Experiences of mental health professionals and volunteers

supporting forced migrants: A qualitative exploration

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Thesis Portfolio Abstract

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Background: The global level of forced migration continues to rise, resulting in a traumatised population necessitating support from mental health services and other organisations. Previous research has identified a range of implications of supporting this population for mental health professionals, however this knowledge has not been synthesised. Listening to the accounts of forced migrants has been reported to be particularly difficult, but also often inspiring. Support is often provided by volunteers, yet almost no research regarding their experiences of this exists.

Aims: The current portfolio aims to synthesise previous literature regarding the experiences of mental health professionals. It aims to undertake a novel exploration into the experiences of volunteer mentors supporting this population.

Methodology: A systematic review was conducted, in which a thematic synthesis analysed existing qualitative literature to consider challenges and facilitators for mental health professionals supporting forced migrants. Further, an Interpretative Phenomenological Analysis was undertaken to explore the experiences, reflections and emotional implications of volunteer mentors supporting forced migrants in the United Kingdom.

Results: The findings suggest that mental health professionals working with forced migrants are influenced by three analytic constructs: Professionals Must be Aware of and Contend with Power Differentials, Professionals Must Develop Specialist Knowledge and Skills and Witnessing Forced Migrants' Stories and Trauma Significantly Impacts on Professionals, which encompass a range of challenges and facilitators. Four superordinate themes regarding the experience of volunteer mentors emerged: Paralyzed by Responsibility and Powerlessness, Weighty Emotional Fallout, Navigating Murky Boundaries and Enriched with Hope, Joy and Inspiration.

Conclusion: The findings show that volunteer mentors' experiences are complex, and comprise distress, challenge and fulfilment. Implications for services and organisations are presented. Possible roles for clinical psychologists and directions for future research are suggested.

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Chapter 1: Introduction

This introduction provides a summary overview of the context within which this thesis portfolio is situated and defines in more detail some of the associated terms and their relationships to one another. The rationale for the thesis aims is presented alongside an overview of the epistemology and ontology of the author.

Outline of the portfolio

The portfolio firstly presents a systematic review exploring the experiences of mental health professionals supporting forced migrants. The results of a thematic synthesis of qualitative data are outlined and used to consider implications for clinical practice and management and service and policy development to promote better care for forced migrants. A bridging chapter outlines that we know little about the experiences of volunteers, although our understanding of professionals' experiences of supporting forced migrants is increasing.

The empirical research paper presents an exploration of volunteer mentors' experiences of supporting forced migrants in the UK. The chapter following provides further methodological detail to support the empirical research paper. The final chapter provides an overall discussion and critical evaluation which brings together the findings drawn from the whole portfolio and examines them within the extant literature.

Forced migration

According to the International Association for the Study of Forced Migration (IASFM) mission statement (n.d.), forced migration can be described as "a general term that refers to the movements of refugees and internally displaced people … as well as people displaced by natural or environmental disasters, chemical or nuclear disasters, famine, or development projects". The term 'forced migrant' thus encompasses both

asylum seekers and refugees, among others. Asylum seekers are conceptualised by the Refugee Council as people who have applied for refugee status, or formally requested sanctuary, in a host country but who have not yet received a decision (Baker et al., 2008). Upon approval of such requests, asylum seekers become recognised refugees. The United Nations Convention Relating to the Status of Refugees (1951, Article 1(A)(2)) defines a refugee as:

> *A person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.*

For the purposes of this thesis, the term forced migration is used to refer to any forcibly displaced persons, including, but not limited to, asylum seekers and refugees.

Wider context

In 2016 the number of forced migrants rose to over 65 million globally, the highest ever recorded figure (United Nations High Commissioner for Refugees [UNHCR], 2016). This figure is representative of an upward trend, and it is now estimated that a person is forced to flee their home every three seconds. Moreover, over 50% of refugees seeking sanctuary in 2016 were children (UNHCR, 2016).

By definition, forced migrants comprise populations who have faced or who face threatening circumstances. Such circumstances have implications for both physical and mental health. According to the World Health Organisation (WHO; 2010), health consequences are greatest for those whose migration is illicit, involves traffickers and

subjects them to exploitation. Human rights violations and interpersonal violence may directly impact on physical health status. Both physical disease and stress lower immune system response, increasing risk of further ill health (Segerstrom & Miller, 2004). Perhaps unsurprisingly, mental health difficulties and vulnerability are also greater compared to host populations (Steel et al., 2009; Burnett & Peel, 2001). Traumatic events in pre-migration and 'in-flight' phases, and post-migratory stress are linked to higher levels of distress (Burnett & Peel; 2001; Morgan et al., 2006). These may include threat or experience of torture, armed conflict, mistreatment and exploitation. Post-migratory stress may be compounded by temporary protection, unstable immigration status, low skill levels of migrants, lack of cohesive social support and racial discrimination.

The construction of 'mental health' varies widely between cultures, and this may influence mental health difficulties being recognised. Forced migrants may refer to sleep problems, bad temperedness, feeling panicky or tearful and experiencing nightmares, rather than viewing these as symptoms of mental health difficulties (Palmer & Ward, 2007). Furthermore, mental health difficulties may present in a somatised format (Jensen, Norredam, Priebe & Krasnick, 2013). Forced migrants thus comprise a vulnerable population necessitating significant support for diverse and complex physical and mental health needs.

Supporting this population can therefore be challenging and is associated with a wide range of psychological implications. Research has outlined that healthcare staff experience a number of challenges and facilitators in supporting forced migrants (Robertshaw et al., 2017). However, there are several gaps in the current literature. Whilst literature has examined the experiences of mental health professionals, none has sought to synthesise this knowledge. Furthermore, support for forced migrants is often offered by volunteers rather than professionals, due to the charitable status of many organisations who

provide support for forced migrants (Wren, 2007). In spite of this, very little literature exists in relation to volunteers in these roles.

Thesis aims

Broadly speaking, this thesis aims to further our understanding of the experiences of those supporting forced migrants. Given the gaps in the current literature, this thesis specifically aims to synthesise our knowledge of mental health professionals' experiences and to explore those of volunteers. It will also consider potential roles for clinical psychologists in facilitating care by supporting professionals and volunteers. Ultimately, it is hoped that this thesis portfolio will improve our understanding of the experiences and needs of those supporting forced migrants, so we might consider what constitutes conducive environments for supporting forced migrants, and improve the care for this unique population.

Epistemology and ontology

This thesis takes a qualitative research approach, since it seeks to understand experience and meaning-making. Qualitative research enables intricacies and meanings which are less tangible to be explored within a specific context (Finlay, 2011). Furthermore, it does not require the volume of existing research necessary to form a specific research question or on which to base hypotheses, such as in quantitative research, and is therefore more suited to address the gaps in the current literature outlined above. A qualitative approach is therefore appropriate to improve our understandings of the experiences of those supporting forced migrants and is congruent with the research aims and questions of this thesis.

An outline of the researcher's ontological and epistemological positions is presented, since this is particularly pertinent in qualitative research, to demonstrate how they influence the conception, construction, implementation and interpretation of the

research. These positions refer to assumptions about the nature of reality and of knowledge acquisition (Fletcher, 2017). In this thesis, the researcher's position is underpinned by a philosophy of critical realism and contextualism. These propose that reality can never be fully accessed or understood. Rather, an understanding of reality can be found within a context, but this will not be universal; therefore, generalisability is neither sought nor relevant. Context is thus particularly important when seeking knowledge. Fletcher (2017) argues that reality is partially – but not exclusively – constructed through and within human knowledge or discourse, and there is more to reality than what can be empirically known. The researcher's position acknowledges the involvement of experience and meaning in gaining 'knowledge' within a context. A critical-realist position is strongly aligned to the interpretative or hermeneutic tradition (Fletcher, 2017; Larkin, Watts & Clifton, 2006), which will be discussed further within the thesis.

The experiences of mental health professionals supporting forced migrants: A qualitative systematic review

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Abstract

Many forced migrants experience trauma in pre-migration, journeying and post-migration phases of flight. Therefore, appropriate mental health provision is required. Whilst previous reviews have explored the experiences of healthcare staff in supporting forced migrants, no review was found that focused solely on the experiences of mental health professionals. This qualitative thematic synthesis integrates the findings from ten qualitative studies and identifies analytical constructs which encompass the challenges and facilitators for mental health professionals. Findings will inform how services can be developed to best support staff and enable the provision of high-quality mental health care for this potentially vulnerable population.

Introduction

Health consequences for forced migrants are vast, multifaceted and greater than for 'regular' migrants.[1] Traumatic events in pre-migration and 'in-flight' phases, and post-migratory stress are linked to higher levels of distress.[2] Distress may be further amplified by physical and social care needs and immigration status.[3] Forced migrants thus comprise a vulnerable population necessitating significant support for diverse and complex mental health needs.

There are a number of difficulties in identifying those requiring mental health support.[4] Professionals in mental health services may not have received training enabling them to identify and support the types of mental health difficulties experienced by forced migrants.[5] Language may also act as a barrier.[6] Furthermore, psychological approaches may be unfamiliar and uncomfortable within different cultural backgrounds or may evoke stigmatising connotations.[7] Further challenges may be presented by specific stressors associated with forced migration.[8] There exist a number of challenges, therefore, for the provision of appropriate and effective mental health support for forced migrants.

Qualitative reviews

The need to investigate properties of effective health services for forced migrants is widely acknowledged,[9] and the quantity of studies is rapidly expanding. A number of qualitative studies have been undertaken across several countries and different healthcare services. Qualitative research is of particular significance to evidence-based healthcare, because it seeks to explore the human experiences of healthcare interactions and processes.[10] The synthesis of qualitative research, however, provides superior insight because its product allows supplementary understandings of the phenomena and its operations.[11]

Two recent qualitative systematic reviews of particular relevance have been identified. The challenges and facilitators for primary healthcare professionals working

with refugees and asylum seekers has been reviewed.[12] This review assessed experiences of doctors, nurses and midwives providing healthcare in high-income countries. Twenty-six articles were analysed thematically, producing three analytical constructs of healthcare encounter, healthcare system and asylum and resettlement. Within these constructs, 11 themes relating to a range of challenges and facilitators were situated. In relation to the healthcare encounter, a trusting relationship, communication, cultural understanding, health and social conditions and time were identified as themes. Training and guidance, professional support, connecting with other services, organisation, resources and capacity were themes identified as relevant to the healthcare system. Quality assessment revealed the included articles varied in quality. The review employed a rigorous, focused search strategy and transparent methodology, improving the validity of findings and conclusions. It highlighted a need to investigate mental health professionals' experiences to further contribute to improved service provision for forced migrants.

The second review explored refugee and staff experiences of psychotherapeutic mental health services.[13] This aimed to address the lack of service user perspective present in refugee service literature. The review was limited to articles containing the word 'refugee' in the title, alongside terms relating to psychotherapeutic input and qualitative studies in the abstract. Therefore, the review may not have identified studies which concerned asylum seekers or other forced migrants, or had idiosyncratic titles. The review included 11 studies; five involving service users and six involving staff. Whilst considering both the perspectives of service users and staff is important and valid, unique elements unsuited to being grouped together in this way may have been compromised. Similarly, the included studies involved both individual and family client groups. Quality assessment revealed the majority of included studies had poor or very poor quality. Combined elements of thematic synthesis and meta-ethnographic approaches were utilised in the analysis. Mutual understanding, addressing complex needs, discussing trauma and cultural

competence were identified as key themes in achieving acceptable care. The review again called for further research and highlighted the importance of ensuring this is conducted ethically.

The aim of the current review is to explore the experiences of mental health professionals providing support to forced migrants. Previous systematic reviews have identified a range of challenges and facilitators for health professionals providing care for forced migrants.[14] This review aims to explore the challenges and facilitators of mental health professionals, a novel area of focus. This review will also address limitations of the prior reviews in healthcare provision. To enhance credibility, it will consider a single perspective, so that the results relate to this specific population. This will also allow improved transferability to other mental health professional settings. The review will not be limited to professionals working with those with refugee status, but to professionals working with any forced migrant population, including those who have not yet been granted refugee status. It will encompass public, private or charitable sector mental health services. Thus, this is the first comprehensive review of mental health service professionals' experiences. Improved understanding of these elements and their implications is vital for policy making, staff support and wellbeing, and provision of quality services for forced migrants.[15]

Review question

What are the challenges and facilitators experienced by mental health professionals providing support to forced migrants?

Method

Search strategy

The search strategy was pre-planned and registered with PROSPERO International prospective register of systematic reviews (ID: CRD42017084617). The strategy sought all

available relevant articles. MEDLINE Complete [EBSCO], Web of Science [Web of Knowledge], PsycINFO [ProQuest] and CINAHL Complete [EBSCO] were searched on 04/06/2018. These sources were selected for their scope and coverage of literature pertaining to health, psychology and clinical practice.

Search terms for forced migrants, mental health professionals and qualitative research were combined to search article titles and abstracts. Both free text and MeSH terms were used. The search strategy was informed by the Sample, Phenomenon of Interest, Design, Evaluation, Research type (SPIDER) tool. SPIDER was developed in response to the need for a more optimal working strategy for qualitative evidence synthesis. Compared to the established PICO (Population/problem, Intervention/exposure, Comparison, and Outcome) tool, SPIDER terminology is more suited to qualitative research, and produces more manageable results.[16]

Figure 1: Search strategy

refugee* OR asylum seek* OR forced migrant*

AND qualitative OR qualitative research OR mixed method OR experienc* OR perception* OR attitude* OR perspective* OR challenge* OR facilitator* OR barrier*

AND mental health OR mental health service* OR mental health prov* OR healthcare OR health care OR service prov* OR care prov* OR profess* OR staff* OR counsel* OR psycholog* OR psychi* OR therapi* OR psychothe* OR mental health practitio* OR MHP OR mental health nurs* OR social work* OR occupational ther* OR support work*

Google Scholar was utilised to identify further articles meeting the review criteria through hand-searching and footnote chasing. Bates first described 'berrypicking', a model of online searching acknowledging additional search strategies such as these, which increase search comprehensibility.[17] Footnote chasing alone demonstrably improves search precision by 16%.[18] Use of supplementary techniques is critical due to issues associated with locating relevant qualitative literature.[19] The concentration of qualitative studies within large, primarily quantitative, databases is dilute.[20] Secondly, the term "qualitative" encompasses a wide variety of techniques, lexicon and indexing.[21] Moreover, indexing varies between databases, potentially creating discrepancy in the successful identification of relevant articles dependent on their location source. Tendency to use fewer indexing terms signposting qualitative design has been found in MEDLINE as opposed to CINAHL, for example.[22] Finally, the use of quotations as article titles further contributes to difficulties in identification.[23]

All search results were imported into Zotero. Duplicate articles were removed and the remaining titles and abstracts were screened by the first author. Articles clearly not meeting the inclusion criteria were excluded. Remaining articles were assessed according to the pre-specified study selection criteria by assessment of the full-text articles. Instances of ambiguity were resolved via discussion with the additional authors.

Inclusion criteria

Qualitative and mixed method studies with a qualitative component exploring experiences of mental health professionals working with forced migrants were included in this review. Forced migrants were defined as asylum seekers, refugees, or other forcibly displaced migrants. All types of mental health professionals were included. Articles had to include at least some analysis in narrative form (e.g. first-person quotes) on mental health professionals' experiences and perspectives. Eligible data collection methods included verbal interviews, focus groups, or free-form questionnaire and survey data. Only studies

where mental health professionals worked directly with forced migrants were included. Articles where recipient data were presented alongside other data were included. Published, peer reviewed articles were included. No limits on year or geography were applied. Non-English language studies were considered if an English translation was available.

Exclusion criteria

The following studies were excluded: quantitative studies, theses, dissertations, opinion articles, organisation reports, reviews and case studies; studies exploring experiences of professionals providing physical health care, interpreters or informal carers; studies exploring only the experiences of service users (forced migrants); studies in which participants did not have direct, exclusive experience of working with forced migrants; studies concerning refugee camps, asylum seeker detention centres or specialist services. Where no English language text was available, studies were excluded.

Data extraction

Study characteristics including aims, setting, participants, methodology, results and implications were extracted by the first author (Appendix B). As noted by Barroso et al.,[24] identification of findings was complicated by reporting variation and integrity. Findings were taken to refer to more than direct quotation and data summation. Therefore, all text under the headings "results", "discussion" and "conclusions" were extracted electronically and entered into QDA Miner Lite.

Assessment of quality

Quality appraisal was conducted independently by the first author, and reviewed by all authors (Appendix C). The Critical Appraisal Skills Programme (CASP) tool for appraisal of qualitative research was employed.[25] The tool was developed in relation to medical literature and piloted with healthcare practitioners, and highlights procedural issues and

reporting standards in qualitative research.[26] The comparative strengths of the studies were critically appraised and evaluated. Consensus was reached on areas of disagreement. No scoring system was used as according to the purpose of the tool.[27] Exclusions were not made based on quality appraisal due to the following. First, there remains on-going debate regarding the use of tools in this manner in qualitative research.[28] Second, there is some suggestion structured quality assessments bias in favour of research practice compliance over the value of contribution to the field;[29] thus, inclusion enhanced the wealth and richness of the synthesis. This is especially pertinent given the lack of literature seeking to understand the experiences of mental health professionals working with forced migrants.

Data synthesis

Research studies of qualitative design, or with a qualitative component, were sought for synthesis. This enabled exploration of experiences identified through the perspectives of study participants as appropriate to the review aims. Systematic identification and synthesis of these studies reduces the influence of bias in the primary studies,[30] and provides a more detailed and reliable understanding of these experiences, integral to improving structures and support for clinical practice.

The recognised methodology for systematic review and thematic synthesis of qualitative research detailed by Thomas and Harden was utilised.[31] This methodology has particular value in informing health-related policy and practice.[32] Moreover, it provides a transparent account of the synthesis stages and derivation of conclusions.[33] The Enhancing Transparency of Reporting the Synthesis of Qualitative Research (ENTREQ) framework was utilised to guide the reporting of this review.[34]

Initial line-by-line coding was completed by hand by the first author in QDA Miner Lite. All primary quotations and interpretations related to the experiences of mental health professionals working with forced migrants were coded openly. An inductive process of

theme derivation ensured the most complete representation of perspectives and experience. Inductive derivation reduces the risk of emergent themes not anticipated being obscured or overlooked. Subsequent studies were translated into the catalogue of pre-existing concepts where appropriate, and new concepts were created when deemed necessary. Initial codes were organised into descriptive themes of related constructs which closely related to original findings. In the final stage of synthesis, analytical themes were generated in order to produce understandings and notions which exceeded those of the primary studies.[35]

Results

Study selection results

Systematic database searching identified 7,922 studies. A further 12 studies were identified through hand searching and reference list searches. Thus, the total number of studies identified was 7,934. A total of 2,722 duplicates were removed, and a further 5,165 studies were excluded after screening titles and abstracts. Full text articles of the remaining 47 studies were sought for eligibility assessment. Full text articles could not be obtained for four studies, therefore these were excluded. Ten articles met the full eligibility criteria and were included.

Figure 2: Article selection
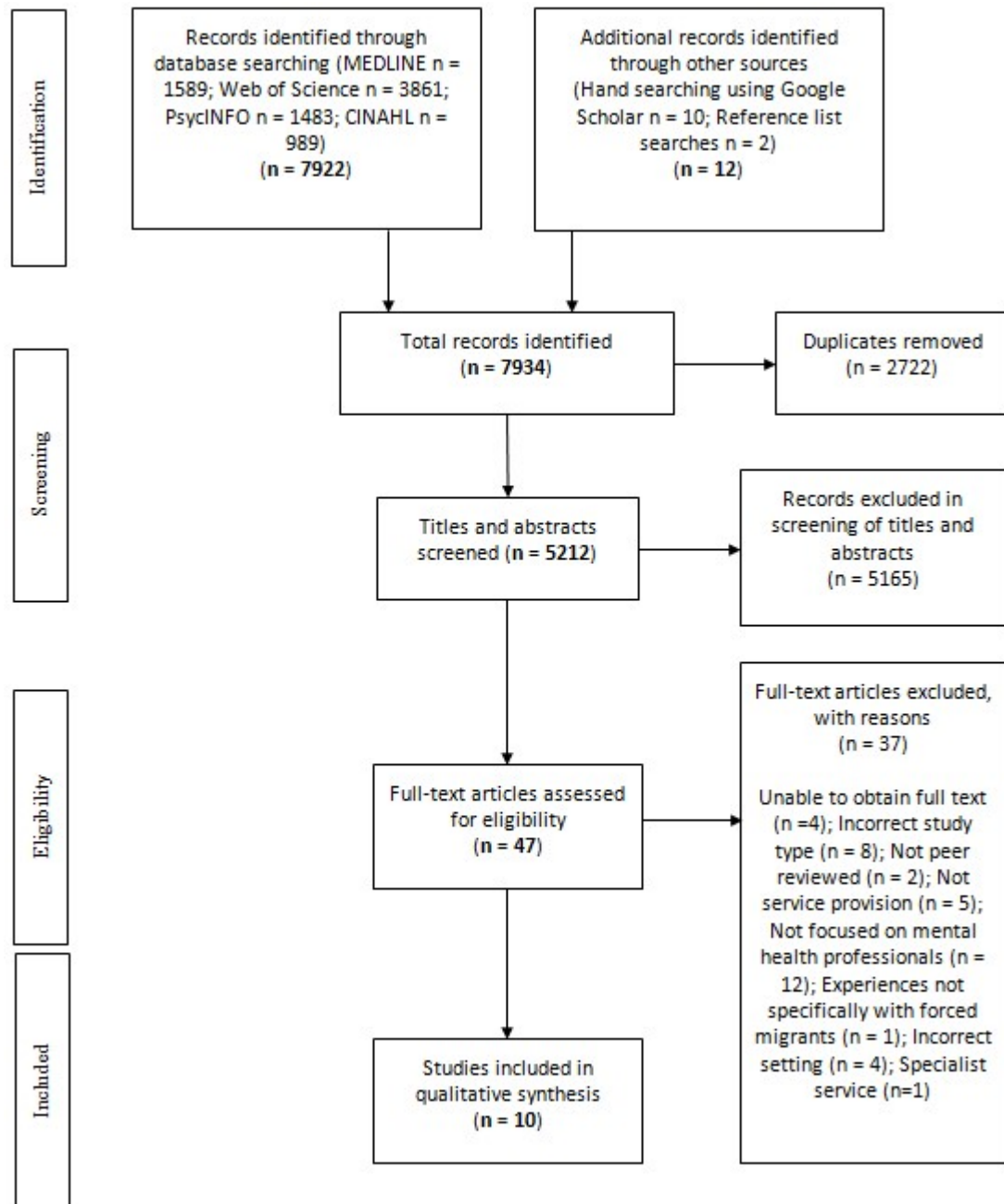
Study characteristics

All of the included studies were qualitative. Four were from the United Kingdom,[36] five were from Australia,[37] and one was from the USA.[38] All of the articles were published between 2007 and 2018. Service users were described as 'asylum seekers and refugees' in four studies,[39] 'refugees' in two studies,[40] 'asylum seekers' in one study,[41] 'people from refugee- and asylum-seeking backgrounds' in one study,[42] 'survivors of torture and trauma

who had sought refuge' in one study,[43] and 'torture survivors from all parts of the globe' in one study.[44] The number of participants ranged from seven to 17, yielding a combined total of 79 participants. Participant samples in all except three studies were exclusively mental health clinicians.[45] The combined sample included clinical psychologists, counselling psychologists, psychologists/general psychologists, counsellors, social workers, psychotherapists, psychiatrists, marriage and family therapists, 'front-line clinicians', administrative and managerial staff, a trainee clinical psychologist/trainee psychoanalyst, a psychotherapist/social worker, an occupational therapist and a community development worker.

All studies employed semi-structured interviews. To analyse data, four utilised a thematic approach,[46] three used discourse analysis,[47] two used an interpretative phenomenological approach,[48] and one a constant comparison framework.[49] The research questions of three studies concerned overall experiences of working with a forced migrant population.[50] Two sought to explore experiences in relation to vicarious implications,[51] and one in relation to; professional identity,[52] clinical supervision, working context and professional identity,[53] asylum legislation and practices in Australia,[54] emotional impact, risk and meaning[55] and psychosocial issues and the provision of culturally effective services,[56] respectively.

Quality assessment

The CASP critical appraisal tool was used to evaluate procedural issues and transparency of the included studies.[57] The appraisal revealed variability in the quality of the ten articles, with none of the articles satisfying all of the quality criteria. All articles gave a statement of the research aims; however there was variability in how explicitly they were stated and in detailing the importance and relevance of the research. The chosen research method was appropriate across studies. A minority of studies explicitly stated the research design.[58] Most detailed the sampling strategy,[59] and the majority made some reference to eligibility

criteria.[60] There was wide variety in the reporting of participant demographic information. Possible reasons for non-participation were not discussed by any articles.

All articles stated the data collection method, and most provided some justification. Whilst two detailed their full interview schedule,[61] the remaining gave only general descriptions of the interview schedule content. Less than half of the studies gave the location of data collection,[62] and one identified the interviewer.[63] Theoretical saturation was also largely not discussed, being addressed by only two articles.[64] Six of the articles made either explicit reference to reflexivity or addressed issues relevant to this.[65] The manner in which this was addressed was mixed, with some authors describing their motivations for undertaking the research and exploring potential consequences, and others stating methods employed in an effort to reduce bias.

There was wide variety in the reporting of ethical issues. Three articles made no reference.[66] The remaining articles stated the study had ethical approval and all except one gave details of this.[67] Three articles evidenced participants being fully informed about the study.[68] Five reported consent and/or withdrawal was discussed with participants,[69] and one gave details regarding maintenance of confidentiality.[70]

Nine articles gave full descriptions of the analysis employed,[71] and all except two justified use of the framework or approach utilised.[72] All clearly presented their findings and gave support in the form of quotations, although the rationale for including presented data was discussed only in two.[73] Contradictory data and the role of researchers were also rarely discussed.[74] All articles discussed study findings and their value in relation to wider literature, practice and/or policy. Most addressed credibility, with five explicitly discussing the study strengths and limitations.[75] Seven explored directions for future research.[76]

Synthesis output

To ensure the review question did not limit the themes produced by the analysis, an

inductive bottom-up thematic analysis was initially conducted, as detailed by Thomas and Harden.[77] Line-by-line coding and translation of concepts gave rise to an initial catalogue of 44 codes. Through evaluating similarities and differences between the initial codes a hierarchical framework of descriptive themes was produced. Three higher-order themes encompassing 12 descriptive themes were embedded within this structure.

Figure 3: Hierarchy of descriptive themes
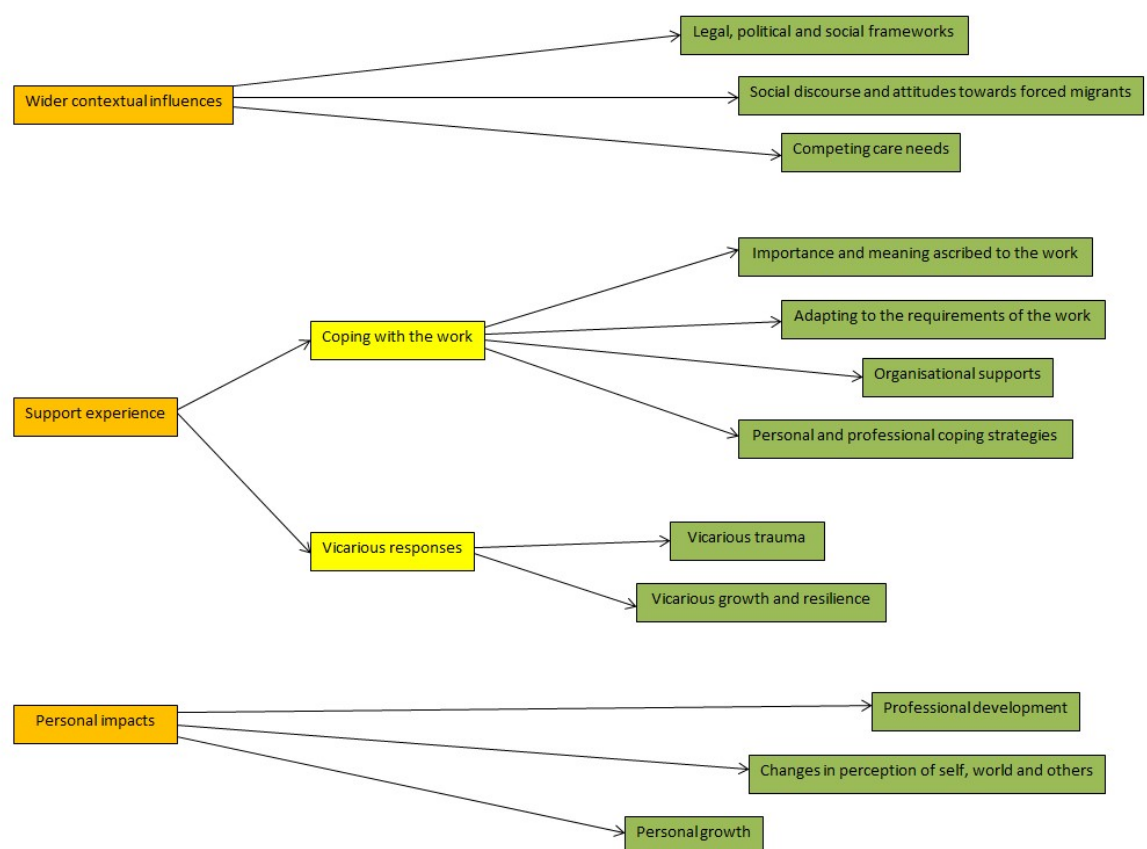
To address the review question, and to generate understandings which exceeded those of the primary studies, analytical themes were derived through the iterative process now described. This step of 'going beyond' descriptive themes can be considered the defining feature of synthesis[78] Challenges and facilitators were inferred from the descriptive themes and using the information and context within the journal articles. Related implications for clinical practice were also considered. From this process,

analytical themes began to develop. The challenges and facilitators were then re-examined and refined within the context of these analytical themes. This iterative process continued until the analytical themes encapsulated the original descriptive themes, inferred challenges and facilitators and clinical implications. Through this process, three analytical themes emerged, encompassing relative challenges and facilitators of professionals' experiences.

Table 1: Analytic constructs

Analytical Construct	Challenges	Facilitators
Professionals Must be Aware of and Contend with Power Differentials	Working within complex and hostile frameworks Discomfort at ones' relative privilege	Being in a position to 'make a difference'
Professionals Must Develop Specialist Knowledge and Skills	Working sensitivity with cultural differences Holding and balancing forced migrants' competing care needs Challenging negative social narratives about forced migration Supervisors lacking expertise in forced migration	Focusing on the importance of the work Networking with other professionals working with forced migrants Developing professionally in this specialism
Witnessing Forced Migrants' Stories and Trauma Significantly Impacts on Professionals	Hearing forced migrants' accounts of trauma	Witnessing the strength of forced migrants in their stories Support and care from professionals' organisations Prioritising self-care Growing and developing personally due to the work

Analytical construct 1: Professionals Must be Aware of and Contend with Power Differentials

All of the studies cited differences in power as impacting significantly on the experience of supporting forced migrants in mental healthcare. These power differentials were present at multiple levels, both inside and outside of the immediate healthcare interaction.

Challenges: Working within complex and hostile frameworks, Discomfort at ones' relative privilege

All studies except one highlighted the strain outside systems and frameworks placed on professionals in supporting forced migrants' mental health.[79] Professionals cited the time and energy this detracted from their ability to focus on their remit, the direct influence of wider systems on the emotional states of service users, and the impact of being perceived to be part of 'the system' on the therapeutic relationship. *Participant quotations are given in italics*, study authors text is presented in normal typeface.

> *"You come up against a system which is meant to be there as back up for support in your role, but it's not functioning adequately. It can make you feel like the pressure is actually on you."[80]*

> *"When they come here, they, by being detained and by being actually treated in this way basically [...] it reinforces the message that was previously given by the government from the country they belong to, that actually you are not a person with full rights, you know, having dignity and so on, so this unfortunately, the psychological effect on them, basically they are not believed, they are not validated"[81]*

Further, a number of professionals reflected on an awareness of their own privilege and powerful status having been highlighted to them. This was constructed as an uncomfortable realisation, and professionals spoke of struggles 'coming to terms with' and accepting injustices present in others' lives.

> *"Being a nice white middle class male who is kind of sheltered from the awful things that happen on the whole, around the world and lucky and you can walk around in your own little bubble or when you are working with asylum seekers and refugees you, you are forced to confront what's really going on and by what's*

really going on I mean wars and torture in other countries but then also, the

social reality of life in the UK for people."[82]

Facilitator: Being in a position to 'make a difference'

Conversely, holding a position of relative power was also viewed as a positive enabler in effecting change in almost every included study.[83] Feeling able to elicit some influence over forced migrants' wellbeing, or assuming an active political stance gave professionals a sense of purpose and of 'doing good'. This was cited as a significant motivator.

"To be able to help such vulnerable people I just feel privileged to be in this job, to be sitting and listening to their stories…To see them opening up and talk about things, I just feel quite privileged to be sitting there and listening to their stories." [84]

"When I do trainings, when I speak in public, when I testify in court, I'm helping to publicize and speak out against and document the impact of these injustices. So to me that connects with my sense of resilience."[85]

Analytic construct 2: Professionals Must Develop Specialist Knowledge and Skills

All the included studies explored how the uniqueness and specialism of the forced migrant experience itself impacted on mental health professionals' experiences. This impact took place through a variety of related issues. Again, these issues had influence both within and beyond the immediate healthcare interaction.

Challenges: Working sensitively with cultural differences, Holding and balancing forced migrants' competing care needs, Challenging negative social narratives about forced migration, Supervisors lacking expertise in forced migration

Cultural differences contributed to challenges for professionals' experiences in the majority of included studies.[86] Professionals spoke of this limiting forced migrants' knowledge and access to services, and giving rise to distress through acculturation and

assimilation. Linguistic barriers and use of interpreters were commonly cited as having a negative impact on support overall.

