/phenomenon: Similar story to Ermias

Prominence of theme 1 in this case H

Prominence of theme 2 in this case H

Prominence of theme 3 in this case H

Prominence of theme 4 in this case H

Prominence of theme 5 in this case H

Prominence of theme 6 in this case H

Prominence of theme 7 in this case H

Prominence of theme 8 in this case H

Expected utility *H, M, L

Expected utility of this case for developing Theme 1 H

Expected utility of this case for developing Theme 2 H

Expected utility of this case for developing Theme 3 H

Expected utility of this case for developing Theme 4 H

Expected utility of this case for developing Theme 5 H

Expected utility of this case for developing Theme 6 H

Expected utility of this case for developing Theme 7 H

Expected utility of this case for developing Theme 8 H

Findings

1 Family is a protective factor for dealing with trauma

- 2 The impact of trauma can be long term but can be hidden beneath the surface, camouflaged
3. Shamefulness of mental health
4. Young people can regret coming to the UK if expectations are unmet and they miss home
- 5 Education and language are important for integration in a new country
6. Leaving alone can exacerbate the social isolation
7. The journey is more traumatic for women
8. Discrimination (racial and religion)
9. Positive attitude is protection

Possible excerpts for the cross-case report (noting case report page number)

You don't know Daesh? Daesh is like they are against Libya. They fight Libya. They are racist, so they kidnap them (referring to girls), more like 94 / 95 people they kidnap them; some of them were trying to run from them, so they kill them by gun, kill them by whatever they want like pan, they don't care, but they used to kill them.

Language

When you go to some place and you can't speak any language, you don't understand even they are talking about you good things. You think they are talking bad things about you. Innit?

The situation when I come here is like you don't speak English, you don't know anyone, you have no family here, you don't know where to go. When you don't know someone, you sit like nothing to do at the house, feeling stressed. Innit? I had three people from my country. I used to speak with them, but when you are feeling stressed, you don't like someone to talk to.

Expectations

H – It's really hard how we came, but when I came here (UK), you know like expectations, the expectations, the way you are thinking. How I was thinking and how it happened is totally different. I was thinking that straight away, I have to work to support my family to help to build up a good future.

H – My expectations was like as soon as I come, like start work blah, blah. The plan was that I have to work hard and then build my future, help my family and then get a secure place.

W – Hmm

H – but when you come here, the reality is different. You need a permit to work. You have to wait for your papers. You have to speak basic English. When you go to work, you have to communicate with your colleagues. Innnit?

Trauma

H – We had a park behind where I used to live. I used to go there and sit and think a lot of things. You cry, innit? Then when you come home, you feel like fresh.

W – What made you cry?

T – Like, you miss your family, you miss everything, you remember back your friends. You remember everything like how you came, what was the situation. Especially, what was making me cry was when I left Sudan until I left Italy until I left Libya. That situation in Libya was the worst time. You see a lot of

bad things in your eyes, in front of you, you see people they do bad things in front of you. You are not mature.

If something happens to you, what you gonna do? You feel like if that was me, what will happen to me? You see young kids they get raped by like 30/40 years old man. How you feel like? You feel like .. innit? They don't know their kid's father.

W – They get pregnant.

H – *Of course when they do sex without protection. It wasn't their plan. It wasn't their expectation. They are not mature. Even their hormones is not ready for a baby. Innit? It is so stressful. Why, why it happens, you ask a question, but you don't get the answer. Innit?*

Future

We don't even know what going on in our futures (talks passionately), but because of the situation you see in front of you, what's going to happen for you, the future is blank; you left the country, you take the risk.

Guilt

H – *I know you feel that it's easy, but at that time, it's really hard. It's really hard.*

Motivation/ system

H – *The system is totally different. That makes you to look like you can't do nothing. You lost your motivation. Even your future plan is like hesitate, innit?*

W – *That's right.*

H – *You, hesitate to do something. Like, if I do this, maybe it will happen like this. If I wanna do this, maybe they will ask me this. Even like when you come here, even if I speak English, you will ask me like 'you need to wait to get the stay'. We had to study language. We have to have CV.*

Culture

H – *Even in this country, I've seen a lot of things. Even adult people they fell, they don't pick them. Even if you're sick here, if adult people they come, they don't let them sit, they just say. In back home you see, adult people you help them ... Even the culture is different.*

Trauma makes you stronger/ mature

H – *like if I say it's good, it makes you. The more you get responsible, it makes you mature.*

W – Ah, OK

H – *You know what I'm saying? Where I came, how I came, who I am, it makes me, like, I'm totally different 'cos I feel responsibilities for them. I feel like I change my idea of the way of behaving back home... even though I'm respectful. Still, I'm respectful. The way how you think, how you talk to people is different. It makes you a really, really polite person. It makes you calm, even though you see people like. If you compare it with us and the people who was born here, it's totally different.*

H – *because of the situation, how you came or where you grow, how you grow, how hard was your situation. How bad or how good it was, but it makes you strong.*

W – *It makes you stronger*

H – *It makes you really strong.*

Long-term effect of trauma

H – *I'm trying to say it could affect you badly like you remember things which can make you move somewhere.*

H – *Still, I remember. Still, I dream about it. You can't forget it like the bad things happened to you or the good things happens to you. Like sometimes dream.*

W – *Still?*

H – *Yeah, still like how did I go there and how I am going to get to where I am now? You think like the situation is different. How you think daytime, you repeat nighttime, Still, I remember, I don't know how to forget about it. Still, I remember. Still, I get dreams, nightmares.*

Migratory trauma is the worst

H – *It's not about having mental problems or having remembering problems or something like that. Even you can have a lot of fun, but you don't remember. Innit? You forget easily, but these things, you can't forget.*

W – *You can't?*

H – *The way you came was very, very scary. The journey was the worst. So, you think it happens to you now.*

Constraint – Language

H – *You know last year I had to be the best student in class, but I couldn't. Sometimes I have hearing problem. It's not because I'm deaf. It's because of understanding. Some people they speak very quick language, I could understand them. I couldn't understand what the teacher was saying. I used to miss a lot of things but the teacher he used to help us. He used to help me because he knows I'm a refugee. He used to give me motivate. He used to say, if I was in your country, I wouldn't be like you. You don't have to let yourself down. He motivate me.*

H – *Last year I had problem, I couldn't understand what the teacher was saying. He speak was difficult. He was fast and then his accent is different.*

H – *I finish late, it's not because I'm bad, it's because I have spelling problems. When you go home, you have to repeat again. If you submit it, they have to send it back because you make a mistake. One exam I had to do like twice.*

W – *Hmm*

H – *Sometimes, six times, you have to explain that sometimes you have to review what you did. Now this year, I'm in a happy place. I'm all right.*

H – *I see a lot of difference. Seriously. if you understand something, you push yourself to going. Innit?*

W – *Hmm*

H – *But if you don't understand, you just go, come back, just go, come back without doing nothing, understanding nothing. Even you give up. You give up. You behave to motivate yourself. Innit? Oh, what I'm going to do, I don't understand this? If I don't understand anything, I have to sleep at home. Sometimes I have to say, "oh gosh! I'm sick today". I wasn't, but I used to say, I'm not gonna come. He knows, they knows it is an excuse, but they have to say, "he is sick/ she is sick". Innit?*

I've seen the change in myself, you know. I wasn't like that. I'm now very confident, even though I want to say something, but I lost because of the confidence. You hesitate like, you hesitate to say something... Language is very important. If you are a good person, you have to speak at least 2/3 languages. Wherever you go, whatever you're doing, if you can explain yourself, you can't communicate who's going to go and work with. Exactly! No one will like you, even though you're a good person. If you don't know how to explain things, no one would love you. I see some people they live here for ten years, twenty years they don't speak, I'm angry about them.

W – Thank you very much for your time. I really appreciate it.

H – You're welcome, no problem, but I will repeat it when I have the best language.

W – When you get the best language. What do you mean? (both share a laugh)

H – Like when I speak fluent.

