Refugees Who Have Experienced Extreme Cruelty: A Qualitative Study Of Mental Health And Wellbeing After Being Granted Leave To Remain In The UK

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Abstract

This study explores how vulnerable refugees' experiences in the first year after being granted leave to remain in the UK impact on mental health and wellbeing. Nine semi-structured interviews were conducted with refugee survivors of extreme cruelty. Data were analysed using thematic analysis with a narrative influence. Reported challenges included requirements to organise housing, finances and welfare benefits rapidly. Most respondents reported low mood, worry, exacerbated PTSD symptoms, physical ailments and isolation, but valued stable housing, meaningful activities, emotional support and service provider sensitivity in managing this transition. Policy and service recommendations are made, to assist integration and improve wellbeing.

Key Words: Refugee, Leave to remain, Wellbeing, Mental health, Lived experiences,

Qualitative research, Culture

Introduction

Background

Like many European countries, the UK has experienced an increase in the number of asylum applications in recent years, with health and welfare services assuming responsibility for the social, physical, and mental health needs of immigrants. In 2017, 26,350 people made an asylum application in the UK. Of these, around 32% were granted some form of long-term leave to remain (Refugee Council, 2018). This affords the right to stay in the UK, accessing employment and welfare benefits as a refugee, and is often assumed to be a secure platform from which people can rebuild their lives. As such, there is a misplaced belief that being granted leave to remain closes the chapter of trauma.

Upon resettling in unfamiliar territory, many refugees continue to face significant challenges. This adversity has wider health implications and research regarding resettled refugees consistently reports high rates of mental illness. Fazel, Wheeler and Danesh (2005) reviewed mental illness rates in a sample of 7000 refugees settled in high-income, western countries. Prevalence of post-traumatic stress disorder (PTSD) was 9% in adults, almost ten times higher than in non-refugee samples. Steel and colleagues (2009) found rates of PTSD and depression to be 30.6% and 30.8% respectively. Schweitzer, Melville, Steel and Lacherez

(2006) reported that 25% of Sudanese refugees in Australia displayed clinical levels of psychological distress. Hollander and colleagues (2016) found an increased risk of psychosis for refugees when compared to Swedish nationals and non-refugee migrants. A recent systematic review suggests that these consistently elevated rates of mental illness remain even in refugees who have been settled in a host country for more than five years (Priebe, Giacco, & El-Nagib, 2016), suggesting mental health does not necessarily improve in this population over time.

Research into refugee mental health

High rates of psychological distress among refugee populations are unsurprising considering that many have faced pre-displacement trauma including war, torture, persecution or genocide. A meta-analysis of data from refugees and migrants found that pre-displacement trauma led to long term psychological distress (Porter & Haslam, 2005), and there is consistent evidence for a dose-response effect of trauma and torture in maintaining PTSD in refugees (Johnson & Thompson, 2008; Willard, Rabin & Lawless, 2014).

It is increasingly clear that post-migratory factors also contribute to poor mental health. Research has identified a number of adversities inherent to the asylum seeking process including being detained (Bosworth, 2016); threat of removal from the country of resettlement (Reesp, 2003); and concerns over asylum decisions (Priebe, Giacco, & El-Nagib,

2016). Even being granted leave to remain does not guarantee peace of mind. Schweitzer, Brough, Vromans and Asic-Kobe (2011) found that mental health outcomes were more closely associated with refugees' post-migration difficulties than with their past traumas. Lack of social support, familial concerns, adverse living conditions, acclimatising to a new culture, unemployment, and financial concerns can all impact mental health (Priebe, Giacco, & El-Nagib, 2016; Schweitzer et al., 2006; Laban, Gernaat, Komproe, Van Der Tweel & De Jong, 2005; Li, Liddell & Nickerson, 2016). The contribution of post-migration factors to psychological distress is important because it is relatively amenable to change: host countries could positively influence these factors through intervention and reform, thus improving refugees' transition to their new surroundings.

Research into refugee experiences and mental health has largely used quantitative methodological approaches, which have limitations when researching refugee populations. Miller, Worthing, Muzurovic and Tipping (2002) argue that by using solely quantitative measures, information not captured by Western instruments and diagnostic frameworks may be omitted. A social constructivist perspective would suggest a more inductive process may be suitable for exploring varied backgrounds and experiences, as researchers cannot assume to know what will emerge from the data (Gergen, 1985). This is particularly pertinent considering differences in the expression of psychological distress across cultures. For instance, Burmese refugees resettled in Australia were found to have higher rates of

somatisation (psychological distress expressed as physical sensations) than depression or PTSD (Schweitzer et al., 2011), which highlights the challenges in accurately identifying psychological distress using Western measurement tools. Researching distress in refugee populations requires an accurate understanding from sufferers' perspectives thus qualitative methodology can evoke a richer understanding of refugees' lived experiences and their subjective impact, enabling us to better inform successful interventions in the post-migratory period.

Qualitative research has indeed provided additional context around the long-term difficulties refugees face in countries of resettlement. Miller and colleagues (2002) analysed interviews from Bosnian refugees in the US and identified stressors including social isolation; loss of life projection and social roles; lack of environmental mastery (adapting to a new culture, language and values); lack of sufficient income; and physical health issues. Khawaja and colleagues (2008) identified similar difficulties through interviewing Sudanese refugees and also questioned respondents on their coping mechanisms. They found that religion, social networks, cognitive strategies, and welfare support from the Australian government were all considered helpful. These studies reflect quantitative findings in terms of the difficulties experienced in resettlement, but provide a greater level of depth and begin to consider what might improve long-term outcomes.

The period immediately after being granted leave to remain has been explored far less than the longer-term difficulties faced by refugees in resettlement. This is particularly contentious as in the UK, once a positive asylum decision is granted, new refugees continue to receive Home Office accommodation and financial support for just 28 days, during which time they must make alternative arrangements to provide for their basic needs. Carnet, Blanchard and Apollonio (2014) published a British Red Cross report in which they refer to this as the "move on" period, wherein new refugees become caught between the government-supported asylum seeking system, and the mainstream UK welfare system. They describe how, for many, practical difficulties in this period lead to destitution. Similarly, the Refugee Council investigated the first year of transition to life in the UK (Doyle, 2014). Semi-structured interviews revealed challenges including delays in receiving identification documents; homelessness; difficulties accessing welfare benefits; issues accessing employment and education; and not knowing where to receive support or advice.

