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The mental health and psychological well-being of refugee children and young people: an exploration of risk, resilience and protective factors

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ABSTRACT

This research investigates the perceptions of refugee children, refugee parents and school staff regarding the positive adaptation of refugee children in a new social context and the effects on mental health and psychological well-being. This included an exploration of resilience and the role of risk and protective factors. Few studies have focused on views from a resilience perspective, and these have tended to use quantitative rather than qualitative measures. This mixed methods piece of "real world" research adopted a "what's working well" perspective and explored the important voices of these children, parents and school staff. Staff, parent and child responses were triangulated to provide a rich picture of the potential protective factors operating within the school and family environment. Implications for practice are discussed.

KEYWORDS

Mental health; psychological well-being; refugee children and young people (RCYP); risk; resilience; protective factors; educational psychology; positive psychology

Over the last 40 years, researchers have recognised and studied a group of children who have overcome great odds in the face of adversity (Crowley, 2009). The rising number of people entering Europe in search of safety and a better life has captured the world's attention. Owing to the more recent European Union (EU) migrant crisis, the UK government is resettling up to 20,000 Syrian refugees in Britain by 2020. Civilian populations have been increasingly targeted in recent wars and, in response to this violence, many people are forced to flee their countries in search of safety. The United Nations Agency (United Nations High Commission for Refugees, [UNHCR], 2016) declared a new record high of 65 million forcibly displaced people worldwide with 20 million of those being refugees, half being under the age of 18.

In the UK numbers of asylum applications have increased dramatically over recent decades. Recent data from the Home Office (2010) indicate that the United Kingdom (UK) currently hosts 117,161 refugees, 36,383 asylum seekers and 16 stateless people. About a quarter of asylum applications are granted some form of leave to remain (Institute of Public Policy Research [IPPR], 2005). The remainder may return voluntarily, be deported, move to another country or remain in the UK illegally. This demographic profile and the increase in the number of refugees has implications for education. As Rutter highlights, "almost every English local authority now has refugee pupils attending its schools. About 4.5% of the school population

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in Greater London are refugee children, something that could not have been predicted 15 years ago" (Rutter, 2003, p. 4).

Definition of refugee and asylum seeker status

A "refugee" is an individual who has left his or her country to go to another country due to war or violence that has threatened them, their family or community. Refugee status protects people from being returned to their country of origin. The term "asylum seeker" describes an individual who has crossed an international border in search of safety and is in the process of trying to obtain refugee status in another country. An unaccompanied asylum-seeking child is outside his or her country of origin, under 18 years of age, and not accompanied by a close relative. In recent years, the number of unaccompanied children arriving in the UK has increased. Pressures on asylum seekers are magnified for young people who arrive alone in the UK. Many come from unstable social situations and have high levels of anxiety or emotional distress as a result of the trauma of leaving their home country.

Refugees, as defined by the UNHCR, are distinguishable from other groups who leave their home countries voluntarily in search of better economic opportunities. Refugees, however, leave involuntarily and persistent dangers at home prevent their return. The refugee experience is commonly divided into three phases: pre-migration, migration, and post-migration (Berman, 2001; Pumariega, Rothe, & Pumariega, 2005). The pre-migration phase refers to the period of time before refugees escape from their home country. This phase is characterised by political violence or war, social upheaval and chaos. Refugees often face threats to their safety as well as experiencing limited access to schools and employment. Children who have had significant traumatic experiences, such as those forced into direct armed conflict as "soldiers", are at increased risk for rape, torture, depression and substance abuse, (Lustig et al., 2004).

The migration phase is marked by great uncertainty about the future, with displacement from home and familiar surroundings as well as a search for a new location in which to resettle. Additionally, during this phase, separation from parents and caregivers is common. Children and their families may be forced into refugee camps or detention centres in transit.

The post-migration phase sees refugees settle in a host country. Hope and anticipation of a safe, prosperous life in the host country may help refugee children and their families postpone their grief in the immediate resettlement period (Lustig et al., 2004). However, eventually most may well mourn the loss of their homeland, family, friends, and material possessions.

