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Psychosocial Well-being of African Migrant Children in Ireland:  
A Cultural Orientation

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A thesis submitted for the degree of Doctor of Philosophy, National University of Ireland, Cork  
March 2014

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Abstract

This thesis explores the psychosocial well-being of sub-Saharan African migrant children in Ireland. A sociocultural ecological (Psychosocial Working Group, 2003) and resilience lens (Masten & Obradovic, 2008; Ungar, 2011) is used to analyse the experiences of African migrant children in Ireland. The research strategy employs a mixed-methods design, combining both an etic and emic perspective. Grounded theory inquiry (Strauss and Corbin, 1994) explores the experiences of African migrant children in Ireland by drawing on multi-sited observations over a period of six months in 2009, and on interviews and focus group discussions conducted with African children (aged 13-18), mothers and fathers. An emically derived ‘African Migrant Child Psychosocial Well-being’ scale was developed by drawing on data gathered through rapid ethnographic (RAE) free listing exercises carried out in Cork, Dublin and Dundalk with sixty-one participants (N=21 adults, N=28 15-18-year-olds, N=12 12-14-year-olds) and three African community key informants to elicit local understandings of psychosocial well-being. This newly developed scale was used alongside standardised measures of well-being to quantitatively measure the psychosocial adjustment of 233 African migrant children in Cork, Dublin and Dundalk aged 11-18. Findings indicate that the psychosocial well-being of the study population is satisfactory when benchmarked against the psychosocial health profile of Irish youth (Dooley & Fitzgerald, 2012). These findings are similar to trends reported in international literature in this field (Georgiades et al., 2006; Gonneke, Stevens, Vollebergh, 2008; Sampson et al., 2005). Study findings have implications for advancing psychosocial research methods with non-Western populations and on informing the practice of Irish professionals, mainly in the areas of teaching, psychology and community work.
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departed brother Felix, your loss towards the end of my thesis was a challenge yet an inspiration.
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1. Introduction

Present day Ireland is a multicultural society, which makes it necessary for researchers to contend with issues of cultural diversity and their implications on theory and practice. The presence of Africans in Ireland has only become significant in the late 20th century and they are therefore not very well known in the Irish academic discourse, especially psychological discourse. Data from the Central Statistics Office indicates that the African migrant population in Ireland accounts for 7.6% of the total number of non-Irish (41,642 out of a total number of 544,357) and that 18% of the African migrant population is comprised of migrant children aged 0-14 while 15% is comprised of youth aged 15-24 years (CSO, 2011). Sub-Saharan African countries are heavily represented in Ireland accounting for 70% (29,482 out of 41,642) of the total African population in Ireland. Sub-Saharan African migrant children are therefore an important element of migrant children growing up in Ireland.

Ecological human development perspectives view human experience as a result of reciprocal interactions between individuals and their environments, (Bronfenbrenner, 1979; Rogoff, 1981, 2003). A sub-Saharan African migrant child growing up in Ireland has to contend with pre-migration histories such as: experiences of colonialism, and/or exposure to economic and/or social hardships, and/or political upheavals and/or challenges encountered during migration journeys; these all shape their experiences. They also have to deal with post-migration stressors such as racial and cultural
differences, as well as structural factors, mainly, migration policies and practices in Irish settings. Migration literature has paid huge attention to the cultural adjustment of migrant children. The concept of acculturation is used in migration literature to refer to cultural changes resulting from encounters of heritage cultures of migrant children and/or their families with those of their country of residence (Berry, 1976; Gordon, 1964; Redfield, Linton and Herskovits, 1936). Studies on sub-Saharan African migrant children settled in Western countries have documented acculturation stressors associated with post-immigration changes in family values, structure and dynamics (Degni, Pontinen & Molsa, 2006; Ochocka & Janzen, 2008; Renzaho, 2011; Renzaho & Vignjevic 2011; Stuart, Ward, Jose & Narayanan 2010). Traditional cultural norms that govern child-rearing practices, parent-child relationships and other modes of relating, were reported to have been unsupported in new cultural settings. Scholars have argued that migrant children who are racially and culturally different from their mainstream peers may be more likely to face discrimination, which may act as a challenge to their acculturation process (Bathia & Ram 2001; Gonzalez-Lopez, 2005; Hunt, Schneider & Comer, 2004; Miranda, Schulz, Israel & Gonzalez, 2010; Portes & Rumbaut, 2006; Viruell-Fuentes, 2011). Cultural processes are shown by the literature to interact with migration processes, mainly in the form of intergenerational acculturation conflicts which arise due to the discrepancy between parents and their children (Costigan & Dokis, 2006; Fuligni, Tseng, & La, 1999; Kwak, 2003; Portes and Rumbaut, 1996; Stuart, 2008; Ying & Han, 2007). Research about sub-Saharan Africans who settled in Western counties has documented migrant children’s psychosocial problems associated with acculturation discrepancy (Renzaho 2011; Diego et al., 2006; Stuart et al., 2010). Structural factors, mainly associated with migration policies and practices in the host countries are also shown to exert stress on the psychosocial well-being of migrant
children (Ager & Strang, 2008; Berry, 2011). Mental health and psychological literature has paid much attention to pre-migration, migration and post-migration stressors and the consequent impact on the psychosocial functioning of migrant children (Almqvist and Brandell-Forsberg 1997; Berry et al., 1987; 2006; Brody et al., 2006; Ellis, MacDonald, Klunk-Gillis, Lincoln & Cabrah, 2010; Fazel & Stein, 2003; Geltman, Grant-Knight & Mehta, 2005; Greene, Way & Pahl, 2006; Grossman & Liang, 2008; Halcon, Robertson, Sarik, Johnson, Spring & Butcher, 2004; Sirin, Ryce, Gupta, & Roger-Sirin, 2012). Empirical evidence indicates that despite exposure to pre-migration, migrating and post-migration stressors, first and second generation children across a variety of ethnic minority groups are, in fact, doing about as well as or better than their native born peers, but their psychosocial health deteriorates across generations (Berry, Phinney, Sam & Vedder, 2006; Georgiades, Boyle, Duku & Rancini, 2006; Portes & Rumbaut, 2006). Cultural integration arguments have been put forward as a plausible explanation of these study findings whereby first generation migrant children are said to benefit from adaptive multiple cultural values and practices, unlike second and third generations who may distance themselves from heritage cultural practices (Buriel et al., 2012; De Valk, 2006; Ellis et al., 2010). Anthropological and family studies on well-being of migrant children/youth have highlighted some of the stress-buffering or resilience building cultural processes embedded in the family and community settings of these children (Campione-Barr & Metzger, 2006; Oppedal, 2006; Phinney, Horenczyk, Liebkind, & Vedder, 2001; Phinney & Ong, 2002; Sam & Virta, 2003). These cultural processes are scantly represented by psychological literature on migrant children, which is heavily skewed towards universalistic individualised deficit conceptual models of well-being, therefore obscuring cultural processes that influence individual psychological functioning. Methodologically, a majority of these studies
have utilised Western-theorised standardised clinical and non-clinical measures of well-being (Bean et al., 2007; Berry et al., 2006; Ellis et al., 2008; Fazel & Stein, 2003; Geltman et al., 2005; Hodes et al., 2008; Kia-Keating et al., 2007). A number of cross-cultural and indigenous scholars and mental health workers around the world have begun to question the applicability of the Western-theorised well-being conceptual frameworks on non-Western populations (see Bracken, 1998; Breslau, 2004; Eisenbruch, 1991; Honwana, 2006; IASC, 2007; Kleinman, 1987; Pupavac, 2001; Summerfield, 2001; Wessells, 1999). Also the utilisation of universalistic conceptual models of well-being is also increasingly being challenged by cross-cultural and indigenous scholars (Bracken, 1998; Breslau, 2004; Durieux-Pailland et al., 2006; Honwana, 2006; IASC, 2007; Kleinman, 1987; Nakahara & Wakai, 2006; Pupavac, 2001; Summerfield, 2001; Wessells, 1999). Durieux-Pailland et al., (2006) and Nakahara & Wakai, (2006) have argued that the use of non-equivalent measures may impact on the validity of research by yielding research findings with false positives or false negatives where observed differences may be artefacts of non-equivalent measures, rather than actual differences. Use of mixed method design has been recommended as one way of addressing these challenges because it offers a way to triangulate data and contextualise emerging findings (Branch, 1999; Hammersley, 1996; Suárez-Orozco et al., 2008). An innovative methodology which has been used in sub-Saharan Africa that has provided an alternative to the existing approach of adapting Western-theorised measures of well-being to non-Western cultures involves qualitatively exploring local understanding of well-being concepts and using this information to develop measures to be used for subsequent assessment (Betancourt et al., 2009; Bolton & Tang, 2002).
This thesis engages with these recent debates in the literature by exploring the psychosocial well-being of African migrant children in Ireland. The study diverges from individualised risk approaches that dominate psychological research with migrant children to utilise an ecological psychosocial strength-based approach to ensure that migration, racial, cultural and structural processes that shape the psychosocial well-being of the study population are put into focus. In line with psychosocial studies in African settings that have developed contextualised cultural understandings of well-being for subsequent assessment (Betancourt et al., 2009; Bolton & Tang, 2002; Bolton & Tang, 2004), the current study explores African understandings of it to inform subsequent psychosocial well-being assessments. Mixed method design will therefore be utilised in an effort to provide a holistic understanding of the psychosocial well-being experiences of this population.

The thesis addresses the following research questions:

“What are the experiences of sub-Saharan African migrant children and youth in Ireland?”

“How do sub-Saharan African migrant children, parents and community leaders construct African children’s psychosocial well-being in Ireland”

“What are the levels of African migrant children’s psychosocial well-being?” and a sub-question:

a. “Are some African migrant children doing better in terms of their psychosocial well-being compared to other African migrant children?”

The study ultimately aims to propose a conceptual psychosocial well-being model inclusive of cultural resources to harness strengths and resilience among the study population.
1.1. Definition of Terms

The UN Convention on the Rights of the Child defines the term ‘child’ to refer to a person below the age of 18 (Article 1, UN Convention on the Rights of the Child, 1989). This research is concerned with African migrant children in Ireland recruited while under the age of 18 and thus fit within this definition of the child.

United Nations Educational Scientific and Cultural Organization (UNESCO) defines the term migrant as “any person who lives temporarily or permanently in a country where he or she was not born, and has acquired some significant social ties to this country.” (www.unesco.org). This may be too much of a narrow definition for a migrant child in Ireland in view of the fact that within the framework of the Irish immigration policies and practices, a person can be considered as a migrant even when s/he is born in the country. Over the period 2003 to 2005, Ireland’s Citizenship Laws were fundamentally changed to eliminate an Irish-born child’s automatic right to citizenship when the parents are not Irish nationals. The term Irish born child (IBC) in the Irish context usually refers to a child born in Ireland whose parents are not Irish or EEA citizens (www.orac.ie). Migration literature uses the term ‘migrant child’ to refer to persons below the age of 18 who are born outside their country of residence or those who are born in their country of residence but have at least one foreign born parent (Ebennegger, Marques-Vidal, Nydegger & Burgi, 2011; Urguia, Glazier, Blondel & Macfarlane, 2010; Sam & Berry, 2008). This definition covers a wide range of migrants ranging from children of: asylum seekers; recognised refugees; working visa holders; scientific researchers; spouses of Irish/EU nationals; and international students. The definition also includes unaccompanied minors who arrive in the state on their own and are not in the custody of an adult and may or may not have legal status in the Irish state, and persons under 18 who relocate to Ireland legally to be reunited with their families.
research involves African migrant children with leave to remain in Ireland. It therefore
does not involve children of asylum seekers. The Office of the Refugee Application
Commissioner (ORAC) defines an asylum seeker as a person who claims to be in need
of refugee protection in accordance with the terms of the 1951 Geneva Convention
relating to the status of refugees and the related 1967 Protocol, but whose claim for
refugee status has yet to be determined (www.orac.ie). For the purposes of this research,
the term African migrant child is therefore used to refer to African children of: parent/s
with leave to remain in Ireland on account of IBC; African spouses of Irish/EEA
citizens; recognised refugees; working visa holders; scientific researchers; international
students; unaccompanied minors with legal status in the Irish state and children who
have legally relocated to Ireland to be reunited with their families.

The term ‘African’ in the study is used in the context of a geographical framework to
refer to people from the African continent. The research is focused on sub-Saharan
African children and in this respect, the term ‘African’ evokes a racial, cultural and/or
ethnic notion in regard to referring to a population that share biological traits in terms of
physical features, and have common cultural traits. Schweider (1984) culture as
consisting of tradition (i.e. historically derived and selected ideas & especially their
attached values) that are carried, stored and reinforced in rituals, symbols, myths,
media, social practices, laws and institutions through engagement with others
(Schweider, 1984). Ethnicity is defined clusters of people who have common cultural
traits that they distinguish from those of other people (Smedley and Smedley, 2005).
Sub-Saharan Africans share similar skin colour and have common cultural traits that
they distinguish from those of North Africans and other cultural groups such as
Europeans. The term sub-Saharan African in the study is therefore defined in ethnic and
biological racial terms whereby they self-distinguish based on physical appearance and cultural traits.

The Psychosocial Working group (2003) definition of psychosocial well-being is used in this study. The Psychosocial Working Group is a consortium of academic institutions and humanitarian agencies and it has used Bronfenbrenner’s socio-ecological theory as a starting point in formulating a framework to address ecological influences on development. They use the term psychosocial to emphasise the close connection between the psychosocial aspects of our experience (our thoughts, emotions and behaviour) and our wider social experience (our relationship, traditions and culture). This framework defines well-being with respect to three core domains of human capacity, socio-ecology and culture and values. Human capacity encompasses inherent attributes that affect the ability of individuals and communities to cope and/or function within their context and access resources in their environment. Factors affecting human capacity include physical health, mental health, legal status, age, and educational status. Social ecology refers to capacity to form relationships with other people such as family members, friends and peers. Culture and values refer to cultural construction of experiences and social justice. The three domains are theorised to be interrelated with changes in one area affecting the other areas of the overall well-being of people. The term psychosocial well-being is therefore used in the study in a holistic framework to focus not only on the individual African migrant child but to view this child as part of a bigger social and cultural unit.

1.2 Background

This section begins by briefly describing the principal motivations that encourage migration from sub-Saharan Africa to Western countries and then moves on to give a
profile of sub-Saharan migrants in Ireland. Recognising the significance of structural, racial and cultural processes in migrants’ receiving social-cultural settings, the next chapter considers how these process impact on the experiences of African migrant children in view of Irish immigration policies and practices and how they structure residency/citizenship rights of migrant children. Social attitudes toward immigrants in Irish social settings and interactions or relational tensions associated with African/Irish cultural differences in conceptualisation of behaviour are also discussed and linked to cultural competence debates on the relevance to psychological practice in Ireland.

1.2.1 Forced/voluntary sub-Saharan migrants: the principal motivations that propel migration from sub-Saharan Africa

African migrants in Ireland can be classified according to a migration dichotomy, which distinguishes ‘forced’ migrants from ‘voluntary’ migrants.

Hatton and Williamson (2001), Moore and Shellman (2004) and Naudé (2008) propose that conflict is the single largest propeller of international migration from sub-Saharan Africa. Crisp (2006) points out that of the 10 top ‘refugee-producing’ countries around the world, five countries, namely, Sudan, Burundi, Democratic Republic of the Congo (DRC), Somalia and Liberia, are in sub-Saharan Africa and Ireland, like other Western countries, has been on the receiving end of this international migration.

Voluntary migration from sub-Saharan African has been attributed to the detrimental effects of conflict on destabilising the economy of affected countries (Adepoju, 1989; Kibreab, 2003; Naude, 2008; Rwamatwara, 2005). Low standards of living and labour market pressure resulting from rapid population growth have also acted as push factors from this region to Western countries for economic reasons. According to the database
on international migration to OECD countries (DIOC, 2007) sub-Saharan Africa has a high poverty rate averaging 70.1% (poverty head count ration at USD 2 a day purchasing power parity) and in 2010, the population growth rate was at +2.5% (DIOC 2007, see http://www.oecd.org/els/mig). According to an OECD (2012) report which gives a global profile of immigrants, highly educated individuals are more likely to voluntarily emigrate from sub-Saharan Africa for economic reasons than less educated ones (see http://dx.doi.org/10.1787/9789264177949-en). Pull factors in the form of labour shortages in Europe and North America also partly explain voluntary migration from sub-Saharan Africa to the OECD area, with immigration patterns strongly determined by former historical and colonial as well as linguistic links (DIOC, 2007). However, expatriate rates from sub-Saharan Africa to OECD countries are very low, taking the sub-Saharan region as a whole, at 0.8% in 2000 and around 1% in 2005/2006 (DIOC, 2007).

1.2.2 A profile of sub-Saharan African migrants in Ireland

A profile of sub-Saharan African forced and voluntary migrants can be deduced from statistics from various Irish and international bodies dealing with migrants. The most comprehensive statistics available on immigrants in Ireland are with respect to the categories of asylum seekers and employment permit holders.

Statistics from the office of the Refugee Applications Commissioner (ORAC) indicate that a total number of 87,253 individuals sought asylum in the Irish state between the years 1992 and 2012 and that five sub-Saharan African countries, (Nigeria; DR Congo; Sudan; Somali; Zimbabwe) represented nearly a quarter of the total number of asylum applications in the state at 24% (21,099 out of a total number of 87,253) (www.orac.ie).
Nigeria alone accounted for 20.8% (18,160 of the total number 21,099) of these five sub-Saharan Africans.

ORAC also gives information on unaccompanied minor children seeking asylum or seeking family reunification. The United Nations High Commissioner for Refugees (UNHCR) defines an unaccompanied minor as a person who is under 18 years of age, or the legal age of majority, who is separated from both parents, and is not with and being cared for by a guardian or other adult who by law or custom is responsible for them (http://www.unhcr.ie). Available statistics indicate that 2,185 asylum applications were received from unaccompanied minors between the years 1992-2012 (www.orac.ie). Statistics are not broken down into countries of origin though a note made in the ORAC report on the number of asylum applications made in the state by unaccompanied minors in 2002 indicates that Nigeria, accounted for about 30% (155 of the 520) of the total applications. Other sub-Saharan African countries reported to have contributed to high numbers of this population were Sierra Leone, DR Congo, Cameroon, Somalia and Sudan. Recognised refugees are entitled to apply for family reunification with separated members of their family under section 18(3) of the 1996 Refugee Act (www.orac.ie). Available statistics on family reunification indicate that about 4,371 applications were made between the years 2001 to 2012 (www.orac.ie). Once again there is no breakdown of the statistics in accordance with the country of origin but a note made on the ORAC report on the figures of family reunification applications in the years 2001, 2002 and 2003 show that the sub-Saharan African countries of Nigeria, DR Congo, Somalia, Cameroon, Angola and Zimbabwe were among the top countries of origin recorded on these applications (www.orac.ie).