To our knowledge, difficulties arising in the transition after being granted leave to remain have not yet been studied in relation to their specific impacts on mental health and wellbeing of refugee groups, for which mental illness – particularly PTSD – is already highly prevalent. Given the well-established relationship between social deprivation and mental illness (Fryers, Melzer & Jenkins, 2003), it is important to understand any additional risks which vulnerable refugees face in transition as this early period might provide a key intervention opportunity.

Interventions based upon refugees' own perspectives could reduce rates and severity of mental distress and subsequent mental-health related damage to individuals' life trajectories.

Research aims

This study aimed to explore experiences of vulnerable refugees – having previously experienced extreme cruelty – in the first year after being granted leave to remain in the UK, with particular focus on the impact of experiences on mental health and wellbeing. We were also interested in what respondents believed could improve this transition period, in order to inform relevant service planning and policy. To address these aims, a qualitative approach was employed.

Methods

Setting

The research took place at the Helen Bamber Foundation (HBF), a charity with a single base in London which provides specialist psychological therapies; legal and medical support; integration activities; and family support services to asylum seekers and refugees. HBF specifically supports survivors of extreme cruelty including severe physical, psychological and/or sexual abuse. Clients therefore comprise a particularly vulnerable subset of displaced people, the great majority of whom arrive in the UK with minimal social or familial support. Their website provides further information: www.helenbamber.org.

Participants

Participants were purposively recruited from a pool of HBF clients who had been identified as eligible to take part in an ongoing quantitative study with similar research aims regarding the impact of transition (Walker, Von Werthern, Brady & Katona; manuscript in preparation). HBF's client database stores information regarding individuals' immigration status: including current status type, date granted and pending claims. Walker et al. (manuscript in preparation) screened the database for clients who had been granted one of the following forms of leave to remain within one year prior to the interview – and thus were transitioning to life with their new status:

- **Refugee status**: Granted to those who fear persecution in their country of origin. Status is typically provided initially for 3 or 5 years; after which it requires renewal.
- **Humanitarian protection**: Granted if someone is refused refugee status but faces risk of death or serious harm in their country of origin. Status is typically provided initially for 5 years; after which it requires renewal. Occasionally, humanitarian protection can be revoked if there have been significant changes within the country of origin.
- **Discretionary leave**: Granted when there are compassionate circumstances involved in the claim. It is typically granted for 30 months at a time, after which it requires renewal.

(GOV.UK, 2017; National Crime Agency, 2017)

Upon being granted each of these types of leave to remain, claimants can immediately access the same welfare and employment benefits as permanent UK citizens. Although none provide indefinite leave to remain, they are all generally considered to be positive and renewal processes are far easier than initially claiming asylum. Once a positive decision is made, there is a 28-day period wherein individuals continue to receive Home Office accommodation and subsistence payments before such support is withdrawn. This, and the months that follow, comprise the transition period which is the focus of this research.

Clients deemed eligible for participation in the quantitative study were later screened by the lead author of this study to establish whether they were still within the year timeframe of transition and the database was regularly re-searched for any clients who had since been granted a relevant immigration status. Eligible clients were informed about the research either by telephone or face-to-face and the lead researcher provided a participant information sheet. Clients were then invited to attend an interview at a time suitable to them. Before the interview, participants were encouraged to ask any further questions and gave informed, written consent regarding their participation, the recording and use of data, and confidentiality. Decisions not to participate due to difficulties such as travel to the organisation were upheld and respected due to the vulnerable nature of the sample, and

clients were excluded if they were judged by HBF clinicians to be too emotionally vulnerable. Non-English speakers consented to be seen face-to-face with an interpreter throughout the recruitment process and interview. Incentives were not offered for participation; however, clients were entitled to claim back travel expenses.

Data collection

Measures

A semi-structured interview schedule was developed based on the available literature on migration and trauma. A clinical psychologist at HBF provided guidance on appropriate language, structure and content. Topics included:

- Feelings about being granted leave to remain
- Experiences after being granted leave to remain
- Mental health and wellbeing
- Experiences of coping and being helped
- Thoughts about the future

The first two interviews were considered pilot interviews to determine feasibility. They were reviewed by the research team, who determined that the topic guide was suitable, and were therefore included in the final data corpus.

Procedures

Individual face-to-face semi-structured interviews took place in private rooms at HBF between April and June 2017. They were conducted by the lead author: a female in her 20s who had not previously worked with the client group. HBF clinicians provided guidance on building rapport and interviewing vulnerable participants prior to data collection. Interviews ranged from 25 to 90 minutes. Each participant was interviewed once. One interview was conducted via an interpreter experienced in trauma work who provided word-for-word translation.

Interviews were audio recorded and stored securely in accordance with data protection requirements. Ethical approval was granted by University College London (UCL) ethics committee; project number 10461/001.

Analysis

Interview recordings were transcribed and entered into NVivo for Mac version 11.0.0. 'Imperfect' English was transcribed verbatim rather than corrected, to authentically reflect participants' accounts. Transcripts were analysed using primarily thematic analysis (Braun & Clarke, 2006), with a phenomenological orientation that focussed on participants' subjective experiences. The first author led the analysis process, and reflexivity was ensured through

regular reflective discussions between all authors. The position of the first author, who had little previous experience with the client group, is acknowledged. We aimed to take account of this, and to productively combine this perspective with that of other authors (a senior clinician with substantial experience of supporting this client group at HBF; and a researcher in mental health) throughout the analytic process.

The distinctiveness of each participant's situation meant that themes could not be easily disentangled from individual narratives. Therefore, data was analysed with more emphasis on individual experiences than a typical thematic analysis would entail. Specifically, this involved awareness of where emerging themes and sub-themes were located within the temporal context of participants' stories, and providing greater detail about participants to exemplify the realities which made up the data. These narrative techniques are thought to be particularly appropriate when analysing data involving a journey or process (Earthy & Cronin, 2008).

Transcripts were read and coded by the first author, then codes were grouped into themes representing broader concepts. All authors were involved throughout the analytic process to enhance validity; they independently reviewed data and together reflected on the conceptual clarity of themes and the coding framework. A hierarchical framework of themes was developed and revised iteratively on the basis of these discussions. The structure of this

framework informed the presentation of results, and quotations were extracted from interviews to illustrate data interpretation.

Results

Five female and four male HBF clients participated in interviews and are represented by pseudonyms throughout the analysis. Reasons for exclusion are displayed in Figure 1 and participant characteristics are provided in Table 1.