Papadopoulos (2001) proposes another chronological conceptualisation of the migration process and describes four phases that constitute "the refugee trauma": anticipation, devastating events, survival, and adjustment. These phases broadly fit the aforementioned three-phase model of pre-migration, migration and post-migration. Papadopoulos' second phase, of "devastating events", corresponds with the "pre-migration phase" in the three-phase model. "Survival" refers to the period of flight or migration phase. The last phase of both models is analogous: "adjustment" and "resettlement" refer to the same acculturation period in the host country. These models conceptualise the refugee experience as a severe, pervasive and chronically stressful period, in which the accumulation of risk factors challenges mental health.

Despite exposure to adversity and challenges to development, many refugee children function successfully. They are able to draw on internal and external resources to not only survive, but also thrive. These children are often described as resilient. Research into resilience, protective and risk factors for these children is becoming increasingly relevant.

Risk, resilience and protective factors

Adversity or risk factors are stressors which threaten healthy development. These can affect material well-being, social or emotional needs and capacities at each phase of the refugee experience. Refugee children may experience what is termed the "cumulative stress" of forced migration (Bronstein & Montgomery, 2011) with the compounding stressors of childhood and the extraordinary and traumatic experiences of displacement. Consequently, these children are at greater risk for psychological distress than non-refugee children (Rutter, 2003).

One of the most common areas studied with this population is post-traumatic stress disorder (PTSD). Fazel, Wheeler, and Danesh (2005) identified five surveys totalling 260 refugee children from Bosnia, Central America, Iran, Kurdistan and Rwanda who had resettled in Western countries. According to interview-based assessments 11% were diagnosed with PTSD, with a range of 7 to 17%. PTSD is characterised by exposure to an extremely stressful event or situation followed by symptoms such as repeated re-experiencing of the trauma (through intrusive images or nightmares), a state of hyper-arousal (manifested by hyper-vigilance, decreased sleep, anger, and acting out), and persistent avoidance of stimuli associated with the trauma or a numbing of responsiveness.

The UNHCR (1994) guidelines on protection and care for refugee children stipulate that a refugee movement can disrupt nearly every aspect of a culture. Acculturation is defined as maintaining the individual's original culture while participating in the host society (Fazel, Reed, Panter-Brick, & Stein, 2012). According to Eisenbruch (1991), cultural bereavement connotes refugees' responses to losing touch with attributes of their homelands. Elements of cultural bereavement include survivor guilt, anger, and ambivalence. Fazel et al. (2012), in their review of studies of risk and protective factors for psychological, emotional, or behavioural disorders, found culture stress and the process of acculturation to be a risk or protective factor respectively in 11 of the 44 studies reviewed. Geltman, Grant-Knight, and Mehta (2005) also found acculturation to be an important factor. In their study, Sudanese children living in a group home or foster care with an American family without other Sudanese people were associated with PTSD, whereas those living with a Sudanese family or with an American family alongside other Sudanese children were not.

Resilience is a phenomenon that results from strong adaptation systems and the term is used to describe the flexibility that allows some children and young people who appear at risk to "bounce back" from adversity and even thrive in the face of challenges. It is not a one-dimensional quality, that either one has or does not have, but is instead the accumulation of many skills and resources at different times and to varying degrees. Fonaghy, Steele, Steele, Higgett & Target, (1994) outlined the general predictors of resilience, which they describe as "reassuringly predictable". These have been categorised as follows:

- *Within-child* factors, for example, high levels of cognitive ability and social competence, being female (up to the age of puberty), an even temperament (especially a sense of humour) and positive self-perceptions

- *Within-home* factors, for example, socio-economic status of parents/carers, education levels within the family, parental confidence in child care and parental responsibility
- *Outside-home* factors, for example, neighbourhood influences and school aspects (teacher expectations, peer influences and the level of support available)

To date, much of the research has focused on the prevalence of poor outcomes, such as mental health difficulties, in this population rather than their resiliency (Lustig et al., 2004). In understanding risk and protective factors relating to disadvantage, resilience offers a useful conceptual framework.

