

The Refugee Parenting Experience: From Flight to Resettlement

A thesis submitted to The University of Manchester for the degree of Doctor of Clinical
Psychology (ClinPsyD) in the Faculty of Biology, Medicine, and Health

2017

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Word count (excluding tables, figures, references and appendices): 18, 853

Thesis Abstract

This thesis forms part of the examination for the Doctor of Clinical Psychology (ClinPsyD) in the Faculty of Biology, Medicine and Health (School of Health Sciences) at The University of Manchester. The aim of the thesis was to explore the parenting experiences of refugees both across the refugee journey and in resettlement contexts.

Paper one is a meta-synthesis of qualitative literature exploring parenting experiences for refugees in the resettlement context. Following a standardised approach, six databases were searched and a final sample of 15 papers identified. Using a constructivist approach to interpret the data, five core concepts were identified. The refugee parenting experience in resettlement was conceptualised in terms of a dynamic interplay between resettlement challenges and protective/promotive factors with the concept of support relevant to both aspects. The results highlighted the multiple complexities that refugees must parent through in the resettlement context.

Paper two presents a constructivist grounded theory study of the parenting process for Syrian refugee parents who have fled conflict and eventually arrived in the UK. Semi-structured interviews with six health professionals and six refugee parents were conducted and analysed using the constant comparison method, along with the analysis of secondary data, contextual information and theoretical memos. The theory conceptualised the refugee parenting experience as a process of resilient parenting in recovery, with narratives and language as a key mechanism. The results highlighted a recovery process for parents that begins early in the refugee journey and the importance of positive coping factors that can be built on as part of tailored support.

Paper three provides a critical reflection of the research process. It includes reflections on the methodological approaches used, strengths, limitations and implications of the findings for research and clinical practice.

Declaration

No portion of the work referred to in the thesis has been submitted in support of an application for another degree or qualification of this or any other university or other institute of learning.

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Acknowledgements

I would like to thank my supervisors Prof. Rachel Calam and Dr Fiona Ulph for their support, guidance and reflective supervision throughout the project. I would also like to thank the Parenting and Family Research Group at The University of Manchester, and Dr Aala El-Khani in particular, for supporting the design and implementation of the study for example, providing interpretation and facilitating links with refugee organisations in the North West. I would also like to thank Dr Debbie Smith for her advice regarding the meta-synthesis process. I would also like to thank my family, friends, programme tutors, and ClinPsyD cohort who have provided much support and encouragement. My biggest thanks go to the professionals and parents who shared their stories with me, and other researchers, whose optimism and strength was inspirational.

Paper 1

Refugee Parenting in the Resettlement Context: A Meta-Synthesis

Paper 1 was invited for submission to the European Psychologist as part of a call for papers for the special issue ‘Youth and Migration’. It is currently under peer-review. The paper was formatted according to the guidelines of this journal (Appendix 1) and APA (6th Edition) style guidance.

Some formatting changes have been made to the paper to aid readability in this thesis. For example, key tables and figures have been inserted within the text, rather than presented separately.

Refugee Parenting in the Resettlement Context: A Meta-Synthesis

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Author's note

Disclosures of interest: None

Funding: This was a review of the literature, so no funding was required

Word count

Main body: 5791

Reference list: 1493

Tables & figures: 968

Abstract

Quality of parenting and caregiving is recognised as an important protective and promotive factor for the psychological functioning and well-being of children and adolescents affected by the stresses and transitions arising from conflict, war and displacement. In the resettlement context, how children and adolescents are parented and cared for is an important factor in supporting well-being and psychological development. Understanding the perspective of families living through this experience, and hearing their voices is key to developing effective, tailored support and policies. This paper presents a meta-synthesis of qualitative findings from studies examining refugee parenting experiences in the resettlement context. Aims of the synthesis were: (1) to review and synthesise qualitative findings relating to the refugee parenting experience in resettlement, and (2) to highlight the implications of findings for applied practice and service development. The findings from 15 peer-reviewed qualitative papers were synthesised. Using a constructivist approach (Charmaz, 2014), findings were iteratively analysed and five core concepts identified ('living between two cultures', 'psychosocial losses', 'demonstrating resilience', 'adapting parenting', and 'support'). The relationship between these concepts was conceptualised in terms of a dynamic interplay between resettlement challenges and protective or promotive factors that occur simultaneously in resettlement. Results of the synthesis highlight the multiple complexities that refugees must parent through in the resettlement context. Results are discussed in terms of implications for practice and recommendations for future research.

Keywords: Refugee parenting, resettlement, qualitative, meta-synthesis

Refugee Parenting in the Resettlement Context: A Meta-Synthesis

Forced migration due to conflict and war has risen dramatically over the past five years. We are currently witnessing a ‘displacement crisis’, with the highest levels of forced displacement (65.3 million) currently on record. Approximately 21.3 million of these are refugees (United Nations High Commission for Refugees, ‘UNHCR’, 2016a). The term ‘refugee’ usually refers to people who have migrated across international borders and been granted permission to resettle permanently in a new country, usually in the stable high-income continents of Australia, the US and Europe (Reed, Fazel, Jones, Panter-Brick, & Stein, 2012). Terminology is often used interchangeably to refer to the forcibly displaced populations. Generally, refugees are a distinct group within the forcibly displaced population, which is also made up of those seeking leave to remain in a country (‘asylum-seekers’) and people internally displaced within their country of origin, or living near their country of origin, most often in temporary camp settings (Reed et al., 2012).

1.1 Refugee Parenting

Approximately half of the current refugee population are children and adolescents, and there is increasing global concern for this group (Yule, Dyregrov, Raundalen, & Smith, 2013). Negative consequences of conflict-related displacement on children’s psychosocial development and mental health are well documented, and there are likely to be cumulative risks to physical, emotional and social development (Dimitry, 2012; Reed et al., 2012; Slone & Mann, 2016). Children’s adjustment to conflict related stress and displacement is reliant on not only their own individual responses and personal qualities, but also on the quality of care and monitoring they receive from their primary caregivers (Betancourt & Khan, 2008; El-Khani, Cartwright, Redmond, & Calam, 2016a). As such, parenting is a key protective and promotive factor for the well-being of children and adolescents affected by conflict-related displacement, and an important area for research (Fazel et al., 2012; Panter-Brick et al., 2011; Tol, Song, & Jordans, 2013).

1.2 Refugee Parenting in Resettlement

By the time they arrive in a resettlement country, refugee parents and their children will have lived in, and left, multiple contexts (Williams, 2012). An ecological framework has been proposed to capture this process, and identifies four stages that refugees will have parented through during the refugee journey: parents and children in their country of origin; pre-flight when conflict and war begins; flight; and finally, resettlement (Williams, 2008). In resettlement contexts, refugee parents are exposed to the same factors that contribute to parenting difficulties in any family, for example parental mental health problems, socioeconomic factors, and child behavioural problems (Lewig, Arney, & Salveron, 2010). However, they are also likely to have experienced a range of additional experiences including multiple losses and direct conflict-related experiences (Murphy, Rodrigues, Costigan, & Annan, 2017). Refugee parents are then required to adapt to life in a new country which differs socially and culturally from their country of origin, and where aspects of parenting may differ, or be in direct conflict with, their parenting practices (Williams, 2010). If left unsupported, this combination of factors may negatively impact parents' functioning (Tol et al., 2012).

Provision of parenting support, amongst other services, such as health, housing, and employment, is an important component of successful resettlement (Murphy et al., 2017). Existing support is likely to be informed by, and tailored to, the needs of non-refugee families and address general parenting difficulties rather than refugee-specific ones. As such, there is a need for a better understanding of refugee parents' experiences to contribute to the design and provision of tailored parenting support (Tol et al., 2013; El-Khani, Ulph, Peters, & Calam, 2016b).

1.3 The Present Study

To date, reviews of the literature that include aspects of parenting are systematic reviews that present evidence relating to risk and protective factors. Whilst stand-alone

qualitative studies exist, their findings have not been integrated. There is a need for the synthesis of this qualitative data to capture the richer information and contextualise the refugee parenting experience (Ochoka & Janzen, 2008; Williams, 2012). The meta-synthesis was conducted to address this need.

1.3.1 Aims and research questions. The aims of the meta-synthesis were: (1) to review and synthesise qualitative findings relating to the refugee parenting experience in resettlement and (2) to highlight the implications of findings for applied practice. The primary research question was: What are refugee parents' experiences of parenting in resettlement?

2 Method

There are a range of methods for integrating qualitative findings (Ring, Ritchie, Mandav, & Jepson, 2010). This meta-synthesis is based on the meta-ethnography approach (Noblitt & Hare, 1988), which was further developed by Walsh & Downe (2005), and has been used to synthesise findings in a range of clinical settings (e.g., Downe, Finlayson, Tuncalp, & Gulmezoglu, 2016; Khan, Bower, & Rogers, 2007; Smith & Lavender, 2011). The approach was chosen due to its interpretive focus and aim to develop a line of argument through the integration of multiple accounts (Ring et al., 2010).

2.1 Search Strategy and Selection Criteria

Inclusion and exclusion criteria (Table 1) and search terms (Table 2) were defined and agreed by all authors following an initial scoping review. All types of qualitative methodologies were included. An adaptation of the 'Population/Problem of interest, Intervention, Comparison and Outcome' ('PICO') framework was used (Smith & Lavender, 2011). Key words were truncated and synonyms used as appropriate. No start date restrictions were specified. A search of electronic databases (psychINFO, EMBASE, Medline, CINAHL, Social Sciences Full Text, and Maternity and Infant Care), and hand searching of citation and reference lists was conducted in November 2016. The search and selection process is shown in Figure 1 using the 'Preferred Reporting Items for Systematic

Reviews and Meta-Analyses' diagram 'PRISMA' (Moher, Liberati, Tetzlaff, & Altman, 2009).

Table 1
Inclusion and Exclusion Criteria

Inclusion:	
<ul style="list-style-type: none"> • Original peer reviewed research articles • Original qualitative studies of parenting experiences of refugee parents who have fled conflict and are living in a resettlement context • Parents with parenting responsibility for at least 1 child since fleeing conflict • Studies exploring at least one aspect of parenting in a resettlement context 	
Exclusion:	
<ul style="list-style-type: none"> • Studies in languages other than English • Book chapters, literature reviews and dissertations • Studies that do not explore at least one aspect of parenting (e.g. focus is on child mental health symptoms or adjustment) • Parents living in or being asked about parenting in pre-resettlement contexts (e.g. refugee camps, detention centres) • Refugee or asylum-seekers who have only become parents in the resettlement context ('new parents') • Parents separated from their children 	

Table 2
Adapted PICO Search Tool

Search terms		
Population	Refugee/asylum seeker	Refug* OR asyлу*
Intervention	Parents/parenting	Parent* OR mother* OR father* OR caregiv* OR famil*
Comparison	None	-
Outcome	Qualitative research methods	Experience OR qualitative OR interpret* OR attitude* OR belie* OR view OR mixed method OR understand OR explor*

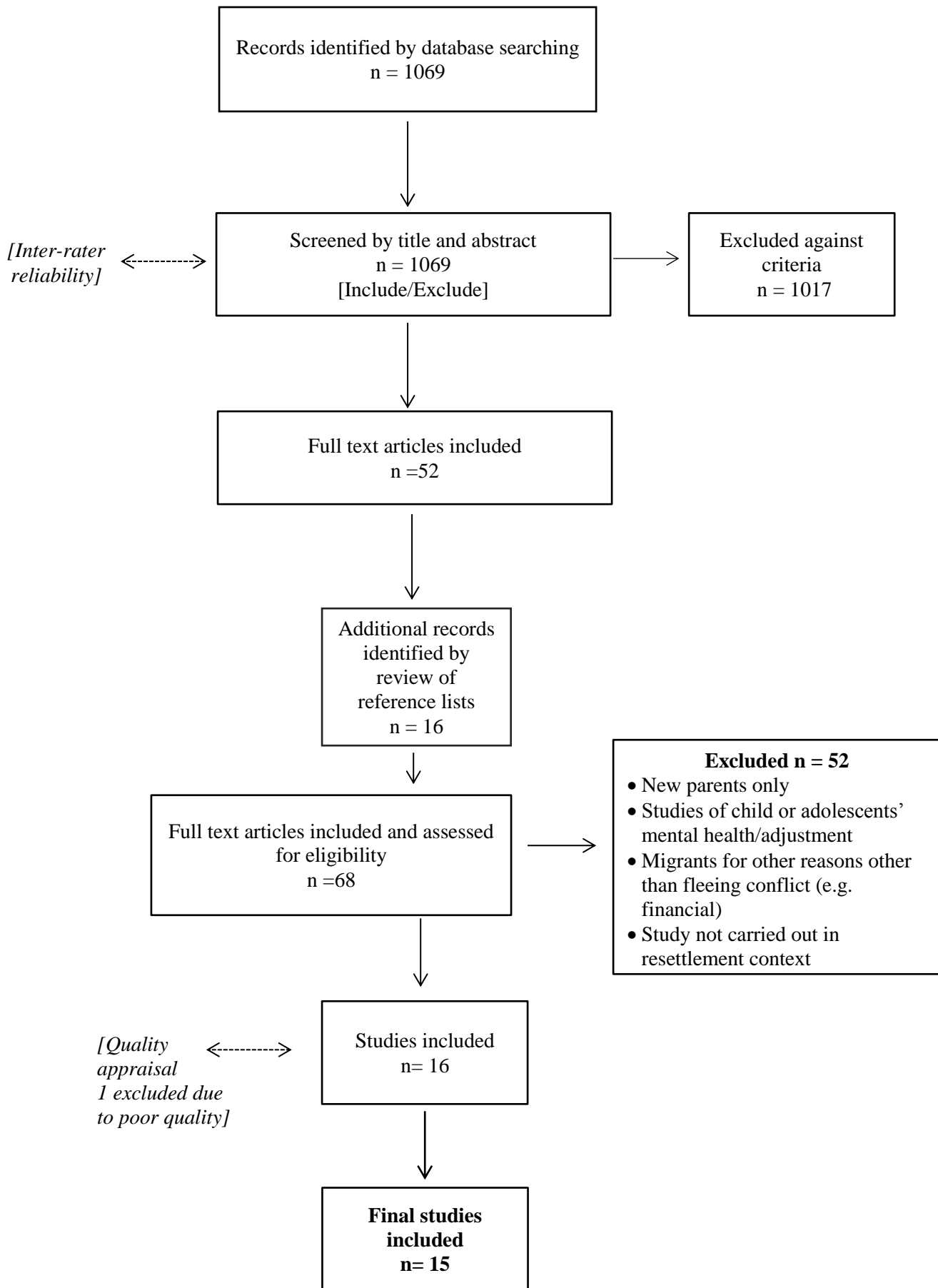


Figure 1

PRISMA Flowchart

One thousand and eighty five articles were identified for possible inclusion after duplicates were removed. Title and abstract screening resulted in studies being identified as 'include' (retain for full text review) or 'exclude'. At this stage, 1017 articles were excluded. The majority were excluded because they did not explore parenting or used quantitative methods. Verification of the screening process was conducted by an independent postgraduate-level researcher who checked a randomly generated 25% of the records against the selection criteria. Inter-rater reliability analysis using the Kappa statistic indicated a high level of agreement [$k = 0.82$ ($p < .001$)] (Cohen, 1960). Additional articles ($n=16$) were identified by review of the reference list of the 52 retained articles, which yielded a sample of 68 articles for full text eligibility assessment. At this point, 52 were excluded, and a final sample of 16 articles identified. As a result of the quality appraisal, where 1 article was excluded the final meta-synthesis sample was 15 papers.

2.2 Quality Appraisal

A quality appraisal tool, developed by Walsh and Downe (2006) to complement the meta-synthesis approach was used to assess the quality of included studies. The tool provides a checklist to grade papers on an A to D scale and is best used to identify strengths and limitations of included studies, rather than to focus on an overall score (Walsh & Downe, 2006). To verify the reliability of ratings, 25% of the studies were rated by an independent post-graduate level researcher. Inter-rater analysis demonstrated a high level of agreement [$k = .84$ ($p < .001$)] (Cohen, 1960). Where disagreement arose, a consensus was reached through discussion.

2.3 Synthesis Approach

An interpretive approach was used to synthesise findings and develop a line of argument. Studies were read closely several times to identify key content and commonalities. Concepts, metaphors and themes from each study were then entered into a conceptual grid. To preserve meaning and to be inclusive, data from both participants and authors' interpretations were included (Walsh & Downe, 2005). Concepts, metaphors, and

themes were compared and contrasted and initial descriptive themes produced (n=22). This stage involved identifying whether findings were ‘reciprocal’, in agreement with each other, or ‘refutational’, in disagreement with each other (Noblitt & Hare, 1988). Larger, more inclusive analytical concepts were then generated. As is accepted practice, the process was iterative and continued until theoretical saturation was reached (Finlayson & Downe, 2013). Concepts were elaborated through discussion between the authors, which continued until all descriptive themes were well developed and no new concepts emerged (theoretical saturation). Finally, a line of argument was developed, and expressed in diagrammatic and written form. The first author (FH) carried out the initial synthesis, and discussions between the authors allowed for refinement of concepts and consensus on final results.

2.4 Reflexivity Statement

A constructivist approach (Charmaz, 2014) was adopted. The interpretive role of the researcher is central to this approach, and a key aim is to provide a more informed construction than earlier iterations (Guba & Lincoln, 1994). The first author (FH) is a white female, who was born and raised in the UK, and has no children. The personal, cultural, and conflict-related experiences reported in the studies were not something shared by the author, which highlighted the importance of becoming immersed in the data to seek understanding (Haynes, 2012).

3 Results

3.1 Overview of Studies

Characteristics of included studies are shown in Table 3. Studies were made up of refugee parents from three main geographical areas: Africa (majority Somalia and Sudan), the Middle East (majority Iraq), South-East Asia (majority Vietnam). One study included a parent from Europe (Bosnia). Most had been conducted with participants who had resettled in Australia (n=8). Other resettlement contexts were: Sweden (n=2), US (n=2), New Zealand (n=1), Finland (n=1) and Canada (n=1). The majority of participants were mothers

of multiple children from infancy to 17 years old. Data collection methods were focus groups (n=8), and semi-structured interviews (n=6), with one study using both. Three studies utilised triangulation by collecting contextual data such as photographs and written materials (n=2), and using participant observation (n=1). Thematic analysis was the most common analysis method (n= 11). Other methods were narrative/discourse analysis (n=2), content analysis (n=1) and grounded theory (n=1).

3.1.1 Quality appraisal. One study that was graded D during quality appraisal was excluded. All included studies specified the methodology used and provided contextual information regarding samples; for example, about the nature of conflict participants had fled. Some studies were limited in their reporting of sample characteristics. In particular, the number and ages of children, and length of time since parents had fled conflict were under-reported. In some focus group studies, it was not specified whether ‘parent’ was a mother or father. This limited scope for transferability, although this was not a key aim of the synthesis. Most studies contained limited information regarding reflexivity and whether data were analysed to theoretical saturation. Whilst this may be a result of authors adhering to strict word limits or publication templates (Walsh & Downe, 2006), it meant that we were unable to assess how authors’ perspectives may have influenced the interpretation of findings, or how dissonant or deviant accounts were handled.

