



# 'A New Life for Me'

**Integration  
Experiences of  
Syrian Refugee  
Children and  
their Families**

**March 2020**

Dr Arlene Robertson

**Believe in  
children**  
 **Barnardo's**  
Northern Ireland



“

You are new and you have to start from zero. New place, new country, different traditions, different people, different food, different things.

”



This project is part funded by the EU Asylum, Migration and Integration Fund. Making management of migration flows more efficient across the European Union.

# Contents

<b>Acknowledgements</b> .....	<b>4</b>
<b>Tables and Figures</b> .....	<b>5</b>
<b>1. Introduction</b> .....	<b>6</b>
<b>2. Understanding Integration</b> .....	<b>14</b>
<b>3. Research Design</b> .....	<b>24</b>
<b>4. Family Profiles</b> .....	<b>34</b>
<b>5. Findings</b> .....	<b>38</b>
5a. Social connections .....	<b>40</b>
5b. Experiences of education .....	<b>54</b>
5c. Family dynamics and integration.....	<b>66</b>
5d. Health and integration.....	<b>76</b>
<b>6. Discussion and recommendations</b> .....	<b>84</b>
<b>Bibliography</b> .....	<b>89</b>

## Acknowledgements

The author expresses her sincere thanks to the Syrian young people and each of the families who participated in the research, for sharing their stories and experiences. Without their participation, this research would not have been possible.

Many thanks also to staff and management at Barnardo's Northern Ireland Refugee Support Service for their invaluable commitment and contributions to the research.

Thank you also to colleagues in Barnardo's NI, Dr Donna Kernaghan and Trása Canavan, for their helpful comments on the draft report.

The author greatly appreciates the time and assistance given by others who contributed to the research, from the following organisations: Community Intercultural Programme (CIP), Conway Education Centre, Education Authority and Saints & Scholars Integrated Primary School.

## Funding

This research was part funded by the European Union's Asylum, Migration and Integration Fund (AMIF) as part of the Family Reunion Integration Service, a partnership led by British Red Cross with Barnardo's and Queen Margaret University.

The Family Reunion Integration Service (FRIS) is supporting 3,000 people across 8 locations who have come to the UK through refugee family reunion. Children are central to this service and this research report will identify best practice to support refugee children across services that are active in this project and the range of partners the service works with, including Local Authorities.

# Figures and Tables

**Figure 1:**

Model of support .....	<b>12</b>
------------------------	-----------

**Figure 2:**

Integration framework .....	<b>18</b>
-----------------------------	-----------

**Table 1:**

Summary of methods .....	<b>28</b>
--------------------------	-----------



# Introduction



The conflict in Syria has led to the forced displacement of 13 million people since it began in 2011 (United Nations High Commissioner for Refugees, 2018). Around 6.3 million people have been displaced inside Syria, many of whom are living in extremely difficult circumstances (Save the Children, 2017). More than 5.5 million people, including 2.5 million children, have sought refuge outside Syria, in the neighbouring countries of Turkey, Lebanon, Iraq, Egypt and Jordan (UNHCR, 2019). Within these countries, many Syrian refugees reside in refugee camps or informal settlements, and large numbers are living below the poverty line (UNHCR, 2015; World Food Programme, 2015).

Syrian children and young people have suffered immensely in the conflict. Many have experienced war, violence, bombings and persecution (Farhat et al., 2018; UNHCR, 2013). Further adversity, including poverty, discrimination, poor access to education, housing and health, is often experienced in countries of first asylum (Sirin and Rogers-Sirin, 2015; UNHCR, 2014). Such adverse experiences in childhood are widely recognised to have potentially harmful and long-term impacts. Multiple adverse childhood experiences (ACEs) can cause prolonged activation of the stress response in children, leading to 'toxic stress' (Shonkoff and Garner, 2012). Adverse childhood experiences are also associated with a wide range of negative outcomes in adulthood, including increased risk of heart disease, depression, attempted suicide, time out of work, cancer and poor mental health (Felitti et al., 1998; Read et al., 2005). Notably, it is an accumulation of risks, rather than single risk factors, that have been linked to higher risk of negative outcomes (Sabates and Dex, 2012). Early preventative interventions are critical in order to mitigate adverse outcomes and improve refugee children's life chances.

Working closely with Syrian children since December 2015, Barnardo's NI has witnessed the level of trauma that exists in children and families. Instances in which children have drawn pictures with dead bodies or illustrated gunfire and war is common. Families have also expressed concern at the sight of aeroplanes overhead or when informed they will be living in a border area with the Republic of Ireland, as borders are associated with pain and conflict.

In 2014, the Vulnerable Person's Resettlement Scheme (VPRS) was launched by the government of the United Kingdom (UK) to help those deemed most vulnerable and resettle several hundred Syrians in the UK over a three year period (Home Office, 2017). The scheme was expanded in 2015, with a commitment to resettle 20,000 Syrian refugees in the UK by May 2020 (House of Commons International Development Committee, 2016). Within Northern Ireland, the First Minister and deputy First Minister at the time pledged their commitment to the Scheme, and by February 2020, a total of 1815 Syrian refugees, from 438 families, had been resettled across Northern Ireland (Department for Communities, 2020).

**1,815**

Syrian refugees, from 438 families, had been resettled across Northern Ireland.



As part of a voluntary sector consortium with multi-agency support, Barnardo's NI Refugee Support Service (NIRSS) has been instrumental in supporting children and their families who are resettled in Northern Ireland through the VPRS. Consortium partner organisations involved alongside Barnardo's NI are Bryson Intercultural, British Red Cross, Extern, Law Centre NI and South Belfast Round Table.

This report examines the resettlement and integration experiences of Syrian refugee children and their families who have been supported by NIRSS. To date, the integration experiences of Syrian refugee children in the UK have not been well documented. This is not surprising since most research on integration focuses on adults and access to services and employment. The research findings therefore make an important contribution to what is currently a limited evidence base, specifically by:

- Identifying the particular challenges faced by refugee children.
- Providing a better understanding of the needs of refugee children and young people, which will inform good practice to support refugee children and their families.
- Informing policy makers to consider how the needs of refugee children and young people can be strategically met.

A core element of this research is to support the Family Reunion Integration Service (FRIS) that Barnardo's are delivering in Glasgow and Birmingham in partnership with British Red Cross and Queen Margaret University. This project provides support to families who have arrived in the UK through the refugee family reunion process. The findings of this report will be used to inform our practice of working with refugee family reunion families. The

report will also draw attention to the challenges facing refugee families' integration in the UK and learning can be applied to children arriving through the asylum system or other forms of migration. The research should be considered a starting point for these conversations and will provide a voice for children who previously have had little attention paid to them. Working in partnership with British Red Cross and Queen Margaret University provides an ideal opportunity to share this learning to a variety of audiences and stakeholders across the UK, and will play an important role in the learning of the Family Reunion Integration Service (FRIS) project.

The report begins with a brief discussion of the background to the Vulnerable Persons Resettlement Scheme (VPRS), including its implementation in Northern Ireland. This section also includes a short overview of Barnardo's Northern Ireland Refugee Support Service (NIRSS) and the work the service does to support resettled refugee families. Section two introduces the concept of 'integration', the conceptual framework and presents a short review of the empirical literature on refugee integration. The research design is outlined in section three, and family profiles are outlined in section four. Section five presents findings on the research respondents' experiences of resettlement and integration, focusing in a number of key areas: social connections, education, family and health. The report concludes with a discussion of key findings and recommendations in section 6.



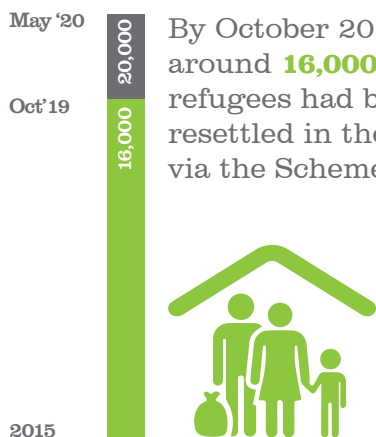
## Vulnerable Persons Resettlement Scheme (VPRS)

The Vulnerable Person's Resettlement Scheme (VPRS) is the UK government's response to the UNHCR's global resettlement programme for Syrian refugees. In 2015, the government announced a target of resettling 20,000 refugees in the UK by May 2020. By October 2019, around 16,000 refugees had been resettled in the UK via the Scheme and it is expected that the target will be achieved (Bolt, 2018).

VPRS resettles displaced refugees who are living in countries bordering Syria, namely, Egypt, Iraq, Jordan, Lebanon and Turkey. It prioritises those deemed the most vulnerable, as determined by UNHCR criteria. This includes:

- Legal and/or physical protection needs
- Survivors of torture and/or violence
- Medical needs
- Women and girls at risk
- Children and adolescents at risk
- Family reunification for those with links in resettlement countries<sup>1</sup>.

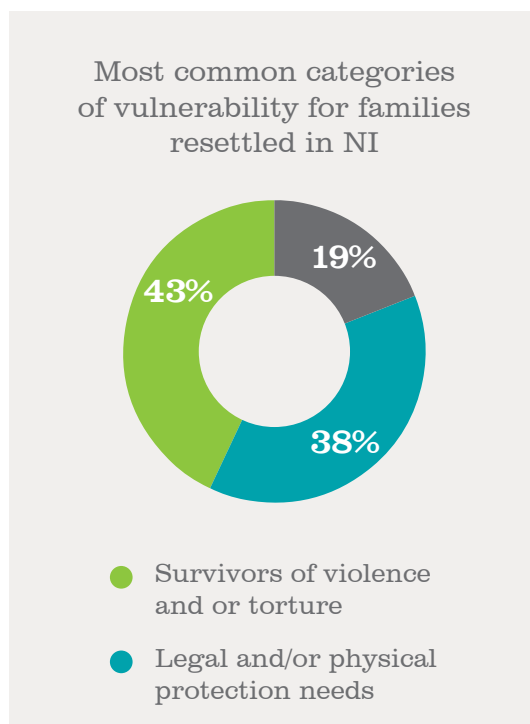
By October 2019, around **16,000** refugees had been resettled in the UK via the Scheme.



## Vulnerable Persons Relocation Scheme in Northern Ireland

Northern Ireland has played a significant role in the UK response to Syrian resettlement with a total of 1815 Syrian refugees, of whom almost half were children, being resettled in various areas across Northern Ireland (Department for Communities, 2020). The proportion of refugees is, by percentage of population, the largest of any region in the UK (Meredith, 2019).

The most common categories of vulnerability for families resettled in NI were 'survivors of violence and or torture' (43%) and 'legal and/or physical protection needs' (38%). Resettled families are diverse in terms of education, religion, ethnic background and region of origin within Syria (Northern Ireland Executive, 2019)



<sup>1</sup> This is a separate legal process connected to resettlement schemes or Humanitarian Assistance programmes and not the same as UK refugee family reunion.

## Barnardo's NI Refugee Support Service (NIRSS)

Barnardo's NI has over 25 years' experience delivering services with children, young people and families from Black, Asian and Minority Ethnic (BAME) communities, including those who are new to Northern Ireland. This work has been informed by the findings from previous Barnardo's research, including the 'Feels Like Home' report which examined the experiences of newcomer pupils in Northern Ireland (Kernaghan, 2015). In 2015, Barnardo's NI Refugee Support Service (NIRSS) was established to support refugee families with their resettlement. The service is delivered as part of a broader voluntary service consortium with Extern, British Red Cross and Bryson Intercultural.<sup>2</sup> A key component of its work involves linking families with local services, including health, education and welfare, as well as supporting them with their integration in local communities.

Upon their arrival in Northern Ireland, families are welcomed by a small British Red Cross reception team, supported by health professionals, and then taken to one of two Welcome Centres in Belfast, where they are accommodated for five nights. During this period, an intensive programme of support is provided to family members, including health support, initial registrations for statutory services, English language training and cultural orientation.

To mirror the information provided to adults, but in a way children would understand, Barnardo's developed a comprehensive syllabus of activities for children aged 11 and under. The activities are aimed at helping children to feel comfortable in the new environment and at preparing them for life in

Northern Ireland. Activities, which are delivered within the Welcome Centre playroom, include:

- Welcome and getting to know you activity
- Getting to know Northern Ireland
- 'People Who Help Us' (discussion and role play, masks, craft activity)
- Road safety activity (video clip and role play)
- Visit from PSNI police officers (understanding the role of police and how to ask for help)
- Feelings and emotions activity
- Housing craft activity and discussion
- School activity (discussion, video clip and cutting/pasting activity)
- Fun group games
- Free play sessions (indoor and outdoor)
- English language classes
- Last afternoon party (party games and crafts)

On departure from the Welcome Centre, children and their families are taken to temporary accommodation and thereafter provided with one-to-one intensive support during home visits by an allocated Barnardo's key worker. This model of support delivery allows key workers to build a trusting relationship with parents and children over a sustained time period. This is important since needs within refugee families are multi-layered and not always immediately apparent.

<sup>2</sup> <https://www.nidirect.gov.uk/articles/syrian-refugee-crisis>

Statutory agencies have active engagement during the Welcome Centre in organising essential registration and providing in-person support and explanation to families in their first few days in Northern Ireland. Working with these agencies, key workers develop a model of support that is recognised as needed. Without the ongoing involvement and support of multi-agency partners, the role of the key worker and support for families would be much more difficult.

Key workers help families to settle into their new accommodation, apply for welfare support, housing, access to health services, GP and dental registration and ESOL enrolment. Parents are assisted with their children's enrolment in local schools and family members are orientated around the local community. Support, which is tailored towards empowering people and building independence, is gradually scaled back as families gain confidence and settle into the local community. Often, there are

differences within and between families in terms of the level and duration of support required. Complex health needs, trauma and/or disability within families affect how quickly families feel ready to manage everyday life independently. Beyond the period of intensive support provision, families can access floating support and drop-in clinics located in various locations across Northern Ireland.

The central focus of Barnardo's NIRSS approach to working with Syrian refugees is a rights based approach. This guides our interaction with families and ensures their needs and ambitions are the driver of interactions with the key worker and outside agencies. The families are offered advice and support but it is delivered in a way that is consent driven. A consent driven approach focuses on empowerment of the family, encouraging the family to take the lead on identifying their resettlement priorities. Families can opt out of keywork support at any time.



The central focus of Barnardo's NIRSS approach to working with Syrian refugees is a rights based approach. This guides our interaction with families and ensures their needs and ambitions are the driver of interactions with the key worker and outside agencies.





**Figure 1: Model of support**

**In delivering this approach, NIRSS works  
with the following principles:**

- Prepare for the needs of the whole family pre-arrival, including any pre-identified complex needs and potential support.
- Advocate for potential support that family may need before arrival and then on arrival to ensure the needs of the family are met, including GP registration, housing, school placement.
- Form and maintain excellent working relationships with statutory partners who provide services to families.
- Family focused support - consider the needs of all family members and how they interact with each other.
- Understand the pace of integration will vary within and across families.
- Make no assumptions about families.
- Assign a key worker who is fully aware of the potential needs of the family and that they gather learning from similar situations that faced other families.
- Welcome Centre – provide space for the family in the first few days in Northern Ireland to adjust to their new environment in a safe space.
- Welcome Centre – build a relationship with families, including children in the family, and prepare them for moving to their new home.
- Period of intense support – provide support to the family in their own home, introducing them to the local community, making essential appointments and acting as a navigator through the first few months in Northern Ireland.
- Floating support – ongoing support as we enable the family to do things for themselves as they begin to integrate into the community. We recognise that this is a two-way process depending upon the support of the local community and that the time to achieve this level of confidence varies from family to family.
- Clinic support – as the family becomes increasingly confident, the support model changes to support the families through a clinic model that families can avail of as needed. Often for issues such as moving from temporary to permanent accommodation, being subjected to anti-social behaviour or racism, the birth or death of a family member. These clinics are provided across Northern Ireland together with our delivery partner colleagues Extern and other support organisations.



# 2

## Understanding Integration



## Refugee Integration Policy in the UK

Refugee integration has attracted increasing interest from UK policymakers in recent years. Specific policies have been introduced in Scotland and Wales, the ‘New Scots Refugee Integration Strategy’ (2018 – 2022) and the ‘Nation of Sanctuary – Refugee and Asylum Seeker Plan’ (Jan 2019) respectively. The Integrated Communities Action Plan (2019) sets out the government’s vision for building integrated communities in England, including specific measures to support the integration of refugees. In Northern Ireland, there has been the objective to establish a Refugee Integration Strategy, as part of the Executive Office’s Racial Equality Strategy 2015-2025, but this has been delayed. The Northern Ireland Executive Office commissioned research, by Murphy and Vieten (2017), to inform this strategy. It is noticeable that the research, which explored the challenges faced by refugees and asylum seekers, contains few direct references to the experiences of refugee children.

## Understanding Integration

It is generally agreed that integration is a complex process that relates to the participation of migrants or refugees in economic, social, cultural and political spheres (Pennix, 2004; Spencer and Cooper, 2006). Integration is multi-dimensional, that is, it is contingent on multiple factors including access to various resources, such as health and education, as well as opportunities for work and leisure (Ndofor-Tah, et al., 2019). More subjective aspects of integration include individuals’ ‘feelings of belonging’ and their perceptions of how they are received in their new communities (Robinson, 2010). This is acknowledged in the UNHCR’s understanding of integration as:

*‘multi-dimensional in that it relates both to the conditions for and actual participation in all aspects of the life of the country of resettlement, as well as to refugees’ own perceptions of acceptance by, and membership in, the host society.’*  
(UNHCR, 2011: 53)

## Integration as a two-way process

Academics and policymakers recognise that integration is a two-way process, involving change and willingness to adapt for both refugees and the host society. A common principle underpinning many integration policies is an expectation of migrants' basic cultural competencies and knowledge of the host society's language and institutions. Often attention is focused on the migrants' adaptation or how integration might be measured or understood (Phillimore, 2012), rather than the changes required by host communities to facilitate migrants opportunities for full participation (Grzymala-Kazlowska & Phillimore, 2018). Yet integration processes are undermined by a number of factors pertaining to the host society, including the quality of reception, experiences of racism (Cheung and Phillimore, 2013), and enforced dependency arising from an absence of initiatives or appropriate services to support integration (Schneider and Crul, 2010).