A profile of sub-Saharan African migrants in Ireland in terms of work can be inferred
from the department of Jobs, Enterprise and Innovation which has the responsibility of issuing employment permits (DJEI). DJEI issues four types of permits to non-EEA migrant workers namely: the green Card employment permit designed to attract highly skilled professionals; employment permits for spouses of primary employment permit holders; intra-company transfer employment permit designed to facilitate transfer of senior management, key personnel or trainees from an overseas branch of a multinational corporation to its Irish branch; and a work permit employment permit designed to cover a broad range of occupations of a general skill level. DJEI statistics indicate that a total of about 141,321 new employment permits were issued between 1999 and 2012. (http://www.djei.ie/labour/workpermits/statistics.htm). Notably, the total number of voluntary migrants who came on account of work (141,321 over the period 1999-2012) is much higher than the total number of migrants who came on account of asylum applications even over a longer period of time (87,253 over the period 1992-2012). However, sub-Saharan African nationals only account for a very small percentage of voluntary migrants on account of employment. Taking into account new and renewed employment permits in the years 2003-2012, South African nationals account for 5.6% (9,613 out of a total number of 171,615 new and renewed permits). Other sub-Saharan African countries represented in this workforce are Zimbabwe 0.65% (1130) and Nigeria 0.38% (663).

A number of sub-Saharan African nationals are in Ireland on the basis of study. Although there are no comprehensive statistics available on non-EEA students in Ireland, this information can be deduced from the Irish Naturalisation & Immigration Service (INIS) annual reports on issued student visas. Statistics from this office indicate that a total number of 37,016 student visas were issued to non-EEA nationals between the years 2005-2012 (www.inis.gov.ie). Once again, it is difficult to deduce the
representation of the sub-Saharan population in this category of migrants due to lack of a breakdown of statistics by country of origin over the 2005-2010 period. Statistics for 2011 and 2012 which provide country of origin details indicate that sub-Saharan African nationals accounted for only 4% (190 out of total number of 4,741) and 3.3% (228 out of total number of 6,939) of net approved visas in the years in 2011 and 2012 consecutively. Once again it can be deduced that only a very small number of sub-Saharan African migrants in Ireland are present on the basis of study. Other categories of migrants in Ireland represented by sub-Saharan African nationals are: spouses of Irish and EU nationals; unemployed spouses of non-EEA employment permit holders and sub-Saharan Africans who have residency or citizenship status in other European countries but have migrated to Ireland. It is difficult to estimate their numbers due to limitations of available data.

However, based on the available statistics on asylum applications (inclusive of unaccompanied minors and family reunification); employment permit applications and non-EEA students in Ireland, it can be inferred that the profile of African migrants in Ireland is highly skewed towards high representation in the asylum application category. According to the Central Statistics Office, Africans in general represent about 7.6% (41,642 out of 544,357) of the non-national population in Ireland (CSO, 2011). ORAC statistics indicate that five sub-Saharan African countries: Nigeria; DR Congo; Sudan; Somalia and Zimbabwe; account for 21,099 out of a total number of 87,253 asylum applications received in the state (www.orac.ie). The trends of asylum applications by unaccompanied minors (2,185 between 1992-2012) and family reunification (4,371 between 2001-2012) is reflective of the general patterns of asylum applications where the top five named countries are highly represented. CSO statistics lists these five countries (Nigeria, DR Congo, Sudan, Somalia and Zimbabwe) among
the top six countries of origin of African migrants (CSO, 2011). South Africa is also listed as one of the top countries of origin, which is no wonder, given the number of South African nationals on an employment basis in Ireland (9,613 out of a total number of 171,615) of newly issued plus renewed employment permits over the years 2003-2012. In can therefore be concluded that a profile of sub-Saharan African migrants in Ireland is mainly comprised of forced migrants with a high representation by Nigerian nationals and voluntary migrants with a high representation by South African nationals.

For sub-Saharan African migrants, like all other non-EEA nationals in Ireland, their residency and/or citizenship in the state, irrespective of their migration category is framed by the Irish Immigration Framework.

### 1.2.3 Irish immigration framework: policies and practices that structure the rights and entitlements of immigrants in the state

Ireland, like other European countries has a restrictive immigration policy towards non-EEA nationals, which often leaves the asylum route as a viable channel for migrants from these areas. In accordance with the terms of the 1951 Geneva Convention and 1967 Protocol, persons who prove that they have a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion and cannot avail of the protection of their own country and cannot return to that country are granted refugee status and provided with protection in Ireland (see www.orac.ie). An examination of ORAC statistics on asylum applications and withdrawals indicate that a significant number of people applied for asylum, and then withdrew the applications, for example: 10,325 applications and 4,873 withdrawals in 2001; 11,634 applications and 6,073 withdrawals in 2002; and 7,900 applications and 1,243 withdrawals in 2003 (www.orac.ie). The main reason given for the withdrawal
was to pursue an application to the Minister of Justice for leave to remain in the state on behalf of an Irish-born child (mainly prior to 2005 when Ireland granted citizenship to anybody born in the territory - the “jus soli” principle), and to a lesser extent to pursue residency on account of marriage to an Irish or EU citizen.

All non-EEA nationals who are granted residency, irrespective of their migration category are required to register and obtain a residence permit from the Garda National Immigration Bureau (GNIB). Under the current Irish Immigration Laws, children under the age of 16 are not required to register and obtain permission to remain in the state. For all non-EEA nationals (16+) with leave to remain in the state, a certificate of registration contains one of a number of different immigration stamps (stamp 1-6; appendix 1), with each of these stamps linked to rights of access to state resources issued to them by the GNIB. Residency status is the legal route through which non-EEA nationals in Ireland pursue citizenship though naturalisation once they meet the five-year residency requirements (see www.inis.gov.ie).

Non-Irish born or naturalised children of non-EEA parents who reside in the Irish state, are required to register with the GNIB upon attaining the age of 16. While there is clarity in the immigration framework on how to register children of refugees and spouses of Irish/EU citizens (Stamp 4), there is no clear regulation on how to register migrant children of employment permit holders, international students, international researchers, residents on account of Irish-born children, and persons granted leave to remain on grounds such as humanitarian ones (see. www.immigrantcouncil.ie/prczn.htm). Usually, these categories of migrant children are issued with an immigration stamp intended for non-EEA students who come to Ireland for the purpose of undertaking second-level or third-level education or for dependents of non-European residents (GNIB Stamp 2, or 2A
or 3) despite the fact that these children might have grown up in Ireland. Holders of these stamps cannot access the Irish state’s free third-level education (see www.immigrationcouncil.ie/preczn.htm). Migrant children who are issued with these stamps run the risk of becoming undocumented in the event that they drop out of school for various reasons such as the inability to pay the prohibitive third-level fees charged to non-EU residents. Also, the legal uncertainty, and/or anxiety associated with their undocumented status renders young migrants in these positions vulnerable to pursuing marriages with Irish or EU residents as an avenue for acquiring residency status. Therefore, the lack of a good fit between the legal status of a migrant child and the Irish immigration framework that structures access to state resources has the implications of creating tangible, social and psychological vulnerabilities for that child.

Family reunification of separated migrant families is unavoidably caught between human rights of migrant families, the Irish immigration controls and cultural relativisms in regard to definitions of a ‘family unit’. Over the period 2003 to 2005, Ireland’s citizenship laws were fundamentally changed to eliminate an Irish-born child’s automatic right to citizenship when the parents are not Irish nationals. Birth right citizenship was in existence since the establishment of the Republic of Ireland in 1922. On 11 June 2004 the government of the Republic of Ireland asked the electorate to vote in a referendum to amend article 9 of the Constitution to remove birth-right citizenship from children born in Ireland who do not have at least one parent who is an Irish citizen or who is entitled to Irish citizenship (McDowell, 2004: Seanad Eireann motion, 176-07, 320). 79.2% of voters supported the constitutional amendment removing the automatic right to citizenship by birth in Ireland, *jus soli*, in favor of granting citizenship through a combination of blood and residence rights, *jus sanguinis* and *jus domicile*. This has been viewed by scholars as an effort to restrict citizenship claims by
asylum seekers with Irish born children, so called IBCs (Fanning & Mutwarasibo, 2007; Lentin, 2004; Luibheid, 2004; Mancini & Graham, 2008; Shady, 2008; Tormey, 2007). In January 2005, the Department of Justice, Equality and Law Reform invited non-Irish national parents of Irish-born children to apply to remain under the Irish Born Child 2005 Scheme (IBC/05). Under this scheme, the non-Irish parents of Irish-born children were granted permission to remain in the country but had to sign a declaration affirming no entitlement to family reunification, with the consequence of creating transnational families.

Even for categories of migrants such as recognised refugees; employment permit holders; scientific researchers; and spouses of Irish/EU Nationals with entitlements to family reunification, tight Irish immigration controls characterised by strict adherence to official procedures requiring documentation of family relationships and dependence, delays the family reunification process. While procuring documents may be unproblematic for voluntary migrants, it is often a difficult process for forced migrants, particularly those coming from war-torn countries (Hathaway 2005, pp. 840-841).

Family reunification processing is also unavoidably caught between cultural relativism in relation to the definition of the family. The European Council on Refugees and Exiles (ECRE) reunification directive (2003/86/EC) which sets out minimum standards for reunification for third-country nationals residing lawfully in the EU recognises and protects the family nucleus of one married spouse and dependent minor children (the latter defined as the age of majority set out by law of the member state). The directive allows Member States to extend the right to family reunification to unmarried partners, adult children, parents or other close relatives (see www.ecre.org). However, because conceptualisation of a family nucleus of one married spouse is not universal across all
cultures, lack of fit between non-Western/Irish or Western conceptualisation of a family nucleus creates all kinds of issues when it comes to processing family reunification applications.

Staver (2008) illustrates this notion by giving an example of a family nucleus within African cultures whereby ‘family units’ are in various forms: one wife and one husband in the context of statutory marriage; one husband and multiple wives within the context of customary marriage; or one husband and up to four wives in the context of Islamic or a customary law marriage. This narrow definition of the family creates a practice of exclusion in regards to reunification of spouses and dependent children from marriages that do not fit into this restricted family nucleus concept.

It would suffice to say that transnational family structures are a feature of sub-Saharan African migrants in Ireland in terms of the challenges outlined. The rights of the Irish state to control immigration contravenes these migrant families’ right to respect for family life guaranteed by various regional and international human rights instruments as outlined in Art. 8 of the European Convention on Human Rights (ECHR); and in Art. 7 of the Charter of Fundamental Rights of the European Union (EU Charter of Fundamental Rights) (see http://www.echr.coe.int/Documents/Convention). Negotiating family roles, structures and dynamics nationally and trans-nationally also has implications on the quality of care of children in relation to challenges associated with nurturing family bonds and/or overstretched economic, social and psychological family resources and capacities (Bledsoe & Sow’s, 2011; Coe, 2011; Dreby 2010).
1.2.4 The climate of acceptance or rejection of immigrants in Irish socio-cultural settings

In the Irish context, state policies, the mass media and politicians have played a role in defining a framework within which migrants in general, and sub-Saharan African migrants in particular, are perceived by the public.

A report by the National Economic Social Council (NESC) on managing immigration in Ireland states that Irish policy discourses about immigration have focused on serving the national interest in the economy, while protecting the nation through border control, and preserving the cohesion of Irish national identity and culture (see NESC 2006b: xiii, 109-110, 119-121). At the same time, these policy discourses about immigration in the nation(al) interest coexist with cultural liberal discourses about cultural diversity in the form of interculturalism policy which emphasises a dynamic interaction between multiple cultures and the Anti-Discrimination Act of 1989 and the 2004 Anti-Discrimination Legislation (NESC 2006b). In a book titled ‘After Optimism? Ireland, Racism and Globalisation’, Lentin and McVeigh view the state’s systematic and simultaneous promotion of restrictive immigration policies towards sub-Saharan Africans while exercising and promoting diversity programmes as tantamount to an act of reproducing racism while denying it (Lentin and McVeigh, 2006). Boucher’s (2008) paper on ‘Ireland’s Lack of a Coherent Integration Policy’ links Irish restrictive immigration policy towards sub-Saharan Africans to the state’s integration policy, and in particular, a perceived inherent threat posed by black sub-Saharan Africans to the social cohesion of the Irish nation. Integration of black migrant families who are culturally distant from the white Irish populace is perceived to be much more difficult than that of white migrants who are culturally closer to the Irish native population (Boucher, 2008). However, Boucher (2008) and Lentin and McVeigh’s (2006) notion
that the Irish State systematically and simultaneously promotes a restrictive immigration policy towards sub-Saharan Africans should be contextualised in the general framework of the Irish State’s restrictive policy towards non-EEA nationals discussed in the previous section.

The Irish media has played a role in providing a lens through which sub-Saharan migrants are perceived by the Irish public. Images of shanty towns, malnourished and dying children in sub-Saharan Africa are commonly presented in Irish media (Devlin, 2006). Understandably, these images play a useful fundraising role for humanitarian organisations, but because the context under which these poverty-related aspects of human suffering occur, such as colonial histories, famine, bad governance, civil conflicts and wars, the images present and reinforce negative stereotypes of Africans as primitive, lazy and dependent on aid (Mahadeo & McKinney, 2007). In late 2011, an Irish politician Darren Scully, who served as Mayor, told the Irish media that he no longer wanted to represent black Africans in his area because he found them to be overly aggressive and ill-mannered (http://www.thejournal.ie/special-meeting-of-naas-town-council-called-following-mayors-comments-285487 - accessed on December 2nd 2013). His statement to the media read in part “…it pains me to see people born and reared in my town unable to get a council house who are well entitled to it but no houses are currently available and there are many Africans now housed because the system states that larger families get jumped up the list. I have found many Africans are well versed on their entitlements and are currently on most days in the Council building.. you see a steady stream of them coming in looking for housing or grants or whatever is going. A few years back when we opened a new council estate in Sallins and were handing out the keys, a lady from Sierra Leone started to complain to me that the house was not big enough for her and her family and could we knock some walls
internally to create more room, a council colleague quickly asked her how big was her house in Sierra Leone, she lived in a hut…. the mind boggles”. (Cllr. Scully interview on the Late Show with Niall Boylan on Classic Hits 4FM - see http://www.4fm.ie/lateshow). Such a statement reinforces negative stereotypes of dependency and aggression in regard to Africans which can have a negative impact on the experiences of those being stereotyped when they result in racial discrimination.

In a press conference in Dublin called by leaders of the black community in Ireland in 2011, it was reported that black immigrants continue to experience widespread racist verbal, physical and psychological attacks (http://www.thejournal.ie/immigrants-in-ireland-are-under-siege-say-black-community-leaders-289470 accessed on December 2nd 2013). Survey evidence suggests that immigrants, particularly those from sub-Saharan African experience widespread racially related negative experiences (see Garner 2004, pp. 59-66; Loyal 2003, pp. 86-88; Hughes et al 2007, pp. 235-238). Research of experiences of migrant children indicate that children from visible minority groups experience greater levels of bullying in schools and that teachers do not feel equipped or capable of addressing this issue (Devine 2005; Curry et al., 2011).

Suffice to say that racial discrimination at an institutional and an individual level may be part of normative experiences of sub-Saharan African migrant children growing up in Ireland. Racial discrimination in the school and neighbourhood settings by peers and adults may be particularly detrimental to social and emotional development of these children particularly when these children experience peers or adults as devaluing or disrespectful to their racial and cultural backgrounds.
1.2.5 African/Irish fit or lack of fit of cultural understandings, norms and behaviours

From the above discussion, we see that immigration to Ireland is a relatively new phenomenon with sub-Saharan Africans only gaining visibility in Irish society after the year 2000. Sub-Saharan migrant children therefore form part of first generation migrants in Ireland in the sense that they either migrated with their parent(s), guardian or by themselves or are born in Ireland to at least one migrant parent. The implication is that sub-Saharan African children in Ireland are probably still linked to their traditional cultural values, norms and practices through parental transmission or links that their families may still maintain with home countries such as return visits or social media. In schools and neighbourhoods, these children learn adaptive Irish social and cultural practices. The goodness of fit between African/Irish cultural practices that frame child-rearing and well-being has implications of creating understanding/misunderstandings in these children’s social circles of operation, mainly home, school and neighbourhoods.

While acknowledging the heterogeneity of child-rearing practices within and across the African region and Western states, transcultural scholars posit that a general framework of African and Western child-rearing cultural frameworks can be inferred from an African/Western view of the universe, knowledge claims and values. For the African person, these are all oriented towards a culture of collectivism or interdependence (Dixon and Vernon, 1971; Kambon, 2004; Mndende 2006; Myers, 1999; Nyasani, 1997). Child-rearing is framed by an interdependence model which prioritises social harmony, nurtured through emphasising compliance, obedience and respect for elders (Boakye-Boaten, 2010; Nyasani, 1997). Well-being conceptualisation is rooted in a view of the universe as functionally connected whereby the body and mind are viewed as an indivisible unit, and causal explanations of distress are attributed to the biology of
the individual but also to socio and spiritual causes (Mndende 2006). Consequently, the response to threats to well-being are multifaceted in forms of bio-medical, spiritual and traditional healing approaches. Western cultural frameworks on the other hand have been associated with a world view of individualism which prioritises child autonomy valuing distinctive personal attitudes and opinions and personal success (Markus & Kitayama, 1991; Triandis, 1995; Oyserman & Markus, 1993). Conceptualisation of well-being within an individual world view is said to orient judgement, reasoning and causal attributions to the person rather than the situation or social context (Morris & Penny, 1994; Diener & Diener, 1995; Markus & Kitayama, 1991; Oyserman & Markus, 1993; Triandis, 1995). In intercultural settings such as a neighbourhood or education and health settings, cultural misunderstandings resulting from a lack of fit between African/Irish cultural frameworks are likely to occur as African migrant children relate with their peers, service providers and other adults in these settings.

Research findings of studies undertaken in Irish schools on migrant children indicate that teachers are ill-prepared to deal with cultural diversity issues. McGorman & Sugrue (2007) noted teachers’ tendency to attribute migrant children’s behavioural problems to a dominant cultural conflict narrative skewed towards portraying African children and families as deviant. Documented in the study are concerns raised by junior school teachers that many African children in the early years did not have the social skills to take part in class-groups of 29 children. This perceived lack of social skills was reported to lead to considerable disruption. In the same study, teachers generally drew attention to a general lack of respect by Nigerian and African boys towards female teachers. Another study in school settings in Ireland also reported a high number of behavioural problems with African newcomer boys in a school (Smyth et al., 2009). These behaviours can be contextualised in an African cultural framework in relation to adult-
child relations and how these impact on child-child interaction patterns and also in relation to gender power structures. It can be argued that the presence of an adult (teacher) in an in-class group may impact on how these children interact with their peers. However, a cultural explanation would involve withdrawal or timid behaviour but not disruptive behaviour in terms of the emphasis on compliance and respect of elders from the African cultural view of interdependence. Similarly, it is mostly true that African cultural practices in general display an element of male chauvinism but embedded in these practices is respect for adults (irrespective of sex) and obedience. Children’s aggression or disrespect towards female teachers within an African cultural narrative has no currency. Reducing African children’s problem behaviour to a dominant cultural conflict narrative may obscure other viable explanations of behaviour. Disentangling cultural from individual and social aspects that influence observed behaviour is a challenge facing many service providers in Ireland.