Table 3. *Characteristics of Included Studies*

	Authors/aims of study	Methods/ analysis	Country study conducted in	Participants/sample information	Participants' countries of origin	Main study themes (Quotation marks indicate authors' terminology)	Quality Rating
1	Atwell et al. (2009) Explore parenting practices in resettled refugee families	Interviews & contextual data/ Thematic coding	Australia	10 parents Parents of adolescents with median age of 15	South Sudan (6), Burma (1), Afghanistan (1), Bosnia (1), Liberia (1)	“Difficulties understanding the environment” “Coherence and hope” “Bright futures and different lives”	B
2	Bergnehr (2016) Explore discourse of refugee mothers about mothering strategies and aspirations	Focus groups/ Discourse analysis	Sweden	16 mothers aged 32-52 Mothers of children described as ‘majority’ primary school age Length of time in Sweden: 1-12 years All in receipt of social welfare	Iraq	“Mothering on welfare” “Mothering for discipline” “Mothering for educational success”	B
3	Betancourt et al. (2015) Explore resettlement and acculturative stressors and child parent relationships in resettlement	Focus groups/ Grounded theory	United States	32 parents Parents of adolescents Length of time in US: 3-12 years	Somalia	“Challenges” “Resources and resilience”	B

4	Deng & Marlowe (2013) Explore parenting concerns and issues	Interviews/ Thematic analysis	New Zealand	6 parents Age range of children not stated Length of time in New Zealand: 3-12 years	South Sudan	“Parenting in a new environment” “Parenting support and service provision awareness”	C
5	Degni et al. (2006) Explore experiences of parents raising children in Sweden	Interviews/ Thematic analysis	Finland	21 parents aged 31-54 Age range of children not stated All parents of 5 or more children	Somalia	“Parenting experiences in Somalia” “Parenting experiences in Finland” “Changes in family structure” “Somali parents’ views of the Finnish family model”	B
6	Dumbrill (2008) Explore refugee parents’ approaches to parenting and experience of services	Focus groups & ‘photovoice’/ Thematic analysis	Canada	11 parents Age range of children not stated	West Africa (8), Central Asia (3)	“Understanding our hopes and fears” “Understanding our settlement challenges” “Working with us”	C
7	Ebbeck & Cerna (2007) Examine parents’ experiences, child rearing values and practices of refugee parents living in Australia	Interviews and focus groups/ Narrative analysis	Australia	30 parents, mothers’ mean age 30.9, fathers mean age 41.2 Age range of children not stated Length of time in Australia: 2 months – 2 years	Sudan	Difficulties parenting “Diminished parental control and authority” “Conflict of culture”	C
8	Lenette et al. (2012) Explore refugee womens’ everyday lives and narratives of resilience	Participant observation, interviews & ‘photovoice’/ Thematic analysis	Australia	4 mothers aged 30-50 Age range of children not stated Parents of 1-7 children Length of time in Australia: 2-5 years	Sudan (2), Burundi (1), Democratic Republic of Congo (1)	“Participants’ daily lives” “The ordinary nature of resilience” “The dynamic process of resilience in each and every day” “Social complexities of	B

						resilience and stress”	
9	Levi (2014) Understand the complexities of resettlement for refugee mothers of adolescent children	Interviews/ Thematic analysis	Australia	17 mothers Mothers of adolescents	Sudan	“From parenting together to parenting alone” “Losing children and worry about children” “Loss of parenting authority” “Finding new ways of parenting”	B
10	Lewig et al. (2010) Explore challenges refugee families face raising children in a new culture	Focus groups/ Thematic analysis	Australia	130 parents aged 17-62 years Age range of children not stated	Sudan (32), Burundi or Democratic Republic of Congo (13), Liberia (30), Somalia (15), Iraq (14), Iran (2), Vietnam (24)	“Challenges to parenting in a new culture” “Early intervention and prevention strategies” “Providing parental and social support”	B
11	Nilsson et al. (2012) Interview mothers about their children’s adjustment	Focus groups/ Thematic analysis	United States	24 mothers aged 22-58 years Age range of children not stated 10 employed, 14 unemployed Length of time in US: 6 months – 12 years	Somalia	“Cultural comparisons” “Concerns about children” “Parents’ loss of disciplinary authority” Lack of support Hope	C
12	Ochala & Mungai (2016) Explore problems	Interviews/ Thematic analysis	Australia	10 mothers Age range of children not stated	Burundi (3), Sudan (5), Democratic	“Migration and dislocation” “Welfare providers’ knowledge of African problems”	C

	faced by single female parents resettled in regional Australia				Republic of Congo (1), Rwanda	“Living in poverty”	
13	Osman et al. (2016) Explore experiences and challenges of being parents in Sweden	Focus groups/ Content analysis	Sweden	23 parents aged 22-53 years old Age range of children not stated Length of time in Sweden: 3-18 years Parents of 1 -13 children	Somalia	“Challenges” “Improved parenting”	A
14	Renzaho et al., (2011a) Explore parenting experiences, values, practices and behaviours	Focus groups/ Thematic analysis	Australia	44 parents aged 23-59 years Parents of children aged between 13-17	Iraq (22), Sudan (13), Lebanon (9)	“Freedom and parenting” “Preservation of cultural values” “Change in gender roles”	B
15	Renzaho et al., (2011b) Explore parenting styles in a new culture	Focus groups/ Thematic analysis	Australia	43 parents aged 30-60 years Parents of adolescents Length of time in Australia: 0 – 15 years	Somalia (23), Sudan (20)	“Parenting style and parenting-style issues” “Family relations and family functioning” “Lifestyle changes and health”	B

Table 4. *Initial and Final Iterations and Core Concepts*

Initial descriptive themes	Themes final iteration	Core concept	Relevant papers
Limited language	Language barriers	Living between two cultures	Atwell et al. (2009) Bergnehr (2016) Betancourt et al.(2015) Deng &Marlowe (2013) Degni et al. (2006) Dumbrill (2008) Ebbeck & Cerna (2007) Lenette et al (2012) Levi (2014) Lewig et al (2010) Nilsson et al. (2012) Ochala &Mungai (2016) Osman et al. (2016) Renzaho et al. (2011a) Renzaho et al. (2011b)
Limited knowledge of resettlement context (parental styles, discipline, systems)	Cultural parenting adjustment		
Fear of services	Fearing services		
Cultural shift – collective to individual	Conflict of cultures		
Children leaving parents behind	Feeling left behind		
Change to parent-child roles	Changing parent-child roles		
Loss of/separation from loved ones and extended community	Loss of support	Psychosocial losses	Atwell et al.(2009) Bergnehr (2016) Betancourt et al.(2015) Deng &Marlowe (2013) Degni et al. (2006) Dumbrill (2008) Ebbeck & Cerna (2007) Lennette et al. (2012) Levi (2014) Lewig et al (2010) Nilsson et al. (2012) Ochala &Mungai (2016) Renzaho et al. (2011b)
Psychological losses: identity, agency, authority	Psychological losses		
Financial barriers to parenting	Financial barriers to parenting		
Unemployment and reliance on welfare	Financial loss		
Loss of shared parenting (mothers)	Mothering alone		
Fathers role changes	Changing gender roles		

Focus on children's futures / hope and optimism for children	Living through children	Demonstrating resilience	Atwell et al. (2009) Bergnehr (2016) Betancourt et al.(2015) Deng &Marlowe (2013) Degni et al. (2006) Dumbrill (2008) Lenette et al (2012) Levi (2014) Nilsson et al., (2012) Ochala &Mungai (2016) Renzaho et al. (2011a) Renzaho et al. (2011b)
Value of education	Valuing education		
Religious faith	Maintaining religion		
Maintaining aspects of culture and parenting style	Maintaining aspects of culture and parenting style	Adapting parenting	Atwell et al. (2009) Betancourt et al.(2015) Deng &Marlowe (2013) Degni et al. (2006) Ebbeck & Cerna, (2007) Lenette et al (2012) Levi (2014) Lewig et al., (2010) Osman et al. (2016) Renzaho et al. (2011a) Renzaho et al. (2011b)
New parenting strategies (talk, praise, reward)	Trying out ways of parenting		
Combining old and new traditions/parenting style	Integrating old and new parenting		
Importance of practical support and parenting information	Identifying support needs	Support	Betancourt et al., (2015) Deng & Marlowe (2013) Degni et al. (2006) Dumbrill (2008) Lennette et al. (2012) Lewig et al (2010) Nilsson et al. (2012) Ochala &Mungai (2016) Osman et al. (2016) Renzaho et al. (2011a) Renzaho et al. (2011b)
Need for culturally competent professionals	Importance of professionals' cultural competence		
New relationships and networks	Developing informal support		

3.2 Synthesis Results

There was a high level of commonality in themes across the included studies. No disconfirming cases were identified. Initial and final iterations of themes and concepts generated are shown in Table 4. Five core concepts were identified: ‘living between two cultures’, ‘psychosocial losses’, ‘demonstrating resilience’, ‘adapting parenting’, and ‘support’. These were organised into a framework of resettlement challenges and protective/promotive factors, with support relevant to both components. Diagramming (Figure 2) drew upon the ecological model of refugee parenting (Williams, 2008) to contextualise the inductively identified concepts.

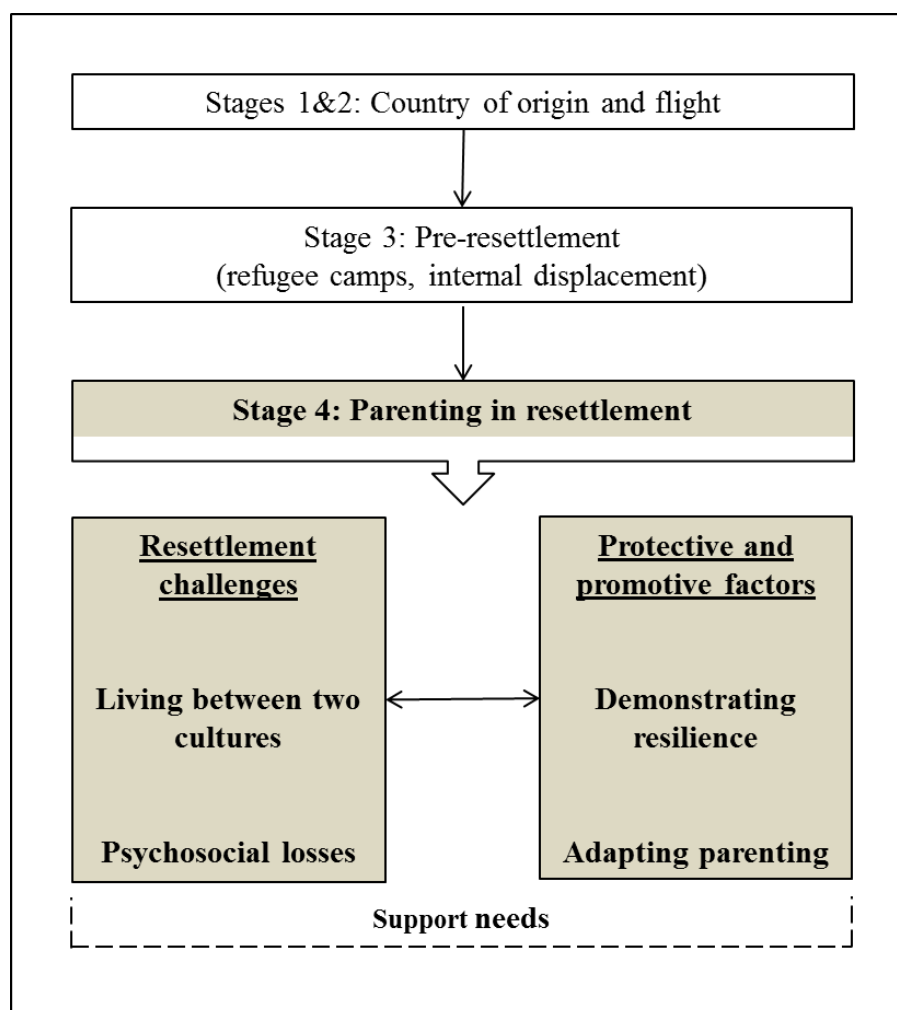


Figure 2 *Diagram of Concepts*

3.2.1 Resettlement challenges. *Living between two cultures.* All studies identified living between two cultures as a prominent challenge for refugee parents. Whilst this included general cultural adjustment, including experiences of racism or stigma, it was most often related to adjusting to parenting in resettlement. This was conceptualised in terms of a conflict of cultures, as parents had been forced to leave collectivist cultures and were subsequently adjusting to parenting in more individualistic contexts. Parents described children having more freedom and independence in resettlement contexts, and parents feeling left behind was a salient theme. Children were described as quickly learning the new language, norms and values often from peers and at school.

We want to teach them our religion, our culture. But you know what is stronger than what we are teaching them is what they are seeing in the school, and then the society, and outside. (Somali mother living in US, Betancourt, Abdi, Ito, Lilienthal, Agalab, & Ellis, 2015)

...they [the children] take a bit from everywhere until it's all a mixture, and their thoughts become different from ours...(Iraqi mother living in Sweden, Bergnehr, 2016)

These experiences changed existing parent-child roles, which was a difficult adjustment for parents. For example, Lenette, Brough, and Cox (2012; 644) described the daughter of a Sudanese mother becoming “a critical linguistic and cultural link to the outside world”, which was a challenging experience for the mother. Studies suggested that children could become a link between the two cultures, placing an added burden of responsibility upon them. The potential impact upon children was highlighted in this parent’s description of her child being her interpreter:

...because a lack of interpreters I had to take my son with me for all appointments and that was why my son stopped going to school. (Afghan mother living in Australia, Atwell, Gifford, & McDonald-Wilmen, 2009)

Language barriers were central to the experience of living between two cultures, and affected parent-child relationships. Parents described language barriers causing difficulties in understanding the new parenting environment, supporting their child's development, and interacting with schools and services.

When the kids even cause trouble in the school, or they skip school...the teacher tell[s] them [...] 'You have to bring your parents next time' and they don't tell you. If the school call[s] you at home, and one of your kids is going to interpret for you. He won't interpret for you what the school was saying. He will mistell you, mislead you, you know? (Somali mother living in US, Betancourt et al., 2015)

A common difficulty for parents was understanding cultural differences in parenting styles, particularly around discipline. This led to misunderstandings about, and a fear of, services with parents fearing that their children would be removed. Parents had often heard stories about services becoming involved with families about physical discipline, and described difficulties in identifying and using alternative disciplinary practices.

The kids they learn in school... if you hit the kids, you know they take the kids to DFS [Division of Family Services]. (Somali mother living in the US, Nilsson, Barazanji, Heintzelman, Siddiqi, & Shilla, 2012)

In Australia, for us Africans, there is a lot of freedom; we cannot punish children when they do bad. This is hard for parents as they cannot control children without punishing them [...] parents do not have power as it is automatically not allowed... (Madi Sudanese father living in Australia, Lewig et al., 2010)

Psychosocial losses. Most studies described multiple psychosocial losses for parents that negatively affected parenting. Parents explained that financial barriers affected their ability to provide for their children, which was a significant source of anxiety. This financial loss restricted parents' aspirations for their children by limiting their resources and activity provision. For example, parents were unable to travel with their children or access leisure activities. Some described difficulties in providing possessions and experiences equivalent to those of other children in the resettlement context.

M1: When they [the children] see what the others have they want the same. 'Buy me one of these'...

M2: But we live on social assistance. When parents can't afford things for their children, the children feel like something is missing, which affects them mentally...

M3: There is not much to do with your children in this city, and what does exist is expensive.

(Three Iraqi mothers living in Sweden, Bergnehr, 2016)

I know there are child care centres but I cannot afford them from the income I am getting... (South Sudanese mother living in New Zealand, Deng & Marlowe, 2013)

Loss of social support, and shared parenting responsibilities, was a common theme, which related to loss of family and wider community support. Half of the studies identified changing gender roles. This related to mothers parenting alone, or fathers losing their

previous role. These losses left parents feeling alone and disconnected, often with unanswered questions about parenting in the new context.

Back home there is family support, brother, sister, friend, neighbour, when they see a problem, they will talk to the child and the family straight away. People don't have support here. They are alone... (Iranian parent living in Australia, Lewig et al., 2010)

[In Sudan] you are inside the family, like something [...] whole, you are inside the family [...] In Australia there is a difference, because you are alone here. (Sudanese mother living in Australia, Levi, 2014)

Loss of parenting identity and agency was reported by many parents, which they described as reducing their parenting efficacy. Parents described losing control over their children, which left them feeling disempowered.

...here the children can do what they want, [...] us we are restricted... (Sudanese parent living in Australia, Ebbeck & Cerna, 2007).

Parents worried about their loss of authority and that children would be 'lost' (Degni, Pontinen, & Molsa, 2006). This was often related to concerns about children becoming involved in undesirable social behaviours, not listening to parents, or losing respect. This was linked to parents' perceptions of raising children in more individualistic cultures and worries that their children were not living according to the religious beliefs of their previous context.

...sinful behaviours [...] using drugs, alcohol, and kissing in the streets, having sex and children before marriage... (Somali father living in Finland describing his concerns, Degni et al., 2006)

Losses of identity and agency were also linked to language difficulties. Parents were unable to help their children with school work and liaise with teachers or other professionals. This suggested a loss of support for children as well as parents, and parent-child role changes.

...because sometimes I need to help my children with their homework [...] They need help but I can't help them, I myself, the one that needs to help them. The responsibility is somewhat hard [...] to help them with homework, not knowing the language, although I can see the task is easy. (Iraqi mother living in Sweden, Bergnehr, 2016).

3.2.2 Protective and promotive factors. Alongside resettlement challenges, the synthesised studies identified themes that related to protective and promotive factors. These co-existed with challenges and were as important to parents as the challenges they faced. *Demonstrating resilience.* Parents described living through their children, which provided them with optimism and hope.

...it shows how far we've come for a better future for our kids. My kids will go to school in Canada and become somebody who has a future... our expectations of coming here are great. (Mother, country of origin not specified, living in Canada, Dumbrill, 2008)

They placed a high value on education and religion that supported them in adjusting to the resettlement context. Education was considered central in allowing children to succeed, and for many parents opportunities available to their children in resettlement was a common topic. Data suggested a dilemma for parents at times who, on the one hand, highly valued education, but on another had concerns about being left behind. However, they spoke of education as in the best interests of their children and were willing to accept changes in parent-child relationships in order for their children to achieve.

Across studies parents reported strong religious faith and the use of religious practices. Religion was an important community activity and parents used religion as a strategy that helped them cope with pre-resettlement experiences. Parents used prayer and religious routines regularly, and encouraged children to maintain these practices. Maintaining religion was also a way that parents adjusted to living between two cultures and it appeared to provide a link between parents' old and new settings.

Adapting parenting. The synthesised studies suggested that parents were adapting and making adjustments to meet the new parenting models of their resettlement context. Parents were keen to develop their language to become more integrated within the new context and support their children. One parent spoke of mothers she had observed who were keen to learn the language, and used this as a way to support relationships with their children.

A few women I've met they go to Training and Further Education (TAFE) and when they are at home, there are programs for children on the TV; they watch it and sometimes they learn from their children. They try to practice it and the kids correct them. These are the ones who have the desire to learn and some have the courage, they really have the self-esteem, even if they can't speak, but they keep on practising...(Sudanese mother living in Australia, Lenette et al., 2012)

Alongside the challenges of living between two cultures, parents were considering how to blend and reconcile the two, and parents described integrating traditional parenting with new strategies.

...we live in Australia and we have Sudanese background. [But] we can't say we don't want to know about Australian culture. Why not? Because we live in Australia. But if we bring the two together, that can give us a great, a better understanding...In another way, to be flexible in the two [ways of parenting] (Sudanese mother living in Australia, Levi, 2014)

Studies suggested that adapting parenting involved parents trying out different ways to relate to their children, and modifying their parenting styles.

We're trying to keep tradition [...] we can't just lose everything [...] some of them yes, not all of them [...] but otherwise most of the other ones that impose restrictions on their behaviour; these ones should be reinvented or changed or even removed. Gradual process would always be a good way...(Sudanese father living in Australia, Renzaho et al., 2011a)

Modified styles included parents talking more to their children, using verbal praise, and rewards for good behaviour.

Maybe before I was like to beat the kids, but I find it was not useful so I stop everything. I talk with mine now. (Sudanese mother living in Australia, Levi, 2014)

We actually reward them about the good effort they did now, which is good...(Somali mother living in Australia, Renzaho et al., 2011a)

3.2.3 Support. The concept of support was relevant to resettlement challenges and protective/promotive factors, and related to professional and informal community support. Parents identified a range of support needs. However, many had experienced challenges with professional support, and made suggestions for improvement. Parents emphasised the need for professionals to understand their daily stressors, and have an awareness of the difficulties they faced parenting in the new environment. Parents described professionals as misunderstanding their experiences, having limited cultural competence, and limited interpreter availability. These created barriers to accessing support and left parents feeling isolated.

The teachers and social workers should understand that the Somali cultural model of children's upbringing differs from the Finnish cultural model of children's upbringing [...] there are many social norms in the Western lifestyle that are conflicting...(Somali father living in Finland, Degni et al., 2006)

Parents valued joint approaches to support that took into account cultural issues. Some suggested that this could be integrated with religious organisations or community elders. Parents identified needs for information about alternative parenting strategies to replace physical discipline, supporting communicating with their children, and general parenting information, including information about parenting rights and responsibilities.

Parents need to know their responsibility and that they can set boundaries for their children, because they were just told not to use physical punishment. But they were

never told other alternatives. (Somali father living in Sweden, Osman, Klingbery-Allun, Flacking, & Schon, 2016)

The idea of a ‘cultural broker’ was suggested in one study to bridge gaps between services and parents.

If they don’t speak Vietnamese we will not go [...] we don’t like using an interpreter. I have seen with the Italian community they have their own workers [...] much easier...(Vietnamese parent, living in Australia, Lewig et al., 2010)

Many parents described new networks of other refugee families as sources of informal support and information. Parents described other families who had arrived before them as providing advice about parenting practices and common challenges.

So I say, why don’t we come up with a group of women? Maybe we can meet up once a month [...] so that it keeps that connection. We can keep on learning from one another, those who have been here for longer can help us who are facing difficulties [...] we can support one another and be there for one another. (Mother from Burundi living in Australia, Lenette et al., 2012)

Conversely, one study highlighted that new community networks could also be a source of stress: “dynamics, there’s gossips, fighting, ignorance, and it makes it difficult with coping with day-to-day activities and challenges” (Lenette et al., 2012), highlighting potential challenges for parents developing informal support networks.

3.2.4 Line of argument. Interpretations derived from the meta- synthesis suggest two key challenges faced by parents in the resettlement context; living between two

cultures and psychosocial losses. These challenges can restrict parenting capacity, affect parent-child relationships, and become a significant source of anxiety. It is hypothesised that two central protective and promotive factors, resilience and adaptation, sit alongside and interact with resettlement challenges. Whilst aspects of professional support are helpful and should be further developed, barriers to support add to resettlement challenges. Informal networks of support that emerge in the resettlement context are likely to be supportive to parents, and may empower them in adapting to the new context.

4 Discussion

This meta-synthesis provides the first systematic exploration of qualitative findings relating to refugee parents' experiences of parenting in resettlement. Five core concepts were identified: 'living between two cultures', 'psychosocial losses', 'resilience factors', 'adapting parenting', and 'support'. These were conceptualised within an integrative framework of resettlement challenges and protective/promotive factors, with the concept of support relevant to both.

4.1 Interpretation of Findings

The findings highlight the complexity that refugee parents navigate in the resettlement context, and are consistent with broader refugee resettlement literature (Murray, Davidson, & Schweitzer, 2010; Porter & Haslam, 2005; Siriwardana, Ali, Roberts, & Stewart, 2014). An important finding was the central role of language. Language acquisition has been identified as an important factor in cross-cultural adaptation (Sheridan & Storch, 2009), and language difficulties have been prospectively associated with poorer psychosocial outcomes in refugee populations (Beiser & Hou, 2001).

Multiple relationship changes were apparent for refugee parents, including parent-child, parent-family, and parent-community relationships. This highlights the importance of taking a broad approach, and considering the many relational systems that parents will be a part of and affect their resettlement experiences (De Haene, Grietens, & Verschueren, 2007). An important aspect was parents feeling that children were leaving them behind,

and children taking on adult roles. This has been referred to as the ‘parentification’ of refugee children (De Haene et al., 2007; pp. 247) that can have a significant impact upon parents’ self-efficacy, parent-child relationships and children’s well-being (Koshen, 2007).