“

Integration is a two-way process, involving change and willingness to adapt for both refugees and the host society.



## 'Context dependent'

The process of integration is strongly context dependent in that it is shaped to a large degree by the characteristics of the specific locality where migrants settle and go about their day to day lives (Atfield *et al.*, 2007; Hatziprokopiou, 2003). Refugees who are resettled into smaller towns and rural areas of Northern Ireland may be moving into traditionally homogenous communities, with little or no history of migration or diversity, or areas that have a history of longstanding sectarian divisions (Hickman *et al.*, 2008). Such factors can influence the reception of refugees in communities, and the cultural resources (e.g. specialist refugee services, community support organisations) available to them locally, with implications for integration experiences (Atfield *et al.*, 2007; Coley *et al.*, 2019).

## 'Context specific'

Integration is also understood to be context specific and therefore *'can be measured only in relation to particular populations, in a particular context, and within a particular timeframe'* (Ndofor-Tah *et al.*, 2019: 21).

## Individual level factors influencing refugee integration

The integration experiences of refugees are also shaped by individual level factors:



### ■ Gender

Chueng and Phillimore (2017), using longitudinal quantitative data, established that integration outcomes for refugees are strongly influenced by gender in the UK. Their analysis found that refugee women generally fare worse than males in the UK in terms of integration outcomes. Findings of note were that refugee women's health fared worse than men's over time, while **women with dependent children** take longer to avail of language classes, education, training, and employment, and formal networks.

### ■ Age

Adolescents face specific integration challenges (Lau *et al.*, 2018; Ellis *et al.*, 2010). Morantz *et al.* (2011) in a qualitative study of refugee claimants' resettlement experiences, reported that adolescents faced greater difficulties adapting to life in Canada than younger children. Older children can face greater challenges with acculturation processes due to the importance of identity during adolescent (Rousseau *et al.*, 1997). **Adolescent girls may face particular challenges** in some post-migration contexts due to gender discrimination and/or cultural issues (Ellis *et al.*, 2010). Intersectional influences on integration require further investigation, including attention to the combined effects of gender and religion on integration processes and outcomes (Cheung and Phillimore, 2017; Anthias and Pajnik, 2014).

### ■ Education

Pre-migration education plays a role in the integration experiences of adult refugees. Limited formal education or low literacy in native language can hinder English language acquisition and affect refugees' capacity to advocate for themselves in the resettlement country (Collyer *et al.*, 2018). Other factors such as personal agency, motivation and a sense of purpose have been emphasised as important to integration experiences (Rivera *et al.*, 2016).

### ■ Health

Poor physical and/or mental health among refugee populations has important implications for integration processes. Impaired health can hinder progress in language learning, education, employment and the formation of social connections (Phillimore and Goodson, 2008; Marsden, 2015). Research findings have shown the relationship is bi-directional; when refugees experience difficulties in other areas, such as housing, unemployment or language acquisition, this has detrimental effects on health and wellbeing (Marsden, 2015).

## Social factors influencing refugee integration

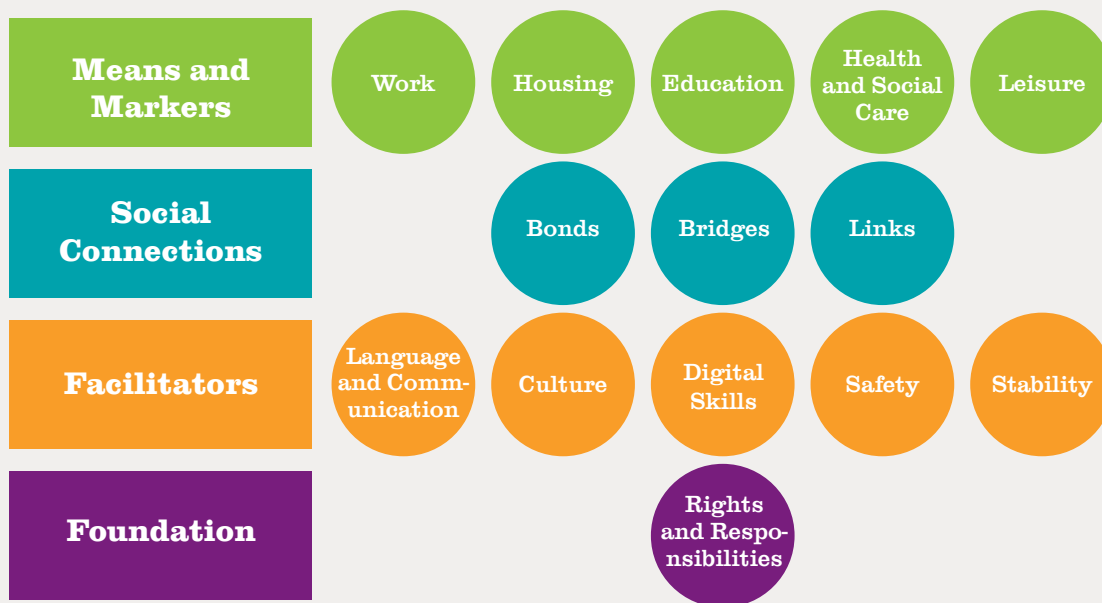
The role of social factors in refugees' integration, including social networks and support, has been well documented. Atfield and colleagues, in their study on refugees' experiences of integration in England, found that bonded social networks (based on shared language and nationality), were an important source of emotional, material and informational resources and therefore integral to refugees' integration (Atfield *et al.*, 2007). Other research has highlighted the impact of family separation on refugees' experiences, with findings indicating that the psychological impacts of this impede settlement and integration processes (Marsden and Harris, 2015; McDonald-Wilmsen and Gifford, 2009; Schweitzer *et al.*, 2006).

## Conceptual Framework

Refugees' integration can be examined with reference to the Home Office Indicators of Integration Framework 2019 (Ndofor-Tah *et al.*, 2019). The framework identifies 14 key domains or indicators of integration, grouping these into four separate categories.

- **'Means and Markers'** incorporates domains that both support integration and are considered to be markers of integration: 'Work', 'Housing', 'Education', 'Health and Social Care' and 'Leisure'.
- **'Social Connections'** are separated into social 'bonds' 'bridges' and 'links'. Drawing from social capital theory, 'bonds' relate to relationships within the family and with others with a shared sense of identity, 'bridges' refer to connections with other groups and 'links' to key institutions.
- **'Facilitators'** include 'language and communication', 'culture', 'digital skills', 'safety' and 'stability' indicators.
- **'Foundation'** of 'rights and responsibilities'.

**Figure 2: Indicators of Integration framework**





## The Role of Schools in the Integration Process

Existing research on refugee children's integration within the UK has predominantly focused on their integration within the educational sphere, with a few exceptions (e.g. Beirens et al., 2007; Sporton and Valentine, 2007). This emphasis might reflect an underlying assumption of schools as key actors driving the process of integration for children, although a holistic approach to integration requires attention to the role and linkages of a number of domains (McBride, 2018).

As a place where refugee children spend a large proportion of their time, it follows that schools and other educational institutions constitute an important site for refugee children's integration. As well as the provision of educational opportunities, school engagement can help to restore routine and stability in the lives of refugee children, and provide them with a sense of belonging in their new communities (Cassity and Gow, 2005; Peterson et al., 2017). Their immersion in the dominant language within classrooms means that schools are also a primary site for national language acquisition (Anderson, 2001).

School settings provide refugee children with opportunities to interact and form relationships with members of the host

community that are considered conducive to their broader integration (Ager and Strang, 2008). Children can access different forms of social support within school, from teachers, friends and their wider peer group (Thommesson et al., 2017). Emotional and other forms of social support helps to promote positive integration, and can be particularly important for refugee children who are unable to draw on the support they need at home (Luthar, 2015).

Despite the positive role that schools can play in supporting integration, the assumption that education serves as an 'unequivocally positive factor for refugee children' has been questioned (Dryden-Peterson, 2015:11). Friendships and peer relationships may be undermined by language and cultural barriers, and in some contexts, children's experiences of education may be overshadowed by experiences of racism, bullying or peer victimisation (Rutter, 2006; Sporton and Valentine, 2007; Thommessen et al., 2017). Refugee children may also feel discrimination due to a lack of acknowledgement of their cultural identities within schools (Dryden-Peterson, 2015) and/or teacher stereotyping within classrooms (Rutter, 2006).

Further limitations have been observed in terms of provision for the educational needs of refugee children. Some schools may be poorly equipped to meet the specific needs of refugee students, who often arrive with substantial gaps in their knowledge due to interrupted or no previous experience of education (Kernaghan, 2015; Dryden-Peterson, 2015; Ni Raghallaigh et al., 2019; Sirin and Rogers-Sirin, 2015). The effects of past experiences on some children's learning are not always recognised or sufficiently understood within schools. Children who have experienced significant trauma may struggle with concentration, find it difficult to retain information and/or face difficulties controlling their reactions in the classroom (UNESCO, 2019). Some may opt to 'suffer in silence' rather than draw attention to their difficulties within the classroom (Berthold, 2000; Anderson, 2001). Language barriers and cultural misunderstandings can also delay the detection of trauma or specific learning needs within schools (The National Child Traumatic Stress Network, 2018).

“

Friendships and peer relationships may be undermined by language and cultural barriers, and in some contexts, children's experiences of education may be overshadowed by experiences of racism, bullying or peer victimisation.

”



### **The Role of Family in Refugee Children's Resettlement and Integration**

Surprisingly few UK studies have examined refugee children's experiences of resettlement and integration through the lens of family. This has received more attention in the international literature, which highlights the supportive aspects of family, as well as the ways in which family dynamics can present challenges to refugee children's adjustment to a new culture and society (e.g. McMichael et al., 2011, Morantz et al., 2011).

Aspects of family that support refugee children's positive adjustment in resettlement include family cohesion, supportive parent-child relationships, and positive family communication (Rousseau et al., 1997; Betancourt et al., 2015). McMichael et al. (2011) found that family was a crucial source of support for young people as they resettled in Australia, providing them with 'a sense of belonging, shared understandings, guidance and designated roles' (2011:183). Similarly, one of the few UK studies to adopt a family perspective on integration established that 'family relationships were overwhelmingly the main source of both receiving and giving emotional and practical support' for reuniting family members in Scotland (Marsden and Harris, 2015).





Although the family can act as a protective force for children adjusting to living in a new society, family relations and dynamics can equally pose risks to children's wellbeing and integration processes.

Forced displacement can bring about changes in family dynamics that diminish the supportive effects of family during resettlement. The quality of family relationships can be undermined by the stress of resettlement (Rousseau *et al.*, 1997), as both parents and children have to contend with a variety of challenges including language acquisition, cultural adaptation, housing, financial hardship, and loss of social status (Hodes, 2000; Lau *et al.*, 2018). At the same time, family members may be dealing with the enduring effects of trauma and/or the stress of family separation (Hodes, 2000; Rousseau *et al.* 1999). Such conditions can place tremendous strain upon family relations and the quality of parental caregiving may be compromised during resettlement (Fazel, 2018). The provision of holistic support to the family as a whole has therefore been emphasised as an important strategy for improving children's settlement outcomes (Fazel, 2018; McMichael *et al.*, 2011).

Re-establishing family life in a radically different cultural environment can also present challenges to children's integration processes over the longer term. Conflicting aspirations for integration across different generations within families may emerge, especially around what is desirable in terms of levels of acculturation (Nguyen and Williams, 1989; Rick and Forward, 1992). Adolescents, in particular, may aspire to 'fit in' with the dominant culture but experience social pressure from their parents (and the wider ethnic community) to conform to behaviour and values prescribed by their traditional culture (Koh *et al.*, 2013). Sporton and

Valentine (2007), in their report on the integration experiences of Somali refugee young people in the UK, highlighted inter-cultural differences along such lines. The study highlighted the challenges faced by young women, in particular, who struggled with balancing parental expectations around faith and cultural dress with their own aspirations for integration.

The literature also highlights the differential pace of integration processes among family members, with potential implications for children (Marsden, 2015). One aspect of integration that tends to progress more swiftly for children than their parents in resettlement is that of language acquisition. This leads to new responsibilities for children as they are expected to act as interpreters and cultural brokers for their parents in the new country of resettlement. Such role reversals can disrupt power dynamics within families and burden children with a level of responsibility that is inappropriate for their age and their position within the family structure (Anderson, 2001).

Collectively, these findings indicate that although the family can act as a protective force for children adjusting to living in a new society, family relations and dynamics equally pose risks to children's wellbeing and integration processes. Given that few studies have explored the influence of family on refugee children's processes of integration within the UK context, the particular dynamics are not well understood.



## Mental Health and Emotional Wellbeing of Refugee Children

Experiences prior to migration, during their flight to safety and post-resettlement affect the physical and mental health of refugee children and their families. Risks to health include experiences of war, violence and persecution, hazardous journeys to safety, prolonged stays in refugee camps, lack of access to health services and education, and the disruption of family life (Farhat *et al.*, 2018; Hodes, 2000). Research by Save the Children (2017) found that due to prolonged exposure to war, many children still living in Syria were in a state of ‘toxic stress’, with symptoms such as bed-wetting, self-harm, suicide attempts and aggressive or withdrawn behaviour. Another study, conducted within a Turkish refugee camp, reported that Syrian children had experienced very high levels of trauma, placing them at risk for a range of mental health issues. Almost half of the 311 children who participated in the mixed methods study were found to have symptoms of post-traumatic stress disorder (PTSD), equivalent to ten times the prevalence of children around the world, and 44 per cent of children reported symptoms of depression (Sirin and Rogers-Sirin, 2015).

While their exposure to trauma and adversity can place refugee children

at an increased risk of emotional and behavioural problems (Fazel and Stein 2002), a range of post-migration factors, related to family, peer, community, school and service provision, can either mitigate or exacerbate mental health difficulties (Fazel, 2018; Porter and Haslam, 2005; Montgomery and Foldspang, 2008). Accordingly, greater attention has been given to resettlement factors in refugee health as a focus for preventative interventions (Murray *et al.*, 2010).

Post-migration risk factors for mental health include perceived discrimination (Correa-Velez *et al.*, 2010; Ellis *et al.*, 2008), several changes of residence post-resettlement (Bean *et al.*, 2007; Nielsen *et al.* 2008), harsh parenting (Lau *et al.*, 2018), family conflict (Rousseau *et al.*, 1998) and separation from parents (Derluyn and Broekaert, 2007). Unaccompanied minors are a particularly vulnerable group due to an absence of family/parental support (Fazel and Stein, 2002). Accompanied children, in turn, face risks to their wellbeing related to the mental health of their parents (Hodes, 2000). Maternal depression is a risk factor for mental health problems in refugee children (McCloskey and Southwick, 1996). Maternal psychological distress has also been linked to refugee



children's educational attainment, indicating that parental health difficulties also have implications for children's broader integration processes (Rumbaud, 1991).

Protective factors for mental health and wellbeing in resettled refugee children include:

- Family cohesion and parental support (Berthold, 2000; Kovacev and Shute, 2004; Rousseau *et al.*, 2004);
- Positive school experiences, including a perceived sense of safety in school (Geltman *et al.*, 2005; Kia-Keating and Ellis, 2007);
- A sense of belonging in the new society (Beirens *et al.*, 2007); and
- Positive peer relationships (Lustig *et al.*, 2004).

It is important to note that risk and protective factors may be of more or less significance across different contexts, depending on interactions between cultural characteristics and specific resettlement context (Rousseau *et al.*, 1998).

### Literature – key observations

- Integration is a two-way process with the host community.
- Gender and age can play an important role in integration experiences.
- Schools provide an excellent opportunity for a sense of belonging but can also present challenges in relationships with other children.
- School is particularly challenging for children who have experienced interrupted education.
- Integration for children is about much more than what happens in formal education.
- Family dynamics and the role of children in refugee families can differ significantly from the experience of local children.
- Refugee children can be coping with significant trauma that can impact on their mental health.



# 3

## Research Design

### **(3.1)**

## **Aims and Objectives**

The primary aim of the research was to understand the Syrian resettlement process and the particular integration challenges faced by refugee children and their families who come to Northern Ireland via the Vulnerable Persons Relocation Scheme (VPRS) and for this understanding to apply learning to the Family Reunion Integration Service (FRIS).

Key objectives were to:

- examine children's experiences and perceptions of integration, including the role of schools in integration processes
- understand how dynamics within the family influence integration experiences
- consider how Barnardo's NI Refugee Support Service supports children and their families with their resettlement and integration
- support the Family Reunion Integration Service across the UK, not only Barnardo's work in Glasgow and Birmingham, but across the FRIS partnership with British Red Cross and Queen Margaret University.

### (3.2)

## Research Sample

The research involved Syrian refugee children and their parents who were, or had previously, received support from Barnardo's NI Refugee Support Service.

The sample included:

- 'Newly arrived' families - Syrian refugee families who were the initial months of the resettlement process
- 'Settled' refugee adolescents – Syrian young people who had been living in Northern Ireland for 7 months or longer
- Service staff – key workers and management staff

### **Newly Arrived Families**

Newly arrived families were involved in phase 1 (at the Welcome Centre) and phase 2 (after departure from Welcome Centre) of the research:

#### **Phase 1 (Welcome Centre) Sampling Criteria**

All newly arrived families in residence at the Welcome Centre held were invited and agreed to participate in this phase of the research.

#### **Phase 2 (post departure Welcome Centre) Sampling Criteria**

Four families participated in this stage of the research (a profile of each family is provided at pages 34 to 37). Families were identified with reference to UNHCR forms, in combination with observations during Welcome Centre programmes in April and June 2019. With assistance from their allocated key worker, each family was invited to take part in phase 2 of the research, shortly after their departure from the Welcome Centre. Participating families were located in four different areas of Northern Ireland: Belfast, Dungannon, Enniskillen and Magherafelt.

Following consultation with service staff, health needs within the family was selected as a key sample criterion (child within the family has identified complex health needs; parent within the family has identified complex health needs; or no identified complex medical needs within the family). Poor health has been shown to influence integration processes, with potential impacts on language acquisition, educational experiences and social connections. Additional criteria were to ensure that both genders, as well as pre- adolescent and adolescent children, were represented within the sample of families. Area of settlement was a further criterion.

