

## Original Paper

# Resilience and Empowerment through Higher Education in Kakuma Refugee Camp: A Conversation

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### **Abstract**

*Resilience and empowerment are concepts that recently have become popularised in the world of forced displacement management policy and practice. Often undervalued and dismissed as being buzzwords, these concepts have become bound up in the burgeoning study of higher education in refugee contexts. This article explores these themes in the frame of a real-world experience of studying a blended learning medical studies course in Kakuma refugee camp and the impact it has had on an individual’s life and that of his community. Building on the academic discourse, we present a case study of the individual’s experience of studying an online and face-to-face course in Kakuma refugee camp and subsequently undertaking an internship with a local health care organisation. Through a discursive conversation, the subject of the case study reveals the positive impact this educational experience has fostered in his life by instilling resilience and empowering him to become a force for positive change in his community.*

### **Keywords**

*Refugees, blended learning, resilience, empowerment, collaborative learning*

## **1. Introduction**

Much has been written about the importance of fostering “resilience” and “empowerment” for refugees around the world (Selijpen et al., 2017). As concepts, while not always clearly defined or universally accepted, they have been playing increasingly important roles in the forced displacement management discourse in recent years. Resilience in particular, has become somewhat of a buzzword in the humanitarian-development nexus for promising effective, efficient and sustainable satisfaction of needs, yet how it is quantified and translates into real life is often vague (Anholt & Sinatti, 2019). A possible

explanation for this could be the relative novelty of the concepts in the literature, resulting in the concepts being untested and a lack of clarity as to the uncertainty around their meaning. Alternatively, as some authors suggest, such buzzwords are often used precisely for their vague and euphemistic qualities as they cannot be challenged and act as smokescreens for ulterior motives and political agendas (Arar, 2017; Kelberer, 2017; Tsourapas, 2019; Cornwall, 2019).

Regardless of the possible agendas at play, resilience and empowerment have a stature in the field of forced displacement and thus deserve academic attention. To better try to understand this stature and its impact, it is useful to begin with an understanding of what these concepts are generally purported to be. In order to do so this article follows the popular Brodsky and Cattaneo's (2013) perspective which defines resilience in a refugee context as a process of developing "intrapersonal changes" to allow refugees to successfully adapt to and/or withstand inevitable adversity. Empowerment, as a further process, allows the refugee to "take action" to change parts of the receiving context that hinders their well-being and that of their community (Brodsky & Cattaneo, 2013). Thus, resilience can be said to be something internal which enables the individuals' ability to function in a given context, whereas empowerment involves transformative changes in the receiving society. Resilience and empowerment feed into each other and produce a positive trend that helps to counteract some of the vulnerable conditions experienced by refugees (Paloma et al., 2020).

Education, and increasingly higher education, lies at the heart of the resilience and empowerment discourse popular in forced displacement academia, policies and practice. Education is often touted as providing a sense of purpose amidst the uprootedness of refugee status and the constraints of life in refugee camps (Kirk, 2010; Zeus, 2011). Furthermore, it is championed for playing a critical role in facilitating transitions for refugees by providing them with the skills that they need to increase their social capital and ability to successfully adapt to different contexts (Taylor & Sidhu, 2012; Wright & Plasterer, 2010).

The connection between the health and well-being of young people and higher education is well documented. A consensus exists in the literature which highlights the key role resilience plays in assisting students to overcome challenges, manage their wellbeing and complete their studies (Beltman, Mansfield, & Price, 2011; Howe, Smajdor, & Stockl, 2012; McAllister & McKinnon, 2009; Reyes et al., 2015). Furthermore, there is recognition that building resilience capabilities through curriculum increases the likelihood of positive academic and employment outcomes (Turner, Scott-Young & Holdsworth, 2017). The inference here being that resilience gained through participation in higher education can lead to increased empowerment through these outcomes. However, what appears to be missing in the discourse is consensus and clarity on how resilience itself is conceptualised (Brewer et al., 2019).

The lack of consensus and clarity surrounding the concept of resilience in academia is often referenced by the sceptics of the concepts of resilience and empowerment in the forced displacement discourse. Critics point to them as mere buzzwords (Anderson, 2015) that have reached cliché levels and are often

used to erode governments' and other institutions' responsibilities to refugees (Mason Nunn, 2018). Critics of policies and practices used to promote resilience and empowerment point to the seemingly contradictory notions of refugees as agents of their own change, while at the same time being vulnerable and in need of 'humanitarian' oversight by institutions such as UNHCR (e.g., Krause & Schmidt, 2019). Putting these charges aside, it is perhaps unsurprising that as aid budgets tighten and displacement crises proliferate around the world, the promotion of resilience and empowerment have risen in prominence as humanitarian institutions struggle to cope (Anholt & Sinatti, 2019).