Findings demonstrated the importance of the sociocultural context, highlighted in previous research (Ochoka & Janzen, 2008). Whilst living between two cultures was difficult and affected parenting, retaining aspects of the previous culture, alongside adjusting to the new setting, was important to parents. This is likely to be crucial to consider in developing support.

4.2 Implications for Practice

Developing effective support for refugee families is a key global health priority (Yule et al., 2013). Parenting in resettlement is a key task that refugee parents face, and they may present to a range of professionals in a number of systems (Levi, 2014). Sensitivity to parents’ resettlement experiences may support engagement, relationship building, and consultation in applied practice (Deng & Marlowe, 2009; Levi, 2014). The findings suggest that support should be informed by and tailored to parents’ specific needs to increase accessibility. In particular, the results of the synthesis could be used to inform professionals of the complexity parents navigate, and the protective/promotive factors that sit alongside experience of challenges. These protective factors are likely to be most amenable to intervention and areas where parents may be most able to adapt and draw upon support. The findings suggest that support should include the consideration of the cultural context parents have left and challenges that the new context presents in a range of domains of family life. The findings can support professionals in normalising the experiences of parents; for example, in acknowledging that parenting in a new culture raises important issues of culture conflict and loss, particularly given that all studies reported these resettlement challenges for parents. This normalisation may support parents in engaging with support and adjusting to their new context.

The importance of linguistic support was highlighted throughout the studies synthesised. This might include facilitation of parents and children learning and speaking the new language together, which would indirectly support parent-child relationships and may allow parents to experience more implicit aspects of parenting in the new environment. Such approaches could draw upon the emerging informal networks that were highlighted as important by parents. Regarding the tailoring of interventions, child age is likely to be relevant. This would include consideration of a child's developmental stage when conflict begins and during the refugee journey, and how this affects parents' support needs. For example, displaced parents with younger children may benefit from interventions developed from an attachment perspective, whereas those with teenage children may require support around their child's social and emotional development including navigating peer relationships and parents' use of discipline and ways to develop boundaries. Unfortunately the included studies did not all specify child age, which limits the scope of the meta-synthesis to make recommendations regarding tailored interventions. As such this is an area for future research.

There will be limitations to how services can be designed and delivered for refugee parents given issues of capacity and funding. With this in mind, it is encouraging that protective and promotive factors were identified. Recognising and highlighting the strengths that parents already have, and can continue to develop, is not resource-intensive, and should be a key aspect of support. This could be facilitated by the dissemination of information about ways to support and build resilience, perhaps through the emerging informal networks that parents appeared to value.

4.3 Limitations

Conclusions from the synthesis should be interpreted in light of four main limitations. Firstly, meta-synthesis is an emerging methodology, and there is no established gold standard for synthesising qualitative findings and implementing search strategies (Thomas & Harden, 2008). In any synthesis it is unlikely that every available study about

the area in question is included, particularly as qualitative studies can be difficult to identify using traditional database search methods (Ring et al., 2011). Proponents of the method emphasise that it is more important, and achievable, to include a range of studies reporting experiences across a variety of contexts, rather than include every available study (Walsh & Downe, 2005). Title and abstract screening was completed for all studies in this synthesis, rather than relying on title screening only, and reference lists hand-checked to increase the likelihood of key studies being identified. Furthermore, there was high level of reciprocal translation and commonalities in themes across the included studies. As such, the likelihood that a range of concepts has been included was increased, and the possibility that the findings would be changed significantly by the addition of further studies is minimised.

Secondly, not all aspects of the refugee parenting experience were captured by the synthesis, and it did not include studies exploring parents' experiences in other stages of the refugee journey. Parents awaiting asylum decisions but living in the resettlement context were not included because their experiences were likely to be significantly different than refugees who had leave to remain. Third, the included studies represented the experience of refugees in a limited range of resettlement countries. Finally, the quality appraisal highlighted variability in the quality of studies included, particularly related to inconsistencies in the information provided about sample characteristics and limited information about researcher reflexivity and theoretical saturation. This limits generalisability, and raises the potential for subjectivity and bias within the included studies, and should be considered when interpreting the findings.

4.4 Recommendations for Research

There is a need for further studies exploring refugee parenting in resettlement. This is a particular need in the UK and Europe, given the increasing number of refugees being resettled in these contexts (UNHCR, 2016b). Qualitative research is well placed to examine and provide contextualised accounts of how individuals experience processes

such as displacement (Ungar, 2003), and there is scope for more studies employing a range of methodologies. Half of the studies highlighted gender roles as important. Given that women and children are often disproportionately impacted, and made vulnerable, in times of conflict (UNHCR, 2016b), gender is an important area for future research. Finally, research that explores children's experiences of being parented in resettlement would add to the findings. This is important, given that the concepts identified by the synthesis are likely to affect children in a number of ways.

4.5 Conclusion

The synthesis highlights the complexity parents must navigate in the resettlement context, yet also their capacity to respond and adapt. The findings have important implications for applied practice, in particular the central role of linguistic support, need for cultural competence, and recognition that challenges are likely to co-exist with protective/promotive factors that can be further developed. It is hoped that the findings will inform service development and the consideration of what works, for whom, in what circumstances.

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Paper 2

The Parenting Process in Syrian Refugees: A Grounded Theory Study

Paper 2 has been prepared for submission to *Peace and Conflict: Journal of Peace Psychology*. Author guidelines can be found in Appendix 1. Some changes have been made to aid readability, for example, tables included in the main text. The word count has been moderately extended for this version to add additional context in places.

Word count

Main body: 8151

Reference list: 1616

Tables & figures: 253

Abstract

Parenting is a key protective factor for the well-being of refugee children. Using grounded theory, the parenting experiences of Syrian refugee parents were explored. The study consisted of the following key grounded theory features: successive iteration of purposive and theoretical sampling through interviewing key participants, review of contextual and secondary data, inductive analysis of the data, and theory development. The process was supported throughout by theoretical memo-writing. Theory was developed iteratively using categories, created from codes, grouped into concepts. Semi-structured interviews were conducted with six professionals who worked with refugee parents, and six Syrian refugee parents. Secondary data from three Syrian parents and a parent focus group were analysed. The theory conceptualised parents moving through a process of parenting in recovery made up of three phases: contracting, reforming, and moving forward. The process was theorised to be non-linear and involved parents shifting between the phases at different times. The role of language as a vehicle that supported reflection and change was identified. The theory can inform the development and provision of policy and services designed to support refugee parenting.

Keywords: refugee parenting, Syrian refugees, grounded theory

The Parenting Process in Syrian Refugees: A Grounded Theory Study

The parent-child relationship becomes central in forced displacement as other protective factors, such as peers, schooling, and wider community are disrupted or lost (Murphy, Rodrigues, Costigan, & Annan, 2017). Therefore, the role of parents in supporting refugee children's adjustment is significant, particularly when risks to refugee children's behavioural, emotional, and social development are considered (Panter-Brick, Grimon, Kalin, & Eggerman, 2014; Peltonen & Punamaki, 2010; Tol, Song, & Jordans, 2013). Refugee parents are likely to experience multiple adversities and socioecological processes that may reduce parental functioning, and impact child outcomes (Betancourt & Khan, 2008; Diab, Peltonen, Quota, Palosaari, & Punamaki, 2015).

In broader parenting literature, aspects of parenting have been associated with family resilience and promoting children's adjustment (Brodsky, 1999; Walsh, 2016). Resilience can be defined as the psychological ability to recover from adversity, characterised by the interaction of individuals with their environment (Lennette, Brough, & Cox, 2012; Vindevogal, 2017), and resilience processes are likely to be important for refugee parents (Bala & Kramer, 2010; Murphy et al., 2017). However, the majority of research to date considers trauma and its psychological sequelae, or focuses upon the challenges and barriers faced (Pulverenti & Mason, 2011). As a result, there is limited evidence to inform how services and professionals may work with parents and children from a resilience perspective (Wessels, 2017).

To broaden the focus of refugee research, explorations of wider processes are required to sensitise policy and service providers to the complexities parents face (Bala & Kramer, 2010; Bergnehr, 2016; Ochoka & Janzen, 2008; Renzaho, McCabe, & Sainsbury, 2011). To date there has been a focus upon refugee parents' experiences at one time point in one setting, rather than exploring what happens to parents in transition (Williams, 2012).

1.1 The Ecological Refugee Parenting Framework

An ecological framework has been applied to refugee parenting to illustrate the multiple environments refugee parents must adapt to. The framework is made up of four stages: parents and children in their country of origin, pre-flight when conflict and war begins, flight and resettlement (Williams, 2008). It highlights the key stages refugee parents move through, each with different environmental stressors that will affect and shape parenting processes (Williams, 2012). The framework offers a useful conceptualisation of refugee parenting as a process that is affected by environmental risk factors in multiple systems.

1.2 The Syrian Refugee Crisis

Since the conflict began in 2011, the number of Syrians forcibly displaced has reached record-high numbers (UNHCR, 2016a). Current estimates suggest that over 5 million people have been forced to leave Syria and are at different stages of the refugee journey; from being internally displaced, to living in refugee camps and neighbouring countries, and being offered international protection and refugee status in European countries (Almoshmash, 2015; UNHCR, 2016a). A range of mental health difficulties and psychosocial support needs have been reported for Syrian refugees, and consideration of how policy and services can contribute to reducing further distress has become a global health priority (Almoshmash, 2015; United Nations Office for the Coordination of Humanitarian Affairs 'OCHA', 2016; Quosh, Eloul, & Ajlani, 2013).

1.2.1 Syrian refugee parenting. Half of those forced to leave Syria are children and adolescents, who will have experienced a range of conflict and displacement-related stressors (Save the Children, 2015). There is a key role for parenting to promote functioning and reduce the impact of these stressors on children's adjustment (Peltonen & Pukamani, 2010; Weine et al., 2004). In qualitative research conducted with mothers in refugee camps, El-Khani, Ulph, Peters, & Calam, (2016) found that parents faced a range of practical and emotional challenges in raising their children, as well as environmental

stressors. Despite these challenges, parents were able to draw upon a range of coping mechanisms, which included accepting the changes in their children, normalising the situation, and using external support and faith (El-Khani, Ulph, Peters, & Calam, 2017). There is very limited research to date regarding the parenting experience for Syrian refugees. Therefore, research to inform development and provision of policy, where possible from an early intervention and prevention perspective, is crucial (Calam, 2016).

1.3 Aim of the Present Study

The purpose of the study was to explore the Syrian refugee parenting experience. This is a key task for policy providers and those working with families, but there is a lack of theory to inform development and practice (Bergnehr, 2016; Dumbrill, 2008; Weine et al., 2005; Williams, 2012). Qualitative research, and grounded theory in particular, is well placed to explore this, given its focus on contextualised inquiry and social processes (Charmaz, 2014; Ungar, 2003). The aim of the present study was to generate a grounded theory of the parenting process across the Syrian refugee journey. The research question was: how did refugee caregivers experience parenting across the refugee journey?

2 Method

2.1 Design

A grounded theory design was selected for its focus on analysing the processes and development of inductively driven theory (Tweed & Charmaz, 2012). It is often used in areas where there has been limited previous research or theorising (Charmaz, 1990). A key aspect of the approach is the focus on understanding people's interpretations and experiences of social events, rather than the events themselves (Grbrich, 2012). A constructivist approach (Charmaz, 2014) to grounded theory was adopted, which emphasises the interpretive role of the researcher in developing constructions of the data (Charmaz, 1990). An overview of the study design is shown in Figure 1.

2.2 Sampling and Data Generation

2.2.1 Sampling. Sampling utilised purposive and theoretical sampling, as is accepted practice in grounded theory (Tweed & Charmaz, 2012). First, purposive sampling was used to sensitise the researcher to the field, interview professional informants, and develop an interview topic guide. Second, theoretical sampling was used to explore emerging concepts in semi-structured interviews designed to encourage participants to relate their experiences of parenting through the refugee journey. Throughout the study, professionals were used to get a generalised sense of relevant issues, and these ideas were then explored with parents. Interviews utilised a topic guide that was reviewed and revised on two occasions (Appendix 2). The second version of the schedule was adapted to include further specific questions relating to the role of language and narratives and resilience processes, which emerged during the course of the study. Inclusion criteria for professionals and parents are shown in Table 1.

Table 1. *Inclusion and Exclusion Criteria*

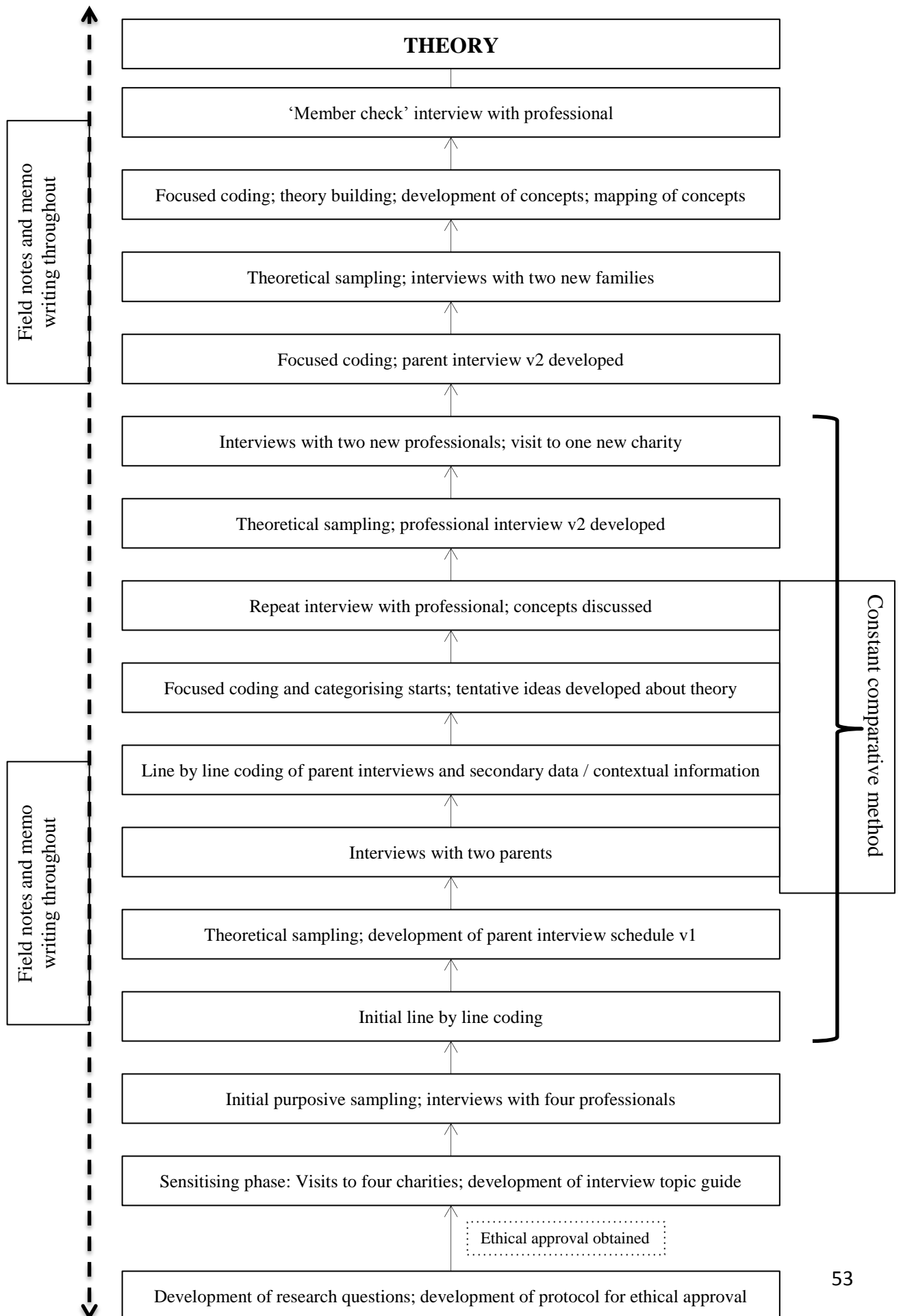
Professionals

- Experience of working with refugee families, including those from Syria in settings such as NHS or charity organisations

Parents

- Aged 18 and over and have had parental responsibility for at least one child since leaving Syria
- Resettled in the UK and have lived in at least one flight setting since leaving Syria
- Not awaiting asylum decisions

Figure 1 *Grounded Theory Method*



2.2.2 Data generation. Refugee organisations in the North West of England were contacted by the researcher and the study explained. Organisations were asked if they would facilitate a researcher visit and the recruitment of professionals and/or parents. This was supported through liaison with a university-based research group (The Parenting and Family Research Group) who had established links with local organisations and were able to provide two doctoral-level interpreters with experience working with refugee families (Appendix 3 summarises the protocol for interpreters). As one of its core research areas, this group has an interest in examining issues relevant to refugee parents from an early intervention perspective, and a key research aim is the development and the implementation of generalised support for refugee parents and children.

2.2.2.1 Purposive sampling. Purposive sampling involved the researcher visiting refugee organisations (n=4) conducting interviews with professional informants (n=4), and the development and refinement of the initial interview topic guides. Topic guide development was informed by the charity visits and discussions with the wider university research group who were experienced in working with refugee families. This was refined during the interviews with professionals, and in consultation with the second supervisor who was an expert in qualitative methodology. Repeat visits were made to organisations over a period of two months, and observations recorded as field notes.

Identified health professionals were given an information sheet and the opportunity to ask questions (Appendix 4). If they agreed to take part they were asked to complete a consent form (Appendix 5), and an interview that lasted up to one hour, arranged at a time convenient to them. Interviews were conducted in a private room either at the organisation base or the university.

2.2.2.2 Theoretical sampling. To recruit refugee parents, professionals were asked to identify potential participants that met inclusion criteria. These professionals gained permission from parents to be contacted, which was followed up by either the researcher or interpreter contacting families, depending on whether they required the information in

English or Arabic. At this point, the participant information sheet (Appendix 6) and a verbal explanation of the study were given with the opportunity to take time to decide and ask any questions. If consent was established (Appendix 7), an interview was arranged at a location preferable to the participant (own home or private room at university base).

All parent participants completed a demographic questionnaire (Appendix 8) administered verbally in Arabic. All parent interviews were conducted in Arabic using an interpreter. As far as possible, interpreters translated word by word and the English was transcribed verbatim. Following interviews, arrangements were made to speak with the researcher or a professional in the refugee organisation in the event any distress was caused due to the interview. Details of services for further support were made available.

In total, semi-structured interviews were conducted with six refugee parents in the theoretical sampling stage. One professional approached early in the study was interviewed for a second time to expand certain themes. An additional two professionals were interviewed after being identified as well placed to provide information on emerging concepts. For example, when the importance of education was identified as a recurring theme, a professional who had developed and implemented school-based support programmes for refugee children was identified and recruited.

Secondary data and contextual information (e.g. reports and policy documents) were analysed at this point. An example of a memo relating to contextual information, and definition of contextual information, can be found in Appendix 8. Secondary data were drawn from a focus group (n=9) and interviews with parents (n=3) that had been carried out by the university-based research group as part of a consultation about refugee parenting support needs and children's emotional and behavioural difficulties. Towards the end of the theoretical sampling stage, a member-checking interview (Karnielli-Miller, Strier, & Pessach, 2015) with one of the professional participants was conducted to review the categories and concepts generated and discuss the emerging theory.

2.3 Data Analysis

The study utilised concurrent data collection and iterative analysis (Charmaz, 2014). Theoretical memos were written and coded to identify emerging concepts and build theory (Appendix 10). Data were analysed as they were collected, using the constant comparison method, which involved comparing data within and across cases, to identify similarities and differences, disconfirming evidence, or unrecognised themes (Charmaz, 1990). All transcribed interviews were entered into NVivo software. Initial line-by-line coding was used to identify initial themes that captured psychological processes. Gerunds (action words ending with 'ing') were used throughout to connote processes and actions, rather than identify descriptive items (Charmaz, 1990).

2.3.1 Focused coding. Focused coding was used as the study progressed. At this stage of a grounded theory, coding becomes more selective and focused on a set of key codes used to generate analytical categories that build the theory (Charmaz, 2014). Here the focus was upon themes related to core processes rather than events, and the researcher separated descriptive or contextual codes; for example, those describing event-specific information, from those relating to processes and action (Charmaz, 2014). To retain this information, case summaries of each participant were kept and returned to throughout the study to ensure that coding remained contextualised (Appendix 11).

2.3.2 Theoretical sufficiency. Analysis was informed by the concept of theoretical sufficiency, rather than saturation, to ensure that concepts were contextualised, developed to a sufficient extent and reflected participants' realities (Dey, 1999; Hall & Callery, 2001). This is in recognition of the need for more honest reporting within the grounded theory method, where an aim is not to code all data, but to develop well-understood concepts substantiated by the data that inform the theory (Dey, 1999).

2.3.3 Reflexivity. Reflexivity, when the researcher considers their influence upon the research process, is essential to constructivist grounded theory (Gentles, Jack, Nicholas & McKibbin, 2014). The researcher is a white female, born and raised in the UK, and has

no children. She works in the NHS as a Trainee Clinical Psychologist. As such, whilst she had commonalities with health professionals, there were important differences between the researcher and refugee participants. These differences were considered in reflexive memos and with the wider research team in terms of the potential impact on researcher-participant interactions (Hall & Callery, 2001).

The researcher reflected upon how she may have held certain assumptions about the refugee experience, which could have influenced the implementation of the study and the development of theory. She was informed by perspectives that highlight the narrow lens in focusing upon trauma that has often been applied to refugee research (Bala & Kramer, 2010), and believed that it was important to use research to support this often marginalised group. As a result, the researcher situated the theory within a strengths-based framework, drawing upon resilience literature.

2.4 Ethical Approval

Ethical approval was granted by The University of Manchester ethics committee (REF: 13288) is shown in Appendix 12.