> *"I think because they are not as connected to other people, they just don't find out the information as well, they don't, they don't know what to ask in the way that they would know how to ask in their home country because they have a sense of what goes on there whereas here, they don't necessarily know what to be asking for and if not meeting other people who kind of had longer experience here or, or, or linking services that can help them, you know then, they kind of, they sort of stay in a difficult position much longer and I think that that definitely perpetuates, any mental health difficulties or may even really contribute to them developing them"* [87]

Due to the multiple, often competing, care needs of forced migrants, professionals found mental health was often not prioritised. Some professionals contended with this by becoming flexible in their role and supporting forced migrants in meeting other care needs' whilst others maintained firm boundaries in relation to their role and remit.

> *"In terms of dealing with other stuff they come to see us about, they're not in a head space to even get into that deeper stuff, they're still trying to deal with the practical things they have to do to get through each day, and all of the different stresses around immigration, accommodation, finances."* [88]

> *"I am social worker, I am a lawyer, I am everything that you can think of […] However, having said that, I don't do that with every patient, I refer sometimes to other agencies to do that but I do that when I think doing it is right."* [89]

A further challenge relating to the uniqueness of the forced migrant experience was that of negative social attitudes and discourse, detailed by five studies.[90] This is seen as

attributing to difficulties with identity formation and assimilation for forced migrants, both of which influence emotional wellbeing.

> *"I've had friends and family talk about refugee people, people on the news, and all those sorts of people, and it's like, well hang on, and I'm able to articulate it in a way so it helps them understand the difference, you know, in what's happening."* [91]

Fourthly, two studies found professionals felt under-supported by their supervisors due to a lack of supervisory experience.[92] Participants raised concerns about a lack of supervisory provision and expertise, and increased risk as a result.

> *"I think the problem is that supervisors often have less experience than you do in working with refugees and asylum seekers. And that is really troubling you know and so you get them kind, they are in a position of trying to guide you but they can't really direct you".* [93]

> *"They'd have no sort of grounded knowledge about what was occurring. They would pathologise somebody's anxiety about being allowed to stay in the country and what would happen if they were forced out of the county and that sort of thing it, it would it, it became, it could be quite, quite difficult work".* [94]

Facilitators: Focusing on the importance of the work, Networking with other professionals working with forced migrants, Developing professionally in this specialism

Seven of the ten included studies explored how acknowledging the meaning and value of the work aided the mental healthcare process.[95] Focusing on positive changes which had occurred, however small, was also endorsed by several professionals.

> *"Even though it is going to take time, even though it is going to take years, even though the healing is not going to be complete, you can see in clients when you*

work a long time here, you can see how life changes in ways that you never thought could happen. If you can see it is like this, you have this motivation to continue to work and to continue encouraging them to do things, [to keep] helping them."[96]

"I mean look at the changes that have been made, we can at least say that there have been some changes made and that is reasonable that they are not moving faster and you know that, that sort of thing … it can be very helpful."[97]

Peer support was advocated by participants in four of the studies as facilitating their ability to provide care for forced migrants.[98] Benefits included emotional support and being able to relate through shared experiences.

"I've ended up linking up with colleagues and, and in way doing much more peer supervision … Colleagues who I know are particularly interested in the cross cultural"[99]

The development of competency and expertise was also viewed as a facilitator and positive benefit. Five studies noted how professionals were able to develop specialist skills through working with people who were asylum seekers and refugees, and who had experienced trauma.[100]

Five clinicians (41.7%) experienced a sense of increased personal or professional development as a result of their work, and this was described as a reward of assisting people from refugee backgrounds. Some reported having a deeper understanding of trauma work and how to support clients, and some reported feeling more confident in their therapeutic skills and abilities. For instance, *"I think I feel much, much more comfortable when working with people from different backgrounds."*[101]

Analytic construct 3: Witnessing Forced Migrants' Stories and Trauma Significantly Impacts on Professionals

The final analytic construct, 'Witnessing Forced Migrants' Stories and Trauma Significantly Impacts on Professionals', encompasses the direct and indirect effects that supporting people who had experienced trauma had for professionals.

Challenge: Hearing forced migrants' accounts of trauma

Professionals in all of the studies described the challenges of coping with the trauma they were exposed to through their work. They detailed how difficult it was to hear about forced migrants' experiences, and how this resonated with them outside of their work. Emotional implications included feelings of being overwhelmed, powerless, unsafe, underprepared or detached. In seven studies professionals experienced nightmares, flashbacks and other responses to trauma which mirrored those of the people they were supporting.[102]

> *"I just feel that there is nothing safe and that's the rest of working in trauma because if, your whole world is unsafe outside because ... because you just see the awful stories, you see, we see torture survivors, we see what the worst that a human being can do to another human being"[103]*

> *"I used to go to the supermarket and feel like I had bubble wrap, like glad wrap, just around me, like this kind of coating. I would go there and I just felt like I was going from this horror world into normal land, and then I didn't feel connected to people in normal land. Like I was going, 'You don't get it; you didn't hear what I heard!'... It sounds very dramatic, but it's like you kind of walk around and on the inside you're just constantly churning through this information."[104]*

Facilitators: Witnessing the strength of forced migrants in their stories, Support and care from professionals' organisations, Prioritising self-care, Growing and developing personally due to the work

Witnessing strength and growth were consistently regarded as positive, motivating aspects of supporting forced migrants. Professionals experienced this as rewarding through empowering, helping others to find meaning and improve their relationships and connections.[105] Some described having awe and respect for those they supported, and feeling privileged and honoured to work alongside them.

> *"It's the inner strength of the person. You know, you can feel that flame and you think I shall want to it keep alight, I don't want it to be crushed anymore and they only seem to need a little bit of support for them to go ahead on their own"* [106]

> *"It feels like an absolute privilege to sit with [these] people and hear their stories, to be the person that they are willing to trust when they don't trust anybody else. You know, to be the person that they trust with that level of information, that depth of trauma and horror."* [107]

Participants in six of the studies expressed the importance of organisational support in coping with their work,[108] although some called for greater support. Overall, provision of supervision, training and opportunities for professional development was considered facilitative.

> *"There's a lot of support here. They make it really clear that if you ever feel you need to talk to someone, it doesn't matter when it is, there is always someone you can just ask to speak to, whether it's a supervisor or it's another colleague, just grab someone and go and talk."* [109]

In addition to organisational support, self-care strategies were advocated in four studies.[110] Participants utilised individual self-care strategies, informal support from

friends and family and sought support through formal care (e.g. counselling). To look after themselves, participants reported engaging in a number of practical strategies, including relaxation, sports, taking appropriate breaks, and ensuring that they maintained achievable personal schedules.'[111]

In nine of the ten studies, professionals experienced personal growth through their work which helped them to continue. This occurred with respect to increased acceptance for others, spiritual growth and altered perceptions of themselves, their values and the world.

> *"It just helped bring it more to home on a personal level to want to do so much more, to bring equality to this earth."[112]*

> *"[The work] makes you strong, [I'm] a stronger person than I used to be."* [113]

Discussion

Three analytical constructs encompassing challenges and facilitators for professionals providing mental healthcare to forced migrants emerged from the thematic synthesis. Firstly, 'Professionals Must be Aware of and Contend with Power Differentials' acts as a barrier through the difficulties of supporting someone within the context of complex legal, financial and housing systems. This is consistent with the review of professionals' experiences of treating physical health,[114] which also noted surrounding systems are not only complex, but often unfavourable towards forced migrants. The process of becoming aware of one's privileges and the lack of privileges of those being supported also poses a challenge for professionals. Power differences between mental health professionals and service users, have readily been identified as impeding recovery.[115] In working with this particular population, imbalances are likely to be more pronounced and have a greater impact. Therefore, professionals may need to be conscientious in acknowledging and reducing this imbalance to work effectively with forced migrants.

Conversely, the findings show being in a position to 'make a difference' promotes professionals' abilities to successfully support, advocate for and empower forced migrants. Whilst little evidence has been found examining the impact of clinician self-efficacy on mental health outcomes, counsellor self-efficacy has been found to correlate with performance.[116] Review indicates that sense of trust, choice and power are highly important to mental health service users.[117] Moreover, interventions emphasising empowerment are consistently found to be more effective in both child and adult mental health settings.[118]

The second construct, 'Professionals Must Develop Specialist Knowledge and Skills', highlights a range of themes uniquely concurrent in the forced migrant experience. Clinicians must be aware of cultural differences, competing care needs, negative societal attitudes towards forced migrants and scarce expert supervision. The former two of these themes were present in both healthcare professionals' experiences of working with forced migrants in relation to physical health,[119] and service provider and user experiences in psychotherapeutic services for refugees.[120] It would appear these challenges may be consistent across healthcare settings, and there may be opportunity for inter-professional discussion with regards to overcoming them. Additionally, increasing 'cultural competence' is strongly advocated for by an increasing body of literature to improve services for forced migrants.[121] The impact of negative societal attitudes is widely documented as adversely affecting refugee and asylum seekers' mental health.[122] It follows, that those compassionately supporting these individuals may also experience these effects. The specific issues raised in relation to supervision – in particular a lack of expertise – seem to be relatively novel findings. Effective clinical supervision demonstrably improves job satisfaction, stress levels, burnout rates, and clinical outcomes.[123] The findings indicate access to quality supervision is of great importance, more so given the specialist and complex care needs of the forced migrant population.

Facilitative factors relating to 'Professionals Must Develop Specialist Knowledge and Skills' were found to be 'Focusing on the importance of the work', peer support and professional development. Working with this population provides clinicians with the opportunity to contribute to humanitarian efforts, which often aligns with motivations in becoming involved in such services.[124] Furthermore, Self-Determination Theory poses that intrinsic values such as self-development, affiliation and community contribution are associated with higher wellbeing in the workplace.[125] This illuminates how professionals will feel a sense of satisfaction from their work when their psychological needs are fulfilled. The development of mutual meaning and understanding has also been indicated to benefit the professional-service user relationship.[126]

The final analytic construct, 'Witnessing Forced Migrants' Stories and Trauma Significantly Impacts on Professionals', addressed the intense effects of working with people who have been traumatised. These effects are wide ranging and may be constructed as 'secondary traumatic stress', 'vicarious traumatisation', 'burnout' or 'compassion fatigue'. It is well documented that clinicians regularly working with trauma are at increased risk of experiencing secondary trauma symptoms.[127] Studies indicate therapists experiencing secondary traumatic stress attempt to make sense of what they hear and integrate this with existing cognitive schemas, but that this can have multiple negative implications.[128] However, some of the evidence is mixed and further research into this phenomena and support for clinicians is required.[129]

There were a number of facilitators which clinicians identified enabled them to combat this challenge. Clinicians cited witnessing strength and growth as a powerful and motivational experience. Several frameworks describing vicarious trauma have been developed to include concepts of vicarious resilience and vicarious post-traumatic growth.[130] These seek to account for this experience which appears to co-occur and counteract fatiguing processes often experienced by trauma clinicians. Concurrent with

previous research, clinicians used a combination of organisational support and self-care strategies to manage their responses to traumas they were vicariously exposed to.[131] Finally, personal growth was found to occur through the process of supporting forced migrants' mental health. This is again consistent with the 'compassion fatigue resilience model',[132] indicating that vicarious resilience and personal growth may be closely related. Qualitative study of vicarious resilience in therapists has also identified positive personal impacts and increased hopefulness resulting from trauma work.[133] The majority of literature exploring vicarious implications of working with trauma focuses on the experiences of therapists, and further research is needed to explore the experiences of other mental health professionals. However, the findings of this study are supported by wider literature which indicates working with trauma can be both challenging but also rich and fulfilling.

Implications

The findings of this review may inform service providers needing to adapt their provision to improve care for disadvantaged groups, such as forced migrants. Reduction in healthcare inequality is a public health concern for countries including the UK.[134] This may require amendments to policy and development of clinical guidelines for best-practice care, which must recognise the complex needs and enhanced resources required for this population. Wren highlights dangers of reactively creating services for forced migrants, and therefore suitable care and consideration must be taken in developing services.[135]

The findings indicate that mental health professionals would benefit from appropriate training in the specialist area of forced migration. This could include training on relevant wider systems (e.g. legal, financial and housing), cultural competency development and working with survivors of trauma and torture. Access to relevant literature and information regarding local and national services placed to aid forced migrants should also be facilitated. Given the often complex needs of this population,

inter-service collaboration may be both necessary and helpful. Moreover, additional time should be allowed for clinicians to build rapport, understand service users' perspectives and needs, and conduct appointments. The findings also show access to regular structured supervision with supervisors experienced in working with this population (or who are willing to undertake specific training) should be a priority wherever possible. Where this is not possible, creative alternatives such as telephone, Skype or group supervision could be considered to address this need. Peer support was also highlighted as a valuable resource, and it may also be prudent to explore the possibility of peer support groups.

Strengths and limitations

This review provides the first systematic synthesis specifically exploring the experiences of mental health professionals supporting forced migrants. This allowed a thorough exploration of the challenges and facilitators of this provision from the professionals' perspectives. All ten papers included have been published since 2007, and nine since 2013. Thus, this is a review of contemporary literature, well timed to support the further development of this field. Given the presently limited research in this area, the focus on qualitative research is an additional strength of this review as the findings will inform further investigations in the field. The findings have been interpreted within the context of existing theory and literature, and generally provide additional support for them. Novel findings have also been produced.

All of the included studies took place in the UK, Australia or the USA, and this may constrain the relevance to countries with comparable economic status. The characteristics of each study have been provided to allow readers to assess the applicability of them to other settings. As noted, methodological and contextual information was limited in some of the studies, which restricted reporting in the review. It has been argued, however, that a lack of reported information may reflect word count restrictions as opposed to methodological rigour.[136] A particular area of paucity was the consideration of

reflexivity and researcher bias. This was rarely discussed in the studies, and in-depth information was almost never provided. It is not possible to consider, therefore, to what extent researcher backgrounds may have influenced the interpretations of findings. To minimise this in the current review, first person quotes were given priority over author quotes and transparency has been promoted. This is particularly relevant given the interpretive nature of the final stage of the analysis, highlighted by Thomas and Harden as being most controversial.[137] The first author utilised a reflective journal and supervisory discussion to consider how their own background may have influenced their interpretations of findings in this review. This explored their life experiences, professional career as a trainee clinical psychologist, and interest in voluntary work abroad with vulnerable populations, although they have no experience of working with forced migrant populations.

Future directions

The findings of this review provide vital implications for future research. This should strive to improve reporting transparency, and consideration of reflexivity in qualitative research. Research in different geographical settings will be especially useful in contributing to our understanding of mental health professionals' experiences and how these are influenced by context. Where strategies to support and improve professionals' experiences are implemented, evaluations should be undertaken to assess their effectiveness. Alternatively, evaluations may be employed to identify where care quality may be improved. These should include the perspective of both service users and providers, and give voice to the perspectives of forced migrants. This review has also highlighted the issue of service access. Research investigating how we can improve access to services for forced migrants will be imperative in improving mental health support provision for this population.

Conclusion

A novel review and thematic synthesis of mental health professionals' experiences of supporting forced migrants was conducted. The findings indicate the constructs of power, specialism and trauma are broadly influential in professionals' experiences. The associated challenges and facilitating factors have been presented and explored, which can inform service practice and policy. It is hoped this will support professionals and facilitate improved quality of care for forced migrant populations. Suggestions for future research include expansion to differing geographical settings, provision of interventions to support professionals in their work, evaluation of care quality and investigating how access to services can be improved for forced migrant populations. Global conflicts and atrocities continue to occur, suggesting that the issues pertinent to this research will not subside. It is therefore essential that we continue to examine how we can best support those affected.

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[97] Apostolidou, "The Notion of Professional Identity".

[98] Apostolidou, "Constructions of Emotional Impact"; Barrington, "Working with Refugee Survivors", Barrington, "Giving Voice to Service Providers"; Khawaja.

[99] Apostolidou, "The Notion of Professional Identity".

[100] Century; Barrington, "Working with Refugee Survivors", Barrington, "Giving Voice to Service Providers"; Khawaja; Hernandez-Wolfe.

[101] Barrington, "Giving Voice to Service Providers".

[102] Apostolidou, "Constructions of Emotional Impact"; Century; Barrington, "Working with Refugee Survivors", Barrington, "Giving Voice to Service Providers"; Khawaja; Schweitzer; Hernandez-Wolfe.

[103] Apostolidou, "Constructions of Emotional Impact".

[104] Barrington, "Working with Refugee Survivors".

[105] Apostolidou, "Politicised Notions of Professional Identity"; Apostolidou, "Constructions of Emotional Impact"; Century; Barrington, "Working with Refugee Survivors", Barrington, "Giving Voice to Service Providers"; Khawaja; Schweitzer; Hernandez-Wolfe.

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[107] Barrington, "Working with Refugee Survivors".

[108] Century; Barrington, "Working with Refugee Survivors", Barrington, "Giving Voice to Service Providers"; Khawaja; Schweitzer; Hernandez-Wolfe.

[109] Barrington, "Giving Voice to Service Providers".

[110] Barrington, "Working with Refugee Survivors", Barrington, "Giving Voice to Service Providers"; Khawaja; Schweitzer.

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Chapter 3: Bridging Chapter

The systematic review has highlighted analytical constructs which contribute to the experiences of mental health professionals supporting forced migrants. Each of these constructs encompassed both challenges and facilitators, reflecting the complex nature and emotional experience of supporting forced migrant populations. Moreover, one of the constructs, 'Professionals Must Develop Specialist Knowledge and Skills', directly reflected the complex nature of working with this population. This complexity has also been found in a previous systematic review of healthcare professionals' experiences (Robertshaw et al., 2017).

In 2017 the UK received 26,350 asylum seeking applications (Blinder, 2019). Although there are no official figures of how many refugees there are in the UK, the number was estimated to be around 123,000 in 2015 (UNHCR, 2016). This would comprise approximately 0.2% of the UK population (Office of National Statistics, 2017). Whilst there is a plethora of research regarding professionals' experiences of working with forced migrants, as evidenced in the systematic review, there is a dearth of research considering how volunteers experience supporting forced migrants. This is particularly pertinent given the reliance on volunteers to support the population in the UK (Wren, 2007). Wren outlines how increasing politicisation of refugee policy has resulted in a trend of reducing public expenditure for forced migrant support. Furthermore, shifting political context favouring neo-liberal welfare policies since the 1980s has resulted in a reduction in funding and resources available to state services generally, and has thus increased reliance on the voluntary sector in this respect also (Wren, 2007).

According to Sales (2000) the boundaries between statutory and voluntary previsions for forced migrants have become increasingly confused. The National Asylum Support Service (NASS) is responsible for the provision of housing and welfare support for forced migrants. Local councils hold the responsibility for providing all other statutory services, including education and health (Wren, 2007). Given that UK dispersal policy relocates forced migrants to areas with vacant housing, which are likely to be socially deprived, the Home Office actively encourages the use and expansion of voluntary sector provision and local agencies to support forced migrants (Home Office, 2002; Home Office, 2001; Zetter and Pearl, 2000). Moreover, according to the Audit Commission (2000), dispersal areas should be able to develop voluntary and community support services to contribute to the availability of "appropriate and effective support services" (Wren, 2007). Mayblin and James (2018) claim that the absence of the right to work and insufficient welfare support for forced migrants in the UK create levels of poverty which necessitate additional support, which is not provided through statutory services. This creates further need for and reliance on voluntary and charitable organisations in the support of forced migrants. Furthermore, in focus groups of multi-agency networks providing support for forced migrants in Glasgow, Wren (2007) identified that the volunteers felt statutory services were often unable to meet the needs of forced migrants. The volunteers in the focus groups also expressed that their role was far more vital than they had expected it would be. As opposed to supporting statutory services, at times they were the main providers of services. Thus, volunteers comprise a significant part of the support for forced migrants in the UK.

The locality in which the research was conducted is a dispersal point in the UK; an area the Home Office moves forced migrants to for accommodation as part of

the Government dispersal policy implemented in 2000. Thus, support for forced migrants is an issue with direct local implications. The area has a number of third sector organisations, largely reliant on volunteers, who are involved with supporting forced migrants placed locally. According to local organisations, not only are statutory services scarce, but they are difficult for forced migrants to access due to issues such as language barriers, as the services are not equipped to provide for this specialist population. Moreover, research conducted in the local area indicates that there are number of barriers to both seeking and continuing to access local mental health services for forced migrants (Franks, Gawn & Bowden, 2007), which may further contribute to a reliance on volunteers locally. Given the issues outlined above, there is a need to consider how these volunteers experience their roles. This will be the focus of the empirical research paper, which will advance our understanding of the emotional experiences of volunteers. It will provide some indication of the challenges and support needs for volunteers and identify subsequent implications for service design and development.

Volunteer Mentor Experiences of Mentoring Forced Migrants in the United Kingdom: An Interpretive Phenomenological Analysis

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Abstract

Research demonstrates the complex nature of supporting forced migrant populations. However, there exists almost no research regarding volunteer experience of supporting forced migrants. This study explored the experiences of volunteer mentors' in the United Kingdom. Eight participants were recruited from a single charitable organisation. Data were collected using in-depth, semi-structured interviews and verbatim transcripts were analysed using Interpretative Phenomenological Analysis.[1] Four superordinate themes emerged: Paralyzed by Responsibility and Powerlessness, Weighty Emotional Fallout, Navigating Murky Boundaries and Enriched with Hope, Joy and Inspiration. Participants experienced a range of emotions as a result of their mentoring: from distress to inspiration. Findings suggest focusing on achievable changes helps mentors. The mentoring relationship is hugely important to mentors but also requires careful navigation. The findings suggest that, whilst a fulfilling experience, support is required for volunteers mentoring forced migrants. Theoretical implications and suggestions for organisations, clinical applications and future research are made. The relative strengths and limitations of the study are considered.

Introduction

It is well documented forced migrants typically experience numerous traumatic events.[2] This population has exacerbated rates of Posttraumatic Stress Disorder (PTSD) and other mental health difficulties associated with trauma.[3] A systematic review of the literature estimated a prevalence of between 7% and 17% of diagnosed PTSD in refugee populations,[4] with high rates of co-morbidity, although this does not account for those who have not accessed services or with unrecognised difficulties. Supporting this population can therefore be challenging and is associated with a wide range of psychological implications for healthcare professionals.[5]

Several models seek to explain the effects of working with traumatised populations. It is proposed that responses akin to direct traumatic experience, such as loss of predictability of the world and shattered beliefs, occur,[6] resulting in experiences and behaviours like those in PTSD.[7] Beneficial psychological changes, including growth in self-perception, inter-personal relationships and life philosophies may also occur.[8] Figley and Ludick's 'compassion fatigue resilience model' (Appendix D) proposes a framework where empathic concern and exposure to suffering contribute to development of secondary traumatic stress, which is acted upon to create compassion fatigue resilience.[9] Protective factors contribute to the state wherein adaptation and coping abilities have been attained. The authors highlight that specialist training is often required to access protective factors. Although these models acknowledge some complexity of experience of working with traumatised populations and the importance of systemic context, they do not seek to explore what this experience *is like*. Qualitative exploration of experience could inform our understanding of this complex process, and further our psychological understanding of the meanings ascribed to supporting forced migrants.

This could improve support for those supporting forced migrants whilst contributing to the theoretical literature.

Professional experiences supporting forced migrants

A wealth of qualitative literature indicates that professionals who support forced migrants experience complex emotions and profound changes.[10] High levels of distress are consistently reported, particularly when hearing about forced migrants' traumatic experiences.[11] This has been conceptualised as 'vicarious trauma' and 'burnout' in healthcare professionals and therapists.[12] A study of twelve refugee centre staff, holding practical and supportive roles, highlighted the range and scale of clients' difficulties and the pressure this carried for them, describing structures they worked within as limiting.[13] Some participants cited feeling overwhelmed and traumatised. Whilst this study offers important insights into experiences of employees supporting forced migrants, lack of clarity around participant job title, role and training makes the content difficult to contextualise. In a novel thematic analysis with 13 counsellors working with forced migrants in London, participants described themselves as feeling conflicted and sometimes helpless.[14] They described uncertainty about appropriate responses to clients' harrowing stories and distress, and feeling unsupported due to limited resources. Moreover, interpreters working with forced migrants described intense feelings, mirroring the clients' emotions when listening to their accounts, particularly when they had had similar experiences.[15]

Several studies have identified difficulties with boundaries. Interpreters experienced difficulties identifying appropriate boundaries due to a lack of training and supervision.[16] Counsellors experienced boundaries as harder to maintain due to

the population's 'specialist needs', although explicit exploration of how and why boundary maintenance was challenging was omitted.[17] Studies consistently highlight the importance of training, supervision and personal coping strategies in managing these distressing experiences.[18] Supervision may be useful for making sense of traumatic accounts heard. Individualised coping strategies also aid management of feeling shock and distress.[19]

Conversely, the benefits to working with forced migrants are also reported. Therapists described their work as meaningful and rewarding, some reflecting existentiality and on personal circumstances.[20] They spoke of feeling wiser, 'richer' or 'deeper' and more able to live in the moment because of their work. Interpreters also reported improvement in personal qualities and life outlook.[21] 'Not for profit' staff felt their work reinforced their beliefs and values and gained enjoyment from seeing clients 'grow', although staff roles were combined in the study meaning specific associated roles cannot be identified.[22] These benefits were sometimes conceptualised as 'vicarious post traumatic growth' or 'vicarious resilience'[23] and these vicarious responses were described as 'transformative' for trauma therapists.[24]

Volunteer experiences supporting forced migrants

Volunteers are commonly involved in supporting forced migrants in the UK, however, often do not have professional experience and training to draw upon and may not be offered supervision.[25] Wren raises concerns regarding the reactive nature of service provision and large responsibility placed on voluntary and charitable sectors to meet needs unmet by statutory services.[26] Furthermore, research with 25 volunteer organisations offering befriending programs for refugees in Australia, Canada, England, and the United States indicates that organisations feel their

volunteers can become overwhelmed by refugees' complex needs and traumatic experiences.[27] Given these factors and the findings regarding professionals' responses to hearing forced migrants' stories, and the reference to the value of supervision, it is therefore important to consider the experiences of volunteers supporting forced migrants.

Only one study regarding volunteers was identified. Jones and Williamson sought to explore the roles, motivations and experiences of eight volunteers working in Glasgow with forced migrants using a framework analysis.[28] Some described their relationship with those they supported as a friendship and named these relationships as the most positive aspect of their work. Participants reported finding it particularly stressful and upsetting when those they supported were refused asylum or made destitute. Boundaries and directly and indirectly witnessing traumatic events were identified as a struggle, however this was not explored. All participants placed value on support, however most felt little was available – partly due to resource and funding limitations. Whilst this study provides some understanding of volunteers' experiences, it is brief and acknowledges the limited insight it provides, emphasising the need for further research.

In summary, studies demonstrate the complex nature of experiences related to working with forced migrant populations. Although several studies seek to document and explore the experiences of professionals, there is almost no research regarding volunteers' experiences. Research has highlighted the challenge in listening to the traumatic accounts and stories of forced migrants, the importance of training and supervision and difficulties with boundary maintenance. Although volunteers may have access to less support for their own needs than employed professionals do, they are often relied upon to support forced migrants in the UK.

This study therefore aims to explore the experiences of volunteer mentors supporting forced migrants in the UK.

Research question

Since this study is discovery orientated, the study research question is broad and open-ended: What are the experiences of volunteers supporting forced migrants in the UK?

A secondary question, given professionals' experiences of hearing forced migrants' stories, is: How do volunteers make sense of the stories they hear in their roles?

Method

Design

A qualitative design employing semi-structured interviews and Interpretative Phenomenological Analysis (IPA) was used to generate in-depth accounts of experience.[29] This was considered appropriate given the lack of prior research and interest in exploring individuals' experiences of this phenomenon within its context.[30] This also aligns with the ontological and epistemological position of IPA and the first author: grounded in critical-realism and contextualism.[31] Ethical approval was obtained from the Faculty of Medicine and Health Sciences Research Ethics Committee at the University of East Anglia.

Participants

Participants were eight volunteer mentors recruited from a single charitable organisation in the East of England, who typically met their mentees once a week for 90 minutes. Their role was to support mentees in reaching individualised, collaboratively set goals. Recruitment was purposive to select a sample most relevant to the research question.[32] In accordance with the philosophical underpinnings of

IPA, a homogenous sample were recruited who were 'current' volunteer mentors (active within the last six months), mentoring for more than six months, over the age of 18 and English speaking. Prospective participants were excluded if they were a qualified professional in a relevant field (such as social work, counselling, psychological therapies or mental health) or had lived experience of forced migration, since this would change the sense making of their volunteer experiences. Further demographic information was not collected in the interest of preserving anonymity. The researcher used a reflective journal and discussions with the other authors to consider the potential influence of pre-conceived assumptions in developing the research question, topic guide and recruitment.

Materials

A semi-structured interview guide (Appendix E) was developed with reference to previous research and consultation with the organisation.[33] The interview guide was refined through a pilot interview. In line with the study aims, questions were open ended and moved from description to interpretation and reflection (e.g. "Tell me a bit about what it is like to hear the stories of the people you work with?" to "How do you make sense of the stories you hear?" and "What changes as a result of the stories you hear?"). The guide was applied flexibly to allow exploration of participants' topics naturally as they occurred.[34]

Procedure

Informed consent was gained before participants entered the study. Participants were advised they could withdraw, in accordance with the Code of Human Research Ethics, for up to four weeks post-interview without needing to give a reason and without any repercussion.[35] It was not possible for participants to withdraw after this time frame due to the commencement of transcription and analysis, and this was

clearly explained to participants before they gave their consent. They were told confidentiality would be maintained wherever possible, excepting concerns regarding safety. Participants were offered a choice of interview settings; all selected the University of East Anglia. Interviews were audio-recorded and lasted between 47 and 77 minutes. All data were transferred and stored securely. Although the interview was designed to be benign, participants were advised they could pause or end the interview at any time and the interviewer, a trainee clinical psychologist, monitored distress throughout. Debrief information signposted participants to support resources.

Analysis

Interpretative Phenomenological Analysis aims to explore how individuals make sense of a specific experience from their own perspective, through the production of linguistically and interpretatively rich contextualised accounts. IPA's theoretical underpinnings posit that an interpretative process be used to access the meanings an individual ascribes to events. Therefore, IPA acknowledges the 'double hermeneutic', whereby the researcher uses their own understanding to interpret the participants' understanding of interest.[36]

The transcribed interviews were analysed by the first author following the steps advocated by Smith et al..[37] A reflective journal was used throughout to identify and 'bracket off' the first author's initial impressions and reflections. Transcripts were read and re-read while making initial notes. Descriptive, linguistic and conceptual codes were identified within each transcript, which was then re-read again in an iterative process. Emergent themes, identified from initial notes, were clustered into groups forming a hierarchy of themes. Not all emergent themes were utilised, and rationale for exclusion was recorded.[38] Analytic dilemmas, decisions

and rationale were recorded to ensure transparency. After the hierarchy was developed, the transcript was referred to, to ensure the themes were plausible. This process was repeated for the subsequent transcripts and, after all transcripts had been analysed, themes for each brought together to look for overarching themes. Supervision was utilised to affirm the plausibility of codes and themes during the analytic process.

Results

The analysis generated four overall Superordinate Themes present in at least half of the participants' Superordinate Themes. These Superordinate Themes were comprised of a further 10 Subordinate Themes which emerged from participants' Superordinate and Subordinate Themes developed from the transcripts. Figure 1 illustrates the structure of the themes and their relationships to the individual accounts.
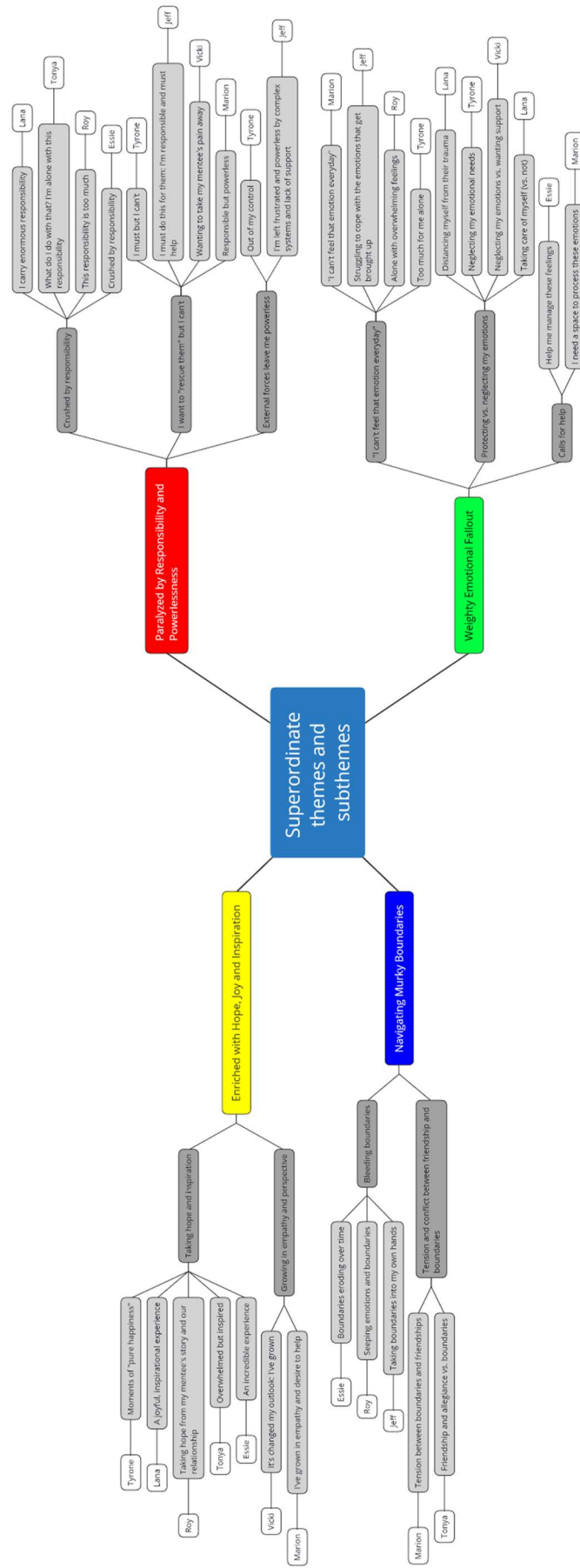
Figure 1: Superordinate and subordinate themes for the group, indicating participant contributions.

