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Facilitators and barriers to service provision for adolescent refugees and the impact on mental health and well-being: A service provider perspective

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List of Abbreviations

AAP	American Academy of Pediatrics
AIP	Adaptive Information Processing
BDI-II	Beck Depression Inventory- Second Edition
CAMHS	Child and Adolescent Mental Health Services
CA-CBT	Culturally Adapted Cognitive Behavioural Therapy
CBT	Cognitive Behavioural Therapy
CEAS	Common European Asylum System
COREQ	COnsolidated criteria for REporting Qualitative research
DCEDIY	Department of Children, Equality, Disability, Integration and Youth
DEIS	Delivery Equality of Equal Opportunity in Schools
DES	Department of Education and Skills
DIEN	Diversity and Intercultural Education Network
DP	Direct Provision
EA	Education Act
EAL	English as an Additional Language
EATs	Expressive Art Therapies
EMDR	Eye Movement Desensitisation and Reprocessing
EMDR G-TEP	EMDR- Group Traumatic Episode Protocol
EMDR-IGTP-OTS	EMDR- Integrative Group Treatment Protocol adapted for Ongoing Traumatic Stress
EPIC	Employment for People from Immigrant Communities
EROC	Emergency Reception and Orientation Centres
ESL	English as a Second Language
ESOL	English for Speakers of Other Languages

ETB	Education and Training Board
EU	European Union
EURP	European Union Relocation Programme
GRADE	Grading of Recommendations Assessment, Development and Evaluation
HEA	Higher Education Authority
HSCL	Home School Community Liaison
HIC	High-Income Country
HSE	Health Service Executive
IE	Intercultural Education
IES-R	Impact of Event Scale- Revised
IHAP	IRPP Humanitarian Admission Programme
IOM	International Organization for Migration
IP	International Protection
IPAS	International Protection Accommodation Services
IPO	Irish Protection Office
IPSS	International Protection Support Service
IRC	Irish Refugee Council
IRPP	Irish Refugee Protection Programme
LIM	Low-Middle- Income Countries
MASI	Movement of Asylum Seekers in Ireland
MENA	Middle East and North Africa
MINI	Mini International Neuropsychiatric Interview
MRRC	Migrant and Refugee Rights Centre
MS	Microsoft
MU	Maynooth University

NET	Narrative Exposure Therapy
NGO	Non-Governmental Organisation
NYCI	National Youth Council of Ireland
OECD	Organization for Economic Co-operation and Development
OPMI	Office for the Promotion of Migrant Integration
PICTES	Promoting Integration of Syrian Children into the Turkish Education System
PIKTES	Promoting Integration of Syrian Kids into the Turkish Education System
PM	Project Manager
PRISMA-ScR	Preferred Reporting Items for Systematic Reviews and Meta Analysis: extension for Scoping Reviews
PSI	Psychological Society of Ireland
PTSD	Post-Traumatic Stress Disorder
QFI	Qatar Foundation International
RCT	Randomised Control Trial
RRP	Refugee Resettlement Programme
RSD	Refugee Status Determination
RTA	Reflexive Thematic Analysis
SALaM	Study of Adolescent Lives after Migration
SALaMA	Study of Adolescent Lives after Migration to America
SAMHSA	Substance Abuse and Mental Health Service Administration
SCP	School Completion Programme
SEL	Social and Emotional Learning
SLE	Stressful Life Events
SP	Service Provider

SPIRASI	Spiritan Asylum Seekers Initiative
SPR	Skills for Psychological Recovery
STARS	Schools Trauma Advisory and Referral Service
SURE	Specialist Unit for Review Evidence
TA	Thematic Analysis
TESS	Tusla Education Support Service
TF-CBT	Trauma-Focused Cognitive Behavioural Therapy
TIC	Trauma-Informed Care
TPD	Temporary Protection Directive
TRT	Teaching Recovery Techniques
UAM	Unaccompanied Minors
URM	Unaccompanied Refugee Minors
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
VPRS	Vulnerable Persons Relocation Scheme
WL	Waitlist
WLC	Wait-list Control
YF	Yellow Flag

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Abstract/Summary

Background: Refugees may experience post-migration and acculturative stressors in their host country, including language and educational barriers and integration challenges, all of which may negatively affect their mental health. These may be particularly problematic for school-going refugees, and service providers (SPs) including school personnel play a critical role in supporting their mental health and well-being needs as well as their educational outcomes.

Aims: The principal aims of this study, which was conducted as part of a larger project called 'SALaM Ireland', were to: **(1)** undertake a review of the literature to explore services and interventions aimed at supporting the mental health and well-being of young, mainly Arabic-speaking, refugees in school and community settings; and **(2)** to explore the perspectives of stakeholders involved in supporting this population in Ireland, to better understand their psychosocial and wellbeing needs.

Method: A scoping review of relevant literature was undertaken *(Stage One) alongside* and a series of one-to-one interviews and a small focus group discussion with a range of stakeholders (n=21) involved in providing support for this population in Ireland *(Stage Two)*.

Results: Several barriers to positive mental health and psychosocial well-being were identified from both the scoping review and the participant interviews, including stigma, cultural differences, poor or impoverished educational backgrounds and a lack of funding/resources. Facilitative factors included trauma-informed approaches, appropriate psychological interventions/therapies, adequate language and educational supports and other integrative supports and services.

Conclusion: This timely and topical research provides a valuable contribution to the international literature. The findings may also help to inform policy and practice both in Ireland and elsewhere, and especially in terms of identifying some potentially promising approaches which may be implemented (and evaluated) to help foster the successful integration and inclusion of young refugees in their host countries. Some directions for future research are also indicated.

Chapter One: Introduction

1.1 Background

Recent years have seen the largest refugee crisis ever recorded globally, with more than 108 million people having been displaced from their homes to date, 40 per cent of whom are estimated to be children (aged under 18) (United Nations High Commissioner for Refugee (UNCHR), 2023). For example, in 2015, there was a significant increase in refugees from Syria and Afghanistan who were fleeing war and persecution. The civil war in Syria led to the external and internal displacement of over 13.5 million of its population, many of whom sought refuge in neighbouring countries such as Turkey, Lebanon, and Jordan, whilst others fled to Europe along with refugees from Afghanistan and Iraq (De Coninck, 2021). More recent conflicts in Ukraine and Somalia have led to an even larger movement of refugees across Europe, including to countries such as Poland, the Czech Republic, Germany and Ireland (OECD, 2022).

This mass movement of refugees into Europe has posed significant political, economic and societal challenges for European countries. New policies and decisions have had to be implemented to provide appropriate asylum and protection for refugees. For example, a reformation of the Common European Asylum System (CEAS) was proposed by the European Commission (Niemann & Zaun, 2018) which included a reform of the 'Dublin System' in 2013 to ensure a more efficient and greater allocation of refugees among the EU countries. This system refers to a set of *'criteria and mechanisms for determining which Member State is*

responsible for considering an application for asylum of subsidiary protection' ("2.6 Dublin system", 2022). This policy reformation led to hundreds of thousands of people seeking asylum across all European Union (EU) member states, including Ireland (Radjenovic, 2019).

This movement of refugees and asylum seekers across the world, has led to an increasing pool of studies that have investigated challenges in, amongst other things, supporting this vulnerable population, including how best to address their health and social care needs (Masterson & Mourad, 2019). The study presented here, focused on assessing and exploring service provision aimed at meeting the psychosocial well-being and related needs of mainly Arabic-speaking adolescents (aged 13 to 18 years) who have resettled to Ireland from Arab-majority conflict-affected countries. The specific aims and the objectives of this study are provided later in this chapter which is divided into two sub-sections. This first section describes the international context to the research including a brief overview of some of the service-related (and other) barriers and facilitators of integration for refugees across the world. The second section of the chapter describes specifically the Irish context, because every jurisdiction is different in terms of their management, treatment, and accommodation of refugees.

Section A: The International Context

1.2 Refugees, Asylum Seekers and Migrants: Clarification on Terminology

It is important, from the outset, to provide some clarification on the term's 'refugee', 'asylum seeker' and 'migrant', all of which are sometimes used interchangeably. Generally, the term 'migrant' is used to describe a person who moves between or within countries to improve their

economic and/or social conditions. For example, the International Organization for Migration (IOM) states that any person who moves across an international border or within a state away from their habitual place, for voluntary or involuntary reasons, can be described as a 'migrant' (Douglas et al., 2019). A 'refugee' may be defined as someone who has '*... fled war, violence, conflict, or persecution and… crossed an international border to find safety in another country'* (United Nations High Commissioner for Refugees (UNHCR), 2023). An 'asylum seeker', on the other hand, is an individual who is seeking refuge (for the same reasons as a 'refugee'), but whose 'refugee status' has yet to be determined by the host country (Philips, 2013).

Refugee Status Determination (RSD) is a legal process whereby governments or the UNHCR determine whether someone seeking asylum or International Protection (IP) can be considered to be a refugee under international, regional or national law (UNHCR, 2023). A recent report published by the UK Refugee Council indicates that the average waiting time on an initial decision regarding 'refugee status' can take from one to three years, although much depends on backlogs relating to initial decisions as a result of the increasing number of applications (Hewett, 2021). The National Youth Council of Ireland (2021) and O'Reilly (2018) reported similar waiting times for refugees seeking asylum in Ireland (NYCI, 2021). For the purposes of this research, the term 'refugee' will be primarily used throughout because the study focused mainly on what are known as 'Programme Refugees' in Ireland; that is, those refugees whose refugee status has been accepted. However, the term 'asylum seeker' will be used when relevant, to distinguish between the two groups. Further information on this distinction is provided later in Section B of this chapter.

1.3 Barriers to Integration for Refugees: An overview

During the displacement process, refugees often experience numerous post-migration difficulties affecting integration into their host country, including the loss of social networks, shifting societal roles and cross-cultural stress, as well as their overall physical and mental health and well-being (e.g. Murray et al., 2008; Li et al., 2016; World Health Organisation (WHO), 2023). Therefore, integration is extremely important for refugees for a number of reasons. Baillot et al (2023) describe integration as a dynamic and multifaceted process, which requires preparedness from both the refugee and host country. Therefore, refugees must be willing to adapt to the host country without relinquishing their own cultural identity, while the host communities and public institutions must welcome this population and meet their diverse needs. Although, the situation of being a refugee is not intended to be permanent, in the sense that most wish to ultimately return to their home country, once the reasons for displacement have been resolved, both the refugee and host community must be prepared for permanent resettlement if necessary (Easton-Calabria & Wood, 2021). However, a number of barriers and facilitators affect the successful integration of refugees, as discussed in order of importance below (i.e. in terms of how often they appear in studies within the literature).

1.3.1 Prejudices and Stereotypes

Refugees can often be subject to stereotypes and prejudices by some members of their host country mainly because images of refugees published in the media often portray them as victims, helpless and/or dependent on aid (Průchová Husova, 2021), thereby depriving them of any agency or self-determination (Schemer, 2012). They may also be depicted as a threat to the host country. For instance, in a study with undergraduate university students in America

(n=219), Partain and Weaver (2022) found that religious affiliation and hijab wearing by Syrian refugees were associated with potential threat and membership of terrorist organisations. Furthermore, research conducted by Pandir (2020) in Turkey, revealed that negative portrayals and biases towards Syrian refugees had materialised due to 'perceived losses' amongst the native Turks, relating to loss of economic gains, national cohesion and urban space. For example, the 'perceived loss' in terms of economic gains arose from the fact that Syrian refugees were awarded a monthly salary from the government and were seen to be competing with indigenous Turks for employment and absorbing economic resources to the detriment of the Turkish resident population (Pandir, 2020). This 'perceived loss' in relation to national cohesion and urban space, represented a fear and anxiety amongst the resident population that by granting Syrian refugees citizenship in Turkey, the Arabic culture would dilute the Turkish lifestyle and culture in urban areas. Perceived threats of terrorism (Helbling & Meierrieks, 2022) and crime (Amuedo-Dorantes, et al., 2021) further compound these kinds of negative portrayals of refugees in the public eye, thereby creating further biases and prejudices and often before refugees arrive in their host country; this can have potentially far-reaching (negative) consequences in terms of, for example, government decisions around refugee service provision (Cowling et al., 2019; Hynie, 2018a).

In an Irish context, Devine et al. (2008) explored negative portrayals and behaviours toward refugee children in Irish schools and found that being 'different' and lacking 'Irishness' set refugees apart from the Irish school children. Likewise, Haynes et al. (2009) argue that the Irish print media tend to adopt a 'frame theory' which is used to depict or 'frame' refugees using terms such as 'freeloader', 'burden' and 'beggar'. These kinds of derogatory terms have

been found to play a critical role in creating and maintaining negative public perceptions of refugee populations (Loyal, 2018). More recent research from the NCYI which explored the experiences of ethnic minorities in Ireland, found numerous incidences of racist and prejudicial behaviours on the basis of skin colour, cultural background and religion (Walsh et al., 2017). Furthermore, depictions of country of origin in the Irish media, such as Syria, were found to fuel an increase in anti-Muslim sentiment during the Syrian war, while casual racism was widely accepted in Irish society and was an important barrier to inclusion and integration for the refugee population (Walsh et al., 2017).

1.3.2 Social and Economic Barriers

Refugees also face multiple social and economic barriers within their host country, relating to a range of complex and often inter-related issues, including language, employment, housing, and access to healthcare (Pavli & Tsiodras, 2021). Each of these will be discussed briefly below.

Firstly, linguistic discrimination may occur due to a refugee's inability to grasp the native language in their host country, including accent differences and incorrect pronunciation of particular words (Yang, 2000). Indeed, language has been identified as a major factor underlying the discrimination and ostracisation faced by refugee children from the Middle East and North African (MENA) regions (Li & Sah, 2019). However, these discriminatory acts, such as exclusion in play or social situations, and mocking of linguistic ability, are often aimed at adults as well as children and young people (Demir & Ozgul, 2019). A lack of adequate language proficiency in the host country can also impact social integration as well as access to healthcare and employment. For example, Morrice et al. (2021) found that low language

proficiency led to poor physical and emotional health related to forced displacement and experiences of prolonged trauma and conflict. Furthermore, the inability to speak the host country's language can result in poor mental health service delivery due to the challenges involved for practitioners in carrying out a comprehensive assessment of mental health (including a correct diagnosis and administration of medication) (Rousseau & Frounfelker, 2019; Al Shamsi et al., 2020) as well as a lack of help seeking on the part of refugees for fear of not understanding the health and social care practitioner with whom they are required to interact (De Moissac & Bowen, 2019).

Significant barriers to employment for refugees also exist, not only due to language capabilities, but also due to incorrect perceptions or a lack of understanding around their qualifications and preconceived ideas relating to their overall employability (Martín et al., 2016). This is compounded by the fact that refugees must often leave behind their material possessions, including properties and businesses, while they frequently lack official documentation relating to their education and qualifications (Hynie, 2018b). Moreover, their qualifications may not be recognised within their host country and as a result, refugees often have to resort to low-paid forms of employment such as construction, cleaning and other forms of more menial work (Jackson & Bauder, 2014; Loosemore et al., 2021). This, in turn, has implications for mental health, with low socioeconomic status amongst refugees associated with distress and/or depression, as well as Post Traumatic Stress Disorder (PTSD), especially in males (e.g. Hynie, 2018b).

Further evidence suggests that refugees are often resettled into inadequate homes which, in many cases, results in overcrowding, thereby compounding any post-migration stress

or mental health issues (Allsopp et al., 2014). Indeed, access to adequate, affordable housing is an essential first step for the successful resettlement and integration of refugees (Carter & Osbourne, 2009), particularly in safe neighbourhoods with access to services and amenities (Hynie, 2018b). For instance, Bogic et al (2012) found that inadequate housing, combined with financial issues and family separation, were the most significant contributory factors to post-migration stress for refugees resettled in several countries, including Germany, Italy, and the UK.

A more recent and interesting mixed methods longitudinal study conducted in rural Germany between 2015-2019 and involving refugees from Syria, Eritrea, and Palestine (n=27), focused on refugees' experience of accessing housing, taking into account individual and family-related residential preferences. The results highlight that refugees predominantly preferred being resettled into small towns or villages with good transport systems and small municipalities, while other factors were also important, such as secure residential environments and close proximity to schools and to others of the same nationality/ethnicity. Due to budgetary constraints, refugees often seek lower rents and shared accommodation which can often lead to overcrowding and poor living conditions (Carter & Osbourne, 2009). There is considerable evidence to show that overcrowding and poor living conditions can increase the incidence of illness including poor mental health outcomes (Singh et al., 2019), thereby compounding the pre-migration trauma often seen in refugee populations as a result of typically life-threatening journeys undertaken by many to reach their host country.

1.3.3 Mental Health and Trauma

The many barriers to integration outlined above, significantly increase the risk of mental health challenges amongst refugees (e.g. Chen et al., 2017) and considerable research has demonstrated the typically high levels of mental ill health and trauma in this population, including, in particular, PTSD and depression (Blackmore et al., 2020; Park & Katsiaficas (2019); Bürgin et al., 2022; Nesterko et al., 2020; Mahmood et al., 2019). For example, Kien et al's (2018) review of research conducted in 14 European countries, found that the prevalence rate of mental health disorders among young refugees can range from 19% to 52.7% for PTSD, 10.3% to 32.8% for depression, 8.7% to 31.6% for anxiety disorder and 19.8% to 35% for emotional and behavioural problems (Kien et al., 2018). Despite this, accessing and navigating mental health (and other) services can be highly problematic for this population (e.g. Jaschke & Kosyakova, 2021; Kotovicz et al., 2018; van der Boor & White, 2020) and not least due to language barriers as well as a lack of trusting relationships and cross-cultural understanding amongst care providers (e.g. Haj-Younes et al, 2022; Kohlenberger et al., 2019). Furthermore, even when services are accessed, essential information can be lost in translation between healthcare professionals and refugees due to inadequate language supports (Priebe et al., 2011).

Access to healthcare can also be influenced by an individual's cultural values and belief system which may, in turn, present a barrier to seeking support (Worabo et al., 2016). Healthcare policies and proper legislation also play a role in the sense that service providers (SPs) may not be adequately equipped and informed on how best to provide healthcare supports to refugee populations (Robertshaw, Dhesi and Jones, 2017). There are attendant issues in terms of stigmatisation and discrimination in the host country which can exacerbate pre-

migration traumas, such as war, violence, civil unrest and the death of a family member(s), all of which may increase the incidence of PTSD in refugee populations alongside other co-morbid mental health issues (e.g. Çeri & Nasiroglu, 2018; Chu et al., 2013; Mesa-Vieira et al., 2022). As indicated earlier, the inability to access appropriate health care support, or indeed, the lack of such support in the host country, only serves to compound such problems (Tribe, 2002; Nowak et al., 2022).

In summary, the process of integration for refugees is of considerable importance given the numerous pre-migration trauma and post-migration stressors which they face and particularly when trying to establish themselves in their new host country. As discussed above, the loss of social networks, shifting societal roles, cross-cultural stress, and physical and mental health challenges all pose significant challenges for refugees throughout the resettlement or acculturation process. Additionally, the prejudices, stereotypes and misperceptions around their perceived impact on the host country as often depicted in the media, can hinder their ability to successfully integrate into their new host countries. Thus, it is essential to address these barriers in order to promote successful resettlement and inclusion for this population. It is also important to recognise that successful integration for refugees is a collaborative effort that involves active participation from refugees themselves, members of the host community and public institutions. Ultimately, integration is not only a goal for refugees, but also a responsibility and opportunity for the host country to harness the skill sets and cultural diversity that this population offers, thereby creating a more inclusive, enriched and multi-cultural society.

1.4 Key Facilitators of Integration

1.4.1 Interpersonal Relationships

As outlined above, considerable evidence suggests that both pre-migration traumas and stressors can have a significant negative impact on refugee populations, although not all refugees are equally vulnerable (Smith & Waite, 2019). A number of factors can have a protective effect. For example, affective relationships (i.e. with family, friends and colleagues) have been shown to be important in promoting and sustaining well-being across all age groups (e.g. Lynch & Walsh, 2009; Phillimore et al., 2022). These appear to be particularly important in helping young refugees to cope with, and overcome, the traumas they have experienced pre-migration and the challenges they face throughout the asylum-seeking process (Fazel et al, 2012). Although family relationships are most relevant in this regard (Sleijpen et al, 2016), research suggests that peer relationships, especially with those from the same regional or national background, also play an important role in the mental health and well-being of refugee children (de Anstiss et al., 2019). Furthermore, strong teacher-student relationships have been found to improve engagement and performance among young refugees in school settings (Engels et al., 2021).

1.4.2 Resilience

Several studies have identified the development of resilience as a key protective factor in this population (e.g. Arnetz et al., 2013; Mohamed, & Thomas, 2017; Elshahat & Moffat, 2022). 'Resilience' can be described as a set of personality traits that help to protect or buffer individuals from psychological distress or mental health disorders caused by exposure to mass violence or forced displacement, and which enable them to positively adapt or 'bounce back'

from life-threatening experiences (e.g. Hoge et al., 2007; Sirwardhana & Stewart, 2013; Sirwardhana et al, 2014). The development of resilience in young refugees involves acting autonomously, performing well in school, perceiving support from peers and parents, and actively participating in the new community (Dehnel et al., 2022).

An interesting study by Sleijpen et al. (2017) in the Netherlands, involved in-depth interviews with treatment-seeking refugees aged 13-21 years old (n=16) who were invited by their therapists to take part in the research. The findings identified four key components of resilience including acting autonomously, performing well at school, having access to high levels of support from peers and parents and actively participating in society. Hence, participants in this study indicated that they found it important to be autonomous through positive thinking and trying to remain strong and persistent which, in turn, enabled them to feel more resilient and increase their sense of mastery or personal control. The school environment also helped these young people to be distracted from their traumatic histories while also providing them with a sense of achievement, as well as important social contacts. Support from teachers, parents and peers (especially from different cultural backgrounds) also positively influenced resilience, while promoting a sense of safety and belonging in the community. Interestingly, participants also expressed a desire to learn Dutch as quickly as possible in order to communicate with teachers and peers and to integrate more effectively and quickly into their new community, while also maintaining their own culture and identity (Sleijpen et al., 2017).

1.4.3 Interventions and Techniques to address Psychological Well-Being

Recent attention has focused on the development of culturally relevant evidence-informed mental health interventions for refugees, such as, culturally adapted cognitive

behavioural therapy (CA-CBT), Trauma-Focused Cognitive Behavioural Therapy (TF-CBT), Eye-Movement Desensitisation and Reprocessing (EMDR), and Narrative Exposure Therapy (NET), all of which have shown promising evidence of effectiveness in terms of supporting aspects of psychosocial well-being for this population (Hinton et al., 2012; Almoshmosh et al., 2019; Chipalo 2021; Goninon et al., 2021; Wright et al., 2020). For example, psychological interventions such as CBT offer an evidence-based approaches for managing depression, anxiety disorders, somatoform disorder and substance abuse, amongst others (Gautam et al., 2020). A primary goal of CBT is to change and alter negative thinking and dysfunctional behaviour by restructuring thoughts and strengthening physical activity. The assumption underpinning CBT is that recovery is achieved through cognitive change (Huibers et al., 2021). For example, Oud et al (2019) conducted a systematic review and meta-regression analysis of 31 RCTs (n=4335) to assess the efficacy of CBT for young people with depression. The findings suggest that CBT is effective for young people with depression as it was found (consistent with other research) to lead to significant post-intervention reductions in symptoms of depression (Arnberg & Öst, 2014; Yang et al., 2017). However, it is important to note that this research did not include adolescent refugees.

EDMR therapy, by contrast, is an 'integrative, client-centred approach that treats problems of daily living based on disturbing life experiences that continue to have a negative impact on a person throughout the lifespan' (Laliotis et al., 2021, p. 187). The process of EMDR requires the participant to engage in bilateral stimulation (horizontal eye movements or tapping) while simultaneously recalling a traumatic memory (Hallet, 2023). According to the Adaptive Information Processing (AIP) model, EMDR therapy incorporates an eight-phase,

three-pronged approach that aims to respond to life challenges resulting from trauma while also building resilience and promoting personal growth (Laliotis et al 2021).

Yurtsever and colleagues (2018) conducted an RCT to investigate the efficacy of an EMDR Group-Traumatic Episode Protocol (EMDR G-TEP) in treating post-trauma symptoms and depression and preventing the development of chronic PTSD among Syrian refugees living in a refugee camp. The 47 participants with PTSD symptoms were randomly allocated to intervention (n=18) and control (n=29) groups. A number of psychological assessment tools were used to measure the efficacy of the intervention (IES-R, BDI-II and MINI) at pre- and post-intervention and four-week follow-up. The results showed that the EMDR G-TEP intervention group had significantly lower PTSD and depression symptoms following their participation in the intervention. For instance, 61% no longer had a PTSD diagnosis post-intervention, a decrease that was maintained at four-week follow-up. A significant decrease was also found at post-assessment and follow-up for the intervention group, but not for the control group. These results provide initial evidence to support the use of EMDR with refugee populations, although this study was carried out with adult refugees and had a relatively small sample size and a short post-intervention follow-up. Likewise, Matthijssen and colleagues (2020) reported some initial evidence to support the use of EMDR therapy with child and adolescent populations, with significant reductions in PTSD and attendant symptoms post-intervention when compared to a waitlist control group (involving standard care), and with comparable effectiveness to CBT (Matthijssen et al., 2020). While neither of these studies included refugee youth, it is possible that the findings may generalise to this population. Overall, the small pool of studies that have focused on EMDR, provide some promising results

for its effectiveness specifically in reducing PTSD and depression symptoms, but further research is required, including with younger refugee populations.

A third approach, Narrative Exposure Therapy (NET) is a client-centred intervention which allows the individual with the assistance of the therapist, to develop a chronological narrative of their life with a focus on traumatic experiences. Typically, over the course of 4 to 12, 90-minute sessions, the individual provides reports of their traumatic experiences in an attempt to create a coherent narrative (Elbert et al., 2022). According to Elbert and colleagues, it is important that throughout this process, the therapist employs typical Rogerian principles (also known as a 'Person-Centered Therapy which is described by Yao & Kabir, 2023) including empathy, active listening skills, congruency and unconditional positive regard. The individual is asked to report their experience whilst maintaining their position in the 'here and now' (Elbert et al., 2022). A small number of studies have shown that NET can be effective in reducing symptoms of PTSD, depression and anxiety with refugee populations (Wilker et al., 2020; Kaltenbach et al., 2020; Smaik et al., 2023) but as above, much more research is required.

Thompson and colleagues (2018) conducted a substantial review and meta-analysis of the effectiveness of a range of psychological interventions (including CBT, EMDR and NET) in reducing PTSD in refugee populations. The authors identified and critically reviewed 16 RCTs involving 1,111 participants, using rigorous methods to assess the quality of included trials and evidence using Cochrane, SURE and GRADE systems. The findings showed initial evidence to support the use of EMDR and NET for PTSD symptoms with refugee populations. The results showed a large effect for EMDR as well as positive outcomes for the use of NET. However, similar to the findings reported by Yurtsever and colleagues (2018), the authors

highlighted the small number of trials and the relatively low sample sizes of included studies, indicating a need for much further research.

Although some of these interventions have been criticised for being impractical and not sufficiently culturally sensitive (Genç, 2022), recent research has shown that they can reduce other symptoms of mental health illness in refugee populations (Kazandjian et al., 2020) when culturally adapted (Pfeiffer & Goldbeck, 2018; Kananian et al., 2020). For instance, all of the above therapies focus retrospectively on the kind of trauma experienced during forced migration and are designed to improve mental health symptoms commonly experienced by refugees including, in particular, PTSD (Frounfelker et al., 2020). Turrini and colleagues (2021) conducted a recent systematic review and meta-analysis of 26 RCTs (n=1959) undertaken to assess the effectiveness and acceptability of psychosocial interventions used to manage a range of psychological problems experienced by both young and adult refugees, including depression and anxiety as well as PTSD. The findings showed significant beneficial effects of the intervention on all three aspects of mental health functioning in both adults and young refugees which were maintained at one month or longer follow-up (Djelantik et al., 2020; Borho et al., 2020).

Overall, despite some limitation in terms of the number of studies, types of participants included and relatively low sample sizes, the collective findings provide some initial tentative evidence to support the use of a number of psychosocial interventions with refugee populations, and several commentators have suggested that these should be delivered as part of routine health care for refugees (Turrini et al., 2021). Conversely however, others argue that these types of interventions focus mainly on the pre-migration trauma experienced by refugees and fail, therefore, to address the post-migration stressors and daily hardships associated with

resettlement (Sharif & Hassan, 2021). Arguably therefore, much more research is needed in this regard (Satinsky et al., 2019).

1.4.4 School Support

Schools are ideally placed to support the psychosocial needs and well-being of children (McLaughlin, 2018; Aldridge & McChesney, 2018; Murray, 2019). For example, Mancini (2020) argues that the provision of mental health support in schools can reduce barriers to treatment and improve both the psychosocial and academic functioning of young people. The provision of these services within school settings may also help to ensure that 'at risk' youths, such as refugees, have access to, and are able to engage with, the supports and services provided (Mancini, 2020). The time spent at school also means that these children may be better able to access and use such supports without placing an extra financial burden on families (Fazel & Betancourt, 2018). Therefore, the development of appropriate and effective approaches and interventions in schools to address mental health issues and, in particular, to prevent and reduce incidences of self-harm and suicide, has been identified as a recent priority (e.g. Aldridge et al., 2020; Petti & Chen, 2019).

A number of studies have evaluated the effectiveness of school-based interventions in addressing the mental health problems experienced by refugee children and adolescents (Durbeej et al., 2021, Osman et al., 2020; Meroni & Velasco, 2023; McGraw et al., 2022). For example, Charbonneau and colleagues (2022) conducted a recent meta-analysis of school-based interventions for refugee students, based on 64 studies (total sample size was not reported) undertaken across a range of countries including in the US/Canada (n=43.75%), Europe (26.56%), the Middle East/India (10.94%), Asia (9.38%) and Australia (10.94%)

(3.13% were unspecified). These focused on the implementation of a wide range of interventions that targeted a number of outcomes including, socio-emotional well-being (61.64%), physical health (13.70%), and academic attainment (24.66%). For example, the socio-emotional interventions frequently targeted depression and externalising/disruptive behaviours, most academic interventions sought to improve students' language or reading skills and the limited physical interventions assessed targeted physical activity, nutrition, sex education, drug and alcohol use and sleep. The collective results showed that 89% of the studies which focused on socio-emotional well-being found positive intervention effects while positive effects with regard to post-intervention improvements in academic skills, were reported in 73% of the studies. However, only 20% of studies which assessed physical health, reported positive effects, suggesting a need for further research in this regard. Overall, however, the authors note that the findings provide important information regarding the nature, scope and impact of current school-based interventions available for supporting this population.

1.5 Summary (Section A)

In summary, the psychosocial well-being and mental health status of refugee populations is complex and influenced by a wide range of often inter-related pre-migration traumas and post-migration stressors. However, it is important to note that not all refugees are equally vulnerable and certain factors can act as protective mechanisms. For example, strong interpersonal and emotionally rewarding relationships, including those with family, friends and peers, all play a crucial role in promoting and sustaining well-being across all age groups. For young refugees, these relationships are particularly important in helping them to deal with pre-migration trauma

and any post-migration stressors during the resettlement process. Resilience is also another key protective factor highlighted within the literature.

A number of interventions, such as CA-CBT, CF-CBT, EMDR and NET, have shown initial encouraging evidence in supporting the psychosocial well-being and resilience of refugees, although it has been suggested that there is a need for these to be more culturally appropriate in order to address both pre-migration traumas and post-migration stressors in refugee populations. However, school-based interventions, in particular, have been shown to be effective in supporting not only the psychosocial well-being of refugees, but also their academic achievement, and to a lesser extent, their physical health. The emphasis on school support as a key avenue for intervention is essential, given that many young refugees spend a significant amount of time in educational settings (Frounfelker et al., 2019). However, it is also crucial to recognise that schools may face challenges in adequately addressing the diverse and complex needs of refugee students, particularly if they lack the necessary resources and training (Bennouna et al., 2019).

It is evident that understanding and supporting the mental health and well-being needs of refugee populations is a complex task. The presence of protective factors, such as affective relationships and resilience, offers hope for promoting positive outcomes in these populations, although it is also important to recognise that the challenges faced by refugees are diverse and multifaceted, and there is no 'one-size-fits-all' approach to supporting their well-being. Culturally adapted interventions hold promise, but there is a need for much further research and development to ensure that interventions are more culturally appropriate and relevant to this population. Arguably therefore, promoting the well-being of refugee populations requires a comprehensive and holistic approach that considers the complex interplay of individual,

family, community, and societal factors that influence their lives (van de Boor & White, 2020). It is vital, therefore, for policy makers, researchers, and practitioners to work together to develop and implement culturally sensitive interventions and practices to address the well-being needs of this population and, ultimately therefore, to promote their successful integration (Lau & Rodgers, 2021).

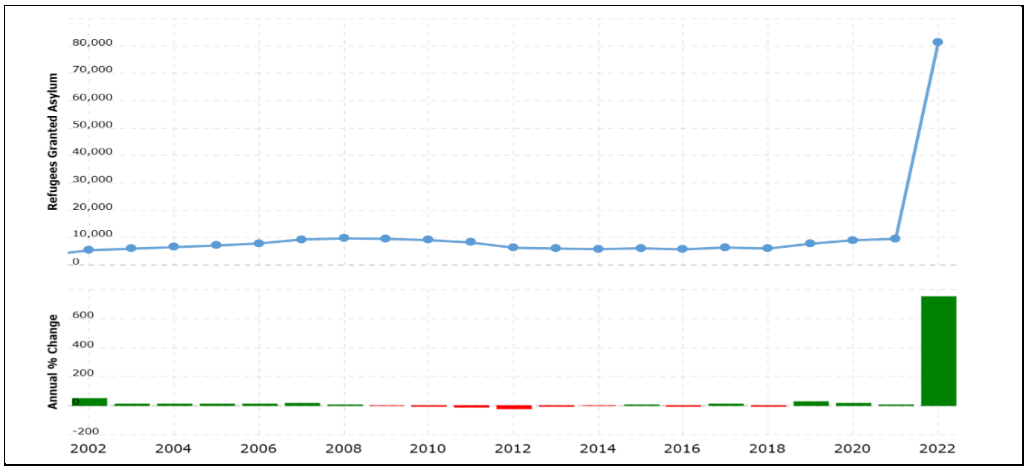
Section B: The Irish Context and the Current Study

1.6 Refugee and Asylum Seekers in Ireland: An Overview

It is estimated that over 13,000 people around the world (excluding those from Ukraine) applied for asylum in Ireland in 2022 (Statistics - Asylum Information Database | European Council on Refugees and Exiles (asylumineurope.org)), exceeding the previous record high of 11,634 in 2002 (see Figure 1.1). Of these, more people from Syria (n=2520) claimed asylum in Ireland than any other nationality (see Figure 1.2) and indeed, the same is true for other high-income countries in which Syrians constitute the largest proportion of the total refugee population (https://www.unhcr.org/en-ie/551128679).