To complement the narrative influence within the results, Appendix 1 provides nine condensed narratives describing participants' experiences since arriving in the UK. These are based on participants' own words during the interview and seek to contextualise the experiences and impacts presented throughout the results. Minor details have been altered to preserve anonymity.

Overview

Findings from interview data are presented in three sections: i) experiences within the first year (transition period) after being granted leave to remain; ii) impacts of these experiences on mental health and wellbeing; iii) factors which may improve wellbeing. Themes and subthemes are discussed within each section, with quotations illustrating how these were experienced by each individual.

Section 1: Experiences in transition

Respondents' lived experiences were impacted by practical issues in the transition period, therefore we provide an overview of the most significant challenges described after receiving leave to remain. This provides context for respondents' accounts of their mental health and wellbeing (section 2). Four major themes captured transition experiences: issues in the first 28 days before withdrawal of Home Office support; difficulty interacting with services and the public; financial concerns; and housing problems.

Abandonment and uncertainty in the first 28 days

The majority of respondents reported a sense of abandonment when their Home Office support was withdrawn 28 days after being granted leave to remain. After receiving refugee status, Hafsa said:

> *"Now I feel that no one is helping me, like I'm facing everything by myself."* (Hafsa; female)

Sudden independence was combined with having to quickly organise oneself before support ceased. Participants had to apply for welfare benefits and find longer-term accommodation

alongside other commitments. This was particularly significant for Hafsa, Ina, Safiyah and Bonte who had additional responsibilities for their children.

> *"I felt like life was going, everything was happening so fast. Umm, like I had to make decisions, you know, looking for accommodation, going to the council, here and there."* (Adaji; female)

Participants also reported a lack of clarity around the 28 day "grace period", particularly regarding when they would be required to vacate Home Office accommodation and when they would receive their Biometric Residence Permit (primary identity document), National Insurance Number and travel documentation. Adaji, Lami, Riaz and Soham experienced delays receiving documents which caused issues with opening bank accounts and being able to provide proof of address to potential employers. However, not everyone experienced such delays and whilst this generally seemed to be a matter of luck, Ina and Bonte credited support from HBF and their legal aid lawyers as particularly beneficial.

Difficulty interacting with services and the public

During this transition period, respondents had to interact with services such as banks and local councils, usually for the first time, and often experienced communication difficulties. When information was not passed efficiently between services, participants found themselves having to explain their circumstances repeatedly, which Adaji compared to "interrogation" which was particularly traumatic given her previous experiences of imprisonment. Services generally took a long time to action queries, but participants did not feel they had the right to question this.

There was a general sense that services were reluctant to offer support, which Hafsa and Riaz named as discrimination. Participants also described pressure to avoid reinforcing stereotypes people might have about refugees.

> *"I have a phobia of meeting new people […] I can't go 'Hi, I am an immigrant, I'm on benefits, you know that's just going to entertain the stereotypical way of thinking: 'immigrants come here to abuse our benefits.'"* (Riaz; male)

Financial concerns

Every participant, other than Soham who was still within the 28-day grace period, was receiving some form of financial welfare benefit, or due to. They acknowledged that benefits

exceeded the funds provided to them as asylum seekers, but continued to struggle financially. Insufficient funds were exacerbated by additional outgoing costs which accrued in this time, such as Yannick's medical fees and Hafsa having to pay for storage whilst placed in temporary accommodation.

> "*I don't think it's enough, like… […] what I've been through, and I wanna get a life. You know? I've been given the refugee status, so I need to get a life. And I'm not gonna get a life on 73 pounds a week."* (Yannick; male)

Claiming benefits was made challenging by practical issues such as not having a bank account and having to fulfil specific medical criteria. For Adaji, Hafsa, Safiyah and Bonte, this resulted in periods without any financial support. Hafsa and Lami reported borrowing money from friends which led to debt and Adaji described having to limit meals and college attendance due to food and travel costs. There was a sense of powerlessness in improving their financial situations because of further difficulties with securing employment.

Unstable and inappropriate housing

Housing problems were extensive and reportedly affected all respondents, other than Soham who had yet to move out of Home Office accommodation. The most frequent problem was instability and moving, with just 48 hours' notice in Hafsa's case. Unforeseen moves disrupted established routines for Hafsa, Ina and Safiyah around their children's education:

> *"I was travelling every day two hours, with kids, I need to get them up very early and go to school, and come back you know, it was very hard."* (Ina; female)

The low quality of temporary accommodation was particularly problematic, including overcrowding and a lack of basic provisions such as functioning windows. Safiyah described bedbug bites which caused scarring to her arms, whilst Ina reported having to deal with vermin in her home. These women both had children, the safety of whom was a dominant concern throughout their narratives. Often, the subjective experience of housing problems was aggravated by trauma in participants' pasts. Some environments were especially inappropriate given past experiences of human trafficking, torture and imprisonment. For example, being in a large, mixed sex hostel complex with imposing security systems reminded Adaji of her previous imprisonment:

> *"I also didn't like the fact that there were cameras. […] it was, kind of been like you were being monitored and you have to sign in and out, so just things like that. It felt a bit structured, like an institute and I didn't like that."* (Adaji; female)

Housing instability created further barriers to employment and financial difficulties. For example, having no proof of address inhibited securing work and opening a bank account.

Section 2: Impacts of experiences in transition on mental health and wellbeing

Participants discussed a number of ways in which their wellbeing was impacted by their experiences in transition, across the domains of mental health, physical health and interpersonal relationships.

Mental health

Low mood was frequently reported in relation to the challenges described above in the transition period.

> "*I feel bad. Very, very, very bad. But sometimes I, I end up crying. You know sometimes I think this world is not… I think about the world in general. Is it really worth living, you know?"*
>
> (Lami; female)

Lami's quote reflects a consistently expressed resignation to constant challenges. The lack of long-awaited positive transformation after receiving leave to remain exacerbated feelings of hopelessness, and participants described feeling that nothing had really changed.

Most participants described worry about the future. Whilst financial difficulties contributed to this, housing issues were regarded as particularly anxiety provoking and there were reports of feeling vulnerable due to inappropriate accommodation. Adaji felt nervous travelling home in the dark as her hostel was in an isolated area and Hafsa described anxiety in response to incidents in her accommodation:

> "*One of the women, she was next to my room, she had like drug dealer I think – she was drug dealer. So sometimes the police come and knock the door [hard], so that makes me panic attack all the time"* (Hafsa; female)

Vulnerability and housing worries were reported more frequently by female participants, particularly those with children – Hafsa, Safiya and Ina. However, across both genders, feelings of safety and relief upon attaining leave to remain quickly faded, as the stressors experienced whilst claiming asylum were replaced by new concerns. These centred around uncertainty about the future and having to rely on services such as the council.