3 Results

3.1 Results Overview

Sample characteristics are summarised in Table 2. Further demographic information about each participant can be found in Appendix 13. Data were drawn from twenty-four participants comprising of fifteen interviews and one focus group. Six participants were professionals. All parents had fled the Syrian conflict and lived in at least one flight setting before coming to the UK. Interviews lasted between one and two hours. An interview extract can be found in Appendix 14. Data collection spanned from February 2016 to November 2016, and analysis occurred concurrently. The process of data generation and analysis was discussed with the wider team throughout, and supported through the use of theoretical memo writing.

3.2 The Grounded Theory

A process of resilient parenting in recovery was conceptualised as central to the refugee parenting experience. Three core phases were identified: ‘contracting’, ‘reforming’ and ‘moving forward’. A primary mechanism was ‘constructing narratives’, which was hypothesised to support recovery both relationally and in providing meaning. Figure 2 shows a diagrammatic representation of the key theoretical concepts. An overview of codes, categories and concepts is shown in Appendix 15.

Table 2

Characteristics of Sample

Professionals	
n=6	
<i>Professional background</i>	
GP	2
CAMHS practitioner	1
Charity support worker	2
Charity clinical lead	1
<i>Ethnicity</i>	
White British	4
Arab	2
Parents (semi-structured interviews)	
n=9	
<i>Ethnicity</i>	
Arab	9
<i>Age range</i>	
25-35	3
35-45	6
<i>Length of time in UK</i>	
0-1 year	2
1-2 years	6
2-3 years	1
<i>Number of children</i>	
0-2	2
3-5	7
<i>Ages of children</i>	
0-5	2
5-13	15
13-17	5
Focus group	
n=6 (3 mothers and 3 fathers)	
<i>Ethnicity</i>	
Arab	6
<i>Length of time in UK</i>	
0-2 years	6

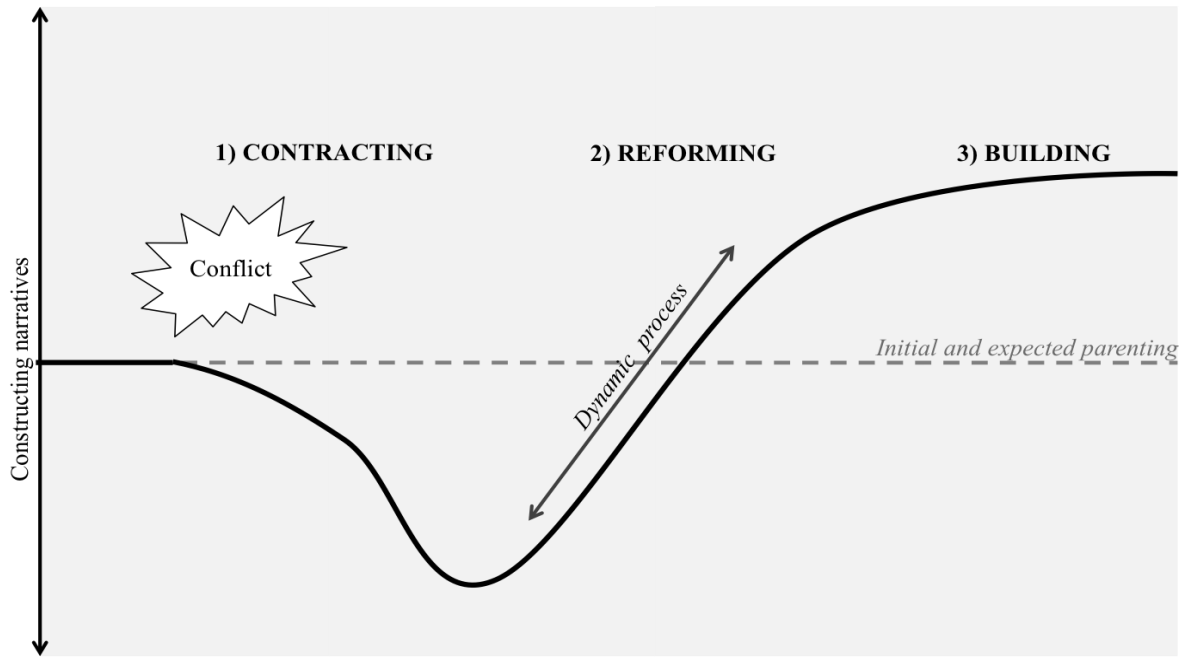


Figure 2 *Diagram of Key Concepts*

Explanatory note. The figure depicts the key processes theorised as relevant to the refugee parenting journey. The course of parenting is represented by the black line, with the temporal stages of the refugee journey highlighted using the arrow across the x-axis. The y-axis represents the process of constructing narratives, which was identified as relevant throughout the refugee journey. Parents' expected parenting trajectory is identified using the dashed line.

3.2.1 Contracting. Conflict represented a significant unexpected disruption to parent's expected parenting trajectory. Under these conditions, parenting appeared to contract and narrow, with certain aspects such as relational components, being paused.

Feeling disabled. After being forcibly displaced parents described having difficulties in thinking about how to parent, and feeling disabled.

That would disable me to know how to care for them properly, what was the right thing to do... (Mother, #6)

Being unable to parent as they would have done resulted in parents feeling restricted in using parenting strategies to respond to multiple problems, and this was

particularly pronounced in the early stages of the journey. Feeling disabled created a sense of parents losing their parenting identity, and being unable to give children what they had hoped. A common experience reported during this phase was fragmentation. Alongside conflict-related events, such as moving regularly and multiple separations, parents and children were relationally more distant from each other.

...but then it got to a point where I had no control over the situation and the effects of the war became very clear [...] so sometimes I would let things go without commenting much or saying anything [...] I'd lost control over [child's name] it was almost like as if he'd become a mini man who wanted to do things independently. (Mother, #6)

Narrowing focus to basic needs. In the contracting phase, parents' focus often narrowed to basic needs. All parents described their main focus becoming findings safety and food for their children. One father explained:

Inside we were broken, we were worse than them[the children], but we had to think of how are we going to provide food, how are we going to provide them with food [...] my mind was filled with I need to go and get bread I need to get food [...] I'm right here looking at them [wife and child] and my only thought is I need to go and get bread, I would say to my wife you have no role just look after the children, I will get food [...] concentrate on the children, just hold the children...(Father, #14)

One aspect of narrowing was parents reducing how much they talked with their children. All parents described not knowing what to say and avoiding talking about what was happening on a day to day basis. This included difficulties responding to questions.

One mother described the period as “unexplainable [...] I would let things go without commenting much or saying anything” (Mother, #5). A health professional, who had worked in a number of refugee camps, described parents “avoiding or shielding children from conversations”, during the flight stage, and treating children “as though they were just along for the ride” (Professional, #1).

Parenting through uncertainty. Early stages of the refugee journey varied in length for parents, and as a result, in how long parenting was contracted. All parents related that parenting through uncertainty and a continual sense of danger limited their ability to respond to their child’s emotional needs. One parent described having “no idea what to do with them [...] to say, to do with them psychologically” (Father, #F1) in this phase. Another father described:

I felt that the future for the children had begun to deteriorate. I didn’t want children to start losing things... (Father, #9)

Parents experienced anxiety about the future, and struggled to think about how to parent going forward.

...my body and brain were paralysed from being able to think, I don’t know what to do to help the children get out of the disaster that we’re in...(Mother, #5)

The anxiety caused by uncertainty was overwhelming at times, and became a barrier to action. This highlighted how parents’ thoughts around parenting narrowed and became contracted.

Parenting remains. Although their focus narrowed, and parents reported feeling disabled, the data suggested that important aspects of parenting remained. Retaining core

parenting goals was apparent, for example, parents continued to enforce rules and boundaries, and educated their children during the journey. Parents described the importance of staying strong during this time.

...inside she [his wife] [...] is in pieces, but she would hold herself for the children...me too, we would hold ourselves for the children [...] she would be destroyed inside but she would continue and support them. (Father, #F2, describing his wife)

Using proverbs and religious narratives helped parents cope, which was noted throughout the journey. Parents used proverbs and religious sayings or readings to help them to carry on, and having faith in God provided hope. One father said:

We have a proverb that means that someone who is about to drown is ready to hang on to a single straw because the straw will help. Even if you have to hang on to a single straw to be able to float then you do (Father, #9)

Parents reported varying the strategies they used during this time, which highlighted a flexibility in responding to the situation. Most described switching between providing distraction and reassurance, whilst establishing routines and discipline.

...sometimes I would humour her and run with her and laugh and other points I would say 'no there is nothing to be worried about, we are absolutely fine... (Mother #6)

...she would discipline them using usual techniques 'if your dad calls I'm going to tell him that you were naughty and you were hitting each other and you know he won't like that' (Interpreter describing mother #13's discipline example)

Parents had difficulty recognising that parenting remained during this time, which was observed by professionals, and it appeared that parent's perceived disabled parenting was more than would be objectively observed.

...even though you see them [in flight stage] and there's no evidence they're not coping, they feel they're missing something... (Professional, #1)

When relating their experiences, parents described not meeting their own parenting expectations, being critical of themselves, and feeling guilty.

...she wanted them to trust that she would be a useful person in their lives. But the problem is she did not know it, that she is actually going to be a useful person, she did not trust herself first. (Interpreter describing mother's account, #F3)

One mother described feeling "less of a person I haven't done something that I could have" (Mother, #5) when she could not answer her children's questions. Parents criticising themselves was linked to being unable to ask others about how to support the children, as they would have done previously (Mother, #5, Mother,#6, Mother, #13, Mother, #10). There was a strong narrative of parents leaving more collective, supportive environments, and finding themselves making important decisions alone. This added to the anxiety experienced in the contracting phase.

3.2.2 Reforming. As the flight stage progressed, an emerging phase of ‘reforming’ was apparent for parents. This was non-linear, in that parents shifted between contracting and reforming, which continued into resettlement. Two key features appeared to trigger reforming. First, immediate needs and safety concerns were more adequately met, for example, parents were established in refugee camps or a neighbouring country, and second, parents started to speak with their children more, and use different narratives.

Parents adjusting. All parents and professionals described a process of adjustment. This involved recognising and accepting the loss of expected parenting and future plans, and finding ways to exert control.

...we started to.... put a plan to all come...me and my husband, we started to put a plan, ‘okay we are not going back to Syria, we will go to Moscow, then come to England’. we started to calm down [...] to be more relaxed because, we know what are we going to do... so at that time, I started telling my child that we are going to find a new home, a good home, not going to change again, we are going to find good schools for you and bring new toys [...]and that I think helped him really.

(Mother, #15)

Making plans and thinking about the next stages were important coping strategies. Some parents described the importance of protecting their children’s needs, and children continuing to experience a childhood was cited as an important consideration.

...children are going through the conflict but also need to kind of live their lives.

(Father, #F1)

Parents adjusting expected parenting to fit with their new experiences was apparent. This included parents reflecting on the challenges they faced and thinking about ways to parent through these.

The whole parenting system has shifted [...] basically the role has changed so it's a different system (Professional, #2)

Demonstrating resilience and varying coping strategies. Demonstrating resilience was central in reforming. A solution-focused approach was evident in how parents varied practical problem solving and emotion-focused coping, drew on existing knowledge, and explored new parenting ideas. This included creating new routines and trying out ways to support children. One parent described moving from a focus on physical safety to thinking about “emotional and psychological safety” (Mother, #F3), and another described establishing new routines.

I always tried to [...] to create routine and tried to keep that routine because it's much easier for him and for me [...] I couldn't always make it [in flight stage] creating routine was a very important thing [...] creating routine wasn't easy for me but I could do it every time ” (Mother, #15)

Parenting expanding. Parenting appeared to expand during the reforming phase. A central aspect was parents talking more with their children, and having conversations that included children in planning and decision making. One family described problem solving with their children when they could not access schooling in the flight setting, explaining that they spoke to the children about alternative options to provide meaningful activity (Mother, #10). This also involved parents speaking to children about their emotions.

I tried to reassure him that everything is fine, and nothing will happen to us. I started to [...] redirect his attention to, toys, songs [...] to something else. Yeah instead of focusing on what's outside. Yeah and lots of hugs, I always told him that I would stay with him, and he is very important for me [...] I was always trying to, to reassure him... (Mother, #15)

Together parents and children were developing narratives around what their future might look like, and talked about positive aspects of what to expect and look forward to “we would give them simple messages of hope” (Mother, #F4). There was a sense that parenting had become more collaborative at this point, with less fragmentation and parents regaining a sense of agency.

3.2.3 Moving forward. Data suggested that as parents experienced more stability in resettlement, a ‘moving forward’ phase began. This phase was active, with parents putting things into place and trying things out. At this stage, parents reported more security in terms of gaining access to accommodation and schooling. This supported them in moving forward, and was an important advantage to reaching the resettlement context.

Planning into action. Parents actively put plans into action, and organised their new lives, which appeared to restore their sense of parenting identity. All parents expressed a strong commitment to adapting to the new context and saw it as an opportunity to establish a more permanent way of life. A focus for parents was supporting their children’s development, and all parents prioritised education.

I want my children to have that experience of education again like before and even better if possible. That’s what’s really encouraged me now to continue with our journey with them. (Mother, #5)

Parents reported feeling relieved that they had reached resettlement, and the chance to establish a new life was regarded as very important. They spoke positively about the opportunities that being in the UK afforded them, and described a focus on the future.

Parenting role supports moving forward. Having a valued parenting role supported parents in moving forward, and seeing their children adjusting supported parent's own coping.

...the fact that now they [the children] feel more secure and safe has given them the opportunity to move forward in themselves, so they now have the opportunity to seek freedom in their play, in their education, in their personalities. It tends to be that when the kids start to do well and are enjoying school that's what relieves the stress on rest of the family they're definitely putting the kids first so seeing that seems to [...] relieve a lot of their own anxieties (Professional, #7)

It was also apparent that parents drew on support from their children, often in the form of conversations.

...and sometimes they really help me clear my thoughts because as you can imagine I was so overwhelmed with so many things that I feel like they are much more they have clearer minds and they can think of clearer solutions. They say something like "mum why don't we do it this way?" and I will then yeah actually why not that was actually a good idea. (Mother, #5)

Whilst parents spoke positively about this, professionals cautioned that parents might rely too heavily on their children, which could burden children, both practically and

emotionally, and reduce their sense of security in their parents' ability to cope (Professional, #4).

Finding a balance. In moving forward, a key task for parents was finding a balance. They described this as difficult at times, due to the differences between environments that their children were experiencing. One way of addressing this was parents reflecting upon and negotiating parent-child roles.

...We [mother and father] struggled with trying to find the limit with what to allow and what not to allow, initially we wanted to give them everything and then we found that it kind of opens the door to not knowing when to say no. (Mother, #12)

To find a balance, parents described combining aspects of their previous life with integrating in the new setting. Telling stories and sharing memories from their old lives supported this, and was a way parents reflected on the journey with their children, and reframed aspects of their experiences.

“Memories help keep us going [...] forget the bad memories, we talk about positive memories [...] Tell stories. In Arabic. Everything in Arabic. Sayings, all in Arabic. (Father, #11)

Parents and professionals described a process of navigating the new context, and making decisions about how to parent. This was exploratory, in that parents spent time finding out about the resettlement context, from professionals and other families, and identified aspects of Syrian life that they wanted to maintain.

Parents described more ‘normal’, day to day, aspects of parenting returning. They started to reflect upon what they had overcome, and were less critical of themselves, which

increased their confidence. This was understood in terms of a feedback loop, where parents seeing their children doing well enabled them to positively reflect upon their role in this, which was an important part of their recovery.

[Parenting] is better now [...] I think more of myself now that they have had the chance to overcome that. (Mother, #13)

Building/Using Talk. The moving on phase involved parents developing their parent identities, networks and relationships using talk and communication.

...they're [parents] really good at finding ways to link, to link up with each other, you know, whether that's through [...] playground banter and talk, predominately mothers in the playground will make links with each other [...] for the men that I've known they [...] will do their meetings around the mosque, and so they'll be those sort of informal structures that get developed (Professional, #8)

New relationships emerged between parents and children, as well as outside of the family, and parents took an active role in building these. The return of more day-to-day aspects of parenting was important, and supported the development of new relationships.

...what does a success look like, and I think that's what it looks like, it looks like families who are, who can say, oh so and so will pick [child's name] up from school today and I'll do it for you on Monday, and I think that's what is important... (Professional, #4)

Parents described talking to their children in a different way, suggesting that language was an important relational tool. This was in contrast to the difficulties with talking that parents described during the contracting phase.

...we are better; we are acting better with them...the way we talk to them...use softer words like 'my darling, my sweetheart', you know, 'you big man' for example. Whereas there is was so tough and dry it was all focusing on kind of, would only use their names, but here [I] have much more patience...[I] if [name of child] draws a picture it will be like 'wow you've become an artist!' (Mother, #6)

Parents no longer avoided conversations with their children, and were also talking to others in similar situations, and sharing stories. Sharing of stories was multifaceted; as well as enabling parents to develop relationships and share advice, they also involved parents reflecting on their experiences. This appeared to offer an opportunity for parents to normalise their experiences.

[A parent] can blame themselves or either think its specifically to their child that this is happening [...] understanding that these things are happening to others as well [...] she felt much more relieved to know it wasn't just her children that were experiencing this. (Mother, #F7)

...talking about your problems, what you went through as a refugee, your experiences. It kind of helps with kind of wiping away...(Father, #F5)

Building reflected parents' increased confidence, and control, and the way parents related to their children and others became more collaborative. Furthermore, talking about

experiences and parenting appeared to be an important coping strategy, and one that was expanding after being limited in the earlier phases of the journey.

3.2.4 Language and narratives as a mechanism

Constructing narratives. The role of language and use of narratives was multifaceted. Language was hypothesised as a vehicle for parents reflecting upon, adjusting, and creating new parenting identities. Conversations about the future between parents and children appeared to trigger moving forward, facilitated hope, and parents started to put ideas they had talked about into practice. The use of stories and proverbs also appeared to support children and parents' resilience, helping them make sense of, and reframe their experiences, and understand their new environment.

...[in UK] we have explained to the child what freedom of speech means and not to be scared and like [...] he [her son] is really free to say what he wants and act the way he wants... (Mother, #13)

The way parents used narratives changed through the journey. Talking with children contracted in the initial phases, but expanded and developed in reforming and moving forward. This included parents talking with their children about a wider range of topics, including emotional needs and practical concerns. Talking with children and others was central to building relationships. Professionals noted that using language as a tool, and having normalising and strengths-based conversations with parents, could be an important way to foster resilience.

I think just reaffirming [...] for her to know [...]for her to hear me to say, your kids are doing fantastically well in the school, they're doing brilliantly, and you're doing a great job as a mum... Professional, #8)

Parents also described how talking in the research interviews was positive for them, which highlighted the important role of language in allowing parents to talk about and reflect on their experiences.

...before you came I was really tight and I had been for a while and speaking to you I feel like I had a chance to unwind slightly and let some things out... (Mother, #5)

Drawing on religious narratives. Religious narratives were important throughout parents' journeys. Drawing on religion was a central coping strategy, and one that all parents and professionals reported.

I think for me what, what's struck me is that there is something about a bigger purpose and a bigger picture [...] having a faith that you can have a conversation with something bigger than yourself is a useful thing...(Professional, #8)

Parents appeared to draw on religious narratives for strength and to provide meaning. They described placing their trust in God, and referred to God as a protective force. Parents used religious narratives to reassure themselves, and their children, which helped parents deal with their own, and their children's, emotions.

She would use this religious faith in words with them and this was comforting and reassuring to her too... (Father #14 describing his wife)

...and then she would say things like ‘just keep praying, recite the verses from the holy book’ and they would keep going over and over it again...so it would become calming for them...(Professional, #2 describing parent’s use of religion)

Identifying with religion was also a way of maintaining identity. This appeared to be an important part of parents finding a balance between their previous lives and the new context.

...the origins in terms of identity. For the children to know these are their origins and not to be ashamed in them in any way. To keep the religion and the manners that they’ve learnt, and to preserve all those. Like manners and religious beliefs.
(Mother, #10)

4 Discussion

To the researcher’s knowledge, this is the first study to explore Syrian’s refugees’ experience of parenting across the refugee journey. The results indicated a process of resilient parenting in recovery consisting of three phases; contracting, reforming and moving forward. The importance of language as a vehicle for recovery was highlighted.

4.1 Interpretation of Findings

The results suggest that refugee parenting is a complex process that changes and evolves from the earliest stages of forced displacement. Whilst parenting became qualitatively different from parents’ expected trajectory, the results suggested that parenting adjusted and recovered. Key concepts identified are consistent with those of El-Khani et al. (2017) who identified coping mechanisms of acceptance, problem-solving, and using faith in their sample of Syrian refugee mothers living in refugee camps. This suggests that how parents draw upon coping mechanisms, and concepts of resilience and

recovery, are important to consider in the refugee parenting experience. Taken together, the evidence highlights that important psychological mechanisms, such as acceptance and adjustment, occur for parents across the refugee journey, rather than at just one time point.

The results fit with wider literature that conceptualises resilience as a process rather than a trait that can occur spontaneously without external intervention (Brodsky, 1999; Pulvirenti & Mason, 2011). Resilient refugee parenting was embedded in parents moving through, and negotiating daily life, as other studies have reported (Lenette et al., 2012; Osman, Klingberg-Allvin, Flacking, & Schon, 2016). To date, this has most often been identified in resettlement context, whereas the results of this study suggest it emerges much earlier. There is a relational component to resilience (Vindevogal, 2017) that was apparent in this study. Resilience has been conceptualised as situated in interactions (Masten 2014; Ungar 2013), and familial relationships have been identified as a crucial influence upon an individual's resilience (Walsh, 2016).

The results highlight the importance of positive coping factors, and how refugees respond to challenges and risks of forced displacement (Miller & Rasco, 2004; Quosh et al., 2013). This is important, as resilience has been identified as a significant inverse predictor of psychological distress (Arnetz, Rofa, Arnetz, Vemtimiglia, & Jamil, 2013).