Figure 1.1

Trends in the number of refugees granted asylum in Ireland during 2002-2022[1]



Retrieved from: [Ireland Refugee Statistics 1984-2023 | MacroTrends]

Figure 1.2

An overview of refugees accepted into Ireland by country of origin (excluding Ukraine) (2022)

Retrieved from: [UNHCR - Refugee Statistics]

[1] The dramatic spike in the number of asylum seekers accepted into Ireland from 2022 onwards can be attributed to the mass influx of Ukrainian women and children as a result of the Russian-Ukrainian war. [Arrivals from Ukraine in Ireland Series 11 - CSO - Central Statistics Office]

However, more recently, there has been a significant influx of Ukrainian refugees (mainly women and children) into Ireland and other EU countries, due to the Russian invasion of Ukraine in February 2022. The status of these refugees differs to those coming from elsewhere (including the MENA and other regions) as they are classified to be in need of temporary protection under the Temporary Protection Directive (TPD) issued by the EU (Isański et al., 2022). The TPD allows EU states to rapidly offer protection to people in need of immediate protection and avoid overwhelming asylum systems. Thus, Ukrainian refugees are offered temporary protection and access to essential services (for initially one year) in all EU member states (Marchese et al., 2022; Kumar et al., 2022). While this is not relevant to the current research per se, the increasing number of Ukrainian refugees entering the country (approximately 90,000 at the time of writing) and the need to provide them with essential support and protection, has added considerable pressures on existing services that are already stretched in terms of supporting the refugee population in Ireland (Arlow & O'Malley, 2023). Apart from the extraordinary circumstance that is the mass movement of Ukrainian refugees across Europe, the usual pathways for refugees and asylum seekers into Ireland is discussed in detail below.

1.7 Pathways into Ireland

There are two main pathways for refugees when entering Ireland: (1) the Irish Refugee Protection Programme (IRPP); and (2) the International Protection Accommodation Services (IPAS). The first of these, the IRPP, was established in 2015 in direct response to the Syrian refugee crisis and is tasked with the provision of accommodation and related services primarily for refugees from Syria and the MENA region (gov.ie - Irish Refugee Protection Programme

(www.gov.ie)). The second, the IPAS, is administered by the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) and provides accommodation and related services to what are called 'International Protection (IP) applicants', in the form of the now well-known and much-maligned Direct Provision (DP) system in Ireland (gov.ie - About IPAS (www.gov.ie)). Further information on each pathway is provided below.

1.7.1 The IRPP

During the first phase of the IRPP, the Irish Government made a commitment to accept up to 4000 refugees into the state through the European Union Relocation Programme (EURP) and the UNHCR-led Refugee Resettlement Programme (RRP) and grant them refugee status in Ireland (Watters et al., 2022). Since 2015, approximately 3775 'Programme Refugees' were resettled in Ireland under this programme, most of whom are (Arabic speaking) Syrian families (Leckey et al., in submission). On arrival, these 'Programme Refugees' spend up to six months in Emergency Reception and Orientation Centres (EROCs) (i.e. facilities that provide them with health, educational and language supports) until they receive permanent housing. Programme refugees in Ireland are typically re-homed and relocated to towns outside of Dublin where there is less pressure on housing and where the integration process may be smoother as a result of living in smaller communities (Arnold & Quinn, 2016). During the first year of arrival, the Office for the Promotion of Migrant Integration (OPMI) provides services through local-level resettlement agencies who work collaboratively to assist with meeting the health, education and integration needs of refugees. These include the Health Service Executive (HSE), SPIRASI (which works with asylum-seekers, refugees and other disadvantaged migrant groups, with special concern for survivors of torture) and the Irish Refugee Council (a Dublin-

based charity providing legal and social assistance to refugees). Adult refugees admitted through the IRPP are provided with English for Speakers of Other Languages (ESOL) services through Education and Training Boards (ETBs) for up to 20 hours a week for the first year of resettlement. Unlike asylum seekers living in DP centres, these Programme Refugees are also provided with information on integration services and intercultural activities in the host community (Ćatibušić et al., 2021).

In 2020, the second phase of the IRPP was agreed, which involved accommodating a further 2900 refugees in Ireland between 2020 and 2023. The majority of these are intended to be Syrian (Arabic-speaking) refugees plus a pilot group of 150 Eritreans currently residing in Ethiopia (Watters et al., 2022). A commitment was also made by the Irish Government to admit 740 family members through the IRPP Humanitarian Admission Programme (IHAP) which was launched in November 2017, by the then Minister for the Department of Justice and Equality. This enables Irish citizens as well as those with conventional refugee, Programme Refugee, or 'subsidiary protection' status to make an application to allow their family members (from the top 10 major source countries of refugees) to join them in Ireland. ('Subsidiary Protection status' is assigned to anyone who applies for IP, but whose reasons for seeking protection do not meet the criteria of a refugee as defined in the Refugee Convention, yet there are grounds to believe they could face harm if they return to their home country.) In addition, a small number of Programme Refugees were welcomed to Ireland from other sources. For example, a total of 58 refugees were referred by the Mediterranean Search and Rescue Missions, which involves NGO rescue ships deployed with a humanitarian mandate to reduce fatalities and bring distressed migrants at sea to safety (Wetterich, 2023).

A further 36 Unaccompanied Minors (UAMs) from Greece were admitted to Ireland following a fire in the notorious Moria refugee camp on the island of Lesbos in 2019, while a similar number (n=41) came from the Calais Special Project. The Calais refugee camp, located on the French-UK border (known as 'the Jungle'), was destroyed seven years ago, but is still a place where refugees are living in tents and temporary settlements scattered across the area. As neither the French nor UK government do not provide any assistance to this population, a range of NGOs have come together to support them through various donations and services (Donate For Calais | Calais Appeal).

With the movement of refugees across the Mediterranean toward European shores, Ireland agreed to help the EU countries most affected by migration, by welcoming some of these refugees and asylum seekers through what is called a 'burden-sharing scheme'. This refers to a collective agreement by EU member states to share the responsibility of accepting and accommodating refugees arriving to Europe to ensure that no single country bears the responsibility of accommodating this population. This agreement among states provides a more equitable distribution of refugees among EU states while also accounting for the capacity and ability of each country to adequately accommodate refugee populations (Bauböck, 2018).

1.7.2 The IPAS

As discussed above, the IPAS is responsible for the provision of accommodation and related services to people in the International Protection ('asylum') process. Currently, there are over 7000 asylum seekers in the IPAS in Ireland. Furthermore, according to the Irish Protection Office (IPO), there are over 2000 IP and asylum-seeking applicants currently 'in the system' awaiting a decision on their status (IPO, 2022). All IP applicants and asylum seekers

seeking to reside in Ireland (except those brought through UNHCR protection programmes such as the IRPP), are subject to DP or 'reception centres', which were established in 2000 and aim to meet 'basic needs' including accommodation, food and a small living allowance (€38.80 weekly for adults and €29.80 weekly per child) (Moran et al., 2017). There are 38 DP centres in Ireland located across 17 counties, including Dublin, Meath, Clare, Tipperary and Leitrim. Further information on the DP programme is provided below.

1.7.3 Direct Provision: an overview

DP accommodation is typically provided in former hotels, hostels, guesthouses, convents and nursing homes, as well as a holiday camp, mobile home site and former barracks. However, only 7 of the 38 centres (18%) are state operated with the remainder privately owned and tendered for profit (Ní Chiosáin, 2016). The living conditions within each DP centre vary from private rooms to spaces within crowded dormitories, although overcrowding is commonplace (Hewson, 2020). While improvements have been made to DP in recent years, there have been recurring criticisms about the poor-quality food (see Figure 1.3), damaged, poorly built and unclean rooms (see Figure 1.4), lack of autonomy and an absence of grievance and well-being procedures (O'Reilly, 2019). As a result, DP has been described historically as 'state sanctioned poverty' (Fanning & Veale (2004) and promoting 'citizenship-based discrimination' (O'Connor, 2003). More than 10 years ago, Arnold (2012) explored some of the experiences of families living in DP and found that many of the residents were subject to racist incidences and highly susceptible to mental health illnesses, including depression and panic attacks as a result of their living conditions. Many refugee participants also reported that they felt 'abandoned' in the Irish asylum system.

Figure 1.3

Example of a typical meal served in DP centres.

Retrieved from: Department of Justice dismisses claims of poor standard of food being served in Monaghan Direct Provision Centre | NorthernSound

Furthermore, recent work by Ní Raghallaigh et al. (2016) highlighted the toxic, depressing and traumatic effects of DP processes and procedures while the conditions in which these individuals have to live, have been linked to severe stress, anxiety, depression and in some cases death. For these reasons, the DP system was considered to by many to perpetuate income poverty and exacerbate multiple forms of social exclusion (Moran et al., 2017).

Figure 1.4

Example of typical living conditions in DP centres.

Retrieved from: Kids tells how they feel 'unsafe' living in Irish direct provision centres as 'creepy men' leer at them | The Irish Sun (thesun.ie)

The living conditions and treatment of those in DP has led to increasing pressure for reform. A series of protests led by residents in 2014 led to the establishment of a Working Group which produced the McMahon Report in June 2015, containing 173 recommendations for changes to the DP process (Hewson, 2020). Some of the more substantive recommendations related to payments, minimum standards, and the right to work. Although there have been small improvements since the publication of this report, such as increased payments and better working opportunities, these were slow to materialise and highlighted a continuing lack of efficiency and reliability of the system. Subsequently, an Expert Group (including members of the Migrant and Refugee Rights Centre (MRRC, also called ‘Nasc’ (the Irish word for ‘link’), the Irish refugee Council (IRC), and the Movement of Asylum Seekers in Ireland (MASI) was established in 2019, led by former Secretary General of the European Commission, Dr. Catherine Day, with the aim of developing a more effective longer-term approach to the

management of refugees and asylum seekers in Ireland. In essence, the Expert Group aimed to understand the shortcomings of the DP programme, identify the needs of refugees within the programme and to recommend changes to protect the physical and mental health of refugees in Ireland. In 2020, the Irish Government indicated its commitment to use the Expert Group findings to help develop a new system to accommodate and protect refugees and asylum seekers in Ireland, while removing the profit-making approach (Report of the Advisory Group on the Provision of Support including Acommodation to Persons in the International Protection Process.pdf (nascireland.org).

Shortly afterwards, in 2021, and as a result of the findings of the Expert Group, the Irish Government published the "*White Paper to End Direct Provision and to Establish a New International Protection Support Service*" (2021) which outlines its plans to abolish DP in 2024 and replace it with a new International Protection Support Service (IPSS) (Government of Ireland, 2021). This new service will aim to ensure that IP and asylum-seeking applicants spend no more than four months in 'reception and integration centres' before being resettled into adequate housing and be provided with access to employment. The ultimate aim of the IPSS is to end institutionalised and congregated living and promote more effective integration upon arrival in Ireland (Coakley & MacEinri, 2022).

1.8 Support for Programme Refugees in Ireland: An overview

Numerous supports are generally available for Programme Refugees in Ireland, including language, housing and educational supports to address their primary needs (Arnold et al., 2021). A number of NGOs provide a range of employment, housing and education supports in the community including, most notably, the IRC and the MRRC, both of which promote justice

and equality for refugees and asylum seekers in Ireland and increase awareness and understanding of the issues facing this population in Ireland. A number of statutory government-funded services are also involved in these efforts, including the Citizens Information Services, which provide refugees and asylum seekers with information regarding their rights and duties in Ireland; the HSE-funded Child and Adolescent Mental Health Services (CAMHS) which provide mental health support to this population; ETBs which provide educational and language supports and assistance to refugees; and several private/public sector alliances, including the Employment for People From Immigrant Communities (EPIC) which aims to support migrants to identify and secure internships and training, leading to employment (Arnold et al., 2021).

Further Education support is also provided by the national University of Sanctuary scheme which has now been implemented by seven of the universities in Ireland and which typically provides annual ringfenced funding for a small number of undergraduate (and, on occasion, postgraduate) places specifically for refugees (Universities of Sanctuary | Irish Universities Association (iua.ie)). For example, Maynooth University (MU) now funds six such places per year for both prospective undergraduate and postgraduate refugees who apply for a place through a comprehensive application and interview process.

1.8.1 School Supports in Ireland

As outlined in the Irish School Guidance Handbook (entitled 'Supporting and Including Refugee and Asylum-Seeking Children in Education') (Harmon & Child Refugee Initiative, 2018), and also widely reported within the literature (Grasser et al., 2021; Scharpf et al., 2021; Patel et al., 2023), refugee children typically experience significant levels of trauma while in their country of origin, during the migration process, and when attempting to settle within their

host country. This handbook examines current issues and challenges faced for refugee and asylum-seeking children in Ireland while also highlighting approaches designed to support the inclusion of this population in educational settings.

Indeed, as mentioned in the previous section, a wealth of evidence indicates that such trauma can lead to enduring mental health problems, aggressive behaviours and social withdrawal among refugee or asylum-seeking children (Park & Katsiaficas, 2019; Walker & Zuberi, 2020). This trauma may also be experienced by the child's parents and subsequently lead to tense family relationships and a parent's inability to support the psychosocial needs of their child (Flanagan et al., 2020). Cultural values and beliefs around mental health can also act as a barrier to seeking professional mental health help and support (Ellis et al., 2019; Byrow et al., 2020). Furthermore, adapting to a new language, culture and societal norms can impact family dynamics and the roles and relationships of each family member therein (Arney et al., 2009, as cited in Harmon & Child Refugee Initiative, 2018).

A recent exploratory study in Ireland, entitled 'Safe Haven' (Ní Raghallaigh et al., 2019), explored the needs of refugee children exclusively from Syria who had arrived in Ireland through the IRPP. The findings, based on interviews (N=77) with parents (n=14), young people (n=19, aged 15-21 years old) and other key stakeholders (n=44), suggest that greater access to language-acquisition support is essential for both children's ability to form relationships with their peers and for improved academic performance. The results highlight the importance of friendship, anti-discrimination policies and greater choice in the resettlement process in order to minimise disruptions in living circumstances. The authors also argue that additional funding should be allocated to schools and youth organisations to recruit interpreters to help young refugees build friendships and connect meaningfully with their local communities. While

acknowledging the considerable support already provided by SPs, the study authors emphasise the need to implement more systematic and evidence-based approaches to better support the mental health and psychosocial well-being of refugee newcomers and to more effectively promote their integration into Irish society (Ní Raghallaigh et al., 2019; Smith et al., 2021).

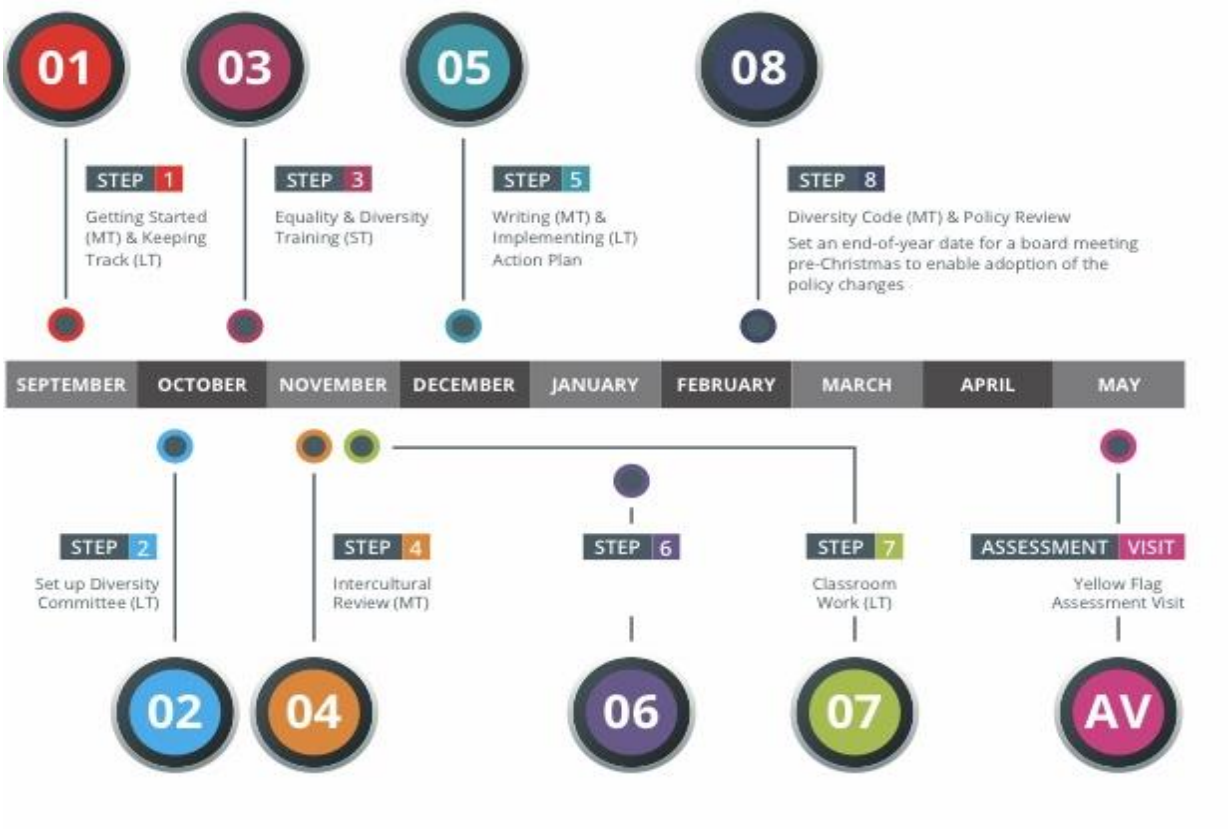
Recent research has also shown that minorities within Ireland often face racism and prejudices in their daily lives, or experience the process of 'othering' (i.e. being defined or categorised as not fitting in with the norms of a social group) (Sambaraju, & Minescu, 2019). A failure to address this proactively within schools, can result in the exclusion of minority students and further compound damaging prejudices and negative attitudes amongst both students and teachers (Caravita et al., 2020). As previously mentioned, a sense of 'belonging' within the school environment has significant psychological benefits for refugee children (Arnot et al., 2014). However, acculturative challenges such as learning a new language and adapting to a new culture, whilst also adjusting to different teaching techniques and learning styles, may impact a student's ability to effectively navigate the education system within their host country (Dovigo, 2018; Damaschke-Deitrick & Wiseman, 2021).

Within the Irish education system, a number of school-based programmes, supports and initiatives have been put in place to support can refugee students and their parents to gain a greater understanding and familiarisation of teaching techniques and expectations, thereby fostering a sense of empowerment and help both the parents and students to settle into their new school environment (Van Driel et al., 2016). For example, the Yellow Flag (YF) Programme, founded by the Irish Traveller Movement in 2009, utilises an eight-step whole-of-school approach (see Figure 1.5) to promote interculturalism, diversity and equality in schools (as described in the YF Programme Handbook for Schools (Titley, 2009)). This is a practical

programme which recognises the commitment of the entire school community to intercultural education (IE) (Nolan, 2019).

Figure 1.5

The 8-step Yellow Flag Programme: Suggested 12-month timeline



Retrieved from: [Welcome to the 8 Steps - Yellow Flag Programme]

Specifically, schools must follow and document the eight steps in order to obtain YF approval. It is envisaged that each step towards the YF will provide the entire school community with a learning opportunity on how the school identifies itself as an intercultural school in its everyday activities. As part of the programme, both students and teachers are asked

to engage in critical reflection after each step has been completed. The Equality and Diversity Training (Step 3) provided for teachers, is an opportunity for critical reflection whereas the Intercultural Review (Step 4) provides students with the opportunity to critically reflect by exploring their own sense of cultural identity and belonging. Since it was established, the YF programme has been delivered in 125 schools to approximately 50,000 students and 4500 teachers and staff members nationwide, representing 83 ethnicities and nationalities. If successfully implemented, a programme like YF can allow the school to offer links to essential support services in the community whilst also providing school-based practices and methodologies to allow for greater inclusion and integration of young refugee and asylum-seeking students (Harmon et al, 2018).

Another example is the Delivery Equality of Equal Opportunity in Schools (DEIS) programme which was developed in 2005 by the Department of Education and Skills (DES) to tackle educational disadvantage in Ireland (Fenwick et al., 2022). The aim of this programme is to: provide every child and young person with an equal chance to access, participate and benefit from education; provide children with the opportunity to reach their full educational potential for personal, social or economic reasons and recognise that education is a critical factor in promoting social inclusion and economic development (Higgins & Booker, 2022). The schools included in this programme have been assessed and identified (through the DEIS identification model) as having the highest percentage of students with backgrounds considered to place them at risk of educational disadvantage. There are currently 884 schools (687 primary and 197 post-primary) in the DEIS programme, serving over 180,000 students, which will increase in 2024 to 1,194 schools serving over 240,000 students. Within this programme, schools are provided with more educational supports than their non-DEIS counterparts,

including additional classroom teaching posts, home school community liaison (HSCL) coordinator posts, DEIS grant funding and access to the School Completion Programme (SCP) (i.e. a targeted programme of support for primary and post primary children and young people who have been identified as at risk of early school leaving or who left school prematurely) (gov.ie - Minister Foley announces €32 million major expansion of the DEIS programme incorporating 310 new schools (www.gov.ie)).

Lastly, it is worth noting the recently implemented 'Diversity and Intercultural Education Network (DIEN)' which was established by a small group of schoolteachers in Ireland in early 2023. The overall aim of this network is to establish a platform for educators who are passionate about intercultural education and pedagogy that respect diverse cultures. It is intended to act as a Community of Practice mainly for teachers, to facilitate discussion of culturally sensitive supports at the whole school, classroom and language support levels. The Network holds biannual meetings which offer a space for teachers to access peer support, engage in learning, and exchange approaches within a sustainable and continuous professional development context (Understanding Inclusion and Diversity in the Classroom the focus of free event at MIC | Mary Immaculate College, 2023).

The Network recommends using what they call a 'Continuum of Support' to address learner needs within available resources (e.g. social, emotional, cognitive, and language). Furthermore, it promotes whole school collaborative approaches at all levels whereby refugee and other ethnic minority students can access the same curriculum as their peers regardless of background, culture, literacy levels or language proficiency. While this national teacher-driven initiative has only recently been developed, it provides a useful starting point and resource to support Irish schools in managing cultural diversity in the classroom.

1.8.2 Language Supports in Ireland

Language has been identified throughout the literature as one of the most significant barriers to integration impacting refugees in their host countries (Lebano et al., 2020; DeSa et al., 2022) and it is not surprising, therefore, that the provision of appropriate language and educational supports within schools and the wider community, has been shown to be essential in promoting integration in the community. Adult refugees admitted through the IRPP are provided with orientation and English language supports during their time in the EROCs (Ćatibušić et al., 2019). As discussed above, these refugees are then resettled to local authority areas around Ireland where, during the first year of resettlement, ESOL classes are organised by the ETBs for adult refugees. These classes offer up to 20 hours a week of language tuition during the first year of resettlement, while childcare is also provided for those who attend (Ćatibušić et al., 2019).

With regard to language supports for young refugees (<18), the standard protocol or model used, is known as 'English as an Additional Language' (EAL). Within this model, children are referred to as 'non-English speaking' and the aim is to enable the student to learn sufficient English to be able to navigate the school curriculum just like any other English-speaking student. However, according to Horgan et al. (2022), this model fails to appreciate the advantages of bilingualism and "*some child participants in Ireland also spoke of fears regarding exposure of their inadequate levels of English in the classroom"*, which causes further problems for the child in terms of adjusting to their new school environment (Horgan et al., 2022). It has also been argued that this model applies unrealistic expectations with regard to the speed of additional language acquisition for refugee students (Gardiner-Hyland & Burke, 2018). A number of other problems with the EAL approach have also been identified, including

variation in the deployment of support hours within different schools, the level of teacher resources for supporting EAL, challenges with distinguishing EAL from other special educational needs and applying appropriate assessment data to inform decision making in regard to educational needs (Gardiner-Hyland and Burke, 2018).

1.9 Summary (Section B)

In summary, the challenges faced by refugee children and youth in Ireland (and elsewhere) are multifaceted, encompassing trauma, language barriers, cultural adjustments, and potential discrimination. These challenges may not only affect a child's mental health and psychosocial well-being, but also impact their parents and the whole-family dynamics. While several initiatives that appear promising, have been implemented across Ireland, including the YF programme, the existing evidence suggests there are still many important gaps in services and supports for refugees in schools and the wider community. The limitations of the EAL model suggest a need for more comprehensive language support and a more nuanced and flexible approach to accommodate the diverse linguistic backgrounds of the refugee population. Additionally, a more proactive stance against racism and prejudice within schools and the wider community is essential to promote a sense of belonging and successful integration. Further research and evidence-based practices are also required to ensure that young refugee and asylum-seekers receive the necessary support for their successful integration, academic performance and overall well-being in Irish society. The current study aims to contribute to this important area as outlined below.

1.10 The SALaM Ireland project

The current research was conducted as part of the larger 'SALaM Ireland' project which began in August 2020 in collaboration with Washington University, St Louis (USA). The overall aim of this cross-country project funded by Qatar Foundation International (QFI) is to assess and explore the psychosocial well-being (and related aspects therein) of Arabic-speaking adolescents who have resettled to Ireland and the US from Arab-majority countries, with a view to generating one of the world's largest datasets on this topic. The US arm of the research, which began in 2018, is called the 'SALaMA' (Study of Adolescent Lives after Migration to America) project. At the time of writing, the SALaMA project has been completed, and involved the collection of data from 536 students in seven schools across three sites in the US (Harrisonburg, Detroit and Austin), as well as 120 one-to-one interviews and focus groups with a wide range of US-based stakeholders working with young Arabic-speaking refugees, including students and families (SALaMA Research Findings (wustl.edu)).

The specific objectives of the SALaM Ireland research, which is currently in its second and final phase (with a view to completion in August 2024) is to: (1) elicit, through qualitative methods, the views and experiences of a wide range of stakeholders providing support to this group of adolescent refugees and their families in Ireland; (2) explore the experiences and views of the young people themselves and their parents (also using qualitative methods); and (3) assess by means of a face-to-face quantitative assessments, the psychosocial well-being of Arabic-speaking students from conflict-affected countries (aged 13-18 years old) who are

attending post-primary schools in Ireland and to ascertain how they are faring when compared to their native Irish counterparts.

1.11 The Current Study: Aims, Objectives and Research Questions

The research reported here, was conducted as one element of the larger SALaM Ireland study and was funded, in part, by QFI with support from the Higher Education Authority (HEA) COVID-19 Extension Funding scheme provided in late 2022. The overarching aim of this study was to explore school and community-based supports and initiatives designed to promote and support the mental health and well-being of young refugees and their families mainly from the MENA regions. The specific objectives of the study which was guided, in part, by an adapted version of Bronfenbrenner's socioecological model (1977), were to:

(1) Undertake a review of the literature using the principles of a scoping review to: (a) explore service provision/delivery aimed at supporting the psychosocial well-being of adolescent refugees (typically aged 13-18 years) in both school and community settings in countries across the world; (b) identify potential facilitators and barriers in this regard; and (c) to identify, in tandem, key knowledge gaps and potentially promising or useful 'practices/ approaches (i.e. which were evaluated with positive results and/or may be considered novel in the context of the wider literature); and

(2) To explore the views and perspectives of a range of stakeholders involved in providing support for this population in Ireland, to better understand: (a) the extent to which the psychosocial needs of adolescent refugees (including, in particular, those

from Arabic-speaking conflict-affected countries) are being met (or not) by examining key facilitators and barriers in this regard; and (b) identifying how current service provision might be improved to better meet the psychosocial (and related) needs of this population. A secondary aim here was to assess the impact of the COVID-19 pandemic on service provision.

The specific research questions (RQs) underpinning the research, are provided below in Table 1.1.

Table 1.1

Research Questions

Question	**Method**
1.What services/interventions are available to support the psychosocial well-being of adolescent refugees (typically aged 13-18 years) in both school and community settings in countries across the world?	Scoping Review (Stage One)
2. What are the barriers to, and facilitators of, service provision for this population both in Ireland and internationally?	Scoping Review (Stage One) Qualitative Study (Stage Two)
3. How has the COVID-19 pandemic (and its legacy) affected mental health and psychosocial well-being services for young refugees in Ireland?	Qualitative Study (Stage Two)
4. What potentially promising or useful practices/approaches have been identified (both nationally and internationally) to better support, or help to improve, the mental health	Scoping Review (Stage One) Qualitative Study (Stage Two)

and psychosocial well-being of young school-going refugees?	

1.11 Thesis Outline

This chapter has contextualised the present study by providing a brief overview of both the national and international literature (Section A) and a description of refugee pathways and service provision in an Irish context (Section B). The study and its aims and objectives were also outlined above in the context of both the larger US-based SALaMA and SALaM Ireland studies.

Chapter Two comprises a review of the literature based on of the principles of a scoping review. This chapter begins with an outline of the methodology and theoretical framework employed when undertaking the review, followed by a detailed description and critical evaluation of all included studies, the aim of which is to better understand how refugees are impacted by their key relationships, schools and wider communities within their new host countries.

Chapter Three provides a detailed description of the research design and study methodology. This chapter begins with a discussion of the epistemological and ontological framework within which the research was conducted. The methodological details of the study are then presented, including a description of the sample, recruitment procedures, data collection, ethical considerations and data analysis. This chapter concludes with a section on researcher reflexivity.

Chapter Four presents the findings from the in-depth interviews with stakeholders, which explored their experiences and perspectives on providing a range of support services to young refugees, including those from MENA regions. This chapter focuses, in particular, on identifying facilitators and barriers to service provision in an Irish context.

The final chapter, **Chapter Five**, presents a synthesis and critical discussion of the collective findings from both the scoping review and the stakeholder interviews. It also includes a critical evaluation of the study and consideration of directions for future research.

Chapter Two: Review of the Literature

2.1 Introduction

As outlined earlier, one of the objectives of this research was to conduct a review of the literature based, insofar as possible, on the principles of a scoping review and designed to help address in particular, research questions 1 and 2 relating to the nature and extent of mental health and well-being service for refugees globally and barriers/facilitators to service provision (see Table 1.1). A scoping review is a type of literature review that aims to identify the extent and nature of all research in a particular field. Unlike systematic reviews that typically address a narrow research question with well-defined and specific inclusion criteria, scoping reviews are exploratory and address a broad research question (Arksey & O'Malley, 2005; Levac et al., 2010). Thus, they generally aim to rapidly map the key concepts underpinning a research topic and the main sources of available evidence without placing any restrictions on search terms or study design (Peters et al., 2020). Scoping reviews also provide a useful method of narrative synthesis that allows researchers to identify topics in need of further research within a particular area (Peters et al., 2021).

In the case of the current research, the overarching aim of the scoping review was to explore service provision/delivery aimed at supporting the psychosocial well-being of adolescent refugees and asylum seekers in both school and community settings in countries across the world and with a particular focus, where possible, on refugees from the MENA regions. Specifically, the objectives were: (1) to explore and identify potential facilitators to service support and delivery; (2) to examine barriers in this regard; and (3) to identify, in tandem, key knowledge gaps and potentially promising or useful approaches or practices.

2.2 Methodology

It is recommended that scoping reviews are guided by the Preferred Reporting Items for Systematic Reviews and Meta Analysis: extension for Scoping Reviews (PRISMA-ScR) which contains 20 items (plus 2 optional items) designed to "*help readers develop a greater understanding of relevant terminology, core concepts, and key items to report for scoping reviews"* (Tricco et al., 2018, p.1). Therefore, this checklist was used for purposes of the current review, albeit it was not feasible within the study timeframe to include a protocol/registration (item number 5). Each of the included studies was critically appraised using the Mixed Methods Appraisal Tool (MMAT) which is designed to help researchers appraise studies included in reviews that pertain to qualitative, quantitative or mixed method studies (Pace et al., 2012). Three illustrative examples of how this tool was employed in the current study, are provided in Appendices G, H and I which contain completed MMAT templates for a mixed methods, quantitative and qualitative study respectively.

2.2.1 Inclusion and Exclusion Criteria

The inclusion and exclusion criteria for the scoping review were informed by research questions 1 and 2 outlined earlier in Chapter One (p.53) which related to identifying the nature and extent of mental health and psychosocial well-being services/interventions for young school-going refugees across the world as well as barriers and facilitators to service provision. There were no restrictions on study design, and studies were included if they provided information on the delivery of mental health or psychosocial well-being services/interventions to the target population (i.e. young refugees aged 13-18 mainly from the MENA region). However, two studies included in this review were based on adult populations because the

mental health of refugee parents has been found to have a significant negative impact on their children (Eruyar et al., 2018; Bruno et al., 2023). Thus, these studies were included because they highlight other potential factors affecting the mental health of young refugees which have received relatively little attention within the literature (i.e. the mental health of their parents and its impact on the wider family). The review included studies published only since 2015 as this year saw the start of the largest displacement of (mainly Syrian) refugees worldwide.

2.2.2 Search Strategy

A number of mainstream databases were searched for relevant articles including Google Scholar, PubMed, Springer.com, and ScienceDirect, although linkages to a number of other databases (e.g. Wiley, Scopus, Web of Science) were also made during this process. As a result of the COVID-19 pandemic and other related reasons (including paywalls), only the above electronic databases were used for this scoping review. At the time of data extraction, there was only limited access to libraries as a result of the pandemic and the attendant restrictions put in place which necessitated the use solely of online databases Additionally, researchers and students were required to work remotely thereby affecting access to specific resources typically available at universities. However, the databases used are well-known and widely used across various disciplines and offer a broad range of academic papers and journals, making them valuable sources for most research topics. For example, PubMed primarily covers biomedical and life sciences, while Google Scholar, ScienceDirect and Springer.com include research across multiple disciplines. All are reputable and contain papers from many academic journals that are known to have rigorous editorial and peer-review processes (Severin & Low, 2019).

Specific key words and phrases or search terms were used to guide the review, including, for example, ‘teaching practices for the mental health of refugees’, ‘mental health supports in school-based settings for refugees’, ‘community supports for refugees’, ‘adolescent refugees’, ‘facilitators’, ‘barriers’, ‘interventions’ and ‘programmes’. The full electronic search strategy for PubMed is provided below by way of illustrating the search strategy that was employed for the overall review (i.e. this search strategy was employed for each electronic database listed above) (Figure 2.1). A preliminary search string using Boolean operators was developed first and then refined by incorporating synonyms, variations, and alternative terms.

2.2.3 Theoretical Framework

An adapted version of Bronfenbrenner’s (1977) socioecological systems model was used as the theoretical framework to guide this review and to better understand how refugees are impacted by their key relationships, school and community and integrative health care practices within their new environment. This model (also known as ‘ecological systems theory’) considers the impact of, and interrelations between, social, physical and cultural environments on individuals, including: (1) the microsystem which includes relations between the individual and their immediate environment (e.g. family and friends); (2) the mesosystem which refers to the wider interactions across different settings (e.g. the school, community, and mental health interventions and practices); and (3) the macrosystem which refers to the broader factors that affect the individual (e.g. integration) (see Figure 2.2).