W – OK.

COMMENTARY

Girls kidnapped by Daesh

Girls often raped during migration

Not strong for the migratory journey as much as the boys/ male

What was helpful?

Help with independent living skills

College / Tutors

Education

Foster carers

Social services, including their guidance

How much attention have you paid to this case?

This was my first interview and the longest. It set the tone of the trauma that I felt for the rest of the interviews. Flashback of my own experience. I spent a lot of time on this because of the length of the interview and the emotional turmoil.

Appendix 11 (ii) – Analyst notes whilst reading a case report – Ermias

Case ID: ER

Synopsis of the case:

Uniqueness of case situation for programme/phenomenon:

Like H wants to return to Eritrea and regrets coming to the UK

Breaks the assumption that refugee and asylum-seeking young people want to remain in the UK

Atypical – in relation to the impact of his presentation, possible sexuality and impact of trauma and transition to adulthood

Using FANI – The fact that I was following the order of his speech was annoying for Ermias, especially with his speech difficulties. I should have explained this initially but did not think it would be an issue until Ermias mentioned it.

ER – It's inaudible because I understand, but you repeat a hundred times or two or three times. I find that the worse frustration. I don't know. I 'm praying now that I have to finish the work, class erm. I'm in university and then maybe get a job, office, or I will be peaceful.

W – You will be peaceful.

ER – Yeah because I'm not gonna talk to people unless my teammates or workers there... You get me?

W- You won't talk to people apart from your teammates.

Prominence of theme 1 in this case H

Prominence of theme 2 in this case H

Prominence of theme 3 in this case H

Prominence of theme 4 in this case H

Prominence of theme 5 in this case H

Prominence of theme 6 in this case H

Prominence of theme 7 in this case H

Prominence of theme 8 in this case H

Expected utility *H, M, L

Expected utility of this case for developing Theme 1 H

Expected utility of this case for developing Theme 2 H

Expected utility of this case for developing Theme 3 H

Expected utility of this case for developing Theme 4 H

Expected utility of this case for developing Theme 5 H

Expected utility of this case for developing Theme 6 H

Expected utility of this case for developing Theme 7 H

Expected utility of this case for developing Theme 8 H

Findings

1 Not all refugee and asylum-seeking young people want to remain in the UK; some want to return to their country of origin.

2 FANI can be frustrating for participants, i.e., repeating their phrases, especially asylum-seekers narratives.

3 Absence from family is traumatic.

4 Education is a protective factor and he values this.

5 Social isolation

6 Trauma is not always easy to detect and can be camouflaged.

7 Self-image and others perceptions can impact social isolation.

8 High expectations and unmet expectations of the UK can be tragic and affect emotional health.

9 No one can change you.

10 Masculinity – hates own effeminate voice and being called a woman.

Possible exceptions for the multicase report

He left because of fear of sexuality and repercussions –

ER – Yeah, yeah. I think back home is like because I knew that my speech is ... completely different. When I speak, I don't even know how I sound. Now, even right now, I don't even know how I sound. Err, when I went, the first day I went, the first day I knew about my ...is when I went to the doctor. Doctor said at the end of examining.

W- Doctor, where?

ER – Back home. He said that 'Why do you sound so different, like tiny?' I don't know. I don't know. I still don't know. And then he told me, he asked me, 'Do you speak to girls or something. Do you speak to women?'

I said, 'Nope, I'm too shy to speak to the.' I'm too introverted and then that day when I went there, I just stayed maybe not that long in Eritrea and I left.

W – OK, not long after that...

ER – And when I (laughs)... It's a little bit embarrassing, especially when I talk to, I'll say, in terms of a girl. They think that I'm a woman or something. It's completely different. They can only know me if I tell them my name.

Hates own voice and associate it with a woman's

I am always asking myself, 'Why I am sounding like this every day?' Why? ... It's completely different ... The other day I was trying to record it ... but when you try to listen ... (exclaims) Erhh! Is that what I sound like? No way!! I will never, ever, ever, ever, record again!!

It's gonna be the same. isn't it? I don't know. I still cannot (whispers) how. I don't know. That's why I don't speak. Today is the longest speech I've ever given. (laughs)

W – Your longest speech.

ER – Overall, maybe the whole year. If you add anyone that is outside/ inside or over the phone. It is the same as today.

W – If we add it all up.

Y – If you add all the speech I had before is going to be the same as today. The numbers (smacks lips). That's why I don't speak.

Responsible for own change

The only person who can change yourself is just yourself, no one! No one can change you (raises voice). You can only speak to me. You can only talk to me, 'do that, do this', but you can't do it for me, isn't it? I can only do the stuff you told me to do. What if I don't do it? (laughs) but you, you tell me to do something that is positive that can change me, but if I still not doing it, I'm not changing. I'm still the same person. But the only change, the only thing that can change me is you tell me if I do the stuff that you tell me.

Uncertain future

Er, er, when I finish, I will have someone to guide me, maybe a coach

How to voice, maybe, but I'm just dreaming

Maybe sometimes, I feel like I'm gonna quit speaking for the rest of my life (laughs). Innit? (raises voice). I'm not gonna speak to anyone ever again!! Because my voice is gonna be the same.

W – (sadly) You're not gonna speak to anyone for the rest of your life?

Education

ER... one year in college is like a piece of gold, isn't it?

Life in the UK is tough

W – What is tough? Tell me.

ER – (chuckled ruefully). You are not in your own country. Isn't it?

W – It's tough not to be in your own country?

E – Yeah (sadly)... I found it. I just find it tough. I don't know. Hmm. Because you have to be, you need to be heard. You need to follow all the rules, like the instructions ... Yes, it's tough, man!! You have to... err... (Pause. Heavy sigh, scribes with my pen and stretches). I don't know (raises voice). The thing is that made me the way err... (whisper "Oh God"). Ask me another question, but I don't know. (nervous laugh). I don't know.

Regret

W – Hmm. The last time you said, "I feel regret, why did I come? I can't go back." What do you regret?

ER – I don't know. I feel that if I was at home now, I would be someone else. Isn't it? You cannot be the same as now. (Scribbles noisily). Maybe in terms of education (continues to scribble, play with a pen), you learn something different here that you wouldn't learn back home. Isn't it? (Continues to play and scribble with pen loudly)...(10 secs pause scribbling and playing with a pen.)

ER – I wish I could go back.

My thoughts- Typing this, this seems so sad to hear a young person wanting to return but not able to. I wonder who decided for him to leave. He was a child. Was he aware of the repercussions of leaving?

ER- But I don't know. It's just tough, tough, it's tough. I don't know. It's tough, but I don't know. Err,... (holds his head in his hands and check my notes). I don't know. I don't know. You cannot go back because you know the situation. The the the the (stammers) first day you, the minute you back to your country is going to be hard unless you have a different identity. Isn't it? So, you can't go back.

My thoughts- I wonder now if a solution is for the government to help UASCs who want to return to return safely.

Trauma makes you stronger

ER –The experience you have, err, err, especially on your journey (again starts with journey) because you can't go any further from those difficulties. For example, you've seen those difficulties, so I don't think you will have any other difficulties worse than this. You challenge all these difficulties. Isn't it?

W – OK

ER – So you will tell yourself or speak to yourself, "I've had these difficulties, so I don't think there will be any other difficulties than this one (raised voice). In short, like err, any situation can come and I can conquer or challenge it... (raised voice). That makes you. It makes you. This is because you are already here, in the serious places and you will never see desert anymore or sea anymore. So other difficulties is going to be less. If you want to learn, just learn.

Stress

ER – I don't know, I didn't like it at all! Because it was the stress, struck me! Struck me! Because I was fresh in this country and when I get to know all this stuff, I was like, 'why are they coming?' It was tough!!