A similar and connected debate surrounds the role of higher education in refugee contexts. Until quite recently there has been little to no debate about it in the forced displacement discourse. With just 3% of refugee youth finding pathways to higher education (compared to 34% of non-refugee youth) (UNHCR 2019) it is reasonable to assume that further discussion on the role of higher education in this context is needed. Increasingly, international efforts, such as the Sustainable Development Goals for 2030, have been taking this on board and recognising higher education's development potential (UNESCO, 2019). Reflective of this, is the growing body of academic inquiry into the role and impact of higher education in refugee contexts. This area of study, while relatively new, has gone, and is perhaps still going, through a teething phase with various name changes coming into vogue (higher education in emergencies, higher education in crises and fragile contexts, higher education in refugee contexts and so on) as the field of study evolves.

The evolution of higher education in refugee contexts is further impacted by the landscape of actors involved, the pedagogies employed and course offerings made. The teaching and learning space accessible to most refugees is dominated by western institutions (O'Keeffe & Akkari, 2020). Whether this is through the proliferation of western online education delivery for refugees (Halkic & Arnold, 2018), the western institutions most active in the digital displacement space (Mandianou, 2019) or the internationalisation of higher education through dominating western perspectives (Majee & Ress, 2020), whose needs higher education in refugee contexts serves is not always clear.

Like the concepts of resilience and empowerment in the forced displacement discourse, there are many questions that surround the role of higher education in the same space. As mentioned, the connection between resilience, participation in higher education and empowerment is well documented, but what is less clear is how this is conceptualised. In addition, the specificities of higher education in refugee contexts (e.g., lack of education options and resources) and the realities of possible outcomes (e.g., reduced employment prospects) for refugee learners (Reinhardt et al., 2018) may add further uncertainty when trying to conceptualise these concepts in a refugee context. Improving our understanding of these issues will depend on a robust and dynamic field of studies evolving further. Central to contributing to this evolution is further research into gaining an understanding of what higher education means for those who take part in it and what impact it has on their lives (Ramsey & Baker, 2019). The following case study aims to do this by discussing in detail one refugee's trajectory from studying a basic medical training course in Kakuma refugee camp, Kenya, to the application of

what he learned during his studies during an internship as a healthcare worker in the camp. Through this discursive case study, we explore whether or not higher education has played a meaningful role in creating a sense of real life resilience and empowerment for him and, if so, how this has contributed to the betterment of his community.

## **2. Method**

Drawing on the perspective of Brodsky and Cattaneo (2013) that resilience involves developing internal coping skills to adapt to and withstand adverse conditions, and empowerment allows successful action to be taken to transform the society around, we use a case study to present the personal reflections of a graduate from a basic medical training course in Kakuma refugee camp on his studies and the impact it has had on his life, his career and his contribution to the well-being of his community. The basic medical training course was delivered via blended learning with students taking classes online and in person during a visit to the camp in 2019 by the course tutors. It took place from September 2018 to February 2020 and consisted of 3 modules. Module 1 focused on a general introduction to medical sciences, module 2 focused on pathology and module 3 focused on developing clinical skills. The discussion in this case study took place during summer 2020, after the course had been completed and the participant had undertaken an internship with a health care organisation in Kakuma refugee camp. Due to Covid-19 travel and interaction restrictions, the discussants were unable to meet up in person (one is based in Geneva and the other based in Kakuma refugee camp). Therefore, the decision was taken for the conversation to take place over the instant messaging technology WhatsApp. Questions were posed by the first author in writing on the instant messaging application. These questions inquired about the refugee student's studies and the impact it had on his work (the questions are presented in the following case study). The refugee responded to the questions by recording sound files and sending them to the researcher via WhatsApp. These files were transcribed and formed the basis for the following conversation case study.

## **3. Case Study**

InZone, a higher education and humanitarian programme at the University of Geneva, has been running an accredited basic medical training course in Kakuma refugee camp since September 2018. The course consists of 3 blended learning modules, delivered over 18 months for refugees living in the camp. Each module is 12 weeks in length and covers various relevant health care topics which are delivered through the University of Geneva's learning platform, real time online tutoring given by master degree medical students based in Geneva and face-to-face classes delivered at the end of the course by tutors who visit the students in the camp.