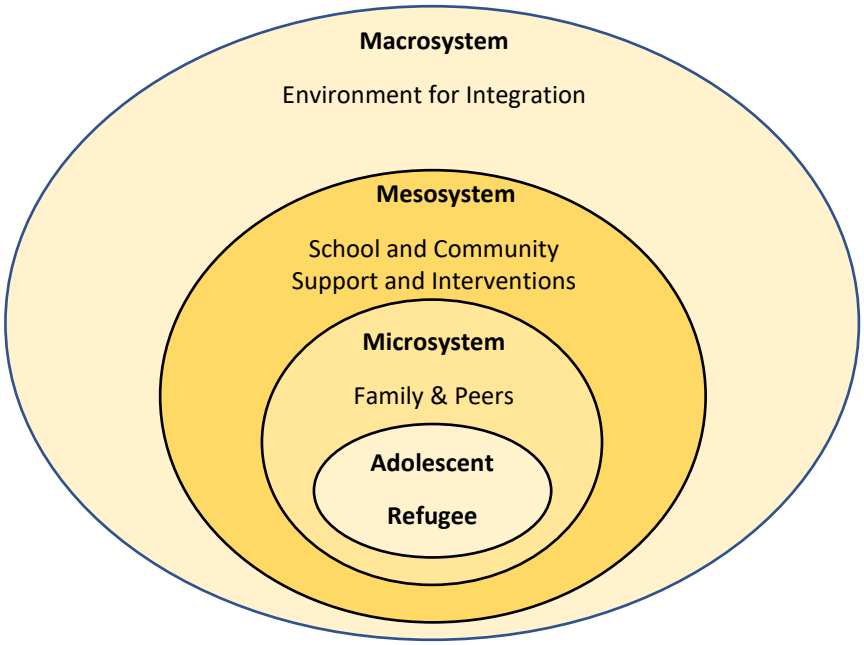
Figure 2.1 *The electronic search strategy employed for PubMed*

(“teaching practices OR “teaching strategies”) AND (“mental health OR “psychological well-being” OR “emotional well-being” OR “mental well-being”) AND (“school-based settings” OR “schools” OR “education”) AND (“community-based supports” OR “community supports” OR “community”) AND (“adolescent refugees” OR “teenage refugee” OR “young refugee”) AND (“facilitators” OR “supporters” OR “promoters”) AND (“barriers” OR “challenges” OR “obstacles”) AND (“interventions” OR “treatments” OR “intervention programmes” OR “therapy” OR therapeutic approaches”) AND (“programmes” OR “initiatives” OR “best practice approaches” OR “supports”).

The review used an adapted version of this model to explore factors specific to the population (i.e. adolescent refugees) across a range of contexts (i.e. school and community settings). The adapted version excluded exosystem and chronosystem-related factors as these were not considered to be relevant to the specific aims and objectives of the study. For example, the exosystem describes environments in which the individual is an active participant and which would not generally apply to the refugee population (e.g. government policies, social services and mass media). Likewise, the chronosystem was excluded because it accounts for the role of time in individual development (e.g. from childhood to adulthood/old age) which was not relevant here in the sense that the project focused only on adolescent refugees and was not longitudinal in nature.

Figure 2.2

Bronfenbrenner's Adapted Ecological Systems Theory



2.2.4 Search Results

The search generated a total of 11,272 results, 4312 (38%) of which were removed due to duplication (based on screening of titles) and the remaining 6960 were screened for inclusion (on the basis of the abstracts). A total of 300 full text copies that appeared to meet the inclusion criteria were obtained and reviewed. Articles that did not meet all the inclusion criteria were then removed, resulting in 27 final papers (published from 2015-2022), all of which focused on service provision for refugees and their families in school-based and community settings, as well as contextual information regarding facilitators and barriers to service delivery (see Figure 2.3). During the review process, it was found that families and particularly parents, play a significant role in the lives of young refugees, especially in relation to parental and familial

expectations and pressures which also affect their psychosocial well-being. Therefore, as outlined earlier, two studies focusing on adult refugees were also included (Acarturk et al., 2016; Zemestani et al., 2022).

2.2.5 Description of Included Studies

An overview of all 27 included studies, is provided in Table 2.1. These were conducted in a range of countries, including mainly the USA (n=6), Turkey (n=5), Germany (n=2), Norway (n=3) and the United Kingdom (n=2), as well as a number of other jurisdictions. Sample sizes ranged from 8 to 895, with a total sample of 2471 participants across all studies. Nine of the studies used qualitative methods, 10 were based solely on quantitative research while the remainder incorporated mixed/multi-methods (n=2) or were policy or practice reviews (n=2). These studies explored a range of facilitators and barriers to supporting refugee mental health and well-being. Although the primary focus of this review was to explore service provision aimed at supporting the mental health and well-being of young refugees, the included studies also provide some interesting context on the role of parents (as mentioned above). Further details are provided in the sections that follow, contextualised with reference to each of the three systems within Bronfenbrenner's model.

Figure 2.3

Prisma-ScR Flow Chart

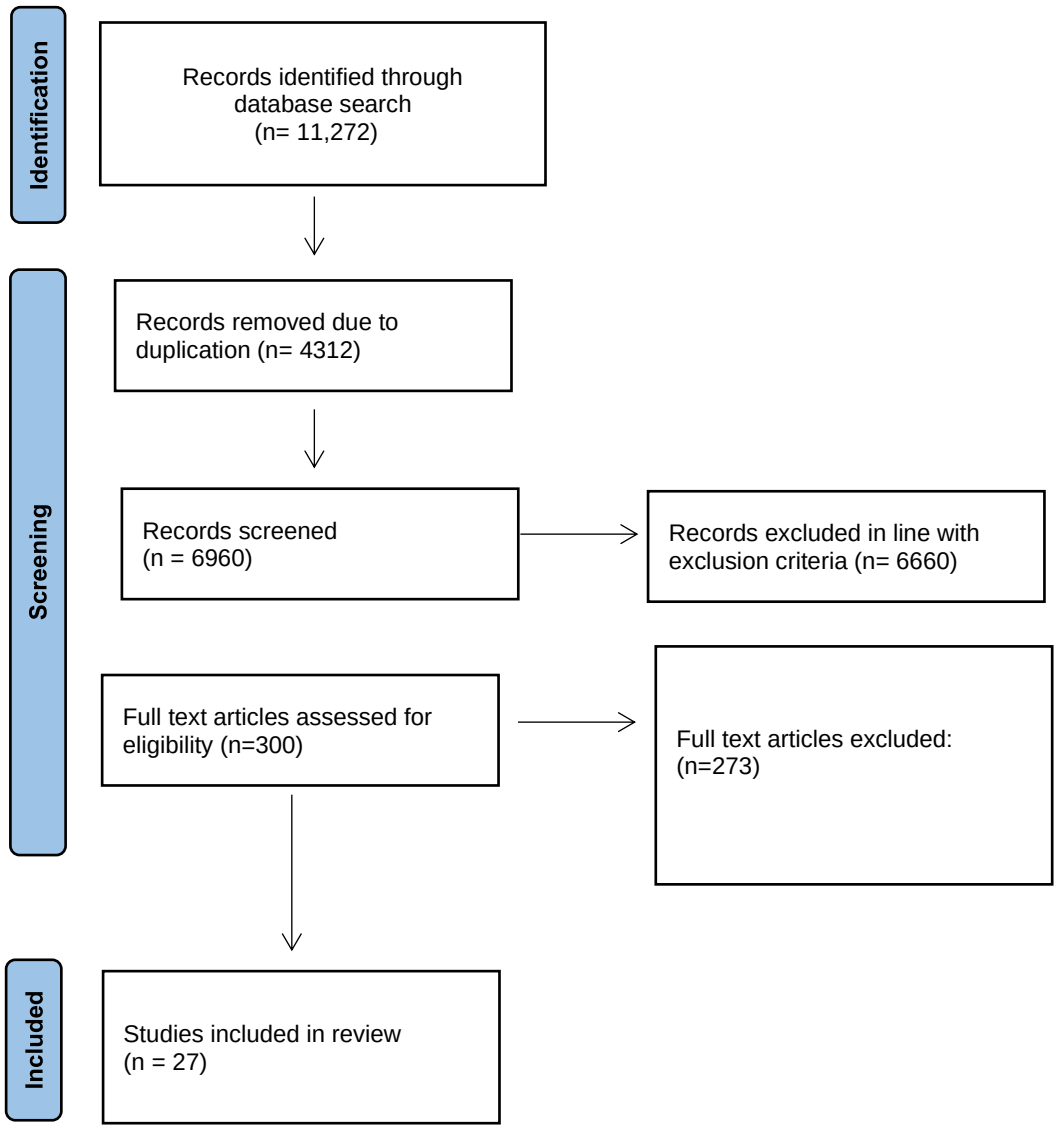


Table 2.1

Study Characteristics

Authors	**Geographical Location**	**Sample Description**	**Study Design**	**Assessments**	**Key Findings**
Acarturk et al., 2016	Turkey	Adult refugees living in a refugee camp in Kilis on the Turkish-Syrian border (n=70)	Quantitative (RCT)	Participants were assigned to an EMDR intervention group (n=37) or a wait-list control group (n=33) to measure the efficacy of EMDR in reducing PTSD and depression symptoms.	• PTSD and depression symptoms were significantly lower for the intervention group compared to the WLC group. • EMDR may be a useful intervention for reducing PTSD and depression symptoms in Syrian refugees.
Ahmad et al., 2015	Jordan	Young Palestinian refugees aged 14-17 years old (n=491)	Quantitative (Survey)	A questionnaire was used to measure maternal control, maternal solicitation, maternal knowledge, parent-child relationships and norm-breaking.	• The results showed that (when controlling for family relationships and demographic background) adolescents actively disclosed information regarding their activities to their parents and were less secretive compared to U.S. adolescents. • Greater secrecy was positively associated with higher incidences of norm-breaking and generalised anxiety.
Aydin & Kaya, 2017	Turkey	Teachers and a school principal (aged 39-47) teaching Syrian refugee students (n=8)	Qualitative	Semi structured interviews (45-60 mins) were carried out with participants and field notes were taken during the classroom observations by researchers.	• Language appeared to be the main barrier to education. • This resulted in lower academic achievement and poor integration for Syrian students. • There was no additional language support offered to this population in Turkey.

Bennouna et al., 2019	USA	30 young refugees from Iraq, Syria and Sudan (aged 13-23 years old) plus 30 caregivers and 27 key informants (n=87)	Qualitative	Focus groups were conducted with young refugees and semi-structured interviews undertaken with caregivers and key informants. All were analysed using thematic analysis, guided by bioecological theory.	• The findings highlighted the significant role of parental support and peer relationships on the mental health and well-being of young refugees from the MENA region.
Cerna, 2019	OECD Countries (including Turkey, Germany, the United States, Canada and Austria).	Young refugees living in OECD countries in various education systems	Policy and Practice Review	Models used in OECD countries for integration in educational settings for young refugees, were assessed to determine the best approach to supporting this population.	• Findings suggest that refugee integration in education should be achieved through a holistic model. • Access should be provided to refugees at all levels of education and allow for flexible pathways. • Early assessment and individualised learning plans should be developed. • Language support specifically targeted at refugee students should be developed and the use and of mother tongues encouraged and promoted in tandem.
Daniel-Calvereas et al., 2022	Germany, Sweden, Denmark, the Netherlands, Norway, Framce, the United Kingdom, Switzerland and Greence	80,651 child and adolescent URM's	Systematic Review	Mixed-Methods	• The studies found a generally high prevalence of mental health disorders among URM children and adolescents, although this varied considerably between studies. • PTSD, anxiety and depression were the most prevalent mental health problems among the URM population in Europe.

					• The authors conclude that early intervention is needed in host countries to improve the mental health outcomes of this population.
de Wal Pastoor, 2015	Norway	40 refugee students and 25 school staff	Qualitative	Audio recorded interviews were conducted in four 'lower secondary' (grades 8-10 of the compulsory programme) and one ordinary upper secondary school.	• This research found that school support is ad hoc and is in need of more concerted efforts among relevant professionals. • It is suggested that introducing school-based interventions, training of service providers and collaboration between services, are essential to improve the psychosocial well-being of refugee adolescents.
Fazel et al., 2016	United Kingdom	Adolescent refugees (aged 15-24 years old) from 20 different countries (n=40)	Qualitative	Semi structured interviews were conducted with refugee students discharged from school-based mental health services and analysed using Framework Analysis.	• The important role of teachers in promoting the mental health and well-being of adolescent refugees was highlighted. • Two thirds of the participants preferred to attend therapeutic sessions in school-based settings, indicating that the school environment is an important location for the delivery of mental health supports and integration of this population.
Feen-Calligan et al., 2020	USA	Syrian students (aged 7-14 years old) living in the US for approximately one year (n=15)	Quantitative	Questionnaire data were collected to assess subjective and objective changes in trauma-related symptoms over the course of an	• There was a statistically significant effect of art therapy on post-traumatic stress and separation anxiety and moderate effects of art therapy on anxiety, panic disorder and GAD compared to no treatment controls.

				art therapy programme.	
Gandarilla Ocampo et al., 2021	USA	High school students (aged 13-23 years old) who were born in, or who had experienced, displacement from conflict-affected MENA countries, their parents/caregivers and key informants providing support to this population (n=87)	Qualitative	Semi structured interviews and focus group discussions were carried out to assess the perceived value of education among refugee families, parental involvement in their child's education and barriers to educational support.	• Despite the challenges faced by refugee families during displacement and resettlement, education is still a priority for parents in this population. • The high expectations placed on these refugee adolescents can create further stress particularly when these are considered to be unrealistic. • This research highlighted the importance placed on education and academic achievement in Arab cultures.
Guevara et al., 2021	USA	Practitioners from various child and family service systems (n=24)	Multi-methods approach	Participants were both interviewed and surveyed to examine important factors supporting the successful implementation of trauma-informed approaches (TIAs).	• Findings suggest system-specific strategies to help integrate trauma into services for refugees. • Given that TIAs are implemented in various ways, future research should focus on exploring and evaluating unique system perspectives which will support the identification of both general and specific mechanisms to enhance practice outcomes.
Im & Swan, 2021	USA	Refugee services providers across five different states (n=78)	Qualitative	Interviews were carried out in person, over the phone and via Zoom (after the COVID-19 outbreak) and focused on service providers' understanding of Trauma Informed Care (TIC) and experience	• Findings suggest that currently there are inconsistencies and inexperience in TIC adaptation in resettlement programmes. • TIC that is culturally responsive and relevant to refugee trauma and acculturation experiences, is vital to promote collaboration between refugee-specific programmes and mainstream services (e.g., mental health

				using these approaches. Data were analysed using thematic analysis.	care, schools and social services).
Johansen & Studsrød, 2019	Norway	Unaccompanied refugee minors (aged 15-20 years old) living in Norway (n=12)	Participatory research approach	Participant observation was conducted at a municipal centre, followed by semi structured interviews and research workshops with participants.	• Participants actively sought support whilst also displaying concern for others including 'explicit intention of helping'. • Participants also engaged in relationships of mutual support and helped others through kindness or social involvement. • These relationships improved happiness, belonging and well-being, but also caused worry and emotional pain.
Koehler & Schneider, 2019	A range of European Countries (Sweden, Germany, the Netherlands).	Immigrant youth and second-generation immigrants	Review Article	A comparative review of factors that helped or hindered the educational success of immigrant youth and second-generation immigrants, highlighting specific challenges.	• This review highlighted the importance of schools, not only in promoting positive academic outcomes but also in improving the emotional well-being of immigrant and refugee students. • Additionally, barriers faced by immigrants, particularly refugees, were highlighted and discussed, including access to education, connections to prior education and transitions to mainstream education.
Lau & Rodgers, 2021	The United States, Australia, the Netherlands, England, Canada and Scotland	Refugees and asylum seekers from a range of countries, including Sudan, Iraq, Somalia, Burundi and Burma	Scoping Review	A review of cultural competency in refugee service settings	• The authors identified the need for a greater refugee perspective and participation in the practice of cultural competence. • The need for greater clarity and understanding of cultural competence and related structural barriers was also identified,

					particularly in relation to refugee populations.
McMullen et al., 2021	Northern Ireland (UK)	Syrian parents and pupils (aged 1-18 years old) living in Northern Ireland and Teachers (m=108).	Mixed-Methods	Pupils and parents completed surveys (plus open text questions which were analysed using thematic analysis). Focus groups with teachers were also analysed using thematic analysis.	• Language acquisition was a key barrier to service provision. • Psychological interventions including CBT, Trauma Systems Interventions and art-based approaches based on the Arabic language, can be implemented to support the psychological needs and mental health of young Arabic-speaking refugees. • The authors highlighted the need for more psychoeducation among this population to reduce the stigma surrounding mental health within Arab cultures.
Oppedal & Idsoe, 2015	Norway	Unaccompanied refugees (aged 13 and older, mean age =18.61 years old) resettled in municipalities in all regions of Norway (n=895)	Quantitative	Questionnaire data were collected to assess. depression (the CES-D and IWRTE scales) related to participants' experience of war.	• Social support had a direct effect on depression and also an indirect effect by increasing competencies that help young refugees to deal with discrimination
Ooi et al., 2016	Australia	Young war-affected migrants (aged 10-17 years old) resettled to Australia (n=82)	Quantitative	A cluster randomised control trial with pre, post-test, and 3-month follow up of a Teaching Recovery Technique (TRT) intervention was implemented.	• Depression symptoms improved post-intervention (medium effect size). • Participants in the intervention group reported greater symptom reduction than those in the wait-list control group at both follow-up points.

Pfeiffer & Goldbeck., 2017	Germany	Male unaccompanied refugees (UYRs) aged 14-18 years old, mainly from Afghanistan (n=29)	Quantitative	A pre-post survey was employed to examine the effectiveness of a trauma-focused group intervention in reducing posttraumatic stress symptoms (PTSS).	• Participants reported fewer overall PTSS symptoms post-intervention when compared to baseline. • Results also indicated improvements in re-experiencing and avoidance, as well as positives changes in cognitions and mood.
Ragnarsdóttir, 2020	Iceland	Syrian quota refugee parents (n=20)	Qualitative	Semi-structured interviews with parents, head teachers and teachers	• The initial findings indicated that children were doing well both academically and socially in the first few months in school, but experienced a number of challenges, including illiteracy, interrupted schooling, and hidden trauma. • Parents experienced a lack of communication between schools and homes, as well as differences in norms, values, languages and expectations between schools and the home.
Sarmini et al., 2020	Turkey	Turkish schoolteachers with varying experience in teaching Syrian refugee children (n=17)	Qualitative	Focus group discussions with teachers focused on barriers in supporting refugee students, their assessment of the Promoting Integration of Syrian Children into the Turkish Education System (PICTES) and PIKTES ('K' for Kids, rather than children) programmes and suggestions on ways to manage problems in the classroom.	• A number of suggestions to improve the language acquisition of refugees were identified, including intensive language courses upon arrival, greater communication between students and teachers, and interventions to support the emotional well-being of refugee students which, in turn, affects their academic performance.

Sierau et al., 2019	Germany	Male unaccompanied refugee minors (URMs) aged 14-19 years old (n=105)	Quantitative	Questionnaire data were collected to examine the differences between perceived social support from family, peers and adult mentors and if these relationships moderate the effects of stressful life events (SLEs) and mental health of URM with family contact.	• URMs with family contact receive most social support from family, followed by peers and adult mentors. • URMs without family contact, reported less peer and mentor support when compared to those with family contact. • Lower social support from mentors increased the risk of PTSD, depression and anxiety symptoms after an SLE.
Smyth-Dent et al., 2019	Ethiopia	Adolescent Eritrean refugees (aged 12-17 years old) living in a refugee camp (n=48)	Quantitative	PTSD, anxiety and depression were assessed before and after the provision of EMDR Integrative Group Treatment Protocol for Ongoing Traumatic Stress (EMDR-IGTP-OTS).	• There was a significant difference between pre- and post-test scores with regard to PTSD, anxiety and depression. • Additionally, females scored significantly lower on all tests when compared to males.
Stark et al., 2021	USA	Adolescent refugees (aged 14-20 years old) representing 9 countries in the MENA region (n=69)	Qualitative	Focus group discussion analysed using thematic analysis.	• This research identified several key factors needed to improve the educational experience of refugee students, including culturally responsive teaching, socially and culturally equitable learning environments and better navigation of social and academic challenges. • Limitations of the universal social and emotional learning (SEL) model were also identified.
Taskin & Erdemli, 2018	Turkey	School teachers teaching Syrian refugee students	Qualitative	Semi structured interviews and a focus group were conducted	• Several barriers to teaching practices were identified, including language, cultural

		in public schools (n=9)		with participants and were analysed using content analysis.	differences and discipline problems. • Participants highlighted that greater language supports should be provided to Syrian refugees in Turkey while more materials and more effective curricula should also be developed.
Ugurlu et al., 2016	Turkey	Young Syrian refugees (aged 7-12 years old) living in Istanbul (n=64)	Quantitative	A number of measures were used to assess pre-post changes on posttraumatic stress, depression and anxiety symptoms following the delivery of an art therapy intervention.	• Symptoms of trauma, depression and trait anxiety were significantly reduced at the, albeit short follow-up (one-week post-intervention).
Zemestani et al., 2022	Iraq	War trauma-exposed women (mean age=32 years old) in Iraq (n=48)	Pilot Randomized Clinical Trial	A culturally adapted trauma-focused cognitive-behavioural intervention for war-related PTSD, was administered over 12 sessions as part of a randomised control trial (n=24 in the intervention and control group respectively).	• The results showed a significant decrease in PTSD symptoms for women in the TF-CBT intervention group in comparison to their wait-list control group counterparts. • Women in the TF-CBT group also reported reductions in PTSD-related symptoms, including depression, anxiety and stress.

2.3 Microsystem: Family and Peers

Seven studies investigated the important impact of social and family relationships on refugee mental health and well-being, three of which are described in detail here mainly because they illustrate well the range of settings, different sample sizes and varying study designs used to examine this topic. A relatively recent study conducted by Bennouna et al (2019) reported some

interesting findings with regard to the key role of refugee parents in helping their children (aged 13-22 years old) adjust to their new host country. Within a family context, this research supports previous findings that refugee parents take an active role in supporting their child through the transition to the new host country (Ahmad et al., 2015). These supports included limiting the usage of social media outlets and encouraging their child to make friends with English native speakers to promote a greater sense of belonging in the community. Furthermore, parents encouraged their children to aim for high-income professional and monitored their child's Report Cards to assess their academic performance and behaviour in the school environment to ensure that their child was fully engaging with educational services and taking advantage of the opportunities available to them (Bennouna et al., 2019).

At the same time, however, parents can sometimes place undue pressure on their children, particularly in terms of their academic achievement, their ability to grasp the host language and integration into their new community, all of which have been shown from two of the other relevant included studies here, to place adolescent refugees under additional stress and impact their overall mental health and well-being. For example, Ragnarsdóttir (2020) found that Syrian parents resettled in Iceland and, in particular, those with higher levels of education, expressed concern about their child's amount and rate of learning. Likewise, Gandarilla Ocampo (2021) reported that although parents wanted their child to make friends and integrate into the community, they often overly prioritised their child's education which tended to limit their child's participation in extracurricular activities.

Peer relationships were also shown in the Bennouna et al. study to have a significant impact on the mental health and well-being of young refugee students from the MENA region. For instance, participants stated that native students were very welcoming from the outset and

although they gravitated initially towards fellow Arabic-speaking students, once their English language improved, they found that many U.S native students were supportive in terms of helping them to improve their English, whilst also showing an interest in learning about their background and culture. This fostered a greater sense of belonging and helped with integration into the new school environment (Bennouna et al., 2019). However, it is important to note that bullying and racism have been widely reported in the literature (see Chapter One, p. 20) and can act as a significant barrier to refugee integration and well-being. Reassuringly, the findings of the study by Bennouna and colleagues demonstrate that inclusive school policies may be helpful in this regard.

A small qualitative study by Johansen and Studsrød (2019) further highlights the importance of interpersonal relationships in helping young refugees to better manage the kind of trauma and mental health difficulties typically reported in this population , Participants highlighted the important role of interpersonal relationships in helping them with their trauma and mental health difficulties, including those with social workers, family, and other social groups. Through engagement in social activities and searching for reciprocal relationships and companionship, the participants felt a greater sense of belonging, and these relationships had positively impacted their well-being. They also reported feelings of love and happiness as a result of these family and interpersonal relationships (Johansen & Studsrød, 2019).

Sierau and colleagues (2019) assessed the impact of the quantity and quality of social support (e.g. from family, peers and adult mentors) in moderating the effects of stressful life events (SLEs) on the mental health of young unaccompanied minor refugees (URMs). The findings showed that almost all of the young participants (n=98, 94%) reported experiencing an SLE at least once in their lifetime, while approximately 60% reported mental health

problems, with both PTSD (30.5%) and depression (40%) commonly indicated (Sierau et al., 2019). Although it was reported that contact between URMs and their family was limited to phone calls and/or social media, the family was still considered the most important source of social support, followed by peers and then mentors (e.g. social workers, coaches and caregivers). In addition, family support impacted perceived social support from peers and mentors. Thus, URMs with family contact (n=82, 78%) reported more perceived social support from peers and mentors than their counterparts who experienced lower levels of family contact. Interestingly, this contradicted the assumption made by the researchers on the basis of previous research findings (e.g. Oppedal & Idsoe, 2015), that social support from peers and mentors would compensate for the lack of family support.

Therefore, the researchers suggest that this unvoluntary loss of family contact as a result of forced migration may have created a mistrust in other social relationships and a lack of awareness of other social support outlets. However, the findings further highlight that higher levels of social support from mentors (i.e. social workers, coaches and caregivers) played a positive role in reducing symptoms of PTSD, depression and anxiety as a result of SLEs, whereas the opposite was true with regard to low levels of perceived mentor support. Higher levels of perceived peer support were also moderately associated with reduced symptoms of anxiety. The collective findings from this study highlight the significant role of family and peer relationships in reducing diagnosed mental health problems caused by forced migration and SLEs (Sierau et al., 2019).

2.4 Mesosystem: School and Community Support and Interventions

2.4.1 School Supports

As indicated in Chapter One, schools are ideally placed to help support the psychosocial needs and well-being of children and in so doing, to potentially improve their educational outcomes (Aldridge & McChesney, 2018; Murray, 2019). For example, time spent at school means that these children may be better able to access and use supports without placing any financial burden on their families (Fazel et al, 2016; Mancini, 2020). Therefore, the development of appropriate and effective techniques and interventions in schools to address mental health difficulties and, in particular, to prevent and reduce incidences of self-harm and suicide, has been identified as important for this vulnerable population (e.g. Fazel et al., 2016; McMullen et al., 2021).

A total of seven studies in the current review explored the roles of schools in supporting the mental health and overall well-being of adolescent refugees. An interesting qualitative study by de Wal Pastoor (2015) explored the role of schools in supporting unaccompanied minors (UAMs) living in Norway following resettlement. A series of interviews carried out with young refugees (n=40) and school support staff (n=25), indicated that refugee students, members of the school environment and the local community must all play an active role in the 'adaptation process'. This sociocultural adaptation to life in a new and unfamiliar society involves the development of often challenging social, cultural and linguistic skills. Thus, schools need to adapt to the needs of refugee students through a collaboration between all related services such as, teachers, school psychologists, and mental health professionals. This collaboration and the provision of appropriate training (on, for example, the psychosocial impact of war and migration on young refugees' mental health), are essential to facilitate a

greater competence and understanding amongst SPs, of mental health and trauma symptoms in this population (de Wal Pastoor, 2015). Additionally, the social, psychological and emotional challenges of UAMs must be addressed both within and beyond the school setting, through for example, more support from teachers and the implementation of appropriate school-based interventions and approaches for this population.

Stark et al (2021) further highlight the crucial role of school in supporting the mental health and psychosocial well-being of refugees through social and emotional learning (SEL). Fourteen focus group discussions carried out across six cities with both male and female refugee students (n=69) from conflict-affected MENA countries, highlighted two main pathways in terms of how the school environment promotes identity formation, sense of belonging and self-efficacy. Students indicated that the acquisition of English and the ability to communicate with their educators and peers, improved their academic and social progress, while moving from English as a Second Language (ESL) to regular classes also improved their confidence. The study further illustrates the importance of supportive peer relationships and the school's role in fostering relationships with other students from the MENA region, both of which helped newcomer refugee students to effectively navigate the school environment and available supports. Similar to the Bennouna et al (2019) study, U.S. born students also showed an interest in refugee students' culture, thereby enabling the newcomers to feel more confident in their environment and to foster more effective integration.

The educators who took part in the Stark et al. study, also played a significant role in supporting the mental health and psychosocial well-being of refugee students through the provision of culturally responsive learning environments that helped to promote a welcoming school climate and, in turn, to nurture a strong sense of school belonging. For example, a

number of whole-school measures were implemented, such as the provision of critical information on social norms for refugee students upon arrival, the setting of school rules, the availability of relevant supports (mental health and psychosocial supports) and *"*multicultural days*".* The last of these was interesting in that they provided refugee students with the platform to share more positive representations of their home country to their school peers. Consequently, these students reported feeling a greater sense of belonging and higher levels of confidence (Stark et al., 2021).

The findings of another notable UK-based, albeit relatively smaller, qualitative study, demonstrates the important role of schools in providing adolescent refugees (aged 15-24) with the relevant mental health support and services to deal with the trauma and experiences they have faced throughout the migration process (Fazel et al., 2016). Participants (n=40) reported that teachers were extremely important in mediating and and/or supporting their engagement with mental health services by, for example, organising therapeutic sessions during lunch/break hours to prevent students missing out on essential classroom time (Fazel et al, 2016). The results further indicate that students felt more comfortable attending these therapeutic sessions within the school environment and that they would be less inclined to do so if they were based elsewhere, thereby providing additional evidence for the significant role of schools in supporting the mental health of young refugee populations. While this study was based on a smaller sample than that described above, it included refugees from 20 different countries (although cultural differences or views on mental health from refugees of different backgrounds were not explored) (Fazel et al, 2016).

An interesting example of a psychological intervention delivered in a school-based setting is described by Ooi et al. (2016) who examined the efficacy of group-based CBT and

specifically Teaching Recovery Techniques (TRTs) for war-affected young migrants living in Australia (n=82) (Yule et al., 2013). The study employed a cluster RCT design which included baseline, post-test and three-month follow-up assessments. Participants (aged 10-17 years old) were recruited from 11 different schools across Perth and randomly assigned to an eight-week intervention (n=45) or waitlist (WL) control (n=37). The findings showed no statistically significant pre-post changes in symptoms of PTSD in the intervention versus control group, although 41% of the children in the intervention reported improvement in symptoms of PTSD in the three-month follow-up. However, the intervention group reported significantly fewer symptoms of depression at both follow-up time points when compared to their control group counterparts. Despite the rigorous design (and one of the few RCTs included in this review), the authors acknowledge that the study was underpowered due to the small sample size while, as with many of the other studies reported here, there was no longer term follow-up assessment. Again, a need for more longitudinal research is indicated, albeit these kinds of studies can clearly be more resource intensive than other designs.

Research conducted in Northern Ireland (NI) (McMullen et al., 2021) investigated the educational experiences of Syrian refugee students who have come through the Vulnerable Persons Relocation Scheme (VPRS). This initiative established and led by a consortium of public agencies, local government and voluntary sector organisations, was designed to support the initial resettlement of Syrian refugees, including the provision of advice and support to help meet their learning needs. Specifically, these students receive a new Schools Trauma Advisory and Referral Service (STARS) which aims to support refugees coming through the VPRS by attempting to reduce the impact of trauma as a barrier to learning and the education system. Parents were asked a range of questions regarding their child's happiness, self-confidence and

comfort, barriers faced by their children in school, their experience of trauma and their ability to face barriers to learning, and school support. They were also asked to rank a number of school-based interventions which might be used to best support their children (McMullen et al., 2021). The students were asked about their happiness and safety in school, problems at school, relationships with teachers and other pupils, and help seeking (McMullen et al., 2021).

Consistent with the findings reported from other included studies here (Taskin & Erdemli, 2018; Aydin & Kaya, 2017), the results of the NI study showed that language acquisition was identified as the main barrier in supporting refugee youth. In Northern Ireland, as in the Republic of Ireland, there is a lack of Arabic-speaking mental health and well-being professionals, so it can be difficult to support students with a lack of English language skills. One interesting potential solution suggested by the authors, was to identify and recruit a bilingual family support liaison officer to liaise between families and schools, providing translation support for both parties and acting as a cultural broker to avoid discrimination or lack of understanding between service providers and service users (McMullen et al., 2021). This interesting approach highlights an attempt to reduce barriers affecting service provision and specifically language and further emphasises the need for interventions to be culturally sensitive and appropriately contextualised. Furthermore, the use of qualitative methods in this instance was, according to the authors, very useful in enabling schools to gain a greater understanding of the priorities, norms and values of young refugees and, in turn, to help inform the development of appropriate and effective supports (McMullen et al., 2021).

Notably, a key recommendation from the study by McMullen and colleagues, is the inclusion of psychoeducation alongside therapeutic interventions for both families and school staff (also discussed in the next section). This can help Syrian parents to gain a better

understanding of their child's trauma (i.e. that it is a normal response to an abnormal experience), and to help reduce the stigma around, and underreporting of, mental health problems amongst the Syrian population. Furthermore, psychoeducation for school staff can reduce *a priori* expectations of the effects of refugee trauma and equip them with a better understanding of trauma and its potential triggers or indicators in order to address potential issues sooner rather than later. Another key finding of this research was the strong evidence to show that school-based interventions and practices, such as CBT-based and Trauma Systems Interventions, along with creative art interventions involving the Arabic language and culture, can be effectively implemented to support recovery from traumatic experiences faced by these young refugee students. Indeed, the findings from the seven included studies here, show statistically significant post-intervention reductions in anxiety, depression and trauma symptoms as well as lower numbers of disciplinary referrals, positive emotional and behavioural changes and improvements in environmental stress. However, there was a consensus across all studies, of the need for further research to gain a deeper understanding of the trauma and educational needs of this vulnerable population, so that more effective practices and approaches can be implemented.

2.4.2 Community Supports

A number of interventions and practices have been implemented in various countries across the world to help support young refugees during their transition to their new host country and to help them manage any trauma experienced prior or during the migration process. These psychological interventions and therapies have been used in a range of community settings to address the complex needs of adolescent refugees. However, as described in Chapter One,

refugees face specific challenges and barriers when accessing mental health services, including the stigma surrounding mental health in their country of origin, language barriers and acculturation difficulties. Therefore, the evidence suggests that culturally responsive, and trauma-focused treatments are essential in supporting adolescent refugees. A number of interesting and potentially more broadly applicable approaches/practices for addressing the mental health needs of refugees in the community have been culturally adapted across a range of low-middle and high-income countries, as outlined further below.

2.4.2.1 Low- Middle- Income Countries (LIMs)

While most research in this field has been conducted in high income countries Zemestani et al (2022) implemented a culturally adapted TF-CBT intervention for war trauma-exposed women (aged 18-50 years old, mean age= 32) in Iraq (n=48). The women had a current diagnosis of PTSD and were randomly assigned on a 1:1 basis to either TF-CBT or wait-list control (WLC) conditions. The intervention group received weekly, individual, 30-minute sessions of culturally adapted TF-CBT for 12 weeks while those assigned to the WLC group, came into the clinic to review their mental health status and complete assessments in person at baseline, 12 weeks and 16 weeks (also in 30-minute sessions). The cultural adaptations for this intervention included the integration of culturally relevant and locally accepted vocabulary, terms, concepts and phrases in order to promote more effective engagement. Participants in the TF-CBT intervention group reported significantly reduced symptoms of PTSD from pre- to post-intervention, lower levels of depression, anxiety, and stress as well as less use of maladaptive emotional regulation strategies when compared to their WLC counterparts. In

addition, the women in the TF-CBT group reported improved quality of life in both the post treatment session and one-month follow up sessions.