The central role of language was highlighted in the study, and is consistent with wider literature. In narrative approaches, emphasis is placed upon the relational importance of language, changes that can be made through conversation, and the role of telling and retelling stories (White & Epston, 1990). Solution-focused conversations are considered powerful in supporting individuals to identify the resources they possess and achieve desired outcomes in a range of applied settings (Corcoran & Pillai, 2009), and it was evident that as the refugee journey progressed, these were used by parents in this study with their children.

The role of religious narratives was a key finding. Talking about and using religion and faith was a source of strength and meaning making for parents. Religious faith has

been identified as an important coping mechanism in a range of refugee populations (El-Khani et al., 2017; Halcon et al., 2004; Khawaja, White, Schweitzer, & Greenslade, 2008; Qoush et al., 2013;), in supporting family resilience (Walsh, 2016), and promoting positive psychological adjustment in non-refugee samples (Ano, & Vasconceeles, 2005). It has been suggested that faith and religion are incorporated into psychosocial interventions (El-Khani et al., 2017; Schafer, 2010), which the findings of this study would support. However, this would be unlikely to suit all parents, and should be considered in terms of acceptability to refugee parents. As such, this may be a valuable area for future research.

4.2 Implications

The study has important implications for the design and provision of generalised preventative support and targeted intervention. The theory highlights a recovery process for parents that begins early in the refugee journey. Parents' resilience is something that can be built upon, and the importance of drawing upon existing strengths has been identified elsewhere (Brodsky et al., 2012; Deng & Marlowe, 2009; Lenette et al., 2012). Given the importance of language as a mechanism, conversations, story, and narrative may be a useful starting point. The role of professionals may involve facilitating solution-focused conversations, including consideration of how parents can develop their sense of agency and control, and asking questions of parents to shift from the narrow lens of trauma (Bala & Kramer, 2010). This would fit with the use of approaches informed by narrative and systemic concepts, and relational models.

Resilience may be best understood as a person-environment interaction, that occurs across multiple levels (Ungar, 2016; Wessells, 2017) so a key role for policy and service development is to address the capacity of environments and systems to support resilience processes for parents (Lewig, Arney, & Salveron, 2010; Weine, 2008; Vindevogal, 2017). The emerging relationships and informal networks identified by parents in this study could be one of these contexts.

It is important to note that some refugee parents may have difficulties in adjusting previous parenting approaches and accepting changes to how they had expected to parent (Renzaho et al., 2011). Adopting a resilience approach should not take away from considering the impact of significant challenges parents face and the difficulties responding to these (Vindevoal, 2017). This may be where more focused support, in the form of conversations acknowledging difficulties, normalising experiences and providing positive messages about parents' capabilities could be of value.

4.3 Strengths and Limitations

Given the speed by which forced displacement has escalated for Syrian families, and the likelihood of growing numbers of Syrian refugees arriving in European countries (Quosh et al., 2013), this study represents a timely contribution to the literature. Qualitative research is well placed to capture diversity in experience (Ungar, 2003), and learn about the context of parent and child experiences (Wessells, 2017). Adopting a grounded theory approach allowed the researcher to become well sensitised to the area and develop theory in an area that is under-researched. The use of interpreters supported parents to tell their stories in their own language and dialect, and facilitated in-depth exploration of participants' experiences that otherwise might not have been captured (Harrell-Bond & Voutira, 2007; Ingvarsdotter, Johnsdotter, & Ostman, 2010; Larkin, Dierckx de Casterle, & Schotsmans, 2007).

It is important to note that the grounded theory was developed using a constructivist approach and the theory developed is one of multiple realities (Charmaz, 2012). This should be borne in mind when interpreting the results of the study, and in considering how they may apply to other refugee groups. The results should be considered in light of four main limitations. First, participants were recruited via established links with organisations in the North West of England, and those not in contact with these organisations were not represented. Often, parents who were in contact with the organisations had sought their support and therefore the sample might have been more

likely to contain those parents demonstrating higher levels of engagement. Approaching families in 'crisis' was not deemed appropriate for the present study in terms of ethical considerations, and therefore the experiences of parents who might have been experiencing significant difficulties in resettlement are not captured.

Second, the sample size was relatively modest in comparison to other published grounded theories, and the time and budget constraints of the study did not allow for a wider recruitment area or multiple repeat interviews with participants over time. These considerations limit the transferability of the findings. However, larger samples do not necessarily lead to new insight or meaning making (Ritchie, Lewis, Nicholls, & Ormston, 2013). Quality of a sample in grounded theory is also assessed according to whether the sample drawn reflects the aims and purpose of the study (Charmaz, 1990), whether a conceptual theory is developed, and whether theoretical sufficiency is achieved (Charmaz, 2012; Dey, 1999), which is something that the present study achieved.

Third, whilst every effort was made to translate participants' responses verbatim, and interpreters were trained and experienced in conducting research, the use of interpreters may have resulted in some information being lost (Sheridan & Storch, 2009). It is unlikely that interpretation was exact throughout all interviews (Edwards, 1998; Murray, Davidson, & Schweitzer, 2010), which means that decisions interpreters make about how to convey information, or attempts to make sense of the information, may unintentionally reduce the reliability of translation. Further, the use of an interpreter adds a third person to the interview process, which may affect rapport and inhibit participants (Murray et al., 2010). Financial constraints upon the study did not allow for the accuracy of interpretation to be checked by an independent source, which is considered good practice. Therefore, the reliability of translation was not independently assessed.

Fourth, some data were drawn from secondary sources. The researcher did not collect this data, and it was not gathered specifically for the purpose of developing a grounded theory. There is debate in the wider literature over whether data collected for one

purpose can adequately fit with the aims of a different research project, and the fact that the researcher is unable to fully verify the data collected, may limit reliability (Heaton, 2008). Further, data were not as contextualised as the primary data collected, so the researcher was unable to consider the context of the refugee journeys of the participants in depth.

4.4 Recommendations for Research

Further research with additional samples is a key recommendation, and may increase the transferability of the findings. Ideally, this would include recruitment of parents who may be more isolated and not in contact with refugee organisations. Depending on ethical considerations this could be done by recruiting through NHS services. This would allow for an examination of whether the process of parenting in recovery was relevant to this group, and whether there were commonalities in experiences. Further, parenting processes and their impact on children will continue to evolve in the resettlement context, and as such further variation in research with parents at a range of stages in the journey would be valuable.

There were no findings that appeared specific to Syrian refugees per se. However, this cannot be assumed until further research with other refugee populations is conducted. African refugee populations are the fastest growing alongside those from the Middle East (UNHCR, 2016b), and research to explore whether the findings apply to these groups would be beneficial. Intervention studies to evaluate the feasibility and utility of adopting narrative or solution-focused approaches with refugee parents would be important to inform practice.

There is a need for the voice of refugee children to be heard, to investigate how they experience parenting. For example, it is important to consider the impact on children of aspects highlighted in this study, for example possible ‘parentification’ of children (De’Heane, Grietens, & Verschueren, 2007), and the effects of parenting changing and altering through the refugee journey. Studies examining children’s experiences have been

conducted in some cases, often with adolescents from refugee populations who have been established in resettlement for longer periods of time (Earnest, Mansi, Bavati, Earnest, & Thompson, 2015). Future research may consider how to best explore this in a timelier manner, with younger children, to inform policy and provision. as such it is a key recommendation that further studies employing qualitative methodologies are designed.

4.5 Conclusion

The theory presented in this paper conceptualises refugee parents as actively engaged in a process of parenting in recovery during forced displacement, which starts in the early stages of the refugee journey. Resilient parenting is likely to be non-linear, in that parenting will contract and expand at different times. The study suggests that resilience-based approaches, drawing upon solution-focused approaches, may be beneficial in supporting refugee parents.

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Paper 3

Critical Reflection

Word Count: 4937

Critical Reflection

This paper provides a critical appraisal of the work presented in the thesis. First Papers 1 and 2 are considered in turn. The implications of both papers are then considered together. Finally, personal reflections are discussed. Issues addressed in the individual papers have not been repeated but some have been elaborated on. First, the rationale for the project as a whole is considered.

1.1 Rationale for Large-Scale Project

As discussed in both papers, there has been a narrow focus upon trauma in refugee research, often influenced by the medical model, PTSD-focused interventions, and quantitative research (Bala & Kramer, 2010; Vindevogal, 2017). Whilst refugees certainly experience trauma, there are many other aspects to their experiences, which will be present on individual, relational, and systemic levels (Wessells, 2017). Therefore, in planning the large-scale project, the researcher's aim was to explore how qualitative methods could be used to broaden the focus and capture wider aspects of the refugee experience.

The researcher has an interest in parenting after conducting her PhD on a large, prospective MRC-funded research programme that examined a range of parental predictors, environmental stressors, and child outcomes (Huntley, Wright, Pickles, Sharp, & Hill, under review). The opportunity to conduct research with refugee parents was well-aligned with this interest, and the researcher was keen to carry out a project that had the potential to inform clinical practice and wider service development.

2 Paper 1

2.1 Selecting the Research Question

It was noted during the early stages of designing the project that whilst qualitative studies existed about the refugee parenting experience in resettlement, these had not been synthesised, and as such there was a gap in the literature. This was discussed with the wider research team, and a scoping exercise conducted. Scoping using two databases

identified a number of studies that reported findings relating to the refugee parenting experience in resettlement, mainly with African or Middle Eastern parents who had resettled in Western countries, such as Australia and the US. At the time of the study being designed, there was increasing global attention on the needs of refugee families, and how to support those arriving in resettlement countries. Therefore, a synthesis of findings relating to parents' experiences in resettlement was considered timely and valuable to inform policy and practice.

2.2 Selecting the Synthesis Approach

There are a range of methods for synthesising qualitative research (Ring, Ritchie, Mandava, & Jepson, 2011). The approach used was chosen because it represented a combination of one of the most widely accepted approaches, meta ethnography (Noblit & Hare, 1988), with an updated protocol (Walsh & Downe, 2005) that allowed for the inclusion of studies with heterogeneous methodologies and samples (Finlayson & Downe, 2013). This was favoured because it increased the likelihood that a broad range of analytical themes would be inductively identified (Smith & Lavender, 2011). Further, it has an interpretive focus, and a key aim is to go beyond single accounts to generate new knowledge (Walsh & Downe, 2005), which was considered important.

A limitation of any qualitative synthesis is the use of data analysed and reported by other researchers. Therefore, some aspects of participants' experiences may be lost (Thorne, Jensen, Kearney, Noblit, & Sandelowski, 2004). To address this, all studies were re-read, and the constant comparison method used, throughout to ensure that themes were representative of the original findings. Emerging themes and concepts were discussed with the wider research team. Member checking of results with the original authors may have enhanced validity of the findings in terms of the researcher's constructions of the data, but this was not possible given the time constraints of the project. Therefore, the line of argument generated should be considered one of a number of possible interpretations (Charmaz, 2014).

2.3 Inclusion and Exclusion Criteria

The criteria established were intended to balance sensitivity (identifying all relevant papers) with specificity (identifying only relevant papers) (Shaw et al., 2004). Certain studies and samples were excluded from the synthesis, for example, studies conducted with parents in temporary pre-resettlement settings and awaiting asylum decisions. This decision was made because the reported experiences of parents were likely to be very different from those who had been granted resettlement. There are high levels of uncertainty, higher rates of mental health problems, and powerful environmental restrictions on parenting in these situations, and as such warrant consideration in their own right (Ogbu, Brady, & Kinlen, 2014). A limitation may be that original studies included these groups but did not report differences in status, which should be borne in mind. Studies that were not reported in English were not included in the synthesis. This may be a limitation, given that the refugee crisis is an international concern.

2.3.1 Search process. There is no established ‘gold-standard’ for the search and retrieval process in qualitative syntheses (Ring et al., 2011). To address this, it is recommended that search processes are transparent and reported in detail. Generation of search terms was guided by the use of the modified PICO tool (Smith & Lavender, 2011). Synonyms and truncated words for refugees, parenting, and qualitative methods were used. This included the use of the term ‘asylum seekers’ at this stage, because the terms refugee and asylum seekers are often used interchangeably. This maximised the number of studies identified, and allow the researcher to review the abstract (and full text if required) for sample information.

The selection of databases was informed by those used in other parenting reviews, and examination of reference lists during the scoping exercise to identify peer-reviewed publications likely to contain refugee research. It has been argued that rather than aim to be exhaustive, searches in meta-syntheses should employ purposive sampling, and aim for

theoretical saturation (Campbell, Pound, Morgan, Daker-White, & Britten, 2011; Shaw et al., 2004). Therefore, omission of some papers is less likely to significantly affect results.

2.4 Quality Appraisal

The quality appraisal tool was chosen because it was developed to compliment the meta-synthesis approach used (Walsh & Downe, 2006), and offered a comprehensive, structured approach to the assessment of quality. A particular strength was that it allowed for the consideration of potential sources of bias in the original studies, such as how they addressed reflexivity and deviant cases. The quality appraisal tool was not modified in the present study, which may have been a limitation. Upon reflection, it may have been useful to include additional items relating to the use of interpreters in the original studies. For example, whether a proportion of interpretation was independently checked for accuracy.

2.5 Interpretive Approach

The synthesis process is interpretative, and therefore open to bias. The constructivist approach adopted (Charmaz, 2014) recognises this, and the researcher spent time reflecting upon her own views. To minimise the effects of personal views, refutational data and findings that did not fit with the emerging analysis were rigorously sought, as is recommended practice (Walsh & Downe, 2005). In addition, discussions with the wider research team were utilised throughout (researcher reflexivity is further discussed in Section 6). The high level of commonalities between studies, and lack of refutational data, suggested that theoretical saturation was achieved in the synthesis (Finlayson & Downe, 2013). However, given that the list of studies is unlikely to have been exhaustive, the synthesis and line of argument may not apply to all refugee parents across resettlement contexts. This should be considered in future work.

3 Paper 2

3.1 Development of the Research Question

A broad research question was developed to explore the process of refugee parenting. This was informed by key principles of qualitative research, in terms of its

potential to ‘thicken’ stories and explore experiences in depth (White & Epston, 1990). This was also in response to reflections noted during the scoping exercise conducted for Paper 1, when it became apparent that research to date was focused upon describing challenges and barriers faced by parents. It was hoped that this question would generate theory to inform the planning and development of generalised support from an early intervention preventative perspective.

The rationale behind focusing upon Syrian refugee parents was threefold and informed by discussion with the wider research group and the University of Manchester ClinPsyD Research Subcommittee: (1) it was beneficial to focus on a relatively homogeneous group in terms of the nature of the refugee journey they had experienced, (2) Syrian parents were more likely to have arrived in the UK more recently than other more established communities, and as such being asked about the journey retrospectively would be more reliable than asking parents who had been in the UK for longer periods, (3) the research group had already conducted some qualitative research with Syrian parents, which allowed the researcher to draw upon this expertise and use resources such as Arabic-speaking interpreters.

3.2 Use of Grounded Theory

Grounded theory was chosen because it is well-placed to give a contextualised account of experiences (Sheridan & Storch, 2009). It is recommended for use in areas where relatively little is known about processes involved, and focuses upon what happens for individuals, and how people interact with their social environments (Charmaz, 1990). Further, the approach allows for multiple sources of data to be used, and offers researchers structure yet flexibility (Charmaz, 2014).

There are a number of epistemological standpoints within grounded theory (Wasserman, Clair, & Wilson, 2009). The inductive constructivist approach (Charmaz, 2014) was chosen for a number of reasons. As opposed to some other standpoints, the constructivist approach recognises the need to review a small amount of literature to

develop questions related to a substantive area before embarking on the study (Charmaz, 1990). This was in line with the academic requirements of the ClinPsyD programme because it was necessary to conduct a brief literature search in preparation for the ethical review process. Further, the approach emphasises the role of the researcher in constructing theory, and highlights that any theory developed will be one of multiple realities (Tweed & Charmaz, 2012). This allowed the researcher to acknowledge her role in constructing theory, from identifying preconceptions to choosing psychological theory to draw upon. For example, as the central role of narratives emerged, the researcher was able to draw upon systemic literature to inform conceptualisation. A key advantage of the approach was that it allowed for the researcher to become sensitised to the area by visiting charities and consulting professionals before designing and conducting the interviews. This allowed the researcher, and wider team, to generate initial ideas of interest and potential questions (Charmaz, 2014). This developed insight and added to theory development, as well as having a practical benefit of supporting recruitment.

3.3 Recruitment and Study Sample

The researcher was able to draw upon established links with the wider research group and use convenience sampling to support recruitment. This was important given that refugee parents are a hard to reach group (Harrell-Bond & Voutira, 2007). The researcher developed this by contacting additional charities and making links that the wider research group have gone on to develop. The recruitment of parents was challenging, and the process could be unpredictable. For example, an organisation might be informed of a Syrian family moving to the area but then find out that this did not happen at the last minute. Some families were placed out of area, some in very remote rural locations, and could not be contacted by the organisation as a result. This happened on three occasions during the project. Professionals attached to the organisations explained that this reflected the nationwide refugee resettlement process in that it could be unpredictable, varied by area, and poorly organised. The researcher reflected upon how this must feel for families,

and in discussion with one family this was highlighted when they explained that the location they thought they were going was changed as they were flying to the UK.

Additionally, the UK did not accept as many Syrian families in the course of the study as had been anticipated. This was something that all professionals commented on, and organisations had been expecting more Syrian refugees to arrive in a shorter space of time. This was mainly in relation to the UK Government and local councils failing to meet the targets set as part of the Syrian Vulnerable Person Resettlement and Gateway Protection Programmes. Refugee parents were not recruited via NHS sources, such as CAMHS. This was because of the likelihood that parents accessing these services would have children requiring specialist intervention. For ethical reasons, it was not considered appropriate to approach these parents. Further, the design of the study was informed by an early intervention, preventative model, with the aim of generating theory to inform generalised support to address the development of problems. However, it is an important limitation of the study because parents experiencing the highest levels of difficulty were not represented.

3.3.1 Sample size. There is no established consensus on optimal sample sizes for grounded theory, and small samples are able to produce depth and insight (Charmaz, 2012). Recruitment was informed by theoretical sampling (Charmaz, 2014), which enabled the researcher to achieve a balance between professional and parent participants. This was to ensure that the study remained focused upon exploring processes relevant to refugee parents, rather than being dominated by professionals' viewpoints. An indication of whether a sample size is adequate in grounded theory is whether a conceptual theory and theoretical sufficiency is achieved (Charmaz, 2012), which is something that the present study has produced. It is acknowledged that the recruitment of larger numbers may have yielded further insight. Further, a larger sample may have identified disconfirming cases or deviant data (Baker, Edwards & Doidge, 2012).

3.3.2 Use of secondary data. The study drew upon data from three semi-structured interviews and a focus group that had been conducted with Syrian refugee parents by the wider research group, which had ethical approval to be shared with linked researchers. This decision was made by the research team as a whole, after discussion about the additional insight that these data might provide. The researcher had not accessed the data prior to its use in this study, and the decision to include it was based upon the relevance and purpose of the research questions that had guided its collection, which were closely aligned with the present study. The inclusion of this data was in line with accepted grounded theory principles and wider qualitative practice (Andrews, Higgins, Waring-Andrews, & Lalor, 2012; Charmaz, 2014; Heaton, 2008).

Secondary data can add to the refinement of categories and concepts, and increase theoretical sufficiency (Andrews et al., 2012). Further, it allows the researcher to seek disconfirming data that does not fit with the emerging theory. It is also suited to research with hard to reach populations (Heaton, 2008). The researcher was able to liaise with two of the original researchers who had collected the data who were able to provide information about context. For example, details of recruitment, the rationale behind certain questioning and any problems that were addressed during data collection.

However, the use of secondary data has limitations. The researcher was not involved in the collection of these data, which meant that the more in-depth grounded theory approach to interviewing had not been adopted. For example, additional prompts to identify the main process or concern of participants had not been used (Andrews et al., 2012). Further, there is debate in the wider literature over whether data collected for one purpose can adequately fit with the aims of a different research project, and the fact that the researcher is unable to fully verify the data collected is a disadvantage (Heaton, 2008).

3.4 Interviewing

Interviewing professionals and parents was a central feature of the study, and raised important issues. Conducting successful interviews is inherently complex, and requires the

creation of trust and rapport in a short space of time (Charmaz, 2014; Gerson & Horowitz, 2002). The researcher drew upon previous research interviewing experience and clinical training to create an interactional space where participants could relate their experiences. Clinical and research interviews are significantly different (Britten, 1995), and as a Trainee Clinical Psychologist, the researcher was aware of the ‘therapeutic reflex’ to provide psychological support. This was addressed through training and guidance with the second supervisor, who is an expert in qualitative methods. The administration of interviews, and any issues that arose was an agenda item in supervision, and regularly discussed.

Interviews for grounded theory require the researcher to gain in-depth accounts (Charmaz, 2014). This was a challenge at times, as it required balancing the needs of the study with the needs of participants. This was apparent when parents wished to tell detailed stories about conflict-specific events that they had experienced. Whilst the researcher did not want participants to feel unheard, she was also mindful of remaining focused on parenting experiences, and the risk of participants finding the interview experience distressing. The researcher managed this by explicitly stating the rationale of the study and giving parents a short amount of time at the beginning of the interview, using the demographic questionnaire, to relay their story of how they came to be in the UK. When the researcher needed to respond to distress, she remained mindful of any risk or safeguarding issues, and followed the ethical protocol accordingly. Further, the potential effect of distressing accounts upon the interpreter and researcher herself were considered in debrief conversations and supervision. The interviews conducted produced rich data, which is an indicator of the quality of relationship building and interview administration, as thin descriptions are often an indicator of superficial interaction (Popay & Williams, 1998). Therefore, the interviewing for this study were considered successful.

3.4.1 The use of interpreters. Interviews with parents were conducted using two interpreters. The presence of an interpreter with a similar background to participants can help develop rapport, and the opportunity for participants to use their first language

supports them to tell their stories in more depth (Sheridan & Storch, 2009). Working alongside, and having reflective debriefs with, the interpreters also offered the researcher additional insight. For example, following one interview where indicators of religious faith were discussed the interpreter was able to explain to the researcher that women wearing headscarves was an indicator of the extent to which the family were practising Islam.