Addressing the National Health Service Executive (HSE) Conference on the mental health needs of minority ethnic groups and asylum seekers in Ireland in 2006, Dr. Philip Crowley, Deputy Chief Medical Officer, Department of Health and Children stated that mental health services have not yet adjusted to the special needs of ethnic minorities (http://www.hse.ie/eng/services/Publications/services/SocialInclusion/MentalHealthNeedsOfMinorityEthnicGroups.pdf). He went on to say that there are many attitudinal barriers such as “prior beliefs”, stereotyping and assumptions and the utilisation of Western psychological concepts that are not necessarily wholly applicable to ethnic minority populations.

Cultural competence is the principal buzz word in service provision to ethnic minorities. Cultural competency is defined as the ability of individuals and systems to respond
respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds and religions in a manner that recognises, affirms, and values the cultural differences and similarities and the worth of individuals, families, and communities and protects and preserves the dignity of each (Seattle King County Dept of Public Health, 1994). The cultural competence training framework targets three general areas: Cultural awareness and beliefs in form of the provider’s sensitivity to her or his personal values and biases and how these may influence perceptions of the client, a client’s problem, and the service provider-client relationship; Cultural knowledge of the client’s culture, world view, and expectations for the service provision; and cultural skills which refer to the ability to intervene in a manner that is culturally sensitive and relevant (see Sue, Ivey & Pederson 1996).

It is at the cultural competence training target are of ‘cultural knowledge, world view and expectation for the service provision’ stage that the current thesis can make the most contribution to debates in this field. The current study aims to generate knowledge on the psychosocial well-being of sub-Saharan migrant children in Ireland by combining an “insider” (emic) and “outsider” (etic) perspectives through the use of mixed method design.

Presented in the next chapter is an in-depth review of national and international literature (from a variety of disciplines) on cultural adjustment of migrant children in terms of the conceptual frameworks utilised by these studies identifying the major debates within the field. The literature on psychosocial well-being of migrant children is also reviewed and identifies theoretical and methodological challenges faced by research with migrant children.
Chapter 2
Literature Review and Theoretical Frameworks

2.1 Introduction
The current chapter will review the literature on the well-being adjustment of migrant children and youth. First, will be a review of studies (from a variety of disciplines) on cultural adjustment of migrant children in light of the acculturation theoretical framework used to conceptualise the majority of migrant children studies; the debates within the migration field in regard to the limitation of the acculturation model; and then areas that the thesis contends with will be identified. Secondly, a review of the literature on psychosocial well-being of migrant children relating to links that have been made between well-being and acculturation stressors, and social climate of host countries, mainly racial discrimination and prejudices. This second section will also review the literature on the psychosocial well-being of migrant children compared to that of their native born peers. This section also examines methodological challenges faced by psychosocial well-being research with non-Western migrant children in Western settings and identifies a way forward to advance knowledge on psychosocial adjustment of this population.

2.2 Cultural adjustment of migrant children/youth
The concept of acculturation is used in migration literature to refer to cultural changes resulting from encounters of heritage cultures of migrant children and/or their families
with those of their country of residence. Acculturation has been defined as a “phenomena which results when groups of individuals having different cultures come into continuous first-hand contact with subsequent changes in the original cultural patterns of either or both groups” (Redfield, Linton and Herskovits, 1936, p.149). Berry (1976; 1990a) argues that: Acculturation was originally conceptualised as a one-dimensional process in which retention of the heritage culture and acquisition of the receiving culture were cast as opposing ends of a single continuum (Gordon, 1964). According to this one-dimensional model, as migrants acquired the values, practices, and beliefs of their new homelands, they were expected to discard those from their own heritage. Since the early 1980s, migrant scholars have proposed that cultural attributes are not expected to be shed with increasing time in the host society but to interact with the traits of the host society, and be reconstructed and reinvented in the process (Berry, 1980; Phinney, 1990; Ward & Searle, 1991). Berry proposes an acculturation model with two independent dimensions underlying the process, which are an individual’s link to their cultures of origin, and their link to the cultures of their country of residence (Berry, 1980). Berry’s two-dimensional structure that considers to what extent acculturating individuals prefer to identify and maintain their heritage culture; and to what extent acculturating individuals have contact with others outside their own group and participate in the larger society are crossed to distinguish four ways of acculturating. 1) Separation strategy whereby individuals from the non-dominant group place a value on holding on to their original culture and seek no contact with the dominant group; 2) Integration strategy whereby individuals express an interest in maintaining strong ties in their everyday life both with their ethnic group as well as with the dominant group; 3) Assimilation strategy whereby individuals wish to have relations with the new culture but no longer value maintenance of own cultural values; 4)
Marginalisation strategy in which individuals lose cultural and psychological contact with both their traditional culture and the larger society (Berry, 1980; 1998; 2003). Berry’s acculturation model pays attention to cultural and psychological change that follows intercultural contact (Berry 1980, Berry & Sam, 1980, 1997, 1998, 2003).

Berry’s earlier work on the acculturation model focused on minority cultural groups and how they adjust in the cultural context of their country of residence, but his later work has paid attention to host cultural changes (see Berry et al., 2006).

Berry’s acculturation models are the most widely framework to conceptualise research with migrant children (Schwartz & Zamboanga, 2008). Psychological changes are theorised to include alterations in individual’s attitudes toward the acculturation process, their cultural identities, language proficiency and usage and their social behaviours in relation to their peer/groups contacts. Cultural changes are conceptualised to include alterations in a group’s customs, and in their economic and political life. The eventual adaptations are theorised to be characterised by core psychological features, including a person’s well-being and social skills that are needed to function in their cultural complex daily world (Berry, 1980, 1998). Berry’s theorisation of cultural changes in inter-cultural settings and how these impact on individual or psychological processes is pertinent to the current study. In particular an integration strategy, in regard to availing opportunities for African migrant children to draw social and cultural capacities and resources that are adaptive in Irish socio-cultural settings is a central focus in exploring the psychosocial well-being of the study population.

Berry’s acculturation model has received empirical support in numerous studies (e.g., Berry, Phinney, Sam, & Vedder, 2006b; Schwartz et al., 2010; Schwartz & Zamboang, 2008). The bulk of acculturation research operationalises cultural dimensions at the
level of cultural behaviours and practices mainly: language and communication (proficiency in use of native or host country languages); social interactions (e.g., having ethnic or host country peer friendships and understanding social norms that govern relationships with peers and in institutions); and daily living habits (e.g., food preferences, entertainment, recreational activities). Acculturation measures have been developed measuring these cultural dimensions (e.g., Suinn, Ahuna, & Khoo, 1992; Szapocznik, Kurtines, & Fernandez, 1980). Increasingly, scholars are focussing on cultural identification by connecting the acculturation domain to the literature on ethnic and racial identity which examines the extent to which migrant children feel connected to their cultural heritage (see Helms, 1994; Phinney & Ong, 2007; Smith & Silva, 2011). Recent acculturation research has also connected the acculturation domain to cultural values including belief systems and world views casting the individualist-oriented Western cultural framework as the backdrop for the process of culturally collective oriented non-Western migrant children’s process of acculturation (Arends-Tóth & van de Vijver, 2006; Degni et al., 2006; Kim, 2007; Miller, 2010; & Ochocka & Janzen, 2008; Renzaho & Vignjevic, 2011).

Renzaho, McCabe and Sainsbury (2010b); Renzaho et al., (2010); Renzaho (2011) and Renzaho et al., (2010) and Renzaho & Vignjevic’s (2011) studies in Australia; Degni et al., (2006); Ochocka & Janzen’s (2008) studies in Canada and Stuart et al’s., (2010) in New Zealand have reported acculturative challenges resulting from post-immigration changes in family values, structure and dynamics faced by African migrant families settling in Western countries. These studies highlight acculturation challenges associated with weakened family child-rearing support networks, particularly extended members of the family that previously played a role in the nurturing of the child. Traditional cultural norms that govern child-rearing practices, parent-child relationships
and other modes of relating, were reported to have been unsupported in new cultural settings and parenting was couched within what they perceived as a complex legal and child protection system (Ochocka & Jansen, 2008; Renzaho et al., 2010). Canadian parents were perceived by migrant families to place less value on children’s respect for their elders and place more value on child’s independence; to be more permissive in their parenting style; and to have distant child-rearing involvement (Ochocka & Jansen, 2008). Migrant families also perceived Canadian laws as restricting their ability to control their children; and encouraging children to seek independence from their families while they were still too young. For these families, parenting was found to be oriented towards endorsing values of respect for elders and authority figures, importance of the family and a need to contribute to family life. They were also found to be oriented towards passing of traditional values rooted in religion and culture to their children. Authoritarian and authoritative parenting styles were evidenced among these families (as per Baumrind’s 1971 classification). Based on this classification, an authoritative (high in warmth and low in control) parenting style is generally viewed as most beneficial to the development of children in comparison with authoritative (low in warmth and high in control) and permissive (low in warmth, low in control) parenting styles for families.

It has been argued that the meaning associated with authoritarian or authoritative parenting is culturally bound and that, within an authoritarian culture, it may have only minor negative effects or perhaps even positive effects on the developing child (Dwairy & Menshar, 2006). Research has shown that mental health problems are associated with authoritative rather than authoritarian parenting in Egyptian adolescents (Dwairy & Menshar, 2006) and that authoritarian parenting is associated with higher academic achievement among Chinese children (Leung, Lau, & Lam, 1998) and African –
American single-parent families of low socio-economic status living in dangerous
neighbourhoods (Baldwin, Baldwin, & Cole, 1990). Darling and Steinberg (1993) have
differentiate between parenting *practices* (content) and parenting *style* (context).
Practices refer to specific parenting behaviours and goals for socialisation (such as
slapping a child, requiring children to do their homework, taking an interest in
children’s activities). Style, on the other hand, refers to the emotional climate in which
parenting practices take place (such as tone of voice, bursts of anger, and displays of
empathy). Thus, for example within the African cultural family value system where
parenting practices (such as strict monitoring of children’s activities) is in the context of
a warm family environment, these parental practices may play a positive role on the
psychosocial functioning of children. One can therefore appreciate the reported findings
on the challenges faced by the African families acculturating in Western settings
perceived to be unsupportive of their parental practices and styles (Ochocka and Jansen,
2008). Furthermore, for migrant families parental practices are nested within wider
systems of migration-related influences that facilitate or impede effective parenting,
making it necessary to disentangle cultural processes from migration-related processes.

Migration-related vulnerabilities such as stripped extended child-rearing support
networks and favourable labour markets for women were reported to have created
demands for men to take on or share in traditionally culturally scripted roles for women
(Ochocka & Jansen, 2008) This was shown to have resulted in family conflict in cases
where either of the parents did not adapt to their new roles or family harmony in the
context of parental congruence in adapting to new roles. Family conflicts can be linked
to parenting styles through conflict-related comprised parental responsiveness and
consequent negative impact on parental-child relations (Juang et al., 2012). Harmonious
family relationships, on the other hand, create an opportunity for nurturing warm family
relationships (Holroyd, 2005; Koh & Koh, 2008; K. S. Lee, 2010). The key point taken from the studies is that these families continue to draw on heritage cultural practices that structure family practices, roles and dynamics, that heritage cultural practices, norms and values are often unsupported in their country of settlement, and that cultural values, norms and practices that frame parenting practices and styles interact with migration-related vulnerabilities.

A theme that runs in the acculturation literature with regard to migrant families’ functioning is that of inter-generational family conflict. From a developmental perspective, moderate conflict with parents during adolescence is viewed as a healthy part of youth development (Laursen, Coy & Collins, 1998). It is viewed as serving developmental functions such as autonomy (Fuligni, 1998; Steinberg & Morris, 2001), and as providing an opportunity to revise and transform parent-adolescent expectations, roles and responsibilities so that parent-adolescent relationships remain developmentally appropriate (Laursen et al., 1998). Conflicts are also viewed as important in establishing and defining a value and a belief system contributing to adolescent identity development as they reflect, evaluate and construct who they are (Juang et al., 2012). Acculturation challenges are said to put migrant families at greater risk for family conflict resulting from a parent/child acculturation discrepancy (Kwak, 2003; Portes & Rumbait, 1996; 2001). Intergenerational acculturation discrepancy arises when parents continue to maintain values, norms and behaviours from their culture of origin and minimally endorse the norms, values and behaviours of their host culture (separation) while their children have embraced the cultural attitudes and behaviours of the host country (integration or assimilation) (Costigan & Dokis, 2006; Fuligni, Tseng, & La, 1999; Kwak, 2003; Portes and Rumbaut, 1996; Stuart, 2008; Ying & Han, 2007). Portes and Rumbaut (1996) conceptualised the acculturation gaps
between immigrant parents and their children in a typology of “generational consonance versus dissonance”. Generational consonance occurs when parents and children both remain un-acculturated or both acculturate at the same rate, or both agree on selective acculturation. Generational dissonance occurs when children neither correspond to levels of parental acculturation nor conform to parental guidance, leading to role reversal and intensified parent-child conflicts. Portes and Rumbaut (1996) posit that when contextual factors are unfavourable, consonant acculturation enables immigrant children to lean on material or moral resources available in the family and immigrant community. On the contrary, dissonant acculturation severs ties between children and their adult social world, depriving children of family or community resources, which leads them farther away from parental expectations.

Portes and Rumbaut (1996) proposed that a large discrepancy between parents’ and children’s acculturation levels may put immigrant children at increased risk of unfavourable developmental outcomes due to the stress of living with the expectations and demands of one culture in the home and another one in socio-cultural settings of host countries. Family functioning may be disrupted due to increased family conflict resulting from acculturation discrepancy (Farver, Narang, & Bhadha, 2002) and parents’ use of unsupportive parenting practices (Kim, Chen, Li, Huang, & Moon, 2009). It has also been suggested that children may fail to turn to their parents with problems and concerns, believing that their parents do not know the culture well enough to provide them with good advice or assistance (Birman, 2006; Kim et al., 2009; C. Suárez-Orozco & Suárez-Orozco, 2001) or the parents themselves may feel ill-equipped to support their children in new socio-cultural settings (Costigan & Koryzma, 2011). Either way, both the child and the parent’s actions serve to increase the sense of alienation in the parent-child dyad. Family conflict and parent-child alienation are conceptualised in research as
the mediator in the relationship between acculturation and psychosocial well-being of migrant children (Formoso et al., 2000; Telzer, 2010). Acculturation discrepancy in this case therefore acts as a proxy that sets the stage for problem development.

Extensive research with various groups of migrant children has documented migrant children’s psychosocial problems associated with acculturation discrepancy among: Asians (Farver, Bhadha, & Narang, 2002; Ho & Birman, 2010; Lee et al 2000); Latinos (Martinez, 2006; Schofield et al., 2008; Smokowski et al., 2008), and sub-Saharan Africans (Renzaho 2011; Diego et al., 2006; Stuart et al., 2010).

Renzaho et al.’s (2011) qualitative Australian study that drew on a sample of sub-Saharan African parents and children (13-17 years) reported African migrants’ parental-child conflicts. These were associated with parents’ strict parenting through boundary setting, on-going close scrutiny of children’s behaviour in social-cultural settings, and adopting a hierarchical approach to decision-making while discouraging autonomy over their children who no longer shared similar cultural values and practices. African parents reported feelings of guilt when expectations based on heritage cultural parenting orientation were not met by their children.

While admitting that African parenting in Western social and cultural settings is difficult in general, the study sample was homogenous comprising of predominantly Muslim countries of Sudan, Ethiopia, and Somalia, creating a possibility of interaction of African cultural and Muslim influences on family practices and/or parent/child relations. Besides as discussed above, parental practices interact with migration related vulnerabilities such as stripped child-rearing support networks. In African settings where parenting is couched within the context of a ‘family unit’ as encompassing extended members of the family, the demand on parents to strictly monitor the social
activities of children is lesser. The familiarity, certainty and trust within community members with shared collective consciousness maintain conditions in which monitoring of children’s social activities is undertaken. There is need to therefore consider these contextual variables under which inter-generational conflict occurs. Also, there is need to contextualise notions such as non-Western migrant’s children autonomy in cultural literature on cultural world view orientation at the broad level of collectivism and individualism (Kagitcibasi, 1997; Markus & Kitayama, 1991; Triandis, 1995; Oyserman et al., 2002). Renzaho et al.’s, (2011) studies document intercultural conflict associated with African migrant children’s autonomy. Once again, within the African’s social-cultural settings, although emphasis is placed on obedience and/or compliance, autonomy for young children is also recognised but couched through cooperation to safeguard inter-relational harmony (Boakye-Boaten, 2010). On the balance of probability, it can be theorised that there would be less African parental-child conflict associated with parental discouragement of a child’s autonomy, but with time and/or with erosion of cultural values or systems and networks that support nurturing desired developmental outcomes for children within an African cultural child-rearing framework, there would be an increase in intergenerational conflict associated with assertion of autonomy by children.

While acculturation stresses associated with migrant families’ adaptation in their host countries is well documented, acculturation literature has paid little attention to positive acculturation, a New Zealand study focussing on both harmony and conflict in acculturating families offers insight to positive acculturation. Stuart et al., (2010) interviewed thirty-nine parents and adolescents (age 12-18) from Asian, Middle Eastern and African backgrounds who had settled in the country within 1-10 years. The interviews focussed on three major topics: how the family had changed or stayed the
same during the process of cultural transmission; the areas of agreement and disagreement between parents and children; and current feelings concerning the family unit and aspirations for the future.

Findings indicated that some of the issues that emerged could be conceptualised within a normative universal developmental framework though immigration was hypothesised to have made the issues more salient. Of interest was the finding that parents and their adolescent children were in agreement regarding maintenance of ethnic traditions; religion; and ethnic identity. Another area of parent-adolescent agreement was that drinking, smoking and taking drugs was detrimental to individual and family health. Interviewed parents expressed inflexibility concerning restrictions they imposed on children in this regard and reinforced these values by modelling appropriate behaviour. In general the parents acknowledged the peer and media pressure that their children were under to engage in these health risk behaviours, but they reported that their children agreed with them about refraining from such behaviours. The emphasis on education also emerged in this study as an area of agreement in the family. Areas of parent-adolescent disagreements concerned: privacy; trust and relationships. Parental restrictions on adolescents created tensions since the young people felt as though their parents intruded on their personal space and did not allow them sufficient privacy. A sense of anxiety and insecurity reported by interviewed adolescents arose from what they perceived as lack of parental trust and confidence in their ability to behave appropriately, though this was moderated by their association parents’ emphasis on transparency, with protective motives. While young people linked the issue of privacy to trust, parents did not make the same connections viewing privacy as something that was condoned in the New Zealand culture but incongruent with their traditional family culture. From the parents’ view, such behaviours were viewed as children being
disrespectful. Parent-adolescent harmony was often maintained by young people keeping secrets from their parents of any information they deemed their parents would disapprove of. The desire for autonomy in this case was found to coexist with the desire for relatedness.