> "*Worry because you don't know where they will take you, which place they will give you"* (Ina; female)

Self-esteem and confidence were impaired by feeling degraded by services and borrowing money. Alongside low mood and anxiety, this reportedly made accessing employment and education increasingly difficult.

It was evident throughout each person's narrative that the impacts of challenges faced throughout this transition period were entangled with the traumas of their pasts. Every participant had experienced trauma in their country of origin, as was the nature of the sample, with Lami and Yannick also affected by traumatic incidents whilst seeking asylum, such as detention and abuse:

> [Speaking about the asylum process] *"I think it affects people's mental health. Some people they're gonna be granted but they're… they're not gonna, they will never forget what they've been through."* (Yannick; male)

The effects of past trauma continued into this transition period; all participants had a diagnosis of PTSD and many were experiencing continuing debilitating symptoms such as nightmares and flashbacks. Safiyah had been physically abused in her past and was still taking measures to protect herself despite being in a conventionally safe environment:

> "*I still have that picture, of be afraid. Even in the house I live in now. When it's 8 o-clock I don't go to the toilet anymore […] I just put my potty in my room and wee there."* (Safiyah; female)

Participants regularly reported that PTSD symptoms could be triggered by new problems experienced in transition. When asked what impact everyday stressors in transition – such as perceived discrimination as described earlier - had upon his mental health, Riaz spoke about the perpetuation of his PTSD symptoms:

> "*Exacerbate it. Make them, make it worse. Umm but, but also because of, of, of the past trauma… I was in a meeting yesterday exploring the you know, fight-flight freeze… umm it's recorded in here* [pointing to his head]. *Even though I don't remember every single situation [in the past], but when a new problem umm… comes up… it, it flares up, I, I, I'm highly alert. You know I, I'm very sensitive to that."* (Riaz; male)

PTSD symptoms were also reportedly provoked by other factors. Yannick, who was awaiting an operation, explained how not being busy caused him to feel lonely and ruminate over past traumas, contributing to an increase in flashbacks. Similarly, Lami discussed how her financial and housing worries kept her from sleeping, causing her to think about memories and incidents from her past. Interestingly, Riaz described how the relative security provided by refugee status actually allowed him to face issues from his past which he had been suppressing whilst fighting for asylum, contributing to an increase in his level of distress.

In some cases, mental ill health became a barrier to accessing employment or education. Lami and Bonte, the two oldest participants, expressed concerns that their mental health difficulties

would inhibit them building a life worthy of having status and that the prospect of a stable future felt less attainable:

> *"But we are getting older, so when you say you have a bright future… what future? You have to work to get your pension and so on, a good pension. You know, so if you don't build it up now, how can you have a better future?"* (Lami; female)

Physical health

Participants frequently reported that basic necessities critical to maintaining physical health were compromised in this period. Ina described how her family's eating patterns were disturbed by poor kitchen hygiene in shared accommodations and Adaji's financial poverty made it difficult to purchase fresh ingredients. Sleep was disturbed through worrying and, for Bonte, a lack of bed. Insufficient nutrition and sleep were considered to cause tiredness and exacerbate demotivation, making it even harder to establish a new life.

> "*I exhaust myself to sleep because I can't sleep, or I don't want to sleep, and sometimes the sun rise – only then I'm going to bed. And it affects my, my day"* (Riaz; male)

For some, housing problems appeared to directly impact physical health. Hafsa described asthma attacks and chest infections whilst living in Home Office accommodation due to dust and mice, and Safiyah's bedbug bites caused scarring on her body.

Physical health was also indirectly affected by problems in transition, as a repercussion of stress. Lami identified stress as the cause of headaches and Riaz explained that it caused him to sweat excessively. Hafsa became very emotional as she described how stress had affected her menstruation:

> "*I lost my period because of stress, there is no other reason for it. Because of stress. And that's so, I lost my period so I lost my right to have more kids."* (Hafsa; female)

However, reports of compromised physical health in this period were not unanimous. Bonte, despite difficulties with housing, language and employment, reported that his blood pressure reduced after being granted refugee status, because he was less stressed than whilst seeking asylum.

Interpersonal relationships

Experiences in transition seemed to disrupt relationships. Participants described feeling lonely, with a lack of social support. In their roles as single mothers, Ina, Hafsa and Safiyah explained how problems increased isolation, for example being moved away from support networks, and not being able to find work. Separately, Lami felt that unemployment made her a lower "standard" than working people, who would not want to speak to her. Riaz summarised this concept as a feeling of limbo:

> "*So I don't feel like I fit in, in the "normal" umm… world, 'cause I'm not there yet, and in my world, of where I get support, there's the other extreme of I don't feel like I should be here [with people who are very unwell]. You know? I don't feel belonged."* (Riaz; male)

The difficulties described in establishing relationships appeared to exacerbate loneliness. For example, some were afraid that people would not understand their circumstances and history. Lami, Bonte and Hafsa had utilised support from friends after being granted leave to remain, but reported feeling like a burden, and stopped asking for help:

"Sometimes I come here [to my friend's house] and she can give me a long face because she don't want to see me, not like she hate me, but it's like I was becoming a burden at some stage you know?" (Lami; female)

Interpersonal difficulties related not only to building and maintaining relationships, but also to sustaining family life. Hafsa described how general exhaustion made her nervous about caring for her daughter and lack of money impeded Bonte from bringing his children to the UK, which caused him great distress.

Section 3: Factors which could help the transition after being granted leave to remain

"*My past is a half of my future. I still the victim of my past, I cannot forget it."* (Hafsa; female)

Hafsa's quote articulates the inevitable influence of participants' pasts during this transition period. However, in spite of this and the difficulties described thus far, there was a consistent

sense of hope and determination. Yannick was empowered by feeling some control over his future for the first time:

> *"I hope to like – I would say I've been given a life, I've been granted my status now – so like my hope is to make… a, to have a better life. To be someone tomorrow like I can give back to the community as well, I can help others, I couldn't help before."* (Yannick; male)

Respondents spoke with considerable insight into how their lives could be improved after being granted leave to remain. The four themes presented below represent their opinions about what could improve the transition to life as a refugee and their overall wellbeing.