Ní Raghallaigh and Gilligan (2010), in their research with unaccompanied refugee adolescents in Ireland identified coping strategies such as adopting a positive outlook, supressing emotions and maintaining continuity. Similarly, Maegusuku-Hewett, Dunkerley, Scourfield, and Smalley (2007) identified a range of factors conducive to coping for refugee children in Wales. These included attributes of optimism, patience, confidence and hope.

Bronstein and Montgomery's (2011) systematic review of 22 studies found common messages of resilience, that despite their experiences, a large number of refugee children appear to be resilient to adversity. However, other refugee children come from equally adverse environments but do not succeed (Davies & Webb, 2000). By discovering what enables some refugee children and young people (RCYP) to thrive, educators and others working with these children will be more able to design effective interventions that foster success.

In many instances schools are the setting in which refugee children first begin the process of acculturation (Summerfield, 2000). "Educational resilience" specifically refers to, "achievement in schools, despite difficult circumstances" (Poulou, 2007, p. 92). Fazel et al. (2005) noted that effective schools and teachers have the potential to promote resilience in refugee children by becoming the focal point for educational, social and emotional development. Many studies in the United States have identified themes related to resilience and education and these tend to focus on what is present in the lives of children "at risk" who "do well". They include "positive views of school environment", "classroom belongingness" and "connectedness", "life skills" and "perceived social support" (Cefai, 2007).

Factors, including coping style, have been identified as protectors from stress during the phases of the refugee experience (Lustig et al., 2004). Berman (2001) classified these into three groups: (a) disposition of the child, including their self-esteem and response to new situations; (b) family support and a positive relationship with at least one parent; (c) environmental support from teachers, peers, relatives, and healthcare providers. They include internal qualities, that is, an engaging temperament, good communication skills, strong problem-solving skills, the ability to recognise and seek out supportive caregivers, special skills valued by others and belief that their actions will lead to positive outcomes.

Coping in response to stressful events is a complex multi-dimensional phenomenon incorporating a plethora of behaviours, cognitions, regulatory strategies and perceptions. Within coping research, one common approach has been used to classify coping according to two broad dimensions: problem-focused versus emotion-focused coping (Lazarus & Folkman, 1984). Problem-focused coping is aimed at managing or modifying the stressor, whilst emotion-focused strategies regulate or reduce the individual's emotional response to the stressful situation. However, these broad categories have been criticised for being simplistic and making it difficult to detect associations between coping and outcomes. In

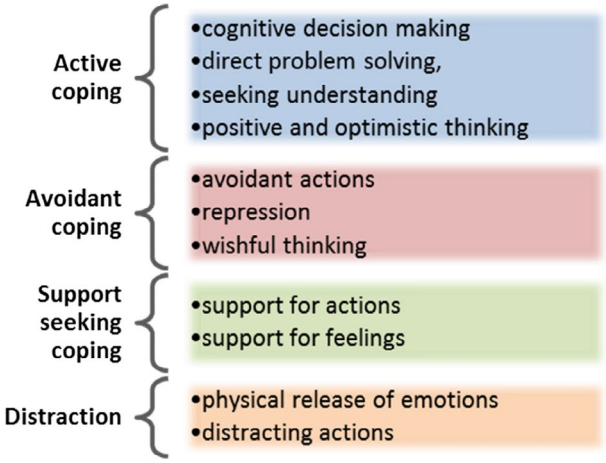


Figure 1. An illustration of Ayers et al. (1996) four-factor model.

response to criticisms Ayers, Sandier, West, and Roosa (1996) used 11 theoretically and empirically defined coping categories to identify a four-factor model of coping (Figure 1).

Research context and rationale

The current research took place in the UK in five schools in three London Boroughs. The purpose of the research was to explore the perceptions of refugee children, parents and school staff regarding factors that contributed to mental health and psychological well-being. The Children Act 2004 and United Nations Convention on the Rights of the Child (1989) place duties on professionals to seek the views of children and this was central to the study. The rationale for this research was also prompted by the relative absence of qualitative studies that adopt a resilience perspective for this group of children. The focus on trauma and post-traumatic stress reactions, such as anxiety and hyper-vigilance, means that limited attention has been directed towards understanding positive adaptation in refugees. Positive psychology, which focuses on well-being, happiness, flow, personal strengths, wisdom, creativity, imagination and also characteristics of positive groups and situations informed the study (Hefferon & Boniwell, 2011). By exploring what enables successful refugee children to do well, educators and others working with the children may more effectively design appropriate and culturally sensitive interventions to foster success.