### **'Settled' Refugee Young People**

The research also set out to understand the integration needs of refugee young people beyond the initial period of intensive support provided by Barnardo's. The sample included resettled Syrian adolescents who had been living in Northern Ireland for 7 months or longer. In total, 16 'settled' young people participated (8 male and 8 female) in the research with an age range between 12 to 18 years. Recruitment was via community sector organisations in Belfast and Craigavon.





By engaging directly in the experience of four families, and incorporating the voices of young people, the research sought to describe the **integration journey and its challenges** from a different perspective.

### (3.3)

## Methods

Research using quantitative data to measure integration relating to employment, housing, academic achievement, health outcomes and a range of other metrics is a well established approach. The aim of this research was to explore in-depth the unique perspective of the child and their family through a qualitative approach. By engaging directly in the experience of four families, and incorporating the voices of young people, the research sought to describe the integration journey and its challenges from a different perspective.

An ethnographic approach using multiple methods (see table 1)

was taken during data collection. A mixture of qualitative methods allowed a more holistic view of participants' experiences to be captured, while data triangulation helped to ensure validity (Creswell and Miller, 2000). This was of particular importance given data collection was undertaken through Arabic interpreters in most cases. Barnardo's NI has extensive experience of using interpreters and a well-established relationship with an interpreting agency. The researcher received 'best practice' advice on working with interpreters from the agency. Unless stated otherwise, data collection with refugee participants involved an Arabic interpreter.

**Table 1:**  
**Summary of Methods**

<b>Method</b>	<b>Participants</b>	<b>Details</b>
<b>1. Participant Observation</b>	<p>Phase 1: Children (n=23) and their parents (n=22)</p> <p>Phase 2: Syrian families (n=4)</p>	<p>At Barnardo's Welcome Centre, (11 families)</p> <p>Syrian families (8 adults/13 children) were observed during the first few months of their resettlement process Families were located in Belfast, Magherafelt, Enniskillen and Dungannon</p>
<b>2. Drawing Activity</b>	Children (aged 11 and under) (n=11)	Group drawing activity with newly arrived children at Barnardo's Welcome Centre
<b>3. Focus Groups</b>	<p>Key Workers (n=7)</p> <p>Syrian adolescents (n=14)</p>	<p>Key worker focus group held at Barnardo's NI office</p> <p>Male focus group (n=8) - aged 12 to 17 years - living in NI from 7 up to 40 months Female focus group (n=6) - aged 13 to 17 years - living in NI from 8 to 36 months</p>
<b>4. Interviews</b>	<p>Parents (n=10)</p> <p>Adolescents (n=2)</p> <p>Stakeholders (n=6)</p>	<p>Semi-structured interviews (n=8) with parents (from the 'newly arrived' families detailed above),</p> <p>Paired interview with Syrian parents (females) (n=2) - living in Northern Ireland for &gt; 2 years</p> <p>Paired interview with 'settled' Syrian adolescent females, - aged 16 and 18 years - living in Northern Ireland &gt; 2 years</p> <p>Interviews with stakeholders from statutory and voluntary sector organisations</p>

## Participant Observation

### Participant Observation at Barnardo's NI Welcome Centre

Data was collected throughout Welcome Centre programmes in April 2019 and in June 2019. The 5-day programme provided to newly arrived families includes the provision of a child-friendly syllabus in the Centre's playroom, Q&A and information sessions for parents, and English language classes for parents and children. The main objectives were to directly observe the support being provided to children and their families, and to gain an understanding of the initial fears, hopes and aspirations of different family members. A large proportion of the researcher's time was spent conducting observations in the playroom, observing and interacting with newly arrived children during activities.

#### Children's Drawing Activity:

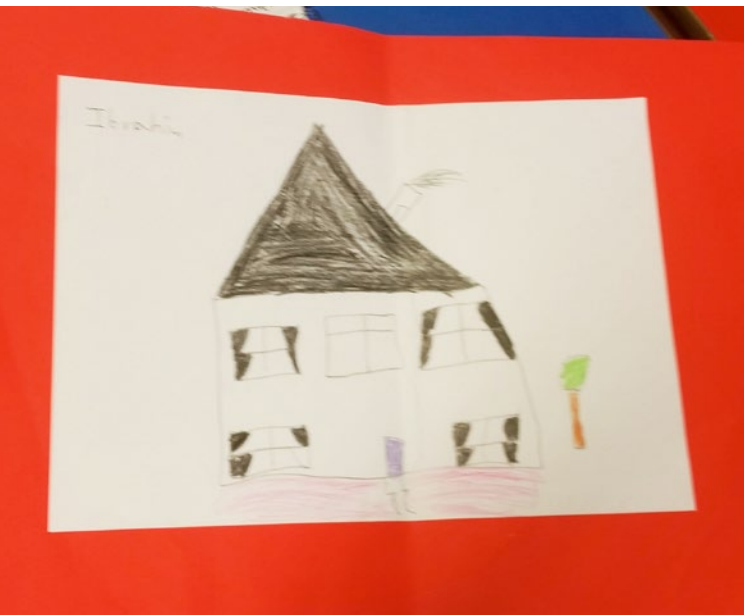
this activity was conducted within the playroom and was integrated into the broader programme of activities. The activity took place towards the end of the programme of playroom activities, when children were more familiar with the researcher and had spent time participating in fun activities structured

around themes such as starting school, moving into their new home and making new friends.

Children were asked to draw and decorate a picture that depicted something they were looking forward to about living in Northern Ireland. The intention was to then use the children's drawings as a catalyst for informal discussion. In practice, most of the children were enthusiastic about drawing and decorating their pictures (a few of the children took the activity very seriously), but were very hesitant to talk (even briefly) about what they had drawn. This could have partly been due to the age range of the children, most of whom were pre-school or early primary school age. It is also feasible that the children were not used to being asked to express their views freely to a professional adult and therefore did not feel comfortable doing so. Being aware of their discomfort, the researcher did not pursue this aspect of the activity. The children enjoyed being creative and some asked to repeat the activity the following day.



Children were asked to draw and decorate a picture that depicted something they were looking forward to about living in Northern Ireland



### **Participant observation during family visits**

Post-departure from the Welcome Centre, four families were followed through the initial months of their resettlement process. Using an ethnographic approach, the researcher was able to gain understanding of how refugee family members perceive, experience and make sense of the resettlement process (Gold, 1997). Three families were shadowed for four months and one family (Family Four) for two months. Visits with each family took place weekly, where possible, and lasted between two to five hours.

Data collection entailed a mixture of observations, informal conversations and interactions (with

parents and children) during key worker home visits, orientations in the local community and engagement with services (e.g. school tours and meetings, health appointments and welfare support). This approach allowed the observation of everyday interactions involving family members, their key worker and other professionals involved in the resettlement process. Getting close to research participants over time enabled the researcher to gain an in-depth understanding of the concerns and priorities of different family members during the early resettlement process, and to observe family dynamics in a natural setting.

“

Getting close to research participants over time enabled the researcher to gain an in-depth understanding of the concerns and priorities of different family members.

”

## Interviews

### Parental Interviews

Semi-structured interviews were held with parents (n=8) from each of the four families upon the completion of participant observation. At this point, the researcher had established a good level of trust and rapport with parents, which encouraged openness during the interviews. The researcher had also gathered substantial background data during family observations allowing the interview questions to be specifically tailored for each family.

Interviews were held within the family home, and parents were asked about their experiences of resettlement in Northern Ireland. In all cases, husband and wife were interviewed together. Interviews lasted between 2 - 4 hours and were conducted via an Arabic interpreter whom the family were familiar and comfortable with. Parents were asked about their own experiences, as well as their views on their children's experiences. A sensitive approach was taken during the interviews; past traumatic experiences were only discussed if raised by interviewees themselves. Interview questions were structured around the following themes:

- Children's initial arrival in Northern Ireland (including their experiences of Barnardo's Welcome Centre programme)
  - Early resettlement and integration experiences (priorities and challenges; children's early school experiences; social networks including children's friendships and family connections; perceptions of neighbourhood and local community; aspirations for the future; resettlement support provided by NIRSS)
- One paired interview was also held with Syrian mothers from 'settled' families (who had accompanied their children to the focus group session). The interview was conducted via an Arabic interpreter. Questions focused on their perceptions of the integration experiences and needs of their children.

### Key informant interviews

One-to-one interviews were held with NIRSS management, as well as stakeholders working in the statutory and community sectors.

- Pre-arrival experiences (including children's prior educational experiences; family life in the asylum country; decision making/preparation for resettlement)



## Focus groups

The aim of the discussions with young people was to establish issues and experiences that they identified as important aspects of their **resettlement** and **integration** processes.



### **Focus groups with Syrian young people**

A key concern was to incorporate the voices and perspectives of young people in the research. Two focus groups and one paired interview (conducted in English) were held with resettled Syrian teenagers, who had been living in Northern Ireland for a period ranging from 7 months up to 40 months. An Arabic interpreter was present during the focus group discussions, although many of the young people communicated in English throughout. Separate male (n=8) and female (n=6) focus groups were held to help clarify any gender specific issues that may affect integration processes, and to encourage attendance.

The aim of the discussions with young people was to establish issues and experiences that they identified as important aspects of their resettlement and integration processes. Key themes included experiences of school, peer relationships, learning to speak a new language and perceptions of local community.

The focus groups commenced with a series of fun and interactive games, aimed at helping participants feel comfortable and relaxed. All of the young people made a contribution to the discussions and the general feedback was that they valued the opportunity to give their views and talk about their experiences. Discussions were audio recorded with the consent of participants.

### **Key worker focus group**

A focus group was held with Barnardo's key workers (n=7). Participants were consulted on their views and experiences of supporting Syrian refugee families with their resettlement. Questions were structured around their perceptions of factors that support or hinder integration processes (for children, adults and the family unit) and resettlement support provided by NIRSS, including constraints and limitations.

**(3.4)**

## **Ethics and analysis**

Ethical considerations were integral to all stages of the research process. Formal approval of the research design was obtained from the UK wide Barnardo's Research Ethics Committee (BREC) at the outset. Refugee participants were reassured at each stage of data collection that their participation was voluntary and could be withdrawn at any time, with no implications for support provided by NIRSS or other services. Informed consent was obtained from parents (during group discussions and individual meetings) regarding their own involvement and their child/ children's participation where applicable. In addition, the principles of 'assent' were followed by being attentive at all times to the children's willingness to participate.

The data analysis process began with the transcription of field notes, interview and focus group data. This enabled deep familiarisation with the data, prior to commencing thematic analysis which was undertaken with the use of NVIVO data analysis computer software.

Quotes from Key Workers have been coded as KW and a number (e.g.KW1). Pseudonyms have been used for Syrian participants throughout the report to preserve anonymity.

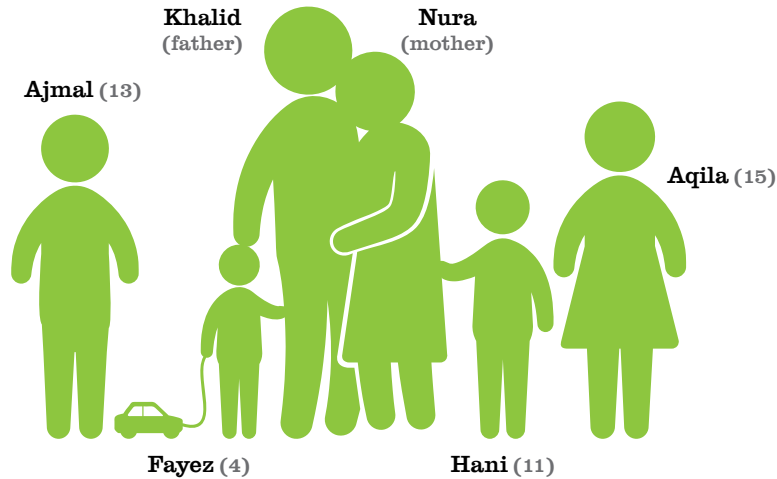




# 4

## Family Profiles

## Family One

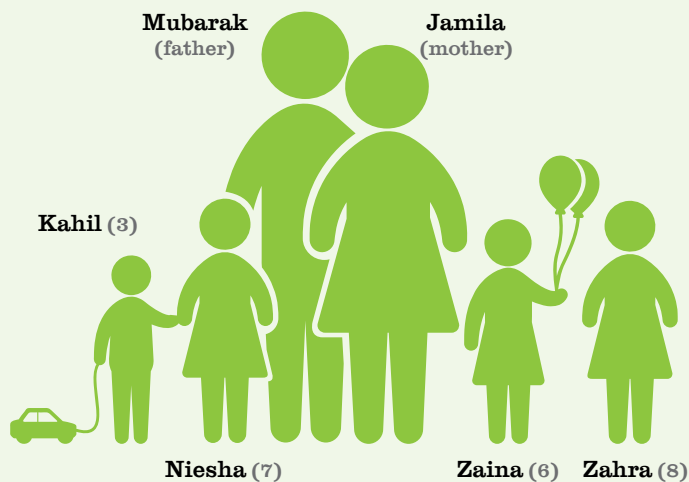


Nura (mother) and Khalid (father) have four children, Aqila (female, 15 yrs), Ajmal (male, 13 yrs), Hani (male, 11 yrs) and Fayeze (male, 4 yrs). Two of Nura and Khalid's young children, a son and a daughter, were killed in the Syrian conflict.

Prior to resettlement in Northern Ireland the family lived in Lebanon for six years, where they shared a home with extended family members, including Nura's mother. Only one child within the family, eldest son Ajmal (13), attended school there. Aqila (15) missed 6 years of education while living in Lebanon, while Hani (11) had no experience of school prior to resettlement.

The main factor influencing Nura and Khalid's decision to resettle in the UK was the health of their son Hani. Hani has complex medical needs and suffers from regular seizures. His parents were unable to access the medication and treatment he needed while living in Lebanon.

## Family Two



Jamila (mother) and Mubarak (father) have three daughters, Zahra (8 yrs), Niesha (7 yrs), Zaina (6 yrs) and a son Kahil (3 yrs). The family moved to Lebanon at the start of the conflict in 2011 and lived there for 7 years before resettling in Northern Ireland in 2019. While living in Lebanon, Zahra and Niesha attended primary school, and Zaina went to nursery school.

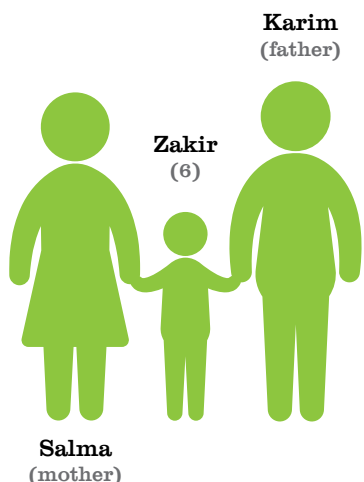
In 2017, Mubarak had a work related accident in Lebanon which left him unable to walk and in need of major surgery. He had a series of operations in Lebanon aimed at improving his mobility but these were unsuccessful. Mubarak and wife Jamila hope that his capacity to walk will be restored following effective surgery and follow up

treatment in Northern Ireland. His health issues have become more complex over time.

Following Mubarak's accident, the responsibility of supporting the family financially fell to Jamila who took up full-time employment in a retail store. That was her first experience of paid work.

In the months following Mubarak's accident, Jamila's brother and father were killed in the Syrian conflict. Jamila continued to work in order to support her family but this had a huge impact on her mental health. The family's changed circumstances also affected the children. Eldest daughter Zahra (8) often helped her father with everyday tasks while her mother was at work.

## Family Three

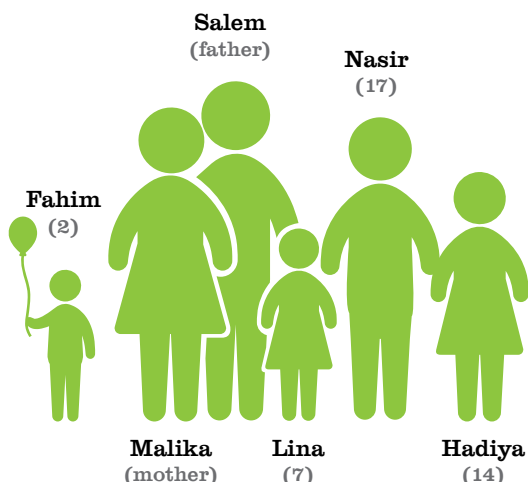


Salma (mother) and Karim (father) have one son, Zakir, aged six. Zakir was born in Lebanon, where the family lived for 10 years. They shared a home with Karim's brother and his family. Both families were resettled in Northern Ireland and are living in close proximity to each other.

Son Zakir (6) attended primary school for one year prior to the family's resettlement. He was educated in a private school alongside Lebanese children for 12 months. The payment of school fees caused his parents to incur substantial debt, but they hoped this would ensure a good quality education for their son. While living in Lebanon, Karim held various jobs which were very precarious and for which he was often under paid.

Zakir had various health problems when he arrived in Northern Ireland, including dental issues. He had surgery during the early months of resettlement and was able to start primary school without delay.

## Family Four



Malika (mother) and Salem (father) have four children, Nasir (male, 17 yrs), Hadiya (female, 14 yrs), Lina (female, 7 yrs) and Fahim (male, 2 yrs). The family lived in Lebanon for eight years after leaving Syria. Family members have no specific (identified) health needs.

Malika and Salem's main reason for moving to Northern Ireland was educational opportunities for the children and to ensure that they could meet their basic living needs. The three eldest children received some schooling in Lebanon, although Nasir (male, 17) and Hadiya (female, 14) had substantial gaps of up to a few years in their education. Hadiya was only educated at primary school level.

Malika had initial reservations about resettlement; she did not want to leave behind extended family members who were still living in Syria. Although she was living apart from them in Lebanon, she had hoped to reunite with them in Syria in the future.

The last few years living in Lebanon were very difficult for the family. Salem held various jobs during that time, including factory work. The work was hard and he often did not get paid for the work he did. It was sometimes difficult to meet his children's basic needs, including the provision of adequate food.



# 5

## Findings

**This section of the report presents findings on the resettlement and integration experiences of children and their families, focusing on a number of key areas:**



### **Social connections**

The role of social connections in integration experiences are considered, with particular attention on children's friendships, families' social connections, and social links.



### **Education**

Experiences of education are explored, from the perspective of new arrival families and young people.