Other findings showed that although there were no parent-adolescent disagreements regarding ethnic backgrounds of friends, conflict arose around dating and intimate relationships, particularly for girls. Parental concerns revolved around the possibility of their children losing traditional cultural values and behaviours and consequently they were unwilling to allow their children the autonomy to make their own decisions about relationships. While some of the adolescents followed their parent’s advice on dating, others expressed the need for autonomy when it came to dating and this stance was reported to have created parental-child tensions.

The family was found to be a major source of support. Study participants expressed their love for and happiness with their families and remarked that these feelings were strengthened and reaffirmed, rather than undermined, by the transition to New Zealand. The growth and change experienced during the acculturation process seemed to increase the family’s capacity to function as a supportive unit. The authors concluded that even though cross-cultural transition posed different challenges for parents and children, families were found capable of accommodating both change and continuity and to act as a major sources of support and embeddedness for their members. These African migrant families were found to have experienced family conflict that could be viewed as normative as well as family conflict associated with intergenerational discrepancy. The finding that there was consonant acculturation between parents and children has implications of shifting the focus from intergenerational conflict towards paying
attention to areas of intergenerational mutual agreement. Of importance was the finding in the study that even when intergenerational tensions occurred, they did not necessarily lead to greater family conflicts and over-all, migrant families were found to have experienced positive feelings.

It would suffice to conclude that acculturation of migrant families and their children is a challenging process, particularly non-Western migrant children, settling in Western countries, but there are protective cultural practices, identifications and values embedded in migrant children’s families that facilitate positive acculturation. Also, that in light of the fact that the influence of migrant families’ heritage culture in orientating migrant children’s behaviour has been found to continue post migration, there is need to contextualise their behaviour within their heritage cultural framework and also take into consideration contextual variables in migration settings that impact on the expression of these children’s behaviours.

The reviewed literature indicates that cultural processes play a vital role in shaping the well-being experiences of migrant families and their children post migration. However, conceptualising the well-being experiences of migrant children and their families within an acculturation model may obscure other processes in the socio-cultural settings of their country of residence. Acculturation models are criticised for not being situated in socio-cultural and political processes in migration settings that shape migrants’ experiences and limits their acculturation choices (Bathia & Ram 2001; Chirkov, 2009; Miranda et al., 2010; Steiner, 2009; Suárez-Orozco, & Todorova, 2008; Viruell-Fuentes, 2007; Viruell-Fuentes, 2011); and for promoting an illusion of stable psychological identification among migrants (Bathia & Ram, 2001; Smith & Guarnizo, 1998). Furthermore, they frequently fail to recognise what Papadopoulos (2007) refers
to as “adversity-activated development”. Adversity-activated development refers to the capacity of immigrants for resilience or to access their own resourcefulness (Papadopoulos, 2007), a key theme of interest in this thesis.

Berry’s acculturation models’ key focus, on the changes by minority cultural group, inadvertently obscures processes that account for differential psychological and social adjustment of different categories of migrant children. The model implicitly assumes that both the majority and minority cultures have equal status and power without incorporating a view of how inequalities associated with structural barriers created by individual, institution and collective inclusion/exclusion mechanisms impact on their acculturation process. Even in countries with explicit ideologies that promote integration of migrants, implementation of state policies and services are mediated through socio-cultural process that structures majority/minority inter-group relations. Sociologists and social psychologists have referred to these dynamics as context of migrants’ reception (e.g., Phinney, 1996; Portes & Rumbaut, 2006; Rudmin, 2003; Stepick et al., 2003). Acculturation literature is increasingly paying more attention to socio-cultural processes in migrant children’s climate of reception and ways in which this impacts on their acculturation process.

2.3 Social-cultural and political process in migration settings and how these impact on migrants’ acculturation process

Rudmin (2003) posits that the similarity between the receiving culture and the migrant’s heritage culture can help to determine how much acculturation is needed to adapt to the receiving culture. Scholars also argue that migrant children who are racially and culturally different from their mainstream peers may be more likely to face discrimination, which may act as a challenge to their acculturation process (Bathia &
Ram 2001; Gonzalez-Lopez, 2005; Hunt et al., 2004; Miranda et al., 2010; Portes & Rumbaut, 2006; Viruell-Fuentes, 2011) or may cause them to resist adopting the practices, values and identifications of their host country (Rumbaut, 2008).

Subtle and overt forms of racial and ethnic discrimination is said to be part of the normative experience for many migrant children, particularly those of colour (Berry & Sabatier, 2010; Garcia Coll et al., 1996; Liebkind & Jasinskaja-Lahti, 2000; Suárez-Orozco et al., 2008; Zárate et al., 2004; Wong et al., 2003). Irish and international literature, mainly sociological and social psychology, has widely documented prejudices, stereotyping and discrimination experiences of migrant children in their host countries (Devine et al., 2004; 2005; Devine and Kelly, 2006; Gash and Murphy-Lejeune 2004; Phinney 1991; Porter & Washington, 1993). Gash and Murphy-Lejeune (2004) drew on various research projects in Ireland dealing with children’s perceptions of other cultures to conclude that Irish children are likely to be prejudiced about others whom they see as different, “...particularly when these others are not well known” (p. 217). Devine (2005) studies in Irish schools reported that encountering students from other cultures sometimes resulted in racism and bullying by Irish children. Devine and Kelly (2006) showed that for majority-minority children in Irish schools, their perception of difference was firmly embedded in cultural stereotypes about what it means to be ‘Irish’. Experiences of difference may limit the acculturation options of migrant children. Studies in America have found that other than assimilating into mainstream culture, migrant children from racialised groups, mainly Mexicans, have been reported to assimilate into ghetto cultures (Fernandez Kelly, 1995; Portes & Rumbaut, 2006; Suárez-Orozco, 2003; Telles and Ortiz, 2008). Berry, Phinney, Sam and Vedder’s (2006) acculturation study using a large sample of 5,366 immigrant youth drawn from 26 different cultural backgrounds and living in 13 Western countries found
that acculturation profiles were significantly related to neighbourhood ethnic composition. Integration profiled youth reported living in ethnically mixed communities. The separation profile predominated in more ethnically homogeneous neighbourhoods while the assimilated profile reported living in neighbourhoods predominated by other ethnicities other than their own. One can therefore infer from the results that socio-cultural environmental factors are instrumental in how migrant families and their children acculturate.

Increasingly, research on cultural adaptation is examining ethnic identity as an integral aspect of the process of acculturation (Portes & Rumbaut, 2006; Schwartz et al., 2010; Steiner, 2009; Suárez-Orozco, & Todorova, 2008). A large separate body of literature has developed around the ethnic identity of migrant children (see Phinney & Ong, 2007 for review). Phinney (1990) refers to ethnic identity as the extent to which the person has explored what their ethnic group means to them, and values and feelings attached to her/his ethnic group. Immigrant youths see and compare themselves to those around them based on their social similarity or dissimilarity with the reference groups that most directly affect their experience e.g. with regard to such visible and social category markers as gender, race, accent, language, class, religion and nationality (Phinney 1991; Porter & Washington, 1993; Rumbait, 1994; Tajfel, 1981. Ethnic self-awareness is heightened or blurred, respectively depending on the degree of dissonance or consonance of the social context, which are basic to identity formation. For youths in a consonant context, ethnicity is not salient, but contextual dissonance heightens the salience of ethnicity and of ethnic group boundaries all the more when it is accompanied by disparagement and discrimination. The youth may cope with psychological pressure produced by such dissonance by seeking to reduce conflict and to assimilate within the relevant social context. An alternative reaction may lead to the
rise and reaffirmation of ethnic solidarity and self-consciousness. Rumbait’s (1994) study on the psychosocial adaptation of 5,000 migrant children (aged 12-17) of Asian, Latin American and the Caribbean descent focussed on the formation of migrant’s ethnic self-identities during adolescence. Findings indicated major differences in migrant children’s patterns of ethnic self-identification, both between and within the group from diverse national groups. Instead of a uniform assimilation path, the research found segmented paths to identity formations. Perceptions of discrimination affected the way children defined their ethnic identities. Those who experienced being discriminated were less likely to identify as Americans. The implication here is that the acculturation process is influenced by socio-cultural processes in migrant children’s context of reception irrespective of individual choices in this process.

It is therefore evident that socio-cultural processes relating to race, and ethnicity in intercultural settings prevent some categories of migrants from assimilating or integrating into mainstream society. Structural perspective theorists posit that cultural racism (when the dominant group’s beliefs and practices are regarded as superior compared to those of subordinate groups) and institutional racism (subordinate group members having differential access to societal goods, services and opportunities) are key aspects that prevent migrant children from assimilating or integrating into mainstream cultures (Garcia Coll and Szalacha, 2004; Telles & Ortiz, 2008).

Existing evidence indicate ethnic differences in migrant’s education attainment over time. Generally, studies have converged on key aspects that: first and second generation migrants tend to have higher ambitions than third generation migrants do and have generally superior academic performance (Aldous, 2006; Bohan et al., 2006; Menjivar, 2008; Chiswick & Deb-Burman, 2004); and that migrants of Asian origin tend to have
higher and more stable expectations and to perform better in schools than other ethnicities with ethnic differences remaining even after controlling for social class, family structure, and place of birth of parents. Studies indicate that minority youths’ aspirations are uniformly high in the early secondary grades, but that black and Hispanic students tend to lower their aspirations, while the ambition of whites and Asians remains stable through the high school years (Aldous, 2006; Bohan et al., 2006; Menjivar, 2008; Chiswick & Deb-Burman, 2004). In the Irish context migrants, who are mainly comprised of first generation, on average, achieve education outcomes similar to their Irish-born peers, possibly because the socio-economic backgrounds of these students are similar to or higher than them (OECD, 2009). Devine (2005) and Smyth et al.’s, (2009) studies conducted in the Irish schools located in disadvantaged neighbourhoods of Dublin indicated that immigrant children were credited with creating the possibility of raising the standards and learning expectations. Ethnic differences found in Irish studies were among those documented internationally among first generation migrant children (Aldous, 2006; Bohan et al., 2006; Menjivar, 2008; Chiswick & Deb-Burman, 2004).

Ethnic differences in sustained positive educational outcomes of some categories of migrants imply that there are other variables that interact with these youth’s educational outcomes. Garcia Coll and Szalacha (2004) have argued that immigrant children arrive in schools with positive attitudes toward education, but due to discrimination, patronising attitudes of school personnel, lower teacher expectations and a general lack of resources, they soon become disillusioned with the system. In some instances, schools may even be perceived as instruments of racial oppression or as settings in which migrant children are introduced to the social hierarchies and racial barriers within their country of residence (Shields & Behrman, 2004). Restricting studies to
quantitative acculturative models, which assume a linear progression of the acculturation process, obscures asymmetrical cultural positions and racially charged processes in migrant children’s host countries which impact on the linear progression of the adaptation patterns of migrant youth. More qualitative work on the influence of experienced cultural and racial positions of migrant children in their country of residence and its relationship to their psychosocial well-being would advance theory in this field, and it is an issue that this thesis contends with. Berry’s acculturation model has also been criticised for conceptualising culture as synonymous with nations and national boundaries (Bathia & Ram, 2001; Smith & Guarnizo, 1998). In this day and age of globalisation and advanced technology, migrant children are exposed to aspects of other cultures through the media (Chopra and Gajjala, 2011). Shonekan’s (2013) paper on the impact that American hip hop culture has had on African youth in African settings indicates that this music has provided African youth in countries all over the continent like South Africa, Kenya, Ghana and Nigeria, with a blueprint to appropriate and build new cultural formations that manifest in music and identity. On its website, MTV Base states that it is a 24-hour English language music television channel reaching 48.5 million African viewers in 10.5 million households in 48 countries in sub-Saharan Africa targeting mass African youth with the aim of celebrating the cultural vibrancy and creativity of African music and artists (Shonekan, 2013). The scholar comments that hip hop music provides an outlet from hardships and a bridge of escape to another world that is both familiar and strange, therefore this shared consciousness nurtures a sense of belonging and ultimately racial identity. When African youth migrate to their countries of residence, they are exposed to mainstream cultural processes of those countries, to home country processes, to American hip hop culture, and to youth culture of other immigrants, both African and non-African. Transnational
literature indicates that, present day migrants are engaged in multiple transboundary cultural practices (Glick-Schiller et al., 1995; Grillo and Mazzucato, 2008; Toloyan, 1996). Glick-Schiller et al., (1995) defined new migrants as “transnationals” whose lived experiences and everyday activities are shaped by multiple connections and linkages to several nations and cultures through travel, technology, and the media. Toloyan (1996) stated that the term ‘diaspora’ is increasingly being used with regards to migrants in scholarly discourse in part due to the lack of assimilation of many immigrant groups, to institutional links they maintain with the homeland, and to sustained work by many immigrant groups including children and youth to create and maintain their own ethnic structural structures and networks (often transcending national geopolitical boundaries) in their host countries.

2.4 Acculturation within the context of transnationalism

Transnational studies repeatedly illustrate migrants unstable social and psychological process of settlement in their country of residence. It has been noted that a significant aspect of the African twentieth-century dispersion, is the ties that Africans outside retain with their home countries politically, economically, socially and culturally leading to a situation whereby Africa and its diaspora exist in a closer physical and psychological union than in any previous period (Akyeampong 2000). Diasporic communities distinctively attempt to maintain (real and/or imagined) connections and commitments to their homeland and recognise themselves and act as a collective community. These negotiations are not recognised in the acculturation models (Toyolan, 1996).

Grillo and Mazzucato’s (2008) paper on the double engagement of African migrants and refugees from Eritrea, Ghana, Guinea-Bissau, Senegal, Somalia and Zimbabwe living in Europe reviews transnational studies and gives an insightful analysis of transnational
families, livelihoods and identities. The researchers note from the various studies reviewed that transnational families for African migrants living in European cities have stemmed from strict migratory regimes with strict control mechanisms for admission of separated partners, children and/or dependents and/or non-recognition of cultural practices such as polygamy. Families therefore become split between continents obliging them to live their lives across multiple sites. Children are often left in the care of their grandmothers or other relatives or friends in Africa thus creating transnational networks of caring and responsibility often structured through the kinship and non-kinship system or relationships.

Studies focussing on transnational separated families illustrate how the notion of “doing family” transnationally is reconfigured as caregiving responsibilities of separated children are shared between caregivers at home and by the migrated parent(s), often triggering negative emotional and social implications associated with transnational family functioning (Borraz, 2005; Coakley & Claire, 2012; Dreby, 2010; Heymanna et al., 2009; Parrenas 2005; Sobritchea, 2007; Yeoh, 2009; Zontini 2004). Dreby’s (2010) study of transnational families involving formal interviews with mothers, fathers and surveys with 3,000 children, of Mexican origin transacting family lives across Mexican-US borders, offers an up-close illustration of how families manage when they are living apart. Paradoxically, migrant parents with children left behind make a lot of sacrifices, including migration in itself, so that children who are left behind may have a better life from a financial point of view, but this financial gain is accompanied by emotional loss. The struggle of ‘doing family’ across borders is viewed as intensive emotional labour which involves mutual burden and sacrifice and reaffirming the ‘other’ influence through surrogate figures and regular communication with children (Sobritchea, 2007). The impact of family separation on emotional reaction of children is reflective of an
ethnic dimension. The literature on transnational separated families from Latin America and the Philippines, reports common experiences of frustration, uncertainty, and guilt among parents, parental-child intimacy problems, feelings of rejection and abandonment by children, and poor school performance by these children (Dreby, 2010; Parrenas, 2005; Graham et al., 2012). A study of transnationally separated children from Ghana with migrant parents in the US found that the materiality of care was important in and of itself as well as its signal of emotional depth and closeness (Coe, 2011). These children found a parent’s migration to be less emotionally significant than whether or not the parent was in communication and supportive materially. To the extent that a parent’s migration led to greater financial support in the child’s life, a child could feel more loved by a migrant parent than one who had remained in Ghana and did not materially provide for the child.

Indisputably, transnational studies depict a picture of separation but also one of linkages. The studies depict a picture of vulnerability due to the negative emotional, social and financial implications associated with transnational family functioning, but they also depict a picture of protective processes with regards to availability of nurturing care-giving relationships in the absence of the migrant child, and better financial prospects for separated children with migrant parents. Family reunification may not necessarily end transnational activities, and migrant parents may continue relying on transnational child-caring relationships for child-raising support. Grillo and Mazzucato’s (2008) paper indicates that children are sent back to home countries for disciplinary purposes in accordance with cultural scripts. Bledsoe and Sow’s (2011) study of children of West African immigrants in Europe and North America echoes these findings and offers more insights into transnational child-raising dynamics which nurture country of origin’s ethnic identity among migrant children such as sending
children back to the country of origin, either to be raised or temporarily, to reconnect them to their family, religious and cultural traditions. McGregor’s (2008) studies of Zimbabweans living in the UK focuses on children as moral markers in diaspora debates about identity and belonging. The authors state that despite the appeal of education opportunities for children in Britain, the cost and difficulty of supporting and caring for children in Britain, and unappealing youth culture in schools and neighbourhoods, leads parents to keep separated children in Zimbabwe or send children to be raised in Zimbabwe. The observed African/British youth culture differences were found to have evoked a sense of Pan Africanness among these families in terms of ‘African’ values of respect for parents, authority and extended family, and consequently contributed to the shaping of diasporic identities.

With transnational/diasporic practices taking on a key role in shaping the experiences of contemporary migrant children, there is need to re-assess the psychology of immigration, paying attention to structures and systems that maintain or enhance transnational/diasporic practices. Gonzalo and Cámara’s (2012) review of studies on transnational migrant families and Information Communication Technologies (ICT) state that the emergence of digital communication technologies such as mobile phones and mainstreaming of internet connectivity and social media, are reshaping distance and presence in a way that create an ambient almost seamless virtual co-presence in shared social and cultural activities across migrant’s countries of origin, transnational/diasporic networks, and in their countries of residence. They also state that migrant families and youth are finding resilient processes, such social and emotional support that help them confront the difficulties they face in migration settings. Transnational literature therefore helps to shift migration theory from a deficit model associated with multiple losses based on the assumption of leaving people, social activities and/or cultural
practices behind, towards how these losses are reworked within the context of a transnational’s nature of contemporary migrants. Migrating, premised on the basis of lacking something in migration literature, is re-assessed in the context of resilience or health sustaining processes embedded in home country settings that support the well-being of migrant families and their children in migration settings.