Methodology

A mixed-methods approach was considered most appropriate to address the research aims. Participants included RCYP $n = 21$ (12 girls and nine boys aged 9–19 years), refugee parents $n = 3$ and school staff $n = 63$. RCYP who consented to participate in the study were from countries including Afghanistan, Albania, Congo, Ethiopia, Pakistan, Somalia and Uganda and were selected in line with the following inclusion criteria.

- RCYP between 9 and 19 years

- RCYP and parents who have been in the UK since 2000 or later
- RCYP judged by staff to be resilient and psychologically able to participate, that is, demonstrating good adjustment

Semi-structured interviews were used with RCYP and parents. The interviews were transcribed verbatim and the resulting transcripts were analysed using Thematic Analysis (TA) (Braun & Clarke, 2006). Compatible with critical realist epistemology, TA is "contextualist" and acknowledges the meaning individuals make of their experiences and how social context can influence this. Through its theoretical freedom, TA provides a flexible research tool, which can potentially provide a rich and detailed, yet complex, account of data. Following the interviews, the RCYP completed the Multi-dimensional Students' Life Satisfaction Scale (MSLSS). The MSLSS measures general life satisfaction (Huebner, 2001) in five domains: family, friends, school, environment and life. The questionnaire for staff was devised by the researcher to yield information about risk and protective factors from a learning and education perspective. The data from the MSLSS and school staff questionnaire were analysed using descriptive statistics. All data sources informed the final analysis.

Findings and discussion

Qualitative data from the semi-structured interviews with RCYP

As a result of the TA, six main themes emerged. Themes were generally broad and were comprised of a number of smaller sub-themes. The thematic map (see Table 1) outlining all

Table 1. Themes and sub-themes from thematic analysis.

THEMES	SUB-THEMES
Implications of pre-migration and migration experiences	Exposure to conflict Oppression Separation from parents Experiences during displacement The role of the father
Factors within the family	Parental circumstance and situations such as: parents coping with stress, maternal depression, parental unemployment and family affected by crime Loss and separation Relationships such as family roles, extended family and siblings
Management of change and its effect on RCYP's mental health	Reaction to change, for example, depression and loneliness Changes in circumstances Language difficulties Acculturation, such as individual identity and belongingness
Experiences at school that impact on the mental health of RCYP	Positive experiences, for example, support, friendships Negative experiences, for example, bullying, racism, social isolation and exclusion due to ethnic differences
Factors within the environment	Racism Housing issues The local community Frequent transitions
Individual/personal characteristics	Spirituality and faith Coping and stress Gratitude Optimism Levels of happiness Self-esteem and self-efficacy

themes and sub-themes and the categories is shown. The themes are presented in the order of occurrence during the (majority of) interviews and not by priority, frequency or importance. The six themes include: (1) implications of pre-migration and migration experiences, (2) factors within the family, (3) management of change and its effect on RCYP's mental health, (4) experiences at school that impact on the mental health of RCYP, (5) factors within the environment and (6) individual/personal characteristics.

The research resulted in a range of interesting findings. Although it is not possible within this paper to report and comment on them all, some key results are discussed with an emphasis on implications for practice. RCYP's comments showed that they were not protected from all negative experiences, but were often able to succeed in the face of adversity due to a number of factors that provided a defence.

Risk factors

The RCYP were exposed to a range of challenges to mental health and psychological well-being, for example, racism. Others reported poor maternal mental health. Fazel et al. (2012) identify the helplessness of parents and maternal depression as risk factors for mental health problems in refugee children. Panter-Brick, Grimon, and Eggerman (2014) identified that caregiver mental health was prospectively associated with measures of child mental health such as depression and post-traumatic stress. Although the RCYP in the research were not unaccompanied, they did experience separations from one or both parents, either during pre-migration, migration or post-migration. Nearly all RCYP in the research also experienced separation from extended family members such as grandparents.