### **Family**

This section highlights the role that family dynamics and relations play in the integration experiences of children and their parents.



### **Health**

This section considers how ill health and disability affects the resettlement and integration experiences of family members.

(5a)

## Social Connections: social bonds, bridges and links



This section looks at the role of social connections in the integration and resettlement experiences of refugees. It draws from definitions of social bonds, bridges and links, as conceptualised within the Home Office Indicators of Integration Framework 2019 (outlined on page 18).

- **Social bonds** refer to relationships with family and other members of an identified community, as defined by shared language, ethnicity, religion or nationality. Bonds are important for providing a sense of belonging and have also been positively associated with refugees' wellbeing (Collyer *et al.*, 2018; Beirens *et al.*, 2007).
- **Social bridges** involve links and relationships with members of other communities, which are understood to promote integration and social cohesion within local communities
- **Social links** describe connections with key institutions in society, including local and central government services, and other agencies. Evidence suggests that refugees face multiple barriers to accessing essential services, related to language, unfamiliarity with systems and services, and discrimination (Collyer *et al.*, 2018; Marsden and Harris, 2015)



## Family Separation

Separation from close family members had a significant impact on the wellbeing of new arrivals and was experienced as an additional source of stress during resettlement. Individuals talked about feelings of guilt and sadness, and the difficult reality of rebuilding their lives while close relatives living elsewhere continued to face hardship and threats to their safety:

*Relatives in Syria, they are from Idlib and that's where most of the war happens. When they are going to sleep, they worry that they won't wake up. Or when walking in the street, that they may not reach the house. So facing death at any time. We pray for them and they have got God with them. We get very sad but try not to destroy our future being sad.*  
(Khalid, adult male)

Some were anxious to apply for family reunion and lived in hope that relatives would be able to join them in Northern Ireland. More generally, there has been considerable misunderstanding of how families who came to the UK through Syrian resettlement would be able to apply for their family to join them in the UK. Many families did not understand the criteria of refugee family reunion and that it is a different legal process

from families who have gained access to a specific resettlement programme and can then apply through this to join their family link in the UK

Jamila spoke of the difficulty of adjusting to a new country without her sister who had been an important source of support to her while living in difficult circumstances in Lebanon:

*We will try to get reunification, I don't want to stay here by myself. In Lebanon, my sister, she was like a mother to me, I didn't see my mother for 7 years. I hope my sister comes here, I don't have any cousins here, no relatives at all.*  
(Jamila, adult female)

The pain of family separation affects children too, and can be particularly acute during the early months of resettlement. Hani (male, 11) had complex health needs and was very close to his grandmother, who helped with his everyday care when living in Lebanon. Aspects of his health condition had intensified during early resettlement, including the more frequent occurrence of epileptic seizures. His mother attributed this to the loss of the everyday attachment to his maternal grandmother, whom he spoke to regularly by phone.

“

We will try to get reunification, I don't want to stay here by myself... I hope my sister comes here, I don't have any cousins here, no relatives at all.

## Early Resettlement: Bonds with Syrian families

Parents emphasised that friendships with other 'new arrival' families, who had shared refugee experiences, played an important supportive role during early resettlement. Some families developed friendships during their stay at the Welcome Centre or made initial connections on their journey to Northern Ireland. These friendships were an important source of emotional support at a time when families faced similar resettlement challenges, as well as shared concerns about the safety and wellbeing of relatives left behind. Dispersal to different geographical areas limited opportunities for some families to meet up after departure from the Welcome Centre. This was the case for Family One and Family Two who kept in regular contact by telephone:

*'We call each each, once or twice a day'.*  
(Nura, adult female).

Friendships with more established or 'settled' Syrian families living locally are also an important source of support for new arrivals during resettlement. Key workers recognise the importance of these connections and are proactive in terms of initiating introductions. Contact is also made at language classes, places of worship and during chance encounters in the local community.

Respondents were able to draw on emotional, practical and informational resources through bonds with settled refugees, which had eased the process of adjusting to living in a new culture and unfamiliar environment.

*You get experience from them. ....you know, emotional support, 'you will settle down, you will learn English'*  
(Salma, adult female)

Bonds with settled families were also a way for children to establish initial friendships, at a time when young people reported feeling isolated in school. Nura, a mother of four children, said:

*There is one Syrian family living here, the parents come here with their children and that's how they [children] were introduced to each other.*

(Jamila, adult female)

Being able to draw on friendship and support from other Syrian families had a strong influence on whether parents felt 'settled' in an area. The support of a Syrian family living locally had led Malika and husband Salem to reconsider moving to another area. Malika's statement also points to the importance of her children's needs when making decisions in the early stages of settlement:

*We were thinking that we wanted to move to Lisburn... closer to Belfast, so more work opportunities. But we change our mind... we settled well here and the family, they have daughters the same age as Lina and Hadiya.*

In contrast, a single parent of two teenage children had been unable to access peer support locally and felt very isolated. She was seeking to relocate to another area where she would be closer to Arabic speaking families. During a focus group, key workers emphasised the importance of supporting parents to ensure they feel settled and secure where they are living. This, in turn, benefits children in the family, who need stability in order to settle and integrate into their new schools and communities.

“

Learning from others with more experience helps new arrivals to build their knowledge and capacity for independence.



Friendships and informal connections with ‘settled’ refugees were also a crucial way of obtaining information and guidance regarding schools, housing, public transport, community resources, welfare grants and other priority issues during early resettlement. Learning from others with more experience helps new arrivals to build their knowledge and

capacity for independence. Although largely positive, the sharing of information through informal networks can also cause feelings of discontent or resentment. This was observed to be the case when there was perceived inequality in terms of material resources and support being provided to resettled families via their respective key workers.

## Early Resettlement: Social bridges

Social connections with members of the host community are typically limited to fleeting interactions during early resettlement. While brief, friendly interactions with neighbours and local residents were of particular significance in terms of making new arrivals feel welcome and providing a sense of safety that was lacking while living in asylum countries. Khalid (adult male) explained:

*Whenever we came here, we didn't feel like we are foreigners, we feel like we are part of the society here. We will be walking on the streets and find people greeting us, smiling at us and we will greet them. We didn't feel left out. In Lebanon, it's very different, they feel that the Syrians are worthless and they tell us to go to Syria, knowing if we go back we will probably die.*

Another respondent said:

*I am very happy here. On the calendar, my best days of my life! People here are very friendly, very helpful.... you don't feel like you are in a strange country where you are a foreigner, people they don't even know you and they are trying to be nice to you.*

(Jamila, adult female)

More meaningful bridging relationships are largely precluded by language barriers in early resettlement. An exception to this is younger children, some of whom had quickly forged cross-cultural friendships, in school and the local neighbourhood. Housing and proximity to leisure facilities (e.g. parks) impacts children's opportunities to interact with other children. For Family Two, the allocation of housing in

an enclosed cul-de-sac with a communal outdoor play area had facilitated the quick formation of friendships for four young siblings. During home visits, the children spoke with enthusiasm about their new friends, on occasion bringing them to their home to introduce them to the researcher. Early 'bridging' friendships are less easily formed by older children and adults, although some indicated a desire to do so. Within households, there can be differences in terms of when individual family members feel 'ready' or able to get involved in activities that might open up opportunities to form new friendships. This was clearly affected by caring responsibilities, gender roles, personal health and confidence in English language ability.

When more meaningful bridging connections do occur, they can generate invaluable resources. Family Two, were approached by a neighbour, a retired English teacher, who offered to provide English language lessons to the family in their home. The one-to-one format of the lessons supplemented formal ESOL classes, which Mubarak and Jamila found confusing and less tailored to their specific needs. Home tuition also meant that Jamila and Mubarak were able to avail of regular language support, despite their circumstances (caring responsibilities and disability respectively), which were identified by other respondents as potential obstacles to attending language classes.

Participation in shared activities (e.g. sport, community groups) has been identified as an important way of encouraging more intensive bridging relationships, therefore promoting integration (Ager and Strang, 2008).

“

I am very happy here.  
On the calendar, my best  
days of my life! People  
here are very friendly, very  
helpful.... you don't feel like  
you are in a strange country  
where you are a foreigner,  
people they don't even know  
you and they are trying to  
be nice to you.

”

For adults, in particular, **volunteering was identified as a potential way to make new connections and improve English language skills**. Khalid, who was awaiting information from his key worker, stated:

*At this time it [voluntary work] will be good for me to learn the language more, to understand everything that's being said, and to be able to respond....it will get me out of the house, to make friendships and will make finding work easier.*

During the key worker focus group it was pointed out that participation in certain types of voluntary work can lead to the reduction of social security benefits. There was a lack of clarity around what was permissible by the conditions of welfare support. This perhaps reflected a wider issue whereby information and guidance provided by job centre staff to refugee service users was highly variable and at times contradictory.

“

He loved there! Once we left the Welcome Centre, he thought we were going back to Lebanon. Until the middle of the road, he cry, cry, cry.

”



## Social Links

For new arrival families, NIRSS is a key link to statutory services and other agencies. Registration and engagement with services in early resettlement entails high levels of bureaucracy and is complicated by language barriers. Key workers, with assistance from interpreters, play an essential role in helping new families to access their rights and entitlements and navigate unfamiliar systems. For children, the immediate focus is on school registration and orientation, as well as creating opportunities to link with peers and youth services in order to reduce isolation. Respondents acknowledged that without the support and knowledge imparted by their key worker, they would have struggled to make progress:

*The key worker, she focus on the important things and plan everything. Bank, GP, dentist appointments, opticians, college, the house, electricity, the big issues. She teach us everything! Sometimes we get some issues, key worker wasn't with us, we feel we stuck, we don't know how to deal with it.*  
(Karim, adult male)

The initial reception and programme of events at the Welcome Centre was particularly important in terms of helping people to cope with the difficult transition to an unfamiliar culture and society:

*We were living in a bad situation and since we arrived to the airport, Barnardo's, the Red Cross, all the people, we felt very welcome. And we stayed at the Welcome Centre for seven days. We wished it was longer, we met a lot of people there and made friendships.*

*(Nura, adult female)*

*It was really special, really good, I don't think there was anything to add. There was a good welcome, there were talks, there was a lot going on there, we appreciated it.*

*(Mubarak, adult male)*

*When we came here, the first impression at the airport, the welcome, it was very very nice. The people, the Welcome Centre, everybody was friendly, very respectful, we wish we were born here. It was like going from fire to paradise... I was thanking God that we moved on from a hard life to a better life.*

*(Salem, adult male)*

Parents emphasised that time spent in the Welcome Centre playroom had been very important for their children. Mubarak, a father of four young children stated:

*Since I had the accident, that's the first time I ever seen my kids that happy!*

Other parents said:

*He loved there! Once we left the Welcome Centre, he thought we were going back to Lebanon. Until the middle of the road, he cry, cry, cry.*  
*(Salma, adult female)*

*We will never forget this! And even whenever Fayeze is in Belfast, and passing by Barnardo's he tells us that he wants to go to our old house.... I ask him 'why do you want to go back?' and he tells me 'there was NAME and toys there'*  
*(Nura, adult female)*

### **A need for long-term integration support**

The need for long-term integration support was highlighted by NIRSS service data (and also by young people who participated in the research). Settled refugees often re-engage with the service in the years following their initial resettlement, for support with changing needs and a range of 'crisis' issues. These include school transitions, bullying, race hate incidents, housing support, maternity grants and support, universal credit and other administrative issues. When a crisis arises, settled families often lack informal support networks that they can turn to for help or guidance.



## Young People's Friendships


Several of the young people who took part in the focus groups were close friends with each other and others spoke of the importance of friendships with other Syrian young people. These friendships had been forged across a variety of different settings, both prior to and after arrival in Northern Ireland. Some had met before departing on their journey to the UK:

*In Turkey, it was day 1, we were in the same flight.*  
(Nabil, male, 15)

Others had met following resettlement across various settings: 'in school', at places of worship, 'I went to pray and he came' (Baaz, male, 13), and through family networks,

*When another Syrian family coming for the first time, we just go visit them.*  
(Amal, female, 17)

Some young people were unable to meet in person as often as they would have liked due to resettlement in different areas. Friendships with Arabic speaking peers were of great importance in a context where some felt unable to form more meaningful friendships or 'bridging' relationships with Northern Irish young people.



Friendships with Arabic speaking peers were of great importance in a context where some felt unable to form more meaningful friendships or 'bridging' relationships with Northern Irish young people.

## Experiences of young people: building social bridges

The young people were asked about their experiences and views on making friends – in school and in their communities – and what they thought facilitated or hindered the formation of new friendships.

Language was identified by teenagers as presenting a barrier to making friends, especially in the initial months of resettlement. Akila, who had been living in Northern Ireland for nine months, had some Arabic speaking friends but had not yet formed connections with Northern Irish young people. She stated:

*I think it is hard because of the language barrier to make friends*  
(female, 15)

Young people suggested that children who are shy can be fearful of trying to speak English with their Northern Irish peers, making it more difficult for them to form new friendships. Bushra (female, 15), who had been living in Northern Ireland for two years, had made just one close ‘Arabic friend’ with whom she always spoke in her first language. Her mother (an interviewee) felt that her daughter’s quiet nature had made it difficult to form new friendships and improve her English language skills. This had impacted her integration, both socially and in terms of her educational progress in school.

Among those with greater fluency in English, their strongest friendships were often with other Arabic speakers. Baaz (male, 13), commented that, although within school, he spoke ‘with other people’, during his leisure time he socialised with ‘Arabic, not English’. He

did not give a reason for this, but did comment that ease of communication differentiated the quality of interactions with friends of different backgrounds:

*I still can’t talk to people [in school] like I can in Arabic. Because, in Arabic, it’s easy for me because it’s my language.*  
(male, 13)

Others reported problems interacting with peers in school and had struggled to form friendships. Some young people (the majority of whom were boys), spoke about racist bullying but this was not explored in depth during the focus group. **Placement in a year-group with younger students was problematic in terms of friendships in school** – an issue that was raised by both boys and girls.

“

I think it is hard because of the language barrier to make friends.

”



Sport was identified as a way to meet new friends and boys especially expressed an interest or had been involved in various activities.

### **Opportunities and places to socialise and meet new friends**

Young people expressed a desire to meet new friends and there was a discussion about the different opportunities that were available to them in their local communities. Two girls identified a multi-cultural education centre, where they attended learning and social programmes, as a key site for developing friendships. But connections there were restricted to minority ethnic peers (from their own and other cultures):

*You meet a lot of people in COMMUNITY PROJECT, then we became friends. We go and come together and they come to our home, we visit them. But, same my age, from Belfast, it's hard.*

(Amira, female, 18)

Several participants were living in quieter locations outside of Belfast where they perceived a **lack of opportunities to meet other young people**. This was the case for Samir who commented:

*I was in Lebanon before coming here and its busy, you go outside and see the people, everywhere, but here it's very hard to see the people, especially after 5 o'clock when everything is closed.*

(male, 17)

Sport was identified as a way to meet new friends and boys especially expressed an interest or had been involved in various activities. Three boys had recently joined a football club and hoped this would lead to new connections over time. Baaz stated: *'it's our first 2 weeks in the football team, we didn't get friends yet'*. Within the sample of young people, only one girl spoke about participating in sport (within school), which had led to friendships:

*My school have Gaelic and I was in the Gaelic team and netball team and that's how I make new friends, my team.*

(Farida, female, 16)

## Adolescent Girls

Making friends and being ‘accepted’ by their wider peer group, particularly within school, was perceived as more challenging for girls who move to Northern Ireland as adolescents.

Unlike their younger peers, some **older girls felt that it was difficult to establish mixed friendship circles and to gain acceptance by their wider peer group:**

*I think when we go to school wearing hijab, more difficult for the older girls than the younger girls. Because, the younger girls, they forming relationship and then when they wear the hijab, they are accepted. But when I go to school, I was wearing the hijab, it was like shocking. Asking like ‘why do you wear the hijab? Can you take it off?’*  
(Amal, female, 18)

Some girls felt isolated as a consequence but there were variations depending on the support that they were able to draw on from bonding connections. Amal, despite a strong desire to make friends among her Northern Irish peer group - ‘I want them to love me not to hate me’ – continued to feel excluded in school after three years. Amira likewise talked about feeling marginalised, but had been able to form friendships with other minority ethnic students in school and in the community, ‘People from other countries more, like, friendly..... like we always stay together and be a bigger group’.

“”

...you feel all the people looking at you, so you are preferring to stay home and not go.

During the focus group discussion, girls expressed an interest in getting involved in sport or other recreational activities as a means of making friendships but identified cultural barriers. Some alluded to modesty concerns and expressed a preference for participating in ‘female only’ activities. Others felt their participation was restricted by cultural dress, particularly wearing the hijab. It is important to note that there were mixed views among the girls about this. Some emphasised that this was a conscious choice and an important aspect of their religious and cultural identity. Others, like Akila, felt compelled to wear it, but found it restrictive:

*I don’t like the hijab really, but we have to wear it. I would like to go out without it, in my culture I have to wear it, I feel like it is hard to wear it, I feel like no freedom.*  
(female, 15)

Amal asserted that she did not feel a sense of acceptance as a visible minority wearing hijab within her local community. Despite a strong desire to make friends and integrate, she spent much of her time in the safety of her home:

*I want to go to gym or do like some sport, but I don’t feel like, if I go, I will be happy. Because, sometimes I go with my [younger] sisters, they go to swim. I sit in the cafeteria outside, you feel all the people looking at you, so you are preferring to stay home and not to go.*  
(female, 17)

## What would help young people to integrate?

At the end of the focus groups, young people were asked about what would be helpful for Syrian refugee young people resettling in Northern Ireland, in term of making friends and supporting their integration. Suggestions included:

### Teenage Girls

*If we can make like a group, to go to see like the things in the country, to see like castles, like everything historical, museums.*

(Batoul, 13)

*I really would like to do volunteering somewhere, but I don't find places.*

(Amal, 17)

*We want activities for women, girls, not like men, from the community.*

(Asha, 15)

### Teenage Boys

*It would be great if we could organise more of these meetings, to talk about our issues and what we are suffering from, so it would be a great chance for us.*

(Hussein, 15)

*Especialy during the school term, to talk about our problems, set up meetings regularly, to talk about what has happened.*

(Samir, 17)

*Give iPad so we can translate in school, or clubs, we can go to clubs, games, sports.*

(Baaz, 13)



### Key issues identified by young people

- Access to community activities is constrained by language, cultural and other barriers
- Recognition of a desire for gender specific activities
- Need for friendship and companionship
- Desire for a safe space to meet and share experiences with other Syrian young people

## Key Findings: Social Connections



- Family separation was a source of emotional distress for some resettled family members, both children and parents, and can undermine wellbeing during the resettlement process.
- NIRSS plays a key role in facilitating bonding connections with other resettled families. Such connections are an important source of emotional, practical and informational support, and help new arrivals to feel settled. They are also important for children's friendships during early resettlement, a period when they are particularly vulnerable to isolation.
- Young people identified language barriers, shyness and perceived racism as barriers to the formation of cross-cultural friendships. Developing cross-cultural friendships was perceived as easier for younger children than for adolescents.
- Adolescent girls highlighted cultural barriers, as well as not feeling a sense of acceptance (as a visible minority) in their local communities, as obstacles to social participation, and consequently their social integration.