Table 1 indicates the recurrence of themes across participants.

Table 1: Recurrence of themes across participants

Superordinate theme	Number of participants contributing to theme
1. Paralyzed by Responsibility and Powerlessness	8/8
2. Weighty Emotional Fallout	7/8
3. Navigating Murky Boundaries	5/8
4. Enriched with Hope, Joy and Inspiration	7/8

Each Superordinate Theme will be discussed in detail, illustrated by individual participant accounts by verbatim extracts to explore the individuality across participants. Within this section potentially identifiable information, such as names and places, have been replaced, for example [name], to help protect anonymity. Pseudonyms have been used to protect participant anonymity.

Theme 1: Paralyzed by Responsibility and Powerlessness

Mentors felt an overwhelming sense of responsibility for their mentees, coupled with powerlessness. They heard about their mentees' experiences of settling and living in the UK, their hopes and daily challenges. They also heard about mentees worries about situations such as their 'status' or their separation from their families. Mentors felt a strong desire to improve things for their mentees and to alleviate their feelings of distress and discomfort, often driven by their personal values, sense of morality

and justice. Essie conveyed a sense of despair of being unable to do more for her mentee, and her inability to influence certain situations.

> Essie: "there's other times where I walk away thinking 'Oh my God, I can't do a thing to help this person' and 'I wish I could do more' and you know qui- just sort of concerned about the lack of power that we have perhaps to influence things"

Roy spoke of experiencing powerful emotional reactions to situations in which he felt fearful and responsible for his mentee.

> Roy: "it's quite anxiety provoking at times, like you'd be worried about him erm, or we've gotten into this mode where he'll come up and he'll go 'big problem, big problem' and my heart stops and I go what's going on, is he involved with the police, is he getting kicked out, is he going to be homeless, is he going to be"

Here, Roy's phrase 'my heart stops' creates an evocative moment denoting panic. Roy lists possible problematic situations in quick succession, suggesting tumbling thoughts. He seems to be questioning how he is going to help his mentee, and also indicates that this is a common occurrence, "we've gotten into this mode", which adds to the sense of powerlessness.

Mentors often felt pressured by this simultaneous need and inability to "rescue" their mentees. Tyrone used the phrase "How on Earth" to illustrate his hopelessness and inability to respond to a difficult situation. Jeff also questioned how mentors are supposed to help and highlighted the pressure he feels.

Jeff: "how does the mentor who may not have ever done that

before… you know got no clue how it works ….okay using the

internet you can spend an hour or so trying to find out how to do

it but that time they've got into arrears…. yes ….so they're ….so

you can rescue them once they've got into trouble yes by finding

out but actually there's no I have to say manual of how you how

someone needs to fit into how things work not society but how

things work in the UK"

Often external forces contributed to this sense of powerlessness. Roy and Jeff both spoke about feeling frustrated and powerless when interacting and liaising with complex systems such as housing authorities, councils and financial authorities on behalf of their mentees. For Tyrone, the support his mentee was getting from his school was a source of discontent.

Tyrone: "it's just like his situation and how like there aren't enough

resources for him and he's still not getting enough time like the school he's

going to"

When participants were able to identify something they could do to help, this enabled them to remain motivated and encouraged. There was a common attitude of 'as long as I'm doing something to help' I'm making a worthwhile difference, as illustrated by Marion.

Marion: "it's often a bit of a… you feel uncomfortable because you don't

…you kind of initially want to solve the problem but you can't you can't

solve anything for them so you're sort of… I mean I feel then just sort of

forced to just go …just be there for them just be present and don't panic

and go Oh God Ok what can I say, what's going to make them feel better,

you know like what ...what can we do now to distract or something and

yeah... so that's been my overall feeling like... when it is just to like really

show him that you're there and like you listen to them ...just try and yeah"

Marion identifies the unpleasant feelings she experiences from being unable to help as much as she would like. Her descriptions "you can't solve anything for them" and "forced to just" evoke a sense of helplessness and being unable to control the situation or alleviate the problem. However, Marion then identifies that just 'being with' her mentee is helpful, and her focus changes from solving the problem to supporting her mentee emotionally, "show him that you're there".

Theme 2: Weighty Emotional Fallout

The emotional toll for mentors was sometimes overwhelming, and a sense of heaviness was conveyed. Participants consistently described experiencing personal on-going distress, and occasionally horror at what they heard. Participants linked this to empathising with and hearing about mentees' situations, both past and present, and also fears for their mentee's future. One mentor voiced how experiencing and being exposed to constant distress had led to "emotional fatigue".

Marion: "you lose touch with the the emotion because it's ...you're just

confronted with it as an everyday thing and so you kind of go oh, well that's

just... can't I can't feel that emotion every day it'll be tiring to constantly be

reminding myself of how you can feel after certain like r- moments of

actually imagining you know what a horrible experience that people have

gone through"

65

Marion appeared to be tired during the interview. She struggled to form coherent sentences; "lose touch with the the" and "oh, well that's just can't", suggesting this part of her experience is disruptive and difficult to articulate. Her powerful phrase "I can't feel that emotion every day", gives a sense of being burdened. The length of her full description adds to the sense of being overwhelmed. The timing of a subsequent drink break seems important – perhaps indicating this topic was aversive to 'be with'.

Some participants tried to protect themselves by disconnecting from their mentees and emotive material, highlighting concerns regarding over connecting, predominantly in relation to burnout and becoming "ill" from too much exposure to emotive material. Lana twice referred to others' emotions as "poison", conveying a powerful and emotive sense of danger, and implying fear. Both Lana and Tyrone identified they felt achieving a good balance between connecting and not connecting was important for their own self-care, and for their mentee's experience. Lana highlighted this in her repeated use of the phrase "compassionate distancing". Lana and Tyrone located self-efficacy and responsibility within their mentees, perhaps to distance themselves from feeling overly responsible for their mentees as part of their strategy to avoid becoming too connected.

> Lana: "you can only so far help people as well so it's kind of like being compassionate and not allowing yourself to get absorbed in it… cos as soon as you get absorbed in it I think you've gone and you can't really help another cos you're in the pit with them …so yes that I'd say like you observe it and you stay focused and you know in that way you can be compassionate and throw them the stick to get them out rather than jump in and both be lost"

In this extract Lana uses a goal-orientated metaphor which denotes her having a job to do and needing to take a different stance to the mentee to be helpful. The references "you've gone" and "both be lost" indicate high stakes and danger in this scenario, and a finality to potential consequences. She is located as the more powerful and responsible individual in the pit metaphor, in contrast to the beginning of the extract where she states that you can only help people so far. However, she is at risk of being in the pit with them, which suggests a merging of selves and boundaries and of being 'brought down'. This provides a potential link to the theme Navigating Murky Boundaries. These contrasts and the hypothesised positions of being in the pit or being out of the pit convey the dynamic of power and powerlessness which seems to permeate her experience, providing a link to the theme Paralyzed by Responsibility and Powerlessness. Her 'distancing' in the metaphor allows her to not become overwhelmed and "lost" due to the emotionality of the situation.

Some mentors appeared to neglect their own emotional needs. Several suggested they ought to be able to cope because they 'had it easier' than their mentees. Tyrone commented that he would want any additional emotional support to go to mentees before mentors, and Vicki also described prioritising her mentee's feelings over her own. However, mentors also consistently described needing emotional support. Roy spoke of feeling 'disconnected' from the voluntary organisation, and isolated in his mentoring role. Essie spoke about her hopes the interview might offer a space to help process her feelings.

> *Essie: "it is more the kind of psychological things er… I mean even this,*
> *you know that's one of the reasons I thought, I thought actually it would just*
> *be quite good for me to come and talk about this for an hour or so um, so*

maybe the sort of talking aspect is is a useful thing um and if it was there,

people would use it, definitely"

Essie shares her thinking process prior to the interview itself, indicating that this was an issue she was already consciously considering, and perhaps indicating she was hoping that the space to talk might help her make sense of her feelings. She suggests that there isn't a space for her or others to talk through their feelings and "psychological" things, conveying a sense of lack of support. Her use of formal language could suggest she perceives this issue to be serious. Furthermore, some mentors commented they would not begin another mentorship – perhaps symbolising the draining nature of their experience and the lack of support available to them.

Theme 3: Navigating Murky Boundaries

Mentors often found it hard deciding where to place boundaries and were drawn to bend boundaries by their care and concern for mentees. For some (Essie and Roy) this was experienced as a gradual blurring which 'crept in'. For Jeff the desire to help was so strong he chose to forego 'the rules' in order to help his mentee.

> *Jeff: "like you think bloody hell something will happen here you know ...so I did I guess I broke some of the mentoring rules so I got ...I leant him some sleeping bags blow up mattresses camping chairs you know just to give them somewhere to sleep and sit yes... and then trying to help him hunt up some furniture"*

Jeff uses profanity to emphasise the strength of his feelings in relation to the situation. The phrase "something will happen here" suggests Jeff had fears for his mentee in the event he did not intervene, and this drove him to act. Here a link to the

theme 'Paralyzed by Responsibility and Powerlessness' is seen through Jeff's sense of responsibility to his mentee. Rather than remaining powerless, Jeff chooses to act regardless of 'the rules'.

Some participants described difficulties balancing friendship and boundaries, with most describing the relationship as a type of friendship. Participants experienced this developing naturally over time and some relaxed the boundaries of their relationship, becoming involved with their mentee's social circle (or vice versa) and spending time together informally.

> Marion: "I just can't do that with him in the same way so I'm just going to make my own judgements on like where… like how… like what the …because he needed like he he's just such a social person like he loved meeting my [relation] and like we just we were out and it was like summer time and so yeah I sort of felt like I could be a bit like more free with it and just not so … yeah I guess not sort of sectioning it off as meeting someone who needed the special help but just sort of like another human being who enjoyed …in his case at least he enjoys meeting new people and he's just very sort of outgoing and so it's kind of like cool ok then I can just be a friend"

Marion repeatedly emphases the benefit of relaxing boundaries for her mentee, also implying this was necessary to maintain the relationship. Here she may be justifying her decision to relax the boundaries, feeling that others may not approve (elsewhere she states this is discouraged). The use of the phrases 'with him' and 'my own judgements' suggests Marion sees appropriate boundaries as shifting, rather than being static.

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Tonya illustrated feeling tension between the friendship and mentoring role, referencing her reluctance to share information in group supervision and feeling 'bad', perhaps guilty, for doing so. She references the trust her mentee has placed in her and uses the phrase "grassed on" which has particularly negative connotations concerning betraying loyalty.

> *Tonya: "I'm quite close to her as well so I would be like we are friends I think …I felt bad for even saying something I don't know whether you remember I felt like I'd grassed on her in a way about what had happened… I would feel like she would not like it I was talking about certain things in front of people because we do meet and she does trust me and I trust her so we… I wouldn't do that to her anyway so I find that challenging definitely"*

The accounts suggest there is an on-going tension, judgement and negotiation regarding boundaries, which contribute to mentors' abilities to carry out their role. There was a sense of boundaries being the mentor's own responsibility, rather than a shared responsibility with the organisation.

Theme 4: Enriched with Hope, Joy and Inspiration

Despite the challenges, mentors found the experience inspiring, fulfilling and joyful. Most participants referred to their mentees as either inspirational or amazing, often this was seen as a result of witnessing resilience or courage and perseverance. Tyrone described moments of "pure happiness" and Roy spoke about feeling his "hope in humanity" had increased. Roy also repeatedly used the word 'enriched' to indicate the desirable influence his mentoring had on him. The connection mentors had with their mentees seemed to give many mentors a sense of enjoyment, meaning

and accomplishment. Lana reflected on how she had not anticipated this two-way process.

> Lana: *"I was surprised about was the amount of appreciation that I've felt you know from meeting him and what I get out of it you know because before it was like ok I'll go and help them you know the people that need my help whereas actually like every time I go I come back feeling so much more you know joyful and like… yes like just like wow you know"*

Similarly, Jeff spoke of feeling "rewarded" through his role, stating that this was what enabled him to continue with it. Tonya spoke about feeling that she had gained perspective on life.

> Tonya: *"I just think it's amazing I just look at her and think you're so strong and it is inspirational to think that the impact that someone can have on you and I don't even know… I don't even know what happened to her and she's so positive and happy and always down for a laugh and we always have a good time together and I'm always happy to see her I just think it makes you appreciate her as a person and puts in into perspective why so many people have problems that don't seem significant"*

Here Tonya speaks quickly and confidently, using 'so' and 'always' to further emphasise her belief in her statements. She also conveys a sense of warmth, admiration and respect for her mentee, sharing that she has shaped her perspectives despite not knowing the details of her journey to the UK.

Finally, some mentors felt improved in their outlook and ability to empathise with others, as described by Vicki.

> *Vicki: "it's beneficial to yourself you get to kind of reflect on yourself and how you treat people ...you learn how to listen and I think it helps you like treat people better as well... friends and family and that kind of thing"*

Marion also spoke about becoming more empathetic and sensitive to others' experiences, as did Tyrone. This theme was often revisited by participants in their closing statements. It seemed they felt the inspiration, appreciation and growth they gained was an important part of their experience which they wanted to encapsulate in a 'take home message' to the researcher. Furthermore, it seemed these experiences offered mentors some protection against the more difficult aspects of mentoring, particularly those described in the theme 'Weighty Emotional Fallout'.

Discussion

Existing literature has explored the experiences of professionals working with forced migrants, identifying this as a complex phenomenon and emphasising challenge in listening to accounts of trauma. Given the reliance on volunteers to support forced migrants, this study aimed to explore volunteers' experiences of hearing forced migrants' stories. Rather than hearing substantial, repeated accounts of mentees' journeying and historical trauma, volunteer mentors heard 'snippets' over time and most commonly heard stories of post-migratory lives and fears for the future. Participants focused largely on the emotional implications of hearing these stories, perhaps indicating the emotiveness of their experience.

Theme one, 'Paralyzed by Responsibility and Powerlessness', encapsulated mentors' simultaneous feelings of responsibility and powerlessness. Participants felt ineffective in terms of their ability to help their mentees and sometimes overwhelmed. Literature regarding volunteers, counsellors and specialist

practitioners identifies a similar sense of helplessness in relation to effecting change, linking this to burnout.[39] Experiences of dualistic hope and hopelessness were described by refugee centre staff, interpreters and mental health professionals working with forced migrants, which links this theme to the final theme 'Enriched in Hope and Joy'.[40] To sustain motivation and wellbeing, some mentors focused on the changes they were able to or had made. This could be considered a coping strategy or experience which protects mentors against overwhelming feelings of powerlessness or helplessness. Other volunteers supporting forced migrants have named seeing successful outcomes as positive, fulfilling and motivational.[41]

Theme two, 'Weighty Emotional Fallout' explored the emotional implications of the on-going distress mentors experienced. Many participants felt distress; often this involved fearing what might happen to their mentee. Similarly, volunteers interviewed by Jones and Williamson experienced distress from worrying about asylum decisions and possibilities of destitution.[42] Strong feelings of empathy and distress were experienced by counsellors and interpreters working with forced migrants.[43] This is also similar to the perception of voluntary organisations offering befriending programs, who have reported instances of volunteers being overwhelmed by refugees' complex needs and "anguishing situations" where they feel helpless and powerless.[44] Behina identifies situations where volunteers can do little to help and finding the legal aspects of helping complicated as contributing to this, which was also evident in the mentors' experiences in the present study. However, feelings of shock and trauma were not generally experienced by the mentors in this study, in contrast to interpreters and the perceptions of some volunteer organisations.[45] This difference could be due to lesser exposure to traumatic materials for the volunteer mentors in the present study.

Some mentors articulated refraining from connecting too much with mentees' emotional experiences. This was conceptualised as a self-protecting strategy to reduce likelihood of burnout, which also enabled mentors to remain compassionate and efficiently support their mentees. Figley and Ludick pose that detachment is a common self-care strategy in those exposed to trauma to retain resilience and compassion.[46] Conversely, there is some suggestion that connecting with others and with those who are traumatised aids to prevent burnout in highly emotive and distressing situations; though this research does not specifically concern supporting forced migrants.[47] Although there seemed to be conflicting positions for mentors regarding taking care of their own emotions, there was a strong and consistent sense that emotional support was needed. This has been identified as particularly important for mental health professionals working with forced migrants.[48]

Theme three, 'Navigating Murky Boundaries' considered how mentors weighed up where to place boundaries and how boundaries became eroded over time. This finding adds to existing literature which documents the difficulties in negotiating appropriate boundaries with forced migrants.[49] Some mentors chose to forgo boundaries in order to act to help their mentees and to counteract feelings of powerlessness. Counsellors have also described choosing to 'step outside of' boundaries due to feelings of impotency and a need to help forced migrants in some situations.[50] In both instances this seems to be linked to feelings of moral imperative to help others in dire or unjust situations.

In the current study, mentors usually considered themselves becoming friends of their mentees, yet recognised boundaries were needed. Not only are participants supporting a population with specialist needs, but the nature of their role requires the formation of a strong relationship.[51] Fell and Fell detail difference

between befriending and friendship.[52] They discuss how befriending involves being in a more powerful position and helping another, whereas friendship is defined as a mutually beneficial relationship. However, aspects of both are relevant for mentors. Mentors have a position of relative power and are supporting mentees; however, they also see the relationship as a friendship from which they too are benefiting. Therefore, it is sensical that confusion and difficulties in implementing boundaries may arise. Existing literature suggests that good supervision and training is integral to reducing this difficulty for those supporting forced migrants.[53] Hoad argues that organisations must be responsible for supporting volunteers in creating and maintaining consistent boundaries through on-going supervision.[54] Gilbert specifically advocates the use of reflective practice and supervision in considering boundaries and obligations to service users in professional roles.[55] Furthermore, supervision has been shown to reduce stress and burnout when working within emotionally challenging settings.[56] Theme four, 'Enriched with Hope, Joy and Inspiration' encompassed the energising and hopeful aspects of mentors' experiences. Many related this aspect of their experience to the connections they enjoyed with their mentees. Other research with volunteers supporting forced migrants cites the relationship as the most positive aspect of their work.[57] The relationship experience was identified as a superordinate theme in a study of therapists experience.[58] Moreover, compassion and relating to forced migrants was interpreted as a protective factor against vicarious trauma for refugee centre staff.[59] This aspect of the mentors' experience may potentially have benefits in relation to managing the distress they also experienced, therefore.

Mentors spoke passionately about feeling inspired, fulfilled and having grown in their appreciation for life and their empathy for others. They conveyed a

sense of renewal and enrichment through their experiences and often through witnessing resilience from their mentees which seemed to positively influence the way they saw their lives. These experiences are similar to those of others who work with or support forced migrants. Interpreters have also described a sense of joy, admiration, reward and aspirations to live deeper more meaningful lives from working with forced migrants.[60] Trauma therapists have reported gains in empathy, compassion, tolerance and sensitivity and appreciation of life.[61] Similarly, mental health professionals, therapists and counsellors working specifically with forced migrants report a variety of enriching changes, including feelings of reward, appreciation, satisfaction, privilege, change in life philosophy and sense of purpose.[62] Hernandez-Wolfe and colleagues describe the interaction between distress and these responses as "profound intertwined experiences of pain, hope and joy".[63] In the current study these enriching experiences appeared to be highly important to the wellbeing of mentors and to their continuation in their roles. Despite only formally taking 90 minutes of mentors' weeks, the diverse and deep emotional responses explored here seem to suggest the mentoring experience has important meaning and significance for mentors, and, potentially, has implications for some which influence their lives more widely.

Implications

This study has a range of implications for theory, service design and clinical application. Theoretically, this research has provided an initial understanding of what voluntarily mentoring forced migrants in the UK is like. It has highlighted emotional challenges, the sense of responsibility mentors feel and the importance of feeling efficacious. Although participants experienced feelings of powerlessness and distress, they also felt hopeful, encouraged and fulfilled by their mentoring.

Organisations in the UK using volunteer mentors to support forced migrants may need to attend particularly to trauma, self-care and boundaries in training, even when roles do not involve direct trauma work. Given the distress and dilemmas experienced by participants, specialist supervision with a validating, emotional focus should be provided wherever possible. Support from psychologists or other professionals proficient in supporting those working with traumatised populations may be advantageous. It is recognised that organisations may be charitable, and resources may be limited; however, investing in these areas might aid sustainability by improving volunteer retention, resilience and efficiency. Organisations may wish to consider how to monitor volunteer wellbeing and create non-stigmatising avenues for those struggling.

Strengths and limitations

This study provides an exploration into a novel research area using methodology particularly suited to this end. It provides greater understanding of the homogenous experience of regularly voluntarily mentoring forced migrants in the UK, attempting to give an idiographic and interpretive account of this. The epistemological approach is consistent throughout, and steps have been taken to strengthen the quality of the approach, for example by the inclusion of a pilot.

There are, however, several limitations. Firstly, Interpretative Phenomenological Analysis uses context to locate the phenomena being explored and to give greater detail of the population where the findings arise. Confidentiality limited the context possible to provide, and this limits the extent to which results can be interpreted by the reader. Secondly, the sample was self-selecting, and therefore the participants may have had traits or commonalities not shared by those who did

not elect to participate. Several participants reported other mentors having difficult experiences regarding learning about their mentees' experiences of trauma or due to difficulties in supporting someone experiencing the effects of traumatic experiences, who were largely unrepresented in the sample. This may have been due to the recruitment strategy, which predominantly took place at the organisation volunteer meetings. Potentially these mentors were not present at meetings or felt too overwhelmed to participate in the study. Finally, one could further increase sample homogeneity by focusing on experiences of mentoring a specific age group or demographic. This was not possible in this instance due to the sampling pool.

Future directions

There are many possible areas for further research. This could investigate further the scope of distress experienced in this population and consider how to monitor and improve wellbeing. Since this study has highlighted the importance of the mentoring relationship and of supervision, research into what facilitates a 'good' mentoring relationship, or how mentors can manage a difficult relationship would be appropriate. Similarly, research into how supervision is experienced, or evaluating supervision for this population is highly important. Research could also explore the experiences of volunteers with different roles, or those located in different organisations and geographies.

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Chapter 5: Extended Methodology

The following section elaborates on, and provides additional information to, that material about methodology presented within the empirical research paper, that was excluded due to space limitations. A detailed rationale for the use of Interpretative Phenomenological Analysis (IPA) is presented alongside the author's reflexive stance regarding the research area. Furthermore, additional information regarding the study design, participants, recruitment, ethical considerations and quality assurance is presented. The analytical procedure is detailed with examples from the analytic process.

This study aimed to address the current gap in understanding the experiences of volunteers supporting forced migrants in the UK. Given previous research, which suggested professionals supporting forced migrants find hearing their stories particularly pertinent and challenging, the research question asked "How do volunteers supporting forced migrants make sense of the stories they hear in their roles?"

Methodological rationale

Ontology and epistemology

Ontological and epistemological positions are fundamental to research questions and methodology, since the positions taken affects the questions which can be asked and also determine how and what sort of findings can be sought (Smith & Sparkes, 2006). Ontology is concerned with the nature of existence and reality or being. The related concept of epistemology concerns how we can acquire knowledge and whether it is deemed reliable (Harper & Thompson, 2011). According to Braun

and Clarke (2013) different ontological positions exist on a continuum between relativism and realism. Similarly, epistemological positions exist on a continuum between constructionism and positivism. A relativist and constructionist position poses that there is no objective truth or reality; rather, all that we 'know' is constructed by our thoughts and through dialogue. Thus, there are multiple constructed realities, none of which are more or less valid and that can be interpreted in diverse ways. By contrast, a realist and positivist position poses that there is a single truth or reality which is separate from ourselves, which can be accessed through the empirical method. A critical-realist and contextualist position posits that there is no one truth, however truths within a specific context – as opposed to a universal truth – can be sought. Research findings are therefore situated within the social context within which the research has taken place (Fletcher, 2017). In this case, a critical-realist position is taken, and the context in which the phenomena is situated is explored in the introduction and bridging chapters.

Rationale for IPA

Interpretative Phenomenological Analysis is a qualitative research method, developed by Smith (1996), which sets out to "capture the experiential and qualitative, and which could still dialogue with mainstream psychology" (Smith et al. 2009, P. 4). The approach is especially used for understanding under-examined, novel or complex phenomena, since it aspires to offer an in-depth, rich understanding of the phenomena. This understanding can then be furthered through additional exploration. IPA seeks to both 'give voice' to the participants and also 'make sense' of these voices from a psychological perspective (Larkin, Watts & Clifton, 2006). IPA is concerned with how individuals make sense of personal, life

experiences, since its philosophical underpinnings propose that one must understand experience in order to understand the world (Shinebourne, 2011). An experience may be described as follows:

> *Whatever presents itself as a unit in the flow of time because it has a unitary meaning, is the smallest unity which can be called an experience. Any more comprehensive unit which is made up of parts of a life, linked by a common meaning, is also called an experience, even when the parts are separated by interrupting events (Dilthey, 1976, p. 210, as cited in Smith, Flowers & Larkin, 2009, p. 2)*

Thus, volunteering with forced migrants can be considered an experience due to the commonality of purpose and meaning within the voluntary action, despite time occurring between these events.

IPA adopts a critical-realist position; it assumes that whilst there is a reality, it is impossible to directly access another person's reality. This position is strongly aligned with interpretative and hermeneutic tradition, which posit that in order to make sense of another's experiences, one must 'look through the lens' of their own experiences (Heidegger, 1962; Larkin et al., 2006). These lenses will inevitably differ since individuals cannot be separated from the context of their world. This therefore requires the researcher to interpret their understanding of the other's reality and renders the researcher's role as fundamental to IPA research through the "double hermeneutic" (Smith & Osborne, 2003; Smith, 2004). Additionally, the researcher must reflect on and be reflexive towards their own experiences and assumptions and their role in data generation, continually grounding their interpretation in the data (Shinebourne, 2011). IPA is therefore particularly suited to research which is

concerned with personal, subjective sense-making experiences within a given context, such as exploring the experiences of volunteers with a common role supporting forced migrants in the UK.

In undertaking IPA, specific attention is given to phenomenology, hermeneutics and idiography. Though concerned with the specific experiences of individuals in relation to specific phenomena, it acknowledges that these accounts cannot be separated from the context within which they are situated nor the experiences of the researcher interpreting the data (Shinebourne, 2011). These related concepts will be explored in greater detail below, further outlining the rationale for the use of IPA in this research.

Phenomenology

Phenomenology is the philosophical approach to the study of experience, or what a phenomenon *is like* to us as we consciously experience it. This involves studying the 'person-in-context' (Larkin & Thompson, 2012; Larkin et al., 2006), where the meaning of an experience to a given participant is considered alongside its significance and context for that participant. Therefore, phenomenological philosophy is interested in the specific qualities of the lived world being investigated, and the sense-making related to this (Finlay, 2011, p.3). This study asks what it is like to be a volunteer supporting forced migrants in the UK, and how volunteers make sense of the stories they hear in their roles. In order to be phenomenological, the researcher must actively engage in conscious meaning-making about the phenomena during the research process (Finlay, 2006).

Husserl, credited as the father of modern phenomenology (Larkin et al., 2006), argued that "reduction" must be used to study conscious experience, through bracketing-off one's pre-conceived assumptions and understandings. Doing so reduces one's subjectivity and allows one to see the phenomena as it 'really is' (Smith et al., 2009, p.12). It has been argued that "reduction" is not fully achievable, however, since we are inextricably linked to the world and our own understandings, often related to our culture and the time in which we live. Instead, it has been argued that the context of our experience and the 'phenomenological attitude' should be emphasised (Smith et al., 2009; Smith, 2011). If we cannot separate from our lived experiences, our attempts to understand another's are definitively interpretive. In Husserl's 'phenomenological attitude', the researcher focuses on being open and curious towards their research and are receptive to unexpected and surprising findings. Heidegger also posits a strong association between being and language, arguing that language choice reveals phenomena through giving information about how a person feels about their experiences (Olafson, 1993, p.119). Thus, the language used by participants in this study has been included in the interpretation of their lived experiences.

Hermeneutics

Hermeneutics, the theory of interpretation, concerns with how we work with the context of data production and the context of interpretation to best approximate the original meanings (Smith et al., 2009, p.22). Richer accounts offer greater opportunity for understanding original meanings. Schleiermacher emphasised that interpretation concerns both grammatical and psychological interpretation; whilst each person uses discourse in their own – continually developing – manner, it is

understood via the "totality of language" (Schleiermacher, 1998, p. 9). This is relevant to this research, as the way in which participants understand their own experience will influence the way the researcher makes sense of their experience. Heidegger argued that hidden meanings could be discovered from accounts through the process of interpretation (Moran, 2000). Both he and Gadamer (1960; 1990) construe interpretation as a dynamic process, whereby the researcher uses their sense-making to interpret that of the participant. Through this process, the researcher becomes aware of their pre-conceptions and can then 'look beyond' these.

IPA is most interpretative in the interviewing and analytic stages of research. However, the interpretation is again dynamic rather than linear. This can be conceptualised as the "hermeneutic circle" (Laverty, 2003; Annells, 1996), where the researcher moves between the part and the whole; which each influence the researcher's understandings of the other. In order to understand the whole, the component parts must be understood; yet to understand a part the whole context must be understood. The hermeneutic circle is therefore a circular process present at many parts in IPA research (Smith et al., 2009, p.29). In this study, the researcher experienced the circular process whilst analysing sections within transcripts and also when looking across the overarching superordinate themes and the individual's main themes (in terms of phrasing, for example). Moreover, the study findings will have inevitably been influenced by the researcher's own personal experiences and values through the interview process and the analysis. This will be explored further below.

Idiography

Contrary to the majority of psychology, idiography concerns prioritising the particular, and individual accounts, over attempts to generalise. It can be argued that

using aggregated data from large corpuses to make predictions about individuals is flawed (Smith, 2004; Smith, Harré & van Langenhove, 1995). IPA aspires to undertake a deep, contextualised analyses of the phenomenon under study (Shineborne, 2011; Smith et al,. 2009, p.37). It explores how a certain individual experiences a particular phenomenon and makes sense of it, and utilises small homogenous samples to do so. It prioritises the individual's experiences and perspectives concordantly with its hermeneutic and phenomenology approaches. As opposed to refraining from any generalisation, IPA allows the possibility of generalising where the context is explicitly detailed, and homogenous sampling is used. Thus, the findings of this study may be utilised to examine similarities and differences to other volunteers supporting forced migrants in the UK.

Given that this research endeavours to explore individual participants' experiences – without the influence of pre-conceptions, as far as possible – an idiographic approach is appropriate. This allows more detailed exploration and interpretation of what voluntarily supporting forced migrants and hearing their stories is like for participants. Furthermore, the lack of prior research in this area further supports the use of a research approach which seeks to generate rich and in-depth data and interpretation, rather than an approach such as thematic analysis, for example. The use of IPA encourages a more curious approach to this under-researched area. Moreover, IPA is the more epistemologically consistent approach appropriate to the level of current evidence in this instance.

Method

Understanding the context around participants' experience

During the project design phases of research, the lead researcher attended a training day for local organisations who used staff and volunteers to support forced migrants, in addition to an IPA workshop, migration conference and refugee talk. In keeping with Yardley's quality concepts (2000), the purpose of this was to improve the understanding of, and sensitivity to, the context within which the participants' experiences existed. The researcher's initial impressions were captured in the following journal entry:

During the training I observed that our local services are very aware of potential challenges for volunteers and seem proactive – more so than I had expected. I witnessed a live example of the emotional toll and visible distress this kind of work can take on staff supporting forced migrants. Although others responded caringly, there was no solution or process to support the staff member. My impression was that, although this is a caring community, there are perhaps few formal sources of support.

The researcher was mindful to not make inferences about participants' experiences based on this event, but rather to gain a sense of potential parts of the participants' worlds which elicited curiosity and might be explored in the research.

Developing the interview guide

An interview guide which addressed key topics was developed. This process was informed by relevant prior research, supervisory discussions about potential areas of interest specific to the research question and the lead researcher's reflections

from the training day. The initial draft was then utilised in a pilot interview with a staff member of the recruiting organisation, who had volunteering experience. This aimed to ensure the questions were pertinent, sensitive and elicited rich discussion. The pilot interview highlighted that volunteer mentors may be unlikely to hear many accounts of journeying to the UK, which led the lead researcher to reflect on their assumptions about what 'stories' volunteers might hear in their roles. Following the pilot minor changes were made to the interview guide, which was then finalised.

Participants

The eight participants all volunteered at the same voluntary organisation as mentors, one of several voluntary roles available at the organisation. For five of the participants this was the only role they held with the organisation, however two of the participants also held a second voluntary role and one participant had held a separate paid role for a fixed amount of time. These participants were asked to focus on their mentoring experience specifically for the purposes of the interview. They were included in the study due in part to the size of the potential sample pool and time constraints of the study. However, it also appeared to be common for volunteers to participate in more than one activity at the organisation; there were also additional discrete volunteering events that volunteers had the opportunity to take part in regularly. Thus, it was felt to be a part of a typical voluntary experience for participants to be involved in the organisation in more than one way.

One participant had been mentoring for over a year and a half, three had been mentoring for between a year and a year and a half, and four had been mentoring for between six months and a year. All had completed the relevant training provided by the organisation, however this training had evolved over time and so had varied

somewhat between participants. Follow-up training was not offered. Seven of the participants met with their mentees weekly on average for approximately 90 minutes. One participant met with their mentee less frequently due to engagement difficulties.