Kane’s (2010) studies noted the relationship between trans-nationalism and health care practices by showing how Senegalese migrants in France engage in organised activities of sending medicines to Senegal but also receiving traditional medicine, traditional healers and spiritual healers in France. Cultural literature has shed light on the African conceptualisation of distress in view of how their representation of distress has accommodated many 20th century biomedical concepts resulting in practices of medical pluralism. Liddell, Barrett and Bydawell (2005) give a profile of illness as categorised in public African discourse into three major groups of rashes and colds perceived to occur by chance and therefore no discernible moral or social causes are sought; modern diseases which can be contracted by people anywhere in the world, and which were first introduced into Africa by European settlers such as cancer, diabetes, depression etc; and diseases caused by bewitchment or spirit possession which only African people can contract, and which all African people, regardless of tribal or geographical origin are vulnerable to. African migrant families therefore combine utilisation of allopathic health services with utilisation of traditional and spiritual healing services. Most Western health services are not equipped to deal with this medical pluralism practiced by African families and so these families engage in transnational relations of care. Grillo and Mazzucato’s (2008) paper reported similar findings in terms of African migrant association in the UK and Denmark, including elements of a virtue realm of
transnational diagnosis and healing opened up by new technologies of communication such as mobile phones and internet instant messaging.

These corridors of migration therefore forge and strengthen transnational relationships and migrant’s ability to access transnational resources to support their well-being. ICTs facilitate migrant children and their families in forging and cementing transnational social relations and social belonging or conscious connection and identification with persons or groups in national, transnational or diasporic cultural values and practices (Glick-Schiller, 2004). For these children, growing up involves negotiating discourses relating to home country, country of residence, transnational/diasporic, often contradictory, cultural positions and identities (Bhatia & Ram, 2004; Bhatia, 2008; Lichtsinn and Veale, 2007; Hermans, 2001a; Vertovec, 2001). These unstable social, cultural and psychological processes associated with migrant families and children’s transnational activities and practices are integral aspects of their acculturation process, but they are unaccounted for by Berry’s acculturation model.

The literature on migrant children has examined the effects of acculturation stress on the psychosocial well-being of migrant children. Berry (1997) defined acculturation stress as stress related to transitioning and adapting to a new environment. Pre-immigration related stress and social-cultural processes in migrant children’s context of reception, mainly racial discrimination have also been linked to having an impact on the psychosocial well-being of this population. Studies have also compared the psychosocial well-being of migrant children to that of their native peers. The next section reviews studies that explores these issues.
2.5 Psychosocial well-being of migrant children/youth

Studies of psychosocial adaptation of migrant children are mainly conceptualised within a theoretical framework of stress and coping models (see Lazarus & Folkman, 1984; Franken, 1994). Psychosocial well-being has mainly been conceptualised within, either a hedonistic perspective (Deci & Ryan, 1985; Deci & Ryan, 2000) with emphasis on life satisfaction and affective components in relation to fulfilment of human need for autonomy, relatedness and competence, or an eudaimonic perspective (Ryff, 1989; Keyes & Anna, 2009; Waterman, 2008) with emphasis on optimal functioning as a result of fulfilment of human needs for autonomy, growth, relationships, purpose in life, environmental mastery and self-acceptance. Measures of life satisfaction, affective and optimal functioning, anxiety, depressive symptoms, post-traumatic stress disorders, positive feelings, self-esteem, and physical behaviour that flow from these perspectives have been utilised in the bulk of psychosocial research with migrant children. The bulk of this research, mainly from a psychological and mental health perspective, has established a link between pre-migration and migration-related stress; acculturative stress; and discrimination, racism and xenophobia related stress to psychosocial well-being of migrant children (Berry et al., 1987; 2006; Brody et al., 2006; Ellis et al., 2010; Geltman et al., 2005); Greene et al., 2006; Grossman & Liang, 2008; Halcon et al., 2004; Sirin et al., 2012).

Berry et al., (1987) theorised that high levels of acculturation stress, which exceed the individual’s coping capacity, as the main mechanism for psychological distress among migrant children. Studies have linked Berry’s four acculturation strategies (integration, assimilation, marginalisation and separation) to the psychosocial well-being of migrant children. Integration or biculturalism has been associated with the lowest levels of acculturative stress and has been linked to better psychosocial well-being outcomes of
migrant children (Berry et al., 2006; Coatsworth et al., 2005; Chia & Costigan, 2006; Kovacev, 2004; Schwartz & Zamboanga, 2008). Assimilation strategy has been shown to be associated with moderate acculturative stress (Berry et al., 1987; Berry et al., 2006; Williams & Berry, 1991), while, marginalisation and separation strategies have been linked to higher levels of acculturative stress, with these two latter strategies being identified as the least adaptive for migrant children. However, it has been pointed out that from a contextual perspective, there is no “best” acculturative style independent of context, but rather the integration strategy is beneficial in regards to presenting migrant children with opportunities to draw social and cultural skills and resources that are adaptive within different cultural settings in which they operate which in turn is linked to positive psychosocial well-being outcomes (Birman, Trickett, & Buchanan, 2005; Birman & Taylor-Ritzler, 2007; Oppedal, Roysamb, & Sam, 2004).

Within-group differences that predict the child’s well-being outcomes among migrant children have been noted between children born in host countries and those who migrate and in particular those who do so at an older age. The literature has grouped migrant children/youth into different categories of children born in counties of residence, those who relocated when young (0-4), those who relocated when older (5-12), or in their adolescence (13-17) (Aldous, 2006; Chiswick et al., 2004; Harker, 2000; Kimbro, 2009; Menjivar, 2008; Rumbaut, 2004; Suárez-Orozco, 2002; Zhou & Bankston, 1994). Migrant children who relocate aged 0-4 are reported by this literature to have the best psychosocial well-being outcomes. Migrant children arriving in their host countries in their adolescence (13-17), and especially reunited children have been reported to be ill adjusted socially and psychologically (Chiswick et al., 2004; Kimbro, 2009; Suárez-Orozco, 2002). The implications are that the acculturative process is more stressful for children who migrate in their adolescence, and particularly, reunited children who have
been separated from their parents. However, the majority of studies on the well-being of re-located children which parent(s) or guardians or children reunited with their parents after long separations have mainly focussed on Latin Americans to the United States, and some attention has been paid to Asian children but little is known about sub-Saharan Africans, and therefore there is a need to advance knowledge in this field for this population.

Berry et al., (1987) posits that an optimal level of acculturative stress may actually be adaptive, serving to motivate and facilitate an individual’s adjustment to his or her new environment. Key individual factors such as: rapid acquisition and/or competency in the language of the host country (Chapman & Calder, 2002; Olliff & Couch, 2005); experiencing educational success in school (O’Sullivan & Olliff, 2006); strong ethnic identity (Brough et al., 2003; Lustig et al., 2004; Smith & Silva, 2011); being able to develop positive relationships with the broader host community (Beirens et al., 2007; Pumariega et al., 2005) have all been linked to better psychosocial well-being outcomes of migrant children. Social processes such as: living with supportive family members (Chapman & Calder, 2002; CMYI, 2006; Stuart et al., 2010); availability of ethnic support networks (Berry 2001; Berry et al., 2006; Phinney et al., 1996; Schwartz et al., 2008); social support in forms such as tutoring, mentorship and concern from adults outside the family such as teachers and guidance counsellors have also all been found to moderate the effects of stress and result in positive psychosocial well-being (Akhtar & Choi, 2004; Green et al., 2008; Suárez-Orozco et al., 2008).

An intuitive assumption would be that considerable length of stay in host countries would ease the acculturation stress once migrant children have overcome it, but this assumption is not supported by empirical data in the field. The literature has
documented from an interdisciplinary perspective, what they refer to as the ‘immigrant paradox’, which refers to the better than expected psychosocial well-being outcomes for first generation migrant children, across a variety of national groups, and ages, relative to their later generation peers. Portes & Rumbaut’s (2006) National Longitudinal Study of Adolescent Health found that the second-generation adolescents had poorer health outcomes and were more likely to engage in risky behaviours, such as involvement in delinquency, substance abuse and violence, compared to first generation youth. Similar findings have been reported where second generation immigrant youth have been found to endorse higher levels of tobacco use, substance abuse, violence and delinquent behaviour relative to first-generation youth (Deaux, 2006; Georgiades et al., 2006; Sampson et al., 2005). Berry et al.’s (2006) study of 7,997 youth from 26 different cultural backgrounds living in 13 Western countries found that 1st generation youth were more satisfied with their lives, had higher levels of self-esteem, were better adjusted in schools, and had fewer behavioural problems than second generation youth. Only in one country (New Zealand) out of the 13 countries sampled did second generation youth report school adjustment and behaviour adjustment similar to that of first generation youth.

Even when compared to their native born peers, first and second generation migrant children have been reported to have fewer emotional and behavioural problems (Beiser et al., 2002; Crosnoe, 2005; Escobar et al., 2006; Harker, 2001), to be less likely to engage in delinquent and violent acts or to use legal and illegal substances (Acevedo-Garcia, Pan, Jun, Osyuk, & Emmons, 2005; Georgiades et al., 2006; Sampson, Morenoff, & Raudenbush, 2005), and to do better in schools (Boyle, Georgiades, Racine, & Mustard, 2007; Glick & White, 2003, 2004). UK literature indicates that better mental health scores have been reported for Black African (Maynard et al., 2007),
Indian (Meltzer et al., 2000; Green et al., 2005) and Bangladeshi children (Stansfeld et al., 2004) compared to white peers. A comprehensive meta-analysis of mental health in immigrant children identified what the researchers referred to as the “healthy migrant effect” whereby migrant children and adolescents demonstrate less problem behaviours than those of the host population (Gonneke, Stevens, Vollebergh, 2008). The researchers pointed out that the assessment of problem behaviour in immigrant youth behaviour depended to an extent upon the informant (self, parent, school) and the migrant group studied. In the Irish context, a study that explored the well-being of migrant children of US and non-UK descent compared to a matched group of their Irish peers found that these children matched their Irish native-born peer on ‘reported excellent health’ but showed slightly lower levels of life satisfaction and participation in physical activities (Molcho et al., 2008). However, migrant children were to ‘less likely’ report that they had been ‘really drunk’ compared to their Irish peers. These findings are surprising in view of the migrating and acculturative stress that first generation migrant children encounter. Berry et al.’s, (1987) proposal that an optimal level of acculturative stress may actually be adaptive, serving to motivate and facilitate an individual’s adjustment to his or her new environment may partly explain these findings.

The cultural integration argument has been put forward as a plausible explanation of these study findings of better psychosocial adjustment of first migrant youth who are said to benefit from adaptive multiple cultural values and practices unlike second and third generations who may distance themselves from heritage cultural practices (Buriel et al., 2012; De Valk, 2006; Ellis et al., 2010; Neto, 2009). Ellis et al.’s, (2010) study of Somali adolescents resettled in the USA found that a closer alignment with the Somali culture was associated with better mental health for girls, whereas closer alignment with
the American culture was associated with better mental health for boys. Buriel et al.’s, (2012) study analyses the ‘immigration paradox’ of Mexican children in America to retention of selective Mexican cultural practices with respect to occupational, educational and psychological characteristics conducive to success in America. Neto’s (2009) large scale survey of first and second generation immigrant youth from Turkey; Morocco; Suriname and the Dutch Antilles descent found that first generation migrant youth placed higher value on family solidarity compared to second generation migrants. De Valk (2006) proposes that first generation immigrants may turn to their family for support to compensate for the loss of the personal, the social, and the broader family network back in the country of origin, as well as to cope with the challenges associated with cultural differences in the host country. He argues that because second generation immigrants have not experienced these multiple losses, first and second generation migrant children might differ in their values and attitudes towards family solidarity with consequences for support available within the families and ethnic networks. Based on these studies, an assumption can be made that the loss of heritage cultural values and practices as first generation migrant children assimilate into other cultures is a plausible explanation for the deteriorating of psychosocial well-being across generations of migrant children. A second assumption flowing from the first assumption would be that facilitating first generation migrant families and their children to practice adaptive cultural values and activities, in which they are embedded, would be one way of promoting psychosocial well-being of migrant children across generations.

Another plausible explanation given for the deterioration of psychosocial health of migrant children across generations is racial discrimination. Theoretical formulations propose that racial discrimination increases the likelihood of negative developmental outcomes and reduces the occurrence of positive developmental outcomes (Gallo and
Matthews, 2003). A combination of greater stress exposure plus diminished coping 
resources is said to culminate in chronically higher levels of negative affect and lower 
levels of positive affect among migrant youth. This model implicates affect as the 
primary mechanism through which racism influences health or well-being. Experiences 
of discrimination by ethnic minority youth have been linked to: depressive symptoms 
(Greene et al., 2006; Brody et al., 2006; Grossman & Liang, 2008; Sirin et al., 2012); 
and anger and problem behaviours (Burchirial et al., 2008). Repeated incidents’ of 
discrimination by the receiving society has been reported to result in lower self-esteem, 
and lower life satisfaction levels among ethnic minority youth (Bakinston & Zhou, 
2002; Portes and Rumbaut, 2001; Prelow et al., 2004; Seaton et al., 2008). Contrary to 
these findings, large studies utilising measures of perceived discrimination and 
measures of acculturation have found perceived discrimination to have a negative 
impact on migrant children’s psychological adaption as measured by self-esteem and 
life satisfaction scales (Vedder, Van de Viiver & Liebkind, 2006; Vedder, Van de 
Vijver, & Phinney, 2006). A plausible explanation for this inconsistent finding might be 
partly due an intersection of perceptions of discrimination with migration generation.

The length of time spent in the country of residence by migrants, and their age at the 
time of migration, have been found to be pertinent to perceptions and/or reported 
experiences of discrimination. Studies report that migrants born in the US or those with 
longer residence in the US report higher incidences of experiences of discrimination 
than migrants of the same race/ethnicity with shorter lengths of stay in America (Finch 
et al., 2000; Gee et al., 2006; Perez et.al., 2009; Viruell-Fuentes, 2007). Deaux (2006) 
found that second generation Caribbean youth are significantly more susceptible to 
stereotyping threats than are the first generation. It has been suggested that identifying 
experiences as discriminatory may be a learned process; and/or that some migrants may
be reluctant to use words like discrimination to describe their experiences with unjust treatment (Viruell-Funtes, 2007). Another plausible explanation given for migration generation differences in perception and/or experiences of discrimination, is that migrants with shorter lengths of stay in their country of residence may have protective processes embedded in their country of origin’s culture that moderates racial discrimination perception and/or experiences, or moderates the effects of stress when racial discrimination is experienced (Viruell-Funtes, 2007). Studies that have examined the role of ethnic identity and social support in the context of racial and ethnic discrimination among migrant children bear evidence of this explanation. It has been reported in the literature that when faced with discrimination and social marginalisation, a strong ethnic identity may act as a buffer against the negative effects of stress from racial discrimination and may help individuals cope with negative societal messages about their ethnic groups, as they connect with positive aspects of their own ethnic group (Smith & Silva, 2011; Quintana, 2007; Umaña-Taylor et al., 2008; Wong et al., 2003).

There is no debate in the literature that there is a link between racial discrimination and other social and structural mechanisms in migrants’ host countries and ethnic identity maintenance but there is no consensus on the link between ethnic identity and psychosocial well-being outcomes. Studies have reported that individuals with a strong ethnic identity are more likely to attend to inter-ethnic dynamics and to report experiences of discrimination and discrimination related stress (Sellers & Shelton, 2003; Smith & Silva, 2011; Syed & Azmitia, 2010; Yoo & Lee, 2009). Numerous studies indicate: a negative relationship between ethnic identity and psychological distress (Costigan et al., 2010; Rivas-Drake et al., 2008; Rogers-Sirin & Gupta, 2012; Smith & Silva, 2011); a positive association of ethnic identity and positive psychosocial
outcomes such as self-esteem (Taylor et al., 2009) and subjective well-being (Drake et al., 2009). Other studies indicate that ethnic identity can serve a protective role against delinquency (Bruce & Waelde, 2008) and drug and alcohol use (Marsiglia et al., 2004). Contrary to these findings, some studies have found ethnic identity to be associated with an increased risk for drug and alcohol (e.g., Raffaelli, Zamboanga, & Carlo, 2005; Zamboanga, Raf-faelli, & Horton, 2006). No plausible explanation is given for this but given that some migrant youth are shown to assimilate into ghetto cultures due to experiences of discrimination and other structural exclusion practices such as inaccessibility to state resources (Fernandez Kelly, 1995; Portes & Rumbaut, 2006; Suárez-Orozco, 2003; Telles and Ortiz, 2008), an argument can be made that youth’s assimilation could be associated with increased risk for drug and alcohol consumption.

Furthermore, the effect of ethnic identity on psychological well-being has been noted to vary across generation status. Yoo and Lee (2009) found that the positive relationship between racial discrimination and negative affect was more pronounced for US-born Asian Americans with high ethnic identity, and that the positive relationship between racial discrimination and negative affect was stronger for Asian American immigrants with low ethnic identity. No doubt migrant children experience racial discrimination that negatively impacts on their psychosocial well-being and cultural process, but ethnic identity, is implicated in shaping perceptions of discrimination, in buffering the effects of racial discrimination stress or in coping with such stress. The intersection of experiences of discrimination and culture and migration generation may therefore also act as a plausible explanation of deterioration of psychosocial well-being of migrant children across generations. Repeated experiences of discrimination and resultant stress coupled with diminished coping heritage cultural values and practices, such as those that nurture an ethnic identity, would no doubt culminate in higher levels of negative
affect and lower levels of positive feelings among second and subsequent generations of migrant youth. Availing of opportunities for migrant families and their children to practice adaptive cultural practices (heritage, transnational/diasporic, host country) therefore can be viewed as one viable way to safeguard against this deterioration of psychosocial well-being of migrant children across generations that is noted. Studies have shown that even across generations, perceived threats, racial discrimination, social and structural exclusion of ethnic minorities acts to forge reactive ethnicity accounting for the rise rather than the erosion of ethnic identities (Aleinikoff and Rumbaut 1998; Portes and Rumbaut 2006; Rumbaut 2005; Rumbaut, 2008).

Psychological and mental health literature has also paid a lot of attention to refugee children in particular, probably due to their exposure to traumatic experiences or the violation of human rights pre-migration or even during their migrating journeys. Among the psychological disorders that have been linked to pre-migration, migrating and post-migration stressors, post traumatic stress disorder (PTSD) is the most commonly discussed topic in the psychosocial well-being of refugee children or youth. Studies have linked exposure to trauma with high PTSD scores among refugee children: Ellis et al., (2010); & Geltman et al., (2005); & Halcon et al., (2004) in the US; Fazel and Stein (2003); and Heptinstall et al., (2004) in the US; Almqvist and Brandell-Forsberg (1997) in Sweden. Studies have explored how exposure to trauma interacts with other stressors in the country of residence. Heidi et al.’s, (2008) study examined the relations between trauma exposure, post-resettlement stressors, perceived discrimination and mental health symptoms in Somali adolescents resettled in the US. Participants were English-speaking Somali adolescent refugees between the ages of 11 and 20 (N=135) who had resettled in the US. Participants were administered an interview battery comprising self-report instruments that included the UCLA post-traumatic stress disorder (PTSD) index,
the War Trauma Screening Scale, the Everyday Discrimination Scale, the Adolescent Post-war Adversities Scale and the Acculturative Hassles Inventory. Results indicated that cumulative trauma was related to PTSD and depression symptoms. Post-resettlement stressors, acculturative stressors and perceived discrimination were also associated with greater PTSD symptoms after accounting for trauma, demographic, and immigration variables. The number of years since resettlement in the US and perceived discrimination were significantly related to depressive symptoms after accounting for trauma, demographic and immigration variables.