(5b)

## Experiences of Education



This section presents findings on experiences of enrolment and settling into school. It starts by focusing on the perspectives of new arrival families, their experiences of school enrolment, delays and support provision in the early resettlement period. Young people's experiences of school are then discussed, drawing attention to key issues that affect their integration experiences.



It was like a dream, to think, for your kids to have a future. In Lebanon, it was hard have those dreams.



## Enrolment in school

Education is highly valued by Syrian children and their parents. When asked about their motivations for resettlement, educational opportunities for their children (along with health) were cited by interviewees as central to decision making. One mum of four children, said:

*NAME, you seen me once crying, you maybe thought that something had upset me. But that day, kids going to school, I was looking at my kids going to school, it was emotional, it was special seeing my children go to school.*

(Jamila, adult female)

Mubarak, her husband added:

*It was like a dream, to think, for your kids to have a future. In Lebanon, it was hard have those dreams.*

In another family, Khalid, the father of four children made reference to the positive implications for his sense of wellbeing:

*I feel very comfortable psychologically that they are registered in school. And next month he [11 year old son] is going to start school and that's his first time ever to start school. I'm very happy.*

Children and young people likewise expressed positive feelings about school during visits and were keen to get started. Khalid, cited above, explained that his daughter's enthusiasm reflected 'a very strong willing to go to school, because she stopped the education for a long time'.

Such enthusiasm can co-exist with fears and anxieties. Children with limited or negative experiences of school in transition countries, including experiences of physical punishment or racial discrimination, can be particularly apprehensive. Some **children worry about being unable to make friends or communicate their needs to teachers due to language barriers**. One mum explained that the presence of other Syrian students had helped her teenage children to overcome their initial apprehension and settle in at school:

*They had a little fear of going to school, they were worried that they wouldn't understand their classmates and the teachers, but, whenever they were there, they found Syrian classmates in the school. So that helped them.*

(Nura, adult female)

### Case study: Zakir

Zakir (male, 6) was born in Lebanon where his parents lived for 10 years. His experience of school in Lebanon was 'not good' according to his mother Salma. His teacher was not kind to him and sometimes shouted at him. He was also excluded by classmates who, according to Salma, refused to play with him or would hit him because he is Syrian. Salma interpreted their hostile behaviour as a reflection of their parents' racist attitudes towards Syrian people. In her experience, racism towards Syrians was commonplace in Lebanese society. Because of his experiences, Zakir didn't enjoy school and thought all schools were 'bad' according to his mother.

As part of Barnardo's NI playroom programme at the Welcome Centre, Zakir participated in various activities designed to help prepare children for school, which he appeared to enjoy. As he prepared to start school, the family's key worker also encouraged Zakir's parents to reassure him that his new school in Northern Ireland would be very different to his experience of school in Lebanon. She also suggested that they teach him simple ways of communicating his needs to his teacher, such as pointing or drawing pictures.

Once in their new home, Zakir's mother stated that he was very excited about starting school along with his two young cousins. He settled in quickly, saying excitedly after his first day 'my friends are good, they hug me and kiss me.' He enjoys drawing pictures and using the iPad during lessons.

Zakir's case study highlights the importance of understanding children's educational experiences prior to resettlement. This assists with the provision of appropriate support to children and their parents, to ensure that the transition into school is a positive experience for resettled children.



## School Placements

The timespan involved in accessing school placements varies according to time of arrival in the year, educational needs of the child and other factors. Placements in special educational schools tend to involve longer waiting times, particularly in cases involving complex medical needs. Since the appointment of VPRS Support Officer within the Educational Authority, there have been substantial improvements in this respect. Willingness by statutory agencies to acknowledge challenges and provide practical solutions has been vital in improving outcomes for children.

School often constitutes the first opportunity for children to begin integrating in a meaningful way and **long delays for placements can be very isolating for children.** English language acquisition is also delayed. One mother reported that her two teenagers, who had faced a three-month wait, felt bored and isolated. A lack of family social networks and financial constraints in early resettlement can limit alternative opportunities for children's participation. **Parents' integration is also impacted by delays.** A mother in another family talked about feeling unable to focus her own needs, including learning English, until all four of her children were settled in school. This demonstrates how outcomes specific to children have broader implications for other family members' integration processes.

## Support Provision

### Key worker support

Due to language barriers and unfamiliarity with educational systems, families are reliant on the support of key workers, who work closely with educational welfare officers and other professionals, to find suitable placements. Refugee children are a heterogeneous group in terms of educational backgrounds, and key workers seek to ensure that the needs of each individual child are catered for. As one key worker stated:

*With education, it does take a lot of advocacy on our part to get children into the nearest school and the most suitable school, most suitable age group. To get the things they deserve in the school, like the English classes, and get the inclusion and diversity team involved, see if there's any extra-curricular activities.*

(KW1)

Key workers also provide guidance to parents in terms of cultural norms around attendance, support initial home-school communication, and work with parents and children to dispel any underlying fears, related to safety, language or educational needs. School orientation visits are part of this process, allowing children to meet teachers and become familiar with the school environment in advance of taking up placements.



Key workers also provide **guidance to parents** in terms of cultural norms around attendance, support initial home-school communication.

## Support in school

While intensive support is a feature of early resettlement, **the importance of not closing down the support provided to families prematurely** was highlighted. Educational transitions can be particularly challenging for refugee students who may have seemed 'settled' in school. For some children, fears are centred on language. A key worker spoke of the pressure some children feel as they approach the transition to secondary school, *'because they are going to be communicating with all of the older children'* (KW1). In this context, she had returned to work with several 'settled' families, to provide emotional support to children who were experiencing *'anxiety and stress'* as they approached educational transitions. Parents, in turn, can feel limited in terms of helping their children, due to a lack of knowledge about Northern Irish educational systems.

Findings indicated that **schools vary considerably in terms of how they address the needs of refugee children**. It was suggested that school *'culture and ethos'* could be *'a real indicator of what the child's potential experience will be in that school.'* (KW3). One stakeholder, a youth worker who worked with refugee students in various schools, drew attention to the role of school leaders in determining provision for refugee students. She pointed out that, *'children are getting very different services, depending on the interest of the head teacher and individual teachers'*. The most striking difference in terms of support provision may be the way in which schools address language needs. It was reported that some schools have specialist programmes or bi-lingual units, while provision in other schools may involve little more than *'just one hour of additional English classes'* (KW2).

Schools also take different approaches in terms of the year group placement of children. Some place children in classes with their peer group, while in others they are taught alongside younger students, presumably to allow children with interrupted education to 'catch up' with peers. Key workers pointed out that the latter approach could be particularly challenging for older adolescents, and potentially detrimental to their emotional wellbeing. A teenage girl who had been placed with younger students acknowledged, *'It's better education wise, but in a friendship way it's made it difficult because they are younger than me'* (Amal, female, 17). During the focus group discussion she stressed that, although academically she had exceeded her expectations, peer relationships in school had been hugely problematic.

## Good Practice Case Study

Examples of good practice were highlighted during the research. The principal of one primary school stressed the importance of supporting the whole family in order to support children's integration. Guided by a strong ethos of equality, the school had implemented the following:

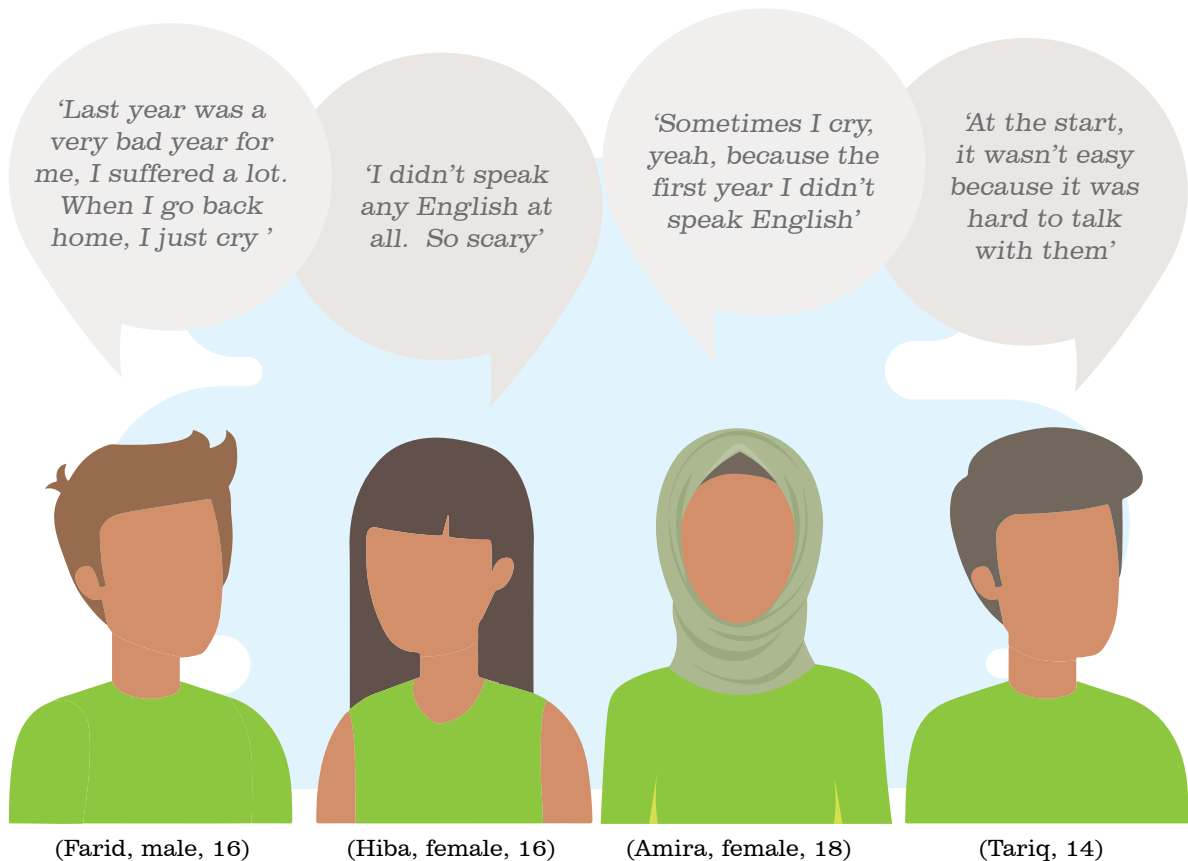
This school implemented a **befriending scheme** for parents aimed at reducing social isolation and encouraging bridging connections with Northern Irish people.



- **Employment of an Arabic speaking teaching assistant.** This had been positive in terms of supporting children with their learning and understanding in the classroom. Shared language also meant that the teaching assistant was able to assist with the provision of pastoral care and religious study to Syrian children. Other staff members gained knowledge of Arabic cultural norms too, through informal conversations in the staff room.
- **Introduction of a fun and interactive online EAL (English as an Additional Language) resource to supplement English language learning for children at home.** Plans to invite parents to the school to avail of training, so that they could use the resource for their own language learning.
- **Trauma training** for staff members.
- **A befriending scheme for parents** (aimed at reducing social isolation and encouraging bridging connections with Northern Irish people).
- **English language classes for women** hosted within school premises.
- **Mutual sharing of information, learning, and good practice** with other schools in the local area.
- **Working in partnership** with local secondary schools, including the pooling of resources to deliver an afterschool homework club for Syrian students.

## Young people's experiences of school

### Settling In



(Farid, male, 16)

(Hiba, female, 16)

(Amira, female, 18)

(Tariq, 14)

When asked to reflect on their first few months in school, most young people agreed that they found the first few months very challenging. This was largely attributed to the language barrier, which limited comprehension during lessons and made it difficult to interact with peers. Asha, who had only been in school for a few months at the time of the focus group, was still finding it 'a bit hard, because I don't understand all the

things' (Asha, female, 15). Others in the focus groups, who had been living in Northern Ireland for longer, reported feeling more settled with time, particularly as they had begun to pick up English. When asked what they enjoyed about school, young people talked about valuing the opportunity to learn, listening to teachers and having fun with friends. Farida, who had started school three years previously, said:

*Everything! All the teachers, all the friends and everything. Very nice school. Like home!*

(Farida, female, 16)

## Importance of friendships in school

It was clear from the focus group discussions that **friendships and positive peer relationships were integral to young people's enjoyment and sense of belonging in school**. When asked about his initial months in school, Baaz recalled:

*It was so hard, because like, I had no friends, I had no-one to talk to, it was so boring. But when I get friends, I loved the school.*

(Baaz, male, 13)

Young people had been able to make friends with different levels of ease. During the discussions, it was suggested that **age upon arrival in Northern Ireland differentiated experiences**. Establishing friendships was perceived as being easier for younger children, who could play together and develop bonds regardless of language barriers. This was supported by data gathered during family observations and interviews.

A few of the teenagers contrasted their own difficult experiences with those of younger siblings or acquaintances for whom cross-cultural friendships had occurred relatively quickly. Amal felt that that this was because their younger peers are more accepting:

*They want to play together, they don't like care where you are from.*

(Amal, female, 17)

In contrast, she perceived Northern Irish teenagers as being more aware of differences:

*They have more things to think about, 'she is from another religion, she has another language' all like this sort of thing.*

(Amal, female, 17)

## Peer difficulties and bullying

Some teenagers talked about **difficult peer relationships and experiences of bullying in school**. Examples given included name-calling, derogatory comments related to their religion or ethnicity, and perceived exclusion by their wider peer group. Hussein stated:

*My school is very good and the teachers nice with me, but, there's some people in school they are being racist..... about Syrian people, or their religion.*

(Hussein, male, 15)

Some young people reported that difficulties with peers had eased over time, as English language developed and friendships were made with other students. Nabil described being 'bullied' when 'new' in school, but things had since improved: 'I learn English, so it's better' (Nabil, male, 15). Similarly, another boy said:

*It [bullying] has happened to me also at another school, maybe because I was having little English and don't speak too much to the people in my class. But now, in new school, it's better.*

(Tariq, male, 14)

Three young people (Samir, male, 17; Hussein, male, 15; and Amal, female, 17) reported more persistent peer difficulties in school. Hussein had reported bullying by another pupil to his teachers but stated 'it doesn't get better.....they speak to him, but he doesn't care'. The perpetrator, whom he described as 'very racist', continued to target him in school, as well as one other Syrian classmate.

Amal spoke about difficult experiences at an all-girls school where she had been a student for almost three years. This had



involved an image of her being posted on social media by another student:

*She took a picture of my uniform, my hijab from the back and she put on Facebook or Snapchat or something like this. And it says 'Isis in my school'*

(Amal, female, 17)

Amal emphasised that it was the everyday experiences of name-calling (by a small number of students), and feeling excluded by her wider peer group that had impacted her more:

*I felt the comments I had in school make me sad more than...three years in school and you don't like, have one girl, like one friend.*

(Amal, female, 17)

Peer difficulties in school affected young people in various ways. A few talked about feeling sad and lonely. Samir, an older student who had missed six years of education prior to migration, described

feeling angry and frustrated. Farid, who attended the same boys secondary school, reported that his experiences had led to a period of absenteeism but he had since returned to school: 'I realised it's my future and I say 'I don't care, I should go back, for my future' (Farid, male, 16). Others too, spoke about **focusing on their education or their future as a way of coping**. This may have been partly due to the influence of parents, who, according to some young people, encouraged them to take refuge in their studies when they experienced problems.

Samir's case study highlights the particular challenges that may be faced by older adolescents who have experienced interrupted education. His experience draws attention to the need for careful consideration of which particular educational pathways will be best suited to meet the educational, social and emotional needs of older refugee students who arrive with large gaps in their skills and knowledge due to interrupted education.



## Samir Vignette

Samir is 17 years old and has been living in Northern Ireland for 18 months. Prior to resettlement, he lived in Lebanon for several years, where he worked to support his family from the age of 12. His first job was in a factory, where he sustained injuries to his hand and leg. Samir later trained as a hairdresser and used to enjoy his job cutting women's hair.

Living in a rural area of Northern Ireland was initially challenging for Samir, who was used to life in a large city. But the most challenging aspect of resettlement has been his adjustment in school. Samir has lots of work experience for someone his age, but has missed five years of education.

He struggles to follow lessons and finds it difficult to connect with his younger classmates:

*I feel like I am older than them and they talk different, think different, and they are just laughing at me, for everything that I say, if I ask the teacher anything, they are laughing at me.*

Samir describes getting angry when his classmates laugh at him because he is unable to articulate what he wants to say in response. His mother is aware of the problems he faces at school, but doesn't know to help. Samir would like to continue with hairdressing in the future, but is unsure of how to go about this.

“ ”

I feel like I am older than them and they talk different, think different, and they are just laughing at me, for everything that I say, if I ask the teacher anything, they are laughing at me.