A ninth participant had been recruited for the study and was interviewed, since they self-selected as being eligible for the study. However, during the interview it became apparent that this person had taken on a more formal supportive arrangement with their mentee soon after beginning their mentoring. This arrangement meant they were part of a formal care plan for the mentee and provided a significant number of hours of support each week, in contrast to the informal arrangement of mentoring of up to approximately 90 minutes once a week. This case was discussed in supervision and it was felt that they did not satisfy the inclusion and exclusion criteria for the study. Moreover, the nature of their role and involvement with their mentee was not homogenous with the rest of the sample and it would therefore not be appropriate for them to be included in an IPA analysis. This participant was therefore excluded from the study.

Recruitment

The organisation manager was approached with a letter of introduction (Appendix F) and provided with an information pack comprising participant information sheet (Appendix G), consent form (Appendix H) and study advertising poster (Appendix I). The organisation manager had been involved with the study conception from an earlier stage, since the organisation wished to learn more about the emotional impact of volunteering on their volunteers. Three strategies were used for recruitment. Firstly, the researcher attended volunteer meetings to promote the study, secondly the organisation circulated emails detailing the study (Appendix J)

and thirdly advertising posters were placed in the organisation. Study information sheets were disseminated to prospective participants through these means. Prospective participants were invited to email or telephone the researcher to discuss participation and were also able to approach the researcher after the meeting if they wished. Six of the participants were recruited through the volunteer meetings held at the organisation, and the remaining two emailed the researcher in response to either receiving the emails or viewing the posters.

All participants were contacted and given the opportunity to ask questions, and their eligibility discussed with them. If eligible and still interested, an interview date and location was arranged. Participants were given a choice of being interviewed at the organisation or at the University of East Anglia. All elected to be interviewed at the university. At the start of the interview participants had the opportunity to re-read the participant information sheet and ask further questions. Written, informed consent was then obtained.

The extent of involvement of the organisation in recruitment was considered as it could possibly bias the sample. However, it was felt that this was the most efficient and ethical way to approach participants (as opposed to the researcher contacting prospective participants directly). Efforts were made to keep the interviews separate from the organisation to increase the sense of separation and safety for participants, although participants were offered the opportunity to be interviewed at the organisation for their convenience and potential comfort.

Sample size

Whilst there is not a set sample size for IPA (Pietkiewicz & Smith, 2012), IPA studies tend to use smaller sample sizes to maintain their idiographic approach

(Eatough & Smith, 2008, p. 186). In addition to attention to a case-by-case approach, sample size is also influenced by the richness of the data (Smith & Osborn, 2003). The aim in IPA is to achieve a data set which remains idiographic in analysis, but which provides suitably rich data to answer the research question. Turpin et al. (1997) recommend a sample size of six to eight for clinical psychology doctoral IPA studies; a sample of eight was utilised in this study. Further, this is consistent with the size of six to eight identified as suitable for IPA studies by Smith and Eatough (2007). There is some variation in the recommended sample size for clinical doctoral theses, however. Smith, Flowers and Larkin (2009) recommend three to six participants, especially when the researcher is inexperienced. This will be explored further in the critical discussion and evaluation.

Ethical considerations

Ethical approval was obtained from the Faculty of Medicine and Health Sciences (FMH) Research Ethics Committee at the University of East Anglia (Appendix K). Since the study did not involve NHS bodies, staff or service users, NHS Ethical Approval was not required. The researcher attempted to seek peer review from a patient participant involvement (PPI) panel, however a panel covering this specific topic area was not available. Although one PPI panel was open to reviewing the research, they were not available within a suitable time frame to meet the time constraints of the research. Since an appropriate PPI panel was not available to review the study, the researcher liaised with the organisation involved in the research to ensure appropriateness and applicability of the research. The guidelines of the BPS Code of Ethics and Conduct (2018) and BPS Code of Human Research Ethics (2014) were followed throughout the research process.

Informed consent was sought as detailed above, at least 72 hours after the participants had first seen the participant information sheets and verbally agreed to take part in the study. Care was taken to ensure participants had understood what they had read. Participants were reminded that their participation was entirely voluntary before the interview began, and it was explained that they could pause or end the interview at any time. They were reminded they had the right to withdraw from the study at any time until four weeks after the interview, without needing to provide a reason. It was explained the time limit was due to transcription and potentially analysis starting after this time. Questions were actively encouraged at all points of the interview process.

Confidentiality was maintained throughout the study. Prior to giving consent, participants were informed that anything they disclosed that implied risk of harm to themselves or another would need to be shared accordingly following discussion with the study supervisor, but that wherever possible they would be made aware of this. Interviews were recorded on a digital recording device. Data were stored on an encrypted media device and transferred in a locked briefcase. Only the researcher and primary supervisor had any access to the data. Extracts of the transcripts were shared with both supervisors during supervision. Transcripts were anonymised using randomly generated pseudonyms to protect participants' identities and care was taken when writing up the results and using quotes to ensure anonymity, although it had been explained to participants this could not be guaranteed. All storage and use of data conformed to UEA, Data Protection Act (1998) and General Data Protection Regulation (2018) policies as appropriate.

Whilst the study was designed to be benign in nature, it was recognised that participants may discuss sensitive material and could experience some distress during the interview. In addition to being reminded they need only share what they felt comfortable with and could pause or end the interview at any time, a non-verbal sign was agreed at the start of the interview to indicate the participant was distressed. The researcher also used their clinical skills to monitor participant distress and 'checked in' with participants if necessary and at the end of the interview. All participants reported they had found the interview an interesting and positive experience. Signposting to support services were detailed in the participant debrief sheet (Appendix L).

Whilst conducting the research, the researcher observed UEA lone working policies. All interviews were conducted on university premises within office hours, and the researcher informed her supervisor of all interview dates, times and locations. The researcher used a reflective diary to explore her emotional responses to the research and was able to use supervision to discuss further if required.

Researcher's reflexivity

In exploring their own stance, experiences and values, a researcher increases their awareness of the possible impact that these may have on the research. This can take part at many levels; in the questions that are asked, the way data are interpreted, or the way implications are construed. Given the current and highly emotive nature of the research topic, this seemed especially pertinent in the present study. The following journal extract details my own thoughts and reflections at the outset of undertaking this research.

When I think about myself and who or 'what' I am coming to this research, there are several factors which immediately stand out to me. I'm aware that my background is of middle-class British culture, I am white, relatively privileged and female. Furthermore, a large part of my motivation for completing clinical training and choosing this topic of thesis is to help others. Will I therefore want to position myself in a 'helpful', 'advocatory' role? I wonder if there is a risk I might tend to look for ways in which participants might benefit from aid and miss elements of richness in the experiences being discussed. Drawing on own my experiences of volunteering with vulnerable populations in Tanzania, I have some experience of working with people from a different culture, in different systems and with language barriers. Whilst this could help me to understand similar experiences better, I could impose my own beliefs and experience onto others and this could affect how I interpret what others say. In terms of my clinical work, I tend towards a non-pathologising and non-diagnostic stance. Could this, combined with my regular exposure to others' distress, mean that I have a tendency to normalise distress? I am aware these are aspects of myself I need to remain particularly mindful of during this research.

In my life experiences, achievements and 'doing' have always been prized – this has led me to want to 'get it right'. This could be difficult in relation to this piece of research, where there is not necessarily a specific 'right' or 'wrong', and I may find this frustrating. My ontological and epistemological stance has shifted over my career. I would now describe myself as a critical-realist, whereas I have historically held a more empirical stance. This is my first 'real' time doing in-depth qualitative research, and as a result I am feeling nervous. I am less experienced in qualitative research and find it to be less clear cut than quantitative research. Will I have a

tendency to get 'bogged down' in 'doing it right', or will this be an opportunity for me to take a freer and more reflective approach to research? As I am still developing my stance and ideology this will undoubtedly influence how I conduct the research and my confidence in my interpretations. This could, however, make me more conscientious and improve the quality of my work. Despite these reservations, I am excited to be embarking on this journey. I have a sense that this research, rather than giving me a specific 'yes/no/maybe' answer, will provide me with deeper, perhaps unanticipated findings and meanings – the thought of which invigorates me.

Although completing a reflective journal was at first alien, I came to find this a helpful way to remind myself of what I was 'bringing' to the research, and therefore what I needed to be particularly aware of if I was also 'seeing' it in the research. When the two were similar, further care was taken to ensure that the analysis was grounded within the participant's experiences by returning to the transcripts and data. This process was not static; as I embarked on the research my experiences and beliefs were inevitably being revised, and therefore the material I needed to be aware of continually developed. This has also been outlined by Gadamer (1960, p.306). Supervision was used to further aid in noticing and distancing and to ensure plausibility of the analysis. However, I also had to remain aware that my supervisors, too, had their own pre-conceived notions and motivations for contributing to this research. I am also conscious that any attempt to 'bracket off' my own experiences and perspectives will inevitably be limited, and they will therefore still have an influence on the research findings and interpretations (Fischer, 2009).

Analysis

Data analysis followed the steps outlined by Smith at al. (2009). Rather than describing a prescriptive method these are designed to be applied flexibly to the research of interest in the most appropriate manner. Braun and Clarke (2013) refer to this as a framework or an approach as opposed to a specific method. Furthermore, Larkin and colleagues (2006) suggest conceptualising IPA as 'stance' or perspective from which one might approach qualitative analysis, as opposed to a distinct 'method' per se. Details of how the steps were applied follows, and excerpts of the process for Roy are included to further illustrate the process.

Following the interviews, the researcher recorded their initial reflections, thoughts and feelings in their journal. This allowed the researcher to notice their reactions to each interview, some of which were significantly impactful. After Roy's interview, the researcher noticed their difficulty in separating their own feelings and responses from those of Roy. They reflected on how this was similar to Roy's experience of separating his own emotions from those of his mentee. The researcher then considered how this related to the double hermeneutic and paid particular attention to questioning their sense-making of Roy's sense-making. More generally, the researcher noticed how participants frequently used the interview space to advocate for their mentee and other forced migrants and required prompting to consider their own perspective and experience. However, the researcher was surprised by how open participants were in the interviews, sometimes to a greater degree than might be anticipated in a therapeutic session. The impact of this on the researcher was noticed as heightening the desire to 'do justice' to the research for the

participants, given their sharing of personal experiences and willingness to be vulnerable in aid of the research.

Verbatim transcripts for each of the interviews were produced. Four interviews were transcribed by the researcher, to allow them to become more fully immersed in the data, and four were transcribed by a professional transcriber affiliated with UEA, due to time limitations. Recordings were transferred securely and were deleted by the professional transcriber after use. The transcripts were taken in turn by the researcher and individually analysed manually to achieve further immersion. Firstly, the transcript was read several times. Initial notes of descriptive, linguistic and conceptual nature were made in the left-hand column of the transcript over several read throughs. Emerging themes were then recorded in the right-hand column in a similar process, as illustrated by Figure 1, an extract from Roy's transcript (Appendix M).

Sense of value care Repeated appreciation of	Roy: Erm, ... well ... I I- ki- again as I said I [personal details] and my mentee has become a friend of mine I think, erm he's someone that I see regularly, I see	Valuing relationship with
characteristics *'One-way friendship'* – unequal, different roles, no personal questions: <u>What does this feel like for Roy?</u> *Repetition of 'value' and hesitancy in statement of being valued in initial reference to friendship:* a true sense of being valued or a desire to? <u>A growing relationship</u> *Inhalation, 'genuineness', 'heartbreak' vivid language:* emotional investment is real, important, sense of care *'Living that with him':* feeling his emotions	him every week, erm ... I like him, I think he's a funny man, he's very personable, he's very friendly he's very kind erm, I want to know how he's getting on, I- you know what I mean I want to -I guess it's a one way friendship thought because my mentee doesn't ask me many questions, he doesn't ask me about too much erm he'll notice when I'm tired from work or things like that but he won't probe me into any more personal questions, and I don't know why that is because I'd be quite open with him about my life really, but he doesn't tend to erm.. ask questions like that so in, in some regards it is a one-way friendship, but I think he, he values me, he values the time I give him I guess and I think he knows I have a genuine interest in how he's doing and that erm …. there's a ... maybe at the start there's more of a requirement of like OK do this task, do this activity like go to the right place and ask about this and then he gets it done, now there's an actual (inhales) investment, and emotional investment in him that I have in him erm that when he rang me about you know when he rang me about two weeks ago about [event] you know what I mean there was kind of there was a genuineness to me that I wanted him to get a good house and the kind of heartbreak when he rang back to say that it was gone and that kind of … erm I'm kind of living that with him and he doesn't have anyone really … he has, he has bit and bobs of friends around the place, and I think he knows more people than he lets on and I think there's still things he doesn't tell	mentee, boundaries? Special or a-typical friendship Being valued desired – feeling friendship not reciprocated? Seeping/enmeshed boundaries Developing relationship Emotional investment in mentee Living emotions with mentee - empathy (boundaries?)

Figure 1. Extract of transcript with initial noting and emergent themes

Eventually this became a combined iterative process, whereby both notes and emergent themes were being produced, as the researcher moved between the 'part' of the extract and the 'whole' of the transcript. The original audio and journal entries

were used to inform this process and the journal was used to record the researcher's initial impressions and experience of the analytical process. The following journal extract provides an example of this:

As I continue to interact with the data, I notice my initial reaction to the concept of friendship in the mentoring experience and how this is changing. Perhaps due to my professional background in a role where friendship is not considered appropriate, initially this set off an 'alarm bell' response in me and I noticed a 'pull' to judge Roy, rather than attempt to immerse myself in his experience and world view. In focusing on trying to do this instead, I have noticed my attitude shifting towards exploring whether, for Roy, the concept of friendship might be natural, and possibly okay? In looking more closely at the data, I also wonder whether Roy is referring to certain type of friendship with specific boundaries. I am then prompted to ask myself 'What is a friendship?' and 'What is a friendship to Roy? And 'What is a friendship to Roy in this context?'. When I contextualise this within the rest of the transcript, I notice how Roy often refers to his emotions becoming merged with those of his mentees, and about stresses (elicited from care for his mentee) seeping between his mentoring and the rest of his life. I then wonder about a possible link between the merging feelings, friendship and boundaries for Roy.

The process continued until no further themes were emerging from the data. At this point the emergent themes for the transcript were collated, printed as a physical list and cut up into individual pieces of paper showing each list item. The researcher then physically moved around the cut up emergent themes in a creative process to cluster themes which were related or linked to one another, as advocated by Smith et al., (2009) for novice researchers.

At this stage the researcher again reflected on why emergent themes may be placed with one group as opposed to another, or not placed with a group at all. Some emergent themes were excluded from the analysis at this point, for example if they occurred only once or twice within the data and did not relate to a group, or if they were completely unrelated to the research phenomena. The justification for doing so was recorded. Groups which were not directly related to the research question, but which were related to the phenomena were included, since IPA is intended as an explorative research method (Alase, 2017).

Primarily, the processes of abstraction, subsumption and polarisation were used to label the groups. Particular attention was given to ensuring the labels were both interpretive and phenomenological, and labels were sometimes revised accordingly. Connections across the emergent theme groups were then sought, and the groups were arranged pictorially to reflect these connections in a hierarchy of superordinate themes and themes from the one participant. After an initial hierarchy had been established, the transcript was re-read by the researcher to ensure the interpretation remained grounded in the data. The primary supervisor also completed this 'check' on several corresponding participant theme tables and transcripts. Table 1 shows the relationships between Roy's subordinate and superordinate themes.

Table 1

Roy's Superordinate and Subordinate themes

Superordinate theme	Subordinate themes
Taking hope from my mentee's story and our relationship	Feeling inspired: taking hope Feeling appreciative Joy and enrichment Joy of our relationship and "genuine emotional connection" My relationship with my mentee enables me to keep going with the role Witnessing resilience Gaining perspective on my life
Alone with overwhelming horror	Feeling overwhelmed and horrified: my mentee's journey was incomprehensible Feeling helpless and alone I need more emotional support I need to feel connected with the organisation, not isolated Volunteers need to feel valued Feeling overwhelmed and disconnected
This responsibility is too much	Feeling responsible I can't help/fix this – what if something awful happens? My responsibility to look out for my mentee "big problem" My responsibility to manage my own emotions The responsibility is more than I expected
Seeping emotions and boundaries	My stress and my mentee's merging: it's seeping into my life Taking on my mentee's emotions Blurring friendship and boundaries Personal feelings become enmeshed with the volunteering

After this process was completed for one transcript, the researcher then

moved onto analysing another transcript and producing a corresponding theme table

for that participant in the same manner. The researcher reflected on the impact of this process on themselves as detailed in the following journal extract:

After several days of analysing, I noticed how my empathy and sensitivity to the plight of forced migrants (no doubt also influenced by several news stories, such as a Syrian refugee being attacked and 'waterboarded' at school) was heightened. I opted to spend my evening watching a film as some 'down time' and chose the film Paddington. I became emotional and very teary at several parts of the storyline (where Paddington's home is destroyed, when no one will help him when he arrives in London and when he is subsequently hunted). I found myself drawing parallels with the experiences of forced migrants and, noticed the significant impact on how I felt – experiencing feelings of sadness and despair. I wonder if this is perhaps a small insight into the experiences of volunteers, who are exposed to this type of material more often than I, and who have personal connections with the forced migrants they mentor? However, I am conscious that I need to 'put this down' before going back to the research so as not to be driven by my own experience, and therefore felt it was important to record this in this journal to 'step away from it'.

Having identified their own feelings and thoughts, the researcher approached the subsequent analysis from a 'not knowing', curious stance. Once tables of themes had been produced for each individual participant, the researcher then looked for patterns of similarity and difference across the cases. In a similar process to previously, the superordinate themes for each participant were printed and cut up so that they could be moved around and connections between them mapped out. Supervision was again used to check the rigour and plausibility of the analysis. A particular supervisory conversation supported the refinement of the analysis. This

conversation explored the complexity of the data set, which included not only volunteer mentor experiences, but mentor perceptions of mentees' experiences. It was noticed how aspects of the mentees' experiences were present in some of the themes. The researcher reflected on possible contributors to the initial confusion, considering the prevalence of advocating present in the interviews, the researcher's efforts not to 'miss anything' in the analysis and possibly the shift in focus of the project from its initial conception, which had concerned exploring forced migrants' experiences directly. This conversation led to the researcher going back to the themes and refining the content by asking the question "what did I ask and what have mentors told me about *their* experience?".

The process resulted in the four superordinate themes and ten subordinate themes detailed in the empirical research paper. Again, individual transcripts were re-read to ensure the themes remained grounded in the data. Where necessary, the names of the superordinate themes and themes were modified to encapsulate the experience of the whole sample whilst maintaining richness. Initially, the researcher noticed that whilst the themes for each participant were rich, the overall themes were dry; perhaps reflecting an attempt to distance themselves from the emotional weight of holding all of the accounts together, like Marion did in her account. Therefore, the researcher attempted to 'reconnect' with the data in order to modify the names of the overall themes whilst remaining sensitive to the phenomenology.

Final refinement occurred during the writing up phase. In order to write up the research findings, a file of extracts relating to each subordinate theme was compiled. This was used to facilitate the production of summary paragraphs condensing and illustrating the subordinate themes, as advocated by Smith et al.

(2009). These summaries were then used as the basis of the final write up, which elaborated and then again refined the findings in an iterative process. The extracts were regularly referred back to, and a main table of exemplar extracts was produced (Appendix N). Select extracts were incorporated into the findings to illustrate the analysis and interpretative process. These extracts were selected on the basis of providing a good summary of participants' experiences, of providing a particularly emotive account or to highlight difference and nuance within the subtheme.

Quality

Assessing quality in qualitative research is a disputed and controversial area with many opposing views. Whilst procedures have been developed to enhance quality of qualitative research, care must be taken to ensure these are consistent with the epistemological position of the study. For example, Lincoln and Guba's evaluative criteria (1985) for qualitative research assume that findings have a set 'truth', can be applicable to different contexts and can be repeated. This is contradictory to a critical-realist position which posits that 'truth' is context dependent and that one person will inevitably interpret data differently from another. Yardley (2000) therefore argues that quality concepts should be applied flexibly and in line with the chosen approach. Yardley proposes four "suggested concepts" to guide quality assessment. In this thesis attention has been paid to these concepts: sensitivity to context, commitment to rigour, transparency and coherence and impact and importance, and each of these will be discussed below. Furthermore, attention has been paid to the characteristics described by Smith (2011): subscribing to the theoretical principles of IPA, sufficient transparency in reporting, coherent, plausible

and interesting analysis and sufficient sampling from corpus to show density of evidence for each theme.

Firstly, sensitivity to theoretical context was increased through the exploration of literature for the systematic review and the empirical research paper conceptualisation. Reading undertaken to design the study methodology, for example sampling and interviewing, also added to this understanding. The researcher elaborated on their own socio-cultural understandings of the topic area by attending several conferences and workshops on migration and volunteering, in addition to the local training day. The reflective diary was used to explore the researcher's own thoughts and experiences, and to examine their position to phenomenology and hermeneutics. As stated by Smith et al. (2009, p.37), "without the phenomenology, there would be nothing to interpret; without the hermeneutics, the phenomenology would not be seen". The participants' perspectives were emphasised through the idiographic focus of the research and by continually returning to the data through the research process. Finally, the inclusion of extracts allows the reader to evaluate this aspect also.

As stated, the researcher was committed to the topic through their personal interests and beliefs. Since the researcher was relatively unfamiliar with IPA, they attended a workshop entitled "Getting great Data: Interpretative Phenomenological Analysis (IPA)", facilitated by IPA researchers at the University of Derby. Rigour was enhanced through the purposive sampling of a homogenous group with a common phenomenological experience, by piloting the interview schedule and through the systematic and thorough application of the IPA framework outlined by Smith et al. (2009). Whilst the data analysis explored similarities in participants'

experiences, it has also illuminated difference, thereby retaining breadth in addition to depth. Excerpts to illustrate both the corpus and individuals were selected accordingly. Furthermore, supervisory forums in the form of individual research supervision and UEA's doctoral qualitative research forum were utilised to regularly discuss and enhance the research as it progressed. Supervision was used to ensure the plausibility of the findings.

With regards to transparency and coherence, care has been taken with the presentation and reporting of the results of the study. These have been presented in a logical and detailed manner, to allow the reader to evaluate the merits of the research. The epistemological position of the research has been explicit and adhered to throughout. Examples of the reflective journal and outlining the analytic process have been presented. Additional documentation in the appendices further allows the reader to see the analytic procedure (Appendices M and N). An 'audit trail' of all documentation relevant to the study since its conceptualisation has been kept as advocated by Yin (1989).

Finally, in relation to impact and importance, this study presents a novel exploration into the lived experiences of volunteers supporting forced migrants. Given the relevance of this subject to current affairs, it is hoped the research may help us to consider how we respond to present events, and how we might support those responding. The impact and importance will be further explored in the critical discussion and evaluation.

Chapter 6: Discussion and Critical Evaluation

This chapter aims to bring together the findings of the thesis portfolio in discussion and provide an overall critical evaluation and conclusions. It will present summaries of the findings from both the systematic review and empirical research paper in relation to one another. These findings will be positioned within the context of existing literature and a discussion of their theoretical, organisational and clinical implications presented. The methodological approach and decisions will then be critically appraised. Extracts of the authors own personal reflections will also be included, to further strengthen the reader's understanding of the thesis' subjective context. Directions for future research and dissemination plans will be outlined and, finally, overall conclusions for the thesis portfolio will be made.

Overall findings

The findings in this thesis portfolio have addressed two gaps in current literature. Firstly, the systematic review has provided a thematic synthesis of our present qualitative knowledge of mental health professionals experiences' of supporting forced migrants. The three analytic constructs of 'Professionals Must be Aware of and Contend with Power Differentials', 'Professionals Must Develop Specialist Knowledge and Skills' and 'Witnessing Forced Migrants' Stories and Trauma Significantly Impacts on Professionals' encompassed a range of challenges and facilitators that mental health professionals interacted with in their work with forced migrants. Challenges included language barriers, complex or unhelpful wider frameworks and distress arising from working with trauma. Facilitators, such as peer support, organisational support and self-care helped to negate these difficulties. The

findings also indicated a number of benefits from undertaking this work for mental health professionals, including personal growth and development.

Secondly, the empirical research paper has provided a novel exploration of volunteer mentors' experiences working with refugees using an Interpretative Phenomenological Analysis. Whilst mental health professionals heard more accounts of trauma than volunteers, volunteer mentors were regularly witness to mentees' accounts of post-migratory experiences. Nevertheless, volunteer mentors experienced their roles as highly emotive and complex experiences which elicited contrasting emotions and resulted in reflections on wider human experience and life. Four overall superordinate themes arose from the analysis: Paralyzed by Responsibility and Powerlessness, Weighty Emotional Fallout, Navigating Murky Boundaries and Enriched with Hope, Joy and Inspiration.

The empirical research paper findings indicated that volunteer mentors felt compelled by their empathy and values to help and support forced migrants, which was also experienced by volunteers supporting forced migrants in Glasgow (Jones and Williamson, 2014). This is also in keeping with wider literature on volunteering, which identifies values, understanding, enhancement, protective, social and career functions as motivations of volunteering (Stukas, Hoye, Nicholson, Brown & Aisbett, 2014). Mentors experienced a strong sense of responsibility towards their mentees. In many situations mentors were unable to help their mentees in the way they wanted to, sometimes because of external factors such as the power of other systems (e.g. legal systems or local authorities). Because of this, they experienced feelings of helplessness, hopelessness and sometimes frustration. These findings were encapsulated by the theme Paralyzed by Responsibility and Powerlessness. These findings were also present in the systematic review, and in previous research

regarding volunteers supporting forced migrants (Jones and Williamson, 2014). Mentors attended to action, doing and change as markers of their success in their endeavour. When volunteer mentors were able to focus on the differences they could, and had, make this contributed to sustaining their motivation and sense of efficacy. As before, this also aligned with Jones and Williamson's research (2014). Pillavin and Siegl (2007) have also shown that a sense of "mattering" is important for volunteers' self-reported health. Mattering involves volunteers who are focused on helping others feeling that those they aim to help are aware of their support and utilise their support. In the present study mentors felt they were making a positive difference if they felt their support was making a helpful difference to their mentee's emotional state (alleviating distress, or 'being with' their mentee through difficulties) or situation.

These findings can also be related to theories of self-efficacy, a person's 'confidence in his or her ability to perform a behaviour' (LaMorte, 2016). Bandura (1999) proposed that experiences of working through problems due to one's own skills or attributes provides reinforcement of self-efficacy. Experiences of succeeding in achieving aims are proposed to enhance motivation and resilience (e.g. Mayer, 2010). Without these experiences of success, however, self-efficacy and motivation may become eroded. Social Cognitive Theory (Bandura, 1986) emphasises the importance of the environment in the process of effective learning and behaviour. When an individual is situated within a context which allows them to engage in dynamic and reciprocal interactions with the environment and behaviour, effective learning can occur (LaMorte, 2016). However, when an environment does not provide these conditions effective learning cannot occur, and the person is likely to experience feelings of low self-efficacy. This can then be related back to the

feelings of powerlessness experienced by mentors when they were not able to affect change in situations because of influences beyond their control.

The empirical research paper identified that the experience of supporting forced migrants was highly emotive and distressing. Mentors were generally highly empathetic towards the accounts and distress to which they were exposed and often felt their own distress, fear, frustration and hopelessness. This was explored in the second theme, Weighty Emotional Fallout. Many volunteer mentors felt overwhelmed at times. Some were preoccupied by the dilemma of whether to connect with the emotive material for fear of being overwhelmed or becoming burnt out. They experienced a desire both to connect and 'be with' their mentees, but also to protect themselves and remain able to help. A number of participants indicated difficulty in prioritising their own emotional needs, and tension between attending to and neglecting these, focusing rather on the needs of their mentees. Participants also conveyed a sense of lack of organisational support in relation to making sense and coping with these feelings. Similarly, in the systematic review organisational support was consistently identified as an important facilitator (and a challenge where unavailable) for mental health professionals working with forced migrants. Wider literature proposes that organization-based support and self-esteem promotes a 'sense of worth' in volunteers which protects and enhances their personal self-esteem (Mayer, Fraccastoro, and McNary, 2007). Volunteers sense of worth and combined self-esteem reflects "the perception individuals have of themselves as important, meaningful, effectual, and worthwhile within their organization" (Mayer et al., 2007). This sense of the importance of being valued by the volunteer organisation was articulated by Roy, in particular.

Attachment theory (Bowlby, 1969) has been used to inform our understanding of emotional bonds in organisational relationships (Yip, Erhardt, Black, & Walker 2018), and may potentially be helpful in understanding this specific experience, although further research would be needed to explore this. Attachment theory acknowledges the dyadic nature of social support, involving the interaction of the 'attachment system' (mentor) and the 'caregiving system' (volunteer organisation) (Bowlby, 1982). It proposes that the development of trust and felt security in relationships even under conditions of psychological distress is dependent upon the support and caregiving process, and that these processes are influenced by individual attachment style. Although attachment theory is grounded in child development, Bowlby posits that adults also require a secure base which gives them comfort and confidence in their interactions with the world. The sense of being detached from the organisation and emotionally unsupported articulated by participants in the empirical research paper suggests volunteers did not experience their voluntary organisation 'base' as being safe and secure. Thus, this does not seem to meet the conditions Bowlby outlines for establishing a secure base from which volunteers can go into the world with confidence and assurance (Bowlby, 1988). The provision of emotional support rather than purely practical or information-based support may contribute to volunteers feeling safe, heard, validated and contained by their voluntary organisation (Finlay, 2015).

The third theme, Navigating Murky Boundaries, explored the challenges and dilemmas involved with setting and maintaining boundaries for mentors. In the systematic review dilemmas and challenges around boundaries were also experienced by mental health professionals, and this was identified as an issue by several of the included papers. Whilst some mental health professionals chose to increase their

involvement and exercise their role flexibly to support forced migrants, others maintained the same boundaries they would with any other service user. In the empirical research paper, mentors often referred to making their own judgements about where boundaries ought to lie, and there was a sense their decision making was largely independent from the volunteer organisation. Most mentors described instances where boundaries had become blurred or porous, both intentionally and unintentionally. There was a theme of some volunteer mentors weighing up their 'friendship' with their mentee against boundaries; again, this finding was present in the prior research with volunteers (Jones and Williamson, 2014). As already discussed, supervision has been shown to be helpful in managing issues and challenged regarding boundaries. It may be helpful to consider how the specific needs of forced migrant populations, for example having experiences of being unable to trust others, might influence the process of creating and maintaining boundaries for those who support them. It could also potentially be helpful to consider what it is like for mentors to create boundaries for their mentees when they are providing voluntary support within a context where there is also confusion over boundaries between statutory and voluntary services responsibilities (Wren, 2007).

The final theme in the empirical research paper, Enriched with Hope, Joy and Inspiration, encompassed mentors taking hope from forced migrants' accounts and resilience, and feeling transformed in terms of their outlook, perspective and appreciation for life by this. As discussed previously these experiences were shared by mental health professionals working with forced migrant populations. Furthermore, volunteerism literature has argued that volunteering in other settings can also have desirable effects on life satisfaction and self-esteem (Thoits and Hewitt, 2001). These enriching experiences appeared to contribute to a process which protected volunteers

against feeling overwhelmed and burnt out, and which helped them to sustain motivation. High 'compassion satisfaction' is thought to offer protection against burnout in therapists working with traumatised populations through a process of 'positive reframing' (Samios, Abel, & Rodzik, 2013). This would suggest that being able to make sense of and take meaning from events is integral to resilience. Similarly, Splevins et al. (2010) proposes that it is the meaning attributed to the work which offers interpreters protection against exposure to traumatic material. Although volunteer mentors were not exposed to hearing frequent and substantial accounts of trauma, this seems to share some similarities with volunteers' experiences. Moreover, Thoits (2012) found that feeling a greater sense of purpose and meaning in life, which was again contributed to by a sense of mattering, helped volunteers to feel more confident in their role identity and improved their wellbeing.

As previously discussed, these findings seem to concur, at least to an extent, with Figley and Ludick's (2016) proposed model of 'compassion fatigue resilience'. However, although this psychological model does have some 'relational factors' such as empathic concern and empathic response, it largely focuses on the individual and does not consider the essence of the relationship and the impact of this on the experience. The research in this thesis portfolio indicates that the relationship is important to volunteer mentors and shapes the way in which their role is experienced – the sense of connection was important in these experiences of growth and enrichment. This suggests some potential dissonance between the psychological construction and how these volunteer mentors experience the process of enrichment and of increasing their resilience. Volunteers also experienced growth across several of the domains described by Tadeschi and Calhoun (1996; 2004). These include positive re-evaluation of self-worth, greater appreciation of interpersonal relationships

and changed life values and beliefs (Helgeson, Reynolds & Tomich 2006; Joseph & Linley 2008; Prati & Pietrantoni 2009). Although these findings share some consistencies with current psychological understanding of trauma and vicarious implications for 'trauma workers' (e.g. Arnold, Calhoun, Tedeschi & Cann 2005; Clemans, 2005; Ehlers and Clarke, 2000; Tedeschi & Calhoun, 1996), these explanations tend to be generalised. They do not seek to consider the specific circumstances within the experience for a particular group of people. Whilst the empirical research paper offers some indication that these responses may also be present in volunteers' mentors experiences, additional research is needed to understand the complex interplay between factors specific to this group of people.

Reflection: My initial response to the findings

The findings in relation to mental health professionals surprised me somewhat. Perhaps naively, I had initially imagined that since it is widely accepted that forced migrants have typically experienced multiple and often prolonged trauma, specialist provisions might exist for them and for the professionals working with them. By contrast, these findings suggest that even in specialist services, mental health professionals can find their roles extremely challenging, though also rewarding. The findings about the meaningfulness of this work, and the personal growth particularly interest me, perhaps because they align with my own personal views and values.