ER – No, because I'm attending Uni, this stress can affect me like to study properly. But the thing is, when I am in university or college. I try to control. I always try to control and then get educated and understanding. Like for example, if three/ four people are there, if they are talking with me about something, I can only listen to them and then contribute a little bit, but my mind is, my left side is thinking about stuff. I try to overcome, but I don't know.

English Language

The problem was the English language, maybe because I have to write properly to get to the next class.

Hidden emotions

I never do anything. It's like I never show my emotions. Isn't it?

Even though I'm stressing, I don't show my emotions unless I'm alone.

Isolation

Even if I'm with other guys, I'm thinking about something else even though they are sitting next to me. I never consider myself as a team (smacks lips).

Even now, I don't speak to people. I'm talking to you now, yeah. Firstly, I don't have anything to say that I'm going to say.

You can only talk to people or other guys when it comes to job, maybe if you are in the same company and you talk to them every day, but now I don't have anything. So, I can't talk to people. I don't have anyone to talk to. I don't go out. Where? I don't have friends as well. Just me (yawns). I've got one but, he's working.No like just now erm, I meet him like occasionally, sometimes. That makes me like, erm, when it comes to relationship, maybe. If you cannot talk to anyone, how are you gonna be in future time?

Commentary

Gestalt – Felt this is Ermias's gestalt: he talked about the dangerous journey. How he did not like it the minute, he stepped out of his country. He talked about his expectations not being the same. He used a lot of 'I don't know' when answering when he found it tough. He talked about how the stress struck him but still 'I don't know'. However, he almost dismissed his white British friend for being stressed, after all, unlike him. He lives with his parents. He has nothing to lose. He is in his own country. I think the gestalt is about Ermias feeling the loss of his country, culture, home, family, loneliness and isolation, attachment and loss, and the reality of not having the power to take back everything he has lost. This is his gestalt.

Stress/ responsibility for self – Ermias finds it difficult to stop stressing and thinking about 'stuff'. He wants to stop but admits he does not know how to stop. When asked how we can help, he said he needs to do it himself. He believes that 'no one can change you'.

W – What can we do?

ER – I don't know. I need to change by myself (laughs).

FANI – I feel sometimes he felt I didn't understand him because I wasn't showing emotions.

ER – You understand that one? I don't know. I don't think you understand the way ... I don't know, it's tough, I don't know (mumbles).

ER – (interrupts) I hope it's clear. (At the end of the second interview, when I told him that was my last question.) You never get tired of seeing me again (laughs).

Appendix 11 (iii) – Analyst notes whilst reading a case report-Elizabeth

Case ID: EL

Synopsis: Elizabeth is from Congo. She was supported to leave Congo by her older brother's friend after coming home from school one day and finding that everything had been destroyed. She did not elaborate on this and informed me before the interview that she wouldn't talk much about the pre-migratory and migratory experience because she was still waiting for her asylum application. Elizabeth's initial application was rejected. She made another application. She blames her brother for not supporting her with her application when she was younger.

She is also bitter that her solicitor mixed her information with another client's. Elizabeth seeks opportunities for education and employment but feels restricted by her immigration status. She aspires to become a midwife. Her older brother has been granted indefinite leave to remain but now suffers from a disability, which Elizabeth links to the stress of waiting for his status. Elizabeth feels that the leave to remain is useless as he is now unable to work. She fears that she might not be 'here' when she is granted leave to remain. She has a history of mental health. I was unaware of this before the interview.

Uniqueness of case situation for programme/phenomenon:

The only female participant

The only participant not from my team

No prior knowledge of her and her mental health history

The only one without settled immigration status in the UK. Has been waiting for ten years

The only one with a history of suicide ideation

The only one from Congo

Prominence of theme 1 in this case M

Prominence of theme 2 in this case H

Prominence of theme 3 in this case H

Prominence of theme 4 in this case H

Prominence of theme 5 in this case H

Prominence of theme 6 in this case H

Prominence of theme 7 in this case H

Prominence of theme 8 in this case H

Expected utility *H, M, L

Expected utility of this case for developing Theme 1 M

Expected utility of this case for developing Theme 2 H

Expected utility of this case for developing Theme 3 H

Expected utility of this case for developing Theme 4 H

Expected utility of this case for developing Theme 5 H

Expected utility of this case for developing Theme 6 H

Expected utility of this case for developing Theme 7 H

Expected utility of this case for developing Theme 8 H

Findings

1. Delays and refusal of asylum application exacerbates trauma and delays transition into adulthood
2. Family is a protective factor from trauma
3. Education is a protective factor from trauma
4. Delays and refusal of asylum application can exacerbate social isolation
5. Refugee and asylum-seeking young people are aspirational and want to succeed
6. Faith helps relieve social isolation and trauma
7. Emotional support helps with the transition to adulthood and relieves trauma
8. Female asylum seekers might experience more difficulties

Possible excerpts for the multicase report

Delays with settled immigration status and trauma

EL – As my brother was waiting, the stress was so much to the point that my brother started fitting from epilepsy at old age. My brother is epileptic now. He cannot work. He is under disability because he cannot work. They give him papers, but he cannot use it!. So, what's the point?! He has papers, but he cannot use it because of his epilepsy. It's hard. The only problem is that I know I have been strong, but I always pray that I will be able to be strong because it's really affected me the way that my mind does not work correctly and I don't know.

EL – I had so much in mind, even the suicide. It happened because, at some point, I was trying to do things to myself. My friends stopped me because I was just going through a lot. For me, I was saying that peace of mind is important. You can have everything in the world, but if you don't have peace of mind, you will not survive. I didn't have peace of mind because of everything that was going on. You know, the depression, the stress. I had offers from different Universities. Some of the Universities gave me unconditional offers, but then I couldn't go because of my immigration issues. The people that weren't even as smart as I was, they went to Uni!! Some of them were making fun of me. Also, I was happy that I can do something for myself, but they just took it back! They just took the happiness back. I have not really lived life like every other girl you see. They go out. They have fun.

EL – But maybe I might not be able to do that because, you know, the longer it takes ...age is going against me and I don't know what's going to happen next. Sometimes (getting emotional), I just have the feeling I may not be able to make it. You know, maybe I might not be there when they give me. For me, I think having my status is important. Because that's the only way you can help me develop in life like everybody. They say, 'our lives do not belong to anyone, but if you don't have papers, you have no life. You can't study, you can't work, you can't do anything for yourself. For me, I think that's the important thing. If I have it, maybe it will help me in other ways. That's just what I know because if I have my status, things will be different. I will be able to work like normal people. I will be able to study, you know, finish my degree, go to university and be who I always wanted to be. You know, become a midwife and contribute to society as well. For me, that's the important thing for now.

Delays with settled immigration status and isolation

EL – They were making fun of me to the point that they are going to Uni, they are living their lives and I didn't have what they have. So, it was really. It made me feel bad to the point that I started isolating myself from people that I knew back then.

Refugee and Asylum-seeking young people and aspirations

EL – Everything is on my diploma. I have distinction, merit. I was very focused on my school because I wanted to be someone better for tomorrow.

EL – For someone like me, since I've been here, I did nothing but study. I have no criminal record, no bad record of anything. I have been studying in the way I know because I have to study for me to look after myself. I have to study. I have to get a degree. I have to get the brain to do something for myself. I'm not just sitting waiting for their income. I'm someone that if today they give me my status, I can do something. I don't have to depend on them. I can do something and also contribute to the community.

Faith as a protective factor

EL - I used to be so active in my ministry, in my prayer but not anymore. I just feel so weak spiritually, you know. I just feel so weak in every way. I don't do as much as I used to do before. So yeah, it was keeping me busy. It was keeping me less stressed because we do have a lot of organisations as well. Sometimes we arrange like going out, cinema, you know, the young ones go to the park. In summer we go to the park, invite couples for dinner. That association was important, but when things were getting too much for me, it kind of like, it brings me down.

I mean when dealing with difficult issues, church can have a big impact on your life because once you are there, you listen to nothing but God's words. The encouragements you get. For us, it's like, we give an answer if there is a question that I have been asking anybody which has an answer, they give an answer.