The first cohort of students graduated from the course in 2020, with 8 students completing the course out of an initial 16. On completion of their studies, the students had planned to undertake internships at health clinics in Kakuma, where they hoped to put what they learned in class into practice and learn

new skills as health care workers in the camp. The Covid-19 pandemic and its affect on daily life in the camp resulted in restrictions being put into place to prevent the spread of the virus. As a result the planned internships were postponed until the camps' residents' safety could be assured.

While the organisation of the internships was postponed during the Covid-19 pandemic, one of the 8 graduated students, Author 2 (A2), (a qualified nurse from Burundi), was hired by the African Inland Church Health Ministries (AICHM) to help with their Covid-19 response in the camp. AICHM is a healthcare charity that provides preventative and curative services at health care clinics for refugees in Kakuma refugee camp. In the following conversation with Author 1 (A1), A2 discusses his experience of studying the basic medical training course and his trajectory in becoming a healthcare intern in the camp. He also shares his thoughts on the role of education in improving the wellbeing of refugees.

A1: Before you started studying InZone's Basic Medical Training course you were already a trained nurse in your home country of Burundi. Why did you decide to go back to study with InZone?

A2: I joined the course for the main reason of sharpening my knowledge and to be able to help my community efficiently. It was a good opportunity for me to strengthen my medical knowledge in the English language, as I learned in French in my country. Finally, it was a good opportunity for me to learn more medical techniques and terminology from my tutors in Geneva than I had learned in my home country.

A1: The course itself was 18 months in length and covered a wide variety of topics. Can you tell me a little bit about the topics that you studied in the course?

A2: Up to now I have covered 3 main modules. The first module was about basic medical sciences. In this module I learned about the human body, its anatomy and physiology. In the second module I learned about human pathology. I learned the key concepts about relevant health conditions-especially those found here in Kakuma refugee camp. In module 3 I learned about clinical reasoning through problem-based learning. In this module I learned skills such as how to take the medical history of a patient, to take the patients' physical exam and to identify red flags (major problems that require an immediate intervention). Then I learned about asking for complimentary exams. Finally, I learned about making a diagnosis and providing good treatment to patients.

A1: Higher education in refugee camps is a particular pursuit which requires a very different approach than mainstream education usually takes. Can you explain how the course content was delivered and how learning took place.

A2: At the start of the course we were given access to a course platform where I opened an account which allowed me to access materials, do quizzes and exams or leave a comment for my colleagues to see. I was also provided with a tablet from the University of Geneva with preloaded learning materials, where I found reading materials, and videos to watch. At the end of every week all students in the class would have a face-to-face group discussion to help strengthen each other and share knowledge and experiences about the topics covered. A WhatsApp group was opened to allow us to interact with tutors in Geneva during weekly tutorial sessions. At the end of each chapter of study, an online quiz was

given to evaluate our knowledge and understanding. Also, at the end of each module our teachers from Geneva came here to Kakuma refugee camp where we reviewed our learning together and finally did an exam.

A1: On a personal level, what have you learned from your time studying with InZone?

A2: Studying with InZone has allowed me to learn a lot of things. First, even if I fled my country and was unable to continue my studies, there are some opportunities to continue with higher education in host countries, regardless of your refugee status, disability, tribe, race or financial means. Secondly, InZone opened the door for me to the new world of digital learning. It is really useful as it saved my time, my money, my energy, and allowed me to learn a lot in a short time. It also allowed me to interact with my peers worldwide and my teachers from the University of Geneva. Thirdly, it was a great opportunity for me to experience how I can learn from others and how they can learn from me, through the organisation of weekly discussions and meetings. As a student representative, I learned and shared my experience with InZone on how to organise students to study, how to respond to the complaints of students, how to organise and hold elections for class monitors, set rules to guide students' behaviour in our learning facility, how to receive visitors to our programme and explain them our activities. I also learned how to interact with the InZone management team about the welfare of students and the good running of courses, preparing time tables and payments for transport fees to and from the learning facility. In short, with InZone I learned a new world of education and I had many new experiences and developed skills to help my community.

A1: Please describe your work as a health worker intern with AICHM?