However, having an extra person present during interviews can feel intrusive. Further, the practical aspects of translating can lose precision (Sheridan & Storch, 2009). Therefore, an additional role for the researcher was to ensure that the questions and prompts used were clear and specific to support the interpreters in translating. The researcher sought feedback after interviews from the interpreters about this, and ways to adapt questions were discussed. As the researcher did not speak the same language as participants there may have been information missed that could have been followed up. This should be borne in mind when interpreting the findings of the study. A further consideration is the potential impact of interviewing upon the interpreters. Both were born in the UK but of Syrian descent and knew of people who had directly experienced the conflict. This was important to consider in debriefing, for example in terms of the emotional impact if distressing information was related, and whether this could have influenced how they asked questions of participants.

3.4.2 Other considerations in interviewing refugee participants. All parents reported that they had valued taking part in the research, and having the opportunity to tell their stories. This is in line with wider literature about the importance of conducting research with this population (El-Khani, Ulph, Redmond, & Calam, 2013). Further, professionals involved in the study related that their services were often under-represented, and were keen to highlight the needs of refugee populations in terms of local and national support. The refugee label can be marginalising and refugee populations can be ‘othered’, to the extent that only the extraordinary aspects of their lives are considered, and they are assumed to be traumatised (Marlowe, 2010). This is at the expense of considering the more

ordinary aspects of refugee lives, for example in the case of this project that participants are parents raising children. Therefore, it was considered a strength of this study that a focus was upon capabilities and resilience.

Conducting research with refugee participants requires intercultural competence and awareness of culture-specific issues. This was considered in the study using reflective supervision and awareness of ‘Social GRACEEES’ (Burnham, 1993), in terms of potential aspects of social difference. The researcher was mindful throughout the study that there may have been a researcher-participant power imbalance. For example, for people who have fled countries where there has been exploitation of power, being asked to consent to speaking about experiences and place a level of trust in a researcher may have been challenging (MacKenzie, McDowell, & Pittaway, 2007). This was addressed by recruitment taking place via through liaison with professionals in organisations, with experience in the area and a knowledge of the parents approached, and in parents being given time to think about participation and the opportunity to withdraw at any time.

3.5 Analysis and Developing the Theory

In line with grounded theory principles, numerous steps were taken to ensure that analysis was grounded in the data (Charmaz, 2014). Data were continually re-read, and the researcher transcribed all but two of the interviews to be closer to the data. In re-reading the data, a focus was upon identifying aspects of participant’s accounts not explained by the emerging concepts to allow for refinement (Charmaz, 1990). The process was supported throughout with the use of theoretical memos. Codes that were raised to categories, and eventually concepts, were regularly discussed with the wider research team. The second supervisor took a central role in this and is an expert in qualitative research and has previous experience of investigating refugee parents’ experience. Member-checking with a professional suggested that the theory had resonance and credibility, and the implications generated suggest usefulness, all of which are important

evaluative criteria (Charmaz, 2006). Reflexivity, which was essential in theory development, is further discussed in Section 6.

4 Implications of Papers 1 and 2

Parenting is a critical protective factor for refugee children (Murphy, Rodrigues, Costian, & Annan, 2017). The work presented in this thesis makes a contribution to the literature, and experience of parents who have been forcibly displaced. Insight into parents' experiences is crucial to inform generalised support and early preventative work, as well as focused intervention (Calam, 2016). Paper 1 highlights that once parents reach resettlement in a high-income Western country, they are likely to face a range of resettlement challenges. These are likely to affect parenting capacity, and parents' psychological functioning, for example their sense of agency and control. However, protective and promotive factors can be identified. These were hypothesised to interact with resettlement challenges. This line of argument suggests that if protective and promotive factors can be supported, the adverse effects of resettlement challenges may be reduced. The results of Paper 1 highlighted the potential utility of both professional and informal support. However, the results also indicated that a lack of cultural competence and specificity to parents' needs could reduce its value. This is an important implication for applied practice.

The theory presented in Paper 2 hypothesised that the process of parenting across the refugee journey could be understood as a process of recovery that moves through phases ('contracting', 'reforming' and 'moving forward'). The theory highlighted the resilience of refugee parents in responding to the stages of the refugee journey. It has been argued that resilience is an enacted process, embedded in a person's interactions with their environment, rather than a trait (Harvey, 2007). This perspective is useful to consider for applied practice, as the idea of resilience as a process suggests that it can be supported, developed and maintained (Lennette, Brough, & Cox, 2012). Bala & Kramer (2010;154) refer to "mapping the domains of the hidden strength inherent to a family", and argue that

a family's resources may remain 'dormant' if they are not recognised. This was identified in Paper 2, as parents had difficulty identifying that their parenting capacity remained. This would imply that a key task for applied practice is the design and provision of support to help parents identify their strengths and build upon them. The central role of narratives found in the empirical study suggests that applied practice could use language and conversation that includes religious narratives, to support resilience (De'Haene, Grietens, & Verschueren, 2007). An important implication of this, also highlighted in Paper 1, is the importance of linguistic support to enable parents to engage with this.

Whilst resilience is a core theme of the thesis, a focus on resilience should not be at the expense of considering the importance of trauma, mental health, and targeted support needs of refugee parents and children (Marlowe, 2009; Pulvirenti & Mason, 2011). Further, resilience is not a solely internal trait but embedded within social systems and environments that can both provide adversity and support resilience (Lennette et al., 2012; Pulvirenti & Mason, 2011; Ungar, 2003). Therefore, there is a need to consider how wider factors, such as sociodemographic factors, affect parents.

The individual papers make recommendations for further research. A key task for future research would be to explore children's experiences of being parented across the refugee journey to ensure that the child's voice is heard. Further, it would be important to test the hypotheses of the grounded theory with further samples of both Syrian parents and those from other refugee populations. Prospective designs to examine the ongoing process of parenting once parents have been in the resettlement context for some time, the outcomes from support received, and predictions to child outcomes, would also be beneficial.

5 Personal Reflections

5.1 Qualitative Research and Reflexivity

This was my first experience of designing and conducting a qualitative research study. A key criticism of qualitative research is its subjectivity and influence that

researchers can have upon findings (Mays & Pope, 1995). This was something that I spent time reflecting upon, individually and in supervision. The grounded theory approach requires a high level of reflexivity, to address the influence of investigator-participant interactions on the research process, and relationality, which address power and trust relationships between participants and researchers (Charmaz, 1990; Haynes, 2012). These requirements fit well with my training as a clinical psychologist and provided an opportunity for further development of my reflective skills. To support this, I used a reflective diary, theoretical memos and supervision. One technique that was helpful was bracketing my assumptions, which was recommended by one of the supervisors. This allowed me to identify aspects of coding or theorising that might have been influenced by my assumptions and required further exploration, through returning to the data or in discussion with key informants or the wider research team. This process increased my awareness of how researchers may influence the research process, and is something that I will take forward in future work I am involved in.

The meta-synthesis and grounded theory involved analyses of rich data. This can increase the risk of 'over-coding' so, as recommended, the researcher moved to focused coding and identifying potential over-arching themes and categories as early as possible in the process (Sheridan & Storch, 2009). This was anxiety-provoking and I could feel under-confident at times in making decisions about reducing the data, and identifying themes and categories. I understood this in terms of being new to qualitative research, and completing the work for the purpose of an examined thesis. Reflective supervision, and naming my worries, was an important during this time. Further, having a clear rationale for decisions, and being able to explicitly explain my ideas and analysis, developed my confidence. For example, it felt difficult at times moving away from the descriptive/contextual codes in the grounded theory. To manage this I returned to the study aims, and those of grounded theory, in that the central aim was to develop a theory of process rather than documenting all events or experiences participants reported.

5.2 Working with Refugee Parents

I was struck by the hope and resilience demonstrated by parents throughout the project. The strength and determination they had shown living through conflict is something that has stayed with me, and I have appreciated the opportunity to hear their stories. There are societal discourses about refugees, for example as a traumatised group, or more hostile and stigmatising views (Dumbrill, 2008; Marlowe, 2009) that I have remained aware of throughout the project. I believe that refugees can become marginalised and excluded, and it was important to me that they had a positive experience of taking part in the research. I was mindful of the complexities present in cross-cultural research, and the potential to apply a ‘western lens’ (Sheridan & Stroch, 2009). Therefore, I was attentive to social processes, and sought advice from professionals at the charity organisations and the interpreters about cultural aspects of working with the parents.

5.3 Conclusion

The process of conducting a ClinPsyD project was challenging at times, given the relatively short time frame, limited budget, and balancing competing demands. This was particularly difficult when I was working to become immersed in the data, because I often had short periods of time within which to do so. However, I feel that I was able to achieve my aim of exploring the experiences of refugee parents. The qualitative approach fit well with my interest and experience in understanding how people make sense of their experiences, and I feel that the project examined an important social issue. I hope that the published work produced by the project can have applied value through informing professionals and service development. The experience of conducting the project has underlined the importance of cultural sensitivity for my personal practice, and highlighted the value in considering broader familial and social processes that affect individuals.

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Appendix 1. Instructions to Authors (*European Psychologist and Peace and Conflict*)

European Psychologist

Instructions to Authors

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Instructions to Authors

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Appendix 2. Interview Topic Guides**Parenting through the Refugee Journey****Professional Interview Version 1 01.02.2016**

This document is to be used as a topic guide. The order and exact content of the questions will be determined by the participant so the order and wording of the questions may vary as the interview develops.

All information in bold with speech marks is read to the participant or asked as a question.

Linked research questions are identified and presented in capitalised italic form.

Instructions are presented in [italicised square brackets].

Question-specific and general prompts are presented in [square brackets].

Introduction:

“Thank you for taking the time today to talk with me. I am going to be asking you some questions about parenting in refugee parents/caregivers who have resettled in the UK, based on your experiences of working with refugee families. The questions will focus on how refugee parents/caregivers who have resettled in the UK find being a parent after leaving their country. I’m going to talk as little as possible so that I can just listen to what you have to say. Sometimes I might ask you to repeat or explain something. That may be because the recorder may not pick up everything you say otherwise. We can stop at any time if you like or move on to the next question and you can ask me questions at any time”.

“Have you any questions before we start?”

Background questions:

“Can you tell me about your work with refugee parents/caregivers?”

[1.1 prompts: can you describe your job role/s? In what ways have you worked with refugee parents/caregivers?]

[Generic prompts: can you tell me more about that?]

[Note down participant's job title, general duties to inform questions asked in 2.1 and 2.2]

Parenting during the refugee journey:

RESEARCH QUESTIONS: 1. HOW DO PARENTS/CAREGIVERS EXPERIENCE PARENTING IN THE FLIGHT AND RESETTLEMENT STAGES OF THE REFUGEE JOURNEY?
2: WHAT ARE THE KEY CHALLENGES THAT CAREGIVERS EXPERIENCE DURING THE FLIGHT AND RESETTLEMENT PHASES OF THE REFUGEE JOURNEY?
3: WHAT PROTECTIVE/PROMOTIVE FACTORS MAY HELP REFUGEE PARENTS/CAREGIVERS IN RAISING CHILDREN DURING THE REFUGEE PROCESS?

"I am going to ask you about two time points in the refugee parent/caregiver's parenting experience. Firstly, about the time from when refugees leave their country (i.e. when they are in refugee camps or other countries) and secondly, once they have arrived in the UK. If you do not have knowledge or experience of one of the phases please say and we will move on to the next question".

2.1 Parenting following refugees leaving their country:

"In your experience of working with refugee families how do refugees find being a parent during the time they are travelling from their country to another country?"

2.1.1 "What are the challenges or difficulties?"

2.1.2 "When you have seen parents/caregivers coping well, what do you think helped that?"

2.1.3 "What seems to help people get through this?"

2.1.4 "What do you think others could do that would be helpful to refugee parents/caregivers in supporting them in parenting during this time?"

[Generic prompts: can you tell me more about that? Why do you describe it as {use metaphor/simile/ phrase that interviewee used}? Can you give me an example?]

2.2 Parenting when refugees have arrived in the UK:

"In your experience of working with refugee families how do refugees find being a parent once they have arrived in the UK?"

2.2.1 "What are the challenges or difficulties?"

2.2.2 "When you have seen parents/caregivers coping well, what do you think helped that?"

2.2.3 "What seems to help people get through this?"

2.2.4 "What do you think others could do that would be helpful to refugee parents/caregivers in supporting them in parenting during this time?"

[Generic prompts: can you tell me more about that? Why do you describe it as {use metaphor/simile/ phrase that interviewee used}? Can you give me an example?]

3. Concluding the interview:

3.1 “Are there things we haven’t talked about that you think it’s important for us to know from your experience of working with refugee families?”

[Generic prompts: can you tell me more about that? Why do you describe it as {use metaphor/simile/ phrase that interviewee used}? Can you give me an example?]

3.1.1 “Do you have any questions for me at all?”

[Give debrief information here]

[End interview: thank participants].

Parenting through the Refugee Journey
Professional Interview Version 2 01.08.2016

This document is to be used as a topic guide. The order and exact content of the questions will be determined by the participant so the order and wording of the questions may vary as the interview develops.

All information in bold with speech marks is read to the participant or asked as a question.

Linked research questions are identified and presented in capitalised italic form.

Instructions are presented in [italicised square brackets].

Question-specific and general prompts are presented in [square brackets].

*** denotes questions added when the schedule was revised*

Introduction:

“Thank you for taking the time today to talk with me. I am going to be asking you some questions about parenting in refugee parents/caregivers who have resettled in the UK, based on your experiences of working with refugee families. The questions will focus on how refugee parents/caregivers who have resettled in the UK find being a parent after leaving their country. I’m going to talk as little as possible so that I can just listen to what you have to say. Sometimes I might ask you to repeat or explain something. That may be because the recorder may not pick up everything you say otherwise. We can stop at any time if you like or move on to the next question and you can ask me questions at any time”.

“Have you any questions before we start?”

Background questions:

“Can you tell me about your work with refugee parents/caregivers?”

[1.1 prompts: can you describe your job role/s? In what ways have you worked with refugee parents/caregivers?]

[Generic prompts: can you tell me more about that?]

[Note down participant’s job title, general duties to inform questions asked in 2.1 and 2.2]

Parenting during the refugee journey:

RESEARCH QUESTIONS: 1. HOW DO PARENTS/CAREGIVERS EXPERIENCE PARENTING IN THE FLIGHT AND RESETTLEMENT STAGES OF THE REFUGEE JOURNEY?
2: WHAT ARE THE KEY CHALLENGES THAT CAREGIVERS EXPERIENCE DURING THE FLIGHT AND RESETTLEMENT PHASES OF THE REFUGEE JOURNEY?
3: WHAT PROTECTIVE/PROMOTIVE FACTORS MAY HELP REFUGEE PARENTS/CAREGIVERS IN RAISING CHILDREN DURING THE REFUGEE PROCESS?

“I am going to ask you about two time points in the refugee parent/caregiver’s parenting experience. Firstly, about the time from when refugees leave their country (i.e. when they are in refugee camps or other countries) and secondly, once they have arrived in the UK. If you do not have knowledge or experience of one of the phases please say and we will move on to the next question”.

2.1 Parenting following refugees leaving their country:

“In your experience of working with refugee families how do refugees find being a parent during the time they are travelling from their country to another country?”

2.1.1 “What are the challenges or difficulties?”

2.1.2 “When you have seen parents/caregivers coping well, what do you think helped that?”

2.1.3 “What seems to help people get through this?”

2.1.4 “What do you think others could do that would be helpful to refugee parents/caregivers in supporting them in parenting during this time?”

[Generic prompts: can you tell me more about that? Why do you describe it as {use metaphor/simile/ phrase that interviewee used}? Can you give me an example?]

2.2 Parenting when refugees have arrived in the UK:

“In your experience of working with refugee families how do refugees find being a parent once they have arrived in the UK?”

2.2.1 “What are the challenges or difficulties?”

2.2.2 “When you have seen parents/caregivers coping well, what do you think helped that?”

2.2.3 “What seems to help people get through this?”

2.2.4 “What do you think others could do that would be helpful to refugee parents/caregivers in supporting them in parenting during this time?”

[Generic prompts: can you tell me more about that? Why do you describe it as {use metaphor/simile/ phrase that interviewee used}? Can you give me an example?]

****2.3 Additional questions:**

****2.3.1 From what we have heard so far there seems to be a sense of resilience in families, is this something you have observed?**

****2.3.2 How could we support resilience in parents do you think?**

****2.3.3 Parents have spoken about talking and having conversations with their children and others, is this something you have observed or have thoughts on?**

****2.3.4 Some parents have wondered how to talk to their children about what has happened, what do you think about this?**

3. Concluding the interview:

3.1 “Are there things we haven’t talked about that you think it’s important for us to know from your experience of working with refugee families?”

[Generic prompts: can you tell me more about that? Why do you describe it as {use metaphor/simile/ phrase that interviewee used}? Can you give me an example?]

3.1.1 “Do you have any questions for me at all?”

[Give debrief information here]

[End interview: thank participants].

Parenting through the Refugee Journey

Parent Interview Version 1 01.04.2016

This document is to be used as a topic guide. The order and exact content of the questions will be determined by the participant so the order and wording of the questions may vary as the interview develops.

All information in bold with speech marks is read to the participant or asked as a question.

Linked research questions are identified and presented in capitalised italic form.

Instructions are presented in [italicised square brackets].

Question-specific and general prompts are presented in [square brackets].

Introduction:

“I’m going to ask you what it was like looking after your children since leaving Syria and coming to England. I’m going to talk as little as possible so that I can just listen to what you have to say. Sometimes I might ask you to repeat or explain something. That may be because the recorder might not pick up everything you say otherwise. We can stop at any time if you like or move on to the next question and you can ask me questions at any time”.

“Have you any questions before we start?”

1. Orientation: Complete demographic questionnaire

[1.1 prompt questions: How long were you here {country/refugee camp} for? And when did you arrive here {country/refugee camp}? How long were you here {refer to relevant country} for? When did you arrive in the UK?]

1.2 Parenting before the war:

“Can you tell me what it was like being a parent/caregiver before the war?”

1.2.1 “What was a typical day like?”

1.2.2 “What did you enjoy?”

1.2.3 “What did you find difficult?”

1.2.4 “What was important for you to do as a parent/caregiver?”

1.2.5 “What were your responsibilities/tasks?”

[General prompt questions: Can you tell me more about that? Can you tell me why you describe it as {use metaphor/simile/phrase that participant used}].

2. Parenting after the war: The ‘parenting journey’ questions are linked to the secondary research questions of the study. Participants will be asked about parenting in two phases: a) since leaving Syria and b) since arriving in the UK.

RESEARCH QUESTION 1: HOW DO PARENTS/CAREGIVERS EXPERIENCE PARENTING IN THE FLIGHT AND RESETTLEMENT STAGES OF THE REFUGEE JOURNEY?

2.1 “We’ve just talked about your story of what being a parent was like before the war. Moving forward to when you left Syria and were in [name first country/place from timeline], can you tell me what it was like being a parent during that time?”

[2.1 prompt questions: How would you describe being a parent/caregiver there? If you were describing this to another parent/caregiver how would you describe it? What was it like being a parent there?]

[General prompt questions: Can you tell me more about that? Can you tell me why you describe it as {use metaphor/simile/phrase that participant used}].

[Repeat this question for each country/place participant was in before arriving in the UK].

2.2 “Moving to when you arrived in the UK and were in [name area from timeline], can you tell me what it was like to be a parent/caregiver during this time?”

[2.2 Prompt questions: How would you describe being a parent/caregiver in the UK? If you were describing this to another parent/caregiver how would you describe it? What was it like being a parent here?]

[General prompt questions: Can you tell me more about that? Can you tell me why you describe it as {use metaphor/simile/phrase that participant used}].

RESEARCH QUESTION 2: WHAT ARE THE KEY CHALLENGES THAT CAREGIVERS EXPERIENCE DURING THE FLIGHT AND RESETTLEMENT PHASES OF THE REFUGEE JOURNEY?

2.3 “We’ve talked about being in Syria, your journey, and arriving here. Looking over that time, what things were difficult about being a parent/caregiver?”

[2.3 Prompt questions: Were there things that were more challenging? Why was that difficult?]

[General prompt questions: Can you tell me more about that? Can you tell me why you describe it as {use metaphor/simile/phrase that participant used}].

2.4 “During your time in the UK, what things were difficult about being a parent/caregiver?”

[2.4 Prompt questions: Were there things that were more challenging? Why was that difficult?]

[General prompt questions: Can you tell me more about that? Can you tell me why you describe it as {use metaphor/simile/phrase that participant used}].

RESEARCH QUESTION 3: WHAT PROTECTIVE/PROMOTIVE FACTORS MAY HELP REFUGEE PARENTS/CAREGIVERS IN RAISING CHILDREN DURING THE REFUGEE PROCESS?

2.5 “Thinking about being a parent since you left Syria and up to today, what things helped you in being a parent/caregiver?”

2.5.1 “What other things could have helped you?”

[Break this question down according to the stages – e.g. during your time in the refugee camp in [country name]/during your time in Manchester]

[2.5 Prompt questions: In [country name] what helped you parent? In [place name] what else might have helped?]

[General prompt questions: Can you tell me more about that? Can you tell me why you describe it as {use metaphor/simile/phrase that participant used}].

Concluding the interview:

3.1 “Are there things we haven’t talked about that you think it is important for us to know about being a parent/caregiver since you left your country?”

6.3.1 “Do you have any questions for me at all?”

[Give debrief information here]

[End interview: thank participants]

**Parenting through the Refugee Journey
Parent Interview Version 2 01.08.2016**

This document is to be used as a topic guide. The order and exact content of the questions will be determined by the participant so the order and wording of the questions may vary as the interview develops.

All information in bold with speech marks is read to the participant or asked as a question.

Linked research questions are identified and presented in capitalised italic form.