A concern articulated by most RCYP in the research pertains to bullying and racial harassment in school. Children indicated racial abuse was a common feature in relations. One participant (20) spoke about truanting and alluded to developing a school phobia because of the racial bullying that he incurred, stating:

> Then I just did not want to be there actually cos of the comments and stuff.

Another participant (7) commented:

> They do make jokes about us … the Taliban's arrived or something like that … she's gonna blow a bomb or something.

Manyena and Brady (2006) in their large-scale UK study found racism and bullying was identified by refugee parents as one of the main issues affecting the performance of their children at school. If the accounts of participants are accepted as accurate this would suggest such interactions are both endemic and of significant concern to RCYP and their parents.

The four-factor model (coping categories) promoted by Ayers et al. (1996) can be used to illustrate the various coping mechanisms adopted by the RCYP and parents in the research. "Active coping" strategies are protective but "distraction" can be a risk factor. Some children resorted to behaviours such as fighting and aggression thereby "physically releasing emotions" (Ayers et al., 1996). Some children also exhibited "avoidant coping" by engaging in actions or behaviours to direct focus away from the traumatic stressor. Resiliency research examining the effects of different coping styles has found that the use of active coping, when dealing with stressful situations, is consistently associated with a reduced incidence of mental health problems (Brock, 2002). Conversely, the use of avoidance coping is consistently associated with an increased incidence of mental health problems in children and adolescents (Brock, 2002).

Some parents and children felt socially excluded; they did not belong to any group either in school or their locality. This was usually attributed to not having others from their ethnic background in the school or local area and consequently affected their levels of happiness. Children held the view that culturally diverse schools were more conducive to forming friendships. Much of the literature about young refugees suggests that there are benefits to them sustaining links with their own communities in terms of maintaining a sense of identity, building self-esteem and confidence and combating feelings of isolation (Hek, 2005). Fazel et al.'s (2012) review found that poor connectedness to the neighbourhood was associated with depression but that living and socialising alongside people of the same ethnic origin seemed to provide protection from psychological morbidity.

Resilience and protective factors

Children often reported initially having no-one with whom to talk or play but all reported eventually making friends. These friendships became an important thread in the otherwise disrupted narrative of the RCYP's lives. The social support gained from friendships prevented social isolation and loneliness and gave children a sense of belonging, especially in school. According to Fazel et al. (2012), subjective childhood experiences, including the strength of peer relationships, are integral to healthy psychological development.

Social support in the form of refugee agencies and organisations also had a significant positive impact on the lives of participants experiencing poverty and social isolation. Some were enthusiastically involved in their own community through sports and recreation activities. This allowed them to feel a sense of purpose and belonging to a group as well as supporting them through acculturation and development of their ethnic identity. This supports existing research which suggests that there are benefits to RCYP maintaining links with their own communities to maintain a sense of identity, build self-esteem and combat feelings of isolation (Stanley, 2001).

Studies have identified the positive role schools have in the lives of RCYP. Schools are regarded as the most stable social institution in what are often insecure and unstable lives (Spencer, 2006), and were seen by participants as providing safe and supportive environments. Children identified the advantages of going to school as creating strong friendship bonds, fulfilling aspirations of achieving success and contributing to a better future. Hek's (2005) review considered the experiences and needs of RCYP in two UK schools and found that they identified the positive attitude of teachers, friends, and peer support as important in their adjustment to the new country.

All children perceived developing competence in English as key to their academic progress. Moreover, language and communication concerns were identified by every participant and schools were crucial to children learning the language. According to Hamilton, Anderson, Frater-Mathieson, Loewen, and Moore (2000) pairing a new refugee student with an English-speaking peer can enable the refugee child to learn how the school system works. This, as well as determination and a strong social identity, enabled many RCYP to cope with second language concerns. Social identity (group membership and perception of self) is an important variable in second language acquisition language (Hamilton et al., 2000). Many (at least 13) of the RCYP felt they had more of a sense of social identity when they were around people from similar ethnic backgrounds.