A2: After I finished studying with InZone I started an internship with AICHM, a local Kenyan NGO operating here in Kakuma which provides healthcare services. The internship is for 3 months, with possible extension. It is divided into 2 main sections—clinical services at the clinic and a quarantine service at the quarantine service in Kakuma. In the clinical services, the main activities that I practice are providing health services to clients based on disease prevention. I conduct clinical assessments by taking body height and weight, vital signs etc. I also carry out patient consultation such as patient history taking, making physical exams, identifying “red flags” and providing immediate responses, asking for complimentary exams, making diagnostics and providing treatment where possible. In the quarantine centre, which is a centre organised by UNHCR and AICHM, where all Covid-19 suspected cases are admitted to be monitored and samples taken for testing, the main activities that I do are participating and facilitating in the admission of new cases. I take the temperatures every morning of all clients. I assist the doctors when taking lab samples for Covid-19 tests. I arrange protective items and kits, report suspicious cases with symptoms, receive and treat any other health conditions, e.g., diarrhea, malaria etc., and monitor how they improve. I assist in the issuance of Covid-19 results. For those who test positively I assist in their transport to the hospital for isolation. I facilitate in the discharge of those who test negatively. Finally, I fill in all documents and do the registering as required.

A1: Have you learned new things during your internship related to your studies?

A2: During the internship I have learned a lot of things. It is a good opportunity to practice what I learned during the course. It is a good opportunity to see in real life all the things that I learned in the anatomy and physiology module and to better understand the symptoms and signs that I learned in the pathology module. Also, it gives me the opportunity to examine, interview and provide treatment to patients, like I learned about in the course on taking the history of patients. It was a good opportunity for me to use the knowledge and skills that I learned from InZone to save the lives of refugees like me.

A1: How has the internship experience impacted on you personally?

A2: It opened my mind that it is useful for all medical students to do an internship to enhance their knowledge as they prepare to serve their communities. It also allowed me to interact with other people, such as nurses, doctors, cleaners, which enhanced my work experience. It helped me to put what I learned into practice. Finally, it encouraged good relations with the refugees in the camp, as they felt that they were being helped by one of their own.

A1: In your opinion, how can higher education in Kakuma be improved.

A2: I will answer this by making some proposals. Firstly, the course content to be learned should be focused on the situation and diseases that are found in Kakuma. Secondly, let some medical materials be provided to facilitators in Kakuma to better understand what they are learning, e.g., provide medical books and medical instruments to practice with. Studying online is never enough. Thirdly, students should be well-guided during an internship for a better understanding of what they are learning—for example appointing someone like a doctor in the hospital to guide them would help them to learn and also strengthen partnerships between the education providers and the hospitals. This in turn could help to strengthen the connection between internships and jobs—if refugees see that such opportunities lead somewhere, they will want to take part.

A1: What is the future of higher education in Kakuma and how can it help refugees?

A2: Higher education access in Kakuma is one of the windows that can help refugees to have a good future and find a solution for their problems. For the future I have 5 recommendations that I would like to make to help ensure the success of higher education programmes here.

1) The courses that are offered should meet the refugees' needs and reflect the refugee camp's context and situation. The courses should not be limited to certificates and diplomas but also be offered at the degree level. Some of the refugees here already have certificates and diplomas from their home countries in the same fields, so courses at the degree level would be helpful, especially to help them in the job market. Courses should also be offered in both French and English as these are the main languages used by the refugees here.

2) We should remove any restrictions such as age, especially our outreach procedures when new students are recruited, as it blocks a lot of people who might benefit from studying. Connected to the removal of restrictions is the need for the government of Kenya to review its higher education policy. Very often it restricts refugee access to higher education opportunities. UNHCR should raise its voice

to encourage a change in policy. This could help a lot more people access higher education.

3) Higher education institutions active in this field should increase their budgets and support for refugees. It would really help if refugee students had better resources to help them study. When students finish a course, they should get help to do things like starting a business or finding jobs. Taking part in InZone's course not only helped me to better understand many health issues that we face here, but the support I got helped me to get my current job. This allows me to work directly with my community and to help them to be healthier. I think that education can in the long run help us all to be more self-sufficient, to improve our lives as refugees here and empower ourselves. We can make our environment better for ourselves. I think we need more opportunities for us to work and support for our lives here.

4) Create an information sharing platform between refugees, higher education institutions, UNHCR and other partners active in the field to share ideas about developing higher education in Kakuma.

5) Finally, I think it is fundamental that we are more academic in our approach and conduct proper evaluations of the programmes on offer here and their impact. With this we can see what works and where we need to improve our efforts and thus ensure higher education is meeting the needs of the community.