I feel the empirical research paper findings cannot be fully separated from the process of conducting the interviews and exploring and making sense of the data, and I think this denotes something of the iterative nature of the IPA process and how the findings have 'grown out of' the data. I was surprised at how personal I found

the process of interviewing participants for the empirical research paper, and how connected I felt to the mentors. This led to an increased sense of wanting to 'do justice' to the work and to produce something which authentically gave mentors a voice. This felt particularly important given even their own focus on forced migrants over themselves and leaves me questioning 'Where are their advocates?'. To me, the findings indicate we can – and must – find ways to do better at supporting those working with forced migrants, particularly in the voluntary sector.

Overall implications

Overall, this thesis portfolio has furthered our understandings of the experience of supporting forced migrants for both mental health professionals and for volunteers. The empirical research paper has not only provided the first in-depth, idiographic and phenomenological exploration of UK volunteers' experiences, but has also contributed to our understanding of supporting forced migrants who have experienced trauma without engaging in direct trauma work. This research has explored the highly emotive and diverse nature of voluntarily mentoring forced migrants in the UK. It has found that, at times, mentors feel overwhelmed, paralyzed and impotent yet responsible for their mentee whom they care for and want to help. Although they experience a significant level of emotional distress, and struggle to articulate how they processed this or how their own emotional needs were met, they also experience a range of benefits which profoundly influence their outlook and appreciation of the voluntary experience, own situation and life. Particularly in this aspect of their experience, their mentee is referenced, and their sense-making is largely centred on 'being with' another human being and sharing in their hopes, fears, joy and distress. Although volunteers play a central role in supporting forced

migrants, they may have little support to help them do this, and to manage the difficult emotions and challenging dilemmas which are a part of their volunteering experience.

Organisational implications have been discussed in relation to the populations in both papers in this thesis portfolio. Firstly, mental health service providers may need to specifically attend to involving specialist supervision or peer support and specialist training for employees working with forced migrants. This may encompass cultural competencies, social, legal and political structures relating to forced migration and specialist trauma provision. Clinical psychologists specialising in these areas may be particularly appropriate to involve in these provisions, given their comprehensive training in working with psychological distress, trauma, boundaries and reflective practice. In areas where there are forced migrant populations, service development which is sensitive to the needs of forced migrants may need to be considered. Miller and Rasco (2004) argue that an ecological approach to wellbeing grounded in community psychology, which recognises both social origins of distress and the influences of community strengths and resources, is required. This type of approach may necessitate a departing from 'traditional' or development of novel or specialist mental health services, since traditional services may not be culturally sensitive or work with distress relating to environmental influences.

Co-design approaches may aid in overcoming these barriers for traditional mental health services, particularly given the specialist needs of this population and the barriers to care identified in the systematic review, such as power imbalance and experience of trauma. The use of co-design in service development may challenge

stigma, promote feelings of safety and support participants who might have experienced trauma while promoting a sense of control, improving transparency and accessibility of services for vulnerable populations (Mulvale et al., 2019). Mulvale and colleagues (2019) identified common challenges to meaningful and sustained participation of vulnerable populations in co-designing public services through a two-day symposium involving 28 participants from eight case studies. These included engagement, power differentials, health concerns, funding, and other economic or social circumstances; which relate to the challenges and facilitators identified in the systematic review. The authors advocate prioritising relationships and flexibility in creating services for vulnerable populations and paying particular attention to power differentials. Suggested approaches include fostering trust, understanding, reciprocity, empowerment and sensitivity to cultural context and differences. Although a range of settings were included and considered in the project, none involved services for forced migrants and therefore a more in-depth consideration would be necessary in developing such a service. Nevertheless, this research may offer organisations issues and suggestions for discussion and reflection. Furthermore, as previously mentioned, there may be opportunities – or need – for information sharing and partnership working between organisations, particularly given the specialism and diversity of needs of this population. Attention to these factors could validate and reduce the challenge and associated distress for mental health professionals offering this support to forced migrants. Furthermore, it could improve the quality of service received by forced migrants, and consequently the outcomes of these interventions.

For organisations in the UK supporting forced migrants who utilise volunteer mentors, there are also a number of potential considerations. Again, there may be a

need for organisations utilising volunteer mentors to provide specific training which addresses issues relating to working with individuals who have experienced trauma, self-care and boundaries. Volunteer mentors may also benefit from a safe space where they are able to share their dilemmas in providing support to mentees in a non-judgemental, reflective and supportive environment. It may be particularly important for some form of supervision with an emotional and reflective, not purely practical, focus to be offered. Again, it might be appropriate for clinical psychologists or other professionals with specialist experience to support the development, facilitation or evaluation of these provisions, if possible. There may also need to be consideration given to how mentors who are struggling might be identified and offered additional support or signposted to avenues of support. As before, these changes might become investments which have benefit for both volunteers and mentees, as well as indirectly benefiting the organisation through improved morale and resilience.

Reflection: Personal implications of undertaking this research

Undertaking this thesis has influenced my perception of qualitative research, of forced migration, of supporting forced migrants and my own 'position' in the world in multiple ways. Although there are some implications which seem immediately obvious to me, I suspect there will be other, more subtle implications which will only become apparent to me with time – if at all. Firstly, in researching this topic area and reading other IPA studies, I have been introduced to a new way of presenting research. I have been struck by how vibrant some of the accounts I have read have been; I have felt drawn into them as I might reading a book or watching a film. Rather than reading 'about' people, this has felt like glimpsing into

a part of their lives. Whilst I recognise that my own IPA method and writing is still novice, I have a desire – and permission, it feels – to convey similarly vibrant accounts in my future work. I have come to understand that, for me, 'giving voice' to participants means giving the reader a tangible insight into their inner world and that is something I strongly value and will continue to aim for. Secondly, this research has strengthened my desire to 'do' something (much like the participants in the empirical research paper) to help forced migrants. Whilst I don't know what, or how, I do recognise the importance of this to myself, and to who I am becoming as a clinical psychologist. At the start of training I thought I needed to become like the clinical psychologists I met and saw around me. Through the process of training, and this research, I have realised not only that I need to become my own psychologist, but that I already have a strong sense of who that might be.

Strengths and limitations

This thesis portfolio aimed to explore the experiences of mental health professionals and volunteers who support forced migrants. The research presented within the portfolio has a number of strengths. Firstly, it addresses a politically current and important topic area, as outlined previously in the portfolio. Novel research has been undertaken to address gaps identified in the current literature. Doing so, it is hoped, will have created a space for new discussions, reflections and efforts to understand phenomena related to forced migration and mental health. The research is also sensitive to the specific context provisions for forced migrants in the UK. Given the rising numbers of people fleeing crises and seeking asylum globally, with more arriving in UK each year, mental health practitioners are increasingly likely to come across forced migrants in their work. It is therefore pertinent that data

concerning the potential challenges and facilitators of this work has been synthesised. Furthermore, given that support for forced migrants in the UK is usually provided by volunteers (Wren, 2007), a study which specifically explores idiographically the experiences of this phenomena, and which is situated within the wider psychological milieu, is particularly useful. This is especially the case given that the results of the systematic review reveal that supporting forced migrants is a complex experience which can pose significant challenges even for trained mental health professionals.

Methodologies appropriate to the research questions, which are consistent with the epistemological approach, and which consider the availability of previous literature have been identified and utilised throughout the thesis portfolio. The empirical research paper has demonstrated the value of employing a qualitative, idiographic approach to the exploration of an under-studied phenomenon. The only previous research in this area (Jones & Williamson, 2014), which used thematic analysis, emphasised the need for a richer, more in-depth account. The use of Interpretative Phenomenological Analysis has enabled such a rich and in-depth analysis which would not have been possible with a less idiographic or quantitative approach. IPA 'goes beyond' a purely descriptive account, encouraging the researcher to interpret the findings, whist remaining grounded in participants' accounts. The use of such an approach has provided a forum in which the phenomenological and idiographic experiences of volunteer mentors can contribute to our understandings of providing voluntary support for forced migrants and of this mentoring relationship more thoroughly. Moreover, the approach is consistent with the epistemological position of the author. Reflections of the researcher have been provided throughout the thesis portfolio, in an effort to improve the reader's sense of

the researcher. Given that, despite best efforts, the researcher will inevitably have been influenced to a degree by their own biases, this will better enable the reader to judge if, and when, these may have influenced the research interpretations. Thus, the transparency of the research process is improved, and findings can be interpreted within this context.

A further strength of the study has been the commitment of the author to the research area, demonstrated through the attendance of multiple workshops, training opportunities and conferences throughout the research journey. Although new to IPA, the author actively sought opportunities to improve her understanding and knowledge of IPA, and to enhance her abilities in terms of its application. Consistent and active use of research supervision; both in individual and group formats, has increased reflection and learning from the insights and perspectives offered by supervisors and peers. As detailed in the extended methodology, plausibility of findings and interpretations have been checked at multiple stages of the research process. Furthermore, a reflective journal has been used throughout the process to 'bring into consciousness' pre-conceptions and other potentially influencing factors (such as motivation for undertaking the research) and attempts to reduce the impact of these on the research output have been made. It is recognised that one cannot hope to realise or prevent the influence of all bias and pre-understandings. However, it is hoped that the use of such reflexivity has produced a 'good enough' plausible account of volunteer mentors' experiences, which enables the reader to comprehend some of the complexities and contradictions of this and gives them a sense of what it may be like. Each of these factors have supported the overall quality of the study and its findings.

Finally, the study has a range of theoretical, clinical and organisational research implications, which were discussed previously in this chapter. These also illuminate numerous possibilities for future research, which will also be explored later. All the participants requested a summary of the study findings and indicated a desire to be involved in discussions at the dissemination of results. Many commented on the value they saw in the research after being interviewed, further demonstrating the meaning and importance of this research to them.

Nevertheless, there are also a number of limitations associated with this thesis portfolio. Firstly, as mentioned in the extended methodology, the sampling strategy could have been unintentionally biased. A homogenous sample was sought, as advocated by IPA (Smith at al., 2009), supported by the inclusion and exclusion criteria. However, both the recruitment organisation and participants indicated a significant number of volunteer mentors struggling with severe emotional distress and burnout due to supporting mentees who were particularly traumatised. On the whole, distress of this degree was not purported by participants, thus it is possible that these mentors were not captured by the sampling method. Their perspectives, insights and experiences would have furthered the richness of the study findings and interpretations. Without these, the study findings presented here are not necessarily wholly representative of the volunteer mentors' experiences. If this is the case, future research must think of creative ways to recruit and engage these people in order to understand, validate and include their experiences also. It is possible that a longer recruitment period would have enabled direct contact with a larger potential sample and thus resulted in a more representative sample, however IPA strongly values smaller sample sizes, since these enable more thorough analysis. The recruitment period was brief due to the readiness of volunteer mentors to participate, and

therefore an additional research element, such as a questionnaire or survey, may have been appropriate to encapsulate a wider perspective. Alternatively, it is possible that my role as a trainee clinical psychologist, may have influenced participant responses. Participants may have felt that they needed to appear to be well able to cope with emotional distress or difficulties arising from their roles. This is also true if participants were worried that giving a 'negative' perspective might put others off from volunteering. Conversely, however, my role may have led participants to perceive me as someone it was safer to be open and honest with, without fear of judgement.

The size of the sample utilised in the empirical research paper, of eight participants, could be considered a relatively large sample for a novice IPA researcher, although it remains within the recommended range. Fewer participants would have enabled the author to conduct a more in-depth, and potentially more nuanced, analysis. However, given that this is the first IPA study in this research area, and only the second qualitative study, it was useful to employ an in-depth approach which also generated as much data as possible, whilst remaining manageable. As stated, this was the first time the first author had undertaken an IPA study, and IPA can present difficulties for novice researchers (Smith et al., 2009). These challenges include remaining idiographic and phenomenological whilst also being interpretive and making sense of the double hermeneutic whilst also remaining reflexive. In this way, the data and interpretations are co-constructed between both the participant and the researcher. Furthermore, my understanding of IPA and epistemology developed throughout the research process and has no-doubt influenced, to a degree, the wording in different sections of the portfolio. For example, the systematic review was completed approximately a year before the

empirical research paper was written up. Thus, the differences in writing styles not only reflect the nuanced epistemologies of thematic synthesis and IPA, but also my continually developing stance. In addition, my role as a trainee clinical psychologist is likely to have influenced the type of literature and theory I have related the findings to in the wider discussion. Another researcher may have taken a different approach which offered a slightly different perspective. Nonetheless, efforts were made to ensure the consideration of models and theory only occurred during the final stage of the process, so as to reduce the influence of this on the analytic process and the findings presented.

This study was conducted in a single organisation in one part of the UK. Whilst this added to the homogeneity of the sample, it cannot account for the experiences of volunteer mentors in diverse contexts, or in different parts of the UK, who may have different experiences. However, the findings from this study can arguably be applied to volunteer mentors' experiences in similar contexts. Here, the reader will need to assess to what extent the contexts are similar or dissimilar, and whether sufficient contextual information is available to make this judgement. In addition, the study explicitly excluded volunteer mentors who had lived experience of forced migration, who could have offered valuable and unique contributions to compare and contrast with those without lived experience. In this instance, however, logistical constraints precluded the involvement of an interpreter, which would almost certainly have been necessary. Furthermore, there are a number of ethical issues: the interview could have been distressing for these participants, and the researchers would have needed to ensure participants fully understood that although the first author is a trainee clinical psychologist, the study did not involve any form of clinical support. Furthermore, no services able to responsively provide an

appropriate level of distress management support were available locally, and thus this was beyond the scope of the current study. Given that both the systematic review and the empirical research paper utilise qualitative methodologies, the findings are not intended to be generalised. Rather, these papers both improve our understandings of phenomenological experience in two areas which are each relevant for clinical psychologists.

Reflection: A personal critical evaluation

Before beginning the research, I had thought volunteers might hear substantial accounts of their mentee's trauma. Finding out very early into the research that this was not the case for most was – although anxiety provoking at the time – actually very helpful in demonstrating the unhelpfulness of pre-conceived notions and the importance of identifying and bracketing these off wherever possible. It also allowed me to step away from what I thought I 'ought' to be doing, and into a space grounded in discovery. This helped me to take a more 'unknowing' position and to fully immerse myself in the data, which I hope has improved the quality of the findings.

Future research

Although this study provides novel research concerning the experiences of volunteer mentors, there remain many aspects of voluntary support of forced migrants to be explored further. Suggestions for future research have been included in the discussion sections of the systematic review and empirical research paper. Largely, these will not be repeated here, rather, some broader considerations will be introduced and explored.

As previously discussed, it is possible that this empirical research paper has not captured the extent of emotional distress in relation to supporting traumatised forced migrants for some volunteer mentors. An alternative study design, for example a questionnaire study, may offer means of capturing volunteer mentor wellbeing, which are less onerous and emotionally demanding, and do not require disclosure directly to another person. Participants may be less likely to succumb to social desirability bias when completing a paper or computer-based questionnaire than when asked in an interview setting (Richman, Kiesler, Weisband, & Drasgow, F, 1999; Moon, 1998). This could give an indication of wellbeing and distress in the volunteer mentor population. Further qualitative research, based on the results, could then be employed to provide a more comprehensive understanding of these specific experiences.

In addition, research exploring what resilience means to volunteers and what helps them to feel resilient would be of particular interest. This study has suggested experiencing times where they felt they had agency and were able to help and experiencing joy and inspiration as a result of connecting with their mentees may be particularly relevant to this. Given that this research has identified the need for specialist training and supervision for volunteer mentors, the possibility of adapting or developing training and supervision provision should be explored. This would be particularly appropriate for clinical psychologists to be involved in, due to the relevance of trauma and emotional distress, and clinical psychologists' expertise and skill sets regarding trauma-informed training and supervision.

Qualitative research into the experiences of volunteer mentors who do have relevant professional backgrounds and also those have lived experience of forced

migration, with appropriate ethical consideration, would aid in building upon the findings presented in the thesis portfolio. Similarly, research into the experiences of volunteers working in different contexts is also of great value. Whilst this study concerns experiences in the UK, 'front line' volunteers working in countries in closer proximity to or where crises are taking place may have vastly different experiences. Both of these research opportunities would further our understanding of this phenomena and provide implications for both psychological and volunteerism literature.

Finally, it is possible to look at this experience from an alternative perspective; from that of the forced migrants. Whilst this thesis portfolio provides an understanding of mental health professionals' and volunteer mentors' experiences of supporting forced migrants, it has not explored the experiences of the forced migrants being supported. It is vital that we seek to understand how forced migrants experience mental health provision in the UK, and how they experience voluntary support. Whilst some exploratory research into experiences of UK mental health services exists, for example Palmer and Ward (2007) and Vincent, Jenkins, Larkin and Clohessy (2012), this highlights the need for further research. Furthermore, to the author's knowledge, no research into forced migrants' experiences of voluntary services currently exists. It may also be important to consider the stage in their journey – this could include length of time in the UK, asylum status or level of social integration – forced migrants are at. For example, do forced migrants who have just arrived in the UK experiences services differently to those who have been here for one, five or ten years? This research will in turn enable us to engage in developing services or organisations which are able to support the mental health needs of forced migrants in the UK in manners sensitive to the perspectives and experiences of the

service users. It will also help us to consider the potential roles of clinical psychologists in supporting forced migrants in the UK.

Dissemination

The systematic review and empirical research paper have both been written for the journal Refuge: Canada's Journal for Refugees. Particular thought and consideration were given to the selection of the journal for submission. It was important to the author, and to their supervisors, that the chosen journal be open access and have significant relevance to the topic of the thesis portfolio, thereby significantly increasing the availability of publications to potential interested readers. The chosen journal is open access and specialises in articles concerning forced migration. Furthermore, the journal is bilingual, and all abstracts are presented in both English and French, thus increasing further the reach and accessibility of articles. The journal is also non-profit, aligning with the values of the author and organisation involved in the empirical research paper. At the time of writing, the systematic review has been submitted to the journal and is currently being peer reviewed. The empirical research paper will also be submitted to the journal in the future. The findings of the empirical research paper will be shared with the recruitment organisation and their volunteers. In addition, participants from the study all elected to be contacted and sent a summary of the findings.

Overall Conclusion

This thesis portfolio has been situated within a global context of rising numbers of people forced to flee from atrocities and adverse events (UNHCR, 2016). Nationally, there has also been a continuing increase in the number of forced migrants in the UK. Research has indicated that forced migrants, although not

without strength and resourcefulness, are likely to have been exposed to multiple traumas and have a higher incidence of related mental health difficulties (Steel et al., 2009; Burnett & Peel, 2001). Therefore, this growing population has complex needs often relevant for mental health service provision and support. Despite this, much of the support and care available for forced migrants in the UK is provided by volunteers, who often do not have specific training or supervision for working with traumatised populations (Wren, 2007).

This thesis portfolio has provided an exploration of mental health professionals' and volunteer mentors' experiences of supporting forced migrants; addressing gaps in the current literature. A systematic review has synthesised existing qualitative literature regarding mental health professionals' experiences in a thematic synthesis. This has highlighted a range of challenges and facilitators for mental health professionals within the analytic constructs of 'Professionals Must be Aware of and Contend with Power Differentials', 'Professionals Must Develop Specialist Knowledge and Skills' and 'Witnessing Forced Migrants' Stories and Trauma Significantly Impacts on Professionals'. The findings indicate that mental health professionals contend with difficulties such as language barriers, complex or unhelpful wider frameworks and distress relating to working with trauma. Therefore, it is particularly important that facilitators, such as peer support, organisational support and self-care, are supported where possible. The findings also indicate mental health professionals experience a number of benefits and facilitators seemingly inherent to working with trauma and this population; such as personal growth. Possible roles for clinical psychologists include the development and provision of specialised training and supervision, and in conducting further research. The systematic review has strength in its novelty and synthesis of contemporary

qualitative research, however it is limited by the quality of the included papers and their limited geographies. Suggested directions for future research include completing high quality research within more specific contexts; be this geographically or in the type of organisation or of mental health role, evaluation of strategies to support mental health professionals and research regarding care quality and access to care for forced migrants.

The empirical research paper explored volunteers' experiences of supporting forced migrants in the UK using an IPA approach. This study provides a novel perspective on this phenomenon, which has received little attention in previous literature. Volunteer mentors heard 'snippets' of accounts of trauma from their mentees and were largely witness to accounts of post-migratory experiences and thoughts about the future. Overall, the experiences were complex, dynamic and powerfully emotive. Four overall superordinate themes emerged from the analysis: Paralyzed by Responsibility and Powerless, Weighty Emotional Fallout, Navigating Murky Boundaries and Enriched by Hope and Joy. Volunteer mentors experienced profound and varied emotional responses to supporting forced migrants. Their experiences were complex and sometimes contradictory; eliciting contrasting emotions such as feeling distressed, overwhelmed, hopeful and inspired. There were several dilemmas which were identified by volunteer mentors, for example in taking care of their own emotional needs and in balancing friendship with mentees against appropriate boundaries. Overall, a need for increased emotional support for mentors was identified. The analysis revealed that, despite mentoring being a relatively small aspect of their lives in terms of time commitment, the process of voluntarily mentoring forced migrants had influence which shaped their wider perspectives and experience of life.

The empirical research paper has provided a novel insight into the experiences of forced migrants in the UK. The implications for organisations have been discussed. This thesis portfolio is not intended to represent the views or experiences of all volunteer mentors supporting forced migrants in the UK; rather it provides an in-depth exploration into this experience for some, at the present time. It identifies benefits, challenges and issues which may be common to other volunteer mentors and which might provide a 'starting point' for organisational development. However, in order to best meet the needs of their volunteers, organisations will need to observe and listen carefully to their volunteers and provide a space where their needs might be explored in a safe and validating environment. The needs of volunteer mentors may also change over time, and this should also be held in mind. Rather than providing an 'answer' for organisations and for research, this thesis portfolio provides the start of a conversation to be continued. For clinical psychologists, there exists a role in facilitating this process; through research, evaluation and potential development and provision of specific training and supervision, to improve support for volunteer mentors and the care received by forced migrants.

The relative strengths and limitations of this research have been considered. Improvements in sampling strategy may be required, and at present the context of this research is potentially too specific to be of great value to organisations in differing geographies or whose volunteers' roles differ. In addition, the researcher is inexperienced in IPA. Nevertheless, this is the first in-depth and phenomenological study relating to volunteer mentors' experiences of supporting forced migrants in the UK. Reflexivity and quality have been attended to throughout the research process, to improve the analysis and findings. Furthermore, suggestions for future research which

consider the limitations of the present research, and which offer potential avenues for furthering this research, have been made. This thesis portfolio has offered a detailed understanding of the experiences of those supporting forced migrants. This helps us to consider how we might 'give voice' to those dedicating time and investment to supporting forced migrants, how we can help them and empower them in relation to the challenges they experience, and how we can strengthen their resilience and the sense of fulfilment and growth they also enjoy in their roles.

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Appendices

Appendix A. Refuge Journal Author Guidelines

Appendix B. Systematic Review Study Characteristics

Appendix C. Systematic Review CASP Quality Assessment

Appendix D. Compassion fatigue resilience model (Figley & Ludick, 2016)

Appendix E. Interview guide

Appendix F. Letter of introduction

Appendix G. Participant Information Sheet

Appendix H. Consent form

Appendix I. Adverting poster

Appendix J. Email to prospective participants

Appendix K. Ethical approval

Appendix L. Debrief sheet

Appendix M. Exemplar transcript (Roy), initial noting and emergent themes

Appendix N. Master table of theme exemplar extracts for the group

NB: Documents show researcher's maiden name as they were created before her marriage

Appendix A. Refuge Journal Author Guidelines

Author Guidelines

Thank you for your interest in submitting your manuscript to *Refuge: Canada's Journal on Refugees. Refuge* accepts original articles that are not under consideration by another publication at the time of submission.

Manuscript Format

- Articles may be submitted in either English or French and will be published in the language of submission. They must not exceed 7500 words.
- Papers must include an abstract of approximately 100 words, highlighting the central arguments and/or findings of the paper. This abstract will be translated into French, so that abstracts appear in both languages of the journal.
- Book reviews may be submitted in either English or French and will be published in the language of submission.
- Please avoid using computer codes, other than those concerning font and line spacing. Use hard returns only at the end of a paragraph.
- All authors must include a biographical statement following this format: <name> is <position> at <affiliation>. The author may be contacted at <email address>. This should not exceed two sentences and must be submitted separately from the manuscript itself.
- **Please ensure that all author identification is removed from the manuscript (including endnotes, personal information and details in the 'properties' of the document) before submitting so as to allow anonymous reviews.**
- Acknowledgements for funding, research assistance and/or scholarly contributions can be included in a footnote as a brief statement not exceeding two sentences.
- *Refuge* encourages all authors to review the 'Common Errors That Authors Make' document.

Computer Software

- Manuscripts should be in electronic form, either in Microsoft Word, Word Perfect, text or RTF formats.

Accuracy of Citations

- Authors are responsible for ensuring the accuracy of all citations.

Reference Style

- It is the authors' responsibility to carefully check and keep to the reference style of *Refuge*. For social science papers, *Refuge* adheres to the *Chicago Manual of Style*, 16th ed., following the style given for endnotes with full bibliographic detail given in the endnotes (no footnotes, no bibliography, and no use of the author-date parenthetical notation style).
- Papers in the legal discipline should also adhere to the *Chicago Manual of Style*, 16th ed., except where inconsistent with the *Canadian Guide to Uniform Legal Citation*, 8th ed. (*i.e*. for citations).
- For all questions relating to Chicago formatting please refer to the following websites for guidelines and examples:https://owl.english.purdue.edu/owl/resource/717/01/ http://www.chicagomanualofstyle.org/16/contents.html

Merci beaucoup pour votre intérêt pour notre procession de soumission à la revue *Refuge : revue canadienne sur les réfugiés. Refuge* accepte en soumission des articles et recherches originaux qui ne sont pas actuellement sous examen ailleurs.

Format de soumission

- Les articles peuvent être soumis en français ou en anglais, et seront publiés dans la langue de soumission. Les articles ne dépassent pas 7500 mots.
- Les soumissions doivent inclure un résumé d'environ 100 mots, indiquant le propos principal et/ou les conclusions de l'étude. Ce résumé sera traduit en anglais afin que le résumé soit disponible dans les deux langues.
- Les comptes rendus de lecture peuvent être soumis en français et en anglais, et seront publiés dans la langue de soumission.
- S'il vous plaît, évitez les mises en forme automatiques (macros et autres). N'utilisez l'alinéa qu'entre les paragraphes.
- Tous les auteurs doivent inclure une notice biographique indiquant l'affiliation institutionnelle. Cette notice ne doit pas dépasser deux phrases et doit être soumisse séparément de l'article.
- **Assurez-vous d'avoir enlevé tous les noms d'auteurs du texte soumis (y compris dans les notes) afin de garantir l'évaluation anonyme.**
- Les remerciements pour le financement, les assistants de recherche et les autres contributions peuvent être faits sous la forme d'une notice ne dépassant pas deux phrases, à la suite de la notice biographique.
- *Refuge* encourage tous les auteurs à consulter le document intitulé « Les erreurs courantes ».

Format informatique

- Les manuscrits doivent être soumis en format électronique, en format Microsoft Word, Word Perfect, texte ou RTF.

Exactitude des citations

- Les auteurs sont entièrement responsables de l'exactitude de leurs citations.

Protocole de référence

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1. Book reviews are a vital component of the journal and provide an important service to the field as a whole. Reviewers are encouraged to take the opportunity to explain how the book advances forced migration studies in the contemporary world. We encourage critical evaluation both of the specific content of the book and of its significance within a broad framework of current thinking in forced migration. Reviewers may be asked to consider the content of the book in relation to a narrower topic for special thematic issues.

2. Unless the book review editor has stated otherwise, the length of a review should be 1000 words.

3. Please cite full publication details as follows:
   - Full title including subtitle.
   - By author.
   - Place of publication: publisher, year of publication, and number of pages.

   Example: Inhabiting Borders, Routes Home: Youth, Gender, Asylum. By Ala Sirriyeh, Farnham, UK: Ashgate, 2013, pp. 230.

   For edited works state "Edited by ..." For multi-authored works give all authors' names in the order first name, surname

4. Limit citations of books not being reviewed. If it is necessary to cite another work, however, please provide the full reference including name, title, publisher, date of publication and page number as an endnote, following Refuge citation style.

5. To quote material from the book being reviewed, please give page number in parentheses and use double quotation marks.

   Example: The problem, according to Long, is that "territorial state entities and 'national' identities are often mismatched" (20).

6. Give your name and affiliation at the end of the review.

7. Please remember that Refuge: Canada's Journal on Refugees is a multidisciplinary journal. Accordingly, it is helpful if the wider value and relevance of the book can be considered.

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Appendix B. Systematic Review Study Characteristics

Study reference	Country of study	Study type	Participants	Setting(s)	Service users	Data collection method	Analysis method	Research aim(s) /question(s)
Zoe Apostolidou, "Politicised Notions of Professional Identity and Psychosocial Practice Among Practitioners Working With Asylum Seekers and Refugees," *British Journal of Guidance and Counselling*	United Kingdom	Qualitative	8 'specialist professionals': 2 clinical psychologists, 1 clinical psychologist/trainee psychoanalyst, 2 counselling psychologists, 2 psychotherapists and a psychotherapist/ social worker with at least 1 year of experience providing	National Health System (NHS)-specialised refugee support services, NHS-specialised services for post-traumatic stress syndrome, NHS generic services or charitable organisations specialising in the	Asylum seekers and refugees	Semi-structured interviews	Foucauldian discourse analysis	To explore how the experience of working with this population constructs the professional identity of practitioners

			psychological therapy and counselling to asylum seekers and refugees	treatment of torture survivors and providing psychological support to refugees				
Zoe Apostolidou, "Constructions of Emotional Impact, Risk and Meaning Among Practitioners Working with Asylum Seekers and Refugees," *Counselling and Psychotherapy Research* 16, no. 4	United Kingdom	Qualitative	8 'specialist professionals': 2 clinical psychologists, 1 clinical psychologist/trainee psychoanalyst, 2 counselling psychologists, 2 psychotherapists and a psychotherapist/ social worker with at least 1 year of experience	National Health System (NHS)- specialised refugee support services, NHS-specialised services for post-traumatic stress syndrome, NHS generic services or charitable organisations specialising in the	Asylum seekers and refugees	Semi-structured interviews	Willig's (2013) six-stage discourse analysis	To examine how notions of risk and meaning are formulated within the context of psychotherapeutic work by practitioners with asylum seekers and refugees

			providing psychological therapy and counselling to asylum seekers and refugees	treatment of torture survivors and providing psychological support to refugees				
(2016): 277-287.								
Zoe Apostolidou, "The Notion of Professional Identity Among Practitioners Working with Asylum Seekers. A Discursive Analysis of Practitioners' Experience of Clinical Supervision and Working	United Kingdom	Qualitative	8 'specialist professionals': 2 clinical psychologists, 1 clinical psychologist/trainee psychoanalyst, 2 counselling psychologists, 2 psychotherapists and a psychotherapist/ social worker with at least 1 year of experience	United Kingdom	Asylum seekers and refugees	Semi-structured interviews	Willig's (2009) six-stage approach to discourse analysis	To explore practitioners' perspective on the impact of clinical supervision on their work with refugees and asylum seekers as well as the impact of their working organisational context on the way they experience their

			providing psychological therapy and counselling to asylum seekers and refugees					professional identity
Context in Work with Asylum Seekers," *European Journal of Psychotherapy* *and Counselling*, 18, no. 1 (2016), 4-18.								
Zoe Apostolidou, "Australian Asylum Discourses Permeating Therapeutic Work with Asylum Seekers: A Thematic Analysis,"	Australia	Qualitative	9 'specialist professionals': 3 clinical psychologists, 4 general psychologists 1 provisionally registered psychologist least 1 and 1 community	Public sector or not-for-profit organisations in Australia providing psychological therapy to asylum seekers and refugees who were	Asylum seekers and refugees	Semi-structured interviews	Braun and Clarke's (2008, 2013) six-stage approach to thematic analysis	To examine the aspects in which the existing network of asylum legislation and practices in Australia informs practitioners' therapeutic work

Psychotherapy and Politics International, 16, no. 1 (2018), 1-9.			development worker	torture survivors				with asylum seekers
Allysa J. Barrington and Jane E. Shakespeare-Finch, "Working with Refugee Survivors of Torture and Trauma: An Opportunity for Vicarious Posttraumatic Growth," *Counselling Psychology Quarterly* 26, no. 1 (2013): 89-105.	Australia	Qualitative	17 Staff members: 13 front-line clinicians and 4 administrative and managerial staff	The Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT), a not-for-profit organisation	People from refugee- and asylum-seeking backgrounds	Semi-structured interviews	Interpretative Phenomenological Analysis (Smith, 1996)	To examine the lived experiences of people working on a daily basis with survivors of torture and trauma who had sought refuge in Australia

Allysa J. Barrington and Jane Shakespeare-Finch, "Giving Voice to Service Providers Who Work with Survivors of Torture and Trauma," *Qualitative Health Research* 24, no. 12 (2014): 1686-1699.	Australia	Qualitative	12 Staff members: 9 front-line clinicians and 3 administrative and managerial staff	The Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT), a not-for-profit organisation	Survivors of torture and trauma who had sought refuge	Semi-structured interviews	Interpretative Phenomenological Analysis (Smith, 1996)	To provide further understanding of vicarious trauma and vicarious post-traumatic growth and suggestions on how to effectively manage clinician distress and foster opportunities for personal growth
Gillian Century, Gerard Leavey and Helen Payne, "The	United Kingdom	Qualitative	13 counsellors, counselling psychologists or psychotherapists with at least 1 year of experience	Primary care counselling services, voluntary	Refugees in primary care	In-depth, semi-structured	Thematic analysis	To explore how counsellors in primary care experience