No doubt, the ‘immigrant paradox’ does not generalise across the refugee children population. However, while acknowledging the psychological vulnerabilities created by exposure to trauma, acculturation stressors and racial discrimination-related stressors that impact on the well-being of refugee children, particularly those coming from war-torn countries such as Sudan, Somali, Congo, Sierra Leane etc., a number of scholars and mental health workers worldwide have begun to question the applicability of the Western-theorised trauma paradigm to non-Western populations (see Bracken, 1998; Breslau, 2004; Eisenbruch, 1991; Honwana, 2006; IASC, 2007; Kleinman, 1987; Pupavac, 2001; Summerfield, 2001; Wessells, 1999). The trauma model locates distress within the individual and not necessary in the social, religious, cultural and economic environment in which individuals are embedded. Even when distress is located within the individual, social inequalities and state policies governing human developmental agendas influence the responses to individual’s psychological distress.

Patel et al.’s, (2007) and Lund et al.’s, (2011) papers in the Lancet series on global mental health, have linked the development of mental health services in low and middle-income countries (LMIC) to the development agenda of these countries. Patel et
al.’s, (2007) paper, which reports on the findings of reviewed global evidence for clinical treatments showed that depression could be treated effectively in LMIC countries with low-cost antidepressants or with psychological interventions (such as cognitive-behaviour therapy and interpersonal therapies). They proposed that evidence based mental health services should be scaled-up and called for advocacy for the human rights of the mentally ill therefore linking mental health responses to human development and a human rights perspective.

Lund et al.’s (2011) paper reports on their systematic review of the literature which assessed the effect of mental health interventions on individual and family or carer economic status in LMIC. Findings indicated a positive association between mental health interventions and improved individual/family/career economic outcomes in all studies implying that improvements in economic status go hand in hand with improvements in clinical symptoms. They also called for scaling-up mental health services as an economic and social development issue and placing mental health on developmental agendas.

However, in a series of papers in the Lancet series on global mental health, a section of transcultural psychiatry scholars have criticised this proposed solution of scaling-up mental health services and advocacy for the mentally ill in LMIC countries (Campbell and Burgess, 2012; Gaithri, 2012; Peterson & Baillie, 2012; Summerfield, 2012; Read, 2012). According to these transcultural scholars, scaling up mental health services that are framed by Western understandings of health, healing and personhood is fundamentally flawed. Central to these transcultural scholars’ argument is a call for greater attention to the impact of context, culture and local survival strategies on people’s responses to adversity and illness, greater acknowledgement of the agency and
resilience of vulnerable communities, and increased attention to the way in which power
inequalities and social injustices frame peoples’ opportunities for mental health.
Campbell & Burgess, (2012) state that in many situations, distress is a symptom of sick
societies as much as sick individuals and there is a need to focus on the social contexts
such as grass-root communities that enable and support people’s opportunities for
improved mental health. Read’s (2012) paper considered responses to treatment with
anti-psychotics by people with mental illness and their families in rural Ghana, drawing
on an anthropological study of family experiences and help seeking strategies for
mental illness. Findings indicated that despite a perception among health workers that
there was little popular awareness of biomedical treatment for mental disorders,
psychiatric services had been used by almost all informants. However, it was found that
in many cases antipsychotic treatment had been discontinued, even where it had been
recognised to have beneficial effects in alleviating the symptoms of distress. Unpleasant
side effects such as feelings of weakness and prolonged drowsiness conflicted with
notions of health as strength and were seen to reduce the ability to work. The reduction
of symptoms was less valued than a return to social functioning. The failure of anti-
psychotics to achieve a permanent cure also cast doubt on their efficacy and
strengthened suspicions of a spiritual illness which would resist medical treatment. The
researcher concluded that the efforts to improve the treatment of mental distress in
LIMC should take into account the limitations of the biomedical model among this
population and consider how local resources and concepts of recovery can be used to
maximise interventions and support families. Summerfield (2012) argues that utilising
Western models of distress on non-Western populations is a form of imperialism where
one form of knowledge, in this case Western, is prioritised as better than indigenous
knowledge.
The implications of cross-cultural differences in conceptualisation, experiences and response to trauma, and well-being in general, on reliability and validity of research with non-Western population has led researchers to engage with issues of research design and methodologies that address cross-cultural conceptual equivalence and whether the content of assessments properly represents the construct of concern within a particular population (Betancourt et al., 2009; Bolton & Tang, 2002; Bolton & Tang, 2004; Ventevogel et al., 2013). These psychosocial well-being studies in sub-Saharan African settings have qualitatively explored local understanding of well-being concepts and developed cultural understandings of psychosocial well-being/distress.

Bolton and Tang (2002) developed an alternative to the existing approach of adapting Western-theorised measures of well-being to non-Western cultures. They utilised a rapid ethnographic approach to free list problems affecting local people in Rwanda (adults) at a broad level, in order to avoid missing any significant mental health issues. Resultant lists and problem descriptions were marked with a name or description that referred to thinking, emotions or substance abuse. Interviews were then undertaken with key informants, who had been identified during the free listing exercise as knowledgeable local people, so as to gather detailed descriptions of identified problems in regards to manifestation, attribution, experience, responses and how they can be avoided. Resultant data was used to develop questionnaires that were then used in community-based surveys. The survey results were used to assess the questionnaires’ internal reliability (Cronbach’s alpha), and combined test-retest was tested by using repeat interviews in Uganda and across-interviewer reliability was tested similarly and criterion validity by comparing assessment by self to assessments by cohabiting adults. Study findings had implications on advancing psychosocial research methods with non-Western populations, on cross-cultural well-being theory debates, and on practice with
regards to design and implementation of psychosocial interventions that are acceptable to local people, and therefore more effective and sustainable through improved community support.

Betancourt, et al., (2009) adapted Bolton and Tang’s (2002) rapid ethnographic approach to explore local perceptions of psychosocial well-being among war displaced Ugandan children (aged 10-17) and that of their caretakers. The purpose of the study was to inform subsequent assessment and intervention efforts by organisations serving this population. The study findings identified several locally defined syndromes of: two tam/par/kumu (depression and dysthymia-like syndromes); ma lwor (an anxiety-like syndrome); and a category of conduct problems referred to as kwo maraco/gin lugero. The descriptions of these local syndromes are similar to Western mood, anxiety and conduct disorders, but contain some culture-specific elements.

Similarly, Ventevogel et al.’s, (2013) study in four different locations in Burundi, Rwanda, South Sudan and the Democratic Republic of the Congo (DRC) collected data over 31 focus group discussions (251 participants) and key informant interviews with traditional healers and health workers on problems of thinking, feeling and behaviour. Findings indicated that in all areas, participants were able to describe localised syndromes characterised by severe behavioural and cognitive disturbances with considerable resemblance to psychiatric concepts of psychotic disorders encompassing five elements: confused thinking, false beliefs, hallucinations, changed emotions and disturbed behaviour. However, the study participants’ responses were more focussed on behavioural problems, particularly violent and chaotic behaviour, and cognitive symptoms such as incomprehensible speech, and less mention of hallucinations. Though emotional expression such as, crying or laughing out aloud were mentioned, they were
not considered as typical for mental disorders. Infectious diseases (e.g. malaria) were mentioned in all areas as potential causes of the conditions related to severe behavioural disturbance. Treatment sought was reported to be dependent on perceived causes and ranged from biomedical health services to traditional and spiritual healing.

The researchers theorised that the emphasis on behaviour as a symptom of psychotic disorder may have related to the African cultural notion of prioritising social harmony. Other symptoms reported included sadness and social withdrawal as core features, and these were found to have similarities with psychiatric concepts for affective disorder such as depression, but to differ in that the defining feature cited was not emotional but somatic symptoms such as pressure in the stomach and diarrhoea. Loss in the form of death of a loved one or of livelihood and properties was reported by all groups as the main cause of this condition though severe loss was associated with behaviour disturbance and violence. A help strategy for a ‘sadness and social withdrawal’ condition was reported by all groups to be entirely psychosocial and aimed at improving the economic situation, increasing social support and decreasing social isolation and loneliness. Local African concepts of mental conditions related to ‘traumatic events’ were found to vary considerably from the DSM concept of post-traumatic stress disorder. Only respondents from Burundi had a concept, ihahamuka characterised by fear and hyperarousal, which is one of the features of psychiatric category of post-traumatic stress disorder. Other features, such as traumatic recollections and avoidance or numbing, were not spontaneously mentioned, though the authors noted that this was not an implication that the condition did not exist in these settings.

This lack of match between locally identified symptoms and influential Western-theorised and categorised symptoms brings home the magnitude of challenges that face
cross-cultural research and practice. However, research methodologies such as exercised in these studies if utilised in research with non-Western migrant children settled in Western countries could be a step in the right direction in regards to addressing cross-cultural conceptual limitations and in so doing increasing the reliability and validity of research findings. In addition, paying attention to the wider socio-cultural context in which the development of symptoms, symptom presentation and help-seeking strategies are shaped also illuminates resilience processes embedded in migrant children’s socio-cultural settings.

It can be concluded from the literature reviewed on the psychosocial well-being adjustment of migrant children or youth that these children are exposed to pre-migration, migrating, and acculturative stress that put them at risk of developing psychological disorders. The literature documents strengths that moderate the effects of acculturation and racial discrimination stress or help migrant children cope with it. These are migrating at an early age (0-4), rapid acquisition/competency in host country language, education success, supportive social systems, strong ethnic identity, and adaptive heritage cultural values and practices. A counter-intuitive finding in the literature is that despite exposure to pre-migration, migrating, acculturation and racial discrimination-related stress, a large body of empirical work indicates that first generation migrants have better psychosocial well-being than their native born peers and then that of their subsequent generations. Psychosocial well-being of migrant children is however shown to deteriorate across migrant generations. Cultural integration is given in the literature as a plausible explanations for this deterioration. First generation migrant children benefit from cultural values and practices of multiple cultures in which they are embedded, but this benefit is not carried forward to subsequent generations because heritage cultural practices erode across time spent in
host countries. Another plausible explanation is that repeated experiences of discrimination and resultant stress coupled with diminished coping heritage cultural values and practices, such as those that nurture an ethnic identity, culminate in higher levels of negative affect and lower levels of positive feelings among second and/or subsequent generations of migrant youth. Either way, heritage cultural practices are highlighted as key processes in the psychosocial well-being of migrant children. The literature also indicate that mental health and psychological literature has paid a lot of attention to the topic of refugee children and exposure to traumatic events pre-migration, migrating journeys and post-migration. A link between exposure to trauma and development of PSTD has been the major focus of the majority of these studies. A question has been raised regarding the applicability of the Western-theorised trauma paradigm on non-Western populations, in view of issues of: cross-cultural conceptual equivalence; and obscuring cultural health response and/or resilience processes. Studies with non-Western populations are paying attention to these challenges by qualitatively exploring local perceptions of well-being to inform subsequent assessment and/or to inform practice.

2.6 Looking back and going forward

From the literature reviewed so far, we can take stock of what we know about migrant’s well-being adjustment.

The studies of psychosocial well-being have been undertaken from a variety of disciplines ranging from: sociology, anthropology, mental health and psychology. From all these perspectives, cultural processes have been shown to be key to migration children’s experiences in intercultural settings of their new countries of residence. Berry’s acculturation framework has provided useful in conceptualising migrant
children’s acculturation experiences. There is now an understanding of how migrant children/youth and their families culture interacts with that of their country of residence with resultant psychological and social changes and ultimately on well-being adjustment. Berry’s acculturation model has been criticised for focusing on minority cultural groups and this focus has obscured: socio-cultural processes in migrants’ context of reception, mainly, racial discrimination at an individual, social, and structural levels; and transnational and diasporic cultures in which modern day migrant families and their children are embedded in. All these processes that are not accounted for in Berry’s acculturation model are found to impact on the acculturation process of migrant children.

Strides have been made in regard to conceptualisation, operationalisation and/or measurement of cultural dimension and its influence on well-being outcomes. This has been at the level of: cultural behaviours or practices such as language use, choice of friends; identifications (ethnic and/or racial and host country); and cultural values at the broad level of collectivism and individualism though in many cases these values have not been explicitly labelled as components of acculturation. Conceptualising and measuring cultural dimensions at the level of behaviours and practices such as language use and/or food preferences may, for example, be a factor of context. Migrant children may learn the language of a host country out of necessity or may not know their native language and/or lose proficiency in it but still maintain ethnic identity and collectivist values. Similarly, migrant children may identify more with their ethnicity or racial group when they are in social contexts associated with their culture or they may identify with their host country but perceptions and/or experiences of prejudices and discrimination may trigger reactive ethnicity where they identify with their ethnic group. Conceptualisation and operationalising cultural dimension and/or cultural
influences on behaviour is therefore quite complex. Advancing our understanding of cultural influences on behaviour depends on comprehensive and valid understanding and measurement of cultural dimensions in terms of how cultural processes interact with contextual variables across levels of analysis (micro to macro systems).

Acculturation literature has focused hugely on acculturation stress with little attention paid to positive acculturation. Psychological and mental health literature has paid great attention to refugee populations with a focus on migration related trauma (pre-migration, migrating and post migration) and linking this to psychological risks. A link has been made between exposure to trauma and other stresses such as acculturation and racial discrimination and psychological distress, but in general first generation migrant children are shown to do just as well and sometimes better than their native born peers. Berry et al., (1987) theorised high levels of acculturation stress, which exceed the individual’s coping capacity, as the main mechanism for psychological distress among migrant children. This brings coping processes to the focus of migrant children research going forward. Studies, mainly sociological and anthropological, have illuminated processes within the individual; social systems and cultural processes, which are, associated with positive well-being outcomes of migrant children. There is an increasing need to incorporate insights from these other disciplines into psychological inquiry. This requires a shift from utilising psychosocial risk based approaches to strength-based approaches.

There are pockets of studies on the well-being of sub-Saharan Africans residing in Western countries. Generally, research in this field is highly skewed towards utilising samples drawn from ethnicities such as: America (Mexicans, Asians, African-Americans); England (Indian, Caribbean and Pakistan), German (Turkish), France
(North Africans), Netherlands (Moroccan, Turkish and Surinamese); Norway (Turkish, Pakistan and India); and Sweden (Turkish, sub-Saharan African, East Asian). Sub-Saharan Africans are under-represented in this literature, and it is difficult to deduce to what extent individual, social and cultural processes identified in the literature as creating stress or moderating the effects of stress for migrant children generalise across this population. In addition, cross-cultural, cultural and indigenous scholars have raised the challenge posed by the utilisation of Western-theorised well-being understandings in regards to cross-cultural conceptual equivalence. The literature reviewed indicates that while dominant psychological approaches are centred on the individual and locates the causes of psychosocial distress, non-Western approaches to well-being view the self as inter-related and distress as encompassing social and cultural meanings. Once again non-Western conceptualisation of well-being that is mainly documented in the literature focuses on Asians and Mexican with scant attention paid to an African cultural world view that shapes well-being conceptualisation. Studies undertaken in sub-Saharan African settings have developed cultural understandings of psychosocial well-being/distress. Going forward, African cultural understandings of psychosocial well-being/distress of African migrant children can advance reliability and validity of research findings, cross-cultural debates on well-being conceptualisation theory; and feed into cultural competence debates.

Following the debates in the literature, the current theses contend with understanding how cultural processes interact with contextual variables such as race, ethnicity, and structural processes, such as migration systems and practices in shaping the psychosocial well-being experiences. Utilising a cultural psychosocial ecological framework and a resilience lens, provides an avenue to incorporate insights gained from other disciplines such as sociology, anthropology, cultural literature on social and
cultural processes that create risks and/or act as protective processes to the exploration of psychosocial well-being experiences of the study population.

The next chapter reviews psychosocial and resilience literature and examines how cultural understandings/conceptualisation can be incorporated into a psychosocial well-being framework for the well-being of this population rooted in risks and resilience processes embedded in the individual but also social-cultural and political realities in which they are embedded in.
Chapter 3
Psychosocial Well-being Framework

3.1 Social and cultural models of psychological development

Psychosocial research is increasingly taking on a socio-ecological approach whereby human development is theorised to occur in the context of the interaction of changing organism in a changing environment (Brofenbrenner’s, 1979, 1998). Brofenbrenner identified five levels of environmental influence on the person, ranging from very immediate individual to very broad societal, namely: microsystem, mesosystem, exosystem, macrosystem, and chronosystem. According to the theory, the microsystem comprises the everyday environment of home, school, work, and neighbourhood and relates in particular to the face-to-face relationships with parents, siblings, friends and teachers, employers or colleagues. The mesosystem is regarded as presenting the interlocking nature of various microsystems, such as how both school and work environments may impact on a child’s experience within the home (i.e. effect of parent’s un/happiness in job on parent-child relationship). The exosystem consists of linkages between a microsystem and characteristics of outside systems such as the local community (i.e. impact of infrastructure on job availability or educational availabilities; role of media and religious institutions on the family). The macrosystem pertains to the overarching cultural patterns in the form of dominant beliefs and ideologies as well as political and economic systems. Finally, the chronosystem represents the dimension of time impacting on the individual’s development in any specific life cycle or historical era such as informed by changes in family structure, place of residence and education or
employment, as well as larger cultural changes influenced by war and economic cycles. This socio-ecological model of development is depicted here below.

Figure 1: A model of Bronfenbrenner’s bioecological systems theory

The Psychosocial Working Group, a consortium of academic institutions and humanitarian agencies, has used Bronfenbrenner’s socio-ecological theory as a starting point in formulating a framework that addresses ecological influences on development (Psychosocial Working Group, 2003). The Psychosocial Working Group uses the term ‘psychosocial’ to emphasise the close connection between psychological aspects of our experience (our thoughts, emotions and behaviour) and our wider social experience (our relationships, traditions and culture). This framework defines well-being with respect to three core domains of: human capacity, socio-ecology and culture and values. Human capacity encompasses inherent attributes that affect the ability of individuals and communities to cope and/or function within their context and access resources in their environment. Factors affecting human capacity include: physical health, mental health,
age, gender, legal status and social, economic and educational status (Boothby, Strang & Wessells, 2006). The second domain, “social ecology” refers to a capacity to form relationships with other people such as family members, friends and peers. The third domain, “culture and values” refers to cultural construction of experiences and social justice, particularly ways in which cultural values, norms, practices and experiences are linked to vulnerabilities or resilience of at-risk populations. Issues and values associated with this domain include religion and spirituality, traditional healing, human rights, including child rights and international standards for human rights (Boothby, Strang & Wessells, 2006). The three domains (human capacity, socio-ecology, culture and values) are theorised to be inter-related with changes in one area affecting the other areas of the overall well-being of people. The psychosocial conceptualisation therefore focuses not only on the individual but views them as part of bigger social and cultural units.