#### **4. Discussion and Conclusion**

In the introduction we discussed the connections between higher education, resilience and empowerment and elaborated on the uncertainty and lack of clarity surrounding their conceptualisation. While quantifying these concepts as something tangible or measurable is difficult and therefore debatable at an academic level, the above conversation on a personal experience of participating in higher education in refugee contexts confirms that it can be a positive force for internal and external change. From the conversation with the refugee student, the benefits of taking part in InZone's Basic Medical Training course are apparent—sharpening existing knowledge, learning new knowledge and skills, getting a job, learning new approaches and getting an opportunity to help the wider refugee community during the Covid-19 pandemic. By participating in and completing the Basic Medical Training course successfully and then going on to work as a healthcare intern in the camp, the student improved his own coping skills to help him succeed in this environment and has been able to make a positive impact on the environment around him by becoming an active healthcare worker. In summation, it can be argued that by participating in higher education he has become more “resilient” with new and improved knowledge and skills and has become empowered to improve the environment around him.

Academic discussions about the meaning of resilience and empowerment enunciated in this article are relevant to the wider debate about the role of higher education in refugee contexts. Criticisms of the use of these concepts as buzzwords may also be relevant in the forced displacement discourse. However, for the individual, as illustrated in this case study, the benefits that higher education can bring are clear.



In the context of a refugee camp like Kakuma, where there is a real and present need for expertise to improve lives. Endowing refugees with skills and knowledge to help themselves can lead to real resilience and empowerment. Higher education that is localised, contextualised and puts the needs of the refugees first has the power to do this.

Furthermore, by pursuing academic co-creation of discourse on the role of higher education in refugee contexts, as we do in this article, a refugee's voice is enabled. Through his assessment of his own experience and the provision of recommendations for the future of higher education in Kakuma, the refugee student is contributing to the shaping of the future of higher education in refugee contexts. In this evolving field, incorporating and including the voices of more refugees will add legitimacy to academic discussions, help provide clearer representations of reality of refugee lives and pave the way for a more successful future. All too often academia faces accusations of being elitist and abstract and, therefore, it is our final recommendation that, as the study of higher education in refugee contexts grows, the inclusion of more refugee voices will help it to be grounded in the reality of the lives it discusses. This, in our view, is how higher education can best foster true resilience and empowerment in refugee contexts.

## References

- Anderson, B. (2015). What Kind of Thing Is Resilience? *Politics*, 35(1), 60-66. <https://doi.org/10.1111/1467-9256.12079>
- Anholt, R., & Sinatti. (2019). Under the guise of resilience: The EU approach to migration and forced displacement in Jordan and Lebanon. *Contemporary Security Policy*, 41(2), 311-335. <https://doi.org/10.1080/13523260.2019.1698182>
- Arar, R. (2017). The new grand compromise: How Syrian refugees changed the stakes in the global refugee assistance regime. *Middle East Law and Governance*, 9, 298-312. <https://doi.org/10.1163/18763375-00903007>
- Beltman, S., Mansfield, C., & Price, A. (2011). Thriving not just surviving: A review of research on teacher resilience. *Education Research Review*, 6(3), 185-207. <https://doi.org/10.1016/j.edurev.2011.09.001>
- Brewer, M. et al. (2019). Resilience in higher education students: A scoping review. *Higher Education Research & Development*, 38(6), 1105-1120. <https://doi.org/10.1080/07294360.2019.1626810>
- Brodsky, A. E., & Cattaneo, L. B. (2013). A transconceptual model of empowerment and resilience: Divergence, convergence and interactions in kindred community concepts. *American Journal of Community Psychology*, 52, 333-346. <https://doi.org/10.1007/s10464-013-9599-x>
- Cornwall, A. (2010). Introductory overview-buzzwords and fuzzwords: Deconstructing development discourse. In A. Cornwall, & D. Eade (Eds.), *Deconstructing development discourse: Buzzwords and fuzzwords* (pp. 1-18). Warwickshire: Practical Action & Oxfam. <https://doi.org/10.3362/9781780440095.001>