Stable housing and being settled

Almost everyone described stable housing as imperative to feeling "settled", which seemed to be the ultimate goal after years of upheaval and instability. Safe, comfortable accommodation was considered the first step to reclaiming their lives, from which they would be better placed to find work and support their children.

> "*Yes that's the priority for me so, starting a job, to have a home – a safe home for myself – and then I will look for work."* (Bonte; male)

Definitions of settlement differed slightly; for Bonte it meant being able to bring family members to the UK, whereas for Yannick and Lami, it related more to improved mental health.

> "*I need to be fixed, I need to be, like, stable so I can think, I can plan my future, I can like… you know? Have a free mind to think, so I can focus on things."* (Yannick; male)

Keeping busy

Participants frequently referred to keeping busy as beneficial towards their mood and wellbeing. They reported taking trips away, seeing friends, practising religion, cooking, going to the library, and volunteering as helpful. Keeping active (mentally, physically and socially) provided space from the problems participants were facing and offered a distraction from mental health difficulties.

> "*I notice that when I'm sewing, even when I'm using my needle or*

anything to sew, that takes me away from thinking." (Lami; female)

Employment and education were the most commonly desired distractions. Education was discussed more among the younger participants – Adaji, Ina and Soham - and employment among older. Yet the two activities were considered to largely fulfil the same requirements – to occupy people, distract them from past and present problems, and improve future prospects.

Lami, Riaz, Hafsa and Soham had all experienced paid or voluntary work and described this as empowering. There was a consistent sense that employment increases self-worth, self-confidence, and mental wellness, as well as being financially beneficial.

"I had to tell my doctor when he was giving me some medication [for low mood] – I told my doctor look, I don't think this will solve my problem, I need to start work because my time is not on my side now, I need to do something while the sun shines." (Lami; female)

Although highly valued, the majority of participants had difficulty obtaining paid employment, for example Hafsa had practised as a lawyer in her home country but her lack of work

experience in the UK inhibited her securing a role she considered to be worthwhile. Hafsa and Yannick each independently expressed that career support would be beneficial to newly granted refugees, specifically that services should help to adapt skills and qualifications, and offer CV and interview support.

Continued personal support and therapy

The sense of abandonment upon being granted leave to remain prompted Adaji to summarise:

"*we need to be more recognised"* (Adaji; female)

All female respondents – Adaji, Lami, Hafsa, Safiyah and Ina - described how helpful it would be to continue receiving emotional support and encouragement after being granted leave to remain. Hafsa suggested that newly granted refugees could receive case-worker style support for at least a year, until they are "settled".

Although no male respondents specifically mentioned this mentor-style support, every participant had received therapy, and unanimously found it helpful. Respondents described the space to talk as useful for facing current issues, as well as processing the past. Male respondents

– Soham, Riaz, Yannick and Bonte - generally appreciated guidance and advice when it came from their therapist, particularly Soham who struggled with trusting people:

> "*Whatever I have in my mind I go, my first priority is [my therapist], whom I discuss my whole things, rather than, rather than my friends. So she's my first priority."* (Soham; male)

Most participants advised that their mental health would have suffered more after being granted leave to remain if they had not received psychotherapy through HBF. However, Riaz and Yannick had also accessed therapy through the Refugee Council and the National Health Service (NHS). There was a general consensus that the therapy offered by HBF and the Refugee Council was particularly helpful because it was specific to refugee trauma. Riaz, afraid of large authority figures such as the Home Office, found it difficult to trust the NHS:

> *"It affects me… so much so that I can't open myself 100% [during therapy sessions], not that, not that anyone does anyway, but it's another barrier for me."* (Riaz; male)

The power of services

All participants had been supported by a refugee charity (HBF) and interestingly, Ina, Soham and Bonte - who reported fewer challenges in this transition period - credited it to the specialist support they had received from HBF. However, respondents also described the positive impact of simply having somewhere welcoming to go to:

> *"[HBF], God will bless them. They are so good. Meeting, I have met lovely people here. Lovely, lovely, lovely people. So when I'm coming here now it's like my home. I just came and I went there [the community group] to go and eat."* (Safiyah; female)

Sensitivity and understanding within non-specialist services were also influential in improving wellbeing. Adaji and Soham described positive interactions with staff at their local job centres who took the time to be patient and explain things multiple times and Riaz described the benefit of having a housing officer who sought to understand his needs. Being treated with basic respect and kindness from the public, services and authorities was consistently reported as something which made participants feel better. These small acts of kindness were in contrast to the general sense that staff within authorities and services:

"weren't treating us like human beings" (Hafsa; female)

Discussion

Main findings

Previous research has indicated that individuals face financial and housing difficulties, social isolation, loss of life projection, and physical health concerns after being granted leave to remain in the UK (Miller et al., 2002; Khawaja et al., 2008). In keeping with reports by Doyle (2014) and Carnet and colleagues (2014), respondents in this sample reported similar problems in the transition period after receiving leave to remain: organising welfare benefits, receiving relevant documentation, accessing housing, obtaining employment and education and interacting with services and the public.

We focused specifically on the impact that challenges had on mental health and wellbeing, in a sample of refugees who were particularly vulnerable. Interviewees reported that past trauma continued to affect them, but challenges in transition also seemed to impact mental health independently of their pasts. New problems in transition reportedly increased the severity and intensity of PTSD-related flashbacks and nightmares. Difficulties also contributed to low

mood, worry, low confidence, physical ailments, rumination, panic attacks and loneliness; symptom profiles characteristic of clinical depression and anxiety, in accordance with the high prevalence of mental illness found in resettled refugee populations (Steel et al., 2009). This contradicts Davis (2006)'s finding that receiving a positive asylum decision was associated with fewer PTSD symptoms and lower levels of distress in Canadian refugees. These differences may relate to the UK's short notice removal of subsistence support. In comparison, refugees in Canada are supported by a government funded settlement service which provides needs and language assessments, employment support, and community integration (Government of Canada, 2019). Thus reduced distress may relate to increased support and fewer challenges during a substantially longer transition period.