As mentioned earlier in Chapter One, EMDR is another psychological intervention that has shown initial encouraging results in reducing symptoms of PTSD in refugees For example, Smyth-Dent and colleagues (2019) delivered an EMDR Integrative Group Treatment Protocol for Ongoing Traumatic Stress (EMDR-IGTP-OTS) intervention to Eritrean refugees (aged 12-17 years old) living in Ethiopia (in refugee camps) (28 males and 20 females). The intervention incorporated culturally sensitive methods to reduce potential prejudice and stigma associated with the intervention. For example, all interviews and protocols were translated into the refugees' language (Tigrinya) and psychoeducation was provided on trauma, depression, anxiety, PTSD and the EMDR therapy. Participants were provided with an average of five hours' EMDR treatment during six group sessions, which were conducted three times daily over two consecutive days by two EMDR qualified therapists. The results indicated significant improvements in symptoms related to PTSD, anxiety and depression for both males and females, albeit with significantly lower reductions amongst males than females. These findings suggest that EMDR-IGTP-OTS might be useful in reducing not only symptoms of PTSD, but also anxiety and depression, although further research using larger samples and gold standard methods (e.g. RCTs) as well as attendant economic appraisals, are needed to assess its effectiveness and cost-effectiveness within this population more generally.

The effectiveness of EMDR in reducing PTSD and depressive symptoms in refugee youth, was also examined by Acarturk et al. (2016). Similar to the research conducted by Zemestani et al. (2022), the Syrian refugee participants (aged 18-59, mean= 33) (who were living in a refugee camp located on the border of Syria and Turkey) were randomly assigned

to either EMDR sessions (n=15) or wait-list control group (n=14). As above, the authors incorporated culturally sensitive practices within their study design; thus, with the help of Syrian interpreters, all interviews were carried out in the local language while psychoeducation was also provided on trauma, PTSD and EDMR to reduce the potential prejudice and stigma related to the intervention. The intervention group participants received a maximum of seven 90-minute sessions of EMDR, after which they reported significantly lower levels of PTSD and depression than their WLC counterparts. Both of these studies point toward the utility and effectiveness of EMDR with refugee groups living in refugee camps, although a need for further research is indicated in view of the small sample sizes and short time frames (i.e. no longer-term follow-ups) employed in both studies (Acarturk et al., 2016). Nonetheless, this kind of research highlights some potentially promising approaches in carrying out culturally competent research.

2.4.2.2 High-Income Countries (HICs)

Though there is a little evidence of effective interventions for adolescent refugees in High-Income Countries (HICs) (Fazel, 2018), a brief overview of some potentially promising and interesting programmes is provided below. Four of the studies included in this review, focused on UAMs who, according to a number of studies in the wider literature, are doubly disadvantaged due to the absence of parents or loved ones (Von Werthern et al., 2019; Maioli et al., 2021). For example, a recent systematic review conducted by Daniel-Calveras et al. (2022) which examined 23 studies of child and adolescent UAMs in nine countries (N=80,651), reported prevalence rates of ranging from 4.6% to 43% for PTSD, 2.9% to 61.6% for depression, 32.6%-38.2% for anxiety and 4% to 14.3% for behavioural problems.

With regard to the current review, Pfeiffer and Goldbeck (2017) tested a trauma-focused, group-based intervention with unaccompanied young refugee males living in Germany. This programme, called '*Mein Weg'* (My Way), and delivered in six 90-minute sessions over two months, incorporates elements of psychoeducation, relaxation, trauma narrative and cognitive restructuring, and is based on trauma-focused cognitive behavioural therapy (TF-CBT) and group-processing principles. Participants had spent an average of nine months living in Germany before taking part in the research and had typically experienced a large number of traumatic events throughout their short lives (n=7.7; range 2-13), including witnessing someone being attacked, stabbed, shot at or killed, as well as unsolicited and non-consensual sexual contact. The results showed that the intervention group reported significantly reduced post-treatment symptoms of PTSS as well as significantly fewer re-experiencing symptoms, avoidance, and negative changes in cognitions and affect. However, the study was limited (as with several others described here) by a small sample size and the lack of a control or comparison group, while the PTSS assessment was only carried out immediately post-treatment with no longer term follow-ups. Nonetheless, these early findings appear promising in terms of a potentially effective intervention for UAMs (Pfeiffer & Goldbeck, 2017).

A novel technique that is currently being implemented to support the psychosocial well-being of refugees in high-income settings, is art therapy Expressive art therapies (EATs), such as writing, music therapy, drama and drawing have become increasingly popular within the literature (Gerami, 2021; Kevers et al., 2022), and are designed to address mental health problems by allowing participants to express complex emotions (i.e. typically associated with trauma, grief and anger) that are difficult to articulate or process through speech alone and especially when cultural or language barriers exist

In the current review, Feen-Calligan and colleagues (2020) set out to develop and evaluate a 12-week art therapy intervention designed to reduce stress and the severity of trauma-related psychopathology, while also helping to develop coping skills in young Syrian refugees (aged 7-14 years) who had resettled to the US during the previous year. Participants (n=15) attended one weekly 90-minute session over the course of 12 consecutive weeks. The intervention involved a range of art therapy exercises and elements, including deep breathing, mindfulness, storytelling through collage, puppetry and other media. For example, collage making allowed participants to express themselves through kinaesthetic experiences such as tearing and cutting paper, while arranging these pieces encouraged calmness. Puppet stories allowed students to express stories about themselves which also improved group cohesion and provided service providers with a greater understanding of these trauma-affected children through self-narratives (Feen-Calligan et al., 2020). The findings showed significant pre-post intervention reductions in symptoms of PTSD, anxiety and depression. A number of attendant post-intervention changes in behaviour were also observed, including more effective communication among participants, use of the art-assisted breathing techniques discussed within sessions, and participants' selection of more calming magazine images used when collage making. It is worth noting that this programme had an 83% retention rate which as noted by the authors, is higher than many mainstream treatments for trauma-related disorders, including exposure therapy (52%) and pharmacotherapy (40-80%)). According to the authors, this was likely due to multiple factors, including group-based participation, social support and encouragement from friends and family to attend the sessions, as well as the location of the programme in the heart of the community and the complementary provision of transport to and from each session.

A larger similar study undertaken in Turkey, and also with young Syrian refugees, (n=64), examined the effectiveness of a Skills for Psychological Recovery (SPR) programme in addressing post-traumatic stress, anxiety and depression (Ugurlu et al., 2016). This programme was designed to focus on building problem-solving skills, promoting positive activities, identifying and managing emotions, fostering positive thinking, and rebuilding social connections. The content takes the form of visual art, dance and music therapy sessions delivered as part of a five-day workshop, during which participants are encouraged to express thoughts and emotions through art in order to reduce their stress, enhance their creativity, integrate their emotions, boost self-confidence, and promote enjoyment. Due to a lack of Arabic speaking interpreters, baseline and one-week post-intervention assessments were conducted only with a randomly selected group of 30 participants, although there were no statistically significant differences in symptomatology between those who were included versus not included in the assessments.

The findings of this study show that trauma, depression and anxiety symptoms were all significantly lower post-intervention. Again, the researchers noted the importance of creating an intervention that is culturally relevant and, in fact, the use of Arabic-speaking volunteers allowed the researchers to change the delivery of the intervention to a format that was more culturally appropriate as these volunteers were able to facilitate greater engagement between the researchers and the intervention population. While the findings add to those above, the research was limited by the absence of a control group and the loss of a significant proportion of participants at follow-up due to a lack of interpreters (Ugurlu et al., 2016). Furthermore, the study design limited the assessment of programme effectiveness due to the lack of a comparison or control group. Collectively however, both of the above studies provide tentative

initial evidence for the effectiveness of art-based therapies in community-based settings with this population (Feen-Calligan et al., 2020), although a need for much further research is indicated.

2.5 Macrosystem: Creating an Environment for Integration

2.5.1 Integration and Acceptance

Integration can be described as *'the processes that increase the opportunities of immigrants and their descendants to obtain the valued 'stuff' of a society, as well as social acceptance, through participation in major institutions such as the educational and political system and the labour and housing markets'*; Full integration *'implies parity of life chances with members of the native majority group and being recognized as a legitimate part of the national community'* (Alba & Foner, 2015, p. 5, as cited in Spencer & Charsley, 2021). Acceptance within the host country has been reported to improve the mental health outcomes of refugees and asylum-seekers and reduce the incidences of stress, anxiety and depression that occur due to the typically high levels of discrimination within this population (Bogic et al., 2012). Such discrimination has been reported to negatively affect school completion for young refugees (e.g. Koehler & Schneider, 2019) whilst leading to social isolation amongst older members of this population Therefore, the available evidence highlights the crucial importance of addressing the complex needs of refugees upon arrival in the host country and implementing appropriate measures to support their mental health and well-being, while also promoting integration in the community in ways that respect their cultural backgrounds and histories.

2.5.2 The Needs of Young Refugees and Current Practices/ Approaches

Research suggests that there is a wide range of individual, interpersonal and school-level factors that can help refugee children meet their learning, social and emotional needs and which, consequently, influence their integration and inclusion within their new community (Cerna, 2019). For example, individual factors, some of which have already been mentioned, including language proficiency and development of the mother tongue, are key to successful integration and can be addressed using language programmes such as the 'PICTES' and 'PIKTES' (Sarmini et al., 2020). The first of these, the 'Promoting Integration of Syrian Children into the Turkish Education System' (PICTES) programme, was designed to address language barriers and promote greater integration of refugee students into the Turkish education system. This was established initially in 2016 as a two-year project by the Turkish Ministry of National Education support from the European Union. The original version of the programme (Akyuz et al.,2018) comprised a wide range of supports, including the provision of: language instruction methods training; catch-up education/ support classes; Turkish language courses for Syrian children; transportation for students; guidance and counselling programmes; awareness raising activities to promote educational opportunities for Syrian children; and training programmes for teachers and administrative staff in schools (Akyuz et al., 2018). When the PICTES programme came to an end in 2018, additional funding was granted for its successor, the PIKTES programme (with the letter 'c' for children replaced by 'k' for 'kids') highlighting the Turkish government's continuing commitment to provide enhanced supports for young Syrian refugees who had resettled to the country.

A qualitative evaluation of the programme, undertaken by Sarmini and colleagues (2020), involved focus group discussions with Turkish schoolteachers with varying experience

in teaching Syrian refugee students (n=17). The authors found that while the programme had helped to improve the language abilities of Syrian children in secondary schools, more hours should be allocated to administering the programme (Sarmini et al., 2020). The participating teachers highlighted language, cultural, differences and trauma as major barriers to supporting refugees, consistent with previous research findings reported within the current review (Taskin & Erdemli, 2018; McMullen et al., 2021). Teachers also reported that a lack of understanding and comprehension of the native language not only negatively impacted the Syrian students' academic performance, but also their ability to integrate with their peers. The inability to communicate verbally also created challenges for teacher in terms of tracking student progress or being able to properly identify student needs. A number of suggested solutions on how to improve the language acquisition and integration of young Syrian refugees, were identified, including intensive language courses for one to two years after arrival in the country. Indeed, this has also been identified elsewhere (Taskin & Ermdeli, 2018). Teachers also proposed reduced class sizes to enable them to give more time and attention to refugee students, while they used a range of different techniques to promote integration, such as conducting joint study groups and encouraging play and games to promote greater interaction and social bonding. Ultimately, the teachers felt that communication, social behaviour and learning were the three most important needs to be addressed when supporting refugees in educational settings.

According to Sarmini and colleagues (2020), programmes such as PICTES/PIKTES should also include psychological support to facilitate greater integration and provide refugee students with the opportunity to express their trauma and experiences to their teachers and peers in educational settings (Sarmini et al., 2020). Overall, the evidence, to date, suggests that the 'PICTES' and 'PIKTES' programmes could be seen as potentially promising or useful

approaches in terms of promoting refugee integration into the school environment whilst also addressing language-related difficulties.

Furthermore, the support for mental health issues or trauma not included in programmes such as PICTES/PIKTES, may be addressed through SEL (Stark et al., 2021) and other school-based therapeutic interventions (Fazel et al., 2016). Research on interpersonal factors, including friendships, family and support networks, highlight the importance to integration, of refugee students forming strong bonds with their peers as well as high levels of parental or family support and positive social support (Mohamed & Thomas, 2017; Vrdoljak et al., 2022; Schlecter et al., 2021). Thus, school-level factors, such as school engagement, teacher/student interactions, assessment, and parental involvement in education and extracurricular activities, also appear to be crucial in creating the educational, social and emotional 'bedrock' required for effective integration.

Cerna (2019) suggests a potentially useful holistic model for addressing multiple educational and socioemotional needs aimed at ultimately promoting the integration of refugee children and young people. This holistic model of integration responds to the learning, emotional and social needs of refugee students and may be adapted depending on the primary needs of the child, through the analysis of 'promising practice' approaches from a range of OECD (the Organization for Economic Co-operation and Development) countries. For example, if education is considered to be a primary need, then educational needs can be addressed first, followed by the social and emotional needs of the child. Research has shown that schools that adopt holistic models can help to improve a child's learning, social and emotional needs by addressing individual, interpersonal and school-level factors. There kinds of holistic models may also be usefully employed within health and social services to more

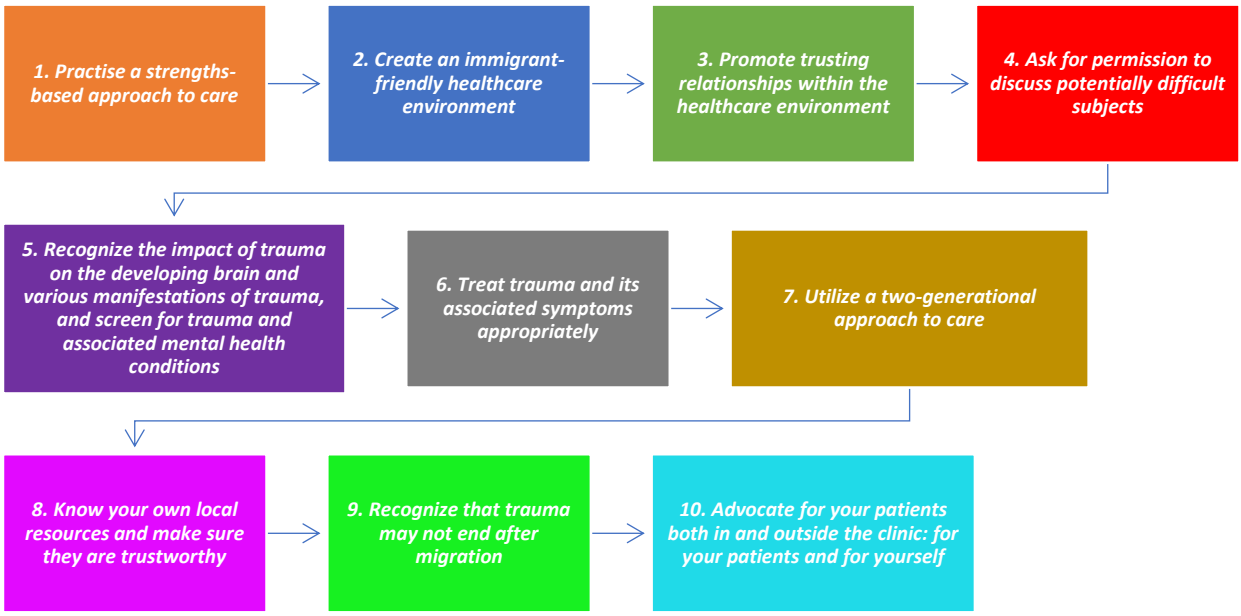
effectively address the complex needs of refugee children and young people (Sidhu & Taylor, 2009). Thus, Cerna's model may offer a potential universally applicable framework that can be implemented across a range of jurisdictions.

According to a number of authors, it is also important that approaches to supporting refugee children and youth are trauma-informed, given the often-extensive trauma they have experienced prior to their arrival in the host country (Miller et al., 2019). Indeed, there is a growing body of literature on trauma-informed approaches and trauma-informed care in schools (Overstreet & Chafouleas, 2016; Maynard et al., 2019; Herrenkkohl et al., 2019), community settings (Bergholz et al., 2016)and within mental health services (Mihelicova et al., 2018; Palfrey et al., 2019). Trauma-informed care (TIC) has been defined as where a "*program, organization, or system that…realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization*" (Substance Abuse and Mental Health Service Administration (SAMHSA), 2014, p.9). Therefore, it is important for service providers to be educated on TIC that is culturally responsive, in order to improve the delivery of services to refugees. For example, TIC has been recommended by the American Academy of Pediatrics (AAP) (Linton et al., 2017), but to date, there have been many challenges in implementing these practices without a clear framework. However, Miller et al (2019) offer 10 of what they call "clinical pearls" of TIC specifically for refugee and immigrant youth which may be helpful. These range from adopting a strengths-based approach to care and recognising the impact of trauma, to using a two-generational approach to care and advocating for service users (see Figure 2.4).

Im and Swan (2021) investigated the integration of TIC practices within resettlement programmes/services for refugee populations. This study was conducted as part of a larger evaluation of a state-wide refugee health promotion programme in Texas which, at the time of the study, accommodated the largest number of refugees of any of the states in the use (Krogstad & Radford, 2017). However, California has now surpassed Texas as having resettled the highest number of refugees (Obodoruku, 2023). Thus, during 2018 to 2020, Texas received and welcomed up to 2500 refugees from 30 different countries. The study participants included mental health service providers (n=13), interpreters (n=12) and refugee programme supervisors (n=4). All service providers regarded TIC as crucial when assisting refugee youth with trauma and mental health difficulties and overall, the results strongly support the adoption of TIC in practice to prevent re-traumatisation during the resettlement process.

Figure 2.4

Key recommendations for delivering TIC for Refugee and Immigrant Youth (Miller et al., 2019)



However, the above research also revealed a number of disparities amongst participants. For instance, some indicated that they had little exposure to the notion of TIC or trauma-sensitive practices and were given little or no resources to support the management of refugee trauma. These disparities and limited experience in providing TIC have also been identified in research conducted elsewhere For example, Lau and Rodgers (2021) observed a lack of consensus on the meaning and implementation of TIC and culturally competent refugee services which, in turn, has led to challenges for agencies in developing services that effectively support the needs of this population.

Likewise, Guevara et al (2021) identified a number of challenges in implementing TIC in child and family services specifically related to lack of resources and funding for supports

and the prioritisation of academic achievement over mental health. The authors underline the need for: more policy efforts to promote training and provide more information on trauma screening practices to better equip services providers to deal with childhood trauma; greater collaboration amongst services to reduce the risk of re-traumatisation and promote cultural responsiveness and strong relationships; and further assessment tools to identify both risk and protective factors. More specifically, and consistent with the McMullen et al. (2021) study described earlier, service providers must be given adequate training on the refugee's culture and symptom expression therein (e.g. distress), while developing appropriate techniques and lines of communication to help with treatment/management (Guevara et al., 2021). It is suggested by both Guevara et al. (2021) and Im and Swan (2021), that service providers should aim to incorporate as many of these principles as possible when working with refugee populations. Overall, the lack of a universal approach to TIC has led to considerable confusion in terms of understanding, training and implementation.

2.6 Conclusion

The studies included within this review, consistent with the wider literature (e.g. Guo et al., 2019), indicate that adolescent refugees have complex needs, including learning the language of the host country, overcoming interrupted or limited schooling, adjusting to a new educational environment and community, developing a self-identity and coping with trauma and loss (Cerna, 2019). Multiple facilitators and barriers were also identified.

Firstly, there was strong evidence to indicate the crucial impact of family and peer relationships on the mental health and psychosocial well-being of adolescent refugees and indeed, this is widely reflected in the literature more generally. Thus, parental and family

relationships can act as both as a facilitator and barrier to supporting the mental health and well-being of adolescent refugees depending on the levels of social support provided (Sierau et al., 2019). Additionally, high parental expectations and levels of discipline can create added stress and pressure on adolescent refugees to succeed in their new host country which, in turn, can negatively affect their mental health and psychosocial well-being and act as a barrier to help seeking and support (Ragnarsdóttir, 2020; Gandarilla Ocampo et al., 2021).

Peer relationships are also clearly important. Thus, native students displaying support and welcoming newcomer refugee students to their school environment, helped to foster a greater sense of belonging among young refugee populations and supported their integration into the community (Bennouna et al., 2019). Additionally, engagement in interpersonal relationships and social activities, can further promote a sense of belonging amongst young refugees living within their new host country, whilst also helping to improve their language comprehension and, in turn, their mental health and well-being (Johansen & Studsrød, 2019; Sierau et al., 2019).

The studies reviewed here explored a range of different methods and approaches that have been used in countries across the world to support the mental health and psychosocial well-being of adolescent refugees. Perhaps unsurprisingly, school and community-based supports played a significant role in improving the mental health and psychosocial well-being of adolescent refugees and reducing incidences of self-harm and suicide (Aldridge et al 2020; Petti & Chen, 2019). A number of school and community-based interventions and programmes were identified, ranging from ‘multicultural days’ and SEL (Stark et al., 2021) to more intensive therapeutic interventions such as trauma-informed CBT (Zemestani et al., 2022), and EMDR (Vanderschoot & Van Dessel., 2022; Smyth-Dent et al., 2019). Some of the findings

provide initial evidence to support the effectiveness of these programmes in reducing PTSD, anxiety and depression symptoms among adolescent refugees alongside various other methods including art therapies (Ugurlu et al., 2016; Feen-Calligan et al., 2020), although a need for much more (high-quality) research is indicated.

Importantly, many of the studies included in this review were characterised by relatively small sample sizes and only short-term follow-up assessments, whilst some also fell short in other aspects such as (e.g. selection bias, lack of control groups and an over-reliance on the use of self-report measures). Therefore, there is a need for further replicative research on these programmes and interventions in order to identify potentially promising approaches that may be implemented across jurisdictions with this population. For example, some of the approaches identified throughout the scoping review include the research by McMullen et al. (2021) in NI which identified the VPRS as an effective example of multi-agency working. Additionally, the same authors reported the positive impact of STARS and how this could be seen as another potentially useful approach to reducing the impact of trauma as a barrier to learning.

Some other examples of interesting and useful approaches in terms of culturally competent research were also identified within this review (Acarturk et al., 2016; Zemenstani et al., 2022; Smyth-Dent et al., 2019), including the implementation and evaluation of trauma-sensitive or culturally relevant practices. Cerna (2019) also highlights the need for a holistic model which encompasses a child's learning, social and emotional needs and which can (and should) be met by addressing individual, interpersonal and school-level factors. Within the context of this model, it is the role of service providers to identify the primary needs of the child and address these accordingly (Cerna, 2019). A final example of a potentially useful and

practical approach to integration in the school environment, and one which addresses language barriers, was identified by Sarmini et al. (2020) through the 'PICTES' and 'PIKTES' programmes.

Overall, the findings of the studies reviewed here suggest that programmes and interventions employed to support the mental health and well-being of adolescent refugees should be trauma-informed and take into account the complex experiences and needs of young refugees, preferably guided by holistic models of care (Miller et al., 2019; Im & Swan 2021; Guevara et al., 2021). All of these findings are discussed in more detail in the final chapter, which also highlights the original contribution of this work to the literature.

Chapter Three: Method (Stage Two)

This chapter will first discuss the epistemological and ontological frameworks underpinning Stage Two of this research and the overall study design. The methodological details of the research will then be described, including the sample, recruitment procedures, data collection, ethical considerations, data analysis and reflexivity.

3.1 Epistemological and Ontological Framework

A research paradigm sets the context of a study, also described as 'sets of beliefs about the nature of the world and how to inquire into it' (Guba & Lincoln, 1989, p.117). There are a number of research paradigms which enable researchers to conceptualise and define their research including, for example, positivism, postpositivism, constructivism, critical theory and participatory paradigms, each of which possesses its own ontology (i.e. the assumption of reality/existence), epistemology (knowledge), axiology (values) and methodology of conducting research and presenting the findings (Lincoln et al., 2011). The current study was entirely qualitative and is rooted, therefore, in the constructivist paradigm which is concerned with human behaviour and the subjective understandings of a person's personal conceptions and experiences based on their social and historical background (Kamal, 2019).

However, it should be noted that the larger SALaM Ireland study, as mentioned earlier in Chapter One, is based on a mixed methods approach and is underpinned, therefore, by the pragmatic paradigm. This is used to inform and guide research that aims to solve practical problems in the 'real world' through rigorous enquiry, and advocates for the use of multiple methods or techniques (i.e. both quantitative and qualitative) to answer the research question(s)

(Kaushik & Walsh, 2019; Kelly & Cordeiro, 2020). The researchers use a problem-centred approach where the real-world problem or challenge identified becomes the primary focus of the research and the research questions are formulated in an attempt to solve it. The pragmatic paradigm typically includes an interdisciplinary collaboration whereby the researchers work with stakeholders across a range of different disciplines and fields to ensure that the problem is viewed holistically (Kaushik & Walsh, 2019). Typically, a mixed-methods approach is used to obtain a well-rounded understanding of the problem and the inclusion of multiple perspectives (Dawadi & Shrestha, 2021). Therefore, the ultimate aim/goal of mixed methods research (conducted in line with the pragmatic paradigm) is to make a positive impact on society by providing practical solutions and recommendations to address real-world problems.

Conversely, the constructivist paradigm used in the research reported in Stage Two, states that there is no ultimate truth, and that reality is constantly changing based on subjective experiences (Kumatongo & Muzata, 2021). Lincoln and Guba (2013) explain, in line with this, that 'entities only exist in the mind of the persons contemplating them' (p. 39). This research paradigm is also alternatively known as an 'interpretive paradigm' (Kamal, 2019) because the researcher aims to understand the world through interpretations and subjective experiences of meaning which are normally assessed using qualitative methods. The ontological view of constructivists is based on information provided by participants who are directly involved in the field of work or have intimate experience of the research topic/question (in the case of this research, individuals working directly with adolescent refugees) in an attempt to find a shared reality or interpretations of experience (Chen et al., 2011). The epistemology of this research paradigm is concerned with the generation of knowledge through interpretation whereby both the researcher and participant aim to add to knowledge and meaning through the process of

explaining their actions and others (Chen et al., 2011). Thus, the focus of the current research is to construct knowledge about specific phenomena (i.e. the factors influencing mental health service provision and supports for young refugees), utilising information based upon service providers' subjective experiences of their world, in order to find shared meaning and experiences of reality and the social world.

3.1.1 The benefits of Qualitative Research

As mentioned above, qualitative research approaches are most commonly associated with the constructivist paradigm or worldview (Goldkuhl, 2012) because they are used to investigate the meaning and experiences of the human experience and the social world (Fossey et al., 2002; Aspers & Corte, 2019). The theoretical origins of qualitative research are underpinned by a range of disciplines including anthropology, sociology, philosophy, social psychology and linguistics (Moriarty, 2011). The core aims of this type of research which includes a wide range of data collection and analytical approaches, are to provide an in-depth understanding of the participant's social world by exploring their experiences, backgrounds and perspectives. Qualitative researchers typically utilise small sample sizes and have one or more close interactions with the participants in order to elicit rich and detailed information on a particular topic (Snape & Spencer, 2003). For these reasons, a qualitative research design was selected for the current study in order provide an appropriately contextualised and in-depth understanding of the key facilitators and barriers to service provision for the population under investigation.

3.2 Study Design: Overview

3.2.1 Participants and Settings

A stakeholder mapping exercise coupled with snowball sampling, were employed by the larger 'SALaM Ireland' research team (and the author) in order to identify and recruit a sample of key service provider (SP) informants. Three broad inclusion criteria were used whereby participants had to be: (1) aged over 18 years; (2) have a direct role in providing support and services either professionally or voluntarily, to young refugees (aged 13-18 years) including those who are Arabic-speaking and their families; and (3) to have at least 12 months' experience working with this population. A range of educational/school-based providers were contacted, including professionals who were working for various School Completion Programmes (SCPs), Tusla Education Support Service (TESS) and ETBs, while community-based providers included individuals who were working for Non-Governmental Organisations (NGOs), community organisations and also the EROCs (which included resettlement staff, intercultural workers and psychologists). A total of 103 stakeholders was identified across a range of sectors and roles, including community-based providers, educational/school-based providers and mental health services. Forty-one SPs (40%) agreed to participate in interviews and due to the nature and scope of this work, the data collection and analysis were divided between the author and the SALaM Ireland Project Manager (PM). Thus, 21 participants, comprising 16 females and 5 males, took part in the current study.

These 21 participants were purposively selected from the pool of available participants to reflect appropriate geographical, professional role/service and (insofar as possible) gender role diversity Hence, participants were selected from a range of counties in Ireland and across three professional categories, including community-based providers, educational/school-based

providers and mental health professionals. The final sample included individuals working in ETBs, language support centres, youth services and NGOs who provide a variety of supports to refugees living in Ireland. All but six of the sample were community-based providers (n=15) while the remainder were based in schools (n=4) or were psychologists working with refugee young people (n=2). Further information on participants from each of the above three main categories, is provided below.

3.2.2 Interviewee roles

The 15 community provider participants were purposively recruited to provide contextual information regarding their role in providing community-based supports to adolescent refugees in Ireland. A number of different roles were included within this sub-group, incorporating intercultural workers, youth workers, volunteers, caseworkers and learning support workers (i.e. who work outside of schools to provide extra educational supports to adolescent refugees). The total sample included within this research, comprised mainly females (n=16) as very few males, overall, had agreed to take part in interviews. Four educational and school-based providers (three female; one male) were selected to provide contextual information on service provision for adolescent refugees in schools. These included two schoolteachers, one Education Co-ordinator and one School Completion Programme Co-ordinator who provided various levels of support for adolescent refugees in school-based settings, aiming to ensure they had the opportunity to engage within the curriculum and enable them to attain the highest level of education. These providers also outlined a variety of school-based practices that are being implemented to facilitate the integration of this population.

The two psychologist participants (one male; one female) provided an in depth understanding of the mental health difficulties experienced by adolescent refugees who have resettled in Ireland. The clinical psychologist and the psychotherapist (also a member of Lib Multicultural Counselling and Support Programme which offers free mental health support for adults and children from ethnic communities, see Lib Counselling - Social Health Education Project (socialandhealth.com)), both identified the types of mental health supports that are currently available for this population, while also highlighting the challenges of their respective roles in delivering services to support them. Further information regarding interviewee roles, particularly their key roles and responsibilities, is provided in Chapter Four (Tables 4.1 and 4.2).

3.3 Measures

A total of 18 one-to-one semi-structured interviews and one small focus group discussion with three SPs (the three-project co-ordinators and caseworkers included) were carried out during Stage Two of the study. The (single) focus group was included primarily due to time constraints and participant availability whilst all three participants also had similar and overlapping roles in supporting the refugee population. They also indicated that they were happy to participate in a group rather than a one-to-one basis. Such small group discussions have been used effectively in combination with one-to-one interviews in previous research (e.g. Hickey et al., 2020; Akyıldız & Ahmed, 2021).

However, while is has been suggested that such group discussions can contribute to a more natural flow of conversation and lead to more authentic responses than one-to-one interviews (Nyumba et al., 2018), it is important to acknowledge that there are also limitations

associated with their use, including, for example, conformity/groupthink, social desirability bias and interpersonal influences (Akyıldız & Ahmed, 2021); in other words, data derived from focus groups (which fundamentally capitalise on group dynamics) may be intrinsically different to those from one-to-one interviews (Lambert & Loiselle, 2008). Thus, while it emerged during the course of the focus group conducted here, that all three participants held very similar views on the needs of migrant (Arabic-speaking) youth, it must be acknowledged that their views may not have converged to the same degree, should they have participated in individual interviews. Nonetheless, as with all other participants, the three individuals provided useful details on their own subjective experiences of working with this population.

An interview schedule was designed specifically for purposes of this study to inform the conduct of the one-to-one interviews and the focus group; this was based on the review of the literature presented in Chapter Two (Stage One) as well as previous work undertaken by our US collaborators (see Appendix A). The questions therein were adapted and tailored according to the different roles and responsibilities of interviewees. For example, for school-based SPs, the content included questions on their current role and responsibilities, information regarding the number of refugees they have taught, their perspective of what it is like to be a refugee in their school, what their experience of teaching these students has been like and what supports are available to this population within their school. For community-based and other SPs, the interview questions related to how their roles and responsibilities extend to supporting adolescent refugees, their experience working with this population and of working with their families. All of the interviews (including the focus group discussion) explored psychosocial challenges for the population under investigation, as well as ideas for improving school-specific and educational supports for refugees and asylum-seekers including, in particular,

those from Arabic-speaking countries. An introductory script was followed in each case (see Appendix B).

3.4. Procedure

Prospective participants were contacted initially via their organisational email to outline the purpose of the research and to invite them to participate. They were also provided with a short letter and a brief informational flyer (see Appendix C) detailing the purpose and design of the research. This was followed by a telephone call, during which any issues or concerns regarding the research were addressed, including voluntary participation, consent, and confidentiality. Written informed consent was also sought at this juncture. A meeting was then scheduled via MS Teams (see below). All interviews took place during an approximate six-month period in 2021.

3.4.1 Impact of COVID-19 Restrictions

While in-person interviews were desirable, these were not possible due to COVID-19 restrictions. The first case of COVID-19 in Ireland was identified on 27th February 2020 (Perumal et al., 2020). Subsequently, on 27th March 2020, a national lockdown was implemented nationwide to reduce the spread of the virus. This saw the extensive and unprecedented closure of non-essential services, widespread travel restrictions, closure of public spaces and cancellation of all sporting events (Fahy et al., 2020). In addition, as the virus began to spread, further measures were implemented, requiring people to stay at home and travel no further than two kilometres from their home or meet anyone not living within their

household. Therefore, all non-essential workers were required to 'pivot' to remote working (Kennelly et al., 2020). The pandemic officially ended in May 2023 (Bedard, 2023).

As a result of the COVID-19 restrictions, the SALaM Ireland research team met online to discuss potential ways to continue the research. Multiple online research methods were reviewed to agree on the best approach for remote interviewing. A number of digital platforms were also considered including Skype, Zoom, Whatsapp, GoToMeeting, Jabber and BlueJeans. Following further discussion, and in line with subsequent regulations from Maynooth University, Microsoft (MS) Teams was selected mainly because of its more secure 2FA security and data encryption while it also meets dozens of national, regional and industry-specific security/privacy compliance regulations. It also integrates extremely well with Microsoft's other products, including Office 365. Therefore, all interviews (and the focus group) were conducted remotely using Microsoft (MS) Teams.

Online informed consent (i.e. to take part and to allow the recording of the interview) was sought from all participants whereby each participant had a person present to co-sign and witness their signature on the consent form (see Appendix D), while the researcher did the same; thus, four people were present during the signing process on MS Teams. The participant then scanned and emailed the consent form to the researcher and kept the original. A similar process was used for the focus group. Some guidelines on remote interviewing were also consulted (e.g. Lupton, 2021) relating to, for example, sensitivity to emotional and facial cues, connectivity issues and background noise or distractions. The researcher also shadowed, and was present at, a small number of interviews conducted by the team's PM to ensure that he felt confident with the remote medium and to deal with any technical issues that may arise, such as poor connection and quality of recording and dealing with participants who may not be familiar

with MS Teams or remote technology (as this was still early in the pandemic). The researcher also completed informal in-house training on remote and other interviewing provided by the PM. Despite a small number of technical difficulties in the subsequent interviews (which were easily resolved), none of these factors affected the quality of information gathered.