Successful acculturation has been defined in terms of mental and physical health, psychological satisfaction, high self-esteem, competent work performance and good grades in

school (Liebkind, 2001). Children talked about differences between the two cultures, but they did not view the integration to UK mainstream culture as a barrier or something unmanageable. Instead it was seen as a process which moved from an initial shock to becoming positively acculturated. One participant (19) shared his experience:

> My first reaction was how am I going to get on with these people, they're like so different but it's quite easy.

Those who did not have friends from a similar background felt less acculturated and lonelier. Davidson, Murray, and Schweitzer (2008), in their review of refugee mental health in Australia, found those who had the most positive attitudes towards both their culture of origin and Australian culture had the highest ratings of self-worth and peer social acceptance.

RCYP adopted various coping strategies to deal with their post-migration context. Adopting a positive outlook was a common strategy; many expressed appreciation for the "good things" in their lives and had hope for the future. Ní Raghallaigh and Gilligan's (2010) research in Ireland also found that these children adopted a positive outlook to life. Such expressions were often situated within a comparative framework, with their circumstances in Ireland being compared to what they perceived as less favourable circumstances in their countries of origin. This strategy was evident with Somali refugees in the current research. In essence, they made meaning out of their current difficulties by placing them in the context of past problems and future opportunities.

The RCYP showed a range of positive emotions including gratitude, hope, happiness and optimism. One participant (2) made comparisons between his previous and current circumstances:

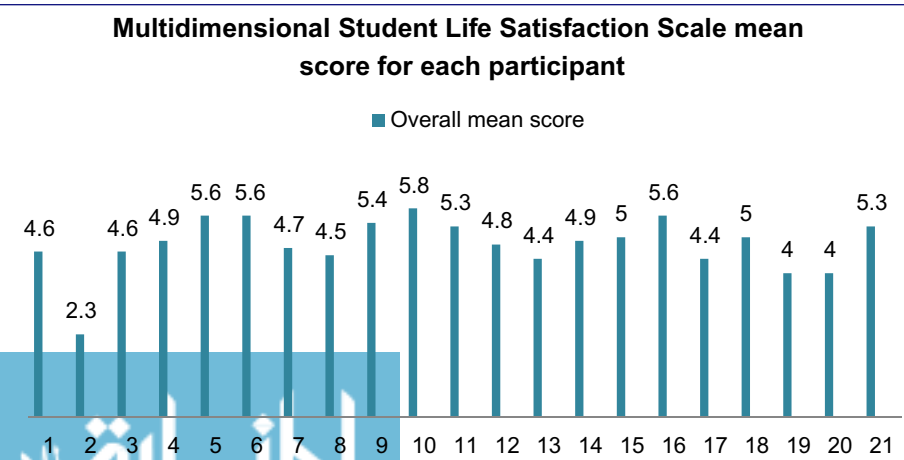
> It's a big help in somebody's life to be given a house and have education and medical help.

Fredrickson (2001) proposes that in contrast to negative emotions which narrow the individual's repertoire of thought and action, positive emotions such as joy, contentment and interest, have the effect of broadening the thought action repertoire and of building cognitive resources for the future.

Quantitative data from MSLSS and school staff questionnaire

Responses to the MSLSS (Table 2) showed that 95% of RCYP had high life satisfaction; the range is 1 to 6. Table 2 illustrates that nine participants (46%) have a mean score of 5 and

Table 2. Participants' overall mean score indicating life satisfaction.



above which indicates high life satisfaction. Eleven participants (52%) have a mean score of 4 to 4.9 which also indicates high satisfaction with life. Mean scores for middle and high school students range from 3.70 to 5.31 (Gilman et al., 2008). There was only one participant with a low score, therefore indicating a low level of satisfaction with life.

The two main domains from the five (environment, self, school, friends, family) with the highest scores were friends and family.

The school staff questionnaire (Table 3) yielded findings in three areas of mental health: protective factors, risk factors and factors that impact on learning. Sixty-three members of staff completed the school staff questionnaire in primary, secondary and further education (FE) colleges across three London boroughs. The staff composition ranged from teachers, attendance and welfare officers, literacy support workers, home-school worker, inclusion managers, assistant principals, special needs coordinator and teaching assistants. The five most frequently cited factors in each area are seen in (Table 3).