Instructions are presented in [italicised square brackets].

Question-specific and general prompts are presented in [square brackets].

*** denotes questions added when the schedule was revised*

Introduction:

“I’m going to ask you what it was like looking after your children since leaving Syria and coming to England. I’m going to talk as little as possible so that I can just listen to what you have to say. Sometimes I might ask you to repeat or explain something. That may be because the recorder might not pick up everything you say otherwise. We can stop at any time if you like or move on to the next question and you can ask me questions at any time”.

“Have you any questions before we start?”

Orientation: Complete demographic questionnaire

[1.1 prompt questions: How long were you here {country/refugee camp}for? And when did you arrive here {country/refugee camp}? How long were you here {refer to relevant country} for? When did you arrive in the UK?]

1.1 Parenting before the war:

“Can you tell me what it was like being a parent/caregiver before the war?”

“What was a typical day like?”

“What did you enjoy?”

“What did you find difficult?”

“What was important for you to do as a parent/caregiver?”

“What were your responsibilities/tasks?”

[General prompt questions: Can you tell me more about that? Can you tell me why you describe it as {use metaphor/simile/phrase that participant used}].

2. Parenting after the war: The ‘parenting journey’ questions are linked to the secondary research questions of the study. Participants will be asked about parenting in two phases: a) since leaving Syria and b) since arriving in the UK.

RESEARCH QUESTION 1: HOW DO PARENTS/CAREGIVERS EXPERIENCE PARENTING IN THE FLIGHT AND RESETTLEMENT STAGES OF THE REFUGEE JOURNEY?

2.1 “We’ve just talked about your story of what being a parent was like before the war. Moving forward to when you left Syria and moved to [name first country], can you tell me what it was like being a parent during that time?”

[2.1 prompt questions: How would you describe being a parent/caregiver there? If you were describing this to another parent/caregiver how would you describe it? What was it like being a parent there?]

[General prompt questions: Can you tell me more about that? Can you tell me why you describe it as {use metaphor/simile/phrase that participant used}].

2.1.2 What was it like when you had to decide to leave? What is it like to parent during that time?

[General prompt questions: Can you tell me more about that? Can you tell me why you describe it as {use metaphor/simile/phrase that participant used}].

****2.1.3 Did you speak to the children about it? If so, what did you say?**

[General prompt questions: Can you tell me more about that? Can you tell me why you describe it as {use metaphor/simile/phrase that participant used}].

2.1.4 What was is like to parent in [country/setting?]

[Repeat this question for each country/place participant was in before arriving in the UK].

2.2 “Moving to when you arrived in the UK and were in [name area from timeline], can you tell me what it was like to be a parent/caregiver during this time?”

[2.2 Prompt questions: How would you describe being a parent/caregiver in the UK? If you were describing this to another parent/caregiver how would you describe it? What was it like being a parent here?]

[General prompt questions: Can you tell me more about that? Can you tell me why you describe it as {use metaphor/simile/phrase that participant used}].

RESEARCH QUESTION 2: WHAT ARE THE KEY CHALLENGES THAT CAREGIVERS EXPERIENCE DURING THE FLIGHT AND RESETTLEMENT PHASES OF THE REFUGEE JOURNEY?

2.3 “We’ve talked about being in Syria, your journey, and arriving here. Looking over that time, what things were difficult about being a parent/caregiver?”

[2.3 Prompt questions: Were there things that were more challenging? Why was that difficult?]

[General prompt questions: Can you tell me more about that? Can you tell me why you describe it as {use metaphor/simile/phrase that participant used}].

2.4 “During your time in the UK, what things were difficult about being a parent/caregiver?”

[2.4 Prompt questions: Were there things that were more challenging? Why was that difficult?]

[General prompt questions: Can you tell me more about that? Can you tell me why you describe it as {use metaphor/simile/phrase that participant used}].

RESEARCH QUESTION 3: WHAT PROTECTIVE/PROMOTIVE FACTORS MAY HELP REFUGEE PARENTS/CAREGIVERS IN RAISING CHILDREN DURING THE REFUGEE PROCESS?

2.5 “Thinking about being a parent since you left Syria and up to today, how do you think you have coped?”

****2.5.1 What tells you that?**

****2.5.2 {Thinking about parenting} how have you kept going?**

****2.5.3 What has helped you stay strong?**

2.5.4 “What other things could have helped you?”

[Break this question down according to the stages – e.g. during your time in the refugee camp in [country name]/during your time in Manchester]

[2.5 Prompt questions: In [country name] what helped you parent? In [place name] what else might have helped?]

[General prompt questions: Can you tell me more about that? Can you tell me why you describe it as {use metaphor/simile/phrase that participant used}].

****2.5.5 Through your journey did you talk to the children about what was happening?**

****What sort of things did you talk about?**

3. Concluding the interview:

3.1 “Are there things we haven’t talked about that you think it is important for us to know about being a parent/caregiver since you left your country?”

3.1.1 “Do you have any questions for me at all?”

[Give debrief information here]

[End interview: thank participants.]

Appendix 3. The Use of Interpreters in the Project

Interpreter 1 is a postdoctoral level researcher, of Syrian descent, who speaks fluent Arabic. She has conducted her own research on refugee parenting, and was involved in working with the charities that supported recruitment for the study. The second interpreter is a doctoral level researcher of Syrian descent who was known to interpreter 1 and worked with one of the charities involved in recruitment. This interpreter was trained, and debriefed by the researcher and interpreter 1. Both interpreters signed confidentiality statements (below), and were paid for their time.

Interpreters were briefed to remain as close to the words and meaning in participants statements as possible, and to provide a translation of what was said, rather than interpretation. Following the interviews, any issues that arose were discussed, and any aspects of the translation that were not clear (that the researcher noted during the interview) were clarified.

Interpreter Statement of Confidentiality

**Title of Project: Parenting Experiences and Support Needs of Refugee
Parents Resettled in the UK**

Researcher: Fay Huntley, University of Manchester, ClinPsyD

Supervisor/s: Prof. Rachel Calam, Dr Fiona Ulph

Name of Interpreter: _____

I have undertaken the assignment of interpreting for Fay Huntley and participants of this research project.

Details of interview/s interpreted for: _____

- I have been briefed regarding the purpose and content of the interviews and structure of the process. I am aware of debriefing processes following the interview and arrangements for dealing with risk issues.
- I understand that all information obtained during the research sessions will be kept strictly confidential. I will not in any way divulge the contents of these sessions to any other individual or organisation. I understand that failure to maintain confidentiality will constitute a breach of my contract for this project and may result in civil and criminal liability.
- I understand that the sessions will be audio recorded and these recordings will be kept securely until the research is completed.

Signature: _____

Name of Interpreter: _____

Date: _____

**Parenting Experiences and Support Needs of Refugee
Parents Resettled in the UK****Participant Information Sheet**

You are being invited to take part in a research study as part of an undergraduate student project for the degree of BSc Psychology and a postgraduate student project for the Doctorate in Clinical Psychology. Before you decide whether you would like to take part in the study it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information sheet carefully and discuss it with others if you wish. Take time to decide whether or not you wish to take part. Thank you for reading this.

Who will conduct the research?

The study will be conducted by Fay Huntley, Trainee Clinical Psychologist, under the supervision of Professor Rachel Calam, and Dr Fiona Ulph at the School of Psychological Sciences, The University of Manchester, Second Floor, Zochonis Building, Brunswick Street, Manchester, M13 9PT.

Title of the research

Exploring parenting experiences and support needs of refugee parents resettled in the UK

What is the aim of the research?

There are many families across the world forced to leave their homes and country of origin due to conflict. Some families resettle in more stable countries such as the UK. Adapting to life in a new country, which has a new culture, in addition to coping with traumatic events and distressing experiences that may have occurred prior to arriving in the UK can make it particularly difficult for families. Raising children in a new country may be particularly difficult and getting the right kind of support to do this is important for the wellbeing of both parents and their children. We are conducting a research project to learn more about refugee parents' parenting experiences since living in the UK and what kind of parenting support they would find useful. This is so that better, culturally-adapted ways of supporting refugee parents in their parenting role can be developed to help families resettle more easily and improve their own health and their child's development and wellbeing.

Why have I been asked to take part?

You have been asked to take part because you are professional who works or has worked with refugee families who have fled their country due to conflict and resettled in the UK. We are interested in understanding more about refugee parents' parenting experiences and difficulties since moving to the UK, what kind of parenting support would be useful to

families and the challenges in providing parenting support from the perspectives of professionals working with refugee families.

What would I be asked to do if I took part?

If you decide to participate in the study, we will arrange an appointment with you at which we will interview you for between 60 and 90 minutes, which will be audio-recorded.

What are the risks of taking part?

There are no more than minimal risks associated with this research. We will ask you questions about everyday parenting experiences of refugee parents. If, however, you do not feel comfortable answering any of the questions in the questionnaire or interview, you do not have to. It is up to you to decide what you tell the researcher when answering questions. You do not have to discuss with the researcher anything you might find intrusive or upsetting. However, if through responding to interview questions you find that you become upset due to the topic being discussed, the interview will be stopped and only continue if you wish it to. If after the interview you would like to discuss further any issues discussed during the interview, arrangements for one of the research team members to speak with you will be made.

What happens to the data collected?

The data collected will be stored confidentially at The University of Manchester. The questionnaire data will be used to provide general information about families. The interviews will be used to provide a better understanding of refugee parents' parenting experiences and support needs. This will be used to widen our knowledge and help to develop further research about parenting in refugee families in the UK. The findings of the study will also be communicated to academics, refugee organisations and health and educational professionals and services to help in the future provision of parenting support to families. Anonymised interview transcripts (with no identifying information) may be shared with other researchers known to the research group for research or teaching purposes.

Will my data be confidential?

Yes, all data collected will remain confidential at all times. A research identification number will be assigned to you and your name will not be used. Your data, including audio-recordings, will be kept confidentially and securely using your identification number in password-protected electronic files and on paper in locked filing cabinets in a confidential research facility at The University of Manchester. Your data will be kept for a minimum of five years, and may be used for further research or secondary data analysis. The only people who will have access to your individual identity and your data are the research team. With your permission we may use direct quotes from your interview, but your name will not be used and therefore you will not be personally identified and will remain anonymous.

Do I have to take part?

You are not obliged to participate in this study. If you decide to take part and subsequently change your mind, either before you start the study or during, you can withdraw without giving your reasons.

What happens if I do not want to take part or if I change my mind?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time without giving a reason and without detriment to yourself.

What is the duration of the research?

The study will last up to 90 minutes. We will book an appointment to see you for up to 90 minutes to allow time to obtain consent from you and give you the opportunity to ask any further questions you might have before being interviewed.

Where will the research be conducted?

The study will take place in a private room at The University of Manchester, at your work place or over the telephone.

Will the outcomes of the research be published?

When we have seen all participants taking part in the study, we will provide you with a summary of what we have found out. The results from the research may be presented at national and international conferences and may be published in academic journals. They will also be used as part of an educational project (BSc, Doctorate in Clinical Psychology). The results may be presented to refugee organisations and agencies and other health and educational professionals and services and a report containing the results may be provided to them. You will not be personally identified in any reports or publications of the research.

Who has reviewed the research project?

The project has been reviewed and approved by The University of Manchester Research Ethics Committee, who is an independent group of people whose role is to protect your safety, rights, wellbeing and dignity. The Committee has confirmed that they think the research is ethical and safe to do.

Contact for further information

For any further information about the study please contact Kim Cartwright by phone on 0161 306 0419 or email kim.cartwright@manchester.ac.uk or fay.huntley@postgrad.manchester.ac.uk. The main study supervisor is Professor Rachel Calam (rachel.calam@manchester.ac.uk).

What if something goes wrong?

If you have a concern about any aspect of the study, you should speak to the research team. You can contact Kim Cartwright by phone on 0161 306 0419 or by email kim.cartwright@manchester.ac.uk . You can also contact Rachel Calam by phone on 0161 306 0403 or by email rachel.calam@manchester.ac.uk . You can also contact Fiona Ulph: Fiona.ulph@manchester.ac.uk, and Fay Huntley: fay.huntley@postgrad.manchester.ac.uk

If there are any issues regarding this research that you would prefer not to discuss with members of the research team and/or you would like to make a formal complaint about the conduct of the research, please contact the Research Governance and Integrity Team by either writing to 'The Research Governance and Integrity Manager, Research Office, Christie Building, The University of Manchester, Oxford Road, Manchester M13 9PL', by emailing: Research.Complaints@manchester.ac.uk, or by telephoning 0161 275 7583 or 275 8093.

**Parenting Experiences and Support Needs of Refugee
Parents Resettled in the UK
PROFESSIONAL CONSENT FORM**

If you are happy to participate please complete and sign the consent form below

Please initial box

1.	I confirm that I have read the attached information sheet on the above project and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.	
2.	I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason and without detriment to any treatment/service.	
3.	I understand that the interviews will be audio-recorded.	
4.	I agree to my data being retained indefinitely for further research and/or secondary data analysis related to the parenting experiences and support needs of refugee parents. This includes anonymised data being shared with other researchers working with the research group for research or training purposes.	
5.	I understand that my name will not be used and I will not be personally identified in any reports or publications of the research. I agree to the use of anonymous quotes from the interview.	
6.	I agree to my contact details being securely stored and being re-contacted by a member of the researcher in the future (after a minimum of 3 months). I understand that I am free to withdraw this consent at any time.	
7.	I agree to take part in the above project.	

_____	_____	_____
Name of participant	Date	Signature
_____	_____	_____
Name of person taking consent	Date	Signature



**Parenting Experiences and Support Needs of Refugee Parents
Resettled in the UK**

Participant Information Sheet

You are being invited to take part in a research study as part of an undergraduate student project for the degree of BSc in Psychology and a postgraduate student project for the degree of MRes in Psychology/Doctorate in Clinical Psychology. Before you decide whether you would like to take part it is important for you to understand why the research is being done and what it will involve. Please read the following information sheet carefully and discuss it with others if you wish. Take time to decide whether or not you wish to take part. Thank you for reading this.

Who will conduct the research?

Saffron Meredith, an undergraduate student Honorary Research Assistant and Nicholas Lloyd, a postgraduate MRes student, and Fay Huntley, a Trainee Clinical Psychologist will conduct the study. Dr Kim Cartwright, Research Associate, Dr Fiona Ulph, Senior Lecturer, and Professor Rachel Calam will supervise the research at the School of Psychological Sciences, The University of Manchester, Second Floor, Zochonis Building, Brunswick Street, Manchester, M13 9PT. Aala El-Khani, a Research Associate, is our interpreter.

Title of the research

Exploring parenting experiences and support needs of refugee parents resettled in the UK

What is the aim of the research?

Many families worldwide are forced to leave their country of origin due to conflict. The stress of conflict and risk to safety and being displaced (often more than once) means that families have to adjust to new and difficult environments. This places the wellbeing of children and parents at risk and makes raising children much more difficult than normal. We are conducting a research project to understand more about the parenting experiences of refugees on their journey from their country of origin to resettling and living in the UK. We are particularly interested in looking at changes in children's emotions and behaviours and how parenting may change throughout the journey. We would like to know what might have helped parents and carers with parenting, what were some of the challenges, and what kind of parenting support would have been useful at each stage of the journey. We will use this information to adapt support for parents and carers exposed to conflict to better suit the experiences they are going through and to try and reduce the emotional and behavioural problems that might occur in their children as a result of conflict and displacement.

Why have I been asked to take part?

You have been asked to take part because you are a parent who has left your country with your family due to conflict and resettled in the UK.

What would I be asked to do if I took part?

First, one of our researchers or our interpreter (if you find it difficult to communicate in English) will telephone you for 20 minutes to ask you some questions about your family (such as the age and gender of your child) and the places you have lived on your way to the UK. Second, an appointment to see you either on your own or in a group of four to five parents (if applicable) will be arranged. It is up to you to decide if you would prefer to be interviewed on your own or in a group. An interview with a group is called a focus group.

One of our researchers will interview you and our interpreter will be present if you find it difficult to communicate in English. We will interview you about your experiences of parenting since the time you lived where the conflict started to your resettling in the UK and how your children have changed over time in their emotions and behaviour. We will ask you about what you found challenging about parenting, whether you received any support that helped you look after your children and what support for parenting you would have liked at each stage of the journey. This will take two hours and will be audio-recorded.

During the interview we may draw out a 'timeline' of when your children were born (first names and months of birth), and places you have been since you left your country of origin (i.e. information you have given us on the demographic questionnaire) to help us talk about your parenting experiences. We will ask at the end of the interview whether you would like us to destroy this or anonymise and keep as data.

We ask that you do not disclose the identity of others in the focus group or share information disclosed by others in the group to anyone outside of the group. We will ask you to consent that you understand and agree to adhere to this before participating in the focus group. This only applies if you take part in a focus group.

What are the risks of taking part?

There are no significant risks associated with this research. We will ask you questions about your parenting experiences, how your children have changed over time in their emotions and behaviour and how this has affected the way you have had to parent them. We will ask these questions and relate them to certain stages along your journey to the United Kingdom. Questions concerning what support you feel has benefited you along your journey and would have benefited you will further be asked. If however you do not feel comfortable answering any of the questions asked over the phone or during the interview/focus group, you do not have to. It is up to you to decide what you tell the researcher when answering questions and if you are taking part in a focus group, it is up to you to decide what you disclose to others in the group. If you take part in a focus group, all parents will be informed that they are not to disclose the identity of you or any other person in the group and they should not share information that was discussed in the group to ensure confidentiality. Each person will be asked to consent that they understand and agree to keep to this. You do not have to discuss with the researcher or others in the group (if you are taking part in a focus group) anything you might find intrusive or upsetting. However, if through responding to interview questions you find that you become upset, the interview will be stopped and only continue if you wish it to. If after the interview you would like to discuss further any issues discussed during the interview, arrangements for one of the research team members or members of staff at

the refugee organisation to speak with you will be made. We will also provide you with the contact details of services where you may be able to obtain further support.

What happens to the data collected?

The data collected will be stored confidentially and securely at The University of Manchester. Both the telephone interview and face-to-face interview will be audio recorded and stored securely at the University of Manchester. The interviews will be used to provide a better understanding of the parenting experiences of refugees throughout their journey and the emotional and behavioural changes in refugee children throughout their journey to the UK. The support that would benefit and help refugees will also be explored from before the conflict began to during any displacement they may face and eventual resettlement in the UK. This will be used to widen our knowledge on parenting challenges from conflict to resettlement and help to develop more culturally appropriate support to offer families at each stage of their journey. The findings of the study will also be communicated to academics, refugee organisations and health and educational professionals and services to help in the future provision of parenting support to families. Anonymised interview transcripts (with no identifying information) may be shared with other researchers known to the research group for research or teaching purposes.

Will my data be confidential?

Yes, all information collected will remain confidential at all times. A number will be assigned to you and your name will not be used when we store the information. Your data including audio-recordings will be kept confidentially and securely using this number at The University of Manchester. Your data will be kept for a minimum of five years and may be used for further research or secondary data analysis. The only people who will have access to your individual identity and your data are the research team. As stated above, if you take part in a focus group all parents will be informed that they are not to disclose the identity of you or any other person in the group and they should not share information that was discussed in the group to ensure confidentiality. Each person will be asked to consent that they understand and agree to adhere to this. With your permission we may use direct quotes from your interview, but your name will not be used and therefore you will not be personally identified and will remain anonymous. The only exception to your data not remaining confidential is if you tell the researcher something that concerns him or her regarding your safety, your child's or children's safety or another person in your family is at risk. In such a circumstance, we may be duty bound to tell someone the information. This person may be someone who is not a member of the research team. We will tell you initially if we need to share the information with someone else.

Do I have to take part?

You do not have to participate in this study. If you decide to take part and then change your mind, either before you start the study or during, you can withdraw without giving a reason.

What happens if I do not want to take part or if I change my mind?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time without giving a reason and without detriment to yourself. If you decide to withdraw information you have provided us with, it will then be destroyed.

How much of my time will it take to take part?

The telephone interview will take 20 minutes with an interpreter or one of our researchers if you are able to speak and understand English. The interview will take two hours with 15 minutes for a break if required. The focus group will last three hours with 30 minutes for a break.

Where will the research be conducted?

The study will take place in a private room at a refugee organisation centre or at The University of Manchester.

Will the outcomes of the research be published?

When we have seen all families taking part in the study, we will send you a summary of what we have found out. The findings from the research may be presented at national and international conferences and may be published in academic journals. They will also be used as part of an educational project (BSc, MRes and Doctorate in Clinical Psychology). The results may be presented to local and international humanitarian/refugee organisations or agencies and health/educational professionals and services, with a further report containing the results from the research provided to them. You will not be personally identified in any reports or publications of the research.

Will I be paid for participating in the research?

You will not be paid for your participation in this research. We will pay for your travel expenses to and from the University or community centre.

Who has reviewed the research project?

The project has been reviewed and approved by The University of Manchester Research Ethics Committee. They are an independent group of people whose role is to protect your safety, rights, wellbeing and dignity. The Committee has confirmed that they think the research is ethical and safe to do.

Contact for further information

For any further information about the study in English please contact Professor Rachel Calam or Dr Kim Cartwright by calling 0161 306 0419 or emailing rachel.calam@manchester.ac.uk / kim.cartwright@manchester.ac.uk or in Arabic Aala El-Khani by calling 0161 306 0417 or emailing Aala.El-khani@postgrad.manchester.ac.uk

Other members of the research team include:

Saffron Meredith: 0161 306 0417 / saffron.meredith@manchester.ac.uk

Nicholas Lloyd: nicholas.lloyd@postgrad.manchester.ac.uk

Fay Huntley: fay.huntley@postgrad.manchester.ac.uk

Dr Fiona Ulph: fiona.ulph@manchester.ac.uk

What if something goes wrong?

If you have a concern about any aspect of the study, you should speak to the research team.