Experience of Working With Refugees: Counsellors in Primary Care," *British Journal of Guidance and Counselling* 35, no. 1 (2007): 23-40.			working with refugees	sector organisations, or by GP surgeries in North London		interviews		working with refugees
Pier Hernandez-Wolfe, Kyle Killian, David Engstrom and David Gangsei, "Vicarious Resilience, Vicarious Trauma, and	United States of America	Qualitative	13 mental health providers: psychologists, social workers and marriage and family therapists with at least 4 years of professional experience	National Consortium torture treatment centres in the West, East and Midwest of the United States	Torture survivors from all parts of the globe	Semi-structured interviews	Constant comparison framework	To examine the coexistence of vicarious resilience and vicarious trauma and explore the inclusion of intersectional identities in

Awareness of Equity in Trauma Work," *Journal of Humanistic Psychology* (2015): 1-20								trauma work with torture survivors in specialized programs across the

United States |
| Nigar G. Khawaja and Georgia Stein, "Psychological Services for Asylum Seekers in the Community: Challenges and Solutions," *Australian Psychologist* 61 (2016): 463-471. | Australia | Qualitative | 7 practitioners: 3 psychologists, 2 psychiatrists, 1 occupational therapist and 1 social worker with at least 3 months experience of working with asylum seekers | A specialist multidisciplinary community health clinic offering services to asylum

seekers and refugees in Brisbane | Asylum seekers | Semi-structured interviews | Thematic analysis (Braun & Clarke, 2006) | To identify, through the experiences of professionals, the psychosocial issues faced by asylum seekers, the challenges

of providing culturally effective services to this group, and how these services can be improved |

Robert Schweitzer, Sierra van Wyk and Kate Murray, "Therapeutic Practice with Refugee Clients: A Qualitative Study of Therapist Experience," *Counselling and Psychotherapy Research* 15, no. 2 (2015): 109-188.	Australia	Qualitative	12 mental health practitioners: 4 psychologists, 5 counsellors and 3 social workers, with at least 1 year of experience working in the field	Specialised agencies providing counselling services to people from refugee backgrounds: Non-Government Organisation (NGO) resettlement services, NGO specialist torture and trauma services and a specialist transition high school	Refugees	Semi-structures interviews	Thematic analysis (Braun & Clark, 2006)	To provide a qualitative account of therapists' conceptions of therapeutic practice and experiences of working therapeutically with refugee clients

Appendix C. Systematic Review CASP Quality Assessment

Study reference	Aims and methods	Research design	Sampling	Data collection	Reflexivity	Ethical issues	Data analysis	Discussion of findings	Value
Zoe Apostolidou, "Politicised Notions of Professional Identity and Psychosocial Practice Among Practitioners Working With Asylum Seekers and Refugees,"	The research aims are stated and the importance and relevance of the research are discussed. Qualitative methodology is appropriate to consider the experience of working with forced migrants and	The study design is not explicitly stated; however the use of a social constructionist framework is justified.	Purposeful sample of 8 practitioners (2 clinical psychologists, 1 clinical psychologist/trainee psychoanalyst, 2 counselling psychologists, 2 psychotherapists and a psychotherapist/ social worker). All participants had worked in NHS specialist refugee support services of	Semi-structured interviews were conducted. The setting and interviewer are not reported. An interview schedule of open-ended questions was employed. The data	Reflexivity and researcher bias are not discussed.	Ethical issues are not outlined or discussed. Ethical approval is not mentioned.	A Foucauldian discourse analysis was employed, and a rationale for this provided. The process is not described and there is no discussion of how included	The findings are explicit and are discussed in relation to the research aims. There is reference to wider literature. The credibility of findings is not addressed.	Zoe Apostolidou, "Politicised Notions of Professional Identity and Psychosocial Practice Among Practitioners Working With Asylum Seekers and Refugees", *British Journal of Guidance and Counselling*

British Journal of Guidance and Counsellin g 43, no. 4 (2015): 493-503.	how this informs the way practitioners perceive their professional role.		specialist charitable organisations in London.	type is not explicitly stated and data saturation is not discussed.			data was selected. However, the included data supports the findings. Contradictory data and the role of the researcher are not addressed.		43, no. 4 (2015): 493-503.
Zoe Apostolido u, "Construct ions of Emotional Impact, Risk and	The research aims are clearly stated. While the importance and relevance of	The study design is not explicitly stated; however the use of a social constructioni	Purposeful sample of 8 specialist practitioners (2 clinical psychologists, 1 clinical psychologist/tra	Semi-structured interviews were conducted . The interview setting is	The researcher discusses their motivatio ns for undertaki ng the	The author reports informatio n was provided to participant s regarding	Willig's (2013) six-stage discourse analysis was employed , and a	The findings were explicit and clearly discussed in relation to the	Zoe Apostolidou, "Constructio ns of Emotional Impact, Risk and Meaning Among

Meaning Among Practitioners Working with Asylum Seekers and Refugees," *Counselling and Psychotherapy Research* 16, no. 4 (2016): 277-287.	the research is less explicit, this is articulated. Qualitative methodology is an appropriate methodology to explore the emotional impact, particularly the construction of meaning and risk, for psychotherapeutic practitioners working with asylum seekers and refugees.	st epistemological approach is justified.	inee psychoanalyst, 1 psychotherapist/ social worker, 2 psychotherapists and 2 counselling psychologists). Participants were sampled purposefully for having experience of providing psychological therapy and counselling to asylum seekers and refugees for a minimum of 1 year. All worked in London either in the NHS or	not reported and it is unclear who conducted the interviews. A list of open ended questions, justified for their inclusion, guided the interview. Data was digitally recorded. Data saturation is not discussed.	research, and considers the advantages of this in terms of understanding participants' experiences and in formulating the interview questions. Risk of bias was considered and reportedly minimised, however details of	the research aims, purpose, method, right to withdraw and confidentiality. The author details how confidentiality was maintained. Details on how issues raised for the participants were handled are	rationale for this provided. The analysis process is described, however a description of how presented data was selected is not included. Sufficient data were present to support findings, although contradictory data is not discussed.	research question. There is also reference to wider literature. The credibility of findings is not discussed.	Practitioners Working with Asylum Seekers and Refugees," *Counselling and Psychotherapy Research* 16, no. 4 (2016): 277-287.

			charitable organisations.		this are not given.	lacking. Ethics approval was obtained from the University of Wales.	The researcher's role and potential influence are not discussed.		
Zoe Apostolidou, "The Notion of Professional Identity among Practitioners Working with Asylum Seekers. A Discursive Analysis of	The research aims are stated and the importance and relevance of the research are discussed. Qualitative methodology is appropriate to consider how clinical supervision	The study design is not explicitly stated; however the use of a social constructionist epistemological approach is justified.	Purposeful sample of 8 practitioners (2 clinical psychologists, 1 clinical psychologist/trainee psychoanalyst, 2 counselling psychologists, 2 psychotherapists and a psychotherapist/ social worker). All participants had worked in	Semi-structured interviews were conducted at participants' place of work. The interviewer is not reported. An interview schedule of open-	The researcher discusses their motivations for undertaking the research, however does not specifically discuss reflexivity.	Ethical issues are not outlined or discussed. Ethical approval is not mentioned.	Willig's (2009) six-stage discourse analysis was employed, and a rationale for this provided. The analysis process is described, however a descriptio	The findings were explicit and clearly discussed in relation to the research question. There is some reference to wider literature. The credibility	Zoe Apostolidou, "The Notion of Professional Identity among Practitioners Working with Asylum Seekers. A Discursive Analysis of Practitioners

Practitioners' Experience of Clinical Supervision and Working Context in Work with Asylum Seekers," *European Journal of Psychotherapy and Counselling*, 18, no. 1 (2016), 4-18.	impacts on work with asylum seekers and refugees and the impact of working organisational context on the experience of professional identity.		NHS specialist refugee support services of specialist charitable organisations in London.	ended questions was employed. The data type is not explicitly stated and data saturation is not discussed.			n of how presented data was selected is not included. Sufficient data were present to support findings, and differing perspectives reported. The researcher's role and potential influence are not discussed.	of findings is not discussed.	' Experience of Clinical Supervision and Working Context in Work with Asylum Seekers," *European Journal of Psychotherapy and Counselling*, 18, no. 1 (2016), 4-18.

Zoe Apostolidou, "Australian Asylum Discourses Permeating Therapeutic Work with Asylum Seekers: A Thematic Analysis," *Psychotherapy and Politics International*, 16, no. 1 (2018), 1-9.	The research aim is stated and the importance and relevance of the research are discussed. Qualitative methodology is appropriate to examine the aspects in which the asylum legislation and practices informs practitioners' therapeutic work with asylum seekers.	The study design is not explicitly stated; however the use of a social constructionist epistemological approach is justified.	Purposeful sample of 9 practitioners (3 clinical psychologists, 4 general psychologists 1 provisionally registered psychologist least 1 and 1 community development worker). Participants were selected on the basis of their clinical experience with asylum seekers and worked in the public sector or for not-for-	Semi-structured interviews were conducted in South Queensland, however specific location(s) are not discussed. The interviewer is not reported. An interview schedule of open-ended questions was employed.	The researcher does not discuss their motivation for undertaking the research or reflexivity.	Ethical issues are not outlined or discussed. Ethical approval is detailed as being obtained from the Ethical Committee of Queensland University of Technology.	Braun and Clarke's (2008, 2013) approach for Thematic Analysis is applied, however a rationale for this is not provided. Some description of analysis is given, but a description of how presented data was selected is	The findings were explicit and clearly discussed in relation to the research question. There is some reference to wider literature. The credibility of findings is not discussed.	Zoe Apostolidou, "Australian Asylum Discourses Permeating Therapeutic Work with Asylum Seekers: A Thematic Analysis" *Psychotherapy and Politics International*, 16, no. 1 (2018), 1-9.

			profit organisations.	The data type is not explicitly stated and data saturation is not discussed.			not included. Sufficient data were present to support findings, and differing perspectives reported. The researcher's role and potential influence are not discussed.		
Allysa J. Barrington and Jane E. Shakespea	The research aim and questions are clearly stated. The	The study design is not explicitly stated; however the	17 staff members (13 front line clinicians and 4 administrative	Semi-structured interviews were conducted	The researchers roles and potential	A detailed account of information provided to	IPA was employed, and justification for this	The findings were explicit and clearly	The value of the study and implications are clearly

re-Finch, "Working with Refugee Survivors of Torture and Trauma: An Opportunity for Vicarious Posttraumatic Growth," *Counselling Psychology Quarterly* 26, no. 1 (2013): 89-105.	importance and relevance of the research is discussed. A qualitative research method is appropriate to explore the lived experiences of people working with survivors of refugee-related trauma.	use of an Interpretive Phenomenological Approach (IPA) is justified.	and managerial staff) from the Queensland Program of Assistance to Survivors of Torture and Trauma, a not-for profit organisation. Participants were sampled using a snowballing method (43% of staff participated). Not clear if there was an eligibility process, and non-participation was not discussed.	. The interview setting is not reported and it is unclear who conducted the interviews. It is not clear whether a topic guide was used. Data was audio-recorded. Data saturation is not discussed.	for bias in the formulation of research questions of data collection were not discussed.	participants and the consent process is given. Details on how issues raised for the participants were handled are lacking. Ethical approval was obtained, however the source of this is unclear.	provided. Data selection for presentation is referred to. Presented data supports findings. Although contradictory findings are not presented, reference is made to the proportion of participants who	discussed in relation to the research question and wider literature. Credibility is discussed (a subset of transcripts was analysed by the second author with high inter-rater reliability, with internal coherence and	discussed (importance of meaning making, colleague support and supervision). Strengths, limitations and future directions (replication in different agencies and countries) are explicit.

							endorsed the findings. The researchers' role and potential influence are not discussed.	presentatio n of evidence).	
Allysa J. Barrington and Jane Shakespea re-Finch, "Giving Voice to Service Providers Who Work with Survivors of Torture and	The research aims are clearly stated. The importance and relevance of the research is discussed. A qualitative research method is appropriate to explore	The study is of a longitudinal qualitative design "that captures the personal narratives of trauma workers at two time points and permits the comparison	The sample for time point one (N = 17) was that used in Barrington and Shakespeare-Finch (2013). 12 (9 front line clinicians and 3 administrative staff) participated in the follow-up time point.	Semi-structured interviews were conducted . The interview setting is not reported and it is unclear who conducted	Reflexivit y was considere d and attention paid to "constant reflection throughou t the analytic process". Specifics of this are	Ethical issues are not explicitly addressed. Ethical approval was granted by Queenslan d University of Technolog	IPA was employed and justified. Details of data selection for presentati on are given and the presented data	The findings were explicit and clearly discussed in relation to the research question and wider literature. Credibility is	The value of the study and implications are clearly discussed (e.g. recommenda tions for organisation al development). Strengths and

Trauma," *Qualitative Health Research* 24, no. 12 (2014): 1686-1699.	how to effectively manage clinician distress and foster opportunities for personal growth.	of salient themes across a 1-year period. The design is justified.	Attrition was due to staff members leaving the organisation.	the interviews. The follow-up interviews used an interview schedule. The form of data and saturation were not discussed.	not provided.	y Human Research Ethics Committee.	supports the findings. Although contradictory findings are not presented, the proportion of participants who endorsed the findings is reported. The researchers' role and potential influence	discussed (a subset of transcripts was analysed by the second author with high inter-rater reliability, with internal coherence and presentation of evidence).	limitations are explicit. Future research to "untangle the apparent multitude of experiences" is recommended.

						are not discussed.			
Gillian Century, Gerard Leavey and Helen Payne, "The Experience of Working With Refugees: Counsellors in Primary Care," *British Journal of Guidance and Counselling* 35, no. 1	The research aims are clearly stated. The importance and relevance of the research is discussed. A qualitative research method is appropriate to explore counsellors' perspective on work with refugees.	Use of a qualitative design is discussed and justified. Reference to approaches in relevant literature is made.	13 counsellors (counsellors, counselling psychologists, clinical psychologists or psychotherapists) providing Primary care in North London participated. A purposive sampling strategy was employed. Criteria included presently working with at least one refugee client, having experience	Semi-structured interviews were conducted using a topic guide. The interview setting is not reported and it is unclear who conducted the interviews. Data was audio-recorded and	Reflexivity is discussed. A research diary documented the researcher's feelings and observations following each interview in an effort to reduce bias.	Participants were provided with written consent and informed they could withdraw at any time. It is not stated what other information they were provided with. Ethical approval was granted by	Thematic analysis was employed and justified. The analysis process and roles of the authors are described. The selection of presented data is not discussed; however the presented	The findings were explicit and clearly discussed in relation to the research question and wider literature. The credibility of findings was strengthened through triangulation.	The value of the study and implications are clearly discussed (e.g. support and specialist input for counsellors, use of multi-disciplinary teams, training and supervision). The study limitations are also considered, alongside areas for further

(2007): 23-40.			equivalent to BACP or UKCP accreditation and receiving regular supervision.	transcripts sent to participants for validation. Saturation is not discussed.		the University of Hertfordshire and local NHS research ethics committees.	data supports the findings. Some differences in experience were explored. An examination of researchers' roles and influence is not explicitly discussed.		research (further geographical areas in the UK, comparison of areas with more co-ordinated services).
Pier Hernandez-Wolfe, Kyle Killian,	The aim of the research is stated. The importance and	The study is a qualitative design based on a modified grounded	13 mental health providers working at torture treatment	A semi-structured interview schedule revised	The authors state that the research	Ethical issues are not explicitly addressed.	The analysis "involved a constant comparis	The findings were explicit and clearly	The study implications are clearly discussed (e.g. need

David Engstrom and David Gangsei, "Vicarious Resilience, Vicarious Trauma, and Awareness of Equity in Trauma Work," *Journal of Humanistic Psychology* (2015): 1-20	relevance of the research is not explicitly discussed. A qualitative research method is appropriate to explore vicarious trauma and vicarious resilience in trauma work with torture survivors in specialized programs across the United States (US).	theory. Reference is made to locating the work within a critical research paradigm; however justification for the method is not reported.	centres in the US participated. Selection criteria required participants to have worked directly with torture survivors and to have appropriate credentials (e.g. psychologists, social workers, and marriage and family therapists).	from previous vicarious resilience studies was employed. Interviews were conducted at a location selected by the participant, audiotaped and professionally transcribed. It is unclear who conducted	process, researcher values and goals for social change were considered, although reflexivity is not explicitly referred to. Potential for bias is not discussed.	There is no report of information given to participants or the consent process. Details on how issues raised for the participants were handled are lacking. Ethical approval is not mentioned.	on of data with emerging categories using a consensus process". The use of this analysis is not justified. There is a description of the analytic process. Details of data selection are not given, however data is largely	discussed in relation to the research question and wider literature. The credibility of findings is discussed (researcher and data analysis triangulation, dependability and data analysis saturation).	for training and supervision). The strengths and limitations of the study are not discussed. Future research is being undertaken to explore the presence of vicarious resilience in other trauma work.

				the interviews. Data saturation was not discussed.			presented in support of the findings. Contradictory data is not discussed. The researchers' role and potential influence are not discussed.		
Nigar G. Khawaja and Georgia Stein, "Psychological Services for	The aim of the research, its importance and relevance are explicitly stated. A qualitative	The study design is not explicitly described or justified.	7 practitioners (3 psychologists, 2 psychiatrists, 1 occupational therapist and 1 social worker) participated. The sampling	A demographic form and semi-structured interviews were used. Probes	Reflexivity is discussed in terms of the authors' experiences and in developin	Participants were briefed prior to completing the demographic and consent	A thematic analysis was employed, grounded in a deductive	The findings were explicit and clearly discussed in relation to the research	The study value and implications are discussed in terms of improving mental health services and

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| Asylum Seekers in the Community: Challenges and Solutions," *Australian Psychologist* 61 (2016): 463-471. | research method is appropriate to explore the challenges and solutions for community psychological services for asylum seekers. | | strategy was purposive and participants had to be mental health professionals with experience of working with asylum seekers. | were pre-specified. Interviews were conducted at participants' workplace by the second author. They were audio-recorded. In terms of data saturation, recruitment continued until prospective | g the interview probes. A "reflexive dialogue" was used to ensure all data themes were uncovered. Researcher bias is not discussed beyond this. | forms. Details on how issues raised for the participants were handled are lacking. Participants were informed they could make additional changed to their interview for 2 months afterwards, and were offered a $15 gift | and theoretical approach. The use of this analysis is not justified. There is a description of the analytic process outlining the roles of each author. Details of data selection are not given, however data is | question and wider literature. The credibility of findings is increased in the inclusion of multiple coders in analysis. | their support. The limitations of the study are discussed, and include the small sample size and limitation to one organisation. Future research is recommended with sufficiently large samples to compare the experiences of different professions. |

				participants were exhausted and "all themes that had been raised had been fully explored".		voucher. Ethical approval and health and safety clearance was granted by the Queensland University of Technology committees.	presented in support of the findings. Contradictory data is not discussed. The researchers' role and potential influence are not discussed.		
Robert Schweitzer, Sierra van Wyk and Kate Murray, "Therapeutic Practice	The aim of the research, its importance and relevance are explicitly stated. A	The study design is not explicitly stated or justified.	12 therapists (4 psychologists, 5 counsellors and 3 social workers) participated. A snowballing sampling	A demographic form and semi-structured interviews were used.	Reflexivity is not explicitly discussed.	Participants provided informed consent, however ethical issues are not	A thematic analysis was employed but not justified. There is a	The findings were explicit and clearly discussed in relation to the	The study value and implications are discussed, including the necessity of appropriate

with Refugee Clients: A Qualitative Study of Therapist Experience," *Counselling and Psychotherapy Research* 15, no. 2 (2015): 109-188.	qualitative research method is appropriate to explore therapists' conceptions of therapeutic practice and working therapeutically with refugee clients.		strategy was employed. Eligibility criteria were possession of a recognised professional qualification as a psychologist, counsellor or social worker and having more than 12 months experience working therapeutically.	Three open-ended questions were utilised as a topic guide. Interviews took place at either participant workplace or the university psychology clinic, depending on participant preference. The identity of		discussed beyond this. Ethical approval was gained through the Queensland University of Technology Human Research Ethics Committee.	clear description of the analytic procedure. Details of data selection are not given, however data is presented in support of the findings. Contradictory data is not discussed. The researchers' role and potential	research question and wider literature. The credibility of findings was addressed by a number of methods, including inter-rater reliability, establishing collaborative relationship with participants, providing participant	supervision. The limitations of the study are not explicitly discussed, although some reference is made to small sample size. Directions for future research are suggested, such as "the development of methodologies that privilege the interpersonal aspects of

				the interviewer is not stated. Interviews were audio-recorded. Data saturation was determined though theoretical saturation upon recruitment 12 participants.			influence are not discussed.	s with the opportunity to check data and interpretations, attending to transferability and dependability and keeping an audit trail.	therapy over technique in achieving more rigorous evaluations of practice".

Appendix D. Compassion fatigue resilience model (Figley & Ludick, 2016)
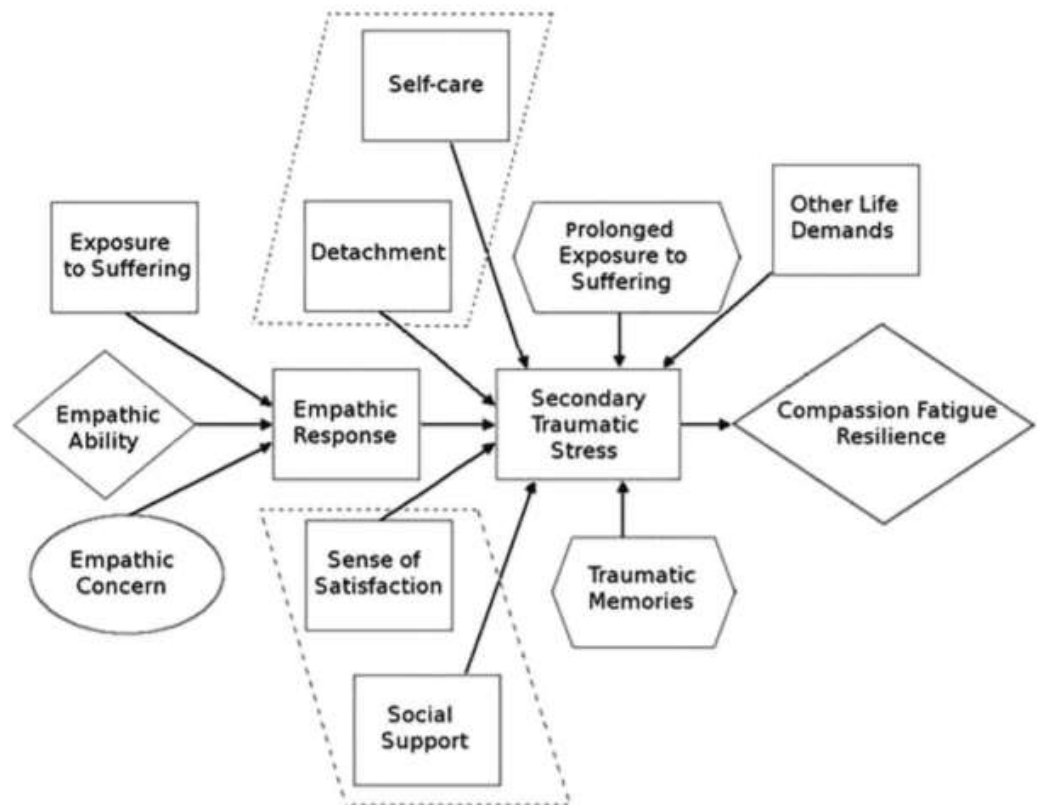
Figure 1. Compassion fatigue resilience model.

Appendix E. Interview guide

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Interview topic guide

</div>

Introduction:
Talk to the participant about what the study is about and thank them for taking part. Remind them about confidentiality (and exceptions) and that they are under no obligation to participate and can take a break, discontinue or withdraw at any time. Agree how they will communicate (e.g. hand gesture if preferred over words) if they feel distressed and wish to stop.

Warm up and information gathering:
Could you tell me a little bit about your role?
- how long have you been volunteering?
- how regularly do you volunteer?
- have you attended any training (on any topic) or do you receive supervision?

Questions *and prompts*:

1. Tell me a bit about what it is like to hear/know about the stories (experiences) of the people you work with?
- *what is the immediate/later impact?*
- *what is your emotional response?*
- *tell me about that/when it's not been that?*
- *challenges/positives?*

2. How do you make sense/digest/process their experiences?
- *what do you 'do' with what you hear?*
- *could you tell me a little about this process?*

3. What supports and resources do you use to help manage hearing about their stories?
- *formal/informal support*
- *self-care*
- *what would be helpful?*

4. What changes as a result of the stories you become aware of?
- *in terms of your outlook on life?*
- *in terms of your sense of self/identity?*
- *in terms of your relationships with others?*

5. Is there anything about your experiences we've not discussed, which you would like to share?

6. Do you have any final thoughts on our discussion?

At the end of the interview, thank the participant again, remind them about their option to withdraw and give them debrief information.

Appendix F. Letter of introduction

<div align="right">
Iona Nixon
Trainee Clinical Psychologist
Elizabeth Fry Building
University of East Anglia
Norwich Research Park
Norwich
Norfolk
NR4 7TJ
</div>

\<Insert Date\>

Dear \<Insert Name\>
Re: UEA Clinical Psychology Doctoral Research Study

An Interpretive Phenomenological Analysis of volunteers' experiences working with forced migrants in the United Kingdom

I am a Trainee Clinical Psychologist at the University of East Anglia employed by Cambridge and Peterborough Foundation Trust. As part of my doctoral training, I will be carrying out a research project into the experiences of volunteers working with forced migrants. The study has received ethical approval from the Faculty of Medicine and Health Sciences and is supported by the University of East Anglia (UEA) Clinical Psychology Doctoral programme, with supervision provided by Dr. Imogen Rushworth (Senior Clinical Lecturer, Admissions Lead and Clinical Tutor, UEA) and Dr. Sophie North (Lecturer in Health Sciences, UEA).

I am looking to recruit up to 8-12 people who volunteer with forced migrants in the region of Norwich. Participants will be interviewed about their experiences of volunteering with forced migrants and hearing their stories. The interviews are expected to last for no longer than 90 minutes. It is hoped this research study will help us to understand better volunteers' experiences and identify ways in which they can be best supported in their valuable roles.

I would greatly appreciate your support in allowing me to come and talk to you and your team to explain the study in more detail. Advertising material and a copy of the participant information sheet is enclosed for your information. Thank you for your time.

Sincerely,

Iona Nixon, Trainee Clinical Psychologist.
I.Nixon@uea.ac.uk
07910 844896

Appendix G. Participant Information Sheet

![University of East Anglia logo]

Participant Information Sheet

<u>**An Interpretive Phenomenological Analysis of volunteers' experiences working with forced migrants in the United Kingdom**</u>

Iona Nixon, Trainee Clinical Psychologist.

Email: <u>I.Nixon@uea.ac.uk</u>   Tel: 07910 844896

We would like to invite you to take part in our research study. We have put together some information about the study to help you decide if you would like to take part.
Please ask the researchers if there is anything that you don't understand or if you have any questions. You can contact the researchers using the contact details below.

Who are the Researchers?
This study is being carried out as part of a Doctorate in Clinical Psychology at the University of East Anglia.

Iona Nixon (Trainee Clinical Psychologist) is the Chief Investigator. Iona can be contacted at <u>I.Nixon@uea.ac.uk</u> or on 07910 844896.
Imogen Rushworth (Senior Clinical Lecturer, UEA) is the Primary Research Supervisor and can be contacted at I.Rushworth@uea.ac.uk or 01603 593581.

Why are we carrying out this study?
Volunteers have a vital role in supporting forced migrants who come to the UK. They may provide practical and emotional support and their roles might require a wide variety of different skills.

We know that forced migrants have often experienced some very difficult, or traumatic, events. Research has told us that professionals working with forced migrants can find doing so very rewarding; however their work can also involve listening to stories which are hard to hear and which might sometimes be difficult to cope with.

Unfortunately, there is currently little information telling us what it is like for volunteers to work with forced migrants and to hear their stories. This study aims to find out how volunteers make sense of the stories they hear, if and how they cope with the stories they hear and what changes for them as a result of the stories they hear (for example personal values or life perspectives). It is hoped that greater understanding of these experiences will improve awareness of what this is like for volunteers and how they might therefore be supported in their roles.

Who can take part?
Participants must:
  - ✓ Be aged over 18
  - ✓ Currently volunteer in a role which involves supporting forced migrants (refugees or asylum seekers)
  - ✓ Speak English

- ✗ Must not be a trained professional such as a counsellor, psychological therapist, social worker or mental health practitioner
- ✗ Must not have previously been/be a forced migrant themselves

What will taking part involve?

If you are a volunteer who supports forced migrants as part of your role, have experience of listening to their stories, and would like to take part:

- You will be interviewed about this experience individually for no more than 90 minutes.
- The interview will be audio recorded.

- The interview will take place at either UEA or at your volunteer organisation, based on your preference. You may prefer to be interviewed at UEA to ensure complete confidentiality of your participation in this research, or you may feel that being interviewed at your organisation is more convenient and preferable for you. If you are interviewed at your organisation others may know you are participating in the research.

The interview is semi-structured. This means there are some set questions but the interviewer is really interested in what you feel are the most important aspects of your experiences and to hear these experiences described in your own way.

The researcher will ask you some information about your role, for example what you would describe your role as being and how long you have been a volunteer with the organisation.

Will my taking part in the study be kept confidential?

Yes, no one will be informed of your participation.

Will what I say be kept confidential?

Your confidentiality will be taken very seriously. All confidential information will be stored securely. It will only be accessed by the Chief Investigator, who interviews you, and the Research Supervisors. All data will be treated as confidential. Confidentiality will only be broken if you tell the researcher something which makes them concerned for your safety or the safety of others. This information may need to be shared with your organisation contact point or your mentor. In rare circumstances other statutory services such as social services or the police may also need to be informed if the researcher is concerned for your or someone else's safety, to help keep you or them safe. Whenever possible this would be discussed openly with you and you would be told before this happened. Your confidentiality will not be broken without telling you first unless it would put you or someone else at risk to do so.

Will what I say be anonymous?

To help maintain your confidentiality your data will be anonymised. One way of doing this will be with a pseudonym. This means a different name will be used to identify the data. Other ways will be to make any specific details about you more generic, for example 'football' might be changed to 'team sport'.

A lot of care will be taken not to include information that could identify you. However, in this type of research quotes are used to support the points made by the researcher. There is a small chance that people who know you well may guess which quotes belong to you if they know you are participating in the study. Care will be taken to try and avoid this, however we cannot guarantee 100% anonymity.

How will you keep my information secure?

A number of steps will be taken in the interest of securing information:

- The interview will be recorded on a dictaphone. It will be transported using a locked briefcase and later transferred to an encrypted memory stick and then deleted from the recording device.

- Recordings may be sent securely to a transcription service for typing.

- Typed interview transcripts will be anonymised and stored on a password protected computer.

- All paper information, including consent forms will be stored in a locked filing cabinet.

- All data will be stored according to current data protection legislation and will be destroyed after 10 years.

What will happen to the information from the interview?

The interview will be listened to by the researcher and typed up. In some cases the recordings may be typed up by a transcriber. Typed data will be made anonymous to help protect your confidentiality.

The researcher will analyse the data to try to understand your experience of volunteering with forced migrants and hearing their stories. The researcher will then look for similarities or differences between all the participants' experiences.

What will you do with the research findings?

It is important to share research results because they might be interesting or useful to other people. The research findings of this study will be shared with participants and the supporting organisation. The findings will also be written up in a report which could be published in an academic journal. They may also be presented on a research poster or in presentations at research conferences.

Do I have to take part?

No. Taking part in this study is entirely optional. It is up to you to decide if you want take part or not. Your decision will not affect the care or support you receive.

If you would like to, we encourage you to speak to your family or friends to help you decide if you wish to take part in this research. You will have a minimum of 72 hours to decide if you would like to take part. If you do agree to take part, you will need to sign a consent form before the interview is started.

If you do decide to take part, you can withdraw from the study without giving any reason. This will not affect your voluntary position in any way. It will only be possible to withdraw up to four weeks after your interview has taken place. This is because it is not possible to take out individual information once it has been anonymised and analysed by the researcher, and combined with other participant responses.

What are the possible benefits of taking part?

- Some people find talking to someone in detail about their experiences helps them to reflect on and make sense of these.

- It may help others to gain a better understanding of the experience of volunteering with forced migrants.

- It may help to identify or improve training or support for volunteers.

- It may be beneficial to other people who volunteer in a similar role or organisation.

What are the possible disadvantages of taking part?
- The interview will take up to 90 minutes. However, you can choose to take breaks during the interview if you wish.

- I will be asking about what it is like listening to the stories of those you work with. This topic may bring up strong emotions and feelings. If this happens, it is important you let the researcher know. We can stop the interview to talk about what has upset you, or to take a break. You will be able to seek support from your organisation if you wish. If the interview is stopped you can choose whether you wish to withdraw from the study or would continue the interview the same day or at another time. All participants will be given information on how to access support from their organisation or elsewhere should they wish.

- Interviews will last no more than 90 minutes and although we value your time, unfortunately it is not possible to pay you for your time or reimburse any travel costs.

Who has reviewed the study and how is it funded?
The research study is being carried out as part of a Doctorate in Clinical Psychology at the University of East Anglia and has been approved by the relevant Faculty Ethics Committee and your voluntary organisation.

The study has also been reviewed by members of your voluntary organisation to inform the design of the study and this information sheet.

Will everyone who is interested be able to take part?
Unfortunately, it may not be possible to interview everyone who is interested. This is due to time constraints of the research study.