Prior to the interviews, all participants were again assured of the confidentiality and anonymity of the interviews and were also informed of the option to withdraw at any point up to data analysis. Their verbal informed consent was also obtained at this time. All one-to-one interviews took approximately 50-60 minutes while the focus group took two hours (with a break halfway through). Once completed, interviews were immediately saved to an encrypted laptop. All interviews were transcribed verbatim by the researcher. The transcribed anonymised interviews were then imported into Otter.ai software (a speech-to-text transcription service), and later checked for inaccuracies by the researcher. Once transcribed, the audio files were destroyed (by overwriting) and the transcription files saved to an encrypted laptop, after which they were exported to NVIVO 10 (QSR International Pty Ltd, 2021) for analysis.

3.5 Data Analysis

3.5.1 Selection of Analytical Approach

A number of qualitative analytical approaches were considered for Stage Two of this project including grounded theory (Glaser & Strauss, 1967), constructivist grounded theory (Charmaz, 2000) and narrative analysis (Bruner, 1990), but after careful consideration, Braun and Clarke's (2019) reflexive thematic analysis (RTA) approach was selected. This was chosen because it provides a flexible, in-depth, and reflexive approach to analysing qualitative data which acknowledges the researcher's role in the identification of themes/codes whilst also

recognising the importance of context, including, for example, social, cultural or political influences (Braun & Clarke, 2019). Therefore, RTA seemed particularly well-suited to the present study.

Recently, Braun and Clarke (2019) revised their thematic analysis (TA) approach (Braun & Clarke, 2006, 2012, 2013) in order to address misconceptions around the interpretation and analysis of qualitative data (Byrne, 2022) and to take into account the subjectivity of the researcher throughout the research process. RTA allows flexibility as there are no predefined categories or theoretical frameworks, thereby allowing the researcher to freely explore any patterns, themes and meanings within the data. Reflexivity is considered to be one of the most important aspects of this type of analysis because according to Braun and Clarke (2019), self-reflection can enhance transparency and facilitate a more rigorous and credible form of analysis where the researcher is aware of their own potential biases and interpretations and their role in the analysis.

Furthermore, RTA situates the researcher within the analytic process and highlights their role in the identification and interpretation of themes within the data. Braun and Clarke (2019) also recognise that no two researchers will interpret results in the same way (although possible). This form of analysis also discourages attempts to find 'correct' or 'reliable' coding or to look for confirmation of interpretation by other coders, but instead encouraging richer interpretations of meaning (Byrne, 2022). Braun and Clarke argue further that the use of more than one coder of the same dataset helps to promote a more reflective, flexible and organic approach to data analysis. Thus, an iterative process is undertaken where the content is adapted and influenced over the course of the research. This method of analysis was selected for this

research to avoid predefining themes/codes and to allow these themes/codes to be organised around a 'central organising concept' that can then be interpreted by the researcher (Braun and Clark, 2019). The rigorous six steps involved in RTA further enhance the transparency of the analytical process (Braun & Clarke, 2021).

3.5.2 Analysis and Reporting

The stages or steps of analysis involved in the current study, are outlined below (see Table 3.1), starting with familiarisation of the data where transcripts were read several times and notes made of any thoughts or emotions including personal biases in relation to the content. In the next stage, initial codes were generated in order to identify coherent patterns within the data and to organise the data according to headings such as 'language', 'mental health/trauma', 'sense of belonging', 'COVID-19' and 'quality of service provision'. Codes were then sorted (by the researcher of this study and the PM) into initial themes and reviewed to determine their meaning in relation to the entire dataset. Relationships between themes were explored according to the roles and context of interviewees and the relationships (if any) between the service providers. The findings suggested an initially consistent pattern of facilitators and barriers to service provision for young refugees (and their families) identified across service providers (at all levels).

The next phase involved reviewing both the codes and initial themes to ensure that their meanings were correctly captured, and reflected the codes used during the earlier stage of analysis. The themes were also reviewed to ensure that they were distinct from each other. The refining of particular phrases ensured that each theme accurately reflected what had been reported in the interviews. For example, 'language' was a common word used throughout the

interviews. However, this was used in different contexts by participants. For instance, some SPs highlighted the language support services available to refugees which, in turn, acted as a facilitator to service provision. Conversely, others referred to language as a key barrier to service provision. Therefore, as described later in Chapter Four, two separate codes were defined to represent language including: (a) 'Currently Available Language and Educational Supports' and (b) Necessity for Intensive Language and Educational Supports'. Following the refining, defining and naming of themes, three main overarching themes were identified from the dataset as reported in the next chapter.

Table 3.1

The six-step RTA process

Phase	Description of the process	Actions
1. **Familiarisation with the dataset**	This phase involves reading and re-reading the data, to become immersed and intimately familiar with its content, and making notes on any initial analytic observations and insights, both in relation to each individual data item (e.g. an interview transcript) and the entire dataset.	The interviews were transcribed, and the data were read and re-read, noting down initial notes and information that may be useful.
2. **Coding**	This involves generating succinct labels (codes) that capture and evoke important features of the data that might be relevant to addressing the research question. It involves coding the entire dataset with two or more rounds of coding, and thereafter, collating all the codes and all relevant data extracts for later stages of analysis.	After familiarisation, the dataset was reviewed multiple times with any interesting features being coded in a systematic fashion and collating data relevant to each code (using NVivo).
3. **Generating initial themes**	This phase involves examining the codes and collated data to begin to develop significant broader patterns of meaning (potential themes). Next, data relevant to each candidate theme are collated so that the researcher can work with the data and review the viability of each candidate theme.	Each code was reviewed to identify any potential themes (patterns) within the data and collating codes accordingly.

4. **Reviewing potential themes**	This next step involves checking the candidate themes against the coded data and the entire dataset to determine the extent to which they tell a convincing story of the data whilst also addressing the research question. Themes are then further developed, which sometimes involves splitting, combining, or discarding different themes.	The researcher ascertains if the potential themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), after which a thematic 'map' of the analysis is then generated.
5. **Refining, defining and naming themes**	This involves developing a detailed analysis of each theme, working out the scope, and 'story' of each. An informative name/label is also decided for each theme.	The collated codes were analysed to refine the specifics of each theme, generating a clear definition and names for each theme
6. **Writing up**	This final step involves weaving together the analytic narrative and data extracts and contextualising the analysis in relation to the existing literature.	Each interview was read and re-read to select the most vivid and compelling extracts/illustrative quotes relating to each identified theme. These were then related back to the research question and literature.

Taken from Braun and Clarkes Website (Doing Reflexive TA | Thematic Analysis)

This research was conducted and reported in line with the Consolidated Criteria for Reporting Qualitative Studies (COREQ) checklist (Tong et al., 2007) (Appendix E) to ensure transparency and reliability. This checklist consists of 32 criteria, all but two of which were followed in the current study; repeat interviews were not carried out due to time constraints and the unavailability of participants who were willing to be interviewed more than once, and data saturation was not discussed as the aims of the interviews were to gather the perspectives of SPs working with adolescent refugees and their families and therefore repeated comments further supported the identified themes. However, the COREQ checklist contains a number of other items that were followed here, and which are useful for conducting and reporting qualitative research including, for example, defining sampling recruitment procedures and clearly stating the type of analysis and the reasons for selecting the analytical approach.

3.6 Ethical Considerations

The study received ethical approval from the Maynooth University (MU) Research Ethics Sub-Committee (16/11/2020) and from Washington University (St.Louis) (i.e. as part of the larger SALaMA study). The research was also conducted in line with the Code of Professional Ethics of the Psychological Society of Ireland (PSI) (Psychological Society of Ireland, 2019). This includes four core principles to ensure that research meets a number of ethical standards including respect for the rights and dignity of the participant as well as researcher competence, responsibility and integrity. The researcher also completed the compulsory postgraduate module on ethics that is delivered annually by the MU Department of Psychology. All of the necessary protocols for securing informed consent and for the management, storage and retrieval of all audio files were also observed. There were no risks to the safety or welfare of the study participants and all were assured of the confidentiality and anonymity of their data and the fact that their interviews would only be used for the purposes of data collection. Consent procedures were outlined earlier in this chapter.

Due to COVID-19 restrictions, not all members of the research team could be physically on campus at MU. Therefore, to maintain security and confidentiality throughout the study, all of the collected data including transcripts, were uploaded to a secure study folder on OneDrive that was only accessible to the research team. Contact data on participants were also saved to this folder, but on a separate password-protected document which was managed by, and accessible only to, the PM. All data were managed in line with the MU Research Integrity Policy (Ethical Review and Research Integrity General Policy Statement (maynoothuniversity.ie). Additionally, a separate project webpage (www.cmhcr.eu) on the CMHCR website was created which was regularly updated and provided useful information

and a communication resource for all participants. Prior to analysis, all participants were given the opportunity to check their transcript for accuracy and completeness. Participants will also be offered a summary of the findings once they become available.

3.7 Reflexivity

The incorporation of reflexivity into a qualitative research project is important in illuminating the researcher's perspective and engagement with the subject matter and in identifying any inadvertent bias when conducting and reporting the research (Whitaker & Atkinson, 2019). Reflexivity can be described as the process whereby a researcher critically examines and acknowledges their own biases, assumptions and positionality throughout the entire research process (Olmos-Vega et al., 2023). In my capacity as a researcher, I (he/him) was aware of all of the influences of my own experiences (i.e. previous research undertaken for my undergraduate thesis and reading other postgraduate theses) on aspects of the research, including the design, methodology and the findings presented later in this thesis. By way of my training and background, I hold a BA (2.1 Hons) degree in Psychology and as part of my postgraduate training, I have completed two modules including: (1) GST11- Professional Skills- Thesis Completion & Career Development and (2) PS361- Ethics in Psychology: Research and Practice. As mentioned above, I also received informal training from the SALaM Ireland PM and shadowed her during five interviews. Furthermore, I completed an online training course at the beginning of my research (August 2020), entitled '*Introduction to Adverse Childhood Experiences (ACE's) and Early Trauma'*. I felt it was important to attend such courses and other seminars related to adolescent refugees so that I was up-to-date with

current trends and understood the wider contextual factors affecting their well-being (e.g. the migration process, trauma and resettlement procedures).

My role as a researcher on the SALaM Ireland study was to interview service providers to identify their perspectives and experiences of working with this population in Ireland. Therefore, I did not have any direct contact with any member of the refugee population during the data collection which, for me, was disappointing due to my interest in working directly with young people. Indeed, the original aim of my study was to lead on the quantitative school-based assessments of young refugees in schools, but this did not materialise due to the school closures during COVID-19 and the timeframe within which I was required to complete my research (with only minimal available funding to support the research). Therefore, the research project had to pivot to something which was more feasible. At the same time, however, I realised that it was important to also elicit SP views on service provision for this vulnerable population and I enjoyed contributing to this important aspect of the SALaM Ireland study.

Furthermore, I had a unique opportunity when working with the SALaM Ireland and larger SALAMA (Washington University) research teams, to learn from a large group of accomplished academics from a range of disciplines, including psychology, sociology, English, and education. This enabled me to gain valuable insights and to develop the necessary skills required to undertake research on vulnerable populations. The in-house training also helped me to feel more confident when undertaking my research and, therefore, to remain more focused on how my research with SPs might, in some small way, be helpful in increasing awareness and knowledge of this population (and their many complex needs) in an Irish context.

Lastly, throughout the interviews undertaken for this research, I took detailed notes in a diary and reviewed each of these following the completion of each interview. I also had

regular conversations with both my supervisors to discuss both my findings and my subjective understanding and perceptions of these results in relation to previous research findings highlighted in the literature and discussed earlier in Chapter Two.

3.8 Conclusion

This chapter presented the epistemological, ontological and methodological framework underpinning this research as well as ethical considerations. The next chapter presents the findings from the RTA, highlighting the key themes and subthemes from the SP interviews.

Chapter Four: Results - Stage Two

4.1 Introduction

This chapter presents the results pertaining to Stage Two of the study which, as outlined earlier in Chapter One, involved a series of interviews with service providers (SPs) to better understand how the psychosocial needs of Arabic-speaking students are being met (or not) in Ireland. Specifically, this stage was undertaken to address two research questions relating to key facilitators and barriers to service provision, as well as a third question pertaining to recommendations for future service development.

As stated in the previous chapter, a total of 21 SPs from a range of community-based statutory and voluntary sectors (e.g., education, general and mental health) agreed to participate in the study. These professionals have varying roles, some of which relate very specifically to meeting the needs of young refugees in Ireland (e.g., Resettlement Support Worker and Intercultural Liaison Officer), while others relate to serving the needs of the general population, but also include working with young refugees (e.g., School Teacher and Learning/Language Support Worker). A brief description of each SP category/role is provided in Table 4.1. . A total of three main themes and eight subthemes were identified from the data as described in the sections that follow.

Table 4.1

Service Providers Roles and Responsibilities

Role	Description
Resettlement Support Worker/ Intercultural Liaison Officer/ Cultural Support Worker (x4)	Involved in helping refugees resettle and integrate into Irish society through cultural and educational support.
Project Coordinator and Caseworker (x3)	Provides outreach clinics to DP centres, helping refugees with issues regarding family reunification, assisting children in school enrolment and acting as a bridge between client/ service user and other agencies (and advocating on behalf of refugees).
Education Co-ordinator (EROC) (x1)	Roles and responsibilities include organising classes for primary school-aged students in the centre as well as English classes for adults. Responsible for linking post primary school-aged students with their local secondary school and helping them to enrol.
Clinical Nurse Manager (x1)	Carries out health assessments and mental health screenings for IP applicants and programme refugees to identify their specific needs.
School Teacher (x2)	One teacher runs the Language Support Programme in the school also involved in identifying students in need of additional help and helping them to access appropriate services and supports. The second schoolteacher is the primary Language Support teacher within their school, (otherwise known as the EAL teacher). They help refugee and other migrant students with their language comprehension and provides one-to-one teaching and support.
Clinical Psychologist/Psychotherapist (x2)	Both work with children (<18) and provide individual sessions of therapy while also organising group-based activities to help improve mental health and well-being. Similar support is provided to adolescent refugees from Syria with the help of an Arabic speaking interpreter.

Youth Worker (x3)	Responsible for facilitating the social, personal and physical development of young people (<18) within the community
Learning/Language Support Worker (x4)	Responsible for learning and language support and helping individuals with digital needs, language and learning assessment.
School Completion Programme Co-ordinator (x1)	Roles and responsibilities include supporting students with IT (during COVID-19) and helping them engage with school material while also providing some additional EAL support (has previous experience as a youth worker).

A number of key barriers and facilitators to supporting young Arabic-speaking adolescent refugees in Ireland, were identified by the SPs. Additionally, the ways in which the psychosocial well-being of these students are contributing to their educational attainment and development were explored, with a particular focus on current school and community-based supports. The barriers discussed throughout this chapter refer to issues that are negatively affecting service provision for, and support of, this population in Ireland, and areas that are in need of improvement. Arguably, some of the facilitators outlined and discussed within this chapter could offer potentially promising or useful approaches to supporting the psychosocial well-being and mental health of adolescent refugees in Ireland in that these highlight key areas or supports already in place or that have been specially developed, to assist in improving both the psychosocial well-being and educational outcomes of adolescent refugees. The key themes identified here, are discussed below and illustrated in Table 4.2 are represented in respective tables. . These include: (1) ‘Mental Health and Well-Being’; (2) ‘Challenges related to Language and Education’; and (3) ‘The Future of Service Provision for Adolescent Refugees in Ireland’. A number of subthemes were also identified (see Table 4.2).

Tables 4.2 Summary of Themes and Subthemes

Theme 1: Mental Health and Well-Being		
1. Lack of Engagement and Stigma related to Mental Health	2. Promising Mental Health Supports and Practices	3. Inclusion versus Integration: Fostering A Sense of Belonging
Theme 2: Challenges related to Language and Education		
1. Lack of Resources and Support	2. Currently Available Language and Educational Supports	3. Perceived Improvements to Current (language and educational) Provision
Theme 3: The Future of Service Provision for Adolescent Refugees in Ireland		
1. COVID-19: Its Lasting Effects	2. Future Directions for Services/Supports in Ireland	

4.2 Theme 1: Mental Health and Well-Being

The first theme comprises three separate but related subthemes, each of which addresses crucial aspects of the challenges and supports relating to the mental health and well-being of young adolescent refugees in Ireland. Firstly, the lack of engagement and stigma related to mental health are discussed, exploring the intricate web of barriers hindering mental health and psychosocial support for this population. This subtheme highlights the impact of trauma, cultural beliefs, and the reluctance to seek help, whilst also emphasising the need to raise awareness and change perceptions surrounding mental health. The second explores some of the promising mental health supports and practices that are currently being implemented across

Ireland. This acknowledges the prevalence of trauma and mental health issues among refugee youth and offers insights into alternative therapeutic methods, such as play and art therapy. The concepts of trauma-informed practice and restorative practice are also briefly discussed in the context of addressing the, often complex, needs of this population. The final subtheme relates to consideration of inclusion rather than integration, underlining the importance of fostering a sense of belonging among young adolescent refugees. This emphasises the role of schools, communities, and voluntary organisations in promoting inclusion, accepting diversity, and creating an environment where refugees feel valued and appreciated.

4.2.1 Lack of Engagement and Stigma relating to Mental Health

A number of supports across sectors, including housing, education and mental health were identified by stakeholders to be crucially important in terms of facilitating refugee integration and inclusion and these, in turn, were seen as key to supporting their overall mental health and well-being. Similar to the findings reported earlier in Chapters One and Two, the SP participants frequently referred to the challenges they encountered in supporting the psychosocial well-being and mental health of young adolescent refugees. As previously stated, refugees typically experience multiple incidences of trauma throughout the migration process and according to SPs (and the wider literature), many have had to flee their home country for fear of conflict/persecution and separation from their loved ones while adapting to a new culture. This was considered by SP participants to have had a significant impact on refugee engagement with mental health and other related services:

"…we found quite a few of them were suffering from trauma from what's happened to them, and a huge guilt about other family members who are still caught in Syria and Lebanon". (Project Co-ordinator and Caseworker)

Furthermore, upon arrival in their new host country, concerns around refugee status, housing, employment and education were seen as additional stressors and barriers during the resettlement process. It was felt that, if left untreated, the trauma experienced by adolescent refugees can lead to more severe PTSD, depression, anxiety and increased incidences of aggressive behaviour or feelings of anger and distress which, in turn, negatively impact integration as well as engagement with health and educational services:

"Yeah, a lot of people come to us with a lot of trauma… that can manifest in a variety of ways, it can manifest in very defensive behaviour… in very aggressive behaviour and it can manifest in people being physically ill, a lot". (Education Co-ordinator)

The Clinical Psychologist interviewee also highlighted the often-challenging behavioural issues and particularly amongst young men as a result of the trauma they have experienced and how this negatively impacts their participation in educational and related services:

"Yeah, well, there have been behavioural issues in school… there might be a bit of aggression. There's often a reluctance, not so much in school, but sometimes, you know, to follow the rules… it's a very big kind of shift to go from being… the person that provides for your family… And so he didn't really cooperate with his education at all". (Clinical Psychologist)

The cultural understandings of, and beliefs around, mental health and trauma from a refugee's perspective, can also act as a significant barrier to support, leading to a lack of engagement in

services thereby exacerbating any mental health problems. Moreover, interviewees highlighted what they felt was a general lack of awareness amongst refugee parents regarding the effects of trauma and poor mental health on their child's overall well-being; this was seen by interviewees as due to cultural perceptions of mental ill-health within Arab-majority countries. As a result of stigma and religious beliefs within these countries, mental health and well-being is considered taboo and SPs commented that the refugee families with whom they work, appear extremely reluctant to discuss any issues around mental health because they believe it would make them *"sick"*. Although the interviewees indicated that they are trying to implement techniques and practices to improve the mental health and overall well-being of this population, the associated stigma surrounding mental health especially in Arab-majority countries is a major barrier to help-seeking and the provision of support:

> *"I would say the big difference that I would notice is, is around psychology and the stigma in some in some countries that, you know, I'm trying to promote positive psychology and like, minding and looking after your mental health, but in some cases, it's still seen, as you know, very, it's very stigmatised".* (Language Support Worker)

Consistent with the findings reported in Chapter Two, most of the interviewees alluded to the myriad of reasons underlying the stigma associated with mental illness especially in Arabic-speaking countries. These include: poor understanding and clear definitions as to what mental illness is and how it can be managed; no consideration of a biopsychosocial model for treating mental health disorders; very low levels of help-seeking; a significant lack of available psychological interventions and supports; and judgement from peers and social groups. All of these were seen as contributing to the stigma surrounding mental illness among this population:

"… maybe our mental health is a little bit of a Western concept… some of the young people they have an idea maybe, of what you and I would consider to be psychiatry. And so, they're worried, you know, when somebody has suggested that they come and talk to a psychologist, well do you think I'm crazy?". (Clinical Psychologist)

Thus, when refugees arrive in Ireland, they are hesitant to discuss the trauma they have faced or the mental health problems they may have, due to the fear of being different to others or of being considered sick or weak. There appeared to be an agreement among the mental health provider participants, that their role is to reassure these vulnerable young people (and their families) that mental health services are available to assist with any mental health problems and to educate them on mental health in order to decrease the stigma:

"It's more of a protective thing, rather than suggesting that there is somebody who is unwell, because that's where the stigma comes from, I think". (Clinical Nurse Manager)

Mental health professionals in this study also spoke about the need to change the perceptions around mental health in order to promote positive mental well-being among refugees. It was noted that many refugee students were reluctant to seek help or support with their mental health due to stigma, but when they were educated about, and understood the importance of, mental health, they were more open to discussing their own trauma. It also appeared, from the responses of the Clinical Nurse Manager, that the process of educating refugees around good mental health had led to an increasing number of referrals:

"I think it would be great if everybody would see a psychologist but a lot of the time, that's not what people want. But I guess that's our role… every time I meet a Syrian adult, I will spend time explaining the role of psychology and, you know, positive mental health, rather

than, you know, suggesting that there's any problem… it's a positive thing. So, yeah, we probably are getting more referrals now. People are becoming more willing, when you spend quite a bit of time just explaining the benefits of it". (Clinical Nurse Manager)

The findings further suggest that cultural differences and specifically religious, gender and societal norms, all influence the participation of refugees in the wider community. Gender roles and social expectations amongst refugees from Arabic speaking countries, in particular, were reported to affect access to support and related services participation and engagement in supports, thereby impacting successful integration. In patriarchal societies, from which many of these refugees have fled, males usually hold more prominent positions in society than their female counterparts who typically occupy more subordinate roles. Furthermore, due to religious and societal expectations of women, it was felt by interviewees that young girls failed to participate in any supports provided for them. For example, one of the language support workers described how family and culture impacted female participation in extracurricular activities:

"I thought that the boys really got to be able to have a new experience and really live in their new culture. And I felt that that the girls were never really going to, depending on the family, but the girls that I met that they were never going to have that cultural immersion that the boys were going to experience". (Language Support Worker)

Another example of specifically gender-orientated cultural differences impacting service provision is indicated below:

"*I don't work with one particular parent because he refused to work with not only me, but the resettlement officer… she's a female… so what I do is I have a student, in fifth*

year, and he goes and translates for me and says, whatever messages I need to tell the father... So we do we do what we have to do but it's a huge issue yeah". (School Teacher)

In summary, it is clear from the perspectives of the participants, that cultural and traditional beliefs can heavily impact mental health service provision for adolescent refugees. The findings reported here, suggest that a fine balancing act is required between enabling adolescent refugees to maintain their cultural identity and beliefs upon resettlement in Ireland while also increasing their understanding of the importance of positive mental health. There is an attendant need to raise awareness among SPs of the cultural and traditional values of this population to inform the development of culturally responsive service provision and, in parallel, appropriate and effective communication between services and the parents of adolescent refugees.

4.2.2 Potentially Promising Mental Health Supports and Practices

Perhaps unsurprisingly, many specific incidences of trauma and/or mental health-related issues (e.g. stress, anxiety, depression, and PTSD) amongst refugee youth, were reported by all SPs. It was also clear that the provision of mental health supports and strategies was an important facilitator in improving the overall psychosocial well-being of these young people whilst also helping them to integrate more effectively into Irish society. However, poor English language comprehension and cultural beliefs in terms of mental health, or lack thereof, meant that traditional mental health techniques including counselling and therapy were considered by SPs to be difficult to implement and were found to be less effective than anticipated:

"Yeah, well, it wasn't therapy, I didn't do therapy, as such, because you know, they're not therapy ready, to be able to access therapeutic value from a therapy session". (Learning Support Worker)

For this reason, the SP participants working only in the field of mental health (including a Psychologist and Counsellor), recognised the need for alternative activities to manage and support the mental health of adolescent refugees. As outlined earlier, interviewees reported that many adolescent refugees display high levels of anger and depression due to trauma they have experienced during displacement as well as the difficult living conditions in refugee camps. Thus, interviewees reported using techniques such as play, art therapy and sensory methods which they felt were better suited to address the trauma and mental health needs of adolescent refugees in a more sensitive and appropriate manner and which allowed them to express more difficult and traumatic emotions:

"…So throw ball or kick, play soccer, you know, do running or I brought them outdoors, and we would explore and find bugs and this kind of thing. So that worked, because being out in nature itself is therapeutic and because it is physically active that so they could handle that better than anything else. There is no point in trying to talk them into something because that wasn't going to work". (Learning Support Worker)

There was a consensus among several SPs that these kinds of approaches were more effective and less intense for this population in comparison to traditional counselling/therapy (e.g. CBT and EMDR), and instead, created a safe and more nurturing environment and medium by which these vulnerable young people could more easily express themselves:

"So then I use the art. So we did a lot of, you know, modelling with clay. Again, sensory work, a lot of sensory work. So I brought in clay, wool and paper and all of that stuff,

so we would shred papers and make volcanoes out of that and make clay sculptures and paint, hand paint, finger painting... So they would learn to self soothe, you know, or calm down". (Learning Support Worker)

Indeed, these methods were also highlighted in Chapter Two as particularly effective for this population (Ugurlu et al., 2016;; Feen-Calligan et al., 2020). In addition, SPs in the current study emphasised the importance of trauma-informed approaches to support adolescent refugees (and asylum seekers) coming to Ireland. They recommended that services need to be trauma-informed to take into account the multitude of stressors affecting refugees, all of which adversely affect their response to, or engagement with, services as well as their adaptation to wider Irish society. For instance, a learning support provider who had previously worked with refugees as a play therapist, recommended that service providers be trauma-informed and made aware of migratory stressors. The implementation of a trauma-informed ethos in terms of service provision was considered to be important in improving engagement with services and ultimately, therefore, helping to better address the mental health needs of refugees using a more holistic approach:

"What they need is something to get out of that survival mode and to get into living mode… Get them some mental support … help them deal with the trauma in a more effective way ... So all the services should be trauma informed that if I'm trying to give this person a medical card, or make him, you know, understand how the hospital system works, is he actually getting it? Or does he, you know, does he need some help to understand or to get over his trauma for so that he can engage in this and make use of it himself". (Learning Support Worker)

Restorative practices were also recommended by the educator interviewees. As outlined earlier in Chapter Three, restorative practices can be used to identify solutions for problems that may occur between students, enhance empathy and compassion, and develop core school community values:

> *"…restorative approaches have been used in kind of in conflict resolution, and in various kinds of agreements reached at the end of conflicts... So, what we've done is… we have a routine, there are questions that are asked if there's a fight, if there's a disagreement, if there's some kind of bullying or anything like that. There's a set of questions that you take people through… you know, what happened? Who was affected? How were they affected, you know?... and it's designed to kind of not to take the conflict away or the issue away from somebody, but to help them to reach a resolution and understanding of what's going on".* (School Teacher)

Refugees may continue to experience mental health difficulties upon arrival in their host country and trauma-informed and restorative practices, therefore, were seen by SPs as helping to address, at least in part, these complex issues. These also provide a meaningful approach toward addressing diversity and conflict between students, as well as creating an inclusive school environment for both students and staff. Shared core values and appropriate conflict resolution were also considered by the educator SPs to help develop relationships between adolescent refugees and their peers and teachers and alleviate any issues that may arise while also promoting social integration.

In summary, the prevalence of trauma and mental health challenges among refugee youth has been widely reported within the literature (see Chapters One and Two) and, unsurprisingly therefore, was also a recurring concern highlighted by all interviewees in this study. The lack of refugee engagement with mental health supports is currently a challenge for SPs in Ireland due, in large part, to the stigma and culture-influenced beliefs surrounding mental health and well-being, particularly among refugees from Arab-majority countries. Therefore, identifying, developing, and delivering effective strategies to address the trauma and mental health concerns of refugees, were identified as key facilitators in this regard. Additionally, there was a general agreement among the majority of SPs, of the benefits of raising awareness around the importance of positive mental health, whilst also encouraging mental health service providers to adopt more culturally appropriate techniques, including play and art therapy, to meet the specific needs of adolescent refugees. It would appear that these kinds of therapeutic approaches can create an informal yet effective method to address trauma and mental health issues among refugees and especially as an important precursor perhaps to participation in more formal mental health interventions such as counselling. Furthermore, most of the SPs in this study felt that it was crucial for interventions and practices to be trauma-informed, while restorative practices were also seen as beneficial in improving overall well-being in the school environment.

4.2.3 Inclusion versus Integration: Fostering a Sense of Belonging

One of the key priorities in supporting and integrating refugees in Ireland, as highlighted by many of the SPs, is to create an environment in which they become active and valuable members of society. Unsurprisingly perhaps, integration and inclusion were widely

discussed throughout the SP interviews as crucial to the resettlement process and improving mental health and well-being outcomes. Integration, as described in Chapter Two, is *'the processes that increase the opportunities of immigrants and their descendants to obtain the valued 'stuff' of a society, as well as social acceptance, through participation in major institutions such as the educational and political system and the labour and housing markets'* (Alba & Foner, 2015, p. 5, as cited in Spencer & Charsley, 2021), or as amply described by the SP participants as the ability 'fit in' to any given community or society. However, inclusion on the other hand, as also described by the SP participants, aims to accommodate the needs of all persons and promotes participation of each individual regardless of gender, ethnicity, religion or culture. Inclusion was highlighted as a key characteristic of the services offered by the SPs in the current study, and this involves not only discarding negative labels and removing barriers to participation, but also ensuring that refugees are made to feel welcome and appreciated within the wider community. For example, one of the Language Support Workers effectively highlighted this issue by explaining the current systems in place in Ireland:

> *"… at the moment, the policies seem to prefer integration. So, by integration, you mean you will come from Syria, but now you're in Ireland, so start being Irish, integrate into Ireland … If it is inclusion, you're from Syria, you're different and you're also welcome to be who you are, but you can live here, that's a different approach … it's like trying to tell them that you have to be this, you have to become this in order to live here'.*
>
> (Learning Support Worker)

Recognising and appreciating refugees' cultural and religious beliefs at both micro and macro levels (i.e. at an individual, school and wider community level) was considered to be critical in

terms of facilitating greater integration into Irish society, but also in allowing fostering a greater sense of inclusion and belonging. With the number of refugees from Arabic-speaking countries increasing yearly, the same interviewee as above, suggested that further recognition for religious practices would help with the resettlement process and help to reduce the levels of mental health problems consistently highlighted within this research:

> *"I know, the Somalian families have found it difficult that they don't have access to a mosque. So they would have to travel to Dublin to go to a mosque, you know, so I think that has affected mental health as well… I think it would be a great source of solace, if they had access to a mosque regularly".* (Learning Support Worker)

In addition, voluntary and community sector members of the host community play an extremely important role in facilitating the successful integration of refugees. One of the two mental health professionals in the study, pointed to the benefits of youth services, sports clubs and other extracurricular organisations in promoting engagement with other services, developing peer relationships and fostering integration and a sense of belonging in the community:

> *"…So, they organised a two or a three-week summer camp for the teenagers. They amalgamated with the language school… So, the Syrian kids were mixing with, I think, mostly Spanish kids, and they were having English classes in the morning, and then group activities in the afternoon… it was a really integrative experience".* (Clinical Psychologist)

Additionally, promoting refugee students' native language and the recognition of their culture and heritage within school and community-based settings was considered to encourage greater participation in services while also improving self-esteem. One Schoolteacher in a DEIS school where 55 different languages are spoken (according to school-based surveys), alluded to the

efforts made in her school to ensure that refugee students continue speaking their first language. The promotion of interculturalism and diversity within this school was considered important in facilitating integration within the school environment:

> *"…to make every kid realise that we value cultural diversity, and that we don't want anybody to be embarrassed about saying what language they speak and to be proud of it, and what a brilliant thing it is, and how it makes our schools such a special place".*
> (School Teacher)

All of the interviewees highlighted the importance of integration and ensuring that refugee newcomers feel that Ireland is their permanent home. The need, therefore, to foster a strong sense of connectedness and healthy interpersonal relationships, was a strong recurring theme and an important facilitative mechanism of social integration and overall well-being. Interestingly, all service providers referred to the willingness of adolescent refugees to participate in community activities sports and youth clubs, as well as extra-curricular activities, including after-school clubs organised within both school settings and the wider community. This was seen by a number of stakeholders as facilitating a *"sense of belonging"*:

> *"So, I think, again, the familiarity, if you're trying to be inclusive, you give them a society where they find commonalities with other people, other things in life".*
> (Learning Support Worker)

A number of initiatives were also identified which played a key role in further encouraging this sense of belonging including local sports activities, social clubs and invitations to participate in community-wide events such as mini leagues organised by local GAA clubs and fundraisers co-ordinated by members of the local community. As mentioned earlier, *"Culture Days"*

organised within some schools were also highlighted as an effective way of promoting inclusion and diversity in schools. Typically, these include students dressing in their native clothes, families cooking traditional dishes for others to try as well as music and dance, while all family members (e.g. parents and grandparents) are also invited. One teacher commented on the *"huge success"* of these days within the school and the strong attendance across her school. These kinds of events also allow the refugee students to express their cultural identities and offer opportunities for others to share their food, language and experiences. Another teacher commented:

> *"It's a massive day, everybody in the school goes to it, but because we have… 30 or 40 countries represented... it's much more inclusive…".* (School Teacher)

All of the interviewees also highlighted the importance of the wider community (beyond the school) in facilitating integration and support for refugees, thereby enabling them to adapt more easily and quickly to the Irish culture. Several SPs also spoke very positively about the extent to which Irish people had been welcoming toward refugees and likewise, how much this was appreciated by these young people and their families:

> *"They* [young refugees] *have adapted very well to the culture... I have to say the Irish people have been fantastic now… they volunteer… and are very welcoming towards them… it's been massive… they're integrating very well with the Irish at the moment… They're thankful and grateful for the opportunity that is being given to them here in Ireland and they'd love to somehow pay back… they've been respectful to the Irish people, they've been very appreciative too...".* (Intercultural Liaison Officer)

Some interviewees also recognised the importance of tailoring their support to the specific needs of young adolescent refugees, prioritising elements that foster their sense of connectedness and help them to develop strong interpersonal relationships. As previously discussed, the establishment of dedicated spaces for religious practice, encouragement to join local sports and youth clubs, organising specific initiatives such as *"culture days"*, and providing additional language classes and inclusive classroom discussions, not only facilitate linguistic development, but also provide an important *"bridge"* for these students to connect with their peers and the wider community. These kinds of person-centred approaches ensure that adolescent refugees can confidently engage with their peers and surroundings while feeling more connected to others:

> *"…our entire approach… it's all about the individual, it's completely student centred in that sense. We take each individual and we see what their needs are".* (School Teacher)

4.2.4 Summary (First Theme)

In summary, the significance of fostering a sense of belonging and nurturing strong interpersonal relationships was consistently highlighted by all interviewees as a key facilitative factor in promoting the successful integration and general well-being of adolescent refugees. Overall, the findings suggest that a number of initiatives that have focused on the specific needs of refugee students and on promoting intercultural relationships, can help to significantly foster a strong sense of social connectedness amongst refugee youth. The generally welcoming attitudes of Irish people, reported by most SPs, and the support which they provide, were also seen as contributing significantly to the integration process, creating an environment where young

refugees can adapt and contribute to Irish culture without having to relinquish their own cultural identity.