Our findings differ from a quantitative study conducted with a similar sample of vulnerable refugees. Walker et al. (manuscript in preparation) followed up HBF clients throughout their first year after being granted leave to remain with measures of depression, anxiety, PTSD and negative life events. They found significant improvement in symptoms from month two onwards. Furthermore, 12 months after receiving leave to remain, participants' mental health had significantly improved: interpreted as evidence of it being an ultimately positive step. This contrast with our findings may be accounted for by the qualitative methods we have

used which can better capture the nuances of lived experiences and participants' distress between the time points measured in the quantitative study. Our findings suggest that, at least during the transition period, the overall positive effects of gaining protection may be offset day-to-day by new challenges, and that gaining leave to remain does not automatically improve the mental health of vulnerable refugees per se. This is supported by Hynie (2018) who reports that refugees' ability to overcome post-displacement trauma within the first year of resettlement largely depends on their experiences during this time with determinants including employment, housing, social support and discrimination; all of which our participants described.

We also explored what participants considered to be important in improving their wellbeing during this transition period. Respondents felt that services and authorities should improve their communication with, and treatment towards, refugees. Resistance to support new refugees and perceived discrimination were frequently described and are consistently associated with poor mental health outcomes (Lindencrona, Ekblad & Hauff, 2008). Participants described wanting to give back to communities which had taken them in, but struggled to organise this during the transition period. Thus interventions aimed at facilitating independence through employment, education and welfare support could both improve refugee wellbeing and benefit the economy.

The most dominant theme centred around the desire to be "settled", build a life, and integrate successfully, mirroring the model of successful refugee integration by Ager and Strang (2008) in which safety and stability are crucial to achieving long-term integration. In our sample, stability seemed to align closely with securing suitable housing. Housing difficulties affected almost everyone, which helps to make sense of the distress evident within our findings, as such issues are consistently found to be associated with poor mental health. Ziersch and Due (2018) reported that insecurity around tenancy, difficulties finding housing, and the suitability of placements given past experiences all impact mental health for resettled refugees. Boer (2015) explored this notion of settlement via the narratives of Congolese refugees resettled in Kampala and found the concept of "home" strengthens following the loss of a previous home, which in turn further drives the desire for settlement. If settlement is considered key to moving on, yet is disturbed during the transition period, then distress seems inevitable.

The coping strategies identified in this study are consistent with literature on recovery from mental illness more generally. Access to, and use of, psychiatric and social services has been identified as a key promoter of recovery from mental illness (Sullivan, 1994; Schön, Denhoy & Topor, 2009) and emotional support obtained through social relationships is considered a necessity (Schön, Denhoy & Topor, 2009). Engagement in employment and education

increases structure, purpose and self-esteem, all of which have been described as important in enabling recovery (Sullivan, 1994). Equally, having a home can increase control and confidence following mental illness (Borg et al, 2005). Ultimately most refugees face a process of recovery and thus have similar requirements to those who have experienced psychological trauma in other contexts.

Strengths and limitations

A qualitative methodology with an emphasis on respondents' narratives was suitable for the aims of this study, enabling the collection of rich data and in-depth analysis of participants' perspectives. Compared to quantitative approaches, this study provided greater detail regarding respondents' lived experiences, which may be a more appropriate way to increase understanding of a population with such distinct individual narratives.

Due to time restrictions and the challenges of working with a vulnerable client group, only nine participants were interviewed. Smaller samples are typically considered appropriate in qualitative research (Crouch & MacKenzie, 2006), however, the sample size generates a number of limitations. Firstly, variations in participants' responses could not be fully explored. For instance, men were more reserved when discussing mental health, and women

generally more emotive. This might have related to the interviewer's characteristics (as a young woman), reflecting cultural differences in appropriate topics to discuss with the opposite sex. However, further exploration of potentially interesting differences would require a larger sample. Furthermore, only one non-English speaker was interviewed, which does not fairly reflect the wider population of refugees. Therefore, experiences of non-English speakers, who may have greater difficulty in transition, are not fully considered within our findings.

The recruitment strategy used means that findings represent the experiences of a specific subgroup of refugees, which limits the generalisability of our findings. All participants accessed specialist support through HBF, as a result of their extremely traumatic pre-migratory experiences, which is not available to the majority of refugees in the UK – most of whom access only generic charities and services. Thus, this sample represents a particularly vulnerable subgroup who may have been better supported than other refugees. For the same sampling reasons and due to the aims of the study, all participants had a diagnosis of PTSD. This also impacts on generalisability, as capacity to handle stress has been identified as a mediator in the impact of post-migratory challenges on mental health (Lindencrona, Ekblad & Hauff, 2008).

Clinical and research recommendations

This study found that continuing trauma symptoms did not subside upon being granted leave to remain, and were often aggravated by new challenges. Based on these findings, the authors provide the following recommendations:

Clinical

Increase training within non refugee-specialist therapeutic services regarding specific difficulties new refugees face and how these may impact psychological support. Silove, Ventevogel and Rees (2017) recognised that resources for specialist therapies among refugee populations are becoming progressively limited. Consequently, therapy is increasingly being provided by the NHS and other non-specialist organisations. These services must acknowledge specific challenges and trust issues inherent to many refugees, to ensure they are able to benefit from support.

Professionals should strive to appreciate the nuances inherent to working with new refugees; adjusting communication and practice accordingly. Services and authorities have substantial influence over the 'ease' (or otherwise) of refugees' transition to life in the UK. Professionals who frequently interact with new refugees should improve the transparency of

their communication, as unnecessary uncertainty causes distress and feelings of helplessness.

The UK Government should provide widespread and accessible support aimed at holistic integration. In addition to mental and physical healthcare, this should include practical assistance in converting qualifications, writing CVs, making job applications, accessing education, and securing housing. An additional component could be the facilitation of social networks via peer-support: recruiting settled refugees to provide advice and encouragement to new refugees.

Research

Continue investigating the processes of transition to life in the UK for new refugees. Additional research should explore the impact of transition on larger, more diverse refugee samples. Using mixed quantitative and qualitative methodology may be useful in understanding wellbeing during this period on a larger scale.

Evaluate the efficacy and feasibility of integration schemes operated by non-specialist services. As integration schemes are in their infancy, future research should evaluate their efficacy in reducing psychological distress. As specialist services become increasingly less

available, feasibility studies should assess the practicalities of establishing integration schemes within communities and general health services.

Explore sensitivity among NHS and social services staff who work with refugees. It would be useful to explore sensitivity and understanding among professionals who currently work with refugee populations to compare their perspectives with the findings presented here. This could provide insights into enhancing and defining best practice.