Reviewed studies indicate that migrant children are exposed to migration, acculturative and racial discrimination-related stress which puts them at risk of developing psychological disorders. Migrant children can therefore be classified as vulnerable or at risk. Reviewed studies that have compared the well-being of migrant children to that of their native born peers indicate that despite this threat, their well-being does not deviate alarmingly from that of their native-born peers or is similar; and sometimes even better, demonstrating a notion of resilience. Reviewed studies, mainly from a sociological and anthropological perspective, illuminates processes within the individual and in their social and cultural systems that moderate the effects of stress experienced by migrant children or help them cope with the stress. These processes are reflected in the conceptualisation of resilience. Resilience literature basically converges on three areas: that individual factors and processes, social connections and support systems, and community and/or cultural processes are key factors to the understanding of resilience.
These three areas of individual, social and cultural processes are central to the psychosocial definition of well-being (Psychosocial working group, 2003). In examining the literature on resilience associated with well-being outcomes of children, this section will use the psychosocial key areas of focus: human capacity, socio-ecology, and cultural and values, as an organising framework. This will facilitate an examination of not only psychological risks or negative effects of stressors related to migration, racial and cultural status of African migrant children in Ireland but also adversity-activated resilience processes inherent in their biological, social and cultural adaptive systems.

3.2 Resilience literature
Resilience is defined in the literature to refer to two components: the presence of significant adversity; and achievement of a positive outcome despite the threat or risk (Garmezy, 1991; Rutter, 1994; Werner, 1996; Masten 2001). Masten & Obradovic (2008) state that resilience may take the form of achieving better than expected outcomes in high-risk populations, sustaining competence or effective functioning in very difficult conditions, or regaining effective functioning after exposure to traumatic stressors. In the context of the current study, resilience is conceptualised to take the form of sustaining competence, or effective functioning in very difficult conditions. Effective functioning of migrant children is judged in respect to psychosocial well-being.

A central theme within the understanding of resilience is the interplay between risk factors and protective processes. Whereas risk factors heighten the probability that children will experience poor outcomes, protective processes serve to decrease an individual’s vulnerability to risk, and enhance their potential in other areas (Rutter,
1987). For migrant children, particularly first generation ones, who are embedded in multiple cultures, risks and protective processes may not necessarily have a good fit with mainstream cultural developmental framework that guides research and practice. Masten & Obradovic’s propose that resilience in children and youth arises from ‘ordinary magic’ that is inherent in the biological and cultural human adaptive systems (Masten, 2001; Masten & Obradovic, 2008). A guiding principle of the current thesis is that protective processes within the child, their social and cultural systems can be mobilised to build or enhance the resilience of African migrant children in Ireland.

3.2.1 Intrapersonal resilience factors

Intrapersonal factors ranging from personality traits such as emotional stability, and optimism, dispositional characteristics such as easy temperament, biological factors such as intelligence, and cognition factors such as self-efficacy have been linked to resilience (Eisenberg et al., 1997; Rak & Patterson, 1996; Rutter, 1985, Masten et al., 1988; Masten & Coatsworth, 1998; Smith & Prior, 1995). Children or youth who are emotionally stable are said to function better in social settings and to also have the ability to proactively cope with stress. Intelligent children benefit from having good problem solving and decision making skills all of which enhance individual capacity to cope with stress or avoid stress provoking situations. Cognitive skills about the self are said to impact on self-efficacy, and consequently, to impact on constructs such as goals and aspirations, expectations, outcomes, and perception of impediments and opportunities in the social environment (see Bandura 1997 on the role played by self-efficacy on human functioning). Theorised within Lazarus and Folkman’s (1984) cognitive view of stress, it would suffice to say that in the face of stress faced by migrant children, intrapersonal resilience factors would shape an individual’s perception
towards that adversity, and their sense of agency in searching for options to engage with the said adversity. Raghallaigh and Gilligan’s (2010) studies of migrant youth in Ireland found that adopting a positive outlook by focusing on the positive aspects of their situations by placing current difficulties in the context of past problems and future opportunities helped them cope with encountered stress. Other coping strategies involved suppressing emotions and seeking distraction, acting independently while depending on God, and distrusting which played a protective function (minimised the risk of being hurt or betrayed).

While acknowledging that measuring individual resilience can shed light on within-group psychosocial functioning, there is an inherent danger in adapting victimising assumptions where children with low levels of resilience are condemned to poor functioning when facing challenging circumstances (Mancini & Bonano, 2010). On other hand, the expectations on endurance placed on children or youth perceived to be resilient could exert psychological pressures on them. Masten (2001) points out that resilience is not a discrete quality that children either possess or not but that children may be more or less resilient at different points in their lives and that even when a person responds resiliently in one circumstance, new vulnerabilities or strengths can emerge in response to new adversities requiring new resilience responses (Luthar and Cicchetti, 2000). The implication therefore is that the child’s context and circumstances influence the resilience process. Systematic coping processes have relied on identification of support systems within the individual, family and community associated with health outcomes despite exposure to significant risk. Supportive social systems are theorised to provide protective processes that reduce a child’s vulnerability to risk in order to sustain a child’s resilience and/or promote resilience among the less
resilient or vulnerable children, and in the context of the current study, mobilising protective processes around African migrant children in Ireland.

3.2.2 Social support

Barrera (1986) posits that the concept of social support relates to three interpersonal domains: the extent to which an individual is attached to significant others such as measured by contact with friends and family and the complexity of their social network; the individual’s cognitive appraisal of the available support; and the responses of others in the provision of emotional support (Barrera, 1986).

Protective processes within the family, particularly, the presence of warm, healthy attachments between a child and parents or with other close family members have been consistently associated with resilience (Beckett et al., 2006; Moffitt, 1997; Pinkerton and Dolan 2007, 2010; Rutter, 2008; Ungar, 2008). When it comes to non-Western populations, such as the African migrant children in the current study, parenting styles and associated parental responsiveness should be interpreted within the cultural norms and practices that frame family practices. Ochocka and Janzen’s (2008) studies reviewed in the previous chapter indicated differences in parenting strategies between Africans and Canadians with Africans practicing authoritative parenting. This strategy is not associated with warm parent-child attachments (see Baumrind’s 1971 classification) but in an African child-rearing framework, authoritative parenting is in the context of warm relationships (Nyasani, 1997). Maynard et al.’s, (2007) studies indicated that this parenting style was actually associated with positive psychosocial functioning among black African migrant children in the UK. Identification of a risk factor within the family at the level of parenting strategy such as authoritarian would therefore be inapplicable. Sibling relationships are also reported in the literature to form
a unique and important context in which children develop skills such as healthy emotional regulation skills (Kennedy & Kramer, 2008) and prosocial behaviour (Pike et al., 2005). Studies have shown that sibling relationships in collectivist cultures are characterised by mutual responsibilities, social obligations, solidarity, and little or no sibling rivalry unlike Western cultures where they are characterised by individuation, competition and sibling rivalry (Cicirelli, 1994; Nuck-olls, 1993; Updegraff et al., 2011). This puts into perspective the risks posed by family conflicts or family distancing associated with intergenerational acculturative discrepancy (Birman, 2006; Costigan & Koryzma, 2011; Farver, Narang, & Bhadha, 2002; Kim et al., 2009) and/or family reunions after long separations (Rousseau, et al., 2004; Suárez-Orozco & Suárez-Orozco, 2001). Migrant child-parent conflicts have been associated with children’s decision to leave home and live independently (Nyemah and VanderPlaat, 2009) and children’s conduct problems (Assanand, 1998).

The resilience of children has also been associated with family processes such as everyday family tasks, practices and responsibilities. Ungar (2008) states that family processes such as organisation patterns with regards to everyday tasks are a key characteristic among families that cope well. Cultural values, norms and practices strongly influence child-rearing practices that shape family processes. Within the African context for example, developmental goals of physical, cognitive, social and emotional competencies mainly centre on a child becoming self-reliant and developing the skills to become a successful contributing member of the household and ultimately society (Nsamenang, 2005). Social responsibility from an early age is weighted over and above social cognition as an end state (Nsamenang, 2005). From an early age (5-7), children are perceived to be ready for guided participation in family and collective cultural activities and older siblings play a central role of care provision (Boakye-
Boaten, 2010). While these African family practices with emphasis on family obligations may differ from Western cultural practices with emphasis on the child becoming independent or gaining autonomy (Triandis, 1995), they are nevertheless adaptive for the African child (within legal provisions) reared within an African cultural child-rearing framework. Theron’s (2007) resilience studies in South Africa found that being valued within the family system helped children or youth to cope with encountered adversity.

Studies of children growing up in conditions of risk, including migration settings have found that family responsibilities, inclusive of adultification, role reversal and children’s caregiver burden, can contribute to children’s positive development (Fuligni et al., 2009; Kuperminc, 2009; Theron et al., 2011; Walsh, Shulman, Bar-On, & Tsur, 2006). Theron et al.’s, (2011) study found a notion of adultification among youth in situations where the family facing adversity required help from its children to cope. Examples included; inverting hierarchies whereby children had assumed responsibility for instrumental tasks like domestic chores and childcare, and flattened hierarchies which included children in these same tasks but positioned them in a more peer-like relationship with a parent without the youth assuming full responsibility for any other family member. Developmentally appropriate contributions were negotiated as culturally meaningful. It was found that a youth might work as part of a family business, assume responsibility for the care of a younger sibling temporarily while parents were occupied, navigate between home, school, and activities in their community themselves, or share money that they earn with family members in order to ensure everyone’s financial security. Contributing to the welfare of their families was found to secure a powerful identity and sense of personal and social efficacy among the interviewed youth especially when others acknowledged the adultified child’s role as important to
the welfare of others. The implication is that resilience can encompass processes that are theorised to be atypical to normal development for children, but are culturally normative in other socio-cultural settings. Such a variation in indicators of adaptive family values and processes underlies the importance of exploring culturally embedded processes of cultivating resilience within families, but within the boundaries of legal framework governing family and child matters. Dolan (2008) points out that informal or “hidden” support within the family is particularly effective in regard to service provision to children as it is characterised by day-to-day availability, low levels of stigmatisation, the potential for mutuality and low cost.

However, for a migrant child, there should be recognition that family values can also be a source of risk, particularly in situations of parent-child acculturation discrepancy whereby, the child may not place the same value on family loyalty or family obligation. In the event that a parent’s mode of emotional regulation is compromised by migration or acculturation-related stress, then the parents may lose the capacity to acknowledge a child’s adultified role as important to the welfare of others in the family. If this acknowledgement is the proxy for development of self-worth, sense of strong identity, then adultification role of children in such circumstances can be a risk, particularly if the child perceives the family responsibilities as overburdening. In addition, a child might model the parent’s maladaptive emotional regulation with implications of developmental risks of emotional and social incompetence. Needless to say, embedded in family values and processes are protective and risk processes, inclusive of cultural values, norms and practices, that influence the development of children.

Unlike family relationships, children have an element of choice in selecting or sustaining peer friendships. Peer relationships have been associated with protective
processes resulting from the opportunities offered by these relationships to create and maintain strong emotional bonds, and reciprocal exchanges of mutual encouragement and realistic feedback about appropriate behaviour (Alvord and Grados, 2005; Barry and Wentzel 2006; Boyden and Mann, 2005). South African resilience literature has identified schools and communities as settings that offer children opportunities to form social ties and emotional investment, model prosocial behaviour, nurture a sense of security and belonging, and identify with a larger group (Ward, Martin & Theron, 2007; Van Rensburg & Barnard, 2005; Dass-Brailsford, 2005; Theron, 2007; Ebersohn & Maree, 2006; Ebersohn, 2008; Johnson & Lazarus, 2008). Peer support has been found to play a protective role in psychological well-being among ethnic minority adolescents (Thomas and Choi, 2006). In their study, Thomas and Choi found that Indian and Korean immigrant adolescents experienced their friends as important sources of support that buffered the effects of acculturative stress. Immigrant youth have been shown to prefer ethnic to native-born peers, for the former are perceived as providing a continuation of family values, whereas native peers can provide a contradiction (Titzmann & Silbereisen, 2009). Mixing and having a strong attachment with their ethnic peers, was found to have assisted migrant youth to cope with resettlement, and was associated with significantly “greater levels of well-being in the psychological, social and environmental domains” (Correa-Velez, Gifford & Barnett, 2010, p. 1404). This brings into focus ethnic compositions in neighbourhoods and in schools in which migrant children settle.

Availability of ethnic support networks is indicated in acculturation literature as moderating the effects of acculturation stress and/or aiding migrant youth to cope with this stress (Berry 2001; Berry et al., 2006; Phinney et al., 1996; Schwartz et al., 2008). Studies indicate that greater ethnic diversity in the classroom is associated with lower
levels of peer victimisation and high self-worth (Graham, 2006; Jovonen et al., 2006; Titzmann & Silbereisen, 2009). Graham (2006) suggests that diverse environments may be associated with more positive outcomes due to the balance of power among ethnic groups. From an acculturation perspective, preference of ethnic social networks would be indicative of separation or marginalisation strategies which are associated with poor psychosocial functioning (Berry, 1998; 2003) but as demonstrated in the review of acculturation studies, an individual’s acculturation strategy does not generalise across all aspects of life. For example a migrant child might prefer ethnic friends but integrate in other areas such as food, music choice or cultural values. It may be a case of picking and choosing adaptive behaviours depending on the context.

Studies have connected resilience of migrant families and youth to support from their own ethnic communities (Schweitzer et al 2007). Migrant families have been found to utilise their own ethnic community networks to help them cope and adjust to their new way of life in Australia (Schweitzer et al., 2007). Raghallaigh and Gilligan’s (2010) Irish study of unaccompanied asylum seeking youth, among them sub-Saharan Africans, found that they maintained continuity in a changing context by engaging in activities in the newly created African diasporic networks. The development of bicultural competencies among Somali migrant youth in the US was found to have facilitated them to form relationships, which allowed them to draw support from their own ethnic community (parents and co-ethnic peers), as well as the host community (teachers, counsellors, and mainstream peers) (Kapteijns & Arman, 2004). In the case of migrant adolescents in particular, at this time of increased biological, social, cognitive and emotional changes (Arnett, 1999), there is a benefit of seeking guidance from a non-parent adult who may be perceived as unthreatening to adolescents’ sense of autonomy (Zimmerman et al 2005).
Resilience studies have also demonstrated a link between religion and resilience of migrant children. Raghallaigh and Gilligan’s (2010) study which qualitatively explored coping strategies of unaccompanied asylum seeking youth (14-19yrs) found that all their coping strategies involved religious faith as a common element. In a small qualitative study of unaccompanied Sudanese boys (aged 16–18 years), attribution of adverse events to God’s will was found to have contributed to fairly good psychosocial functioning (Goodman, 2004). Among Bosnian adolescents resettled in Austria and Croatia, religious commitment (assessed as a composite of frequency of participation in religious activities and degree of subjective personal belief) was associated with low anxiety and depressive symptoms (Sujoldzic et al., 2006).

It can be inferred from the literature reviewed so far, that conceptualisation of resilience as embedded in the biological but also social and cultural everyday routines (Masten and Obradovic, 2008) is supported by the literature. Nguyen Gillham (2007) studies of Palestinian youth in occupied territories reported that practices such as making life as normal as possible at home, school and in the neighbourhood while experiencing boredom, grief and loss all helped to establish structure and stability in the context of political instability. The Palestinian concept of *samud* – a determination to exist through being steadfast and rooted to the land – was found to be at the heart of resilience. Going to school signified individual and collective acts of defiance against the Israeli Defence force and settler violence, and this was reported to be key in fostering endurance and the will to negotiate daily survival. This work sheds light on the ways in which ‘the construct of resilience goes beyond an individualistic interpretation and resilience is (re)constituted as a wider collective and social representation of what it means to endure’ (Nguyen Gilham, 2007 p. 292). The implication therefore is that conceptualisation of resilience is not ‘a one size fits all’. In the context of the current
study, in the face of psychosocial vulnerabilities associated with African migrant children’s positions as migrants and as racial and cultural minorities in Ireland, cultivating their resilience involves examining the adaptive processes embedded in their day-to-day activities and practices in the social and cultural (Irish/African/Transnational/Diasporic) structures and networks.

3.2.3 Implications for research, theory and practice

Cultural and contextual variations in conceptualisation of risk and protective processes has implications on mobilisation of resilience around a child, particularly in multicultural settings. In these settings, there is a need to adapt a bottom up approach where an individual child identifies their own support networks based on the extent to which he/she perceives to be attached to a significant other(s), his/her cognitive appraisal of the support available from significant other(s), and the responses of other(s) in the provision of emotional support (Barrera, 1986). Levitt (2005) presents a social convoy model which places children as participants and directors of their social convoy. This model refers to the multiple relationships and attachments in children’s lives that convey diverse support and material aid ranging from family members, friends and peers (ethnic and non-ethnic), teachers, religious and/or community leaders (ethnic and non-ethnic), and individuals considered as role models by the children themselves. Levitt’s notion of the convoy as one that functions optimally to afford the exchange of support in the form of affective support, self-affirmation and direct aid can accommodate ethnic differences in family and other social relationships, because the child gets to identify the person they perceive best placed to provide the support within their network. This child driven convoy overrides the assumptions that the researcher or service provider might have regarding available sources of support. An assumption
might be made for example that an African migrant child in Ireland may be referred to the newly created ethnic communities in Irish settings for support. Within-group self-defined ethnicities might act as a barrier to support available for that child. But if the child directs their social convoy, they will seek support where they perceive it to be available. For contemporary migrant children who are embedded in transnational cultures, transnational social networks might form part of a migrant child’s social convoy. However, in Levitt’s conceptualisation, the child is engaged in a two-way horizontal support, whereby the child gives and receives support from significant others. Reviewed resilience studies indicate that in non-Western cultures and resource-scarce environments, adultification is typical and resilience building by securing a powerful identity and sense of social efficacy among youth who take on these roles (Theron et al 2011). While Levitt’s model is useful in identification of a child’s social convoy, and can be useful as a guide in questionnaire development of a child’s social support, it does not go far enough in accommodating cultural differences in processes that impact on the resilience of the child.

Ungar (2008) posits that resilience mobilising or enhancing has to be culturally meaningful. He states that: “in the context of exposure to significant adversity, whether psychological, environmental or both, resilience is both the capacity of individuals to navigate through their way to health-sustaining resources, including opportunities to experience feelings of well-being, and a condition of the individual’s family, community and culture to provide these health resources and experiences in a culturally meaningful way” (Ungar, 2008, p.225).