So that kind of does help with dealing with stress. When you read the Bible and you know that it says that God always that He is there for us. You know, to give us comfort. Really if we rely on Him (God), sometimes it's hard because He (God) said we should throw all our burden on Him, but He doesn't act at the same time you want Him to act. He acts on His own time.

Emotional support

Maybe they could have given me more emotional support. You know, like counselling, but no one has ever referred me that. But they knew everything I was going through. They knew about my depression. It was happening when I was back there, so they was aware of how mentally not stable I was. But I wasn't offered anything like that.

Female asylum seekers

It's a very difficult time, especially for those who do not have a family as a female in the country.

Pathway plans

Pathway plan did not make any difference to her life.

EL – It was OK. It wasn't making any difference, but it was OK.

W – It wasn't making any difference.

E – No, because everything was changing on my part, not on them. You know they are not gonna change things. It's what's gonna change with you (similar to what Hagos and Ermias said). It's more like your personal life.

You are responsible for your own change.

EL – You are also responsible for change, not just others.

EL – The only thing that is personal to me can change is if I let it change myself (similar to what Hagos, Ermias, Farhan said).

W – If you let it change.

EL – Like my health condition, depression. If I stop thinking, if I stop worrying about my case, maybe I would not have depression.

EL – So, for me to try and improve myself, I had to probably socialise more. Go out more with people. Even if it's not with people, just myself, go out, have fresh air. Most of the time, because my brother has kids now so going there, playing with the kids, it takes some things out of me as well.

Comments

It was difficult to stay in the FANI researcher role when she started crying.

I found it so hard. I did not know when I slipped.

W – Stop? This is really hard. I hope you have someone that, you know... just let it out instead of keeping it in... You have somebody?

Appendix 12 – Ratings of expected utility of each case for each theme

Utility of cases	Hagos	Ermias	Farhan	Abbas	Elizabeth	Ibrahim
Original multicase themes						
Theme 1	H	H	M	M	M	H
Theme 2	H	H	H	H	H	M
Theme 3	H	H	M	H	H	M
Theme 4	H	H	H	H	H	M
Theme 5	H	H	H	H	H	M
Theme 6	H	H	H	H	H	M
Theme 7	H	H	M	H	H	M
Theme 8	H	H	H	H	H	M

High manifestation means that the theme is prominent in this particular case study. A highly unusual situation (far from ordinary) is one that is expected to challenge the generality of themes (Stake, 2006). High means that the case appears to be one of the most useful for developing this theme. M=middling utility; L=low utility (Stake 2006, p.49)

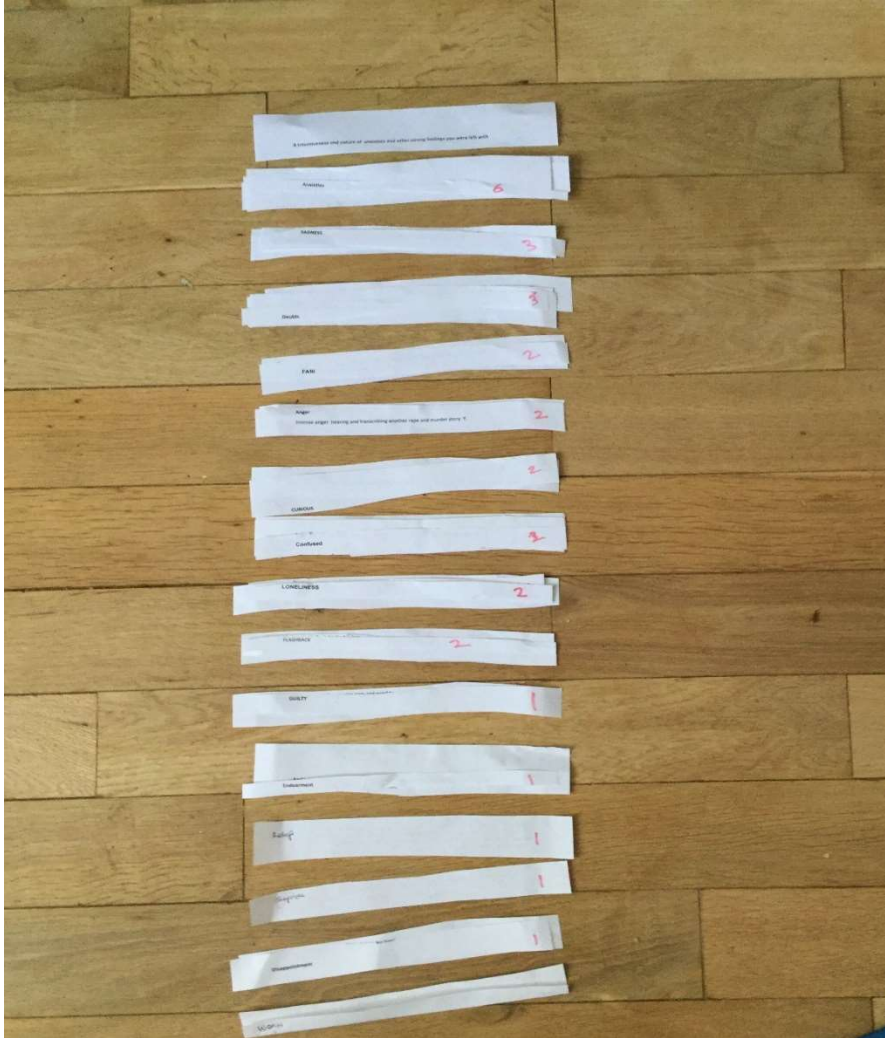
Appendix 13 – Merged findings of themes

Appendix 13 (i) – Finding strips

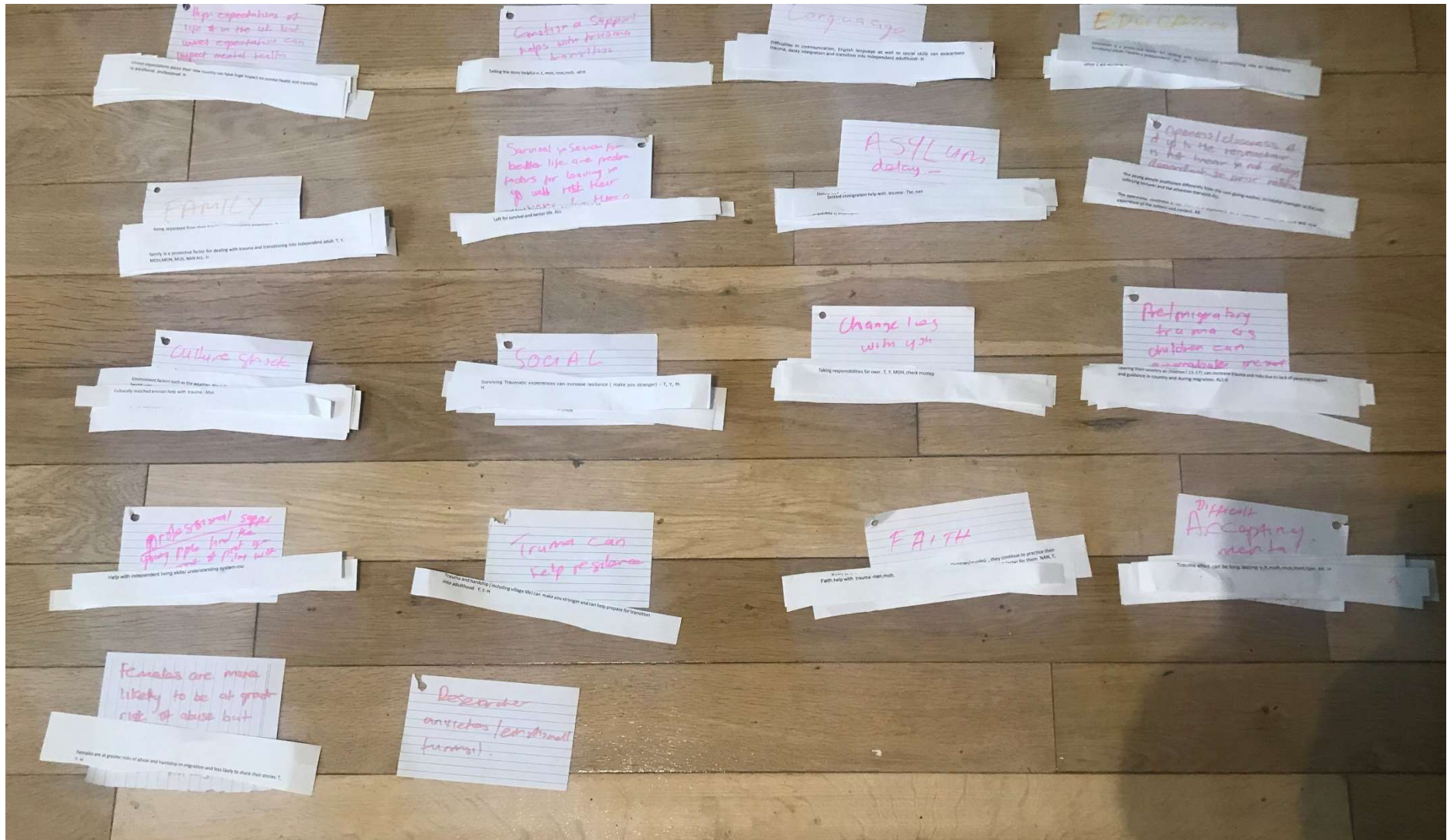
See step 4 of cross-case analysis in appendix 8 for details of the merged findings.