What if there is a problem?
If you have any concern about any aspect of this study, you should speak to the researchers who will do their best to answer your questions. The researchers can be contacted via email, telephone or post:

Iona Nixon (Chief Investigator):
I.Nixon@uea.ac.uk or 07910 844896
Dr Imogen Rushworth (Primary Research Supervisor):
I. Rushworth@uea.ac.uk or 01603 593581

Or write to us at:
Department of Clinical Psychology
The Elizabeth Fry Building
Norwich Research Park
University of East Anglia
Norwich
Norfolk
NR4 7TJ

What if I have a Complaint?
If you wish to make a formal complaint about the researcher or any aspect of the conduct of this study, please contact:

Professor Ken Laidlaw (Head of Clinical Psychology Department, UEA):
K.Laidlaw@uea.ac.uk   or 01603 593600

Department of Clinical Psychology
The Elizabeth Fry Building
Norwich Research Park
University of East Anglia
Norwich
Norfolk
NR4 7TJ

Appendix H. Consent form

UEA

University of East Anglia

Participant Consent Form

An Interpretive Phenomenological Analysis of volunteers' experiences working with forced migrants in the United Kingdom

Iona Nixon, Trainee Clinical Psychologist.

email: I.Nixon@uea.ac.uk   Tel: 07910 844896

Participant ID:

	Please initial if you agree with the statement

1. I confirm that I have read and understood the participant information sheet dated 19/01/2018 (version 2), that I have had the opportunity to ask any questions, and these have all been answered to my satisfaction.

2. I confirm that I am signing this consent form at least 72 hours after having first had the study explained to me, my participation is completely voluntary and that I am free to choose not to participate.

3. I understand that my mentor/manager will be informed if the researcher has concern for my welfare or safety, or that of others

4. I understand that the interview will be audio-recorded and the digital audio stored securely.

5. I understand that the audio-recording may be sent via email to a transcription service for typing.

6. I understand that absolute anonymity cannot be guaranteed due to the use of direct quotes, but that the utmost care will be taken to anonymise and remove identifying information.

7. I understand that relevant sections of data collected during the study may be looked at by individuals from regulatory authorities where it is relevant to my taking part in this research. I give permission for these individuals to have access to this data.

8. I understand that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers.

9. I understand that I can change my mind and withdraw my interview data, up to four weeks after my interview without giving any reason. It will be my responsibility to contact the researcher to let her know if I wish to withdraw my information.

10. I agree to take part in the above study.

If you wish to receive a summary of the overall study findings once the research has been completed, please provide details of a written or email address in the space below (optional). By doing so you agree to be contacted with this information after the research has been completed.

_____   _____   _____
Name of Participant   Signature   Date

_____   _____   _____
Name of Researcher   Signature   Date

Two copies to be made:
One each for: researcher site file and participant.

Appendix I. Adverting poster

Appendix J. Email to prospective participants

Dear volunteers,

I am looking for participants to take part in a research study looking at the experiences of volunteers who support forced migrants. I am really interested in finding out what this is like for you, especially what it is like for you to hear the stories of those you support. I hope this study might help us to gain a better understanding of your experiences, and to think about ways in which we can support volunteers.

A poster with more details about the study and who can take part is attached.

If you are interested in taking part or finding out more, you can contact me at **I.Nixon@uea.ac.uk** or by phoning **07910 844896**.

Many thanks,

Iona Nixon (Chief Investigator)
University of East Anglia

Appendix K. Ethical approval

Faculty of Medicine and Health Sciences Research Ethics Committee

UEA
University of East Anglia

Research & Innovation Services
Floor 1, The Registry
University of East Anglia
Norwich Research Park
Norwich, NR4 7TJ

Email: fmh.ethics@uea.ac.uk

Web: www.uea.ac.uk/researchandenterprise

Iona Nixon
MED

27.11.17

Dear Iona,

Title: An Interpretive Phenomenological Analysis of volunteers' experiences working with forced migrants in the United Kingdom
Reference: 201718 - 26

The submission of your above proposal has been considered by the Faculty Research Ethics Committee and we can confirm that your proposal has been approved.

Please could you ensure that any further amendments to either the protocol or documents submitted are notified to us in advance and also that any adverse events which occur during your project are reported to the Committee. Please could you also arrange to send us a report once your project is completed.

Yours sincerely,

Professor M J Wilkinson
Chair
FMH Research Ethics Committee

CC Imogen Rushworth

Appendix L. Debrief sheet

UEA
University of East Anglia

Participant Debrief Sheet

An Interpretive Phenomenological Analysis of volunteers' experiences working with forced migrants in the United Kingdom

Iona Nixon, Trainee Clinical Psychologist.

email: I.Nixon@uea.ac.uk   Tel: 07910 844896

_____

Your participation in this research is highly valued. Thank you for giving your time to take part and for your contribution to this study.

This research aims to help us to understand more fully the experience of volunteers supporting forced migrants and hearing their stories, which can often be traumatic. It is hoped that a greater awareness and understanding of this will improve our knowledge of what supporting forced migrants and hearing their stories is like for volunteers, how volunteers make sense of these stories and how these stories affect volunteers' personally and in terms of their outlook on life. It will also improve our understanding of how and whether volunteers cope with hearing these stories, and therefore may also lead to improvements in support for volunteers supporting forced migrants.

As stated previously, all confidential information will be transported in a lockable case and will be stored securely. All stored data will be destroyed after 10 years in accordance with current data protection policies.

You can withdraw from this study without giving a reason and without consequence for four weeks from this date. After four weeks this will no longer be possible since the data will have been transcribed anonymously.

The research findings will be written up anonymously, and may be published in a research journal and/or presented at a research conference. A summary of the overall research findings will be sent to you if you chose to provide an address on the consent form. The summary will also be shared with your organisation.

It is hoped that participating in this research has not been distressing for you; however it is possible that you may experience some distress, particularly if some of the content we have discussed during the interview is upsetting. If you are experiencing distress, you can access support in a number of different ways.

- Your organisation is supporting this research, and is therefore placed to offer you support for any related distress.
- Your GP is able to refer you to wellbeing services, which offer confidential support for distress and mental health.
- You can also self-refer to Norfolk and Waveney wellbeing services by calling 0300 123 1503
- MIND provides free and confidential support and counselling. MIND Norwich is located at 50 Sale Rd, Norwich NR7 9TP, and can be reached by phoning 01603 432 457
- Helpful information and tips on managing distress can also be found at https://www.mind.org.uk/

Should you have any further questions regarding the study, please contact the researcher using the details above. Thank you again for your participation.

Appendix M. Exemplar transcript (Roy), initial noting and emergent themes

	R: Um so if you wouldn't mind could you just start off by telling me a bit about what your role involves?	
Tentative, unclear about role?	Pt: Yes, so I'm a mentor at [organisation], erm I started I think in [date]	Unclear about role
buddied up – semi-formal support role	R: Mhmm	
Integrate him into 'normal life' – <u>what is normal life?</u>	Pt: Erm and my role is I have one person I see erm every week, erm he's a gentleman from [place], and erm we got buddied up erm so I had training erm	
Needs to fit in here	initially with [name] and then I got kind of buddied up like um buddied up with	Uncertain about role, yet carrying responsibility
Kind of kind of – sounding uncertain about role?	erm a gentleman called [name] and erm he's a man in his [age] erm so we meet once a week erm and I guess my role as a mentor is kind of trying to support	
Carrying responsibility for multiple aspects	him to integrate into normal life and erm kind of help him to kind of support him with different things like erm … helping him with like benefit applications,	Support not guide: mentee leads
Supportive, non-directive role – resource for mentee	sorting out a house, erm a big part of last year was his erm interviews for his erm leave to remain status for his erm application for that. So erm yeah so I	
Led by mentee	meet him every week and I guess initially I think we his English was quite poor,	
Stopped using book: felt too directive, too rigid	um so I think that was the main focus, of kind of just having a conversation for an hour erm and.. getting him more kind of confident and comfortable with	Approach and relationship
Merged into friendship – blurring/bleeding boundaries	speaking English erm so I see my role as very kind of erm more supportive and more maybe less directive and more kind of erm I kind of maybe more reactive	developed over time: blurring boundaries
don't want to take over life – position of power?	to what he's bringing each week and er the problems he might encounter and and things like that erm … so … yeah… erm .. So yeah I see that as kind of that's the – my main role erm I guess erm we get this we have a book erm that	Awareness of own power, minimising imbalance
Awareness of mentee resilience – feeling respect?	we fill in erm each week about how the session went or how the meeting went and kind of actions and goals erm for kind of the following week and I guess	Respect for resilience

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Repetition of supportive – additional? Own background shapes focus of sessions Enabling mentee to do for self *Repetition of confidence* *To boost his confidence, cheerlead, empowering* *I see that as much more important: influence of own perspective and background on focus* Improving English *frank, no nonsense approach* *Seen a vast amount of change, progress – importance of development: feeling validated* Huge cultural adjustment *shocking, unimaginable – juxtaposition of this in text, easy to forget reality?* Feeling big responsibility –	initially I did that quite a bit but then I kind of stopped doing that really and I think it kind of merged into more of a I feel like its more now a friendship rather than a mentor relationship erm I just don't I just don't really like the kind of … erm I don't want to take over his life and kind of be quite directive, really, I think he's like erm, well, I guess first of all he's [age] years old and he's a grown man and I guess one of the things one of my things was that he's like, he's actually very resilient, erm he's a very resilient man erm like he came from [place] and he did the kind of journey up that we've all seen in the news really and through [place] and he stayed in [place] for a bit and he's walking miles for different forms of transport and all that kind of thing … so, sometimes I think, well he's he's actually more resilient than I think sometimes, if you know what I mean, erm he's like, he's able to look after himself I guess so I see myself in a much more kind of supportive role and I don't know maybe just a bit of gentle guiding with him and erm I think maybe because of my background would be in [role] I'd be looking at more of that with him in the session, I think if he's confident and his mood is good I think he's actually fine and he can figure these, he can figure problems out himself so I just see that as kind of a to boost his confidence really, to keep that up and to tell him how well he's doing and I see that as much more important than maybe erm I don't know more, I guess you're trying to enable him to do erm do things himself really, just get him more confident with doing things himself, so and that can be something so little, like erm we get a coffee every time we have our session and initially he'd be asking me to get it for him because he wouldn't want to speak English he had quite erm low confidence in that regard, so, it was just getting him to do those things erm I guess I have erm I have a way with him, I'd be quite frank I guess and quite erm you know don't be silly come on and do that if it, do you know what I mean and it I think he kind of responds well to that erm so I've seen a massive change in him over the course of a year really, I've seen a vast amount of progress, and I think it I see my role as reminding him of that progress a lot	Drawing on own (professional) experiences Support to empower, cultivate self-confidence focus Witnessing change, progress and feeling validated Supporting cultural adjustment – lots of responsibility Shock and horror at reality and stories heard Idea others are hostile towards forced migrants Resilience and isolation: precarious, vulnerable

I'm a large part of his life, enabling disappointment he doesn't have more: wanting more for him *On their side – others aren't* *Seeing mentee as resilient but also isolated – two sides: precarious, vulnerable* *Witnessing is a stress, I worry, how does he keep going? Feeling helpless* *I don't know how he keeps going – fearing something awful?*	because erm I think it's er shocking it must be completely I cant imagine what it'd be like to be, to be kind fof almost plucked out of a completely different culture like … and a different way of life and a different something that you've known for … years and then to land yourself in a … a leafy suburb of [place] basically and to be surrounded by white people, people who speak a different language to you and a completely different culture to you. I cant really imagine that erm so I think its … an, an amazing resource for him to have, to have someone else here just.. on his side and supporting him in all those.. all those things that everyone has to go through or many people go through dealing with the job centre or or dealing with a difficult landlord or things like that erm he's very much on his own here really and erm I think I am quite a big part of his life which is great for him but also very depressing for him as well… like well not, not depressing for him but a depressing erm state really that he's there kind of on his own and erm so its I thi- there's kind of two sides to him really that he's very resilient and he's very well able to look after himself but then he's also very much very isolated really and very… you know what I mean and I've seen a lot of dips in mood and he's just fed up and I can totally understand that like I.. I don't know … sometimes I don't know how he keeps going really and that's quite a stress then for me then to kind of see that and to be kind of slightly helpless in that regard, you know what I mean erm that's quite a difficult but erm R: Could you just say a bit more about what that's like for you, that stress or slight helplessness?	Witnessing sadness is stressful, worrying Feeling responsible and powerless Feeling distressed, worried, fearing worst for mentee Feeling responsible and helpless Is something awful going to happen?
Sharing personal impact – anxiety, worry, heart stops, fear worst: mind tumbling, catastrophising	Pt: It's quite, it's quite anxiety provoking at times, like you'd be worried about him erm, or we've gotten into this mode where he'll come up and he'll go 'big problem, big problem' and my heart stops and I go what's going on, is he involved with the police, is he getting kicked out, is he going to be homeless, is	Feeling very worried, fearful for mentee – taking on feelings and responsibility

Feeling responsibility, powerless *Sense of worrying, and frustration? Relief?* *'I feel it for him': taking on responsibility?* *Sense he is too naive, innocent, fragile needs protecting – mixture of pride and worry* *Stress because stakes are so high – terror of being sent home: where do mentee feelings end and mentor's begin?* *The unknowing – difficult to live with, to contain, to deal with* *on-going stress: sense it is persistent, unrelenting* *Systems don't give full understanding, forced migrants disadvantaged mentor has power to*	he going to be, and then the problem is you know he's got a letter from the council and he doesn't understand it and it, it's not that big or a deal you know what I mean and it but I just feel that kind of, erm, anxiety, I guess, for him erm and just that worry about him really erm he's a very kind man he gives money to the homeless people and he kind of talks to them and I remember one incident where er he was walking home late at night from the mosque I think and there was a couple like a young couple and I think they were really drunk and erm the woman was crying and going to the partner like talking to [name] like get him away from me, so [name] brings the girl into his house as a kind of form of safety or whatever and she's very appreciative and she ha- her phone is well you know the charger they were looking for a charger whatever and 10 minutes later he went away. I know it's a lovely act for [name] to do, it's pure kindness but and I was listening to him and just really um I guess some sense of pride for him and that he's just very kind and caring and all of that kind of thing, I think there's another side where he's just kind of terrified that what if the partner comes back, that he gets involved in it, but – you know what I mean? There's an altercation, the police are involved, his status comes under scrutiny, that kind of thing that he'd be just fearful of that like but then h… he's well able to handle himself as well and I'd just be it'd be that fear very and that kind of unknowing and he doesn't really know the culture here and he doesn't you know that kind of way, erm so there's that kind of on-going stress with him, at the moment he's looking that he's been moved out of his house for and his landlord wants to sell the place or whatever which is fine but he has to bid for these new houses now and erm I think he saw a house erm a few weeks ago and the woman showing the house to him uh he really liked the house and the woman showing the house to him said "Oh by the way, just to let you know, there was a fire here and that's why the other tenants moved out, [name] English isn't great still and [name] heard fire and went 'no no no, I don't want the house' and he made that decision saying no and then he rang me after the	Feeling responsible: wanting to protect mentee Influenced by fear for mentee; stress, high stakes – merging of their and my feelings Difficult as stress is without end, persistent 'I'm fearful for my mentee' Feelings of mentor and mentee merging Anger towards housing system, disadvantages forced migrants Feeling powerful and responsible (?) to change situation Anger at negative views of forced migrants

empower and change situation: responsibility Other perceptions, negative feelings towards forced migrants – feeling angry	fact and we kind of talked it through and he liked the house and you know I say well if it's ok now then he can take it or whatever, and then he rang back and it was gone and then that looks bad on [name] because he cant refuse houses and you can only have so many houses you refuse and I guess I get more angry with the system that we have here and the erm …the erm … perception maybe people have of asylum- or you know of refugees or people from a different culture, and maybe more so here in [place]. I um moved here [time] or so ago from [place], and [place] so diverse and so you know multicultural and here it's predominantly white it's middle class, you know what I mean, so it's so I get that underlying feeling of just of maybe not enough compassion from different people in different walks of life like the job centre or the council or things like that that I kind of feel a bit of anger towards them or resentment that they're not a bit more compassionate	Resent negative attitudes to forced migrants – unable to change, powerless
People here are privileged and not overly compassionate - resentment		Stress is on-going – overwhelmed, helpless?
		Difficult to say how manages these feelings
	R: Mhm	Feels emotional attachment is inevitable - empathy
on-going stressful repetition: feeling overwhelmed? Never ending? Hopelessness?	Pt: Erm, … so it's dealing it's dealing with those things on an on-going basis that I find a bit stressful and there's a sense of responsibility and erm and worry I guess worry for him that would be kind of on-going, yeah	Responsibility and helplessness
	R: What kind of things do you do to help you to manage that kind of on-going stress and worry?	Personal stresses get entangled – merging of emotions
Contradictions: I don't know, its fine, it's not fine, its reactive – unable to really name how manages feelings?	Pt: Erm… I don't know what I do really erm… I try to take into perspective my role here and I like I am a supportive role but I don't think you can meet someone on a week to week basis and not have an emotional attachment with them and that kind of, that sense of duty towards them, really, erm, so what do I do erm.. well usually it's I take with [name] it's kind of erm problems come up and we try and deal with them and that's the very stressful time and then they	Personal stresses get entangled

Justifying emotional involvement: feels or fears it is too much?	go away and erm it's ok, so it's, it is kind of very reactive and maybe not enough, not enough proactiveness maybe I don't know erm so most of the time it is fine, erm I don't know how I deal with it acutally, erm it i- it's always there, you'll be thinking about them during the week and I guess I'd send them	
checking in – needing reassurance: enmeshed *My personal stressed and his enmeshed* Helplessness?	a text and I get my own reassurance then I guess so I think my checking in on them and seeing they're ok and, and that kind of thing I think that helps me erm.. erm… and then I guess … erm it's very hard to kind of distinguish between their stress and my own stresses in life, so then they kind of erm I kind of work at a a kind of … and that, that's quite demanding on me emotionally	Concern about mentee's mood
Life experiences clouding feelings and thoughts – needing support for this?! Work is very stressful emotionally demanding, responsibility	and erm .. a few months ago unfortunately [personal experience], erm and that was completely shocking and I think since then I'm a lot more aware of [name] and his mood and his I I I'm a lot more hypervigilant about him and I and that's a I guess I'm projecting my own anxiety then towards [name] or kind of erm that's kind of spread out into my into different areas of my life and it has	Hard to separate personal experiences Focus on mentee resilience and hope
Worry about mentee's mood wellbeing – feeling responsible/helpless?	affected my perception of [name] and his mood and what he says and if he's fed up or not and so there's a worry there I guess and that's not [name] fault or it's not really [name] doing that's my own erm my own anxieties kind of bringing it through different areas of my life and erm so that's so then so to deal with that I	Taking ownership of difficult feelings
Hard to separate personal experiences off *Use of story to promote hope, idea can succeed* *Hell – the worst and most extreme; faith*	try and get a perspective on things and again I go back to how resilient they actually are and they are a fighter and I kind of tell them that, that they, they went through hell to get to, to get to England, to the UK and they had awful times in [place] and [place] and all the way through [place] so they can do that,	Feeling unsupported in role?
survived, survived *Takes ownership of hard emotions: taking too much responsibility for emotions?*	they're stowed away in a, in a lorry, coming over from [place] and the fear they must have had there and all of that kind of thing that well like they survived that and they are a survivor in a lot of ways and they have quite a strong faith and that keeps them going so in a lot of ways I feel very positive about [name] but then I do bring in my own anxieties and stresses related to them erm yeah	Stress/emotion seeping out into life

'try to deal with them' – trying to manage mentee's problems	R: You've talked a number of times about his sort of resilience and his surviving, and I just wondering sort of what sense you take from that or what meaning you take from that?	Unable to get away from stress - responsibility
Resilience is inspirational Resilience gives perspective on own life problems	Pt: Erm, it's inspirational, I guess, for me erm it's amazing I can't imagine the.. what it's like not to be able to see his, your family and not to be able to go back to your the country where you grew up in, where you lived, erm so I take a lot I it's a great source of perspective for me and my own stresses in life, my own worries about quite erm trivial things are most in relation to [name] worries or erm what would the word be [name] loss I guess his loss of his life and his family and his erm his way of life erm it does give me a tremendous sense of perspective in that regard erm that I kind of wish I had that kind of resilience in my own life you know what I mean erm and coz som- I guess sometimes I get frustrated with him like erm .. he was … looking at this like looking at houses and stuff and going oh it's a bit far away from the [place] or I'll have to walk a bit longer and I like one thought I'd have I'd be come on mate you're over here you're getting a house for free or you know what I mean but then I take a step back from that and go this is his life here and he wants the best life he can get for himself like anyone does and I think it's quite easy to slip into that moment of you should be grateful for what you're given or anything like that and I I'm guilty of that sometimes when I'm with him and it's were in the library and trying to bid for a house and there's 20 minutes left of the computer time and I'm like come on [name] like you have to pick one like, and he's like "oh no it's a bit" and I'm like come on like you know what I mean this is a free house here that you're getting, housing benefits, all that kind of thing but actually he's right, this is this is his life that he's living and he wants it to be the best it can be and just because you're a a refugee or you don't have the means or the income, as a society we need to be caring for those people and that's part of my role here this I'm part of society and I'm trying to I guess support him as much as I	Resilience Resilience gives perspective High stakes: extreme plight v. resilience Checking self, reactions – wanting to always be empathic Feeling inspired, perspective on life Aspiring to be like mentee, or feeling lesser in comparison? forced migrants' rights, dreams, advocating Difficult to be annoyed given what been though Societal responsibility
Talking about checking in – no other support available? *Get my own reassurance* *'loss of his life' highlighting how powerful, extreme change is – feeling for mentee* Can initially get annoyed *'slip into be grateful' – unconscious process, need to be mindful* *I wish I had that kind of resilience: feeling inadequate by comparison* *'bring in my own' seeping both ways* Has every right to want the best possible life *Hard to be annoyed b/c journey*		

Societal responsibility to care for others	can erm so you have to kind of check yourself sometimes because it's an easy road to slip down I think and erm I cant remember the question now so (laughs)	
Check yourself – be vigilant, mindful	R: I was asking um what the meaning or what sense you take from his resilience	Easier to think of mentee than self
Stops talking: not able to say gets annoyed?	Pt: Right… mmhm erm I guess it is a good indicator of how resilient a human being can be erm … he's yeah I think he is er I told him he's a fighter and I	
Asked about mentee, talks about mentee perspective: hard to think of self?	think he is and I think erm he wants to build a life here he's quite a proud man and wants to get off receiving benefits he wants to work he wants other value in	Understanding of resilience, appreciation
How resilient a human being can be, build a life,	his life he wants a relationship he wants kids he wants everything that a lot of people want really and he hasn't let being in a completely different culture and	Hope and inspiration
get off benefits, have a family – <u>live by values, hopes and dreams</u>	a different country stop that and erm and I don't need to stand in his way for him to achieve that either I'm there to kind of support that and so I guess yeah I get quite a lot of inspiration from him and erm it's a kind of pleasure to meet up	Feeling conflicted, worried about if I am helping – responsibility? Efficacy?
I don't need to stand in his way – need to be helpful??	with him really in that regard, yeah	
Idea he doesn't need me?	R: I was wondering also, um, what it was like for you initially hearing his story about his journey to the UK?	Taking inspiration Enjoyment, pleasure
	Pt: Um, well initially er when I first met him he was very, I think he was quite guarded about what he was telling me erm I think he was worried I think he was worried he was going through this process of gaining his erm his kind of leave	Building trust English barrier
Trust issue to begin with English barrier	to remain his um and things like that and I think there was an issue of trust there excuse me that erm he didn't really know what he maybe could say to me and then also he had poor English then and his English was quite poor erm you're	Learning journey 'drips and drabs'
Drips and drabs about journey here	taught in, you're told in [organisation] not to kind of probe about what his life was like in [place] or why he came erm so I we I only I've got it in kind of drips and drabs about his erm why he came and his more so his journey he was more focused on his journey through [place] really through [places] and it just sounds	Empathy, horror at journey – painful emotions difficult to stay with

Sounds horrible and devastating, feel fear and anxiety *Gives a lot of background before naming difficult emotions: devastating, awful – too painful to go near?* Taking hope, inspiration *Telling story rather than own reaction – trying to illustrate? Or avoiding?* *Noting blaze – to mentor it was horrifying* Hearing about mentee powerlessness *Scale of issue, overwhelming, astonishing, horrifying* *Repetition of fear, anxiety, isolation* *Hits me – forceful, powerful* This is happening – how? <u>Questioning, disbelief</u> *Roughed up: danger* *One of many of thousands and hundreds of lost souls wandering through Europe to find safety – imagery,*	horrible it just sounds devastating and just that kind of fear and anxiety, I think he was getting on a train and he hadn't paid and he left his silly but he left his mobile phone on the table when he was g- oh he left he saw the um train conductor or something coming so he had to run into the toilet to hide and erm when he came back out his phone was gone so he knew someone in that carriage or someone around had taken it but he was powerless because he's an illegal immigrant at that time or he's do you know what I mean he doesn't have any erm right to be here well right to be in [place] more so and he didn't want to claim asylum in [place] so he was quite erm he was like powerless in those times ….. and he spoke quite, he was quite blasé in the way that he said this and it was something that just happened but I guess for me that fear and anxiety that was there and being so isolated and alone and constantly erm on guard and erm and worried about where you're where he's going to go if you keep some reason he walked 20 miles one time in during in the day I think to get to cross over to [place] for some reason and that was quite a thing to just beyond me really, beyond my comprehension I about …. I guess … I think I guess it hits me you kind of think this is happening in modern day [place] and this isn't we see photos of the you know pictures of refugees after the second world war or beyond then and you're like how could this be still happening how could this you know what I mean so that's I guess the kind of wider the macro level of […] like they're just one of many of thousands and hundreds of thousands of lost souls wandering through [place] trying to find safety really um and they're just one tiny example of that and um I think he um he's he'd been roughed up by kind of people on the train or things like that and you're just like your heart would go out to him but then I go back to that resilience of him that he is able to pick himself up and he had a goal to get to the UK and he wanted to get here and he did I think he came over on the on like one of these [transport] um there's I think there's like [number] of them stowed away and the [transport] was t- was stopped and checked I think they have this technology to detect kind	Empathy, horror at journey - overwhelming High emotions at journey Powerful realisation – journey, barrage of painful emotions Questioning and disbelief: how can this happen to people? Powerful overwhelming sense of hopelessness, desperation Care and compassion

isolation, desperate situation, hopeless *Heart would go out to him – care, compassion* <u>Revering resilience</u> *Doesn't bear thinking about, unimaginable, guile confidence: awe could I do that?* I have such a blessed life, don't want for anything *Repetition* *incomprehensible* Feels so distant but also here *Admonished – punished, punitive* hard dealing with beurocratic Feeling thankful <u>What does it mean to arrive? To belong? Here but not here</u> journey is on-going *Incomprehensible* *Anger at systems, attitudes*	of heat or whatever and they opened it up and it was dogs the security guys had dogs and stuff and one guy got pulled out and for some reason he didn't get detected and he told me that with a sense of pride and a sense of luck I guess and he mentioned […], about […] was looking down on them and he would be guiding them, and then I think he reached over here erm on some motorway and then the lorry driver lets him off and he's just wandering the motorway waiting to be picked up by the police and getting taken to a detention centre and … just doesn't bear thinking about really or what would what would that be like for [name] to go through, would I be able to do that, would I have the guile and the confidence and the determination and motivation to do that I don't know, you know what I mean erm I have such a blessed life and want for anything and I I don't have to think about that I don't have to comprehend that um and I probably wont ever in my lifetime, I don't know but do you know what I mean it's just so distant from me and yet now he's here in [place] and now he has to deal with the more beurocratic side of life so maybe not the action packed stowing away on a train and the trials of that but the trials of attending er a job centre er interview every two weeks and being kind of admonished for not getting a job because his English is so poor and being kind of grilled and being the stress of that it's a different type of stress but its still it still going I don't think his journey has ended yet do you know what I mean he he's physically arrived in [place] but he, has he settled in [place]? Is he a member of [place] society or you know what I mean? Erm I don't think he thinks so yet erm I think that journey has continued really R: And what's it like for you hearing him talk about you know the beurocracy or the job centre or.. the systems here? Pt: Errm horrible, I get angry, I get annoyed I speak sometimes I have for information with the council and there's a sense of dismissiveness I think from	Revering resilience Unthinkable journey, awe Realising own privileges, feeling grateful Not being able to believe horrors Feeling thankful Systems, society punish forced migrants Journey is not finished: compassion

Horrible, angry, dismissiveness from council *disgrace* Difficult to deal with them Attitude of be grateful	the council and that kind of – going back to that kind of – be happy with what you're given and that kind of thing erm I think that's quite apparent and erm… I don't like that, and it's quite difficult to deal with erm I think they and I I guess its kind of its inherent racism, I guess, really, because when I speak to them then they're a lot more ermmm.. I feel I can put them under a bit more pressure and they're a bit more responsive, and I think that's a disgrace and.. I don't agree with that I think its e.. I think it's a … it's a … it's a wonderful thing that [organisation] is there to help integrate people but actually, when you think about it why- that shouldn't be the case because it should be a societal thing that we are welcoming and he shouldn't, everyone needs support, but he shouldn't need that really because the council should be there, the job centre the erm, the different organisations that are ultimately responsible for, for soci- for vulnerable people in society and their care erm so yeah so it makes me angry um but I'm glad, because of the system we're in, I'm glad I am there to speak on [name]'s behalf um… erm .. yeah. Yeah I don't know, yeah	Horrible reactions from council - anger
Inherent racism: us and them – different response to me, systems not fulfilling duties – feeling let down		Difficult to deal with council – outrage on behalf of mentee
Own privilege, power		
It's a disgrace - unacceptable Can't voice to culprits: cannot be said because we need them – vent elsewhere Societal responsibility System makes me angry		Awareness of own privilege, power Feeling helpless re: others attitudes? Societal responsibility
	R: Um, could you tell me a bit about what you do with that anger, how you process that anger, what happens to it?	
Vent to colleagues, venting – going to explode Mode of 'being against the system' us v them Draw on other experiences to deal with frustration, perspective Use anger to drive	Pt: Er just vent it to colleagues and stuff after a difficult phone call with the council or whatever erm I hope like I have to hold my tone with the council because err I'm focused on him and yeah I don't want anything to look bad on him or you know what I mean erm so I'm quite direct with them and assertive but erm but then yeah it's just venting.. and then, you get into that kind of easy mode of being against the system and I guess I'm in my job I am part of a system of you know within the organisation or whatever and erm a big part of that is listening to customers rail against the system and, then my experience of another system is quite equally as frustrating so it kind of gives me a bit of more empathy for others in a similar situation, really, with a different beurocracy,	Anger at systems, powerlessness Uncontrollable venting to colleagues Us vs. them

Focus on getting best for mentee Mentalize, try to understand *feeling jaded – difficult to continually rally against* *laughs – use of humour to cope or to avoid?* *'the only resource' – need for more*	maybe erm, but my focus is on getting the best for my mentee, so that's my goal, so I can, I can take that anger and I can, that's that doesn't erm …. doesn't necessarily stress me out or anything it's just kind of … you get maybe a bit jaded and a bit and I guess you have to take into perspective there are huge budget cuts and they're under pressure to house erm to house him and they want to get that done, and everyone's out for themselves really you know what I mean everyone's looking after their own interests and it would be much better for the council if my mentee was housed and, you know what I mean. So I understand all of that, so you just try and work with then and it's not as if I'm on the phone to them every week either, you know what I mean it's quite minimal contact but erm… yeah, so how do I deal with that yeah I vent to others I go 'ah.. bloody council' (laughs) and move on R: Um are there any sort of more formal resources or inf- are there informal resources that you use to help cope um with the emotion that gets brought up?	Drawing on past experiences to cope with frustration Taking perspective, anger drives Try and see from others' perspectives Tiring and difficult to continually fight for forced migrants
Group meeting good to hear about others similar situations Lean about other orgs *Tactics and techniques – military terms* Colleagues are supportive Lacking emotional support Supervision is catch up information based	Pt: Erm well I guess the only formal resource is we have a monthly meeting at the organisation a kind of erm from that meeting we have kind of group supervision with the organisers erm that can be a really good resource because you can hear about other mentors in similar enough positions and then you hear about different organisations that they've used, different tactics they've used or techniques and erm different resources, so that's, that's quite helpful on an information basis erm.. that's really good and i- the erm .. I dunno what you call the like 'managers'/paid members of the organisation they're very supportive and if I ever had a problem .. I us- I had problems at the start with my mentee, I cant remember what it was but I was a bit worried about him, I think it was where he was living initially and he was having problems with his housemates or whatever erm.. they were quite helpful in that regard erm in term of the emotional support, I think that's quite lacking erm I think the erm the	Hearing others experiences good Gather information from meetings Gather 'tactics and techniques' – military terms Feeling loyal to org: defending or not able to be honest?

Feeling loyal to org; defending – or unable to speak freely? Org under pressure Limited resources Don't feel appreciated!!!! Gratitude would be helpful, <u>validation,</u> feeling valued	supervision is about a catch up and more information based and erm …. I get a sense that they are really over capacity for you know what I mean, they're hard under pressure, there's a very small staff base there and erm .. I think that's I think they're doing a wonderful job erm but there resources are very limited, and the time and support they can give to mentors or that kind of thing is very limited and that's understandable. I think one thing erm my sister works in the volunteer sector in Ireland and she deals with a lot of volunteers and what she tries to do is she really .. erm … I think show a lot of gratitude towards the volunteers of just going thank you so much or just getting that kind of feedback and it's just throwaway praise but she said she sees the volunteers really respond to that that kind of you're really doing valued work, sometimes when I go to the supervisions it's a bit more ..…. Erm … right yeah you're doing that but we need also need help with this this and this coz they need to full that coz	Not feeling appreciated by org Emotional support lacking - support is practical Org pressured, ltd resources Validation would improve Needing more emotional support
Do try, but a bit more appreciation would be good Appreciate us more	they have a job, but I think sometimes they miss the kind of weekly work that the mentors are doing and I think it would just be a small gesture just to go, you know, and they they do it in fairness like they have staff get-togethers or something and they're trying their best but I think it would be an easy thing for them to do to show a bit more appreciation for the work that is being done with the from the mentors perspective erm so that's I think that would be an easy	More appreciation would improve Feeling distant from org
Morale? People seem ok but sometimes dread going – feel get pulled into extra, hard to say no/guilt? Feeling should do more, unappreciated Guilty not being able to give more time Feel mentee and org are separate	way to kind of.. increase morale or kind of I don't know what the morale is like everyone seems to be getting on generally ok but I see that, sometimes I kind of dread going to these this supervision meetings because it's the first half an hour is can anyone do or help out with this um, and I kind of say sorry but I can't give any more of my time really and there's an element of guilt that that I can give maybe an hour and a half a week to my mentee and that's really it um I could do more, everyone could do more of course but.. that's all I can do so I feel a bit kind of guilty when I'm just kind of there just kind of sitting silently going oh/r they have some kind of fundraiser on Sunday and I kind of can't do that or you know that kind of thing or classes during the week where I'm just	Guilt at meetings – not giving more Guilt at meetings – not giving more Taking responsibility – not wanting to blame org?