4.3 Theme 2: Challenges related to Language and Education

The second theme, which describes challenges related specifically to language and education, comprises three subthemes including: (1) 'lack of resources and support'; (2) 'currently available language and educational supports'; and (3) 'perceived improvements to current (language and educational) provision'. The first of these highlights the inadequate and often inconsistent support and funding from government bodies and agencies as a major barrier, resulting in poor service quality. According to interviewees, the allocation of resources has been inconsistent, with a focus on English language proficiency at the expense of failing to address other complex needs. Calls for action have been made to improve communication, secure more resources, and coordinate efforts to enhance service quality. The lack of continuous funding streams and duplication of efforts due to the absence of a coordinated strategy, further hinder the quality of support and services provided for adolescent refugees.

The second subtheme is based on an exploration of the language and educational supports that are currently available in Ireland, focusing primarily on the key roles of schools. Interviewees highlighted that refugee students do not have the level of English language comprehension required to adequately participate and learn within classroom environments. SP participants highlighted a number of available supports in this regard including *'Culture Days'*, summer programmes and a *'start from scratch'* approach to help support the language and educational needs of refugee students. However, interviewees consistently noted that these

supports were not sufficient and suggested several improvements to the currently available supports which are captured in the third subtheme. This discusses potential improvements to the Irish support system, including the adoption of models used in other countries such as Sweden and Norway, where intensive language and educational supports are provided for adolescent refugees before entering mainstream schooling. Further suggestions include peer teaching and buddy systems to provide refugee students with greater opportunities to engage with the curriculum and foster stronger interpersonal relationships with peers**.**

4.3.1 Lack of Resources and Support

A number of stakeholders suggested that the lack of support and resources from government bodies and agencies, is a major barrier which contributes to poor service delivery for refugees living in Ireland. For example, inadequate funding to support services, poor allocation of resources and an unclear strategic pathway for integration and resettlement, had all impacted refugee-specific service provision. A few SPs expressed concern over the quality of services being provided to refugees in Ireland and indicated that the supports in place focus too much on English language proficiency to the virtual exclusion of meeting other diverse and often complex needs of refugees. Conversely however, as highlighted within the first theme, many SPs believed that language and educational supports should be the most important area of focus for young adolescent refugees in Ireland:

> *"…it* [the IRPP] *was well intentioned, and that's why we brought all these refugees into the country, but then it was like, you know, not much thought was put into it… it wasn't the right kind of support… we are giving them support that they don't require, like,*

English is not on top of their mind, when they first come into the country". (Learning Support Worker)

Furthermore, the findings suggest that geographical location plays a role in funding opportunities (also reported in the wider literature (Arnold et al., 2021)) whereby urban areas are prioritised even though refugees are often resettled in rural areas due to housing availability issues and the current housing crisis in Ireland (Arnold et al., 2018). Subsequently, according to the participants, SPs in more rural parts of Ireland are under immense pressure to deal with the volume of refugees resettling in their community, whilst also attempting to maintain a high quality of service provision. This is exemplified by the comments of the School Completion Programme Co-ordinator:

"But there is no support there. There is nobody to speak to the resettlement workers ... It might be different if we were in Dublin, but we're not... and so the amount of families then, you know, there's maybe five Somalian families and maybe the same amount of Syrian families. So, it's not a huge amount, you know, so it's not an amount that would warrant setting some service up here specifically for them, you know?".

One interviewee discussed the need for a '*call for action'* around the country and, in particular, for SPs working outside of Dublin and including volunteer support: .

"I don't think we're great communicators. Like I don't think that it was like a call for action was never put out for volunteers needed, community groups needed, we want to integrate the refugees. I think if that call to action has been made, that there would have been a lot more uptake". (Learning Support Worker)

Participants also alluded to the additional work required to support refugees with day-to-day living and, in some cases, working outside of paid hours taking phone calls from refugees and/or providing extra supports. Many also commented on the high expectations of refugees which, in turn, impacted the *"quality-of-service provision"*, as the lack of support/resources meant that it was not possible to meet many of their needs. Furthermore, the ETB Learning Support Worker expressed their frustration with the lack of an overall co-ordinated strategy to support refugees with their education and language, which subsequently leads to duplication by both state agencies (ETBs) and community supports in terms of language provision. This duplication of resources was seen as significantly and negatively impacting the quality of support received by adolescent refugees because of their other unmet needs:

> *"They* [Clare Immigration Support Services] *did very little to co-ordinate between… what they were doing, and what we were doing because it turns out that after a while, some of the learners, are invited to do special classes that they were hosting. Like, why would you involve an organisation that deals with adult education, send your refugees there and then yourself start an English or maths class? … this part is already solved, and this is sorted, they're getting the support, why don't you give them something else that the LCETB can't give…The duplication of work. So, lack of co-ordination, which I think, again, is such a waste of time and effort, because we could be doing more with the same effort and resources, it's been this time duplicating work".* (Learning Support Worker)

Indeed, resources or lack thereof, was a recurring concern among participants and was reported as placing increased pressure on service delivery, including in schools. The above interviewee explained that service providers frequently attempt to secure more supports and funding for

refugee students (e.g. through various applications to both school and national agencies), but to no avail. Additionally, they felt that things might be different if their service was based in or closer to Dublin, thereby reinforcing the commonly held view that many refugees who have been resettled to rural parts of the country may be missing out on better supports and services:

> *"…we would have a care team meeting in the school once a week… so we have the career guidance counsellors, myself, the Homeschool Liaison, and it has come up in conversation number of times, and we've tried all sorts of things, contacting all sorts of government departments and agencies to see, but you know… there is nothing… so maybe if we were in Dublin, it might be different. But in XXX, no, there is nothing".* (Learning Support Worker)

Another participant also remarked on the absence of a continuous funding stream, requiring organisations to rely on only small amounts of funding spread thinly amongst them in order to maintain consistent service provision. These funding issues appear to be compounded by poor communication between services and a lack of overall strategic direction, resulting in the duplication of, and gaps in, existing service provision:

> *"… but we get funding from the Asylum Migration Integration Fund, Tusla, HSE, a small bit from X Co Council, and some from a local organisation, but we're bit by bit ... we don't have continuous funding from any source".* (Project Co-ordinator and Case-worker)

4.3.2 Currently Available Language and Educational Supports

The interviewees consistently emphasised the importance of addressing, in tandem, the educational and emotional needs of adolescent refugees. Many have little formal education, having been displaced from their home countries, and having spent time in refugee camps with few opportunities for schooling or any formal education. The findings reported here, suggest that schools were a key part of this integration process in providing appropriate supports and interventions, whilst also linking in with other support services in the local community. For example, one Resettlement Support Worker spoke very highly of the support from schools:

> *"To be honest, I have to say that we've had… very strong support from the schools around here and for all of our locations; we've got about eight locations at the moment throughout Co. Wicklow and we really have had amazing support from the schools and from the Family Resource Centre".* (Resettlement Support Worker)

As outlined earlier in Chapter One, language supports are provided to all refugees upon arrival in Ireland by ETBs (Ćatibušić et al., 2019), whereby they can avail of 20 hours per week of English language support. However, the findings reported here, indicate that the low levels (or complete lack) of previous education substantially hinders the learning capabilities of young refugees and negatively impacts the length of time it takes them to acquire the required standard of English language comprehension. As discussed previously, given that proficiency in English plays a key role in learning, SPs widely agreed that additional language support was needed to improve refugees' level of English sufficiently to participate in education and integrate into the community while also enabling them to avail of relevant services. The community-based providers (n=15) advocated for more intensive language support as outlined below:

"Well, I think it's meant to be 20 hours a week… but in Wicklow for some reason they haven't been getting that at all. So, I don't know if it's due to funding or whatever, but they haven't been getting that… they would basically come over here, and the young kids would have been put straight into school. So, it's on the school then to provide the English language classes while they're in school… like they shouldn't be put into classes at all. It should be intensive English for their first year, at least, because they're starting their education and in a very unequal basis, you know, and I think 't's an infringement of rights really, because they have no hope of accessing education at all… they're on the back step from the get-go". (Language Support Worker)

In addition, adolescents often have a low level of English themselves, yet they are burdened with the expectation to be the 'spokesperson' for their parents and family when it comes to health appointments and/or communication between their school and family as explained by a Project Co-ordinator and Caseworker who was based in an Immigrant Support Centre:

"… it is often the case they [the parents] *expect the children suddenly to be able to be speaking absolutely clear English after three months of school and to be able to do all the business and negotiating for them".* (Education Co-ordinator)

Interviewees reported that poor language comprehension is compounded by the lack of formal education, resulting in poor engagement with the education system. Most of the SPs and particularly those who worked in the field of education, indicated that the current level of support is not sufficient for students with poor language to effectively participate in school and social settings, while this also negatively affects the relationship between mental health service providers and refugees, leading to less efficient service provision. For instance, a School

Completion Programme Co-ordinator commented on the process of moving refugees into mainstream education without a sufficient level of English comprehension to engage with the curriculum:

> *"Well, no, I mean, it's the English is the is the issue, and they're put into school with no English, they're put into classes, and expected to kind of just sit in a class where they don't understand anything that's going on".* (Learning Support Worker)

Without intensive English language support upon arrival to Ireland, most interviewees believed that young adolescent refugees will continue to struggle both in social and educational settings, leading to further difficulties later in adult life (e.g. employment and integration). There was a consensus amongst most SPs that developing more intensive language support classes for refugees upon arrival in Ireland, would allow them to integrate more quickly and effectively into Irish society and provide them with greater opportunities once resettled. Language and other supports might include additional classes organised during lunchtimes, promoting cultural understanding through various events such as *'Culture Day's'* and classroom discussions, providing dedicated spaces for religious practices, delivering mental health and well-being supports and interventions facilitated by mental health professionals and social integration with peers through play and group activities. However, help with the English language appeared to be pivotal to the ability of young people to engage with supports and services and to this end, SPs in some parts of the country have been attempting to create further language and educational support outside of the classroom and school semesters. For instance, an Education Co-ordinator working in one of the three EROCs in Ireland, spoke at length about the language supports provided by SPs working in the centre, and their positive impact on young adolescent refugees:

"So anyone under 18 is getting a full summer with loads of trips, loads of excursions, loads of visiting services, loads of English classes. Like the post-primary now, they're getting 12 to 15 hours a week and there's been massive results from that, particularly with people with the lowest level of English … before, they couldn't understand me at all. Now they know they can come to this office and place a query with me completely in English. They'll still struggle with literacy for a number of years … we're teaching them literacy skills in the classes and then like the purpose of the summer camp is to support them in school …So they go back, they start in September, with less disadvantage than they had when they finished in May". (Education Co-ordinator)

It was clear from the responses of interviewees that the adolescent refugees often struggle when placed directly into a classroom with other students of a similar age from the host country. This, in turn, negatively impacts their integration:

"And they might be in a class, then with someone who has been in school, since they were five, it's very hard for those people to interact with each other initially". (Education Co-ordinator)

For the same reason, most SPs recounted the efforts they had made to introduce these students to the school system, beginning with basic principles regarding behaviour in the classroom, advancing to basic English language comprehension and the concept of group play and interaction with others. Those interviewees who were working in the education sector, believed that for refugees to succeed or thrive in educational settings, that a *"start from scratch"* approach needed to be adopted to allow refugee students to progressively improve and better understand the school environment and curriculum:

> *"So a lot of what we're teaching them is, you know, the concept of being in a classroom, the concept of doing tasks… we learn what this is, what sound this letter makes, we put it into words, we read those words, we do tasks relating to that we build our reading skills, a lot of the even things like even things that are kind of free like art, or we play, even when you're doing free play, you'll often have kids that just play on their own and can't really adapt to the idea of playing in a group".* (Education Co-ordinator)

Most of the SPs spoke of the importance of formal education in supporting migrants' language acquisition and learning in Irish schools. Teaching staff are tasked, therefore, with assisting refugees with their learning, but also in helping them to navigate through an educational system which is completely alien to them. As one Education Co-ordinator stated:

> *"When they first arrive, it's often the case that they have… less educational experience than comparable people of similar age in who will be out in Irish schools or who let's say they were born in Ireland, or if their parents moved here when they were very young, you know, they have a very interrupted educational background and some of them have never been schooled at all".* (Education Co-ordinator)

It became apparent through many of the responses provided by participants that the inability of refugee youth to engage with the school curriculum and other related services can seriously impact their ability to integrate into their new community and develop effective peer relationships, both of which, in turn, negatively affect their general mental health and well-being. Additionally, SPs provided examples of adolescent refugees with whom they had worked, who struggled to find employment after education, thereby affecting both their economic and psychosocial well-being. Some of the educator SPs indicated that they have tried to adopt more

practical learning techniques to improve the academic ability of adolescent refugees and promote their engagement in learning whilst also participating in play and fun activities, thereby slowly building up their ability and language. For example, one Learning Support Worker commented:

> *"So, you know, we would do games that involve measurements or games that involve weighing things or lifting and stacking and so shapes and size and distance and all these concepts of trying to make engage them or make them aware of that to play. So we played cards, and then they were able for board games. So again, there's a lot of language developed there and mathematical skill in card games*". (Learning Support Worker)

Education was also considered crucial to providing refugees with skills and qualifications to secure a job on leaving school or to equip them for third level education. Notably, some educational providers also commented on the high academic expectations of students, and the difficulties of managing these while parental expectations placed additional pressure on students. It was evident from the interviews with the educational providers, that many young refugee students are ambitious academically and displayed considerable engagement and motivation during class time:

> *"They are very ambitious, I mean, every teenager that we had here, they all speak, that they want to become something here. They want to do well in this country, you know, and… you could see them put in the effort to like they, when they come back from the school, they do their homework questions, forever asking the questions, forever wanting*

to know, things they don't understand- they always ask and that is a good sign". (Intercultural Liaison Officer)

In summary, there was a consensus amongst interviewees that appropriate, effective and timely educational provision was a significant facilitator, not only in terms of academic support, but also with regard to their social integration and psychosocial well-being. Additionally, various other support systems in Ireland that are helping to promote young adolescent refugees' psychosocial well-being and mental health, were discussed. For example, a significant emphasis was placed on the role of schools as they provide important settings for intervention delivery and in facilitating links with services in the wider community. Language support and assistance was also identified as a key facilitator and it is clear that a number of additional supports are in place (many also based outside of schools) to allow refugees attain the level of language comprehension required to actively participate in mainstream education. Participants also alluded to the strong links between education and later employability and to this end, they have implemented practical teaching methods that balance learning with enjoyable activities. Furthermore, the supports that are currently in place allow refugee students to form relationships with students from the host country, with positive and SPs explained that this significantly improves their mental health and well-being.

4.3.3 Perceived Improvements to Current (language and educational) Provision

At the same time, however, it was clear from the analysis that more intensive language and educational supports are required to promote better educational outcomes and enhance social integration. Several recommendations were made in this regard, including the adoption

of language and educational models similar to those in Sweden and Norway as suggested by a Project Co-ordinator and Caseworker based in an Immigrant Support Centre:

> *"…the school system has to be looked at differently. It has to be looked at, like the models used in Sweden and Norway, where kids go to school… They're learning the language but they're also taking part in, you know, the arts, the sports, anything they can manage with other kids... and that goes for at least one year, before they actually are thrown into an actual system of having so many subjects. They're not doing the French, the Geography or learning about History in first year. They haven't a clue where they are even on the map of Ireland… This has to be looked at".* (Project Co-ordinator and Caseworker)

Likewise, a Language Support Worker reinforced the need for evidence-based approaches to supporting refugee students to reach the standard required to success in mainstream education. Specifically, service providers were in agreement that most refugee students do not have the required proficiency in English to adequately support their learning and engagement with the Leaving Cert curriculum. The existing situation whereby students are placed in classes with a basic level of English was seen to place them at a disadvantage at a distinct disadvantage when compared to the general student population:

> *"Yes, once they're given the time, look, it's an uphill battle. Like, what happens in other countries for refugee children is for a year or two. These kids are put in Intensive English language courses, cultural education, numerical education, psychological programmes are put in place of an evidence-based nature that's necessary. Not just putting*

them into primary and secondary school and saying, Yeah, it's too deep. It's too deep of a river to throw them into it". (School Teacher)

A number of recommendations were made by SPs, including school-based approaches such as a peer teaching or buddy system. These involve students who have been resettled in Ireland for a long period – and who have a greater understanding of the English language – helping refugees of the same nationality, or who speak the same language, by acting as a translator for teachers. This *"middle ground"* can act as both a way to improve these students' comprehension of the English language and enhance their social and emotional well-being:

"... somebody comes in who's feeling vulnerable, and you can connect them with students from their own background, or culture or whatever, doesn't necessarily have to be from their same country, but if you can, that's great ... whenever I find the really cool kids in here with me, I make sure that they kind of mind the others, you know, because it's really good to have the cool kids on your side in the car. And the big ones too, of course". (School Teacher)

This means of support was also recommended by both a Language Support Worker and a director of a large language centre, in order to improve language learning whilst also fostering a stronger sense of connectedness within the school setting:

"And also, I would say on that note, that the people who are teaching English in secondary schools are not equipped, nor do they have the capacity to actually teach English as a foreign language… they're [the young refugees] *learning it through osmosis".* (Language Support Worker)

4.3.4 Summary (Second Theme)

In summary, it became evident throughout the interviews with all SPs, that the language and educational supports currently in place across schools and other services are not sufficient to address the needs of adolescent refugees. It was widely reported in the interviews that the majority of refugees who come to Ireland have 'interrupted' educational backgrounds or have never attended formal schooling. Furthermore, it was considered essential for refugees to have a competent level of English before beginning mainstream education in order to both succeed academically and to integrate successfully into the school and wider community. Several recommendations made by service providers include adopting language and educational models that are used in Nordic countries, and which include a focus on participation in extracurricular activities alongside intensive English language support classes for the first year or two upon arrival prior to beginning the normal school curriculum. Peer teaching and buddy systems were also recommended to improve English language proficiency and integration by partnering refugees with other students of the same nationality or first language. This 'student as translator' approach was also seen as beneficial in providing additional communication supports for teachers, although clearly, this may not be feasible in all schools.

4.4 Theme 3: The Future of Service Provision for Adolescent Refugees in Ireland

As mentioned earlier, most of the interviews carried out for this study were conducted during the COVID-19 pandemic which began in China in December 2019, and quickly escalated into a global crisis, causing mass lockdowns, closures and travel restrictions throughout the world. Aside from the loss of millions of lives, the pandemic led to job losses, business

closures and significant disruptions to global supply chains. While our social lives and interactions were hugely impacted by the requirement for social distancing and lockdowns, all of which had significant and long-lasting effects on people's mental health and well-being (World Health Organisation, 2019; Bourmistrova et al., 2022). The third theme identified here, relates to SP views on what future services and supports for young refugees in Ireland might look like, contextualised with reference to the, still lasting, effects of the COVID-19 pandemic.

4.4.1 COVID-19: Its Lasting Effects

While the impact of COVID-19 was significant for all people across the world, there is evidence to suggest that vulnerable populations fared worse than the general population (e.g. Li et al., 2023; Tabassum et al., 2022). This disproportionately negative impact was also observed by the SPs in the current study. For example, severe restrictions were enforced in Ireland for several months during 2020 (and subsequently) which resulted in the significant curtailment of everyday activities and the isolation of refugees from their communities. Thus, refugees were unable to access schools, language supports, community and voluntary supports and were often confined to their accommodation for fear of infection. Education and language support for refugees were significantly reduced and were often delivered remotely. Although other young people in Ireland were also significantly affected by the pandemic (O'Toole & Simovska, 2022) the SPs felt that they were, nonetheless, better equipped when it came to remote learning, unlike most refugees who struggled as a result of poor language and educational abilities, and limited experience of, or access to, technology and devices.

Consequently, these adolescents missed out on months of essential learning and support which was seen as a huge setback to their overall learning:

> *"And they have no experience of using IT for a school so, a lot of the homework is done on using an app… And when I went to call to their house about kind of encouraging them to use it during the lockdown, they were sharing a phone, so it wasn't feasible. So, I gave them a device but even then, they weren't able to use the device… we need to do a lot of work with them to get them familiar with the, the ICT stuff… they weren't really able to engage properly at all in education, really, during any of the lockdowns".* (Youth Worker)

Another participant also spoke at length about the impact of COVID-19 on their provision of language support (which she was providing on a voluntary basis to the young refugees), as the local schools would not enrol them due to their low level of English language proficiency:

> *"So, they were due to go into let's say First and Second year of secondary school, but secondary schools wouldn't take them until their English improved. They were getting nothing".* (Language Support Worker)

However, as a result of the pandemic this service could not operate normally and at the time of the interview (February 2021), they were not providing any services at all. Subsequently, refugee students were being *"locked out"* of the education system as a result of their low-level of English:

> *"We haven't had one student because our normal model is that we work with teenagers, and they come in groups… So there wasn't any, there's no demand there for us… there's nothing, our business is closed. So no, I haven't done anything. Because then I*

> *would have to make quite a large investment in software online to be doing the online provision and at the moment we don't know if or how we're going to survive".* (Language Support Worker)

Numerous other difficulties such as poor resourcing, a reduction in hours of support and limited face-to-face contact were also seen to adversely affect refugee learning. Though the situation improved once restrictions were lifted, it was felt that any progress made prior to the pandemic was lost, and in some instances, stakeholders reported a considerable deterioration in levels of English among refugees:

> *"But where we are seeing a disadvantage now is they're not getting enough exposure to native speakers basically and that's a combination of their time in class with a with an English-speaking teacher is a dramatically shortened and also there's less opportunities for them".* (School Completion Programme Co-ordinator)

Furthermore, engagement with any services that were available, also decreased and lengthy periods of social isolation were considered by most if not all of the SP participants, to have led to poor mental health and well-being outcomes amongst the refugee population. Furthermore, a group of refugees who arrived just before the pandemic began, had little or no opportunity to integrate with their communities or access services and supports. As highlighted throughout the interviews, social integration and a sense of connectedness play a vital role for promoting mental health and well-being in this population. One Education Co-ordinator who was interviewed just after restrictions had been lifted and schools, support services and other facilities began to reopen (April 2021), noted that efforts were being made by service providers to make up for this 'lost time' and address the impact of restrictions on the refugee population:

> *"But now, there's loads of stuff open and different services, or we're all racing with each other, to put on stuff to do trips… hopefully, a lot of the problems that the pandemic caused, in terms of the length of classes, the quality of the in class time, the access to native speakers, hopefully, that will all start to kind of melt away over the next few months…. Some of this group, they only arrived in December, they've never known Ireland without a lockdown until now".* (Education Co-ordinator)

In summary, the experiences and perspectives of SPs highlight the profound challenges faced by this population in Ireland during this time. The disruptions in education and reduction in available language support, coupled with a lack of opportunities to integrate within the host community and to form any meaningful relationships, are all significant challenges for this population. The pandemic and various restrictions implemented during this time further emphasise the need to provide targeted and sustained support to adolescent refugees.

4.4.2 Future Directions for Services/Supports in Ireland

The landscape of supporting adolescent refugees in Ireland is shaped by a complex interplay of the previously mentioned facilitators and barriers, which significantly impact the effectiveness of service provision and integration for this population. A key finding of this research, evident throughout the interviews, was the high level of commitment and dedication of all of the SPs to provide the best possible support to adolescent refugees and to *"empower these young people to reach their goals".* However, this commitment is obviously influenced by the various barriers identified, particularly in regard to the perceived lack of resources and supports available, and a general absence of co-ordination between services. There was also some level of disagreement amongst SPs as to possible priority areas of support. This absence

of an overarching aim or strategy was seen as leading to the duplication of resources and efforts in an already constrained funding climate. Therefore, interviewees have outlined a number of recommendations for future service provision to adolescent refugees resettled in Ireland, to help facilitate greater integration and improve their psychosocial well-being and mental health.

As discussed throughout this chapter, mental health and well-being supports were believed to be crucial for adolescent refugees. Therefore, most interviewees, especially those directly working in the mental health sector, believe that services should prioritise the trauma that they have experienced and related mental health difficulties. For example, one mental health service provider who worked closely with young refugees, felt that this population is unable to adequately engage with the supports and resources available to them unless they begin to heal from the trauma and experiences faced in their home country and during the migration process. Part of this healing process involved fostering a sense of belonging in the host country and implementing strategies to enhance inclusion:

> *"Yeah, look, being a mental health worker, I can't see any option for not providing that first… you can access everything in this world, make use of things only if you're at peace, or if you're settled, if you're free, feel safe. And if you're feeling you know, part of something if you feel you belong, you're wanted".* (Psychotherapist)

Another interviewee supported this point stating that the "*over 90% of them* [young adolescent refugees] *would not be able to access all the supports and services because they're traumatised".* This highlights the severity of the mental health difficulties faced by adolescent refugees and how this impacts service provision at all levels. Consequently, it was considered that services should adopt a trauma-informed approach as outlined below. Throughout the interviews, a number of SPs referred to these trauma-informed approaches explaining that they

involve SPs at all levels to be adequately trained in trauma and are provided information regarding the experiences of refugee populations and the mental health difficulties they may have as a result. Therefore, the SPs highlighted that to be 'trauma-informed' there is a need for cultural awareness practices organised at school and national levels, and that the adequate supports and resources are provided to ensure they are meeting the needs of adolescent refugees:

> *"So a trauma informed-approach to things through a trauma lens is the first step… So whatever policy or whatever procedure they put in place, it should be giving mental health support to these people who come in first and helping them deal with the traumas, grounding them, regulating them, giving them support".* (Clinical Psychologist)

Furthermore, in terms of language and educational supports, interviewees highlighted a number of areas for improvement and discussed avenues that should be explored further. In particular, a number of school-based providers emphasised the important role of Homeschool Liaison teachers in creating dialogue between the parents of young adolescent refugee students and their respective school administration and staff and that they are *"worth their weight in gold. They're just fantastic… absolutely invaluable".* It appeared from the responses here that any school with large numbers of refugee students should have access to a Homeschool Liaison teacher and that this would be important in improving communication, fostering a sense of connectedness amongst both students and their parents/families whilst also promoting greater academic achievement:

> *"And then again,* [the homeschool liaison teacher] *links with parents in relation to the consent forms, it gives you the communication link there as well".* (School Teacher)

Another school-based provider also alluded to the methods of teaching and language support that are being implemented in other countries (e.g. Norway and Sweden) and which might provide important models of schools in Ireland. This interviewee also mentioned their connection with a teacher in Germany who explained to them that during the refugee crisis and the mass movement of refugees to European countries, German teachers were "*retrained"* to work with and deal with all the refugees coming to their school. Furthermore, and importantly, the language and educational training provided for teachers in Germany incorporates trauma-related content including a focus on refugee students. Arguably, this provides a useful exemplar for service development in an Irish context:

> *"They have additional support in all of the schools for them, English language support, German language support for them to be able to, to move forward in education. And she said that they've been taught how to try and deal with the students coming into their school that are completely traumatised".* (School Teacher)

Another issue that arose from the interviews was how language acquisition and development could be maintained during the summer months or outside of school. Most interviewees, particularly those providing language or educational supports, felt that there are little available resources or methods to ensure that adolescent refugees continue their language development in this way. One schoolteacher commented that if adolescent refugees had the opportunity to attain a job during the summer breaks, or even at weekends during the school term, this would not only help to improve and maintain their language development, but also act as a way of facilitating integration into the community and developing that sense of connectedness that has been highlighted throughout the interviews:

> *"See during the summer, they have no English they go they leave school and there is no English, so come back, in September's and it's back to square one. If they had a part time job, they would be integrating in the community, they would be speaking English on a regular basis, it would mean so much, the weekends as well they get additional English, it would be a different type of English as well. So, their vocabulary would be much better, you know?"* (School Teacher)

Therefore, future provision could aim to incorporate improvements to both language comprehension and integration of adolescent refugees through potential work schemes allowing adolescent refugees to take up part-time work during school breaks or weekends and/or provide funded programmes during these periods to ensure that any progress during the school term is not lost. However, there was a view from all SP participants that without the much-needed support of government bodies and local agencies, services will struggle to meet the complex needs of the adolescent refugee population (and their families).

4.4.3 Summary (Third Theme)

In summary, the COVID-19 pandemic has left an indelible mark on global society, magnifying pre-existing vulnerabilities, particularly among refugee populations. The experiences and perspectives of the SPs in the current study, underline the profound challenges faced by adolescent refugees in Ireland during this time. The disruptions in education, reductions in language support, limited opportunities for social integration, and the lasting effects of trauma have acted as significant barriers for this population. Thus, it is imperative to prioritise trauma-informed services and schools to help these young refugees heal and foster a sense of belonging within their host communities. Additionally, enhancing language and

educational support, including the employment of Home School Liaison teachers and exploring innovative methods from other countries, may help to could significantly improve academic outcomes and integration. Moreover, considering work schemes during school breaks to maintain language development and promote community integration is vital. However, the success of these initiatives may hinge, at least to some extent, on increased allocation of resources and funding as well as a general willingness and interest on the part of SPs.

4.5 Conclusion

The collective findings reported here, indicate that the landscape of support for the young refugee population (and their families) in Ireland is complex and multi-faceted. A number of separate but related factors were identified here, which enable or hinder the effectiveness of services aimed at supporting adolescent refugees in terms of their integration and, in turn, their psychosocial well-being. The identified facilitators illustrate some potentially promising or useful approaches currently in Ireland including , in particular, tailored language and educational assistance which, not only promotes greater communication, but was also seen as empowering adolescent refugees to access opportunities and supports (when available). Equally important, is the need to develop and foster a sense of belonging and strong interpersonal relationships, which further promote psychosocial well-being and positive mental health outcomes. The nature and extent of engagement with mental health supports and services, is also a critical aspect of overall integration and adjustment.

However, the barriers highlighted by interviewees reveal a number of challenges that require attention and appropriate action. The stigma surrounding mental health within this population, exacerbated both by cultural factors and beliefs, alongside the lasting impact of

COVID-19 (not previously examined in relation to young refugees in Ireland) highlights for a need for a multi-pronged approach involving awareness campaigns, culturally sensitive practices, and flexible service delivery. The lack of available resources and supports highlights the urgency of allocating adequate funding to ensure the effectiveness and sustainability of services. The recommendations for future service development reported by interviewees, provide a potentially useful 'roadmap' for enhancing service provision and support for young adolescent refugees in Ireland. The call for increased and more targeted resources acknowledges the shortcomings of the current systems in place and the need for investment in programmes and initiatives that can holistically address the complex and multi-faceted needs of this population. The emphasis placed on language, educational support and trauma-informed approaches and restorative practices, reflects the awareness by interviewees of the very specific needs of young adolescent refugees. Furthermore, the shift from simply integration to inclusive practices aligns with the aspiration for a society that not only accommodates this population but welcomes and celebrates diversity. In the concluding chapter, the findings reported here, and their important contribution to the wider literature, will be discussed in the context of service provision for adolescent refugees internationally.

Chapter Five: Discussion

The first aim of this study, as outlined in Chapter One, was to explore the literature using the principles of a scoping review, guided by Bronfenbrenner's socioecological framework (1977), in order to: (a) assess service provision/delivery aimed at supporting the psychosocial well-being of young refugees (aged 13-18 years) in both school and community settings in countries across the world and with a focus on refugees from the MENA region; (b) identify potential facilitators and barriers in this regard; and (c) to identify, in tandem, key knowledge gaps as well as practices and approaches which may be considered potentially promising or useful models for the future (i.e. based on initial evaluation findings and their relative novelty in the context of the wider literature).

The second aim of the study was to explore the views and perspectives of a range of stakeholders involved in providing support for this population in Ireland, in order to: (a) examine key facilitators and barriers to services aimed at meeting the psychosocial needs of adolescent refugees (including, in particular, those from Arabic-speaking conflict-affected countries); and (b) to identify how current services and supports might be improved to better meet these needs (and also taking into account the impact of the COVID-19 pandemic). Each of these overarching aims and research questions therein, was addressed in two detailed and complementary pieces of work undertaken as part of Stage One and Stage Two respectively of the research.

As outlined in the previous chapter, a wide range of facilitators and barriers to supporting the adolescent refugee population in Ireland, was identified. Furthermore, a clear consensus emerged amongst participants with regard to how service provision for this

population might be improved in Ireland. In this chapter, the findings from the SP interviews are discussed and integrated in the context of the scoping review reported earlier, after which the strengths and limitations of the study are examined. The chapter concludes with a discussion of some directions for future research.

5.1 Factors affecting Mental Health and Well-Being

The first major theme identified from the analysis reported in Chapter Four and one which was also identified as a key element within the scoping review, relates to factors that promote or inhibit good mental health and well-being in young refugees. As previously discussed, these young people typically experience multiple incidences of trauma prior to resettlement and during the migration process (Blackmore et al., 2020; Park & Katsiaficas 2019; Bürgin et al., 2022; Nesterko et al., 2020; Mahmood et al., 2019). As a result, they may develop mental health difficulties which are often compounded by additional stressors post-resettlement (e.g. language barriers and cultural differences) which, if not addressed, can lead to poor outcomes. As described earlier in both Chapters One and Two, a range of therapies, interventions and programmes may be used to address the mental health of young refugees, but there are multiple barriers affecting the ability and willingness of this population to access these supports while the evidence on effectiveness and cost-effectiveness is also relatively limited. The findings of both the scoping review and the interviews conducted as part of this study, indicate that a key factor affecting mental health and mental health service provision for this population, is the cultural understanding of, and stigma surrounding, mental health in a refugee's country of origin (Satinsky et al., 2019). This stigma, which can lead to low levels of help-seeking, is typically derived from a misconception or poor understanding of mental health/illness, little or

no consideration for a biopsychosocial model for managing mental health challenges, a lack of psychological interventions and supports, and judgement from peers and social groups (Ellis et al., 2019; Byrow et al., 2020).

The interview findings reported here, suggest that adolescent refugees from MENA countries, in particular, tend to hold stigmatised views of mental health which can negatively affect their participation in support services. Thus, they are often reluctant to deal with their mental health difficulties as they may be labelled as 'sick'. Furthermore, the SPs in the current study, believed that there are no clear definitions of, and a lack of understanding around, mental health problems in MENA countries and there is little to no encouragement, therefore, for MENA refugees to seek mental health support; furthermore, those who do seek such support, tend to be harshly judged or stigmatised by peers. According to Fekih-Romdhane et al. (2023), individuals in Arab-speaking countries, in particular, tend to seek support from informal resources (e.g. a religious consultant, a friend or family member) rather than using more formal services (e.g. specific support from a mental health professional). Maalouf et al. (2019) also identified a number of factors in Arab majority regions that contribute to the lack of help-seeking for mental health difficulties, including an absence of funding/resources, insufficient training in mental health, little availability or use of reliable and valid assessment tools, and insufficient attention to mental health in the wider media. All of these factors lead, therefore, to high levels of mental health stigma amongst Arabic-speaking newcomer refugees.