Findings strips layout



Findings strips ranked



Findings strips – sorted

Appendix 13 (ii) Merged Findings – Theme 1

Matrix for generating theme-based assertions from merged findings rated important – Theme 1									
Merged Findings	From which Cases	1 What is learnt about their history and background from the young people and others?	2 What were the nature of each subject's openness and particular closeness in relation to you in the interview?	3 <i>What did the young people communicate with regards to trauma and their transition into adulthood and how they dealt with it?</i>	4 Intensiveness and nature of anxieties and other strong feelings you were left with	5 How they made use of the opportunities and constraints of being in the UK	6 <i>What support did they find beneficial in dealing with trauma and transitioning into adulthood?</i>	7 <i>What might we infer and understand to be the mental struggles they encountered as they moved towards independence ?</i>	8 <i>What did the young people communicate with regards to their future?</i>
Separation from families is traumatic. It can intensify trauma and impact the psychosocial development of young people.	All ALL ALL ALL	T1:H	T2:L	T3:H	T4:L	T5:H	T6:L	T7:H	T8:H
Pre-migratory and migratory trauma, especially as unaccompanied minors, can exacerbate in-country trauma.	ER,ER,ER ,ER H,H,H,H F,F,F,F AAAA I,I,I,I EL,EL,EL	T1:H	T2:L	T3:H	T:L	T5:H	T6:L	T7:H	T8:H
Family is a protective factor for trauma, and transition into adulthood and separation from family is traumatic.	H,H,H,H ER,ER,ER ,ER F,F,F,F	T1:H	T2:L	T3:H	T4:L	T5:H	T6:H	T7:H	T8:H

Matrix for generating theme-based assertions from merged findings rated important – Theme 1

Merged Findings	From which Cases	1 What is learnt about their history and background from the young people and others?	2 What were the nature of each subject's openness and particular closeness in relation to you in the interview?	3 <i>What did the young people communicate with regards to trauma and their transition into adulthood and how they dealt with it?</i>	4 Intensiveness and nature of anxieties and other strong feelings you were left with	5 How they made use of the opportunities and constraints of being in the UK	6 <i>What support did they find beneficial in dealing with trauma and transitioning into adulthood?</i>	7 <i>What might we infer and understand to be the mental struggles they encountered as they moved towards independence ?</i>	8 <i>What did the young people communicate with regards to their future?</i>
	A,A,A,A I,I,I,I EL,EL,EL, EL								
Mental health is culturally constructed and there is a stigma around accepting help for mental health issues. (ATYP) . Social-cultural and structural barriers impact access to mental health services, e.g., culture, stigma, lack of understanding amongst professionals, lack of specialist services, understanding of services available (ATYP) .	HH EL	T1:H	T2:L	T3:H	T4:L	T5:H	T6:H	T7:H	T8:M
Mental health difficulties can be camouflaged, and their impact can last long into adulthood.	HHH ER, ER, ER I, I, I, I A,A,A,A	T1:M	T2:M	T3:H	T4:L	T5: H	T6:L	T7:H	T8:H

Matrix for generating theme-based assertions from merged findings rated important – Theme 1

Merged Findings	From which Cases	1 What is learnt about their history and background from the young people and others?	2 What were the nature of each subject's openness and particular closeness in relation to you in the interview?	3 <i>What did the young people communicate with regards to trauma and their transition into adulthood and how they dealt with it?</i>	4 Intensiveness and nature of anxieties and other strong feelings you were left with	5 How they made use of the opportunities and constraints of being in the UK	6 <i>What support did they find beneficial in dealing with trauma and transitioning into adulthood?</i>	7 <i>What might we infer and understand to be the mental struggles they encountered as they moved towards independence ?</i>	8 <i>What did the young people communicate with regards to their future?</i>
	EL								
Education is a protective factor, and they have high educational aspirations.	All All H ER A I	T1:H	T2:L	T3:H	T4:L	T5:H	T6:H	T7:H	T8:H
The openness and closeness of the young people to the researcher is not linear and the researcher is positioned fluidly.	All All	T1:L	T2:H	T3:M	T4:H	T5:L	T6:L	T7:M	T8L
Faith is a protective factor for dealing with trauma and social isolation.	H, H F,F,F EL, EL, EL	T1:M	T2:L	T3:H	T4:L	T5:H	T6:H	T7:H	T8:H

Matrix for generating theme-based assertions from merged findings rated important – Theme 1

Merged Findings	From which Cases	1 What is learnt about their history and background from the young people and others?	2 What were the nature of each subject's openness and particular closeness in relation to you in the interview?	3 <i>What did the young people communicate with regards to trauma and their transition into adulthood and how they dealt with it?</i>	4 Intensiveness and nature of anxieties and other strong feelings you were left with	5 How they made use of the opportunities and constraints of being in the UK	6 <i>What support did they find beneficial in dealing with trauma and transitioning into adulthood?</i>	7 <i>What might we infer and understand to be the mental struggles they encountered as they moved towards independence ?</i>	8 <i>What did the young people communicate with regards to their future?</i>
	A								
The young people make use of the support available to them but ultimately feel responsible for making positive changes to their lives.	HH YY A F EL	T1:M	T2:L	T3:H	T4:L	T5:H	T6:H	T7:H	T8:H
The grant of indefinite leave to remain helps relieve trauma and aids the transition to adulthood.	All EL. H	T1:M	T2:L	T3:H	T4:L	T5:H	T6:H	T7:H	T8:H
English language is a prerequisite for integration and transition as an adult in the UK. Its absence can intensify post-traumatic stress.	All All All	T1:M	T2:L	T3:H	T4:L	T5:H	T6:H	T7:H	T8:H
Researcher's anxieties and emotional turmoil.	Researcher	T1:L	T2:H	T3:H	T4:H	T5:L	T6:L	T7:L	T8:L
Social isolation can compound trauma and impact the transition to	ER, ER	T1:M	T:L	T3:H	T4:L	T5:H	T6:L	T7:H	T8:H

Matrix for generating theme-based assertions from merged findings rated important – Theme 1