Conclusion

Researching refugee mental health is notoriously challenging due to methodological and ethical considerations (Pernice, 1994). This was therefore a privileged opportunity to work with a population usually difficult to access, which has provided valuable insight into refugees' distinct narratives. Our findings suggest that vulnerable refugees' mental health and wellbeing are negatively affected by the challenges involved in transitioning to life in the UK. Changes to policy and services in this period could improve long-term mental health and wellbeing outcomes, and benefit the host country by increasing stability and employment.

Indication of Figures, Tables and Appendices

Figure 1. Flowchart of Participant Inclusion

Table 1. Participant Characteristics

Appendix 1. Vignettes of Participant Narratives

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Participant Characteristics (N=9)	
Age at Time of Interview – N (%)	
20-29 years	4
30-39 years	3
40-49 years	1
50-59 years	1
Mean (SD)	34.9 (10.2)
Gender – N (%)	
Male	4
Female	5
Country of Origin – N (%)	
Nigeria	3
Algeria	1
Albania	1
Mauritius	1
India	1
Democratic Republic of Congo	1
Cameroon	1
English Speaking – N (%)	
Yes	8
No	1
Type of Leave to Remain Granted – N (%)	
Refugee Status [a]	7
Discretionary Leave [b]	2
Length of Time Spent Waiting for Status Determination – Years	
Mean (Mix-Max)	6 (0.5-15)
Time Since Receiving Leave to Remain (At Time of Interview) - Months	
Mean (Min-Max)	5.5 (1-11)
Self-Reported Mental Health Diagnosis – N (%)	
Post-Traumatic Stress Disorder	9
Depression	4
Anxiety	1
Type of Accommodation at Time of Interview – N (%)	
Council Temporary Accommodation	5
Living With Friends	2
Social Services Accommodation	1
Home Office Accommodation	1
Type of Financial Support Receiving at Time of Interview – N (%)	
Job Seeker's Allowance [c]	1
Employment and Support Allowance [d]	4
Part-Time Employment Wage	1
Child Benefit [e]	2
Child Tax Credit [f]	1
Home Office Subsidence Payments [g]	1
No Formal Income	1

[a] Granted to those who fear persecution in their country of origin
[b] Granted when there are compassionate circumstances involved in the claim
[c] Jobseeker's Allowance: Provided to individuals actively seeking employment, subject to an initial assessment and regular appointments with the Job Centre
[d] Employment and Support Allowance: provided if someone is considered unfit to work due to illness or disability, subject to a work capability assessment
[e] Child Benefit: Provided to individuals responsible for children (supplementary to other income)
[f] Child Tax Credit (supplementary to other income)
[g] Home office subsidence payments: granted to asylum seekers if they are considered destitute

Appendix 1

Appendix 1: Condensed narratives providing an overview of each participant's experience since being granted leave to remain. A number of details have been altered to preserve anonymity.

Adaji

Adaji is a young woman from Nigeria who was granted 5 years' refugee status 7 months prior to the research interview, having spent around 2 years waiting for the decision regarding her status. She received most of her legal documents quickly after being granted leave to remain, but her National Insurance Number took a couple of months and consequently held up her Job Seeker's Allowance benefit. Once she was able to claim benefits, she was asked to take a Habitual Residence test to prove that she had been in the UK for the required period of time – and repeatedly had to explain her story to different services. Throughout this she had no financial support, so was receiving welfare support from the Helen Bamber Foundation (HBF), the Red Cross and also had to involve a solicitor. She struggled to pay for food and transport during this time, which affected her eating and college attendance. She spent four months in a temporary hostel after being granted refugee status which was mixed sex and inappropriate in relation to her past experiences. Following this, she secured council-organised temporary accommodation. Adaji had been diagnosed with PTSD, depression, and suffered a number of body pains. She came across as friendly and confident in the interview, but was keen to share her negative experiences and contribute to people's understanding of refugees' needs.

Lami

Lami is a middle aged woman from Nigeria who was granted 5 years' refugee status 9 months prior to the interview after spending 3 years waiting for the decision regarding her status. Whilst seeking asylum she was living between different friends' houses, sleeping in spare rooms. She also experienced 2 months in detention which she described as very traumatising. After being granted refugee status she continued living between 2 friends' houses as she wasn't eligible for hostel accommodation. Lami has diagnoses of PTSD and depression. She waited 2 months to receive her Biometric Residence Permit and travel documents after receiving her asylum decision. This hindered her being able to travel abroad after being unable to leave London for 6 years, and disrupted plans she had. At the time of the interview, she was receiving Employment Support Allowance but struggling to pay for all of her food, transport and toiletries. As a result, she had accrued some debt. However, she had been advised not to start working until she had secured housing, as housing is easier to access whilst unemployed in the UK. As an asylum seeker, she had been supported by charities for food, clothing and toiletries, which were no longer available to her since receiving refugee status. At the beginning of the interview Lami was somewhat distressed as she explained she had not slept well and had a headache. However, as the interview progressed, she spoke openly about her experiences.

Hafsa

Hafsa is a young woman from Algeria who was granted discretionary leave to remain based on the right to a family and private life with her British born daughter 11 months prior to the research interview. She waited over 10 years to receive this status, which must be renewed every 2.5 years. Her daughter suffers with epilepsy and she has chronic asthma. She is a single mother and receives inconsistent support from the father of her daughter. After receiving the decision on her status, she was given 15 days' notice to leave her accommodation. Her and her daughter subsequently moved 6 times within a year, each time with limited opportunity to clean the accommodation and move out, for example 48 hours' notice on one occasion. They faced a number of problems with living conditions in these accommodations such as drug using residents and having to pay to keep their belongings in storage. Hafsa reported travelling up to two hours each way to take her daughter to and from school. She struggled to organise financial welfare benefits as she did not have a permanent address, so could not open a bank account. Her Employment Support Allowance was stopped in October 2016 as she was considered physically fit enough to work, so she relied on loans from friends until she managed to convert to Job Seeker's Allowance. At the time of the interview, Hafsa was residing in council-organised temporary accommodation where they had been told they could remain for at least 5 years. She expressed that lack of confidence and work experience in the UK were holding her back from securing employment, and that she does not have the necessary support/social capital to improve this situation. Hafsa was open and engaged throughout the interview. She was determined to share her experiences as a person with a dependent child.