- Halkic, B., & Arnold, P. (2019). Refugees and online education: Student perspectives on need and support in the context of (online) higher education. *Learning, Media and Technology*, 44(3), 345-364. <https://doi.org/10.1080/17439884.2019.1640739>
- Howe, A., Smajdor, A., & Stockl, A. (2012). Towards an understanding of resilience and its relevance to medical training. *Medical Education*, 46(4), 349-356. <https://doi.org/10.1111/j.1365-2923.2011.04188.x>
- Kelberer, V. (2017). Negotiating crisis: International aid and refugee policy in Jordan. *Middle East Policy*, 24(4), 148-165. <https://doi.org/10.1111/mepo.12313>
- Kirk, J. (2010). Gender, forced migration and education: Identities and experiences of refugee women teachers. *Gender Educ.*, 22(2), 161-176. <https://doi.org/10.1080/09540251003606925>
- Krause, U., & Schmidt, H. (2019). Refugees as Actors? Critical Reflections on Global Refugee Policies on Self-reliance and Resilience. *Journal of Refugee Studies*, 33(1), 22-41. <https://doi.org/10.1093/jrs/fez059>
- Madianou, M. (2019). *Technocolonialism: Digital Innovation and Data Practices in the Humanitarian Response to Refugee Crises*. Social Media + Society. <https://doi.org/10.1177/2056305119863146>
- Majee, U., & Ress, S. B. (2020). Colonial legacies in internationalisation of higher education: Racial justice and geopolitical redress in South Africa and Brazil. *Compare: A Journal of Comparative and International Education*, 50(4), 463-481. <https://doi.org/10.1080/03057925.2018.1521264>
- McAllister, M., & McKinnon, J. (2009). The importance of teaching and learning resilience in the health disciplines: A critical review of the literature. *Nurse Education Today*, 29(4), 371-379. <https://doi.org/10.1016/j.nedt.2008.10.011>
- O’Keeffe, P., & Akkari, A. (2020). *University Education for Refugees Must Meet Refugees’ Needs*. The Conversation, May 2020. Retrieved from <https://theconversation.com/university-education-in-refugee-camps-must-meet-refugee-needs-137796>
- Paloma, V., de la Morena, I., Sladkova, J., & López-Torres, C. (2020). A peer support and peer mentoring approach to enhancing resilience and empowerment among refugees settled in southern Spain. *J Community Psychol.*, 48, 1438-1451. <https://doi.org/10.1002/jcop.22338>
- Ramsay, G., & Baker, S. (2019). Higher Education and Students from Refugee Backgrounds: A Meta-Scoping Study. *Refugee Survey Quarterly*, 38(1), 55-82. <https://doi.org/10.1093/rsq/hdy018>
- Reinhardt, F. et al. (2018). Integrating Refugees into Higher Education—The Impact of a New Online Education Program for Policies and Practices. *Policy Reviews in Higher Education*, 2(2), 198-226. <https://doi.org/10.1080/23322969.2018.1483738>
- Reyes, et al. (2015). Resilience in nursing education: An integrative review. *Journal of Nursing Education*, 54(8), 438-444. <https://doi.org/10.3928/01484834-20150717-03>

- Sleijpen, M., Mooren, T., Kleber, R. J., & Boeije, H. R. (2017). Lives on hold: A qualitative study of young refugees' resilience strategies. *Childhood*, 24(3), 348-365. <https://doi.org/10.1177/0907568217690031>
- Taylor, S., & Sidhu, R. K. (2012). Supporting refugee students in schools: What constitutes inclusive education? *Int. J. Incl. Educ.*, 16(1), 39-56. <https://doi.org/10.1080/13603110903560085>
- Tsourapas, G. (2019). The Syrian refugee crisis and foreign policy decision-making in Jordan, Lebanon, and Turkey. *Journal of Global Security Studies*, 4, 464-481. <https://doi.org/10.1093/jogss/ogz016>
- Turner, M., Scott-Young, C., & Holdsworth, S. (2017). Promoting wellbeing at university: The role of resilience for students of the built environment. *Construction Management and Economics*, 35(11-12), 707-718. <https://doi.org/10.1080/01446193.2017.1353698>
- UNHCR. (2019). *Refugee Student Voices: DAFI Annual Report 2018*. Retrieved from <https://www.unhcr.org/5d7f61097>
- Wright, L., & Plasterer, W. (2010). Beyond basic education: Exploring opportunities for higher learning in Kenyan refugee camps. *Refuge*, 27(2), 42-57. <https://doi.org/10.25071/1920-7336.34721>
- Zeus, B. (2011). Zeus Exploring barriers to higher education in protracted refugee situations: The case of Burmese refugees in Thailand. *Journal of Refugee Studies*, 24(2), 256-276. <https://doi.org/10.1093/jrs/fer011>