Merged Findings	From which Cases	1 What is learnt about their history and background from the young people and others?	2 What were the nature of each subject's openness and particular closeness in relation to you in the interview?	3 <i>What did the young people communicate with regards to trauma and their transition into adulthood and how they dealt with it?</i>	4 Intensiveness and nature of anxieties and other strong feelings you were left with	5 How they made use of the opportunities and constraints of being in the UK	6 <i>What support did they find beneficial in dealing with trauma and transitioning into adulthood?</i>	7 <i>What might we infer and understand to be the mental struggles they encountered as they moved towards independence ?</i>	8 <i>What did the young people communicate with regards to their future?</i>
adulthood.	H,H,H,H A,A,A EL, EL, EL I F								
The young people fled their home country for survival and a better life and were willing to risk their lives to get to the UK.	All All I, I, I EL, EL, EL. H, H ER	T1:H	T2:L	T3:H	T4:L	T5:H	T6:L	T7:M	T8H
The young people rated emotional support highly in dealing with trauma and felt relieved for telling their stories.	All H ER A	T1:H	T2:M	T3:H	T4:M	Y5:H	T6:H	T7H	T8:M

Matrix for generating theme-based assertions from merged findings rated important – Theme 1

Merged Findings	From which Cases	1 What is learnt about their history and background from the young people and others?	2 What were the nature of each subject's openness and particular closeness in relation to you in the interview?	3 <i>What did the young people communicate with regards to trauma and their transition into adulthood and how they dealt with it?</i>	4 Intensiveness and nature of anxieties and other strong feelings you were left with	5 How they made use of the opportunities and constraints of being in the UK	6 <i>What support did they find beneficial in dealing with trauma and transitioning into adulthood?</i>	7 <i>What might we infer and understand to be the mental struggles they encountered as they moved towards independence ?</i>	8 <i>What did the young people communicate with regards to their future?</i>
	I								
<p>Young people's views of the UK and a future in the UK change over time and can impact their future.</p> <p>Young people's expectations of the UK and their future trajectory are not linear (some regret and want to go back).</p>	All, All, All H,H,H,H ER, ER., ER, ER EL I F A	T1:H	T2:L	T3:H	T4:L	T5:H	T6:L	T7:H	T8:H
Environmental factors such as culture and systems can compound social isolation and mental health without appropriate support for young people.	H,H,H,H All ER, ER F, F A EL, EL	T1:M	T2:L	T3:H	T4:L	T5:H	T6:H	T7:H	T8M

Matrix for generating theme-based assertions from merged findings rated important – Theme 1

Merged Findings	From which Cases	1 What is learnt about their history and background from the young people and others?	2 What were the nature of each subject's openness and particular closeness in relation to you in the interview?	3 <i>What did the young people communicate with regards to trauma and their transition into adulthood and how they dealt with it?</i>	4 Intensiveness and nature of anxieties and other strong feelings you were left with	5 How they made use of the opportunities and constraints of being in the UK	6 <i>What support did they find beneficial in dealing with trauma and transitioning into adulthood?</i>	7 <i>What might we infer and understand to be the mental struggles they encountered as they moved towards independence ?</i>	8 <i>What did the young people communicate with regards to their future?</i>
Young people find the support from professionals useful.	F,F,F H, H ER, ER I, I EL, EL I	T:L	T2:L	T3:H	T4:L	T5:H	T6:H	T7:H	T8:M
Trauma can make you stronger.	H, H ER, ER. F	T: H	T2:M	T3:H	T4:M	T5:H	T6:L	T7H	T8 H
Special Findings Females are more at risk.	ER. H	T:M	T2:M	T3:M	T4:L	T5:M	T6:L	T7M	T8L

H***- very, very, very high importance

H**- very, very high importance

H*- very high importance

H= high importance

M= meddling importance

L=low importance

*=carries extra weight when assertions are being drafted

ATYP- requires caution in drafting an assertion (Stake 2006)

Assertions

Separation from families is traumatic and can intensify the trauma and impact the psychosocial development of young people.

Pre-migratory and migratory trauma, especially as unaccompanied minors, can exacerbate in-country trauma.

Family is a protective factor for trauma and transition into adulthood and separation from family is traumatic.

Mental health is culturally constructed and there is a stigma around accepting help for mental health issues.

Education is a protective factor and they have high educational aspirations.

The young people fled their home country for survival and a better life and were willing to risk their lives to get to the UK.

The young people rated emotional support highly in dealing with trauma and felt relieved for telling their stories.

Young people's views of the UK and a future in the UK change over time and can impact their future.

Trauma can make you stronger.

Appendix 13 (iii) Merged Findings – Theme 2

Matrix for generating theme-based assertions from merged findings rated important – Theme 2									
Merged Findings	From which Cases	1 What is learnt about their history and background from the young people and others?	2 What were the nature of each subject's openness and particular closeness in relation to you in the interview?	3 <i>What did the young people communicate with regards to trauma and their transition into adulthood and how they dealt with it?</i>	4 Intensiveness and nature of anxieties and other strong feelings you were left with	5 How they made use of the opportunities and constraints of being in the UK	6 <i>What support did they find beneficial in dealing with trauma and transition into an adult?</i>	7 <i>What might we infer and understand to be the mental struggles they encountered as they moved towards independence ?</i>	8 <i>What did the young people communicate with regards to their future?</i>
Separation from families is traumatic and can intensify trauma and impact the psychosocial development of young people.	All All All All	T1:H	T2:L	T3:H	T4:L	T5:H	T6:L	T7:H	T8:H
Pre-migratory and migratory trauma, especially as unaccompanied minors, can exacerbate in-country trauma.	H,H,H,H ER,ER,ER,ER F,F,F,F A,A,A,A I,I,I,I EL,EL,EL,EL	T1:H	T2:L	T3:H	T:L	T5:H	T6:L	T7:H	T8:H
Family is a protective factor for trauma and transition into adulthood and separation from family is traumatic.	H,H,H,H ER,ER,ER,ER F,F,F,F A,A,A,A	T1:H	T2:L	T3:H	T4:L	T5:H	T6:H	T7:H	T8:H

Matrix for generating theme-based assertions from merged findings rated important – Theme 2

Merged Findings	From which Cases	1 What is learnt about their history and background from the young people and others?	2 What were the nature of each subject's openness and particular closeness in relation to you in the interview?	3 <i>What did the young people communicate with regards to trauma and their transition into adulthood and how they dealt with it?</i>	4 Intensiveness and nature of anxieties and other strong feelings you were left with	5 How they made use of the opportunities and constraints of being in the UK	6 <i>What support did they find beneficial in dealing with trauma and transition into an adult?</i>	7 <i>What might we infer and understand to be the mental struggles they encountered as they moved towards independence ?</i>	8 <i>What did the young people communicate with regards to their future?</i>
	I,I,I,I EL,EL,EL, EL								
Mental health is culturally constructed and there is a stigma around accepting help for mental health issues. (ATYP) Social-cultural and structural barriers impact access to mental health services, e.g., culture, stigma, lack of understanding amongst professionals, lack of specialist services, understanding of services available (ATYP).	HH EL	T1:H	T2:L	T3:H	T4:L	T5:H	T6:H	T7:H	T8:M
Mental health difficulties can be camouflaged, and their impact can last long into adulthood.	H,H,H ER,ER,ER I,I,I A,A, EL	T1:M	T2:M	T3:H	T4:L	T5: H	T6:L	T7:H	T8:H

Matrix for generating theme-based assertions from merged findings rated important – Theme 2