Ina

Ina is a young woman from Albania who was granted 5 years' refugee status 6 months prior to the research interview, for which she waited 4.5 years before receiving a decision. She had been diagnosed with PTSD. After being granted refugee status, she received her Biometric Residence Permit and National Insurance number within a couple of weeks, which she credits to having had an efficient lawyer. She is a single mother with three children and after being granted refugee status they were moved into shared accommodation which had vermin and was generally dirty. She also considered the accommodation to be unsafe for children, with an unstable wooden staircase. Living there, Ina was travelling for up to two hours to get the children to and from school. After residing there for six weeks, they were moved, and at the time of interview were living in a studio flat within a hostel-style complex which better met their needs. She was claiming Child Tax Credit and income support which she began receiving within the 28 day "grace" period. She was studying a course at college, having found it fairly easy to access education. Generally, Ina came across as reasonably upbeat. Although having faced a number of difficulties, she presented as somebody very determined who preferred to look to the future, rather than dwell on the difficulties she had faced.

Riaz

Riaz is a young man from Mauritius who was granted 5 years' refugee status 8.5 months prior to the research interview, after waiting 5 years for this decision. He had diagnoses of anxiety, depression and PTSD. Riaz waited 5 years for a decision regarding his asylum claim, during which time he lived between friends' houses, and also spent some time in home office accommodation. He was living with a relative at the time of being granted refugee status, and so was not under pressure to change accommodation within the 28-day grace period. He received his Biometric Residence Permit and National Insurance Number within a couple of weeks, but at the time of interview was still waiting to receive his travel documents. He was financially supported by Employment Support Allowance. Riaz was living in council supported accommodation at the time of the interview, with which he had experienced a number of problems. Upon moving in, the house was completely empty with no furniture, the boiler was broken, and the windows did not close properly (during winter). He was receiving therapy with HBF which ended because the waiting list grew too long, and so began working with an NHS therapist, which was impacted by his mistrust of large authorities. He considered ongoing issues with his mental and physical health to be barriers to accessing education and paid employment, so instead reported spending a lot of time volunteering. Riaz communicated very clearly throughout the interview. He had a lot to say about his experiences, and particularly wanted to convey the pressure he felt to prove himself worthy of his refugee status.

Safiyah

Safiyah is a young woman from Nigeria who had been granted discretionary leave to remain based on the right to a family and private life with her British born daughter 2 months prior to the research interview. She waited 15 years to receive this status, which must be renewed every 2.5 years. At the time of interview, she also had a claim for refugee status still pending. She experienced trauma not only in her country of origin, but had also been abused in the UK. As a result, she had a diagnosis of PTSD. She was supported by social services for 6 years, and changed accommodation around 6 times with her daughter whilst waiting for an asylum decision. At the time of interview, they were sharing a bedroom in a house with other families. Safiyah reported this to be of higher quality than previous housing, but described that bedbugs had bitten her and caused scarring. For a period of time, the police were coming to the house regularly due to disturbances with another resident, and there was an incident in which an unknown woman entered the house and would not leave. At the time of the interview, Safiyah was hoping to move to new accommodation under the council but as this would involve paying rent, she could not do so until receiving welfare benefits. She reported an issue with her Employment Support Allowance, which was unexpectedly stopped, and was not receiving Child Tax Credit despite being eligible for it. Not having proof of address made it difficult to find employment, and her mental health had inhibited her success with education. Safiyah didn't have any major difficulty receiving her Biometric Residence Permit, or National Insurance Number, and considered her issues more to be around finance and housing.

Throughout the interview, she was openly emotional and distressed about her situation, as she was in the middle of dealing with a number of problems.

Soham

Soham is a young man from India who was granted 5 years' refugee status less than a month prior to the interview, and as such was still receiving financial and housing support from the home office. He had waited 3 years for this decision. At the time of the interview, he was waiting to hear when this support would be withdrawn. He had been diagnosed with PTSD as a result of his experiences in India, and was receiving therapy at HBF. Due to lack of confidence because of his age and mental health, he was struggling with the lack of clarity over when he would be moved into housing on his own. His Biometric Residence Permit had taken 6/7 weeks to arrive, for reasons unknown to him and he described having issues opening a bank account as he did not have identity documentation or proof of address. Having only recently received refugee status, he acknowledged that he had yet to experience any other problems, and was still in the immediate phase of trying to organise basic provisions. Throughout the interview, Soham was softly spoken and conscious of the infancy of his transition to life in the UK.

Bonte

Bonte is a middle aged man from the Democratic Republic of Congo. He was granted refugee status 5 months before the interview took place after waiting 6 years to receive a decision. As his English was very limited, an interpreter was present throughout the process. Since being granted refugee status, he had been living with a friend, however was finding that so was in the process of trying to organise his own accommodation through the council. He received his Biometric Residence Permit and National Insurance Number reasonably quickly after being granted status. He was receiving Employment Support Allowance to support himself financially, however at the time of interview it had been stopped suddenly and he was unclear as to why. He had been to the job centre to enquire and they gave him some documents, however as his English is very limited he did not know what they said and was generally confused by the situation. He said he was unsure of where to go to access information about employment. Although he generally did not consider language to be a barrier, he said that it sometimes made interacting with services difficult, and he had to fight to make himself understood. As a result of his past, he had been diagnosed with PTSD and received therapy with HBF. His children were still in the Democratic Republic of Congo and bringing them over to the UK was his ultimate goal, however difficulties with money and finding employment were hindering this. Throughout the interview, Bonte was fairly reserved when talking about emotive topics, and had a generally positive outlook.

Yannick

Yannick is a young man from Cameroon who had been granted refugee status 2 months before taking part in the interview, having waited 5 months for his status decision. He reported finding the process of asylum seeking

extremely traumatic, which disrupted his appetite reported a diagnosis of PTSD and depression. His Biometric Residence Permit and National Insurance Number came within a reasonable time frame. Since receiving refugee status, Yannick had been living in temporary accommodation provided by the council which he reported to be clean, and he said he was comfortable sharing with other people. However, he was due to have surgery and was concerned about having to climb stairs to get up to his room whilst recovering from the operation. He reported that the housing agency were aware of his medical records and needs but were unwilling to change his accommodation. The impending surgery was affecting Yannick's ability to work, so he applied for Employment Support Allowance. He faced a delay in receiving his first payment due to an administrative error. At the time of interview, he had started to receive payments, but with paying out for his accommodation, transport and medical costs, he was struggling on the £73 a week provided. Yannick had been receiving support from HBF, as well as the refugee council and a social group. He spoke very good English and was open about his experiences throughout the interview. He felt strongly about participating in research and was keen to share his experiences to improve the transition for others.