## **Support for learning and integration in schools**

Young people indicated that **teachers play a key role in supporting their integration in school**. Most spoke positively about their teachers and their support was highly valued. Particularly important, was that teachers were sensitive to their needs and showed flexibility in terms of their expectations:

*the good support that they are giving to you is the most important thing...if they not expect of you like everything, like the other students, they may give you an extra English support. So I have, like my teacher, when I do my exam, she was helping me with my spelling mistakes, but others, she didn't.*

(Farida, female, 16)

Refugee students come with a diversity of educational backgrounds and the way in which this is handled by teaching staff can have implications for both their learning and emotional wellbeing. Amira was a highly motivated student, with aspirations for university. She felt that her teacher had low expectations of her because of her refugee background, which had been a source of great distress:

*I felt bad, because in Arabic I was like, the best in my class. But when you go to teacher, say like 'I want this subject, I want to study, give me some work', she doesn't give. You feel like you are lower level, like she saw you very low. If I want to be something, my subject not enough (starts to cry). If I want to do work, nothing enough.*

(Amira, female, 18)

Young people expressed a desire for ongoing language support beyond the initial period of settling in. Tariq said, *'they give me extra English, that was good, but after a while, they didn't give me that, they forgot about it for the whole year'* (male, 14). Even with a reasonable level of spoken English, some felt that language comprehension impacted learning. Farid (male, 16) was able to follow maths, but understood very little during lessons in other subjects. A few of the young people had been given access to iPads within the classroom for translation purposes, which was found helpful, but this varied between schools. In some cases, additional resources were only made available during exams.

## **Additional Learning Support in the Community**

Refugee young people (and their parents) place high importance on educational achievement and as such are keen to avail of additional learning support. But there were variations in terms of what could be accessed in local communities. Regions with a longer history of supporting refugee and migrant communities are relatively better resourced than other areas of resettlement. Two teenage girls regarded the additional support they had accessed at an education centre in Belfast as very helpful. This entailed extra tuition for Maths, English and Science, but there was clearly also an important socio-emotional dimension to the support provided to them, by tutors and other staff members, at the education centre.

## Parental Involvement in Education

Despite placing high value on education, **language barriers limit parents' involvement in their children's education.** One mum (who had been living in Northern Ireland for three years) spoke about feeling unable to support her son, who was struggling academically in school, *'I don't know the language at all. So how can I help him?'* (Aida, adult female). Notably, most of the young people who participated in the research reported that their parents spoke little English (including some who had been living in Northern Ireland for three or more years).

Although translated resources and interpreting services are available to schools via the Education Authority's Intercultural Education Service to support home-school communication, it was observed during home visits (and reported by key workers) that these are not always availed of. In one example, parents were confused by a lengthy letter in English that discussed details of their child's GCSE subject choices. A lack of knowledge about the Northern Irish education system adds to confusion.

## Key Findings: Education



- With the support of NIRSS and the Education Authority, most children were able to take up placements fairly quickly after arrival. Delays to school enrolment are isolating for children and can impact on caregivers who feel unable to focus on their own integration needs.
- Positive peer relationships are very important for young people's sense of belonging in school. Experiences of bullying (including name calling of a racist nature) and perceived exclusion by peers negatively impacted young people's emotional wellbeing.
- Schools adopt different approaches to year group placement of refugee students. From the perspective of young people, being placed with younger peers was helpful academically but could be detrimental to peer relationships.
- Parent's involvement in their children's education is limited by language barriers. Schools do not consistently avail of the resources available to support home-school communication.
- Young people expressed a need for additional learning and language support to enable educational catch-up. Some were able to access this in their local communities, but resources differed between localities.
- Educational transitions can be particularly challenging for refugee children, and the need for the provision of emotional and informational support, to children and their parents, was identified.

(5c)

## Family Dynamics and Integration



Forced displacement brings about changes to roles and dynamics within the family. This has important implications for relationships within families and can impact on children's wellbeing and experiences of resettlement.



“ ”

It's very difficult for him to learn English, and it's very difficult for him to stay at home.



## Parents' dependence on children

*'Parents rely an awful lot more on the children than they may have done previously'*  
(KW6)

*'A lot of teenagers then end up becoming like the au pair, because they are picking up the language quicker, they end up doing finances'*  
(KW8)

Children's roles and responsibilities within the family can be altered by the refugee experience. A theme that emerged across the different sources of data was of **parents becoming increasingly dependent on children post resettlement**. There are various reasons for this. Separation from close family members, whom parents may have relied upon extensively for support with childcare prior to resettlement, can lead to children in the family taking on additional responsibilities and caring roles. The demands placed on children can be particularly intense among more vulnerable families that have been affected by parental bereavement, chronic health problems or disability.

Language is undoubtedly the most prominent factor underlying parents' dependency on children in the resettlement context. Once in Northern Ireland, **children tend to pick up English language more quickly than their parents** and may therefore be expected to translate and interpret across a range of different contexts, including engagement with statutory services. Interpreting for their parents during health appointments is not uncommon, in part due to perceived gaps in interpreting services. The potential impact of this is very concerning, as children and young people are exposed to their parents' complex

and personal medical information, and expected to take on the responsibility of communicating this to their parents. Hiba (female, 16), recalled an experience of receiving a phone call from a health professional:

*One day I was in school, she [diabetes nurse] was calling me and I answered and she was like 'high blood pressure, erm, blood sugar levels too high, he need to take that type of tablet three times a day, and you need to check on him... and I was like, 'when did my dad.....???'*

Shifting roles and responsibilities within the family can place children under a tremendous amount of pressure and **impact integration processes, including how they settle into school**. A key worker described the impact of caring responsibilities on a 9 year old boy who helped to support his parents, one of whom was disabled and the other elderly:

*That family needed so much support so that they didn't have to rely on him. He was under so much pressure, he wasn't able to achieve at school... He was just going through so much.*  
(KW6)

Differences in acculturation can also impact on power dynamics between parents and children. One key worker recalled a recent telephone conversation with a teenage girl, resettled with her family a few years previously, who told her, "oh I'm suspended from school, don't tell my dad though, I just got him to sign the note, he can't read English" (KW1).

Amira's story gives an example of the impact of shifting roles and responsibilities within the family:

### Case study: Amira

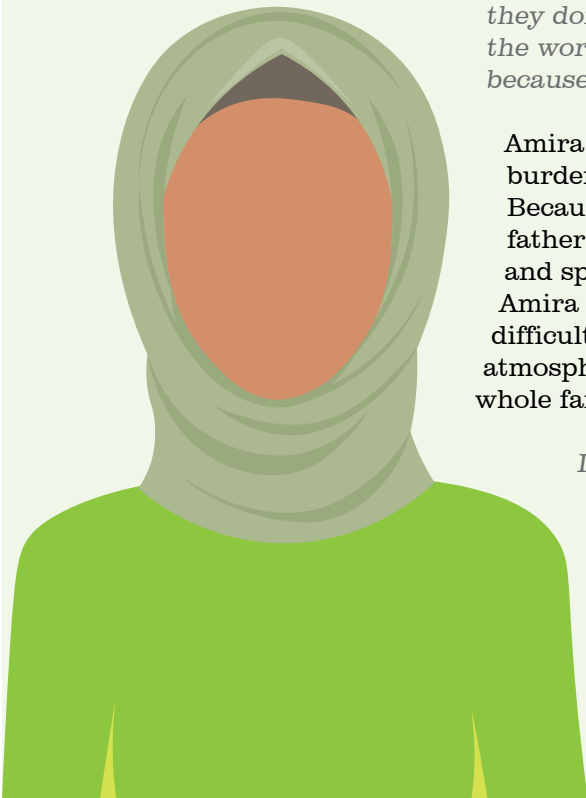
Amira (female, 18) was resettled in Northern Ireland with her family. She lives with her parents and three younger siblings. Amira enjoys helping to look after her siblings and also helps with cleaning and cooking responsibilities in the home. She is very focused on her education and often studies in her spare time.

Although they have been living in Northern Ireland for a few years, Amira's parents speak little English. She feels that they are very dependent on her as a result, sometimes needing help to accomplish simple everyday tasks:

*Shopping, doctors, appointments, texting friends... I feel my dad cannot do anything. You have to be with him always, for even very small simple thing. And my mum too. Because they don't have English. Now we have to do all the work, and our parents cannot do anything because of this, English.*

Amira sometimes feels resentful and overburdened by her parents' reliance on her. Because of his low level of English, her father has been unable to find paid work and spends a lot of time at home. Although Amira understands that adjusting had been difficult for him, the situation has led to a tense atmosphere at home, which has affected the whole family:

*It's very difficult for him to learn English, and it's very difficult for him to stay at home. And for us. He will get control 'do this, don't do this'. Is because he is bored..... but it is not right for all the family. Is like, very bad energy, it affecting all of the home, children.*





## Disempowerment of fathers

Forced displacement can be particularly disempowering for fathers who, prior to resettlement, have held a distinct role within the family as main breadwinner and authority figure. Upon arrival in Northern Ireland, this clear role within the family is disrupted as some fathers struggle to provide economic security for their families, or to accomplish everyday tasks in their new environment. As one keyworker highlighted:

*They have lost control of every element around them, they can't get jobs, they can't earn money any more, they don't know how to change their house, they don't know how to fix the bath anymore...*  
(KW1)

Adjusting to a new role within the family can be challenging for some men. One father, in a recently resettled family, talked about struggling with the lack of purpose he felt each day, due to an absence of paid work or other meaningful activity. During parental interviews, men from new arrival families expressed a strong desire to find jobs and as such were motivated to learn English. One stakeholder, who worked closely with refugee families in the community, had observed what she interpreted as worrying levels of mental health problems among resettled refugee men who struggle with issues such as unemployment, social isolation and a loss of social status.

Shifting roles within the family can create additional stress during resettlement and impact on family relations. Within one family, a key worker was alerted to the parenting behaviours of a dad, as the combined effects of trauma induced stress and the demands of resettlement, had led to his increasingly harsh treatment of his eldest child:

*He was very powerless and very down, and was putting his son down... 'he can't learn English, he's stupid'... his wife actually brought it to my attention that he was doing this.*  
(KW1)

## Mums focused on children's needs

Refugee women face fewer disruptions to their role and status within the family post-resettlement. Although there are variations, depending on factors such as education and professional background, refugee women generally enjoy relative continuity as they continue to take primary responsibility for caregiving.

One aspect of forced displacement that can be very distressing for women is separation from close family members. Although resettlement brings hope for a better life, this can cause considerable emotional distress. They may experience feelings of guilt and sadness, especially if family members have been left behind in what are perceived to be dangerous circumstances. Family separation can also constitute a loss of significant emotional support. One mum talked about the loneliness and emotional strain she felt due to not having her mother and sisters 'around her'. Her way of coping was to dedicate her life to her children and their needs.

There was some evidence to suggest that focusing on their children can be to the detriment of their own process of integration. Particularly in the early stages of resettlement, **important aspects of integration such as language learning may be deferred**, while they focus instead on the educational, emotional and health needs of their children. A key worker pointed out that some mums have been known even to **delay seeking help for their own health problems**, until the needs of their children have been addressed. Consequently, mums are perceived as **'the hardest to help'** and **'the last in the family to integrate'** (KW1).



## Family Communication

Families arrive often having experienced considerable trauma and adversity, related to war, violence, death and discriminatory experiences in asylum countries. Children and their parents are therefore living with the memories of difficult experiences as they adjust to living in Northern Ireland and try to 'integrate'. One theme of interest was 'family communication', particularly how children and their parents talk about past and present difficulties, and the implications of this for children's wellbeing.

“

Children and their parents are living with the memories of difficult experiences as they adjust to living in Northern Ireland and try to 'integrate'.

”

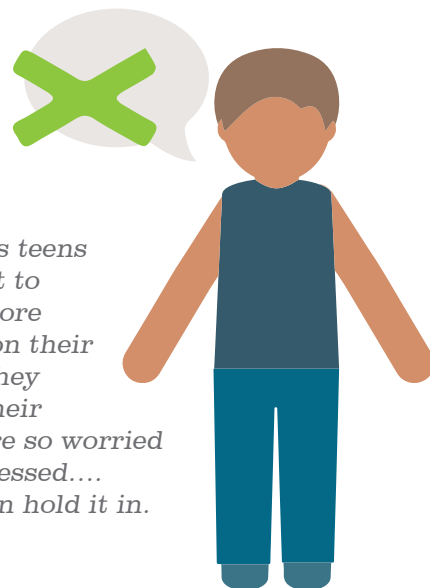
## Parents' uncensored communication about past trauma

Some parents speak openly about past experiences of trauma with their keyworker, with whom they build up a close and trusting relationship. These conversations, which can be emotionally charged, are sometimes initiated by parents while children are present. One key worker reflected that death, violence and trauma have become so normalised for many Syrian refugee families that some adults are desensitised to the potential ramifications of talking about these issues in the presence of children. Some parents assert that children are 'not listening' or that 'they wouldn't understand' (KW3), thereby implying that they do not perceive any potential risk of harm.

Keyworkers expressed concerns about the impact of uncensored communication on children, and intervene accordingly during visits. Parents are generally receptive to requests that certain issues are discussed only in the absence of children, although some families still struggle with this issue. Teenagers, in particular, can feel that it is their 'duty' to be in the room, in order to support their parents or help with interpreting.

Although helpful for parents to express their emotions and talk about painful memories with a trusted key worker, if not managed appropriately, it can be very upsetting for children to witness and hear the details of discussions. Difficult emotions may be triggered for children as their parents share details about past trauma, or mourn the loss of family members. This was observed during one home visit, when a young child became very distressed, in response to his parents' emotional accounts of trauma the family had experienced.

## Children don't talk about the past



*Sometimes teens don't want to put any more pressure on their parents, they see that their parents are so worried and so stressed... so they can hold it in.*  
(KW6)

Children may have witnessed or experienced the same traumatic events as their parents, but are less inclined to speak about their feelings or experiences. It can be therefore be difficult for key workers to ascertain how children are feeling and coping with memories of the past, or to identify the need for counselling or other interventions.

When a potential need for trauma support or other form of therapeutic intervention is identified, some parents are reluctant. This can be due to different cultural understandings or stigma attached to mental health, or reflect parents' concerns to protect their child from potential emotional distress. One mum expressed serious concerns about her son's minimal progress – educationally, and with English language acquisition– after almost three years in Northern Ireland. His teachers had expressed concerns about potential trauma, but she disregarded this as an underlying issue, stating 'I have explained to them that he is normal, he speaks and plays with his brothers very well' (Aida, adult female).

## Children find it helpful to talk to family

...especially my mum. Like, I can tell her anything, if I want anything, she let me do it. She just want me to be happy

(Amira, female, 18)

Children may be reluctant to talk about the past, but they are less hesitant to talk about resettlement related challenges with their family. This was the case for both boys and girls, who indicated they had talked to parents and other family members about an array of resettlement challenges as they arose, including peer problems, perceived discrimination and language related difficulties in school.

Some young people indicated that they found it helpful to talk with older siblings because they understood the particular challenges they faced as young refugees. This meant that siblings were able to give constructive advice which helped with their resettlement. Baaz's brother encouraged him to try to communicate with other students in school, despite his initial fears about speaking English: *So I start to talk with them and start to learn English* (Baaz, male, 13).

Young people also turn to their parents for advice and guidance, indicating

that strong family bonds encouraged this. **Being able to share their problems with supportive parents helped them to cope** and made the task of dealing with resettlement related problems less daunting. Amal said, *'I think the family makes it easier, like, the difficulties you have, makes it easier for you, because they give you advice, talk with you, tell you what to do and what not to do* (female, 17).

Although speaking about challenges with their family may bring reassurance, depending on the issue at hand, parents are not always able to offer adequate solutions. Samir, who had experienced problems in school, stated *'my mum knows about it, but she doesn't know how to deal with it'*. Some parents are powerless to help, beyond the provision of emotional support, when their children face challenges in school or with peer relationships. This can reflect a lack of knowledge or information about how things work in Northern Ireland, but often it is simply due to language barriers.

“““

Young people also turn to their parents for advice and guidance, indicating that strong family bonds encouraged this. Being able to share their problems with supportive parents helped them to cope and made the task of dealing with resettlement related problems less daunting.



## Parental expectations and children's resettlement experiences

Parents arrive with very specific expectations regarding their children's resettlement. This can affect children's experiences of education, social participation and peer relationships, with differential impacts for boys and girls.

“

Although well-meaning, parental expectations about children's progress in these areas during resettlement are not always realistic.

### High expectations and pressure

Syrian parents quite often have high **expectations for their children**. This applies to various aspects of their resettlement, but language and educational achievement especially. Education, in particular, featured strongly in parents' decision making about moving to the UK, and once resettled, parents continue to place emphasis on this.

Although well-meaning, parental expectations about children's progress in these areas during resettlement are **not always realistic**. Where English language acquisition is concerned, it was pointed out that *'a lot of parents expect that the children will progress very quickly'* and *'it's hard for them to understand that it's a long process'* (KW2). Some also have high hopes for educational progress, without recognising the impact of interrupted education. When expectations do not come to fruition, this can cause immense frustration and disappointment for all concerned. Talking about her 15 year old daughter, one mother said:

She is really suffering. She is very smart, but her only issue is the language, that's what we are worried about. She is studying very hard, but still didn't get the marks she wants. If I know of any services, anything that can help her, I will just go with her.  
(Sahar, adult female)

While the emphasis on their children's success is encouraging, there is a risk that children may feel **pressure to achieve**, particularly when it comes to education. Parents may inadvertently add to this, through the messages communicated to children about the sacrifices made by the family in order to move to the UK. **Some parents make reference to their own lives being over, and in turn, place their hopes for the future almost entirely upon their children.**

## **Gendered expectations and social restrictions**



Syrian parents have culturally shaped expectations regarding their children's behaviours and roles within the family. This can impact children's opportunities for social participation, and related to this, the process of social integration. There was a strong gender dimension to this, with adolescent girls, in particular, appearing to enjoy less freedom than their male counterparts.

Key workers and other stakeholders corroborated findings around gendered social restrictions and provided further insights. In some contexts, parental restrictions reflect cultural beliefs about strict dress codes and requirements for modesty. For some girls, this hinders their participation in physical education in school, according to a key worker: *'The teenager wants to do it, and wants to be with her friends, and the daddy saying no. And schools actually bending to accommodate, to allow the PE uniform to be different'* (KW2). Some families also hold more conservative beliefs about the appropriateness of mixed-gender activities for girls, which can restrict participation in after-school or extra-curricular activities.

It is important to note the heterogeneity within resettled refugee families who vary in their attitudes towards gender and social norms. Girls are given greater freedom around friendships and socialising within some families than others. This was the case for Hiba, an outgoing 16 year old, who was actively involved in her community and considered her parents as less *'strict'* than others she knew of. Among new arrival families, mum Jamila spoke about her determination to give her three young daughters the *'the freedom to do whatever they like, like swimming'*, pointing out that she was keen for them *'to adapt in the country quicker'*. Mubarak, their father, also stressed that he wanted to do what was necessary to support his children's integration.