Table 3. School staff questionnaire data.

Risk factors	Protective factors	Factors impacting on the learning needs
Feelings of loneliness and isolation	Feeling safe and secure	Language difficulties
Abuse i.e. bullying	A trusting adult to confide in	Support and encouragement at school and home
Loss of family or network	Tutor/teacher support	Feelings of safety and security
Poor accommodation	Understanding their needs	Previous education experiences
Threat to safety	Peer support/mentoring	Access to English/in-class support

School staff also identified protective and risk factors which reflected the themes identified by RCYP and parents. Difficulties with language were the most frequently cited factor impacting on the children's learning. In Bronstein and Montgomery's (2011) systematic review lower language levels were related to higher PTSD scores. School staff identified access to English/in-class support as an important factor impacting on learning.

RCYP suffer from alienation from the host society and educational culture (Hamilton et al., 2000) and much of the literature regarding the education of refugee children highlights the importance of a good welcome and induction procedures within schools (Hek, 2005). This is particularly important if refugee children are joining schools midway through the year. Arnot and Pinson (2005) recommend, from their research with Local Authorities in England, an extensive induction package that includes an in-class teaching assistant for six weeks, classroom resources for English as an additional language (EAL) students in mainstream classroom and other dual language resources. One particularly useful induction resource identified by some RCYP was having specialist EAL staff who speak the language of the refugees. Hastings (2012), in her recent research with refugee boys, highlights the importance of the positive impact, including academic, of using and developing RCYP's first language in school.

Implications for education psychology practice

This study provided empirical data on the lives of RCYP which confirms findings from research relating to language, acculturation, support from family and role of schools. It also identifies

other important factors impacting on the mental health and well-being of RCYP including evidence of resilience amongst participants that has perhaps been underrated in the past. This research extends the data focusing and highlighting the positive factors that enable RCYP to adjust, thrive and be happy. Considering the difficulties that they had experienced, there was evidence of an inner strength such as spirituality and faith, coping, optimism, self-esteem, self-efficacy, happiness and gratitude.

Educational psychologists (EPs) work within schools and communities across the age range 0–25 years. This places them in a distinctive position to actively apply psychology to policies and research. Involving young people in decision-making has been shown, in previous research and in this research, to promote self-efficacy and resilience. Education and Care Plans (ECPs) should be a key contributor to the training and support needs of other stakeholders, using and applying psychological theory and knowledge – for example, theories of attachment, resilience, behaviour and systems thinking, which have been outlined as significant in past research and presented here.

The Department for Education (2015) Code of Practice has stressed the importance of the voice of the child in matters pertaining to their educational needs. The ability of RCYP to speak so articulately and openly about their experiences reinforces the importance of eliciting their views and hearing their voices. Developing a coherent life story is an important task for these children (Davies & Webb, 2000). Through the use of storytelling or narrative therapy children are encouraged to draw and present their life story in ways that make them stronger. The Tree of Life tool (German, 2013), informed by narrative therapy, has been shown to have positive effects when working with vulnerable children. This approach enables them to speak about their lives in ways that make them stronger. It involves children and young people drawing their own "tree of life" in which they get to speak of their "roots" (where they come from), their skills and knowledge, their hopes and dreams, as well as the special people in their lives.

The media frequently focuses on negative stereotypes of refugees and there has been increasing xenophobia, cultural intolerence and racism (German, 2013). The word "refugee" may now be heard as a derogatory term used in school playgrounds (Hughes, 2014). Incidents of bullying and racial harassment in schools are common across studies in the reports of RCYP. Hastings (2012) reported participants describing harmful consequences of bullying such as self-blame and powerlessness. Schools have a legal duty to be actively involved in preventing and dealing with bullying and this is particularly important given the prevalence of bullying of RCYP. Schools should have robust procedures in place that recognise and deal with bullying and racist incidents, as well as provision to support children who may be experiencing bullying (Bolloten, Spafford, & Little, 2008). Provision might include therapeutic input, social skills interventions, support groups and peer mentoring. Two RCYP in the research had very strong views about bullying; they recommended that pupils need to be comfortable to tell teachers and be taken seriously. Alternative methods of verbally communicating what is going on, such as drawing, were also mentioned by one participant.