Notably however, there have been some promising efforts made at the mesosystem level to reduce this stigma. For example, the importance of delivering psychoeducation to young refugee populations was highlighted within the scoping review as a means of conveying

to them, the potential benefits of various psychological interventions and the impact of trauma, whilst also helping them develop effective coping skills (McMullen et al., 2021; Smyth-Dent et al., 2019; Acarturk et al., 2016). Psychoeducational approaches are also important in terms of providing participants with a better understanding of mental health, thereby helping to reduce levels of mental health stigma (Smyth-Dent et al., 2019; McMullen et al., 2021). The preference of young refugees for receiving mental health support in schools, has also been highlighted in a number of studies (e.g. Fazel et al., 2016). In Ireland, as mentioned in the previous chapter, there have been attempts by SPs and schools to promote greater dialogue around mental health and therefore to try to reduce the associated stigma and its negative impact on help-seeking.

Existing evidence highlights other cultural barriers to supporting this population across the world (Worabo et al., 2016), including gender roles and both religious and cultural beliefs, all of which create challenges for SPs tasked with supporting adolescent refugees in their new host countries. Arguably, these challenges are particularly marked for refugees from Arabic-speaking or MENA cultures which are specifically relevant to the current study. For instance, the SPs interviewed as part of Stage Two of the study, highlighted the impact of differing gender roles on the acculturation process whereby female adolescent refugees mainly from Syria do not have the opportunity to participate in, or take advantage of, extracurricular or related activities in their host country to the same extent as their male counterparts, largely due to expectations and constraints placed upon them by their parents. There was also evidence from the Stage Two findings that some male Arabic-speaking parents were not comfortable speaking to female members of staff regarding their child and requested that any information

or communication be conveyed instead through a male member of staff or through their child directly. These kinds of culture-related factors were considered to place an additional burden on SPs because without direct contact with the parent, for example, they are unable to accurately communicate any concerns or issues about their child. Further evidence from the interviews shows that young refugee men, in particular, struggle to adapt to their new community and their changing role. Prior to resettlement, many of these young men were working or providing for their family and were not expected to return to education. This, in turn, can lead to levels of disengagement and hostile or non-compliant behaviours amongst male newcomer refugees within school settings.

Cultural barriers relating to racial/ethnic discrimination are also seen within the wider literature and may impact overall mental health and well-being. For example, as described in Chapter One (Section A), Pandir (2020) refers to the fact that Turkish nationals felt that there would be disruptions to national cohesion and that their lifestyle would be diluted following the continued movement of Syrian refugees into urban areas. Likewise, Walsh and colleagues (2017) reported that refugees and other ethnic minorities are sometimes subject to racism, prejudice and discrimination in Ireland on the basis of skin colour, cultural background and religion. More recent evidence in an Irish context, most likely driven by the large number of Ukrainian refugees and the current housing crisis in Ireland, suggests some ongoing levels of antagonism toward refugees in general, albeit only on a limited scale, as seen in some recent demonstrations (e.g. ‘There is no room’: anti-immigration protesters march in Dublin | Ireland | The Guardian, January 2023). As outlined earlier in Chapter Two, similar levels of antagonism have been observed, albeit to varying degrees, in other countries such as the UK, Germany,

France and Switzerland (Chadderton & Wischmann, 2023; Feinstein et al., 2022). Conversely however, the SPs in the current study referred explicitly to the generally welcoming attitude of the Irish population and the strong bonds being formed with refugee newcomers. Overall, the evidence suggests that refugees arriving in Ireland and other host countries, should be given the opportunity to maintain their self and cultural identities (including their heritage language), whilst also receiving appropriate culturally relevant support both within and beyond the school setting (Ugurlu et al., 2016; McMullen et al., 2021).

A range of interventions, therapies and programmes was discussed throughout both the scoping review and also in the interviews conducted during Stage Two. For example, the review findings indicate that trauma-informed CBT (TF-CBT) (Zemestani et al., 2020). EMDR (Smyth-Dent et al., 2019; Acarturk et al 2016) and TRT (Ooi et al., 2016) have all been used with young refugee populations (with varying levels of evidence of success) to reduce symptoms of depression, anxiety and PTSD. Importantly however, the SP interviewees in the current study, felt that these kinds of structured approaches were not suitable for the adolescent refugees with whom they were dealing, due primarily to language barriers, cultural stigma and the misunderstanding of, or beliefs around, mental health. It seems, therefore, that a type of interim approach or intervention, or perhaps, less structured interventions, might be required to help engage and educate young refugees in the first instance, before delivering any formal mental health intervention(s), and especially given that many (as also noted in the current study) display high levels of anger and aggression (or poor emotional self-regulation) as a result of the trauma they have experienced.

Indeed, this has also been noted elsewhere. For example, Akthar & Lovell (2019) explored the perspectives of three therapists delivering a range of art therapies to young refugees. Although the sample size of this research was very small, the participants had a combined 34 years' experience working with a range of refugee populations, including those from Afghanistan, Iraq, Sri Lanka and Zimbabwe. According to the interviewees, such therapies can provide young refugees with a safe space to heal and to discover their 'new selves' whilst also giving them a voice to express and share their own personal stories. With regard to the current study, and consistent with some of the other findings from the scoping review (Feen-Calligan et al., 2020; Ugurlu et al., 2016), some of the SPs who participated in Stage Two indicated that they are implementing various art and play therapies. Thus, they have been employing a variety of formal and informal approaches and activities with young refugees that facilitate positive self-expression and promote calm and better emotional regulation, such as playing with clay and finger painting, participating in sport and engaging with nature (e.g. through nature walks). While these art-based therapies and approaches appear to offer a novel and potentially promising approach to addressing the mental health needs of young refugees, much more research is required to support their use on a larger scale with this population.

Although, there were some differences of opinion between the SPs in this study, and indeed within the wider literature, as to how best to address the mental health needs of the young refugee population, there was a consensus that support must be trauma-informed, and that SPs (including teachers) must be adequately trained in this regard to deal with the complex needs of adolescent refugees. This is also reflected in a small pool of studies reported in the literature (Lau & Rodgers, 2021; Ballard-Kang, 2020). For example, a recently completed (and

soon-to-be-launched) (InSPPiRE) project conducted by Refugee UK in collaboration with QFI - which explored 'inclusive and sustainable promising practices in refugee education' - identified educator training and support as a key theme (InSPPIRE | Refugee Education UK | REUK). More specifically, the project identified a number of promising case-studies/practices and learning points to support refugee education across 12 high income countries (e.g. Australia, USA, England, Italy, Northern Ireland and Sweden). It was concluded, with regard to teacher training, that teachers need support to both teach about forced migration and to help improve mental health (and other) outcomes for newcomer refugees in their classrooms, while partnerships and blended learning were also considered important in terms of improving the reach and accessibility of training. As in the current study, it was concluded that much existing good practice is not sufficiently visible and indeed, this also impedes what Rogers (1962) referred to as the 'diffusion of innovation' (i.e. the pattern and speed at which new ideas or practices spread throughout a group or population).

Furthermore, Im and Swan (2021) highlight the positive impact of trauma-informed care (TIC) on reducing the likelihood of re-traumatisation during resettlement, allowing SPs to have a greater understanding of the refugee community and how to adequately support them and develop the appropriate groundwork for trauma recovery. However, there is as yet no standardised approach to TIC due to a wide range of system-specific challenges and desired outcomes (Guevara et al 2021; Lau & Rodgers, 2021). Guevara and colleagues (2021) suggest a framework which might be helpful when applying trauma-informed approaches with refugees. This incorporates a number of key elements, including staff training in trauma screening practices (to allow SPs to identify trauma more swiftly), a greater collaboration

between relevant services (e.g. mental health, schools and community services), the promotion of cultural responsiveness, and support of peer relationships. For example, the authors suggest that trauma-informed approaches should prioritise natural supports and identify these system-related assets (e.g. educators within the school system) to help drive efforts to develop incentivised training in trauma-screening and intervention practices at national and local level, thereby better preparing practitioners and teachers to address childhood trauma. Additionally, the authors argue that trauma screening practices should take into account a number of elements in order to holistically identify the risk and protective factors of this population, including the needs and available resources of the service system and contextual factors (social, cultural and historical) affecting the population being served.

Notably, many of the psychological therapies and interventions discussed in Chapter Two (e.g. Zemestani et al., 2022; Pfeiffer & Goldbeck, 2017) were both trauma-focused and culturally relevant to refugee populations which, together with psychoeducation, allow for greater engagement, help to reduce stigma and promote potentially more positive outcomes. The findings reported here, show that attempts are being made in some services in Ireland to implement trauma-informed approaches to support refugees and, in particular, to help them emerge from 'survival mode' by addressing the trauma they have faced. Restorative practices in schools were also considered to be important to the extent to which these can be used to solve conflict or problems between students, enhance empathy and compassion, and highlight a set of core values by which all members of the school community can abide, similar to the approach undertaken by the YF Programme described earlier (Titley, 2009). Collectively, the findings from both the scoping review and the SP interviews, further highlight some

potentially promising or useful approaches to help young refugees adjust better to life in their host countries, provided that proper training and resources are provided.

However, it is important to note that wider contextual factors (i.e. at the macrosystem level) may influence the extent to which such approaches can be effective. For instance, a major barrier to services, relates to the important distinction outlined in Chapter Four, between 'integration' and 'inclusion'. The results reported here, suggest that services in an Irish context tend to focus more on integrating refugees into society or enabling them to 'fit in' as opposed to promoting wider participation in society regardless of gender, ethnicity, religion or culture. More specifically, as highlighted by most SPs in the current study, there is a need at both a service and societal level to promote a greater sense of belonging amongst newcomer refugees and acceptance by the host population (as discussed earlier) and indeed, both of these were also highlighted as important in the review presented in Chapter Two (Bogic et al., 2012;).

More specifically, Bennouna and colleagues (2019) discussed the role of peer relationships on developing a sense of belonging for MENA refugees living in the United States. This research, which was part of the recently completed SALaMA study, found that native students were welcoming towards refugee students, showing interest in their culture and background and helping them to improve their English language comprehension, all of which were important in fostering a sense of belonging and, in turn, supporting their integration. Similarly, the importance of a strong sense of belonging for the mental health and well-being of young adolescent refugees, was also highlighted in the current research. The SPs described a number of interesting initiatives and activities that been implemented across Ireland to help in this regard, including participation in local sports and youth clubs (which are very active in

Ireland) and more specific refugee-focused events such as ‘culture days’ designed to promote diversity and inclusivity within the school environment. Likewise, Stark and colleagues (2021) (also as part of the SALaMA study) refer to *“multicultural days”* which were found to provide refugee students with the opportunity to share positive representations of their home country and further promote their sense of belonging. Interviewees in the current study also emphasised the importance of respecting refugees’ cultural differences and religious beliefs including, for example, the provision of more religious spaces for this population in rural areas, as well as enabling refugee students to continue to speak their native language while recognising their culture and heritage within schools.

Effective and appropriate approaches to interculturalism and diversity in school settings were identified by most SPs in the current study as central to integration and inclusion for adolescent refugees across the country. It was also clear from the findings reported here, that local and community supports, including sports clubs, youth centres and organisations that provide other extracurricular activities, all play a substantial role at the macrosystem level, in improving inclusion for refugees across Ireland. These are particularly important in helping adolescent refugees to form peer relationships whilst also utilising their linguistic skills in social settings with native speakers. Likewise, the previously mentioned InSPPiRE project identified the need for investing in trauma-informed training for all school staff whilst also establishing a ‘culture of welcome’ and cultural representation in the curriculum (Refugee UK, 2023). Thus, all of the evidence points toward the importance of providing a range of individual, interpersonal and school-based supports, and appropriate training/upskilling, to promote effective integration and inclusion within the wider community (Cerna, 2019).

5.1.1 Summary

In summary, the research reported here, sheds light on the complex mental health and well-being challenges faced by adolescent refugees during the resettlement and acculturative process in Ireland and which, according to the evidence from the scoping review, are also commonplace in other countries. These include dealing with trauma, cultural challenges, and the stigma surrounding mental health, all of which pose significant barriers to help-seeking and therefore, more positive outcomes. While a number of various therapeutic approaches and programmes have been implemented with this population, there is no 'one-size-fits-all' solution for addressing the mental health needs of these young individuals. However, the implementation of trauma-informed approaches and psychoeducation has shown promise in reducing stigma and encouraging help-seeking and these, coupled with the provision of appropriate and effective psychosocial support, are particularly important for new arrivals both within and beyond education settings.

Moreover, inclusion as opposed to mere integration, was identified here as a critical (macrosystem level) factor in supporting adolescent refugees. Fostering a sense of belonging through cultural celebrations, peer relationships, and community engagement can also significantly contribute to enhancing overall mental health and well-being. It appears from the findings presented here, both in the scoping review and the SP interviews, that the mental health and well-being of adolescent refugees is a cross-cutting theme within all three elements of the adapted Bronfenbrenner model (1977) (i.e. micro-, meso- and macro- systems) that was used to inform the current research. For instance, the microsystem factors related to family and peer relationships and the associated stigma related to mental health impact refugee help-seeking,

while school and community interventions and practices (mesosystem) coupled with environmental factors (macrosystem) act as potential facilitators or barriers in terms of mental health and well-being outcomes for this population.

5.2 Challenges related to Language and Education

The second major theme identified from the analysis reported here, highlights the importance of language and educational supports, and indeed, these were also reported within the scoping review as key mechanisms to help address both the educational and emotional needs of adolescent refugees. A recurring finding throughout the interviews and one also reported within the literature (Lebano et al., 2020; DeSa et al., 2022), is the extremely low level of language proficiency amongst young refugees which poses a significant barrier to integration and success in school. As outlined earlier in Chapter One, refugees in Ireland are provided with approximately 20 hours a week of English language support. However, the collective understanding among the SP participants was that much more language support was necessary to allow adolescent refugees to participate in education and to integrate more effectively into their new communities. Furthermore, there was a consensus that these young people are not equipped for the Leaving Cert curriculum, thereby limiting their educational attainment and attendant opportunities for the future. Additionally, as they usually learn to speak English at a faster pace than their parents, they are often expected to be the spokesperson for their families, thereby further emphasising the importance of language for the wider refugee community. Other challenges of low levels of language proficiency include linguistic discrimination (Li & Sah, 2019; Demir & Ozgul, 2019), poor physical and emotional health (Morrice et al., 2021),

incorrect diagnosis and administration of medications (Al Shamsi et al., 2020) and difficulties in carrying out sufficient mental health assessments (Rousseau & Frounfelker, 2019).

Consistent with previous research (e.g. de Wal Pastoor, 2015), there were suggestions from some of the findings reported here, that schools should link more closely to other support services in the community whilst also providing their own in-house interventions and supports including English language, cultural awareness/understanding initiatives, the provision of space/facilities for religious practices, social integration activities and other well-being supports and interventions. As outlined in Chapter Two, language comprehension is essential for adolescent refugees to engage with the supports available to them (McMullen et al., 2021). As many entering a new host country have received little or no formal education, teachers must be mindful that classroom behaviours may not be appropriate in the first instance while the conditions for learning (e.g. classrooms full of native students) may also not suit many of these young people. A need to develop appropriate approaches or models to allow for an easier transition for young refugees to mainstream schooling, was identified by participants in the current study and also within the scoping review (e.g. Stark et al., 2021). Indeed, improving educational outcomes and opportunities more generally, was seen as an important factor both here and in the wider literature, in terms of supporting adolescent refugees who resettle to host countries whilst also helping them to gain employment in the longer term. Parental expectations of academic achievement in their children can also play both a positive and negative role in this regard, as identified, amongst others, in the SALaMA study (Bennouna et al., 2019). Thus, while the parents of many refugees express considerable interest in their child's academic performance and encourage them to achieve to the best of their ability, this can also place

young people under considerable pressure regarding their educational performance/success (Ragnarsdóttir, 2020; Gandarilla Ocampo et al., 2021).

While a supportive family and home environment can be beneficial, a small number of school-based programmes designed to help improve refugee language and communication in schools (i.e. the PICTES and PIKTES), were identified in the scoping review (Sarmini et al., 2020). As outlined earlier in Chapter Two, these programmes provide intensive language courses for up to two years upon arrival in Turkey, allowing refugee students to have a greater comprehension of the spoken language in the classroom. Furthermore, reduced class sizes allow students to learn more effectively while joint study groups and activities help to improve integration with peers (Sarmini et al., 2020). It was also identified within the scoping review, that employing a bilingual support liaison officer in schools can help to avoid discrimination within the school environment (McMullen et al., 2021). Indeed, this finding is consistent with the results of the current study whereby SPs felt that a such a role would be important in addressing language and cultural barriers between school staff and refugee students and their families. Peer teaching or the *"buddy system"* described briefly in Chapter Four, is another potentially useful approach which may help to improve the educational outcomes of refugee students by utilising existing resources within the school. Pairing refugee students with students who speak the same language and who already have experience of the school environment can prove beneficial in enhancing communication within the classroom and helping newcomer students to navigate through the education system. These approaches also support teachers as they have access to student translators. However, they may not be feasible in all schools, especially if there are no bilingual workers or students within the community and school. All

of these programmes and approaches, while primarily aimed at improving language skills, are also important in promoting integration and supporting overall well-being.

During Stage Two of the current study, a number of language and educational support services implemented across Europe, were highlighted as potentially promising approaches, most notably in Sweden and Norway (and similar to the findings of Sarmini and colleagues, 2020) where young refugees are provided with intensive language support combined with extracurricular activities before entering mainstream schooling. For example, refugee students arriving in Sweden (Crul et al., 2019) are placed in preparatory or 'immersion' classes before entering mainstream schooling. During this time, students are monitored and assessed based on their individual needs, circumstances and educational development, after which a decision is made on whether or not they are ready to enter mainstream schooling (Crul et al., 2019). Under legislative changes introduced in 2016, the aim of these preparatory classes is to ensure that refugee students can participate more effectively in mainstream schooling, but also to avoid social segregation.

Similarly, in Norway (Riekkinen & Hanssen, 2022), newcomer refugee students generally attend introductory classes/groups/schools before they enter mainstream classes with students of the same age. Under the Education Act (EA), amended in 2020, students whose mother-tongue is not Norwegian have the right to *"adapted instruction in the Norwegian language and, if necessary, to mother-tongue instruction, bilingual subject teaching, or both"* (p.23). In addition, under the EA, schools are obliged to respect the religious and philosophical beliefs of pupils and parents, to ensure their right to equal education which, in turn, allows students to be exempted from parts of teaching that their parents *"find objectionable or*

offensive" (p.23). Furthermore, schools must adopt a zero-tolerance policy for bullying, violence, discrimination and harassment with the aim of promoting understanding, respect and open dialogue between people with differing views or philosophical beliefs (Riekkinen & Hanssen, 2022). These kinds of legislative and practical approaches to refugee education and integration within school settings provide some interesting and potentially promising exemplars which may be helpful for other countries, including Ireland, in terms of helping them to improve the educational and wider integration outcomes of this population.

It is also worth noting here, a newly developed US-based programme that has been recently implemented and evaluated as part of the SALaMA study, called 'Forward with Peers'. (FwP Facilitation Guide (bpb-us-w2.wpmucdn.com). This is a culturally adapted social and emotional learning and life skills programme which has been delivered in Detroit to post-primary refugee students from Arab origin conflict-affected countries (Stark et al. unpublished). The initial evaluation of this programme has shown some encouraging pre-post programme results including increased social support and higher levels of resilience as well as high levels of acceptability and enjoyment amongst programme recipients.

Another initiative worth noting, with regard to the Irish context, is a new recent pilot language learning initiative called the **L**anguage **E**nrichment for **AR**abic-speaking adolesce**N**ts in **S**chools (LEARNS) project. This initiative/project, which was implemented in summer 2023, involved a collaboration between the SALaM Ireland Study team, their funder, Qatar Foundation International (QFI) and St. Oliver's Community College in Drogheda (in the north-east of Ireland), with some input also being provided by the larger 'SALaMA' research team based in Washington University. The LEARNS project is a two-week pilot language

enrichment summer programme, delivered in St Oliver's school to address language difficulties. This (co-ed) school, which took part in the SALaM study, is one of the largest in the country in terms of its over 50 different nationalities, including a significant number of MENA (mainly Syrian) students. The research team facilitated a visit to the school during QFI's first trip to Maynooth University in April 2023 and during the visit, QFI representatives spoke with some of the MENA students there who highlighted their desire for more support to speak both English and their own language. A brief, two-week, dual focus, language learning programme was subsequently designed to improve both the English and Arabic language skills of newcomer refugee students (from the MENA region) through intensive teaching whereby English language support was provided in the morning and Arabic language instruction in the afternoon.

The programme was delivered to 17 students and with very positive results, as shown by an informal evaluation undertaken by QFI staff (with the support of the research team), following programme completion. This involved: (1) a small number of one-to-one informal conversations with the teachers and school staff to explore their views of the programme, specific strategies/techniques used to improve language acquisition and barriers in programme delivery; and (2) an informal group discussion with students to explore why they participated in the programme, benefits and challenges associated with the programme, and their hopes for the future. Consistent with this work and also the wider literature, students who had participated in the programme, reported their frustration with the limited language supports available in Ireland and the fact that they are often unable to access the school curriculum due to their poor levels of English. Notably however, the students made reference to improvements in their

mental health and well-being following programme completion, while the strong school-based collaboration and support were also seen as fostering a greater sense of belonging which, as outlined earlier, is extremely important for refugee mental health. It is intended to deliver this programme again in summer 2024 but on a larger scale.

It was suggested by the SP participants in the current study, that more intensive language and educational supports of this kind are needed to support adolescent refugees upon arrival into Ireland for one to two years before allowing them to enter mainstream schooling (similar to the programmes in Norway and Sweden). If successfully implemented, it was thought that these would enable young adolescents to have a sufficient level of English language comprehension to adequately engage with school material (including Leaving Certificate content) and have the opportunity to go on to attend Third Level institutions (e.g. through the University of Sanctuary scholarships described in Chapter One) or to attain a job post-education. The previously mentioned *"buddy systems"* or peer teaching approaches could also be implemented more widely as they were reported to be beneficial in schools.

5.2.1 Summary

In summary, the importance of language and educational supports for adolescent refugees cannot be overstated. It was clear from the interviews here - and consistent with the findings of the scoping review - that improving educational outcomes and promoting higher levels of education within the refugee community are crucial; both also reflect the importance of the mesosystem (school and community support and interventions) and macrosystem (environment for integration) factors identified by Bronfenbrenner (1977). These not only empower young refugees to secure jobs and access higher education, but also align with their

typically high levels of ambition and enthusiasm for learning, also reported here. However, the lack of support and resources in certain areas, particularly rural regions, poses a significant challenge for SPs. To bridge this gap and to avoid duplication of resources, some of the interviewees suggested a strategic national plan for refugee support. As highlighted in Chapter One, the "*White Paper to End Direct Provision and to Establish a New International Protection Support Service*" (2021), aims to abolish DP and end institutionalised living for asylum seekers and IP applicants. However, SPs argued that further amendments must be made to the IRPP to support Programme Refugees in Ireland and to provide greater language and educational supports that facilitate more effective integration. Language proficiency clearly remains a major barrier for this population, with a need for more intensive support upon arrival in their host country. Therefore, schools should prioritise intensive language provision and especially before participation in mainstream schooling, while promoting social integration through collaborative learning approaches.

5.3 Service Provision for Adolescent Refugees in Ireland (and the impact of COVID-19)

As mentioned earlier in Chapter Four, data collection for this study began in the midst of the COVID-19 pandemic (during and post lockdowns), and while this negatively impacted data collection in terms of precluding in-person interviews, it also opened a unique window of opportunity in terms of examining (as a secondary aim) the impact of COVID-19 on service provision for refugees. Most importantly of all, schools, youth centres and other facilities utilised by service providers to support adolescent refugees, were closed down for prolonged periods of time; for example, the first lockdown lasted nearly three months (one of the longest in Europe). Thus, the language and educational supports available to refugees were

significantly reduced and remote learning, whilst a major barrier for all students across Ireland (Symonds et al., 2020), was especially challenging for those refugees who had just arrived in Ireland through various protection programmes and especially given their lack of formal education and difficulty in accessing appropriate devices.

Thus, as a result of the pandemic, education was heavily impacted and once lockdowns and restrictions were lifted, SPs had to start from the beginning with little progress having been made during the lockdown periods. In addition, some schools within their area refused to accept newcomer refugee students unless they met the required level of English language needed to participate within the classroom. However, as many language support services were also closed during COVID-19 and young refugees had no communication or contact with any native speakers during this time, they were not allowed to enrol for the upcoming academic year. Therefore, those who were already behind in terms of developing English language skills, were then effectively 'locked out' of the education system. Furthermore, it was clear that much of the progress made by adolescent refugees who had spent a considerable period of time in Ireland prior to the pandemic, had been lost during the multiple restrictions and lockdowns, including a reported deterioration in their English language proficiency. Unfortunately, as a result of the pandemic, adolescent refugees were unable to actively engage in their new community or develop any relationships with their peers, both of which were considered to negatively affect their mental health and well-being. However, on a more positive note, SPs highlighted that multiple measures have since been put in place to make up for lost time. Future research would be useful in exploring the longer-term impact of COVID-19 on refugee mental health and psychosocial wellbeing and on their integration.

As previously mentioned, participants in the current study described service provision for adolescent refugees living in Ireland as generally lacking coordination, leading in turn, to the duplication of resources. Additionally, a large number of SPs, particularly those based in rural Ireland, highlighted a lack of support and resources required to adequately address and meet the needs of this population. In many cases, it was reported that additional services were being provided to refugees outside of paid hours and that they were not equipped to deal with the volume of requests from adolescent refugees and their families. The provision of language support, in particular, appeared to be heavily impacted by duplication, with multiple services providing similar support and failing therefore, to meet the other complex and diverse needs of this population. The SP interviewees indicated that there is no clear system in place to support refugees across Ireland and those who were working outside of Dublin, in particular, expressed frustration around the lack of support and resources that they receive from government bodies/ other agencies and the importance of additional funding in terms of improving the overall quality of services provided to adolescent refugees and their families across Ireland.

This lack of support/resources for refugees was not identified within the scoping review, but notably, it seemed to apply only to more rural regions as most of the SPs working in the Dublin rarely mentioned funding challenges. Indeed, this urban-rural service divide in Ireland has also been noted in previous research (Gilmartin & Dagg, 2022). This is especially relevant because, as previously mentioned, many refugees who have resettled in Ireland have been relocated to more rural parts of the country (Ćatibušić, et al., 2021). Additionally, there are multiple EROC and DP centres located across the rural parts of Ireland, but as described earlier in Chapter One, little funding has been provided to support these services (Hewson,

2020). Notwithstanding, there were indications from the interviewees that SPs in rural Ireland have been taking extra measures to support adolescent refugees and, in many cases, beyond their remit. However, this is unlikely to be sustainable in the medium to longer-term.

For example, with an increasing number of refugees entering Ireland each year, support services are being placed under further pressure and again, this has also been documented elsewhere (Kavukcu & Altıntaş, 2019; van der Boor, 2020). Despite this however, it would appear that the SP participants in the current study are being asked to take on larger workloads without additional support from government and related bodies. A need for more funding especially in rural areas, is indicated. Additionally, a more structured and coordinated strategy of support should be implemented to avoid duplication of effort and improve communication and co-ordination across services. Key lessons from other countries, such as the the 'promising practice' approaches described by Cerna (2019) and learning points mentioned earlier, could also be useful in informing the future direction of service provision in Ireland, albeit this may require additional governmental support and investment.

5.3.1 Summary

In summary, the COVID-19 pandemic - a significant and rare macrosystem level factor - posed considerable challenges to service provision for adolescent refugees in Ireland. Lockdowns and restrictions disrupted their access to vital mental health, language and educational supports, exacerbating existing language and educational disparities and hindering their integration into the education system. Moreover, the impact of the pandemic on mental health and well-being was profound due to the loss of face-to-face interaction and community engagement, both of which intensified the sense of isolation and negatively impacted levels of

connectedness. While there have been efforts to mitigate the effects of the pandemic since restrictions were lifted, future research could explore its longer term impact on refugee mental health and integration. Additionally, the findings reported here illuminate the fragmented nature of service provision, especially in rural areas, where limited resources and supports have left SPs feeling overwhelmed. The need for increased funding and a more coordinated strategy appears critical to ensuring that adolescent refugees receive the comprehensive and high-quality support they need to succeed and integrate successfully into their new home. As Ireland continues to welcome refugees, addressing these challenges is paramount to their overall integration and overall well-being and therefore, to the future which they are building in their new host country.

5.4 Strengths and Limitations of the Study

This study makes a number of important contributions to our understanding of services and supports aimed at improving the psychosocial wellbeing and mental health of adolescent refugees whilst also promoting their successful integration into their host countries. Firstly, this is one of the first studies in Ireland and one of the few internationally, to focus on the perspectives of SPs who are supporting adolescent refugees, including during and after the COVID-19 pandemic. At a practical level, and based on the scoping review, there are few studies internationally which focus on SP perspectives on supporting this population and the facilitators and barriers they experience within their role (Kavukcu & Altıntaş, 2019). Typically, studies involve an overview of the quality-of-service provision from the refugee's perspective and a range of preferred or desired outcomes.

A purposive and diverse sample of 21 SPs across a range of roles and regions in Ireland, took part in in-depth interviews to discuss their personal experiences and perspectives of delivering services and supports to young refugees across a range of settings. These professionals had varying levels of experience of working with, and supporting, young refugees and their families in Ireland both in schools and in a range of community settings. Thus, they were generally well-placed to share their knowledge and experience of working with a range of refugee groups, including Arabic-speaking students. Their participation and the narratives they shared through their real-life stories, were invaluable in terms of highlighting how they navigate the challenges of supporting young refugees whilst also identifying factors that contribute to, or inhibit, the mental health and well-being of this population, including their educational development/attainment, inclusion and integration.

The findings in Chapter Four were contextualised and critically appraised with reference to the scoping review (and other literature where applicable) which was conducted broadly in line with the PRISMA-SCR guidance and which was, in turn, informed by Bronfenbrenner's sociological framework (1977). The use of this adapted framework was important in informing and guiding the analysis and interpretation of the findings across multiple contexts (microsystem, mesosystem and macrosystem) thereby strengthening the study. Importantly, the COREQ checklist was also used to guide the interview process and subsequent reporting, helping to improve the overall rigor, comprehensiveness and credibility of this element of the research.

As this research took place during the pandemic, the researcher was unable to meet participants face-to-face and online options had to be employed instead. At the same time

however, online forms of data collection (despite some teething difficulties related to poor connection and the quality of recording) allowed for a more convenient, accessible and inexpensive approach to data collection whilst also enabling faster and more cost-efficient transcription of interviews (i.e. due to the lack of travels costs, the free transcription software made available by the university and ability to export the audio files directly to NVIVO to classify and organise the data). Furthermore, as outlined in Chapter Three, the 'SALaM Ireland' research team explored and discussed at length, online data collection methods prior to their use in the study. On a related point, this research also captured, at least to some extent, the impact of COVID-19 on service provision for adolescent refugees, an area on which there is relatively little available research (Weith et al., 2023). Furthermore, many of the themes and subthemes identified in the SP interviews, mirrored those described in the scoping review, thereby suggesting a reasonable degree of generalisability of the findings. A number of system-specific facilitators and barriers relating only to the Irish context of service provision to adolescent refugees were also highlighted, including the importance of inclusion rather than integration which has received little attention to date within the literature.

Overall, this research has a number of impacts and potential impacts in line with the Campus Engage impact framework (Campus Engage, 2018), related to knowledge production (e.g. scoping review findings), professional and public services/practices and policies (e.g. generating evidence to help improve services and supports), and social and cultural benefits (e.g. increased awareness and understanding of an important social issue/challenge). Most notably, in terms of the first two of these, the findings reported here highlight some useful learning points and potential areas of service improvement at school and community-based

levels for adolescent refugees. These include a need for tailored interventions and approaches both within mental health services and in schools, including, in particular, training for SPs on trauma-informed practices and culturally sensitive mental health supports. Furthermore, the findings help to further increase awareness and understanding of the specific needs of the refugee population and the realities faced by adolescent newcomers, which is essential for informing and developing effective support systems and policies. These include a need to improve the educational and overall well-being outcomes for this population resettled in host countries. Some examples of current potentially promising approaches which have been identified here both in an Irish context and elsewhere, may also be used to help inform future changes in practice and, also perhaps policy, to better support refugee well-being and integration at both a national and international level (a list of outputs from the SALaM Ireland study, to date, (including contributions from the author) is provided in Appendix F).

A number of limitations must also be taken into account when considering the findings reported here. Firstly**,** the scoping review focused only on papers published during 2015-2023 and written in the English language. In addition, the list of search terms was not exhaustive, while no grey literature (e.g. policy reports, dissertations or conference papers) was included. As mentioned in Chapter Two, it was also not feasible within the time frame of the study to incorporate all of the PRISMA-SCR items. Furthermore, most of the studies included in this review were based in middle-high income countries and the findings may not be generalisable, therefore, to other contexts. In addition, countries differ in their approach to supporting adolescent refugees so there are context-related factors that vary across jurisdictions and therefore, a universal ‘best practice’ approach to supporting this population could not be

identified Furthermore, factors including the asylum process and the differing systems in place within each country for the 'processing' of refugees, were not addressed within this review. The included studies also focused primarily on refugees from the MENA region and the findings may not be generalisable, therefore, to all refugee populations, although arguably, there are many issues that broadly apply to all refugees such as acculturation, trauma, and high susceptibility to mental health problems (Abu-Kaf et al., 2021). Likewise, the SP interviewees were asked to focus on young MENA refugees, albeit many of the issues they identified also apply to other refugee populations.

It was not possible to recruit more participants for inclusion in the SP interviews because, as explained earlier in Chapter Three, participant recruitment proved to be very challenging during the COVID-19 pandemic. For the same reason, some of the SPs had less experience than others of working directly with refugees, although this was useful in facilitating useful comparisons between refugees and the general native Irish population. Furthermore, as discussed in Chapter Three, the limitations of including a single focus group in this research, when all other participants took part in one-to-one interviews, must be acknowledged, despite the similar occupational roles of the group participants and their identical organization affiliation. These limitations include, for example, group think/conformity, social desirability bias and other interpersonal influences which may, in turn, have impacted the responses provided and which may have led to different results than if the participants had taken part in one-to-one interviews.

Lastly, this study did not address the perspectives of adolescent refugees. However, Phase Two of the larger SALaM Ireland study involves the administration in schools of comprehensive, self-report well-being surveys and focus groups with a stratified sample of

refugee students (aged 13-18 years) (N=37 to date) from conflict-affected Arab-majority countries as well as a sample of native Irish students (N=137 to date). These findings, when available, will provide important information (and useful comparative data) on socio-demographic background, migration histories, overall mental health and well-being, and experiences with public services, such as schooling and health.