## Key Findings: Family



- Parent-child relationships can be affected by factors such as parental ill mental health, intergenerational acculturation gaps and/or changes to parenting roles in a new cultural context. This can create additional stress for refugee children during the resettlement process.
- Post-migration, there can be shifts in family roles and dynamics within some refugee families. For refugee children who take on caring and/or interpreting roles, this was linked to negative impacts on wellbeing and integration processes, including school adjustment.
- Identifying the need for therapeutic interventions can be difficult as children typically do not talk/express their feelings about past experiences of trauma. Stigma and/or different cultural understandings around mental health were identified as potential barriers to refugee families' willingness to seek help.
- Strong family bonds are a crucial source of emotional support and essential for refugee children's wellbeing, particularly during early resettlement when they face multiple challenges related to adapting to a new culture and society.
- Parental expectations, including high expectations regarding children's English language acquisition and educational attainment, can create additional pressure on children.



(5d)  
**Health and  
integration  
experiences**



This section discusses refugee children's experiences of trauma and explores how ill health within the family affects the integration experiences of children and their parents.



“ ”

it is critical to refugee children's emotional wellbeing that they are supported to feel a 'sense of safety', in school and in their community.

## **Refugee children's experiences of trauma and adversity**

Key workers reported that many refugee children and their families arrive in Northern Ireland having experienced years of trauma and adversity. Some **children have witnessed and/or suffered violence in Syria, including bombing, shelling, and family bereavement.**

**Children often endure further trauma and adversity while living in countries where their families have sought refuge.** Their experiences, as highlighted by parents and key workers, include:

- Bullying, racism and discrimination in schools
- Use of corporal punishment in school
- Interrupted education or no access to education
- Limited access to health care
- Child labour and exploitation
- Separation from caregivers and close relatives
- Basic food and shelter needs not met
- Living in refugee camps

Once in Northern Ireland, **refugee children and young people face a multitude of resettlement challenges that pose risks to their emotional wellbeing** (and integration). Many of these,

which are faced across different contexts – school, family, peers and community - have been highlighted in earlier sections of this report.

Against this context, key workers highlighted the myriad of symptoms that resettled children present with during resettlement, including developmental delay, heightened fear and anxiety, aggressive behaviour, acting out trauma during play, teenage bedwetting, nightmares and difficulty trusting others. They stressed that **it is critical to refugee children's emotional wellbeing that they are supported to feel a 'sense of safety'**, in school and in their community. Also perceived as vital, was the need for trauma awareness and specialised trauma support for refugee children and their families.

The case study below highlights the unique experiences of refugee children and adolescents, which can include **cumulative trauma and adversity**, including violence, family bereavement, family separation, interrupted education and racism, experienced across the different stages of the migration journey.

## Case study: Aqila and Ajmal

Aqila (female, 15) and Ajmal (male, 13) are the two eldest children of Khalid and Nura. While living in Syria, the family witnessed and experienced a high level of violence and trauma. Life in Lebanon, where they lived for 6 years after being displaced from Syria, involved a lot of financial hardship and adversity.

When she was 8 years old, Aqila witnessed the army taking away local people. This happened close to the family's home and was a very frightening experience for her.

On another occasion, Aqila and Ajmal were with their family when they witnessed shootings. The whole family were shaking with fear. Shortly after this incident, their baby brother, who had stopped feeding, suddenly died.

The following year, Aqila and Ajmal's youngest sister was killed as a result of bombing. She was five years old. Aqila witnessed her sister dying.

Aqila and Ajmal miss their sister and brother a lot. Their mother Nura worries about them because of the immense trauma they have suffered. She believes the best way for them to cope with what they have been through is to focus on their future.

Although happy to be resettled in Belfast, the conflict in Syria remains a dominant concern for the family. Sometimes they hear shelling during phone calls with their relatives, with whom they keep in regular contact. They continually worry about their safety.

It is with these memories and experiences that Aqila and Ajmal have been trying to adjust to their new life in Northern Ireland. Both have embraced the opportunity to attend school and have been studying hard. They each received excellent first reports, despite Aqila having missed six years of education while living in Lebanon. Ajmal excelled on sports day, taking home gold and silver medals. But his success was overshadowed by an incident involving other students, and he spent the afternoon crying in his bedroom. The situation was resolved after a meeting with the school principal, but more recently he has been the target of racist bullying by other students. This has been very distressing for Ajmal and he no longer wants to go to school.



## Refugee children with complex health needs

A lack of access to proper medical care in countries where Syrian families have sought sanctuary means that refugee children with complex health needs often arrive in Northern Ireland requiring specialised care and support. Their early resettlement experiences can involve frequent engagement with health services and appointments with various health professionals. Key workers play an essential role in terms of helping parents to navigate systems and ensure co-ordination between multiple services involved in the delivery of care.

**Children who arrive with complex health needs can experience an ‘extra level of isolation’ (KW2)** and fewer opportunities for integration. Although experiences vary depending on individual needs and circumstances, key workers identified a number of distinct obstacles that can hinder children’s integration:

- Children with disabilities face additional barriers that can restrict their opportunities for social participation. Taking part in everyday activities, such as playing alongside other children in the local park, riding a bicycle, or involvement in community activities, is not an option for some children due to physical or environmental barriers.
- Educational placements (particularly for children with special educational needs) often involve considerably longer waiting times, particularly if specific support provisions must

first be put in place. This delays children’s opportunities for friendship development and contact with peers which are integral to their integration. As identified above, it also has a significant impact on integration opportunities for parents and caregivers.

- Children with an intellectual disability can also face greater difficulties learning English, which perpetuates social isolation and presents further challenges for their integration.
- Factors such as stigma attached to disability and negative experiences in other countries affect parental expectations and attitudes towards educational and social opportunities available to their children.
- Refugee parents’ also lack knowledge of specialist services and community resources available to support their children’s wellbeing and integration.

Supporting the integration of children with complex health needs involves the provision of guidance, information and emotional support to their parents, in order to overcome the barriers identified above. Key workers signpost parents to specialist services and advocate on their behalf to ensure children’s access to education and other services.

Hani’s story provides insight into the early resettlement experiences of a child with complex health needs.

## Case study: HANI

Hani, (male, 11) has complex health needs, including impaired mobility and verbal communication. He has a very outgoing and friendly nature, and often greets children and adults when out and about in the local neighbourhood with his parents. Outside of his immediate family, with whom he is very close, opportunities to play and interact with other children are limited. He enjoys observing other children while visiting a nearby park with his family, but concerns about his safety means that his parents are sometimes reluctant to let him play in close proximity to them. His brothers enjoy riding the bicycles provided by a local charity, but Hani cannot join in as this would require a specially adapted bicycle.

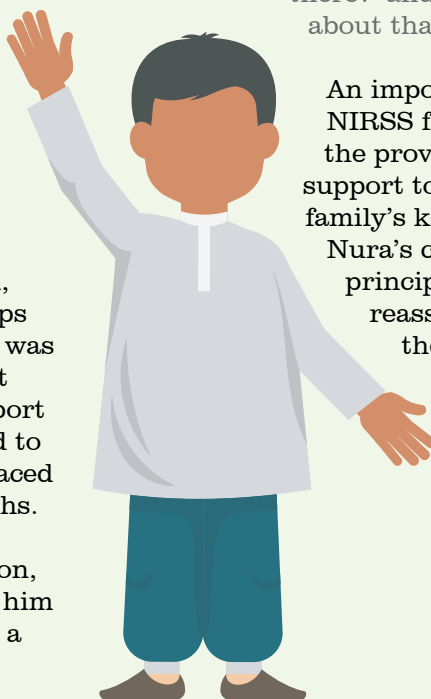
Hani had no prior experience of education and was very excited about starting school for the first time. Apart from formal learning, school would be an important opportunity to have fun, play and form friendships with other children. He was eager to get started, but there were various support provisions that first had to be put in place and he faced a long wait of five months.

As part of the preparation, Hani's key worker took him and his mother Nura to a school orientation visit.

Hani enjoyed the visit and quickly made a new friend, whom he hugged enthusiastically. The orientation visit was also of great importance for his mother Nura. Although happy that Hani would now get the opportunity to go to school like other children, she was anxious about his safety:

I am worrying that he will get a seizure in school. And in terms of the staff in school, it is going to take some time for them to get used to Hani. For example the food, he can only swallow it, so it is going to take about a month for the staff to get used to this.....I will be thinking about him in the school, 'is he having a seizure there? How is he doing there?' and I will keep thinking about that.

An important component of NIRSS family support was the provision of emotional support to Hani's mother. The family's key worker explained Nura's concerns to the school principal, who took time to reassure her and explain the measures that would be put in place to ensure his safety and privacy.



## Parental ill health affects children's integration experiences

Refugee children's wellbeing and integration can also be affected by the health of their parents. Complex health issues in the family, including mental health or disability, can result in children taking on caring roles and/or experiencing fewer opportunities to socialise and build friendships.

In families with parental mental health or trauma issues, children can be vulnerable in the absence of adequate social support. A key worker stressed the need for the provision of holistic family support in order to mitigate any potential negative impact on their emotional wellbeing:

Parents who display any sort of emotional needs or mental health needs, their children often also need checked in with as well. One particular case I had, the children

were just completely exposed to their parent who had so much anxiety and stress that when they weren't in school over the summer, when they didn't have the stability of their teachers, they needed a positive influence. We brought them here and they did some therapeutic work, so they had that stability.

(KW1)

The depth of relationship that develops between key worker and family members is a pre-requisite for the disclosure (or detection) of potential trauma associated with past experiences of conflict, torture or sexual violence. It was acknowledged by NIRSS management that, when a need for help with trauma related issues is identified, **a lack of specialist mental health services for refugee children and adults** makes signposting difficult.

A **lack of** specialist mental health services for refugee children and adults makes signposting difficult.



## **Caring for a child with complex health needs**

While parental ill health can impact the integration experiences of children, the reverse is also true. Primary carers of children with complex health conditions tend to be more tied to the home, which restricts their opportunities to build social networks, learn English, and isolates them from community activities. Parents, such as Nura cited above, experience additional stress and fatigue as a result of the day-to-day caring responsibilities, which in her case sometimes continued throughout the night. Nura spoke about the impact of this on her health and her ability to focus on her own integration needs:

The days that he gets the seizures, all my body gets painful. I get headaches, my stomach gets sore, and I spend the whole day like this..... I would love to learn the language, but I am caring for Hani and anything that I learn, I forget. I feel like I can't focus, I wasn't like this before, it is new, maybe just the pressure that looking after Hani puts on me. I can't go outside and speak to someone. But he [husband] knows, so if someone knows in the family, we will be okay, because we can follow him.

Being able to share how she felt with her key worker, with whom she had developed a very close bond, helped Nura to cope. Her key worker reassured Nura that her feelings were normal, and encouraged her to take small steps, in terms of learning English and travelling independently to places in the local community, to gradually build her confidence.

“ ”

Being able to share how she felt with her key worker helped Nura to cope.



## Key Findings: Health



- The unique experiences of refugee children, including witnessing and/or suffering trauma, as well as multiple other forms of adversity, present significant risks to their health and emotional wellbeing.
- Refugee children with complex health needs are a particularly vulnerable group. Distinct obstacles such as delayed school enrolment, physical or environmental barriers, and difficulties learning English, affect their opportunities to develop friendships, engage in play and interact with peers.
- Children's emotional wellbeing and integration processes can be affected by the ill health (mental or physical) of their parents and vice versa. A need for holistic and ongoing family support was identified in families with complex health needs.
- Signposting individuals for trauma informed mental health care is difficult due to gaps in specialist mental health services in Northern Ireland for refugee children and adults.



# 6

## **Discussion and Recommendations**

This study has explored the resettlement and integration experiences of Syrian refugee children who come to live in Northern Ireland with their families through VPRS, with a particular focus on how family dynamics and experiences in school influence integration processes. The research has highlighted positive experiences of resettlement, including the importance of the support provided by NIRSS, but also the multiple challenges refugee children and their families face as they adapt to a life in a new culture and society. Drawing the findings together, the following key issues warrant further attention:

## Key Observations

- **Friendships and peer relationships:** Peer relationships are vital for refugee children and young people, particularly for the more subjective aspects of integration. Friendships and positive peer relationships are crucial not only for fostering a sense of belonging in schools and communities, but also for refugee children's emotional wellbeing.
- **Age upon arrival:** The age of children upon arrival in the UK was viewed as significant to integration experiences. Young people perceived the formation of 'bridging' friendships as more challenging for older children, and some had experienced difficult peer relationships in school settings.
- **Gender:** The integration experiences of refugee young people are shaped by age and gender. Older girls associated being more identifiable as a 'visible minority' with experiences of social exclusion, including prejudice, isolation and not feeling accepted by peers. Boys reported overt racism in the form of bullying, although this was not explored in depth.
- **Identified barriers to social integration:** A number of obstacles to the formation of cross-cultural friendships were identified by young people, including language barriers, shyness, perceived racism in school, and a lack of opportunities to integrate in their local community.

- **Additional learning and English language support:**

Young people and their parents expressed a strong desire for additional learning and language support to supplement provision in school. This was perceived as essential to their educational integration and ability to ‘catch up’ with their peers, and in the case of language, their ability to make friends.

- **Health needs:**

Refugee children with complex health needs were identified as a particularly vulnerable group due to the distinct obstacles they face regarding social participation. This is true for those with physical health needs, but due to the trauma suffered by children from Syria, this should be considered a significant issue for all refugee children.

- **Integration experiences of refugee children and their parents are interconnected:**

There are supportive aspects of family for children integrating into a new society, but the major transition involved in the process of resettlement can also lead to changes in family dynamics that present challenges to children’s integration. Issues of particular concern are:

- **The role of children:**

In some refugee families, adaptation strategies result in children taking on adult roles, including interpreting and caring responsibilities. For refugee children and young people who are simultaneously trying to cope with resettlement and acculturation related challenges, the risks associated with caring roles (including risks to a child’s development, educational attainment, mental health and ability to make friends) may be elevated.

- **The role of parents:**

From the perspective of refugee parents, the desire for a better future for their children is a key aspiration for resettlement. Focusing on opportunities for their children helps parents gain a sense of meaning in their new lives, and to cope with the challenges of forced displacement. While positive, findings suggested that this can be at the cost of their own integration processes, particularly in the case of primary caregivers (typically women). Delayed language acquisition among parents is especially concerning, given the negative implications for their social and economic integration over time.

- **Parental language barriers impact on children:**

Language barriers compromise parents in their capacity to support their children’s integration, by limiting involvement in their education. Parental language barriers can also have negative implications for the dynamics of parent-child relationships.

## Recommendations

- **Refugee children should be a particular focus when considering integration.** All integration strategies and support services should be discussed and designed to reflect the role, challenges and needs of refugee children, and the impact of these on integration outcomes of the entire family.
- **Programmes for students and teachers that promote whole-school understanding and positive attitudes** towards cultural diversity and equality are imperative for fostering a welcoming and inclusive environment for refugee children.
- **Extra-curricular activities**, including sport, are a way to help refugee students to make friends, overcome peer problems, and to promote social interaction among children from different cultural backgrounds. Attention must be given to cultural and social barriers that might limit the participation of adolescent girls.
- **Model of Support:** Families should be supported in the environment in which they are most comfortable. A strength of Barnardo's NIRSS model of resettlement support is the capacity of key workers to build relationships with refugee families in the informal setting of the home environment. This enables the early identification of changes in family dynamics that may pose risks to family members' wellbeing and integration outcomes, and the possibility for early intervention support.



“

A strength of Barnardo's NIRSS model of resettlement support is the capacity of key workers to build relationships with refugee families in the informal setting of the home environment.

”

■ **Support for children's needs:**

Children should not be left to face additional challenges alone, such as having a caring responsibility or acting as the main contact point for the family with external agencies. There should be trauma awareness and trauma support available for all refugee children to consider the impact of their past experiences on their ability to integrate into life in NI. Schools have a role to play in supporting refugee children who have had traumatic experiences, but should not be left to face this issue alone - specialist support from healthcare professionals is also needed.

■ **Language support for parents:**

There is a need for prolonged and intensive language support for adult refugees, with potential benefits for the individual and also children in the family. The delivery of this must be accessible, flexible and tailored to meet the specific needs of different sub groups (including primary caregivers and those with poor physical or mental health).

■ **Additional resources and programmes to support refugee children's educational integration:**

After-school programmes that combine English language and academic tuition are needed to support the specific and individual learning needs of refugee children with interrupted or no formal education. Parental involvement in refugee children's education requires adequately resourced translation and interpreting services, which schools must be strongly encouraged to utilise.

■ **Integration is a two-way process:**

A fully understood and resourced strategy aimed at supporting the integration of refugee children and their families by all agencies who have responsibility to meet their needs, while aspirational, will have limited success without the acceptance and participation of the local community. The community in Northern Ireland must be encouraged and supported to better understand the nature and trauma of seeking asylum and resettlement in another country, and understand the benefits, responsibility and pride Northern Ireland should have in offering this sanctuary to some of the most vulnerable children and families in the world.