Debate continues concerning how best to respond to the mental health needs of refugee children and their families (Summerfield, 2000). There is a broad consensus that primary and secondary school-based prevention programmes can play a key role in promoting the mental health of these children. There are various approaches to treat symptoms of PTSD and depression such as play therapy, art therapy and group and family therapy. Similarly, Cognitive

Behavioural Therapy has shown to be effective in reducing anxiety and depression (Fazel, Doll, & Stein, 2009). Within the literature there is also evidence that counselling based interventions have been successful (Hart, 2009) and there is a strong case to be made for emotional and therapeutic types of school-based interventions because children and families may be reticent about accessing mental health services in a clinical setting. As well as assisting schools in establishing group interventions, EPs can deliver individual therapeutic interventions such as Cognitive Behavioural Therapy or narrative therapy. EPs' skills and unique psychological and evidence based knowledge can contribute towards the assessment of holistic learning needs of RCYP as well as facilitate appropriate interventions with staff.

With respect to mental health interventions for refugee children and families, Davies and Webb (2000) assert that assumptions should not be made in relation to the developmental status of refugee children. This is because in their research they found Somali child rearing practices are significantly different to the West. There is a crucial role here for EPs during assessment and intervention, whether directly or indirectly, as for many refugee children developmental pathways might be significantly and adversely influenced by the consequences of civil war and it should not be assumed that refugee children's development parallels the settled population. Thereby, the EP would take this into consideration when hypothesising about the best possible support and intervention for a child. EPs bring a unique skills set to their role when understanding the needs of refugee children and are able to offer therapeutic interventions and advise on curriculum and classroom based issues to help the school meet their complex needs. Furthermore, they are able to help facilitate access to mental health intervention from other agencies such as child and adolescent mental health services (CAMHS).

For EPs, adopting resilience-perspectives based around principles of Positive Psychology and systemic ways of thinking, can promote more positive viewpoints on what might be working well for a child and what might be helping them to thrive. In Positive Psychology terms this is known as "flourishing"; this concept is a measure of overall life well-being and is viewed as important to the idea of happiness. This research has highlighted a role for EPs in adopting such perspectives in their work with children. The "Interactive Factors" (IF) framework for causal modelling (Morton & Frith, 1995) can be used by EPs to help make sense of the interactions and reciprocal processes affecting refugee children, thus helping EPs to adopt a holistic approach to assessment and intervention of refugee children. This framework uses three levels of description to explain developmental or psychological problems: the biological level, the cognitive level and the behavioural level, as well as recognising the influence of a child's environment at all three levels. Refugee families require help that is coordinated and culturally sensitive and interventions will need to take account of cultural factors as well as the refugee's current social situation.

Working in partnership with parents and communities can be pivotal; it helps the school to be more inclusive and make a real difference to children who may be at risk of underachieving. Many refugee parents do not necessarily understand the UK education system in terms of structure or ethos. Consequently, schools must reach out to refugee families by increasing positive and culturally appropriate liaison. This can include programmes for parents participating in school enterprises, or school forums to foster cultural diversity and communication. Refugee parents can be involved in supporting RCYP in schools by assisting them in class, during play or lunchtimes or running group interventions based on life stories.

Suggestions for further research

The current research highlighted the role of family, culture, friends and individual characteristics as significant in the mental health and well-being of RCYP and a quantitative approach to exploring these factors may be fruitful: for example, using standardised measurements of school happiness to explore relationships with other variables such as culture.

Research into ethnic identity and the significance of this in the process of acculturation is also important; this is clearly a topic area that warrants further research in order to provide a deeper understanding of social exclusion based on ethnic community both within and outside school.

The complexities of the lives of these children need to be taken into consideration and attention paid to individual coping strategies. In this research optimism, resilience, spirituality and faith were significant, and future research could explore their contribution in different contexts and with different groups. Ensuring positive outcomes for RCYP and families requires stakeholders within the clinical, research, education, and public policy sectors to be culturally competent and mindful of the various risk and, importantly, resilience factors that influence refugees' mental health and adjustment upon resettlement.

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