Kim Cartwright: 0161 306 0419 / kim.cartwright@manchester.ac.uk

Rachel Calam: 0161 306 0403 / rachel.calam@manchester.ac.uk

Aala El-Khani: 0161 306 0417 / aala.el-khani@postgrad.manchester.ac.uk

Nicholas Lloyd: nicholas.lloyd@postgrad.manchester.ac.uk
Saffron Meredith: saffron.meredith@manchester.ac.uk
Fay Huntley: fay.huntley@postgrad.manchester.ac.uk
Dr Fiona Ulph: fiona.ulph@manchester.ac.uk

If there are any issues regarding this research that you would prefer not to discuss with members of the research team and/or you would like to make a formal complaint about the conduct of the research, please contact the Research Governance and Integrity Team by either writing to 'The Research Governance and Integrity Manager, Research Office, Christie Building, The University of Manchester, Oxford Road, Manchester M13 9PL', or by emailing: Research.Complaints@manchester.ac.uk, or by telephoning 0161 275 7583 or 275 8093.



**Parenting Experiences and Support Needs
of Refugee Parents Resettled in the UK**

PARENT CONSENT FORM

If you are willing to participate please complete and sign the consent form below.

Please initial box

1.	I confirm that I have read the attached information sheet on the above project and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.	
2.	I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason and without detriment to any treatment/service.	
3.	I understand that the interview or focus group will be audio-recorded.	
4.	I agree to my data being retained indefinitely for further research and/or secondary data analysis related to the parenting experiences and support needs of refugee parents. This includes anonymised data being shared with other researchers working with the research group for research or training purposes.	
5.	I understand that my name will not be used and I will not be personally identified in any reports or publications of the research. I agree to the use of anonymous quotes from the interview or focus group.	
6.	If I take part in a focus group, I understand that I should not reveal the identity of other members of the group or share information disclosed by other members of the group to anyone outside of the group.	
7.	I agree to my contact details being securely stored and being re-contacted by a member of the researcher in the future (after a minimum of 3 months). I understand that I am free to withdraw this consent at any time.	
8.	I agree to take part in the above project.	

_____	_____	_____
Name of participant	Date	Signature
_____	_____	_____
Name of person taking consent	Date	Signature

Appendix 8. Demographic Questionnaire

Participant ID:			
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Family Demographics Questionnaire

This questionnaire collects information about you and your family. Please read and answer each question.

1. Your date of birth: /..... /.....

2. Your age when the conflict started: (Years)

3. Your age today: (Years)

4. Your gender: Male/Female (please delete or circle as appropriate)

5. Your current marital status:

Married Divorced/separated Single
Cohabiting Widow/er

Other relevant information:

.....

6. Your highest level of education:

primary school or less some high school completed high school
 trade/technical college qualification university degree post-graduate degree

7. Your partner's highest level of education (if applicable)?

primary school or less some high school completed high school
 trade/technical college qualification university degree post-graduate degree

8. Are you working outside the home right now?

yes, full time yes, part time not working, but looking for a job
 home based paid work (child care, sewing, internet or phone-based work, etc)
 not working (includes stay at home parents, retired)

9. Is your partner working outside the home right now (if applicable)?

yes, full time yes, part time not working, but looking for a job
 home based paid work (child care, sewing, internet or phone-based work, etc)

Participant ID:			
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retired)

not working (includes stay at home parents,

Date:	___	___	___
--------------	-----	-----	-----

10. How many children do you have?

Please provide further details about each of your children.

Child	Date of Birth	Age When Conflict Started	Age Today	Gender	Relationship to Child
1.					
2.					
3.					
4.					
5.					
6.					

11. Which ethnic or cultural group do you most strongly identify with (e.g., Asian, Caucasian)?

.....

12. What is your country of origin?

.....

13. Is your country of origin the same country as where the conflict you lived through was?

.....

14. *Where* were you living (city / town / village) and *who* with before the conflict began?

.....

15. How long had you lived there?

.....

16. When the conflict started did you and those you lived with stay there before moving to the UK?

.....

.....

Participant ID:			
------------------------	--	--	--

Date:	__ __	__ __	__ __ __ __
--------------	-------	-------	-------------

16a. If no, where did you and the others you lived with go before coming to the UK?

.....
.....
.....
.....

16a(i). Did you live anywhere else after that before coming to the UK? If yes, please list.

Location 1

.....

Who with How long (months)
.....

Location 2

Who with How long (months)
.....

Location 3

.....

Who with How long (months)
.....

Location 4 How long (months)

.....

Who with How long (months)
.....

17. When did you move to the UK and where from?

.....
.....

18. How did you get to the UK and who with?

.....
.....

19. How long have you lived in the UK (in months)?

Appendix 9. Contextual Information

Definition of Contextual Information

- Non peer reviewed papers, reports or documentation e.g. literature reviews completed by organisations, reflective pieces by practitioners
- Policy reports from agencies such as the UNHCR, UNICEF and Children and War Foundation

The Use of Contextual Information in the Grounded Theory Contextual information, that related to the Syrian conflict or refugee parenting more broadly was gathered between October 2015 and December 2016 in order to sensitise the researcher to the area. The collection of contextual information was ongoing throughout the course of the study. Information was read and relevant content considered in theoretical memos.

Example Memo Relating to Contextual Information

Author and intended audience:
United Nations Office for the Coordination of Humanitarian Affairs (OCHA) (2016) Policy developers and service providers, humanitarian agencies, general public
Category of document:
Report
Key content:
Overview of humanitarian needs; numbers of people in need within Syria and displaced; draws together content from other agencies such as UNICEF/UNHCR; quotes from refugees in and displaced from Syria; identifies particularly vulnerable populations (women and girls, boys, men, the elderly, people with disabilities, IDPs, Palestine refugees, third-country nationals (including migrant workers), and minority groups; highlights limited access to care in and outside of Syria including mental health support; education highlighted as a significant need – 5.7 million children in need of education assistance
Reflections:
Struck by the scale of the conflict. Civilians are the most affected, primary victims, and have left their homes after direct threat of conflict.
Quotes from focus groups:
<i>“I am running out of options... I can’t go, it is too expensive and dangerous, I can’t stay, it is too expensive and dangerous. I can’t die, I have a family to take care of.. “</i>
<i>“Women here are powerless and they don’t have anyone to rely on”</i>
<i>“Danger is everywhere... bombs do not differentiate between, men, women and children”</i>
Gives a sense of what it must be like in Syria, needing to make the decision to leave. How do parents find out what the options are? i.e. how do you get to a refugee camp/neighboring country? How do parents manage these transitions? How do you describe to your children what is happening?

Appendix 10. Examples of Theoretical Memos (bracketed text indicates coding)

Parenting stays/remains – written following interviews with #5 and #6 (June 2016)

Both mothers #5 and #6 used the word disabled **{feeling disabled}** to describe parenting during the flight stage. I expected to then hear that parenting stopped, parents not being able to look after their children or completely withdrawing. So decreased parental functioning. However, these mothers were not disabled, they carried on looking after the children **{parenting remains}** trying to help them cope with their fear. I was struck by how these mums parented through these fears **{parenting through uncertainty}**. It seemed like the focus was narrower **{narrowing to basic needs}** **{parenting remains}**. Was anxiety leading to negative appraisals of their own parenting? **{criticising self}**

Charity visit 18/08/16

Visited [name of charity]'s monthly event after being invited by project lead. This is an event where refugees come to talk to each other and volunteers to improve English, and hear about support in the area. The event is open to all refugees and on this occasion, was made up of refugees from Africa and the Middle East. I sat on a table with a mother and 17-year-old daughter from Pakistan. Daughter explained that she acts as an interpreter for her mother. They described being glad to be in [city] as women were not safe in Pakistan. They heard about the charity via word of mouth, which made me wonder about parents who are more isolated/struggling – how would they find out about these event [something to ask of professionals?]. A Syrian mother and child joined our table and the child was keen to talk to me, telling me that she had her own bed. The mother explained that her other family were in the US, including their pet, which made me think about split families **{fragmentation}**. This mother and daughter spoke good English and seemed keen to be involved in the activities at the event (bingo where you go around the room asking questions of each other). Also spoke to a professional who works for a lobbying organisation trying to develop policy. She spoke about asylum seekers and refugees “pushing through the pain barrier” to get on with life in the UK – and said “they need to get on with some kind of life” **{resilience; observing resilience}**

Parenting – written following supervision (Aug 2016)

When I am asking about parenting, and the process, what are my ideas about what “parenting” actually is? And what is parenting support. General parenting goals tend to be keeping a child safe from harm, supporting developmental stages, guiding behaviour (social/moral development). Things to consider are what is ‘good enough’ parenting? What is a positive experience of parenting? My views and values about parenting will be important to consider. Given PhD background on child development study I consider parenting to be important and something that can be supported. Also think about idea of early intervention, attachment, how psychological processes affect parenting, and what clinical psychology can offer. What have past conflicts (e.g. Bosnia?) told us about parenting – link to Children and War contextual information. Ideas about broad interventions e.g. to everyone vs specific intervention with those in crisis.

Language and conversations – written after interviews with #1 (second interview) and #8

Idea of conversations has come up repeatedly since first interview with #1 where she spoke about parents not speaking to their children in the flight stage {narrowing} When I interviewed #5 and #6 talking to their children came up a lot. Initially the situation was unexplainable but then they spoke of making plans, reassuring children and talking with them a lot in the UK {planning into action; using talk }

#1 and #8 both spoke a lot about language. #1 said “there has to be a dialogue, some kind of negotiation”. She also linked this to parents talking to children and parents talking to others to be empowered. #8 worked with narrative approaches so the value of language and conversation was important to him. He talked about parents making sense of their experiences. I wonder if language can be a tool? Is this idea linked to my background of clinical psychology as talking therapies or consultation are our main way of intervening with people? Discuss in supervision – how might language be a mechanism? Consider narrative approaches – e.g. White & Epstein “thickening stories”, we live “storied lives” (makes me think of the Joan Didion memoir I am reading about grief – we tell ourselves stories in order to live). Fits with constructivist approach.

Appendix 11. Case Summary Example

Participants #11 & #12

Participants 11 and 12 were married. We [myself and interpreter] visited them on a Saturday afternoon. All the children were present and the participants introduced us to them one by one. The youngest children asked if they could show us their schoolwork and certificates, which we did. The family were (good naturedly!) teasing the 8-year-old son as through learning English he has developed an American accent!

In 2012, participants 11 and 12 witnessed the use of chemical weapons in their city, and the bombing of their apartment, which prompted them to leave. Before this they had wanted to stay and had hoped that the uprising would stay between the military and police. Participant 11 was imprisoned for one week during this time by the regime (as happened to most men in their city). Participants 11 and 12 left first to a village within Syria (10 months) and then a neighbouring country (2 years). They have been in the UK for 7 months.

Participants 11 and 12 explained that their children experienced racism in the neighbouring country and had to go to a private Syrian school rather than public school. They explained that this is a problem in the country generally and many parents took their children out of school as a result. To fund private schooling both 11 and 12 got jobs. This was a new experience for participant 12 as she was previously a housewife.

Participants 11 and 12 are pleased to be in the UK. The children are all doing well at school. They like that they live near a park where the children can play, and the bus for school goes from the end of their street. Participant 11 is currently looking for employment.

Participants 11 and 12 like to keep as much Arabic as possible at home. Therefore, the children are taught only to speak Arabic at home but to use English everywhere else. The family watch Arabic television for at least an hour each night and Skype with relatives and friends. Participant 11 showed us pictures and videos of his family farm and business back in Syria, the family were very affluent and successful before the conflict.

Participants 11 and 12 insisted on feeding myself and the interpreter a full meal before we left the interview, and made us a range of traditional Syrian foods. They explained that it is a custom in Syria to always feed guests. They were very happy to take part in the research. Participant 12 explained that she wants their story to be heard.

Appendix 12. Ethical Approval



The University of Manchester

Amendments for University Research Ethics Applications

Please email the completed form and **ANY** supporting documentation that has been amended (PIS, consent form, etc) to research.ethics@manchester.ac.uk

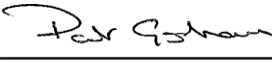
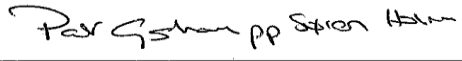
Amendment Details

Investigator	Professor Rachel Calam
Title of Ethics Application	Exploring parenting experiences and support needs of refugee parents resettled in the UK.
University Reference Number	13238
UREC Committee that Reviewed Application (as detailed on approval letter)	5
Details of Proposed Changes	<ol style="list-style-type: none">1. To add a 'Doctorate in Clinical Psychology (ClinPsyD)' project to the approved research programme. This project extends the approved programme by recruiting an additional number of participants according to the same inclusion/exclusion criteria, and using the same recruitment processes. An additional interview schedule that will allow for a grounded theory analysis to be conducted has been developed. The grounded theory design and interview schedule is described in the attached revised UREC form. The focus of the study remains to explore parenting experiences of refugees on their journey from their country of origin to resettling in the UK.2. To add two members to the research team: Dr Fay Huntley, ClinPsyD student and Dr Fiona Ulph, Senior Lecturer in School of Psychological Sciences who will be supervising Dr Huntley's project, along with Prof. Calam.3. To amend a consent point to allow for sharing of anonymised data (e.g. anonymised interview transcripts) with other researchers known to the research group for research or training purposes and allow for data to be retained for further research/secondary analysis.

v 1.0; 19.11.14

Rationale (short) for Changes	The proposed changes support the continuation of the approved research programme and will allow for a grounded theory approach to be added. This will enhance the programme by gathering more data and extending analysis to include development of a theoretical model of parenting experiences through the refugee process. This is important when informing areas where there is a lack of previous research, and for informing the design of interventions. Further, the addition of a ClinPsyD project will extend the research programme to September 2017, allowing for more refugee parents/caregivers to be recruited. This is timely given the increase in families displaced by the Syrian conflict arriving in Manchester.
Have the change(s) been subject to an internal risk assessment? Please provide details	The internal risk assessment has been reviewed and amended accordingly.

For Office Use Only

Are changes major/minor?	
UREC Secretary Comments (minor changes only)	
Approved by UREC Secretary (Electronic Signature) (minor changes only)	
Date	4/21/2016
UREC Chair Comments (major changes only)	
Approved by UREC Chair (Electronic Signature) (major changes only)	
Date	4/21/2016

v 1.0; 19.11.14

Note. The project was submitted as an amendment to the existing refugee parenting study.

Appendix 13. Participant Identifiers and Demographic Information

#1	Health care professional, GP with 25 years' experience working in primary care with refugee parents and children and work in displacement settings with international agency. White British female
#2	Professional. Syrian charity family support worker, 2 years in post. Syrian, Arab male. Spoke fluent English
#3	Professional. Syrian charity lead. 4 years in post. Syrian, Arab male. Spoke Fluent English
#4	Health care professional, GP with 15 years' experience working in primary care with refugee parents and children. White British female.
#5	Mother of 3 children ages 2, 5, & 8. Homemaker. Single (divorced prior to conflict starting). Displaced internally in various suburbs and villages (3 years). In UK for 3 months at time of interview and waiting for children to start school
#6	Mother of 3 children ages 6mths, 2, 6, 8. Married but separated from husband during conflict (reunited in UK). Displaced to neighbouring country (2 years). In UK for 2 years. Employed and living with husband, all children attending school
#7	Professional. Refugee charity linked to church organisation. Lead family support worker. In post for 3 years. White British female.
#8	Professional. Previous lead of charity linked with local schools to support refugee children (13 year). Current employment as CAMHS practitioner with special interest in refugee families. White British male.
#9	Father of 4 children ages 5, 13 (twins), 15. Married to #10. Displaced to neighbouring country (2 years). In UK for 7 months. Employed. All children attending school
#10	Mother married to #9. Homemaker
#11	Father of 4 children ages 9, 11, 15, 16. Married to #12. Displaced internally in village (10 months) then to neighbouring country (2 years). In UK for 7 months, currently seeking employment, all children attending school
#12	Mother married to #11. Homemaker
#13*	Mother of 2 children ages 8,7. Displaced to neighbouring country. In UK for 5 months.
#14*	Father. Partner of #14.
#15*	Mother of 3 children, ages 12,10,8. Displaced internally for 2 years. In UK for 2.5 years.
#F1	Father
#F2	Father
#F3	Mother
#F4	Mother
#F5	Father
#F6	Mother
#F7	Mother
#F8	Mother
#F9	Mother

**denotes secondary data; F denotes focus group; please note there was less contextual information available for secondary interviews and focus group participants*

Appendix 14. *Transcript Example*

#11: In Lebanon the kids didn't even get an education for two years.

I: How did that feel as a parent?

#11: So when during these two years in Lebanon when the kids were out of education I really wanted to go back to Syria even though it was dangerous just so that they can go back in to education. And I was willing to find other ways in which they could go to school and come back. Brother could drop them off maybe and pick them up. But father didn't want to send them back into danger. And he [had] total faith in God that things will work out eventually. He kept telling me to 'just wait things will be ok'. And they were.

I: how did that feel for you in the beginning as a parent?

#11: I felt that the future for the children had begun to deteriorate. Didn't want children to start losing things. I didn't despair altogether from this. I didn't let the situation put me into despair.

I: How did you stay strong at that time?

#11: Faith in God. And faith that in destiny. While in Lebanon during 2 years I was planning to leave Lebanon permanently and never go back to Syria. My wife didn't know of plans at beginning. I told her later on. But I started in the process of registering as a family in with the united nations. I had special circumstances which was sure would allow me to be granted full leave permanently of Lebanon and Syria and be relocated elsewhere.

I: It sounds like you didn't give in to despair. You were still doing things even though it was a really difficult time?

#11: We felt we were stronger than the actual situation at the time. It might be because I was already in Beirut and that that can he was already in Beirut and had already established some work [when family came] the situation was a bit better than other people's. When other people may not have had that. Doesn't mean that we didn't have any problems. Especially that money and finances like everything in life they were other problems.

I: if it's ok can I ask mum what it was like looking after the children? In going to Lebanon before coming here. But only if that's ok with mum to ask.

(interpreter: she says its ok)

#12: I didn't have much problems before leaving as I was living with my parents, they supported me and looked after the children. Dad and brothers are young men so they helped.

Int: Was it important to have those people supporting you?

#11: Yes. Of course

Appendix 15. Codes, Categories and Concepts

Concept	Category	Codes
Contracting	Feeling disabled	Feeling overwhelmed; losing existing parenting strategies; parents not being able to be who they are; feeling disabled, experiencing fragmentation
	Narrowing focus to basic needs	Becoming more passive; meeting basic needs; parenting capacity reduced; parenting focus narrows to safety. Additional descriptive codes: Child being burdened; children taking on adult roles; focusing on material needs; living with extended family; unhelpful protective mechanisms
	Parenting through uncertainty	Holding children close; anxiety affecting parenting; being in limbo; experiencing uncertainty; finding extended support in flight stage; identifying importance of being together; not knowing what to do as a parent; treating child as adult vs. treating them too much like a child. Additional descriptive codes: Being separated from family and friends; emotional impact of fragmentation; feeling mixed emotions; going through change; losing belonging to a group; losing position in society; parenting alone; priority for children disrupted; seeing effects on children; seeing fear in children; separated from father
	Parenting remains	Enforcing rules and boundaries; taking on multiple roles; teaching children during flight stage; using core parenting beliefs, using religious narratives, shifting between immediate and long term
	Not knowing, not talking	Children filling in own gaps; keeping things from children; keeping things in; making assumptions about their children; not knowing what to say to children; not talking to children about experience; shielding children
Reforming	On-going challenges	Descriptive only: Being lost to care; children being out of education; describing a support need; difficulties fitting into new networks or processes; experiencing multiple adversities; feeling different; parents fearing social services
	Parents adjusting	Adjusting to parenting in the UK; changing gender roles changing parenting; noticing cultural differences; parents providing continuity Additional descriptive codes: shifting gender roles
	Demonstrating resilience	Admiring resilience; confidence helping resilience; fighting for things; parents not recognising their resilience; recognising resilience; resilience
	Varying coping strategies	Distracting children; enjoying education; establishing routines; maintaining parent-child roles; professionals identifying a spectrum of coping; protecting child roles; creating routine; switching between parenting strategies; using technology to retain relationships Additional descriptive codes: using technology to retain relationships

Concept	Category	Codes
	Seeing children adjusting	Valuing seeing children adjusting; trusting children to experience life in UK Additional descriptive codes Children developing language quickly in UK; parents feeling left behind by children;
	Parenting expanding	Comforting children; developing parenting strategies; shifting from protective parenting to giving more freedom; thinking and planning; talking with children; religious narratives
Moving forward	Planning into action	Holding high expectations for children; identifying aims; looking to the future; prioritising education; wanting to integrate in resettlement context
	Finding a balance	Balance between giving child freedom and holding close; balance between giving children freedom and keeping them safe; balance between UK and old culture or life; finding balance; retaining parts of previous life or culture; noticing cultural differences
	Using talk (moving forward)	Building networks; learning from children; professionals emphasising importance of relationship-building; rebuilding identity; taking a solution-focused approach; having conversations
	Parenting supports moving forward	Focusing on children; gaining support from children; parents rely on children
Constructing narratives	Language as a mechanism	Having conversations; having conversations with parents about why they've kept things from children; having conversations with parents and between parents; importance of language; reassuring children; responding to questions; dealing with difficult questions; responding to children's questions; telling stories; expressing emotions; trying to explain
	Reflecting	Criticising self; idea of normal; idealising old life; normalising; parenting is challenging regardless of setting
	Drawing on religious narratives	Comforting children with religion; drawing on religion
	Talking	Descriptive only: Avoiding judging parents; barriers to communicating; being mindful about making generalisations; contextual info; describing trauma; developing relationship between parents and professionals; glimpsing aspects of daily life; observing parents and children; professionals asking parents about experience; professionals comparing parents' experiences; professionals comparing settings; professionals not knowing whole story; providing advice; putting self in parents' shoes; recognising barriers to conversations; reflecting on experience in interview; supporting parents' reflection