Merged Findings	From which Cases	1 What is learnt about their history and background from the young people and others?	2 What were the nature of each subject's openness and particular closeness in relation to you in the interview?	3 <i>What did the young people communicate with regards to trauma and their transition into adulthood and how they dealt with it?</i>	4 Intensiveness and nature of anxieties and other strong feelings you were left with	5 How they made use of the opportunities and constraints of being in the UK	6 <i>What support did they find beneficial in dealing with trauma and transition into an adult?</i>	7 <i>What might we infer and understand to be the mental struggles they encountered as they moved towards independence ?</i>	8 <i>What did the young people communicate with regards to their future?</i>
Education is a protective factor, and they have high educational aspirations.	All All ER. H A I	T1:H	T2:L	T3:H	T4:L	T5:H	T6:H	T7:H	T8:H
The openness and closeness of the young people to the researcher is not linear and the researcher is positioned fluidly.	All All	T1:L	T2:H	T3:M	T4:H	T5:L	T6:L	T7:M	T8L
Faith is a protective factor for dealing with trauma and social isolation.	H, H F,F,F EL, EL, EL A	T1:M	T2L	T3:H	T4:L	T5:H	T6:H	T7:H	T8:H
The young people make use of the support available to them but ultimately feel responsible for making positive changes to their lives.	H, H ER, EL A F	T1:M	T2:L	T3:H	T4:L	T5:H	T6:H	T7:H	T8:H

Matrix for generating theme-based assertions from merged findings rated important – Theme 2

Merged Findings	From which Cases	1 What is learnt about their history and background from the young people and others?	2 What were the nature of each subject's openness and particular closeness in relation to you in the interview?	3 <i>What did the young people communicate with regards to trauma and their transition into adulthood and how they dealt with it?</i>	4 Intensiveness and nature of anxieties and other strong feelings you were left with	5 How they made use of the opportunities and constraints of being in the UK	6 <i>What support did they find beneficial in dealing with trauma and transition into an adult?</i>	7 <i>What might we infer and understand to be the mental struggles they encountered as they moved towards independence ?</i>	8 <i>What did the young people communicate with regards to their future?</i>
The grant of indefinite leave to remain helps relieve trauma and aids the transition to adulthood.	All EL H	T1:M	T2:L	T3:H	T4:L	T5:H	T6:H	T7:H	T8:H
English language is a prerequisite for integration and transition as an adult in the UK; its absence can intensify post-traumatic stress.	All All All	T1:M	T2:L	T3:H	T4:L	T5:H	T6:H	T7:H	T8:H
Researcher's anxieties and emotional turmoil.	Researcher	T1:L	T2:H	T3:H	T4:H	T5L	T6 L	T7: L	T8L
Social isolation can compound trauma and impact the transition to adulthood.	H, H ER,ER,ER ,ER A,A,A EL, EL, EL I F	T1:M	T:L	T3:H	T4:L	T5H	T6:L	T7:H	T8:H
The young people fled their home countries for survival and a better life and were	All All	T1:H	T2:L	T3:H	T4:L	T5:H	T6:L	T7:M	T8H

Matrix for generating theme-based assertions from merged findings rated important – Theme 2

Merged Findings	From which Cases	1 What is learnt about their history and background from the young people and others?	2 What were the nature of each subject's openness and particular closeness in relation to you in the interview?	3 <i>What did the young people communicate with regards to trauma and their transition into adulthood and how they dealt with it?</i>	4 Intensiveness and nature of anxieties and other strong feelings you were left with	5 How they made use of the opportunities and constraints of being in the UK	6 <i>What support did they find beneficial in dealing with trauma and transition into an adult?</i>	7 <i>What might we infer and understand to be the mental struggles they encountered as they moved towards independence ?</i>	8 <i>What did the young people communicate with regards to their future?</i>
willing to risk their lives to get to the UK.	I, I, I EL, EL, EL. H, H ER								
The young people rated emotional support highly in dealing with trauma and felt relieved for telling their stories.	All H ER A I	T1:H	T2:M	T3:H	T4:M	Y5:H	T6:H	T7H	T8:M
Young people's views of the UK and a future in the UK change over time and can impact their future. Young people's expectations of the UK and their future trajectory are not linear (some regret coming and want to go back).	All, All, All H,H,H,H ER,ER,ER ,ER EL I F A	T1:H	T2:L	T3:H	T4:L	T5:H	T6:L	T7:H	T8:H

Matrix for generating theme-based assertions from merged findings rated important – Theme 2

Merged Findings	From which Cases	1 What is learnt about their history and background from the young people and others?	2 What were the nature of each subject's openness and particular closeness in relation to you in the interview?	3 <i>What did the young people communicate with regards to trauma and their transition into adulthood and how they dealt with it?</i>	4 Intensiveness and nature of anxieties and other strong feelings you were left with	5 How they made use of the opportunities and constraints of being in the UK	6 <i>What support did they find beneficial in dealing with trauma and transition into an adult?</i>	7 <i>What might we infer and understand to be the mental struggles they encountered as they moved towards independence ?</i>	8 <i>What did the young people communicate with regards to their future?</i>
CULTURE SHOCK Environmental factors such as culture and systems can compound social isolation and mental health without appropriate support for young people.	H,H,H,H All H, H F, F A EL, EL	T1:M	T2:L	T3:H	T4:L	T5:H	T6:H	T7:H	T8M
Young people find the support from professionals useful.	F,F,F H, H ER, ER A, A EL, EL I	T:L	T2:L	T3:H	T4:L	T5:H	T6:H	T7:H	T8:M
Trauma can make you stronger.	H, H ER, ER. F	T: H	T2:M	T3:H	T4:M	T5:H	T6:L	T7H	T8 H
Special Findings Females are more at risk	ER H	T: M	T2:M	T3:M	T4:L	T5:M	T6:L	T7M	T8L

Assertions

The researcher's anxieties and emotional turmoil is profound and part of interpretative data

The researcher is positioned fluidly by the young people during the interview and their openness and closeness to her is not linear

Appendix 13 (iv) Merged Findings – Theme 8

Matrix for generating theme-based assertions from merged findings rated important – Theme 8									
Merged Findings	From which Cases	1 What is learnt from their history and background by the young people and others?	2 What were the nature of each subject's openness and particular closeness in relation to you in the interview?	3 <i>What did the young people communicate with regards to trauma and their transition into adulthood and how did they deal with it?</i>	4 Intensiveness and nature of anxieties and other strong feelings you were left with	5 How they made use of the opportunities and constraints of being in the UK	6 <i>What support did they find beneficial in dealing with trauma and transition into an adult?</i>	7 <i>What might we infer and understand to be the mental struggles they encountered as they moved towards independence?</i>	8 <i>What did the young people communicate with regards to their future</i>
Separation from families is traumatic and can intensify trauma and impact the development of young people.	All All All All	T1:H	T2:L	T3:H	T4:L	T5:H	T6:L	T7:H	T8:H **
Pre-migratory and migratory trauma, especially as unaccompanied minors, can exacerbate in-country trauma.	H,H,H,H ER,ER,ER,ER F,F,F,F A,A,A,A I,I,I,I EL,EL,EL,EL	T1:H	T2:L	T3:H	T:L	T5:H	T6:L	T7:H	T8:H**
Family is a protective factor for trauma and transition into adulthood and separation	H,H,H,H ER,ER,ER,E	T1:H	T2:L	T3:H	T4:L	T5:H	T6:H	T7:H	T8:H **

Matrix for generating theme-based assertions from merged findings rated important – Theme 8

Merged Findings	From which Cases	1 What is learnt from their history and background by the young people and others?	2 What were the nature of each subject's openness and particular closeness in relation to you in the interview?	3 <i>What did the young people communicate with regards to trauma and their transition into adulthood and how did they deal with it?</i>	4 Intensiveness and nature of anxieties and other strong feelings you were left with	5 How they made use of the opportunities and constraints of being in the UK	6 <i>What support did they find beneficial in dealing with trauma and transition into an adult?</i>	7 <i>What might we infer and understand to be the mental struggles they encountered as they moved towards independence?</i>	8 <i>What did the young people communicate with regards to their future</i>
from family is traumatic.	R F,F,F,F A,A,A,A I,I,I,I EL,EL,EL,EL								
Mental health is culturally constructed and there is a stigma around accepting help for mental health issues. (ATYP). Social-cultural and structural barriers impact access to mental health services, e.g., culture, stigma, lack of understanding amongst professionals, lack of specialist services, understanding of services available (ATYP).	HH EL	T1:H	T2:L	T3:H	T4:L	T5:H	T6:H	T7:H	T8:M
Mental health difficulties can be camouflaged, and their impact can last long into adulthood.	H,H,H ER,ER,ER	T1:M	T2:M	T3:H	T4:L	T5: H	T6:L	T7:H	T8:H