Acknowledgement would increase feeling of connection	kind of working for and er.. so maybe just a bit more acknowledgement from them would be a simple way I think to make me feel a bit more connected, I don't think I'm really that connected with the organisation maybe I see my mentee I, that's kind of almost separate to the organisation at this stage and (inhales) I guess that's that's my own fault I haven't, I haven't erm.. connected fully with the organisation in terms of doing other activities - I've been very much involved, my focus is more on my mentee rather than the organisation if that makes sense erm .. so….. and then where else would I get my emotional support from? Erm… well maybe I guess I'm in quite a lucky position because of where I work and I'm kind of aware, very aware of my own emotions and how I deal with things you know what I mean I don't deal with that well but it definitely acknowledges acknowledges power so at least I'm aware of that kind of ok yeah that thing that my mentee is stressing me out and.. I more kind of deal with that myself maybe rather than seek out support um yeah	More appreciation would improve
Feeling separate, distant *Takes blame, responsibility* Self-awareness of emotions Acknowledgement of power, helps manage stress Deal with emotions myself *Aware of emotions but struggle to deal with*		Feeling disconnected Feeling disconnected Difficult managing emotions Wanting to feel valued
	R: Um, you spoke a little bit about what things could maybe be done to be even more helpful from … point of view, and I just wondered whether there was anything else that came to mind at all?	Not feeling supported by org (under own pressures) Friendship developed, is this ok?
Having a joint meeting was supposed to happen but hasn't – <u>organisational pressures?</u> Drifted, lack of focus Friendship – not what should be	Pt: Erm.. well we're, I think we're meant to have a what I've been looking for and it just hasn't worked, I think after [time] or maybe after [time] you're meant to have a meeting with mentee and volunteer coordinator or whoever, and that hasn't happened with me erm I haven't had any major problems with my mentee but I think we've lacked focus, it's drifted into that kind of more friendship side and yet we- I'm still very much supporting him with very practical things so erm so I think that would be better, a bit more check-in with the volunteer, I think it's I don't know why it hasn't happened I think it's because there hasn't been that many problems and my mentee has been attending regularly and he has that support there erm and I haven't really sought	Feeling alone and unsupported It's my responsibility to manage my feelings Witnessing horrors – wishing for emotional support

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Feeling unsupported, forgotten by org 'supposed to have'	that out as such, erm, I think, listening to other mentors and then having to hear a lot of quite erm traumatic moments in their mentees lives, previous lives, erm I think there could be more done for the emotional support of that. I think	Vols hear difficult stories, need for emotional support
Lack of support for witnessing horrors	they're great at the practical support and signposting on where to help the mentee but whereas I think there could be more support for the mentor erm I	Good practical support, need emotional support
Listening to other mentors who hear lots of traumatic moments need more emotional support	don't know how, what that would look like erm but that kind of maybe reassurance and erm I think oh what was it erm I remember a supervision a kind of small group supervision maybe 4-5- of us and a woman was talking about	More validation from org
Punitive, not empathising	how her mentee was very low on cash and she said like 'Oh I just wanted to give him 50 quid' and .. my initial thought was yeah I know, and that kind of	More sensitivity with boundary issues (org) needed – defending other vols
Practical support good, need more reassurance	empathetic whereas the the organisation supervisor erm was like 'No you can't do that' and 'you shouldn't do that' and that kind of thing. Of course that's	
Speaking up to protect others – taking responsibility	right, you know, for me that adds loads of boundary issues and it's not right and you know what I mean we I understand that, but that reaction I think it's very	Org has power over vols - powerlessness
Intimating too much emphasis on boundaries	kind of … harsh and strict and the woman didn't give the money but she said 'I just really wanted to' and I think its that kind of emotion cause I then said 'Oh I	
we, I – doesn't think everyone understands boundaries?	completely understand that kind of you'd love to' do you know what I mean help them financially and you'd love to do that, you know what I mean and just	Org has power over vols – unable to raise concerns?
	kind of exploring those feelings a bit more would be helpful I think for the	Experiencing org as punitive?
Org could be more empathetic, validating	mentees, rather than being kind of fearful of going 'oh right I bought them this' and 'oh well you shouldn't have done that' or you know that kind of way that	Drifting into friendship
Fearful, unable to be honest	kind of you're almost a student going into the headmasters office then if this.. you know what I mean it's not that extreme but like .. do you know that kind of	
suggestion organisation may be burnt out?	way, so maybe a bit more of that emotional support and understanding and maybe they've seen it all before as well so, maybe they've seen all the mentors	More emotional support needed
Position of wanting to protect other vols	come and go and the problems arise so they when they hear a problem 'yeah do that' and its very transactional the supervision so it's you bring a problem, they	Supervision business like
	attempt to solve it or signpost it and that's it erm but there are no I don't I wouldn't judge them on that either though, they're on a skeleton staff there	Org limited resources

Fearful of 'doing the wrong thing' power imbalance where organisation has power – telling off	really intense resources and I have so much admiration for them especially the manager I think she's an amazing [person] that you know what I mean to kind of set up this organisation and you can see the passion she has the compassion	Admiration for org
Protective of staff, manager org needs more support	she has for the mentors and stuff I think that's important and she's running a charity organisation which these days is no easy thing either, so she's very	Separate emotional support?
More emotional support and understanding needed Supervision feels transactional – business like	mindful of the safeguarding aspects and the you know proper record keeping and, and that kind of side so she just needs more support there and I think that needs to come from a benev- a benevolent other source maybe you know what I	Preventing burnout, protection
Org very limited resources Lots of admiration for org	mean something that can just maybe take over the the emotional side of things to keep the mentors from burning out or from losing interest or from, you know what I mean erm I think that's important yeah	Unclear about role – but responsibility
	R: Um it was a long time ago you mentioned it but at the beginning you mentioned there were a few bits of training you had prior to taking on the role and I was wondering if you could talk a bit about whether and if so how that training prepared you and whether the role was what you were expecting?	Wanting more emotional support
Need for separate emotional support perhaps Need to protect vols from burnout	Pt: Mhm yeah I think we had 2 days training over a weekend and … the training was quite good it was quite enjoyable it was quite it was a group kind of training session and em they spoke about the different erm.. a lot of it was the more practical side, what is a refugee what is an asylum seeker what erm what is the process of gaining asylum in the country, how many people are forced migrants that kind of thing, so that was quite enlightening and informative um	Unclear about training – feeling more support needed?
What role isn't, not what it is? Role clarity?	then um they spoke about the role of the mentor and erm they spoke about a lot about what it isn't and it isn't a counselling role and it isn't a professional kind of therapist role erm they saw it as a kind of erm .. I think they viewed it as a	Wanting and valuing empowerment
Training was good, in terms of knowledge and practicalities, informative	kind of erm a supportive and ……. Erm.. directive role maybe a bit that maybe you were set kind of um I think if the the actually the main thing erm which I quite responded to was that it's erm you're enabling the mentee to erm solve	Training encourages supportive, enabling role
		Protective/admiring of org

I think they viewed it as.. not clear	problems on their own so it was very much a signposting role so if they had a problem with their immigration status they'd go to the be signposted to the Red Cross if they had difficulties with benefits you'd signpost them to the council, that kind of thing. Erm, so that was a 'scuse me that was a big um there was a big focus on that and I I like that I kind of respond to that in that you're trying to give tools and enable them to have the tools to seek out the support themselves erm so that was the main thing they erm.. (cough) they recommended to me you know meet the mentor mentee once a week for about 2 hours or an hour and a half erm and you would fill out the book then and to say the the actions of the week and what they're going to do in the following week and erm.. so that was the main erm.. the main kind of outline of what the role would be um, I think it was what the role?	Wanting more emotional support
Enabling is important to mentor; values Enabling mentee to sort own problems Like idea of giving tools and enabling		Enabling, empowering
	R: And how did that match up then yeah how did your expectations match up with what you kind of actually found through doing the role?	Comparing relationship to others; feeling lucky
I look at my mentee: implying in a better position than other mentors?	Pt: Um I think it's I think it's um.. I think it matches up quite well actually, erm I think there is erm I think there is that role of trying to erm guide the mentee, the person, in erm giving them the skills and the confidence to seek out support elsewhere so that they don't become reliant on the the mentor erm I think yeah that is good in practice but I look at my mentee and he, he's well able he is well able to look after himself and he does he does have support from the organisation and um different well not too many different organisation but, erm, I think I'm a big part of that and I didn't think I'd be such a big part of that maybe erm when you realise how little support he has or you know has such little contact with other people then, then what I noticed in supervision I guess was that although the goal was to enable the person to do these things and I'm quite, I try to be quite strict with my mentee about that, I'm like 'well you ring up the council first and see what they say', you know what I mean? Really in a	Big support, responsibility – importance of role
Not as easy to empower as made out? In practice..		Empowering whereas org. tendency to fix for

Feel like a big part of support for mentee *Org is quick to jump in rather than empower* Get mentee to try things first – sense other vols don't nec. Do this – tendency to 'do for' *Reactivity of mentor and org more than purported* Disparity between role ideal and reality – firefighting and fixing *Comparison with other mentors – pressure to 'be best' – have to think LT* Awareness other vols had huge problems and difficulties, needed strong directive stance *Shiiit (laughs) – nervous laughter, feeling awkward?* Pressure to compete/compare with other vols	way to enable him, I've found in supervision that it's more, that's much more of a lose role I think and when the mentors encounter a problem the organisers will kind of solve that problem for them and organise it themselves and do it for the mentee when they can do erm so maybe there is a bit of disparity there between really enabling the the erm .. the person to kind of have those skills with, erm.. kind of fighting fire and just kind of fixing the problem and kind of moving on then erm … yeah I really don't yeah I don't think I don't think I'd changed much in the training like I think they gave a good explanation of it like I but I think I'm also quite lucky; my mentee hasn't had any major problems and I feel quite comfortable with it in that regard, I know listening to other mentors they've had huge problems some of their the people that meet have been involved with the police or different, you know what I mean, diff- quite difficult, other people take a much more, other mentors I hear take a much more stronger directive role in their mentees progress and I've gotten that back from my mentee as well he'll go 'Oh erm my friend has a mentor and they got them a job in this place' and I'm like shiiit (laughs) quite like I so there's a bit of pressure there you know in that kind of way you're like dici- but I think like longer term it's better for my mentee to go through this pain and suffering of worrying about a job and and erm.. and …. Erm I think it's sometimes it's quite easy like we were working on his CV and things like that and er …(inhales) and you're after a long day at work and then I'm like (laughs) c- there was like we were trying to finish his CV for a job application for somewhere and then it's like, you know, half six the library is close at 7 and I'm banging out a CV for him like what kind of skills did you do back in your country of origin and his like 'ah I'm not sure' and I'm just like err you know 'general tidying ok, that's it' so then, so when you're under pressure you do take more of a directive and more of a bigger role and that but I try and step back from that because this is his life here, again he's well able to look after himself, my focus more is erm confidence and mental health and to have a friend here that is supportive of him	Firefighting prevents enabling, feeling overwhelmed Firefighting prevents enabling, feeling overwhelmed Vols face tough situations Comparison to other mentors competition Comparison not feeling good enough Feeling responsible/pressure to elicit change? Friendship

Refers to self as friend Sometimes take over and 'do for' when pressure *Talking like a parent: care, not overbearing: mentor* Walking along beside mentee, in their corner, not pushing or leading All to make own decision	and non-judgemental and that can take – I think they're the real essence of being a mentor is just being… having someone in his corner being someone walking along beside him and not pushing him along or not leading him, being-walking beside him and being.. I think he's made some bad decisions, maybe, but I have to, I think you have to let him make those bad decisions, he's not a child, you know what I mean, like he- he it sounds like kind of talking here that he has to make his own mistakes but I think that is true and he's well able, he knows what he wants in life so he uses me as a conduit to get to those things, so like traversing the local council bidding process thing.. would be impossible for him to do that at this stage and that's the only way you can do it so I have to take more of a directive role there in terms of the practical things of going on the internet and.. do you know what I mean erm.. so.. yeah again I cant remember the question but (laughs) …. R: I don't know if you feel like this has already been covered, but I suppose I just wondered whether there was anything else you wanted to add in the sort of the development of your relationship into a friendship? Pt: Mhmm R: And that sort of area, whether there's anything you want to say about that?	Sometimes reactive and do for, fix Caring language, parental talk, not overbearing Overwhelmed and surprised by level of responsibility Empowering and enabling
Sense of value care Repeated appreciation of characteristics *'One-way friendship'* – unequal, different roles, no	Roy: Erm, ... well ... I I- ki- again as I said I [personal details] and my mentee has become a friend of mine I think, erm he's someone that I see regularly, I see him every week, erm ... I like him, I think he's a funny man, he's very personable, he's very friendly he's very kind erm, I want to know how he's getting on, I- you know what I mean I want to -I guess it's a one way friendship	Valuing relationship with mentee, boundaries? Special or a-typical friendship

personal questions: <u>What does this feel like for Roy?</u> *Repetition of 'value' and hesitancy in statement of being valued in initial reference to friendship:* a true sense of being valued or a desire to? <u>A growing relationship</u> *Inhalation, 'genuineness', 'heartbreak' vivid language:* emotional investment is real, important, sense of care *'Living that with him':* feeling his emotions *Than he lets on: not sharing full picture, trust or fears loss? Not fully honest with me* <u>Sense he holds things back</u> <u>Respect privacy</u> *Repetition of genuine emotional connection – high importance*	thought because my mentee doesn't ask me many questions, he doesn't ask me about too much erm he'll notice when I'm tired from work or things like that but he won't probe me into any more personal questions, and I don't know why that is because I'd be quite open with him about my life really, but he doesn't tend to erm.. ask questions like that so in, in some regards it is a one-way friendship, but I think he, he values me, he values the time I give him I guess and I think he knows I have a genuine interest in how he's doing and that erm …. there's a ... maybe at the start there's more of a requirement of like OK do this task, do this activity like go to the right place and ask about this and then he gets it done, now there's an actual (inhales) investment, and emotional investment in him that I have in him erm that when he rang me about you know when he rang me about two weeks ago about [event] you know what I mean there was kind of there was a genuineness to me that I wanted him to get a good house and the kind of heartbreak when he rang back to say that it was gone and that kind of … erm I'm kind of living that with him and he doesn't have anyone really … he has, he has bit and bobs of friends around the place, and I think he knows more people than he lets on and I think there's still things he doesn't tell me about and fully and erm and I never probe him on that, I think everyone has er.. he doesn't need to be an open book everyone has their things that they keep from others erm but there a genuine emotional connection that I have with him now that I'm, the organisation and the tick boxing writing the book is a secondary for me and I don't know whether that's good for my mentee or not, I don't know maybe I should be a bit more by the book in that regard, maybe I should be a bit more like setting like the like really thinking about my mentee like would he really respond well to really setting quite defined goals and things like that bit I think it would be disingenuous to do it now I think because it's more of a friendship that I can get frustrated with him and I can tell him like 'come on' you know I can -like I would with a friend, now, and he responds to that, he he takes that so I don't think it's erm.. you have to check that because	Being valued desired – feeling friendship not reciprocated? Seeping/enmeshed boundaries Developing relationship Emotional investment in mentee Living emotions with mentee - empathy (boundaries?) Sense mentee isn't fully honest with me – doesn't fully trust yet: developing relationship Genuine emotional connection important Responsible/making decisions alone By the book vs connection

Questioning how much to follow by the book – balance with being genuine	sometimes he's very reliant like he rang me up about that house and I was like 'will I take it or not?', and I cant answer that for him and I tell him that like 'oh, this is your decision and I'm here to support you so er..' but I think I'd do that with a friend you know what I mean so it- it's there he's dying for someone else to make the decision and that's just a human condition like that's just someone,	Able to show frustration to mentee
Org tick box: about more than that		
I can show feelings of frustration, talk to like a friend	you know what I mean, wanting to –it's such a bit decision, where you're going to live and he just wants that support and he got that from me I think and it didn't work out unfortunately but he knows I'm there for him in that regards so	Keeping boundaries, preventing reliance
Why genuineness = friendship? Justifying...?	erm, so I think we'll have to look at whether this continues on as a mentoring role or as a formal mentoring; I've heard that a lot of mentors kind of progress	Questioning when to end?
Boundaries – ensure not reliant	on they kind of end their formal relationship with the person and then just continue having contact with with the person erm I don't know whether … I	Mentee/relationship makes it possible to do role
Assess whether to continue in formal role – <u>how to know when to end?</u>	don't know whether I'd want another mentee.. either, which is interesting, I think, I don't know why..	Reservation about taking another
Not sure if I'd want to take on another	R: Could you tell me a bit about that?	Mentee/relationship makes it possible to do role
Resilience - buzzword	Pt: Erm … well I just don't, sometimes I think I'm very luck with my mentee, again going back to buzzword of today, resilience, but I think he's very self-	
Not wanting a negative experience after a positive one	sufficient in a lot of ways and.. I think I like him very much, and I don't think this relationship would have continued, I think because I'm in such a stressful job erm I think this I would have to protect myself if this were if I didn't	Resilience (important to mentor)
Looking after self emotionally; would be tough without emotional connection	respond emotionally to him to the mentee and the person erm so I thinks it's a bit because I like him so much that it's continued on and and so I'm invested in that regard yeah erm would I take another mentee.. I don't know it it it's quite a erm… I think it's quite an investment to do, I think, and I think it's understated	Emotional burden
	really, I think there is a strong investment erm erm.. I don't know, yeah, I think	Comparing forced migrants if another
Wouldn't want to compare	erm .. maybe I'd be comparing my mentee to the or the new mentee to him or whatever I think I'm set with this one (laughs) I don't know, yeah.. yeah	Viewing experience as positive

Satisfy – a need white privilege, guilt realising strength in others, determination, traumatic adversity changed perspective on life given perspective on own stressed enriched my life – regularly spending time with people from different culture amazing to build emotional investment, connection share in their emotions and life doing something in response to guilt, anger – pictures in Med *enriched – better for, gaining something, nourished, more beautiful* lifelong friendship strong connection added to sense of hope in humanity	R: Um, we're sort of coming to the end of- of our conversation, I wonder if you've noticed any changes um that have come about as a result of your role as a mentor? Pt: Erm … I guess I … erm .. well I guess one of the reasons why I became involved in the organisation was for I guess to maybe one aspect was to kind of satisfy my white privilege guilt that I have that I'm in such a privileged position and erm and.. and maybe through meeting my mentee I realise the strength in other human beings and erm their determination in- in the face of massive life changing traumatic adversity erm so it's definitely gave me a massive sense of perspective on life and erm and it kind of it –it kind of levels out actually I think everyone has their own stresses in life and to a greater or less degree I guess but everyone has that everyone has these crosses to bear and these trials in life and erm my mentee has given me perspective on my own stresses but it's also kind of enriched me in a lot of ways in like in terms of isn't it amazing that I I have a weekly conversation with a man from another country when I'm from the UK and I'm living in the UK, I don't know that many people I meet this man every week and talk to him even though it's happened in such a horrible way that he's been displaced out of his life, isn't it an amazing thing about the world now that you can meet another human being from such a massively different culture to you and and talk and to fill an hour and a half and to be emotionally invested in them and to worry about them and to laugh with them and to share their joys and help them with their sorrows and this sounds all very poetic (laugh) but it is, there's something amazing about that and how, how when you when it boils down to it everyone just wants the same thing, everyone wants to have a nice life and to interact with people and to erm respond to people and so I think it's erm given me -I guess, I guess it started with maybe that guilt and seeing those pictures of the Mediterranean, the crisis in the Mediterranean and all that kind	Caring for self, not taking on more Giving back what's owed – drive of guilt VPTG Perspective on life changed Perspective on life changed Enriched cultural exposure Enriched, inspired, amazing experience Emotional investment, connection Sharing their emotions

awareness of stress being relative – problems in perspective	of thing and going 'what is going on?' and that kind of anger towards the world, but then it gives, I guess it changed that to, to so much … human beings have so much in common and when it boils down to it it's just that sharing a cup of	Giving back what's owed – drive of guilt
never invited to house – aware of privilege	coffee with another human being and just living through the struggles of life I	Enriched
worried about hoe others would react	guess erm so erm my life is has been enriched by knowing my mentee and and he will be a… a lifelong friend, I think, of mine now I think I've had that, I	Friendship
not possible to duplicate	have that connection with him that I –I wouldn't want that to end or I wouldn't	Connection unique
others perceptions and judgements differ	want that to stop ..erm.. so that's definitely changed, well maybe not changed but it's just in it's added to my erm sense of hope in humanity I guess .. God	Hope in humanity
	that sounds ridiculous (laughs)	Perspective on stresses
guilt at what I have, horror at how others might react	R: Do you think there have been any changes in your self-perception? Or in your relationships with others?	
others bias or prejudice against difference	Pt: … Erm, erm …. Well there is that kind of perspective thing when you hear of other people's problems or you're just like 'pshh you don't, you don't know	Awareness of privilege; guilt
increased awareness of others' intolerance	what suffering is' or you know what I mean, I'm very aware everyone's everyone's stresses are relative and they're important and they're valued and all	Horror at others' reactions
us vs. them	that kind of thing, erm does what like there's one thing on my mind, I've never invited my mentee to my house erm…. And I don't know why that is really, I've a few inklings, I think, there's part of my is the guilt of it I think I I live in a very nice place, quite by luck really and erm, I don't know I think I feel guilty	Cautious of others' reactions: us vs. them
more stressed	about that but then the other part of it I have on housemate that I just have this	
more appreciative, greater value of life, inspired	sense that she wouldn't appreciate him in the house.. and I j- I never asked her that I never, you know what I mean there's nothing, there's just something stopping me from bringing my mentee to my house so I then that makes me	More awareness of intolerance - empathy
wow, amazing to take in stride, get on with it	aware of other people's perceptions and my own perceptions then so then why you know what I mean I bring it back to myself as usual I guess and why would I be scared to bring him to my house or do you know what I mean somethings	More stressed

	definitely erm I think we all have innate bias towards our own and our own kind if you will and I'm more aware of that and I'm more aware of that in myself and then there's you know maybe that kind of erm like going back to the with the council and the slight disregard perhaps they have of, of erm people from other countries or different races erm and maybe I'm more aware of it here where it is a bit more erm homogenous in terms of like race and culture and things like that erm so I have seen a change in myself is that, was that the question was it the change in my	More appreciative, inspired

Re-evaluate my perceptions

VPTG

More aware of racism |
| | R: Yeah, in your self-perception or relationships | |
| inspiring
sometimes he annoys me causes to re-evaluate self and perceptions
shame org needs to exist
vital organisation

what would happen without org? people '*lost*' with social integration | Pt: Erm … in relationships I don't think so …. Well yeah, knowing him has changed me it's made me more stressed at times definitely, but it's given me more erm appreciation and value in life, definitely, erm and .. kind of inspiration I guess i- like he does inspire me at lot he kind of, his way of his way of being has like kind of he says no problem all the time no problem, no problem you know and sometimes I think he's just dismissing me not wanting to get into it, but actually sometimes you think God, fairplay to you like, I just think like maybe overanalyse things and make everything a bigger deal and he actually just takes everything as it comes, deals with that if he can, looks for the support if he needs it and he just gets on with things and I try and take a bit of that into my own life erm I maybe not making things a big a deal and erm so he's quite inspiring in that regards, erm, yeah | Inspired

Sad situation
Importance of org.

Importance, vitality of org., advocating |
| | R: Um, is there anything that we haven't touched upon about your experiences that you'd like to share or to mention? | |
| | Pt: Erm …… erm .. well I think it's I guess I maybe touched on this but I think it's kind of a shame that an organisation like ours has to exist in some regards | |

advocating for forced migrants and for org – more support needed amazing resource testament to org. amazing resource	but it's an absolute vital organisation and we're a I think here is a catchment area for people who have refugees and asylum seekers (inhale) and without the organisation I don't know what, where, these these people who come would be to a large extent lost in terms of that kind of societal integration into the organisation and so many different, so many you hear through the organisation these different organisations really helping um refugees really assimilate into erm local culture and the way of life here erm and I think it's a testament to the staff and these other organisations that it's an amazing resource to have and erm I guess … you know resources are needed like that, that's the main thing I can think of but, yeah R: Thank you, um anything you'd like to add before I turn of the tape? Pt: No I don't think so I think that's it, cheers R: Thank you	Amazing resource, advocating Amazing resource, advocating

Appendix N. Master table of theme exemplar extracts for the group

Theme	Exemplar extract	Page, line
Paralyzed by Responsibility and Powerlessness		
I want to "rescue them" but I can't	*Tyrone: it's been frustrating being like how on earth do you help a [age] boy get friends at school I can help him with his English I can help him with his homework but I can't help him with like [situation]*	8, 231
	Jeff: how does the mentor who may not have ever done that before you know got no clue how it works okay using the internet you can spend an hour or so trying to find out how to do it but that time they've got into arrears yes so they're so you can rescue them once they've got into trouble yes by finding out but actually there's no I have to say manual of how you how someone needs to fit into how things work not society but how things work in the UK	5, 142
	Vicki: I was just kind of like trying to tell her there's nothing that we could have done cos I feel like she just felt really guilty about it for some reason although it was not her fault or she was just scared that that could happen to her so I just kept trying to just reassure her	8, 211
	Marion: you feel uncomfortable because you don't you kind of initially want to solve the problem but you can't you can't solve anything for them so you're sort of I mean I feel then just sort of forced to just go just be there for them just be present and don't panic and go Oh God Ok what can I say, what's going to make them feel better, you know like what what can we do now to distract or something and yeah so that's been my overall feeling like when it is just to like really show him that you're there and like you listen to them just try and yeah"	25, 812
Crushed by responsibility	*Essie: there's other times where I walk away thinking 'Oh my God, I can't do a thing to help this person' and 'I wish I could do more' and you know qui- just sort of concerned about the lack of power that we have perhaps to influence things*	2, 41
	Tonya: I don't know what she's gone through or been through and to have that sort of meeting someone from your country like that I felt like I don't know what to say to her like she was telling me stuff last week about how bad the family is the children and how lots of racial things going on and I was just like to her just be careful don't get involved too much but I can't tell her to stop that relationship so that was hard <…> I should have been more on the ball I should have asked more	20, 503

	Roy: it's quite anxiety provoking at times, like you'd be worried about him erm, or we've gotten into this mode where he'll come up and he'll go 'big problem, big problem' and my heart stops and I go what's going on, is he involved with the police, is he getting kicked out, is he going to be homeless, is he going to be	3, 85
	Lana: when you say stuff like that it's like it brings it home to you yes it just makes me realise as well you know what responsibility we've got for being in this situation to then how else can we help how can we help their country you know how can we you know improve help them to improve their infrastructure how can we yes what is it that we can do to stop whatever's going on	22, 581
External forced leave me powerless	*Tyrone: it's just like his situation and how like there aren't enough resources for him and he's still not getting enough time like the school he's going to*	8, 216
	Jeff: I'm quite nervous about the change to universal credit and the onus that puts on him ok *R: what are your concerns?* *Jeff: that two things one it's been reported that the implementation process is they're trying to make people puts you on the same basis as if they were working ok so it's meant to I understand where they're coming from they're trying to empower people to be responsible okay so that's fine if they've been educated to be to know what their responsibilities are I don't see a lot of that education of what the responsibilities are so I'm worried about that for him*	21, 472
Weighty Emotional Fallout		
"I can't feel that emotion everyday"	*Marion: you lose touch with the the emotion because it's you're just confronted with it as an everyday thing and so you kind of go oh, well that's just can't I can't feel that emotion every day it'll be tiring to constantly be reminding myself of how you can feel after certain like r- moments of actually imagining you know what a horrible experience that people have gone through*	10, 316
	Jeff: I tend to internalise that sort of stuff I did think actually of writing letters to the three [place] MP's but I didn't get round to doing that which was interesting I don't know why not yes I didn't I've talked about it with people but I haven't done too much about it you know	22, 502

	Roy: I've got it in kind of drips and drabs about his erm why he came and his more so his journey he was more focused on his journey through [place] really through [place] and it just sounds horrible it just sounds devastating	8, 241
	Tyrone: but I will cut off like like I've stopped going to the [name] sessions as much because it's like I need I only do an hour and a half but I need to have that day off because otherwise I'll just I won't be any use to anyone else if I didn't have such a you know sort of [...] job I'd like like I said with the [role] thing that I would have probably completely burnt myself out	20, 510
Protecting vs. neglecting my emotions	*Lana: you can only so far help people as well so it's kind of like being compassionate and not allowing yourself to get absorbed in it cos as soon as you get absorbed in it I think you've gone and you can't really help another cos you're in the pit with them so yes that I'd say like you observe it and you stay focused and you know in that way you can be compassionate and thrown them the stick to get them out rather than jump in and both be lost*	5, 99
	Tyrone: I feel like I wouldn't want to take that resource when it should go to a mentor or something like that or a mentee sorry	23, 586
	Vicki: I was just kind of like here stop thinking about that now and just forget about your own feelings for now because I what can you there's no point in feeling upset when you can't do anything in the moment <...> I guess I didn't really think about what I didn't really think about my feelings after I was still thinking about her	10, 246
	Lana: generally most of the time stuff's happening around me and it's quite stressful the it's yes it's to like know who I am and I feel that the main things for that are so simple and that's like you know getting enough sleep eating properly exercising you know real foundational basics if we get them right then it's like what comes at us doesn't throw us as much	6, 137
Calls for help	*Essie: it is more the kind of psychological things er I mean even this, you know that's one of the reasons I thought, I thought actually it would just be quite good for me to come and talk about this for an hour or so um, so maybe the sort of talking aspect is is a useful thing um and if it was there, people would use it, definitely*	12, 370
	Marion: I've experienced times when I've like I don't know what why am I doing this I don't feel like I feel like I'm being pretentious I feel like I'm you know I'm sort of forcing myself to be sympathetic when I don't feel like I have the sort of I don't want to be because I don't feel I should be and you know like all	32, 1004

	these things erm and then and then realising just like actually no overall forgetting all these like smaller things that you come across when just coming across your own doubts I guess and you're trying to deal with them and also trying to deal with people who don't know wh- how you should act like with	
Navigating Murky Boundaries		
Bleeding boundaries	*Essie: at one point we used to go out we'd go and have a cup of tea out and walk around and then when she was in a lot of pain one time she said 'oh can can we stay here?' and I I said 'yeah of course we can' sort of thinking oh we're just going to have a cup of tea and watch a bit of telly and chat, which we did, but then it became a habit*	14, 434
	Roy: it's very hard to kind of distinguish between their stress and my own stresses in life	5, 157
	Jeff: you think bloody hell something will happen here you know so I did I guess I broke some of the mentoring rules so I got I lent him some sleeping bags blow up mattresses camping chairs you know just to give them somewhere to sleep and sit yes and then trying to help him hunt up some furniture	8, 181
Tension and conflict between friendship and boundaries	*Marion: with him was like well I just can't do that with him in the same way so I'm just going to make my own judgements on like where like how like what the because he needed like he he's just such a social person like he loved meeting my [relative] and like we just we were out and it was like summer time and so yeah I sort of felt like I could be a bit like more free with it and just not so .. yeah I guess not sort of sectioning it off as meeting someone who needed the special help but just sort of like another human being who enjoyed in his case at least he enjoys meeting new people and he's just very sort of outgoing and so it's kind of like cool ok then I can just be a friend in that way*	23, 717
	Tonya: I'm quite close to her as well so I would be like we are friends I think I felt bad for even saying something I don't know whether you remember I felt like I'd grassed on her in a way about what had happened I would feel like she would not like it I was talking about certain things in front of people because we do meet and she does trust me and I trust her so we I wouldn't do that to her anyway	7, 139
Enriched with Hope, Joy and Inspiration		
Taking hope and inspiration	*Tyrone: there are moments despite all the anger and all the horribleness and just like pure happiness*	32, 814
	Lana: I was surprised about was the amount of appreciation that I've felt you know from meeting him and what I get out of it you know because before it was like ok I'll go and help them you know the people that need my help whereas actually like every time I go I come back feeling so much more you know joyful and like yes like just like wow you know	26, 637

	Roy: my life is has been enriched by knowing my mentee and and he will be a… a lifelong friend, I think, of mine now I think I've had that, I have that connection with him that I –I wouldn't want that to end or I wouldn't want that to stop ..erm.. so that's definitely changed, well maybe not changed but it's just in it's added to my erm sense of hope in humanity I guess	22, 683
	Tonya: I just think it's amazing I just look at her and think you're so strong and it is inspirational to think that the impact that someone can have on you and I don't even know I don't even know what happened to her and she's so positive and happy and always down for a laugh and we always have a good time together and I'm always happy to see her I just think it makes you appreciate her as a person and puts in into perspective why so many people have problems that don't seem significant	26, 627
	Essie: she's a really amazing person, I feel really privileged to know her	2, 47
Growing in empathy and perspective	*Vicki: it's beneficial to yourself you get to kind of reflect on yourself and you treat people you learn how to listen and I think it helps you like treat people better as well friends and family and that kind of thing*	29, 736
	Marion: it's also been positive you know being doing it for a while and seeing resilience in a lot of people has helped me understand you know look at people in situations of disadvantage and actually look at them for the potential	31, 960