# **Bibliography**



- Ager, A. and Strang, A., (2008) 'Understanding Integration: a conceptual framework', *Journal of Refugee Studies*, 21(2): 166-191.
- Anderson, P. (2001) 'You Don't belong here in Germany...' On the Social Situation of Refugee Children in Germany, *Journal of Refugee Studies*, 14 (2): 187-199.
- Anthias, F. and Pajnik, M. (eds.) (2014) *Contesting integration and engendering migration*, London: Palgrave Macmillan.
- Atfield, G., Brahmabhatt, K. & Toole, T. (2007) *Refugees' Experiences of Integration*, Refugee Council and University of Birmingham.
- Bean, T.M., Eurelings-Bontekoe E., Spinhoven, P. (2007) Course and predictors of mental health of unaccompanied refugee minors in the Netherlands: one year follow-up, *Soc Sci Med*, 64:1204-15.
- Beirens, H., Hughes, N., Hek, R., & Spicer, N. (2007) Preventing social exclusion of refugee and asylum seeking children: Building new networks, *Social Policy & Society*, 6(2): 219-229.
- Berthold, S. M. (2000) War traumas and community violence: Psychological, behavioral, and academic outcomes among Khmer refugee adolescents, *Journal of Multicultural Social Work*, 8:15-46.
- Betancourt, T. S., Abdi, S., Ito, B. S., Lilienthal, G. M., Agalab, N., & Ellis, H. (2015) We left one war and came to another: Resource loss, acculturative stress, and caregiver-child relationships in Somali refugee families, *Cultural Diversity and Ethnic Minority Psychology*, 21: 114-125.
- Bolt, D. (2018) *An Inspection of the Vulnerable Persons Resettlement Scheme, August 2017 – January 2018*. Available from: [assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/705155/VPRS\\_Final\\_Artwork\\_revised.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/705155/VPRS_Final_Artwork_revised.pdf)
- Cassidy, E. and G. Gow. (2005) *Shifting space and cultural place: the transition experiences of African young people in west Sydney schools*. Paper presented at the Australian Association of Educational Research, Annual Conference, Sydney.
- Cheung, S. Y. and Phillimore, J. (2013) *Social networks, social capital and refugee integration*. Research report of Nuffield Foundation.
- Cheung, S. Y. and Phillimore, J. (2017) Gender and Refugee Integration: a Quantitative Analysis of Integration and Social Policy Outcomes, *Journal of Social Policy*, 46 (2): 211-230.
- Coley, J., Godin, M., Morrice, L., Phillimore, J. and Tah, C. (2019) *Integrating refugees: What works? What can work? What does not work? A Summary of the evidence*, Project Report, Home Office.
- Collyer, M., Morrice, L., Tip, L., Brown, R. and Odermatt, E. (2018) *A long-term commitment: integration of resettled refugees in the UK*, University of Sussex.
- Correa-Velez, Ignacio and Gifford, Sandra and Barnett, Adrian G. (2010) Longing to belong: social inclusion and wellbeing among youth with refugee backgrounds in the first three years in Melbourne, Australia, *Social Science and Medicine*, 71:1399-1408.
- Creswell, J. W. and Miller, D. L. (2000) Determining validity in qualitative inquiry, *Theory into Practice*, 39(3) 124-131.
- Derluyn, I. and Broekaert, E. (2007) Different perspectives on emotional and behavioural problems in unaccompanied refugee children and adolescents, *Ethnicity and Health*, 12 (2)141-162.
- Dryden-Peterson, S. (2015) *The Educational Experiences of Refugee Children in Countries of First Asylum*, Migration Policy Institute, Washington.
- Ellis, B. H., MacDonald, H. Z., Lincoln, A. K., & Cabral, H. J. (2008) Mental health of Somali adolescent refugees: The role of trauma, stress, and perceived discrimination, *Journal of Consulting and Clinical Psychology*, 76(2): 184-193.
- Ellis, B.H., MacDonald, H.Z., Klunk-Gillis, J., Lincoln, A., Strunin, L. and Cabral, H.J. (2010) Discrimination and mental health among Somali refugee adolescents: the role of acculturation and gender, *Am J Orthopsychiatry*, 80 (4): 564-75.
- Entzineger, H. and Beizeveld, R. (2003) *Benchmarking in Immigrant Integration*. Available from: [http://ec.europa.eu/justice\\_home/funding/doc/study\\_indicators\\_integration.pdf](http://ec.europa.eu/justice_home/funding/doc/study_indicators_integration.pdf).
- Farhat, J.B., Blanchet, K., Bjertrup, P.J., Veizis, A., Perrin, C., Coulborn, R.M. and Cohuet, S. (2018) Syrian refugees in Greece: experience with violence, mental health status, and access to information during the journey and while in Greece, *BMC Medicine*, 16 (40): 1-12.
- Fazel, M. (2018) Refugees and the post-migration environment, *BMC Medicine*, 16:164.

- Fazel, M. and Stein, A. (2002) The mental health of refugee children, *Archives of Disease in Childhood*, 87 (5): 366–370.
- Felitti, V., Anda, R., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V., Koss, M. and Marks, J. (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 Preventative Medicine*, 14 (4): 245-58.
- Geltman P.L., Grant-Knight W. and Mehta S.D. (2005) The “lost boys of Sudan”: functional and behavioral health of unaccompanied refugee minors re-settled in the United States, *Arch Pediatr Adolesc Med*, 159: 585–91.
- Gold, R. L. (1997) The Ethnographic Method in Sociology, *Qualitative Inquiry*, 3: 388-402.
- Grzymala-Kazłowska, A. and Phillimore, J. (2018) Introduction: rethinking integration. New perspectives on adaptation and settlement in the era of super-diversity, *Journal of Ethnic and Migration Studies*, 44 (2):179-196.
- Hatziprokopiou, P (2003) Albanian immigrants in Thessaloniki, Greece: processes of economic and social incorporation, *Journal of Ethnic and Migration Studies*, 29 (6):1033-1057.
- Hickman, M., Crowley, H., and Mai, N. (2008) *Immigration and Social Cohesion in the UK: The Rhythms and Realities of Everyday Life*, York: Joseph Rowntree Foundation.
- HM Government (2019) *Integrated Communities Action Plan February 2019*. Available from: [assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/778045/Integrated\\_Communities\\_Strategy\\_Govt\\_action\\_Plan.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/778045/Integrated_Communities_Strategy_Govt_action_Plan.pdf)
- Hodes, (2000) *Psychologically Distressed Refugee Children in the United Kingdom*, *Child Psychology & Psychiatry Review*, 5 (2): 58-68.
- Home Office (2017) *Syrian Vulnerable Persons Resettlement Scheme (VPRS) Guidance for Local Authorities and Partners*. Available from: [assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/631369/170711\\_Syrian\\_Resettlement\\_Updated\\_Fact\\_Sheet\\_final.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/631369/170711_Syrian_Resettlement_Updated_Fact_Sheet_final.pdf)
- House of Commons International Development Committee, Syrian Refugee Crisis, *First Report of Session 2015-2016*. Available from: [publications.parliament.uk/pa/cm201516/cmselect/cmintdev/902/902.pdf](https://publications.parliament.uk/pa/cm201516/cmselect/cmintdev/902/902.pdf)
- Kernaghan, D. (2015) *Feels Like Home: Exploring the experiences of newcomer pupils in primary schools in Northern Ireland*, Barnardo's Northern Ireland.
- Kia-Keating, M., & Ellis, B. H. (2007) Belonging and connection to school in resettlement: Young refugees, school belonging, and psychosocial adjustment. *Clinical Child Psychology and Psychiatry*, 12(1): 29-43.
- Koh, L., Liamputtong, P., and Walker, R. (2013) Burmese refugee young women navigating parental expectations and resettlement, *Journal of Family Studies*, 19(3): 297–305.
- Kovacev, L. and Shute, R. (2004) Acculturation and social support in relation to psychosocial adjustment of adolescent refugees resettled in Australia, *International Journal of Behavioural Development*, 28 (3): 259-267.
- Lau, W., Silove D., Edwards, B., Forbes, D., Bryant, R., McFarlane, A., Hadzi-Pavlovic, D., Steel, Z., Nickerson, A., Van Hooff, M., Felmingham, K., Cowlshaw, S., Alkemade, N., Kartal, D. and O'Donnell, M. (2018) Adjustment of refugee children and adolescents in Australia: outcomes from wave three of the building a new life in Australia Study, *BMC Medicine*, 16:157.
- Llwodraeth Cymru Welsh Government (2019) *Nation of Sanctuary – Refugee and Asylum Seeker Plan Jan 2019*.
- Lustig, S. L., Kia-Keating, M., Grant Knight, W., Geltman, P., Ellis, H. and Kinzie, J. D. (2004) Review of child and adolescent refugee mental health, *Journal of the American Academy of Child & Adolescent Psychiatry*, 43(1): 24-36.
- Luthar, S. S. (2015) Resilience in development: A synthesis of research across five decades. In D. Cicchetti and D. J. Cohen (Eds) *Developmental Psychopathology* (Second Edition). USA: John Wiley and Sons Inc. Hoboken.
- Marsden, R. (2015) *Voices of Strength and Pain*, London: British Red Cross.
- Marsden, R. and Harris, C. (2015) *We Started Life again: Integration Experiences of refugee Families Reuniting in Glasgow*, British Red Cross.
- McBride, M. (2018) *Refugee Children's Education: A Review of the Literature*, What Works Scotland (WWS).

- McCloskey, L.A. and Southwick, K. (1996) Psychosocial problems in refugee children exposed to war, *Pediatrics*, 97:394-7.
- McDonald-Wilmsen, B. and Gifford, S. (2009) Refugee Resettlement, family separation and Australia's humanitarian programme, *New Issues in Refugee Research*, Paper No. 178.
- McMichael, C., Gifford, S. M. and Correa Velez, I. (2011) Negotiating family, navigating resettlement: family connectedness amongst resettled youth with refugee backgrounds living in Melbourne, Australia, *Journal of Youth Studies*, 14 (2): 179-195.
- Meredith, R. (2019) Syrian Refugees: Highest proportion resettled in Northern Ireland, *BBC News*, 12 November 2019. Available from: [bbc.co.uk/news/uk-northern-ireland-50391731](http://bbc.co.uk/news/uk-northern-ireland-50391731)
- Montgomery, E. and Foldspang, A. (2008) Discrimination, mental problems and social adaptation in young refugees, *The European Journal of Public Health*, 18 (2): 156-61.
- Morantz, G., Rousseau, C. and Heymann, J. (2011) The Divergent Experiences of Children and Adults in the Relocation Process: Perspectives of Child and Parent Refugee Claimants in Montreal, *Journal of Refugee Studies*, 25: 71- 92.
- Murphy, F. and Vieten U.M. (2017) *Asylum Seekers' and Refugees' Experiences of Life in Northern Ireland: Report of the First Study on the Situation of Asylum Seekers and Refugees in NI-2016*, Queen's University Belfast.
- Murray, K.E., Davidson, G. R. and Schweitzer, R. D. (2010) Review of Refugee Mental Health Interventions Following Resettlement: Best Practices and Recommendations, *Am J Orthopsychiatry*, 80(4): 576-585.
- Ndofor-Tah, C., Strang, A., Phillimore, J., Morrice, L., Michael, L. Wood, P. and Simmons, J. (2019) *Home Office Indicators of Integration Framework 2019*, London: Home Office.
- Nguyen N.A., Williams HL. (1989) Transition from east to west: Vietnamese adolescents and their parents. *J Am Acad Child Psychiatry*, 28: 505-15.
- Ní Raghallaigh, M., Smith, K. and Scholtz, J. (2019) *Safe Haven, The Needs of Refugee Children Arriving in Ireland through the Irish Refugee Protection Programme: An Exploratory Study*, Dublin: Children's Rights Alliance.
- Nielsen, S.S., Norredam, M., Christiansen, K.L., Obel, C., Hilden, J., Krasnik, A. (2008) Mental health among children seeking asylum in Denmark—the effect of length of stay and number of relocations:a cross-sectional study, *BMC Public Health*, 8: 293.
- Northern Ireland Executive (2019) *Vulnerable Persons Relocation Scheme: Summary of Syrian families settled in Northern Ireland, December 2015 – June 2019 (Groups 1 – 21)*
- OFMDFM (2005) *Racial Equality Strategy 2015 - 2025* , Prepared by the Office of the First Minister and Deputy First Minister (OFMDFM).
- Peterson, A., Meehan, C., Ali, Z. and Durrant, I. (2017) *What are the educational needs and experiences of asylum-seeking and refugee children, including those who are unaccompanied, with a particular focus on inclusion? A literature review*, Canterbury: Canterbury Christ Church University.
- Phillimore, J. (2012) Implementing Integration in the UK: Lessons for Integration Theory, Policy and Practice, *Policy & Politics* 40 (4): 525-545.
- Phillimore, J., and L. Goodson (2008) Making a place in the global city: The relevance of indicators of integration, *Journal of Refugee Studies*, 21 (3): 305-325.
- Porter, M. and Haslam, N. (2005) Pre-displacement and Post-displacement Factors Associated with Mental Health of Refugees and Internally Displaced Persons: A Meta-Analysis, *The Journal of the American Medical Association*, 294(5):602-12.
- Read, j., van Os, J., Morrison, A., Ross, C. (2005) Childhood Trauma, psychosis and schizophrenia. A Literature review with theoretical and clinical implications, *Acta Psychiatrica Scandinavia* 112 (5): 330-50.
- Rick, K., Forward, J. (1992) Acculturation and perceived intergenerational differences among Hmong youth, *Journal of Cross Cultural Psychology*, 23: 85-94.
- Rivera, H., Lynch, J., Li, J. T., and Obamehinti, F. (2016) Infusing sociocultural perspectives into capacity building activities to meet the needs of refugees and asylum seekers, *Canadian Psychology / Psychologie Canadienne*, 57(4): 320-329.
- Robinson, D. (2010) The Neighbourhood Effects of New Immigration, *Environment and Planning*, 42: 2451-2466.

- Rousseau, C., Drapeau, A. and Corin, E. (1997) The influence of culture and context on the pre- and post-migration experience of school-aged refugees from Central America and southeast Asia in Canada, *Soc Sci Med*, 44: 1115–27.
- Rousseau, C., Drapeau, A. and Corin, E. (1998) Risk and protective factors in Central American and Southeast Asian refugee children, *Journal of Refugee Studies*, 11: 20–37.
- Rousseau, C., Drapeau, A., Platt, R. (1999) Family trauma and its association with emotional and behavioral problems and social adjustment in adolescent Cambodian refugees, *Child Abuse Neglect*, 23: 1263–73.
- Rousseau, C., Drapeau A. and Platt R. (2004) Family environment and emotional and behavioural symptoms in adolescent Cambodian Refugees: influence of time, gender, and acculturation, *Med Confl Surviv*, 20: 151–65.
- Rumbaud, R. G. (1991) The agony of exile: A study of the migration and adaptation of Indochinese refugee adults and children. In Ahearn, F. & J Athey, J.L. (Eds.) *Refugee children. Theory, research and services* (pp. 53-91), Baltimore and London: The Johns Hopkins University Press.
- Rutter, J. (2006) *Refugee Children in the UK*, Open University Press, London.
- Sabates, R. and Dex, S. (2012) *Multiple risk factors in children's development*. CLS Working paper 2012/1. Centre for Longitudinal Studies, London.
- Save the Children (2017) *Invisible Wounds: The impact of six years of war on the mental health of Syria's children*.
- Schneider, J., and Crul, M. (2010) New insights into assimilation and integration theory: Introduction to the special issue, *Ethnic and Racial Studies*, 33 (7): 1143–1148.
- Schweitzer, R., Melville, F., Steel, Z., Lacherez, P. (2006) Trauma, post-migration living difficulties, and social support as predictors of psychological adjustment in resettled Sudanese refugees', *Australian and New Zealand Journal of Psychiatry*, 40:179–187.
- Scottish Government (2018) *New Scots Refugee Integration Strategy 2018 – 2022*. Available from: [gov.scot/publications/new-scots-refugee-integration-strategy-2018-2022/](http://gov.scot/publications/new-scots-refugee-integration-strategy-2018-2022/)
- Shonkoff, J.P. and Garner, A.S. (2012) The Lifelong Effects of Early Childhood Adversity and Toxic Stress, *Paediatrics*, 129(1) 232-46.
- Sirin and Rogers-Sirin (2015) *The Educational and Mental Health Needs of Syrian Refugee Children*, Migration Policy Institute, Washington.
- Spencer, S., and Cooper, B. (2006) *Social integration of Migrants in Europe: A Review of the European Literature, 2000-2006*, Paris: OECD Development Center.
- Sporton, D. and Valentine, G. (2007) *Identities on the Move: the integration experiences of Somali refugee and asylum seeker young people*.
- The National Child Traumatic Stress Network (2018) *Understanding Refugee Trauma: for school Personnel*, Available from: <https://www.nctsn.org/resources/understanding-refugee-trauma-school-personnel>
- Thommessen, S.A.O., Corcoran, P. and Todd, B. K. (2017) Voices rarely heard: Personal construct assessments of Sub-Saharan unaccompanied asylum-seeking and refugee youth in England, *Children and Youth Services Review*, 81: 293 – 300.
- UNESCO (2019) *Education as healing: addressing the trauma of displacement through social and emotional learning*, Global Education Monitoring report: policy paper38, April 2019.
- UNHCR (2011) *UNHCR Resettlement Handbook*, Geneva: United Nations High Commissioner for Refugees.
- UNHCR (2013) *The Future of Syria: Refugee Children in Crisis*, November 2013, Geneva: UNHCR. Available from: [refworld.org/pdfid/529c3b4d4.pdf](http://refworld.org/pdfid/529c3b4d4.pdf)
- UNHCR (2014) *Living in the Shadows: Jordan Home Visits Report 2014*, Geneva: UNHCR. Available from: [unhcr.org/54b685079.pdf](http://unhcr.org/54b685079.pdf)
- UNHCR (2015) *3RP Regional Progress Report*, New York, Geneva: UNHCR. Available from: <https://data2.unhcr.org/en/documents/details/45333>
- UNHCR (2018) *Global Trends: Forced Displacements in 2018*, Geneva: UNHCR. Available from: [unhcr.org/5d08d7ee7.pdf](http://unhcr.org/5d08d7ee7.pdf)
- UNHCR (2019) UNHRC data portal, Available from: [data2.unhcr.org/en/situations/Syria](https://data2.unhcr.org/en/situations/Syria)
- World Food Programme (2015) *Lebanon: Syria Crisis Response, Situation Report July 2015*. Available from: [reliefweb.int/sites/reliefweb.int/files/reources/WFP%20Lebanon%20Situation%20Report\\_July%202015.pdf](http://reliefweb.int/sites/reliefweb.int/files/reources/WFP%20Lebanon%20Situation%20Report_July%202015.pdf)









This project is part funded by the EU Asylum, Migration and Integration Fund. Making management of migration flows more efficient across the European Union.

**Believe in  
children**



**Barnardo's**  
Northern Ireland

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

542-544 Upper Newtownards Road,  
Belfast BT4 3HE, Tel 028 9067 2366

Barnardo's Registered Charity Nos.  
216250 and SC037605