5.5 Directions for Future Research

There are a number of possibilities for future research in this field, some of which have already been highlighted through this thesis. Firstly, in regard to the nationality of refugees, the SP participants indicated that most of the adolescent refugees with whom they worked, were Syrian, mainly because these constitute the majority of refugees arriving to Ireland through the IRPP (gov.ie - Irish Refugee Protection Programme (www.gov.ie)). Future research should aim to explore the needs of other refugee sub-groups. Moreover, many of the SPs who took part in this study were working with Programme Refugees entering Ireland through the IRPP, rather than with those seeking asylum through IPAS. Therefore, the inclusion of both these groups could provide some interesting comparative insights into the overall quality, accessibility, availability and acceptability of services for *both* refugees and asylum-seekers; indeed, it is likely that many of the stressors identified here (for the reasons outlined earlier in Chapter One) would be compounded for those in the asylum-seeking system (Dillon, 2019; Foreman & Raghallaigh, 2020).

Secondly, future research could involve a larger sample of SPs from Ireland and perhaps across a number of other countries as well, so that some comparative work can be

conducted and more promising approaches identified. This should include a mix of urban and rural regions, given that services located in more rural areas (at least in Ireland) are more likely to be characterised by inadequate funding and resources. This work is particularly timely and relevant in view of the arrival of a large number of Ukrainian refugees into Ireland as a result of the Russia-Ukraine war (OECD, 2022; Isański et al., 2022) and the likelihood, therefore, that service provision for the refugee and asylum-seeking population in Ireland will change in the coming years, thereby opening up future research opportunities. Future research into the facilitators and barriers to the provision of services and supports for adolescent refugees might also focus on the longer-term impact of the COVID-19 pandemic as well as evaluating the proposed reform of the refugee support systems in Ireland.

There is also scope to examine the effectiveness and cost-effectiveness of many of the interventions discussed throughout the scoping review including those for which some initial evidence of effectiveness has been found, such as TF-CBT (Pfeiffer & Goldbeck, 2017; Zemenstani et al., 2022) and EMDR (Vanderschoot & Van Dessel., 2022; Smyth-Dent et al., 2019). In addition, art and play therapies merit further research as they may offer some potential in terms of allowing adolescent refugees to express their experiences and deal with their trauma in more informal settings (Ugurlu et al., 2016; Feen-Calligan et al., 2020). There are additional important research questions in terms of how services and schools can prioritise psychosocial support for new arrivals and build meaningful partnerships to generate stronger and more sustainable psychosocial (and other) supports for the young refugee population. For example, *"multicultural days"* referred to by Stark et al. (2021) (and by the SP participants), and peer teaching or *"buddy systems"*, illustrate cost-effective and inclusive practices that can be organised within the school environment to promote interculturalism and diversity among

refugee students and their peers, fostering a greater sense of belonging and help them to develop more meaningful connections in their new environment.

Future research might also examine how we might build a trauma-informed workforce in order to deliver more trauma-informed practices and approaches in order to better support refugee populations in schools (Overstreet & Chafouleas, 2016; Maynard et al., 2019; Herrenkkohl et al., 2019), community settings (Bergholz et al., 2016) and within mental health services (Mihelicova et al., 2018; Palfrey et al., 2019). This point is further supported by the findings from the InSPPiRE project and Cerna (2019) which also identified a need for training in trauma-informed teaching practices and greater cultural representation in school curriculums.

In relation to language and educational supports and services for adolescent refugees, a number of interesting and potentially useful approaches and programmes were identified that have shown initially encouraging results in terms of their effectiveness, but which require further research. For example, the 'PICTES' and 'PIKTES' programmes in Turkey (Sarmini et al., 2020) and the 'immersion' or 'preparatory' classes delivered in Sweden (Crul et al., 2019) and Norway (Riekkinen & Hanssen, 2022) offer approaches that could be implemented and evaluated (in terms of their overall impact and cost-effectiveness) in other countries, including Ireland. Lastly, there are a number of important additional questions which merit exploration such as: How might services and schools work to develop more culturally responsive practices? How can school curriculums be more cross-culturally relevant and teachers supported to facilitate a stronger sense of friendship and belonging in schools? How might lived experience expertise and leadership be harnessed in service design and delivery? All of these offer additional promising avenues for research into the future.

5.6 Conclusion

Adolescence is a pivotal stage of life and is significantly shaped by a wide range of micro-, meso- and macro-system level factors which for young refugees, include a range of pre- and post-migration stressors; these can negatively affect mental health and well-being whilst also posing a number of other unique education and integration-related challenges. The collective findings reported here, illuminate the often complex and multi-faceted interplay of factors that affect service provision for young adolescent refugees in Ireland (and especially those from MENA regions), many of which have also been identified in other jurisdictions. Some of the main barriers to service provision as highlighted in both the SP interviews and in the scoping review, include stigma related to mental health (Ellis et al., 2019; Byrow et al., 2020), low levels of language comprehension (Lebano et al., 2020; DeSa et al., 2022), cultural differences and beliefs (Satinsky et al., 2019) and poor or impoverished educational backgrounds (McMullen et al., 2021). If not appropriately addressed, these can compound existing mental health difficulties and lead to a sustained lack of integration (Bogic et al., 2012; Correa-Velez et al., 2017). At the same time, however, a number of facilitative factors have also been identified in both this research and the wider literature including trauma-informed approaches (Im & Swan, 2021), appropriate psychological interventions and therapies (Zemestani et al., 2020; Smyth-Dent et al., 2019; Acarturk et al 2016; Ooi et al., 2016), adequate language supports (Crul et al., 2019; Riekkinen & Hanssen, 2022) and integrative supports and services (Cerna, 2019).

The findings reported here make a significant contribution to the literature in terms of identifying key facilitators and barriers to service provision for these vulnerable young people

in Ireland, and elsewhere (given some of the commonalities shared by these populations across the world). These provide important and useful insights into the factors shaping the experience of this population and the views and perspectives of some of the SPs who work to support them (in a number of different capacities). The findings may also be useful in terms of informing policy and practice both in Ireland and elsewhere, and especially in helping to identify and implement some interesting and useful approaches that may enable SPs to respond more effectively to the multiple and unique needs of this vulnerable group which may, in turn, help to foster their successful integration and inclusion in their host countries.

In summary, it is imperative that the health, social care and education systems in Ireland prioritise appropriate culturally responsive services, interventions and supports, whilst promoting inclusivity at all levels. By so doing, adolescent refugees can be supported, not only to survive but to thrive in their new home country, contributing positively to the wider community while having the opportunity to express their unique cultural identities in a more equitable society for all.

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Appendices

Appendix A

Interview Schedule (tailored to interviewees)

I. Background questions

- Please describe your current role and responsibilities.
- How long have you been in this position?

[Please continue to the relevant key-informant-specific guide below.]

II. Educators/Teachers

- About how many students from Arab backgrounds have you taught? To your knowledge, how many of these have been refugees or asylum-seekers?

- What would you say it is like for a refugee student of Arab background to attend school in your area?

    - How do you think their experiences in the school compare to those of other students?
    - What are some of the greatest challenges that these students face compared to their classmates? [For example: language limitations, cultural differences, level of education, attendance, behavioural issues, homework completion, etc.]
    - What do you think contributes to these challenges?
    - What are some of the ways that you think refugee students benefit from the school learning environment, if at all?

- What has your experience teaching these students been like so far?

    - How has this experience compared with teaching your other students?
    - What has been challenging about teaching these students? [repeat sequence below for each challenge mentioned.]
        - [For example: language limitations, cultural differences, level of education, attendance, motivation, behavioural or psychological issues, homework completion, parental engagement, etc.]
        - What do you think contributes to this challenge?
        - What are some ways that you have responded to this challenge?
        - How has this strategy worked?

    - What are ways that these students have benefited your classroom?
        - [For example: bringing new perspectives, experiences, or knowledge sets].

- What has been your experience interacting with the families of refugee students from Arab backgrounds?

    - What have you observed about the involvement of caregivers and other family members in their children's education?
    - What do you think contributes to this involvement?
    - What do you think can be done to improve the involvement of caregivers and other family members in their children's education?

- How have your students from Arab backgrounds interacted with the other students in general?

    - How receptive of refugee students from Arab backgrounds would you say the other students have been?

    - Have you observed any trends in the friendships that refugee students from Arab backgrounds are making?
        - For example, do the majority tend to make friends with students from similar backgrounds or different backgrounds?
        - What do you think contributes to whether an Arab student integrates well with other students?
        - How well are female students from Arab backgrounds integrating into the school? What are some particular challenges for girls?
        - How about male students, how well are they integrating? What are some particular challenges for boys?

    - Can you think of instances of refugee students not getting along with other students? If so, please describe an example without naming any students.

    - How concerned are you about the risk of discrimination against refugee students in general?
        - For instance, have you noticed any bullying of refugee students in particular or fighting between refugee students and other students?

- What has been the role of the school administration in supporting refugee students from Arab backgrounds to integrate into their new communities?

    - What are some ways that the school administration has supported refugee students and their families? [For example, more resources for English language programmes, hiring special interpreters and counsellors, engagement with parents, etc.]
        - Which of these supports are specific to students of Arab backgrounds?

    - What are some of the ways that the school administration has supported teachers to better serve refugee students? [For example, trainings, specialised materials, etc.]
        - Which of these supports are specific to students of Arab backgrounds?

    - How would you say these strategies are working?

- What would you change about these current strategies and why?
- What else do you think can be done in the school to support refugee students and their families?
- What else do you think could be done to support teachers?
- What would be needed in order to put these strategies in place?

III. Other school personnel (e.g. Principals/Deputy Principals, Board of Management etc.]

- What are your responsibilities related to serving the refugee student population?

  - How does your work related to this portion of the student body compare to the rest of your responsibilities?

- What would you say it is like for a refugee student to attend school in your area? Any particular issues re Arabic speaking students?

  - How do you think their experiences in the school compare to those of other students? What are some of the greatest challenges that these students face compared to their classmates? [For example: language limitations, cultural differences, level of education, attendance, behavioural issues, homework completion, etc.]
  - What do you think contributes to these challenges?
  - What are some ways that you think refugee students benefit the school learning environment, if at all?

- What are some of the current efforts that your team is making at school (or community) level to address the needs of refugee students? [repeat sequence below for each relevant initiative mentioned.]

  - Is this effort specifically focused on serving refugees?
  - How did this effort begin?
  - Who is involved in this effort and who leads it?
  - What organisations do you work with?
  - Where does support for this effort come from?
  - What are some benefits of this effort you've seen so far?
  - What are some challenges you've seen so far?
  - How are you addressing these challenges?
  - Do you have any documentation about these efforts?

- How does your office work with outside organisations to plan and/or implement such activities?

  - What does a constructive relationship with an outside organisation look like?
  - What are some common challenges to working with outside organisations on these issues?

- How does your team currently work with individual post-primary schools to address the needs of refugee students?

- What kind of support do you provide for individual schools? Who in those schools does your team work with?
- How would you compare your efforts with those of different schools in the community?
- What factors contribute to some schools being more receptive to newcomers than others?

- Aside from these current initiatives, what potential future efforts are being considered?
- What kinds of additional support would you ideally have to improve your efforts to address the needs of refugee students and especially those with Arab backgrounds?

  - Who would this support come from?
  - What would be needed to receive these means of support?

- What advice would you give to the administrator of a school that has just recently started receiving refugee students?

IV. Service providers [e.g. NGO employees, support agencies etc.]

- How do your roles and responsibilities extend to supporting refugee students and especially those of Arab backgrounds?

- What has your experience been of supporting refugee youth and particularly those with Arab backgrounds in this role?

  - About how many of these individuals have you worked with?
  - What are common issues that you have worked on with these individuals?
  - How has this experience compared with individuals from other backgrounds?
  - What has been challenging about serving these individuals [repeat sequence below for each challenge mentioned]?
    - [For example: language limitations, cultural differences, willingness to seek help, high psychological distress, etc.]
    - What do you think contributes to this challenge?
    - What are some ways that you have responded to this challenge?
    - How has this strategy worked?

- What has your experience been of working with the families of refugee youth including, in particular, those from Arab backgrounds?

  - In what ways have you interacted with these caregivers and other family members, if any?
  - In your experience, what is the role of caregivers in their children's engagement with services?
  - What do you think contributes to this role of caregivers?
  - What kinds of challenges have you encountered in interacting with these caregivers and other family members?

[If interviewing in school-based setting]

- What would you say it is like for a refugee student of Arab background to attend school in this district?

    - How do you think their experiences in the school compare to those of other students?
    - What are some of the greatest challenges that these students face compared to their class-mates? [For example: language limitations, cultural differences,
      level of education, attendance, behavioural issues, homework completion, etc.]
    - What do you think contributes to these challenges?
    - What are some ways that you think refugee students benefit the school learning environment, if at all?

- What has been the role of the school administration in supporting refugee students from Arab backgrounds?

    - What are some ways that the school administration has supported refugee students and their families?
        - Which of these supports are specific to students of Arab backgrounds?

    - What are some of the ways that the school administration has supported you to better serve refugee students? [For example, trainings, specialized materials, etc.]
        - Which of these supports are specific to students of Arab backgrounds?

    - How would you say these strategies are working?
    - What would you change about these current strategies and why?
    - What else do you think can be done to support refugee students and their families?
    - What else do you think could be done to support providers like yourself?
    - What would be needed in order to put these strategies in place?

- In addition to the services you provide, what are some other means of support that refugee students and their families have access to?

    - Which services would you recommend to students and/or their families?
    - Which services would you not recommend and why?

V. Other stakeholders

- What are your responsibilities related to serving the refugee population in this area?

    - How would you describe the current situation regarding refugee resettlement in this area?
    - How would you characterize the attitude of the general population in this area regarding refugee resettlement?

- What are some common views that the general public here expresses about refugees of Arab origin?

- What are some of the activities that your office is currently undertaking related to resettled refugee youth?

  - Who is this activity specifically designed to serve? Does it have a specific focus on refugee youth?
  - When and how did this effort begin?
  - Who is involved in this effort and who leads it?
  - What agencies and/or organisations do you work with on this activity?
  - Where does support for this effort come from?
  - What are some benefits of this effort you've seen so far?
  - What are some challenges you've seen so far?
  - How are you addressing these challenges?
  - Do you have any documentation about these efforts?

- How does your office work with outside organisations to plan and/or implement such activities?

  - What does a constructive relationship with an outside organisation look like?
  - What are some common challenges to working with outside organisations on these issues?

- Aside from these current initiatives, what potential future efforts are being considered?

- What kinds of additional support would you ideally have to improve your efforts to address the needs of refugee students and especially those with Arab backgrounds?

  - Who would this support come from?
  - What would be needed to receive these means of support?

- What would you say are the most important factors influencing your efforts to address the needs of refugee youth in this area?

  - For instance, how do county-level policies affect the efforts you can undertake? [leadership, budget planning, etc.] And at the national level?

CLOSING REMARKS:

That is the end of the interview. Thank you so much for your patience and cooperation. This has been a very helpful conversation, and I really appreciate your time and willingness to speak. Before we wrap up, do you have any questions for me?

If something comes up later, please feel free to contact me at [provide contact information].

Please remember that everything we've discussed today will remain strictly confidential.

Finally, after having finished this interview, if there is someone else in the area that you think we should speak with about these matters, please let us know.

Many thanks again. [Stop recording.]

Appendix B

Semi-Structured Interview and Focus Group – Introductory Script

This semi-structured guide includes an introductory script, guiding questions, and probes for the key informant interviews.

Please note: After the introductory script and informed consent, the interview should take around 60 minutes to complete.

The questions below simply provide a framework for the interview, and it is important to remember that the discussion may lead to other important questions/information not listed below.

- **When working with participants, please remember to use accessible and sensitive language.**
- The interview should take place in a quiet and secure place, where the participant feels comfortable and is not readily interrupted or distracted.
- Before proceeding to the introductory script, please silently review the study's two main research questions.

Q1: What kinds of factors in the school, family and wider community contribute to the emotional and psychosocial wellbeing of student immigrants (aged 13-18yrs) in Ireland and especially those of Arab origin?

Q2: What kinds of additional supports are needed to enhance the psychosocial wellbeing of student immigrants?

Introductory Script [if conducting interview directly after informed consent, much of the below may be skipped]:

Hello, and thank you again for joining us today. I really appreciate you taking the time to speak with us. I am from Maynooth University and am pleased to be here with you. As we've already discussed, we are part of a research team exploring student wellbeing among young adolescent immigrants and including, in particular, those of Arab origin.

One thing we're especially interested in, is how schools and community-based organisations serve students who have been resettled to Ireland as refugees and especially from countries with Arab majorities, like Iraq, Syria, and Yemen. The idea is to learn from school personnel, community-based organisations, caregivers and other leaders in the area so that we can understand what is working well for these students and what additional kinds of support they may need.

Our conversation today should last no longer than 60 minutes. As discussed, we would like to make an audio recording of this session to make sure we have understood everything correctly. We will not share these recordings outside of the research team, and your name will not appear in any of the files related to this session, unless you have given us permission to use it. Everything you say is strictly confidential.

Of course, if you no longer want to participate - or want to stop at any point in the session -that is completely fine, please feel free to tell me at any time. Do you have any questions at this point? I will begin the recording now if that's ok?

Appendix C

SALaM Ireland Information Sheet

We would like to invite you to take part in a new study which is being conducted at Maynooth University. Please take a few minutes to read carefully through the following information so that you are aware why the research is being done and what it will involve. If you have any questions, please ask us for more information before you agree to participate. *Please do not agree to participate in this study unless the research team has answered your questions and you decide that you want to be part of this study.*

What is the research about?
The current study is being conducted as part of a larger international research project which is being led by Washington University, St Louis (USA) in collaboration with Qatar Foundation International. One of the aims of this study is to explore the factors which impact upon the psychosocial wellbeing of adolescent immigrants (aged 13-18) from conflict-affected Arab-majority countries (e.g. Syria) and how best these young people might be supported.

Do I have to take part?
No, you are under no obligation whatsoever to take part in the research. However, by taking part in this research, we hope to learn a great deal about the experiences of immigrant families and students in Ireland. If you decide to take part, you are still free to withdraw at any time without giving a reason and/or to withdraw your information up until such time as the analysis takes place.

Why have I been asked to take part?
The SALaM Ireland study is looking at the experiences of immigrant and refugee/asylum-seeking students (aged 13-18) in Ireland – and especially those from Arabic-speaking countries. We want to better understand what support organisations and schools etc. are doing to support the mental health and wellbeing of these students and how they are faring, in general, in terms of their mental health and wellbeing. You have been identified as someone who has been working in a professional or voluntary capacity with this population.

What is involved in the research?
We would like to invite you to take part in a remote interview or group discussion (face-to-face if possible under COVID-19 restrictions) with a researcher, during which time you will be asked a number of questions relating to your views and experiences around dealing with immigrant young people aged 13-18 years and especially those from Arabic speaking countries such as Syria and Iraq. We will ask you about your professional role and responsibilities regarding working with this

population, your experiences with students and their caregivers, and your ideas about what can be done to improve the psychosocial wellbeing of immigrant and refugee/asylum-seeking students. The discussion will be audio-recorded, with your consent, in order to ensure that we include all necessary details and that we can properly analyse the content afterwards. We will also provide you with a transcript of the recording so that you can check it for accuracy and completeness and add/remove any content if so desired.

How long will it take?
The interview will last approximately 45-60 minutes.

Who has approved this study?
The study has received ethical approval from the Maynooth University Social Research Ethics Committee. The study has also received approval from Washington University St, Louis.

Can I withdraw from the study during or after participation?
Yes, you can withdraw from the study at any time. You have the right to review any data or request any of your data to be disregarded. Also, you are not required to answer any questions with which you might feel uncomfortable.

Will my information be kept confidential?
Yes, all information you provide will be kept confidential. No names will be identified at any time. Any names and other identifying information will be removed from all files including audio-recordings, and any data you provide will be anonymised using a unique identification number in order to protect your identity. This number will be used on all database files and schedules, instead of names, for the duration of the project. All information (including recordings) will be held in a secure online location and will be password protected and accessed only by the research team. With your permission, we would also like to share all anonymised data with our collaborators in the U.S. These data will be used for comparative purposes only. All research findings will include de-identified data and will not include any personal information that can identify the individual.

If you are participating in a focus group please be advised that, although the researchers will take every precaution to maintain confidentiality of the data, the nature of focus groups prevents the researchers from guaranteeing confidentiality. The researchers would like to remind participants to respect the privacy of your fellow participants and not repeat what is said in the focus group to others.

On completion of the research, the anonymised data will be retained on the MU server. After 10 years, all data will be destroyed by the Principal, Investigator (PI) (Professor Sinead McGilloway). Any paper copies of data will be shredded confidentially and electronic data will be reformatted or overwritten by the PI in Maynooth University.

Although all reasonable steps will be taken to ensure confidentiality, it must be recognised that there are times when research professionals cannot, legally or ethically, maintain confidentiality. For example, in some circumstances, confidentiality of research data may be overridden by courts in the event of litigation or in the course of investigation by lawful authority. In such circumstances,

the University will take all reasonable steps within law to ensure that confidentiality is maintained to the greatest possible extent.

What will happen to the results of the research?
The research will be written up in report format and may be published in journals and presented at conferences or other public fora. A copy of the research findings will be available upon completion of the study. Part of this research will also involve sharing data with our collaborators in the U.S. because in that way, we will have a much larger pool of information to help us better address our study questions.

Please visit our website for further information on the study www.cmhcr.eu/salam

What are the possible disadvantages of taking part?
We do not envisage any negative consequences for you in taking part in this research. Sometimes, speaking about challenges can lead to frustration, but if there is a question that you do not want to answer for any reason, you do not have to answer it. There will be no penalty for skipping questions or deciding you want to end your participation.

Who do I contact if I have a question?
Please feel free to contact the Project Manager, Yvonne Leckey, by email (Yvonne.Leckey@mu.ie) or by telephone on 087 936 8733.

Alternatively, you may contact the Principal Investigator/Research Director, Professor Sinéad McGilloway, Centre for Mental Health and Community Research, Department of Psychology, John Hume Building, Maynooth University, Maynooth, Co. Kildare, Ireland (tel: 708 6052/4765 or by email: sinead.mcgilloway@mu.ie).

If during your participation in this study you feel the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process, please contact the Secretary of the Maynooth University Ethics Committee at research.ethics@mu.ie or +353 (0)1 708 6019. Please be assured that your concerns will be dealt with in a sensitive manner.

If you think that you would like to take part in this research, please complete the consent form overleaf.

MANY THANKS FOR YOUR HELP

Appendix D

Key Informant Consent Form

I confirm that have read and understood the information sheet for the above study and have had the opportunity to ask questions.

I agree to take part in this study and to provide information to the researcher for use in the study and I understand that my data, once anonymised, may be used in future reports and publications if I give permission below.

I understand that I can withdraw from the study (or withdraw my data) at any time up until the point of analysis.

I give you my permission to **audio record** the interview or group discussion in which I participated.

√ **Yes** ☐ No ☐

I give you permission to **share my fully anonymised data** with the collaborators of this study (Washington University in St. Louis, USA).

√ **Yes** ☐ No ☐

For focus group discussion only, I agree to maintain the confidentiality of the information discussed by all participants and researchers during the group session.

Yes ☐ No ☐

Signature of participant:
Date: _____
Signature of researcher: _____
Date: _____
For your information, the Data Controller for this research project is Maynooth University. The Maynooth University Data Protection officer is Ann McKeon who can be contacted at ann.mckeon@mu.ie. Maynooth University Data Privacy policies can be found at https://www.maynoothuniversity.ie/data-protection.

Appendix E

COREQ (COnsolidated criteria for REporting Qualitative research) Completed Checklist

Topic	Item No.	Guide Questions/Description	Reported on Page No.
Domain 1: Research team and reflexivity			
Personal characteristics			
Interviewer/facilitator	1	Which author/s conducted the interview or focus group?	93
Credentials	2	What were the researcher's credentials? E.g. PhD, MD	104
Occupation	3	What was their occupation at the time of the study?	105
Gender	4	Was the researcher male or female?	104
Experience and training	5	What experience or training did the researcher have?	104
Relationship with Participants			
Relationship established	6	Was a relationship established prior to study commencement?	96
Participant knowledge of the interviewer	7	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	97
Interviewer characteristics	8	What characteristics were reported about the inter viewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	104
Domain 2: Study design			
Theoretical framework			
Methodological orientation and Theory	9	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	54
Participant selection			
Sampling	10	How were participants selected? e.g. purposive, convenience, consecutive, snowball	93
Method of approach	11	How were participants approached? e.g. face-to-face, telephone, mail, Email	96
Sample size	12	How many participants were in the study?	93
Non-participation	13	How many people refused to participate or dropped out? Reasons?	93
Setting			
Setting of data collection	14	Where was the data collected? e.g. home, clinic, workplace	97
Presence of non-Participants	15	Was anyone else present besides the participants and researchers?	98
Description of sample	16	What are the important characteristics of the sample? e.g. demographic data, date	94
Data collection			
Interview guide	17	Were questions, prompts, guides provided by the authors? Was it pilot tested?	96

Topic	Item No.	Guide Questions/Description	Reported on Page No.
Domain 3: analysis and findings			
Data analysis			
Number of data coders	24	How many data coders coded the data?	100
Description of the coding Tree	25	Did authors provide a description of the coding tree?	101
Derivation of themes	26	Were themes identified in advance or derived from the data?	99
Software	27	What software, if applicable, was used to manage the data?	99
Participant checking	28	Did participants provide feedback on the findings?	104
Reporting			
Quotations presented	29	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number	109
Data and findings consistent	30	Was there consistency between the data presented and the findings?	149
Clarity of major themes	31	Were major themes clearly presented in the findings?	107
Clarity of minor themes	32	Is there a description of diverse cases or discussion of minor themes?	107
Repeat interviews	18	Were repeat inter views carried out? If yes, how many?	102
Audio/visual recording	19	Did the research use audio or visual recording to collect the data?	98
Field notes	20	Were field notes made during and/or after the inter view or focus group?	105
Duration	21	What was the duration of the inter views or focus group?	98
Data saturation	22	Was data saturation discussed?	102
Transcripts returned	23	Were transcripts returned to participants for comment and/or correction?	104

Appendix F

SALaM Ireland Outputs to date

Published articles/articles in submission

Leckey, Y., Sakr, R., Malone, A., Quinn, P., Horgan, J. & McGilloway, S. Supporting MENA refugees during COVID-19. In submission (*Journal of Children's Services)*.

Leckey, Y., McGilloway, S. and Sakr, R. in collaboration with QFI and the SALaMA team (2023). The 'LEARNS' project: **L**anguage **E**nrichment for **AR**abic-speaking adolesce**N**ts in **S**chool. The development and implementation of a pilot summer programme for Arabic-speaking students in Drogheda, Ireland. Centre for Mental Health and Community Research, Maynooth University.

Leckey, Y., Sakr, R. & McGilloway, S. (2021) Investigating the mental health and wellbeing of young Arabic-speaking adolescents who have migrated to Ireland from conflict-affected countries. *The Irish Network for Middle Eastern and North African Studies* https://inmenas.blogspot.com/2021/12/investigating-mental-health-and.html.

Conferences/Public Presentations

Allaf, C., Leckey, Y. and McGilloway, S. Arabic language learning with refugee students in Ireland. *BATA Fourth Annual International Conference*, Scotland, 27-28 June 2024 (forthcoming).

Leckey, Y. and McGilloway, S. How positive relationships and school connectedness can support Arabic-speaking students post-resettlement. *The CIES-SALAMA conference*, California, 27-29 October, 2023.

Leckey. Y. and McGilloway, S. The **S**tudy of **A**dolescent **L**ives **a**fter **M**igration to Ireland Study: An overview of key findings to date. *The CIES- SALAMA conference*, California, 27-29 September, 2023.

Leckey, Y., Barrett, S., Horgan J. & McGilloway S. Supporting the integration of newcomer adolescent Programme Refugees in Ireland, *The Prevention and Early Intervention Summit,* Limerick, Ireland, 21–22 September 2023.

Leckey, Y., Alosh, A., Horgan, J., Sakr, R. & McGilloway, S. Through their Eyes – the experiences of young Arabic-speaking students/refugees living in Ireland. *Social Justice Week*, Maynooth University, 6-10 March 2023.

Leckey, Y., Horgan, J., Malone, A. & McGilloway, S. Supporting child and adolescent Arabic-speaking refugees during COVID-19: Perspectives from Irish service providers. *Annual Conference of the Children's Research Network of Ireland and Northern Ireland*, Dublin, Ireland, 8 December 2022.

Leckey, Y., Horgan, J., Abusalameh, E. & McGilloway, S. Experiences of Arabic-speaking students in Irish Secondary Schools: challenges and rewards of real-world research. Seminar delivered as part of the MU Psychology Department MSc module entitled *'Psychology and Society: Practical Applications',* 4 October 2022.

Leckey, Y., Horgan, J., Sakr, R. & McGilloway, S. Experiences of Arabic-speaking students in Irish secondary schools. *British Council/QFI Arabic conference*, London, 20 June 2022.

Leckey, Y. & Abusalameh, E. Post-resettlement experiences of Arabic-speaking students in Irish secondary schools. Graduate Research & Applications Seminar (GRASP), MU Psychology Department, 16 March 2022.

Other outputs

Leckey, Y., McGilloway, S., Sakr, R. and Malone, A. *Through their Eyes – the experiences of young Arabic-speaking students/refugees living in Ireland*. Article featured in Maynooth University of Sanctuary (annual) Newsletter, October 2023.

Leckey, Y. and Alosh, A. *Experiences of resettlement for young Syrians in Ireland.* A short video created for Maynooth University Social Justice Week, 6–10 March 2023.

Leckey, Y., Sakr, R. & McGilloway, S. The **A**rabic **L**anguage **L**earning in **I**rish **S**chools (ALLIS) Study. Successful proposal to QFI to undertake a study on the provision of Arabic language programmes in primary and secondary schools across Ireland, 6 March 2023.

Leckey, Y. and McGilloway, S. *The experiences of organisations supporting Syrian families in Ireland,* Maynooth University webpage celebrating World Refugee Day, 21 June 2022.

Leckey, Y., McGilloway, S., Sakr, R. and Malone, A. *The SALaM Ireland Study: an update.* Article featured in Maynooth University of Sanctuary Newsletter, June 2022.

McGilloway. S. 'MU researchers ask: How are young migrants faring in Irish schools? The Bridge Maynooth University's Alumni magazine (January 2021): https://issuu.com/maynoothuniversity/docs/maynooth_alumni_magazine_-the_bridge_2020/s/11781525

Appendix G

McMullen, J., Harris, J., Jones, S., McConnellogue, S., & Winter, F. (2021). School based Support for Syrian Refugee Pupils in Northern Ireland: completed MMAT

Category of study designs	Methodological quality criteria	Responses			
		Yes	No	Can't tell	Comments
Screening questions (for all types)	S1. Are there clear research questions?	✓			
	S2. Do the collected data address the research questions?	✓			
	Further appraisal may not be feasible or appropriate when the answer is 'No' or 'Can't tell' to one or both screening questions.				
5. Mixed methods	5.1. Is there an adequate rationale for using a mixed methods design to address the research question?	✓			Yes. The surveys were carried out with both parents and pupils to understand their views and experiences of support in schools. Focus groups were conducted with teachers to identify any barriers to education for this population and the support requirements of teachers and schools.
	5.2. Are the different components of the study effectively integrated to answer the research question?	✓			Both components of the study were well integrated in addressing the clearly defined research questions.

	5.3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	✓			The researchers provide 6 key findings and recommendations based on different interpretations of the findings from both the qualitative and quantitative elements of the study.
	5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	✓			The authors clearly state divergences between teacher views (focus group derived) and parent (survey-based) views that all refugee pupils have experienced trauma and have barriers to learning as a result.
	5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?	✓			However, the authors acknowledge that the quantitative element of the study could have been stronger.

Appendix H

Feen-Calligan, H., Grasser, L. R., Debryn, J., Nasser, S., Jackson, C., Seguin, D., & Javanbakht, A. (2020). Art therapy with Syrian refugee youth in the United States: An intervention study. *The Arts in Psychotherapy, 69,* 101665: Completed MMAT

Category of study designs	**Methodological quality criteria**	**Responses**			
		Yes	No	Can't tell	Comments
Screening questions (for all types)	S1. Are there clear research questions?	✓			
	S2. Do the collected data allow to address the research questions?	✓			
	Further appraisal may not be feasible or appropriate when the answer is 'No' or 'Can't tell' to one or both screening questions.				
3. Quantitative non-randomied	3.1. Are the participants representative of the target population?	✓			The authors provide a clear definition of the target population and participant inclusion/exclusion criteria.
	3.2. Are measurements appropriate regarding both the outcome and intervention (or exposure)?	✓			A range of pre- and post-intervention self-report measures wereused to assess the overall effectiveness of the intervention.
	3.3. Are there complete outcome data?	✓			The study had a 83% retention rate, yielding more complete outcome data,

					than with other interventions such as exposure therapy (52%) and pharmacotherapy (40% - 80%).
	3.4. Are the confounders accounted for in the design and analysis?	✓			A number of key factors were assessed and controlled for in the method and analysis including a no-treatment control group which included Syrian refugee youth who were not engaged in any form of treatment (behavioural or pharmaceutical).
	3.5. During the study period, is the intervention administered (or exposure occurred) as intended?	✓			The intervention delivery was structured to mirror the format of group CBT (one weekly 90 minute session over 12 weeks) and the authors were also careful to create a safe environment

					(using guidelines from the literature) delivered as intended.

Appendix I

Ragnarsdóttir, H. (2020). Refugee families in Iceland: opportunities and challenges in schools and society. *International Journal of Qualitative Studies on Health and Well-Being, 15*(sup2), 1764294: Completed MMAT

Category of study designs	**Methodological quality criteria**	**Responses**			
		Yes	No	Can't tell	Comments
Screening questions (for all types)	S1. Are there clear research questions?	✓			
	S2. Do the collected data allow to address the research questions?	✓			
	Further appraisal may not be feasible or appropriate when the answer is 'No' or 'Can't tell' to one or both screening questions.				
1. Qualitative	1.1. Is the qualitative approach appropriate to answer the research question?	✓			The study used a qualitative, in-depth approach including critical approaches to education and theories about multilingual education for social justice.
	1.2. Are the qualitative data collection methods adequate to address the research question?	✓			Semi structured interviews were conducted in the chosen were conducted in the chosen language of the participant which

					enhanced the trust and rapport between the researcher and participant, leading to more in-depth responses. The interviews were also recorded (with consent) and transcribed verbatim.
	1.3. Are the findings adequately derived from the data?	✓			The researchers followed qualitative procedures of content analysis including coding and the constant comparison of data. They also read and re-read the transcripts developing themes and subthemes to best represent the findings.
	1.4. Is the interpretation of results sufficiently substantiated by data?	✓			The illustrative quotations included in the paper strongly suggest that the findings were adequately supported by

					available data and appropriately interpreted.
	1.5. Is there coherence between qualitative data sources, collection, analysis and interpretation?	✓			The overall approach used to guide the work, coupled with appropriate recruitment of participants, sensible data collection and analytical approaches and careful interpretation of the findings, combine to suggest a high level of linkage across all elements within the study.