Matrix for generating theme-based assertions from merged findings rated important – Theme 8

Merged Findings	From which Cases	1 What is learnt from their history and background by the young people and others?	2 What were the nature of each subject's openness and particular closeness in relation to you in the interview?	3 <i>What did the young people communicate with regards to trauma and their transition into adulthood and how did they deal with it?</i>	4 Intensiveness and nature of anxieties and other strong feelings you were left with	5 How they made use of the opportunities and constraints of being in the UK	6 <i>What support did they find beneficial in dealing with trauma and transition into an adult?</i>	7 <i>What might we infer and understand to be the mental struggles they encountered as they moved towards independence?</i>	8 <i>What did the young people communicate with regards to their future</i>
	I,I,I A,A, EL								
Education is a protective factor, and they have high educational aspirations.	All All ER. H A	T1:H	T2:L	T3:H	T4:L	T5:H	T6:H	T7:H	T8:H*
The openness and closeness of the young people to the researcher is not linear and the researcher is positioned fluidly.	All All	T1:L	T2:H	T3:M	T4:H	T5:L	T6:L	T7:M	T8L
Faith is a protective factor for dealing with trauma and social isolation.	H, H F,F,F EL, EL, EL A	T1:M	T2:L	T3:H	T4:L	T5:H	T6:H	T7:H	T8:H

Matrix for generating theme-based assertions from merged findings rated important – Theme 8

Merged Findings	From which Cases	1 What is learnt from their history and background by the young people and others?	2 What were the nature of each subject's openness and particular closeness in relation to you in the interview?	3 <i>What did the young people communicate with regards to trauma and their transition into adulthood and how did they deal with it?</i>	4 Intensiveness and nature of anxieties and other strong feelings you were left with	5 How they made use of the opportunities and constraints of being in the UK	6 <i>What support did they find beneficial in dealing with trauma and transition into an adult?</i>	7 <i>What might we infer and understand to be the mental struggles they encountered as they moved towards independence?</i>	8 <i>What did the young people communicate with regards to their future</i>
The young people make use of the support available to them but ultimately feel responsible for making positive changes to their lives.	H, H ER, EL A F	T1:M	T2:L	T3:H	T4:L	T5:H	T6:H	T7:H	T8:H
The grant of indefinite leave to remain helps relieve trauma and aids with the transition to adulthood.	All EL. H	T1:M	T2:L	T3:H	T4:L	T5:H	T6:H	T7:H	T8:H***
English language is a prerequisite for integration and transition as an adult in the UK; its absence can intensify post-traumatic stress.	All All All	T1:M	T2:L	T3:H	T4:L	T5:H	T6:H	T7:H	T8:H*
Researcher's anxieties and emotional turmoil	Researcher	T1:L	T2:H	T3:H	T4:H	T5L	T6 L	T7; L	T:8L
Social isolation can compound trauma and impact the transition to adulthood.	H, H ER,ER,ER,E R A,A,A	T1:M	T:L	T3:H	T4:L	T5H	T6:L	T7:H	T8:H*

Matrix for generating theme-based assertions from merged findings rated important – Theme 8

Merged Findings	From which Cases	1 What is learnt from their history and background by the young people and others?	2 What were the nature of each subject's openness and particular closeness in relation to you in the interview?	3 <i>What did the young people communicate with regards to trauma and their transition into adulthood and how did they deal with it?</i>	4 Intensiveness and nature of anxieties and other strong feelings you were left with	5 How they made use of the opportunities and constraints of being in the UK	6 <i>What support did they find beneficial in dealing with trauma and transition into an adult?</i>	7 <i>What might we infer and understand to be the mental struggles they encountered as they moved towards independence?</i>	8 <i>What did the young people communicate with regards to their future</i>
	EL, EL, EL I F								
The young people fled their home countries for survival and a better life and were willing to risk their lives to get to the UK.	All All I, I, I EL, EL, EL. H, H ER	T1:H	T2:L	T3:H	T4:L	T5:H	T6:L	T7:M	T8 L
The young people rated emotional support highly in dealing with trauma and felt relieved for telling their stories.	All H ER A I	T1:H	T2:M	T3:H	T4:M	Y5:H	T6:H	T7H	T8:M
Young people's views of the UK and a future in the UK change over time and can impact their future.	All, All, All H,H,H,H ER,ER,ER,E	T1:H	T2:L	T3:H	T4:L	T5:H	T6:L	T7:H	T8:H***

Matrix for generating theme-based assertions from merged findings rated important – Theme 8

Merged Findings	From which Cases	1 What is learnt from their history and background by the young people and others?	2 What were the nature of each subject's openness and particular closeness in relation to you in the interview?	3 <i>What did the young people communicate with regards to trauma and their transition into adulthood and how did they deal with it?</i>	4 Intensiveness and nature of anxieties and other strong feelings you were left with	5 How they made use of the opportunities and constraints of being in the UK	6 <i>What support did they find beneficial in dealing with trauma and transition into an adult?</i>	7 <i>What might we infer and understand to be the mental struggles they encountered as they moved towards independence?</i>	8 <i>What did the young people communicate with regards to their future</i>
Young people's expectations of the UK and their future trajectory is not linear (some regret coming and want to go back).	R EL I F A								
CULTURE SHOCK Environmental factors such as culture and systems can compound social isolation and mental health without appropriate support for young people.	H,H,H,H All H, H F, F A EL, EL	T1:M	T2:L	T3:H	T4:L	T5:H	T6:H	T7:H	T8M
Young people find the support from professionals useful.	F,F,F H, H ER, ER A, A EL, EL I	T:L	T2:L	T3:H	T4:L	T5:H	T6:H	T7:H	T8:M

Matrix for generating theme-based assertions from merged findings rated important – Theme 8

Merged Findings	From which Cases	1 What is learnt from their history and background by the young people and others?	2 What were the nature of each subject's openness and particular closeness in relation to you in the interview?	3 <i>What did the young people communicate with regards to trauma and their transition into adulthood and how did they deal with it?</i>	4 Intensiveness and nature of anxieties and other strong feelings you were left with	5 How they made use of the opportunities and constraints of being in the UK	6 <i>What support did they find beneficial in dealing with trauma and transition into an adult?</i>	7 <i>What might we infer and understand to be the mental struggles they encountered as they moved towards independence?</i>	8 <i>What did the young people communicate with regards to their future</i>
Trauma can make you stronger.	H, H ER, ER. F	T: H	T2:M	T3:H	T4:M	T5:H	T6:L	T7H	T8 H
Special Findings Females are more at risk	ER. H	T:M	T2:M	T3:M	T4:L	T5:M	T6:L	T7M	T8L

H***

The grant of indefinite leave to remain helps relieve trauma and progress with the transition to adulthood.

Young people's views of the UK and a future in the UK change over time and can impact their future.

H**

Pre-migratory and migratory trauma, especially as unaccompanied minors, can exacerbate in-country trauma.

Separation from families is traumatic and can intensify trauma and impact the development of young people.

Family is a protective factor for trauma and transition into adulthood and separation from family is traumatic.

Education is a protective factor, and they have high educational aspirations.

H*

Social isolation can compound trauma and impact transition to adulthood.

English language is a prerequisite for integration and transition as an adult in the UK; its absence can intensify post-traumatic stress.

H

Trauma can make you stronger.

Mental health difficulties can be camouflaged, and their impact can last long into adulthood.

The young people make use of the support available to them but ultimately feel responsible for making positive changes to their lives.

Assertions

The immigration status of the young people impacts the trajectory of trauma and successful transition into adulthood.

The lived experience of the UK impacts the young people's prior expectations and view of the future

Appendix 14 – Findings