Once again, ‘it is not a case of one size fits all’. For example, building resilience in the context of this study requires incorporation of the African world view of a single reality
which seeks synthesis and the social thought and psychology that primes meaning of life, individuation and self-understanding primarily from an interconnected model (Nsamenang, 2007; Utsey et al., 2000). Ways in which African cultural values and practices shape individual and social processes discussed in the reviewed literature have to take into account conceptualisation of resilience building for the study population. In the context of the present study, effective functioning of African migrant children in Ireland is judged in respect to psychosocial well-being as meaningful to them. Ways in which the African world-view of collectivism or interconnectedness frames causal explanations of distress that encompass social and spiritual elements have to be taken into account. The Inter-Agency Standing Committee (IASC), that gives global guidance on Mental Health in Emergency settings and the organisation of African Unity (OAU) have recognised and accepted institutionalisation of traditional medicine in African settings and developed action plans to institutionalise this health plan. It can be argued that the inclusiveness of traditional health care at a policy level in Africa is motivated to a great extent by the inaccessibility of biomedical health services by a majority of its population. While acknowledging that access to care in the west is bound to impact on traditional health-seeking practices of migrant families and children, studies of Africans who have settled in Western settings indicate that they continue to seek traditional healing services (Atherton, 1994; Waldheim, 2008); an implication of the complexity of culture in that it is dynamic yet stable. The acculturation literature indicates that socio-cultural forces in a migrant’s country of residence such as racial and cultural minority status and the exclusive mechanisms that flow from these positions are shaping the acculturation trajectories of migrant families and children towards biculturalism (Portes & Rumbaut, 2006; Schwartz et al., 2010; Steiner, 2009; Suárez-Orozco & Todorova, 2008). The transnational nature of present day migrants and availability of diasporic
networks in counties of residence facilitates migrant families and their children to draw on cultural resources, including health-sustaining practices. Transnational literature indicates migrant families’ engagement in organised activities of sending medicines home and receiving traditional medicine and/or traditional healers and/or spiritual healers in their country of residence in the West (Kane, 2010; Grillo and Mazzucato, 2008). Africans socialised in a world view that attributes distress to biological as well as to their social and cultural worlds are unlikely to change their world view, simply by living in settings where the mainstream view attributes distress to biological causes and/or the individual. Fostering resilience for the study population therefore entails paying attention to their cultural context, and in particular, ways in which it frames their well-being conceptualisation and consequent well-being practices. One way of doing this, is adapting the methodologies of the reviewed studies carried out in African settings which have developed cultural understandings of well-being (Betancourt et al., 2009; Bolton & Tang, 2002; Bolton & Tang, 2004). These are steps in the right direction of communities of service providers and researchers providing health services that are culturally meaningful (Ungar, 2008).

3.3 Overarching rationale for current study

The current study aims to fill the gaps identified in the literature. Reviewed literature indicates that the area of well-being of migrant children/youth in Ireland from a psychological perspective is an under-researched field. The current study aims to join researchers in this field by shedding more light on this subject.

Acculturation literature indicates that cultural processes are a key element in the psychosocial well-being of migrant children. Contemporary migrants are reported to be embedded in multiple cultural contexts (heritage culture, host country culture,
transnational/diaspora) (Bathia & Ram, 2003). Migration resultant dislocation has been theorised to lead parents to adhere even more strongly to traditional values and practices and to form cohesive co-ethnic communities to facilitate cultural practices (Liu et al., 2000; Chung, 2000; Kwak, 2003). While this adhering to traditional cultural values, norms and practices have been shown to create risk processes, particularly where conflicts arise due to intergenerational acculturation gaps (Costigan & Dokis, 2006; Fuligni, Tseng, & La, 1999; Kwak, 2003; Ying & Han, 2007; Lee, 2004; Ochoka & Janzen, 2008; Stuart, 2008), this practice has also been shown to have provided the children with an opportunity to nurture an ethnic identity and/or avail cultural empowering narratives (Campione-Barr & Metzger, 2006; Oppedal, 2006; Phinney, Horenczyk, Liebkind, & Vedder, 2001; Phinney & Ong, 2002; Sam & Virta, 2003).

Research from USA, which has a long history of migrants, indicates that first generation migrants are well equipped with traditional cultural resources which have been associated with satisfactory well-being outcomes of their children (Fernández-Kelly, 2008; Glick & White, 2004; Perreira et al., 2006; Suárez-Orozco, 2003; Telles & Otiz, 2008). This cultural capital is said to dissipate by the third generation as does their satisfactory well-being outcomes. Reviewed studies indicate that migrant children in Ireland have satisfactory levels of well-being. Efforts to maintain African migrant children’s well-being should therefore involve mobilising individual, social and cultural protective mechanisms identified in the psychosocial and resilience literature in view of how the Irish context and Irish/African/Trans-national/Diasporic cultural values, norms and practices shape these processes.

The current study explores the psychosocial well-being of sub-Saharan African migrant children by utilising an ecological psychosocial well-being framework and a resilience lens. This will ensure that social-cultural processes in Irish settings such as racial, ethnic
minority/majority positions, and structural processes such as migration policies and practices and the inclusion/exclusion mechanisms embedded therein that play a protective role or create psychosocial risks for these children are brought into focus. Utilisation of an African cultural lens will be a guiding principle throughout the research process. In line with psychosocial studies in African settings that have developed contextualised cultural understandings of well-being for subsequent assessment (Betancourt et al., 2009; Bolton & Tang, 2002; Bolton & Tang, 2004), the current study will explore African migrant families and children in Ireland’s understandings of well-being to inform subsequent assessment. Mixed method design will therefore be utilised in an effort to provide a holistic understanding of the psychosocial well-being experiences of this population.

The thesis addresses the following research questions:

“What are the experiences of sub-Saharan African migrant children and youth in Ireland?”

“How do sub-Saharan African migrant children, parents and community leaders construct African child psychosocial well-being in Ireland?”

“What are the levels of African migrant child psychosocial well-being?” and a sub-question

   a. “Are some African migrant children doing better in terms of their psychosocial well-being compared to others?”

The study ultimately aims to propose a conceptual psychosocial well-being model inclusive of cultural resources to harness strengths and resilience among the study population.
Chapter 4
Research Design and Methodology

4. Overview

A research design is the plan of action or structure which links the methodology (qualitative, quantitative, mixed method approach) to its research methods in order to provide credible, accountable and legitimate answers to the research questions (Gelo & Braakmann & Benetka, 2008). Gelo et al. (2008) state that rigorous research designs are important as they guide the method’s decisions that researchers must make during their studies and set the logic by which they make interpretations at the end of their studies. Methodology establishes which kind of relationship exists between the researcher’s observation, theory, hypothesis and research methods (Gelo & Braakmann & Benetka, 2008). The relationships that exists between the researcher’s observation, theory and hypothesis and research methods is based on certain underlying assumptions underpinning the theoretical lens guiding the research process. A theoretical lens refers to the philosophical foundations of various research paradigms regarding ontology and epistemology or research paradigm that underlie a methodology (Crotty, 1998).

This chapter discuss the mixed method design utilised in this study. The first section discusses the research paradigms within which, and among which, the diversity of psychology research resides and ends with a discussion of the pragmatic research paradigm which underpins the research design of the current study. The second section discusses pragmatism and the research method. The third section justifies the decision to use mixed method research in this study and how this links to pragmatism. The fourth
section discusses the rationale of the methodology and methods of each of the three studies that comprise the mixed research design utilised in the current study, ending with a discussion of the method of each of the three studies.

4.1. Mixed Method Research Paradigm

Mixed method design has been defined as “the collection or analysis of both quantitative and qualitative data in a single study in which the data are collected concurrently or sequentially, are given a priority, and involve the integration of the data at one or more stages in the process of research” (Creswell, Clark, Gutmann & Hanson, 2003, p.212). While psychological research tend to be designed to use either exclusively quantitative or qualitative methodologies, increasingly, there is a perception that utilizing both methodologies in a single study can advance knowledge of the studied phenomena in that the weaknesses of one methodology can be complemented by the strengths of the other methodologies (Burke & Onwuegbuzie, 2005; Creswell et al., 2003; Cornish et al., 2003; Cornish, 2009; Morgan, 2007; Sechrest & Sidani, 1995; Tashakkori & Teddlie, 2003). The criticisms towards quantitative methodology of context stripping and consequent limited applicability due to the need to control for variables can be redressed by qualitative methodology which provides rich contextual data inclusive of emic understandings, meanings and purposes (Lincoln & Guba, 1994; Michell, 1999; Toomela, 2008). The criticisms of qualitative research of being too subjective and inability to generalise across a large population can be complemented by quantitative methodology which aims at objectivity and ability to generalise to a wider population (Toomela, 2008).

A major challenge of utilising a mixed method design in a single study is that each of the two methodologies (qualitative and quantitative) is underpinned by different
paradigms. A paradigm is defined as “a set of interrelated assumptions about the social world which provide a philosophical and conceptual framework for the organised study of the world” (Filsteed, 1979, p.34). Guba and Lincoln (1994) identifies five competing research paradigms, within which, and among which, the diversity of psychology research resides. Two of these paradigms are within a positivist tradition (positivism and post-positivism), two are interpretivist (constructivism and critical theory) and a fifth paradigm, pragmatism.

Table 1 summarises thee five broad categories of research paradigms used in psychological research.

Table 1

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<thead>
<tr>
<th>Guba &amp; Lincoln’s (1994) competing research paradigms</th>
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<tr>
<td><strong>Positivism</strong></td>
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<tr>
<td><strong>Ontology:</strong> Realism. “real, “ objective knowable reality</td>
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<tr>
<td><strong>Epistemology:</strong> Objectivist. The researcher is the sole expert and can, and should avoid any bias or influence on the outcome. Knowledge is enhanced by a process of accretion facts tied into existing or new theories.</td>
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<tr>
<td><strong>Methods:</strong> Tends toward quantification and controlled experiments with tight controls to increase validity and reliability.</td>
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<tr>
<td><strong>Post-positivism</strong></td>
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<tr>
<td><strong>Ontology:</strong> Critical Realism. There is a “real,” objective reality, but humans cannot know it for sure. Emphasis is on theory falsification.</td>
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<tr>
<td><strong>Epistemology:</strong> Objectivity is assumed but emphasis on external checks on objectivity. The nature of knowledge is non-falsified hypothesis that are probable facts or laws.</td>
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<tr>
<td><strong>Methods:</strong> Includes both qualitative and quantitative methods. Seeks reduction of bias through qualitative validity techniques (e.g. triangulation)</td>
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<tr>
<td><strong>Interpretative Critical Theory</strong></td>
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<tr>
<td><strong>Ontology:</strong> Historical Realism. Scepticism towards objective truth claims or value free theories. Reality can be understood, but only as constructed historically and connected to power.</td>
</tr>
<tr>
<td><strong>Epistemology:</strong> Subjective position. Knowledge is mediated reflectively through the perspective of the researcher. Knowledge is viewed to be value mediated and hence value dependent. Knowledge does not accumulate in</td>
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### Constructivism

**Ontology**: Relativist. All truth is “constructed” by humans and situated within a historical moment and social context rather than it being an external singular entity. Multiple meanings exist of perhaps the same data.

**Epistemology**: Subjective position. Researcher and participants are linked, constructing knowledge together. Knowledge accumulates only in a relative sense through more constructions.

**Methods**: Generally qualitative, research through researcher/researcher transactional process. Emphasis is on lived experiences.

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### Pragmatism

**Ontology**: Varied. Pragmatists may be less interested in what “truth” is and more interested in “what works”

**Epistemology**: Accepts many different viewpoints and works to reconcile those perspectives through pluralistic means.

**Methods**: Focuses on a real world problem, by whatever methods are most appropriate, and tends toward changes in practice.

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**Pragmatism’s orientation is towards action, and not reality or paradigm-method fit like positivist and interpretivist traditions.**

Positivism and interpretivist traditions are concerned with reality and paradigm-method fit. Rossman and Wilson (1985) differentiated between methodological purists and situationalists. They state that purists view qualitative and quantitative methodologies as mutually exclusive and will only utilise either of the methodology that reflects their ontological and epistemological position, while the situationalists believe that both methods have value but that certain methods are more appropriate under certain circumstances. Each of these traditions tends to privilege a single form of knowledge as ‘true’ and is thus insensitive to alternative forms of knowledge (Cornish, 2009). Pragmatism views current truth, meaning and knowledge as tentative, and as changing over time, since organisms are constantly adapting to new situations and environments.
(Rorty, 1999, James, 1995; Peirce, 1878). Research findings are therefore viewed as provisional truths gained through experience and experimentation. Pragmatists view qualitative and quantitative methodologies as different tools serving different purposes towards desired action or change (Burke & Onwuegbuzie, 2005).

Quantitative methods work and fit in psychological research world, as evidenced in the reviewed literature that indicates that psychosocial research with migrant children is dominated by quantitative approaches utilising standardised Western-theorised measures of well-being (Bean et al., 2007; Berry et al., 2006; Ellis et al., 2008; Fazel & Stein, 2003; Geltman et al., 2005; Hodes et al., 2008; Kia-Keating et al., 2007). However, the literature reviewed also indicated that methodological concerns have been raised regarding use of Western-theorised measures of psychosocial well-being in psychological research with ethnic minorities associated with cross-cultural equivalence in well-being constructs (Durieux-Pailland et al., 2006; Nakahara & Wakai, 2006). A way of advancing knowledge in this area is by engaging in both Western and African forms of knowledge by utilising a pragmatic paradigm, which emphasises plurality of views of knowledge. The challenges associated with dealing with multiplicity of knowledge is articulated by Cornish’s question in her paper on ‘the pragmatist approach to the problem of knowledge in health psychology’, when she poises the question if “it is possible for research to be pluralist about knowledge, but at the same time non-relativist and promote social action” (Cornish, 2009, p.801). Pragmatists would say yes, because, the focus is not on knowable or unknowable reality but on activity and practical action in relation with whether this knowledge serves a purpose. In the context of the current study, qualitatively exploring interactions, relations, interpretations and meanings given to experiences and using the findings to inform subsequent measurement is therefore a pragmatic stance to contextualise data and/or emerging
findings and triangulate data focussed on generating actionable knowledge, particularly, the kind of knowledge that informs psychological practice and/or cultural competence practice.

In exploring the experiences of African migrant children, the researcher engaged with Western world-view and African world-view and the psychology that flows from these respective world-views, particularly the meanings given to experiences. The qualitative analysis highlighted negative experiences by these children associated with migration related restructured family dynamics and routines, exclusionary practices (social and systems), bad fit between home-African diasporic settings/school-neighborhood cultural and/or spiritual processes, and inability to fit into cultural or spiritual scripted roles and/or pressure to follow African cultural scripts. The study also highlighted positive experiences associated with mobilisation of resources at an individual level (cognitive empowering resources), social (negotiation of difference to form supportive relationships), cultural and spiritual (good fit with African cultural and spiritual scripts or successful negotiation of multiple cultural contexts). The qualitative analysis raised the question of well-being levels of the study population and the pragmatic response was to quantitatively measure the psychosocial adjustment and well-being among migrant children as the most valuable response to initial findings. Another arising question was the issue of representation of African cultural processes and spiritual process that emerged from the qualitative analysis as major influences of the experiences of study population. Central to pragmatism stance, is that empirical findings should help in deciding which action to take next as one attempts to better understand real world phenomenon (Burke & Onwueguzie, 2005). A qualitative element focussed on eliciting African understandings of well-being constructs was the pragmatic response to this arising question. Resultant information was used to develop an emically derived
‘African Migrant Child Psychosocial Well-being Scale’ which was used alongside other standardised psychosocial well-being scales to measure the psychosocial well-being of African migrant children. The quantitative methodology would also facilitate sampling a wider and varied sample of African migrant children therefore allowing generalisation of results over a larger group than that which had been accessed by qualitative findings so as to locate the overall findings in the study population’s realities for action that is more acceptable to them.

Morgan (2007) argues that pragmatism provides a basis for communication between research communities. The literature reviewed indicate that psychological studies on migrant children are heavily skewed towards quantitative methodologies and these have provided crucial information about individual migrant child’s psychosocial well-being and contributed greatly to theory and practice. However, findings indicate that despite exposure to developmental risks, the majority of these children continue to show satisfactory levels of well-being. Valuable insights on the process in these children’s social and cultural ecologies that have acted as protective processes or resilience building/sustaining processes in the face of adversity have been revealed by qualitative work (Raghallaigh & Gillian, 2010; Watters & Ingleby, 2004; Ollif, 2007). Utilising a pragmatic stance as the theoretical lens underpinning the current study provides a platform to integrate insights gained from both qualitative and quantitative methodologies in psychosocial research with migrant children.

4.2. Pragmatism & Research Methods

Pragmatism views current truth, meaning and knowledge as tentative, and as changing over time, since organisms are constantly adapting to new situations and environments (Rorty, 1999, James, 1995; Peirce, 1878). Research findings are therefore viewed as
provisional truths gained through experience and experimentation. Pragmatism places high regard for the reality of and influence of the inner world of human experience in action (Burke & Onwuegbuzie, 2005). From a pragmatic point of view, research methods such as grounded theory and rapid ethnographic analysis are useful in that they facilitate entering the worlds of those under study in order to explore interactions, interpretations and meanings given to experiences. Pragmatism also endorses a strong and practical empiricism as the path to improve upon past understandings in a way that fits and works in the world in which the researcher operates (Burke & Onwuegbuzie, 2005). Quantitative methods work and fit in the psychological research world, as evidenced in the reviewed literature that indicates that psychosocial research with migrant children is dominated by quantitative approaches utilising standardised Western-theorised measures of well-being (Bean et al., 2007; Berry et al., 2006; Ellis et al., 2008; Fazel & Stein, 2003; Geltman et al., 2005; Hodes et al., 2008; Kia-Keating et al., 2007). Methodological concerns have been raised regarding use of Western-theorised measures of psychosocial well-being in psychological research with ethnic minorities associated with cross-cultural equivalence in well-being constructs (Durieux-Pailland et al., 2006; Nakahara & Wakai, 2006). Pragmatism which emphasises plurality views of knowledge and is oriented towards action can provide a framework for addressing these methodological challenges. Qualitatively exploring ethnic minority’s understanding of psychosocial well-being to inform subsequent measurement is therefore a pragmatic stance to contextualise data and/or emerging findings and triangulate data focussed on generating actionable knowledge, particularly, the kind of knowledge that informs psychological practice and/or cultural competence practice. The challenges associated with dealing with the multiplicity of knowledge is articulated by Cornish’s question in her paper on ‘the pragmatist approach to the problem of
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4.3. Justification for a Mixed Method Approach

Mixed method design has been defined as “the collection or analysis of both quantitative and qualitative data in a single study in which the data are collected concurrently or sequentially, are given a priority, and involve the integration of the data at one or more stages in the process of research” (Creswell, Clark, Gutmann & Hanson, 2003, p.212). Researchers are increasingly converging on the practicality of using pragmatism when utilising mixed research design (Burke & Onwuegbuzie, 2005; Morgan, 2007; Tashakkori & Teddlie, 2003). In the context of the current study, qualitatively exploring the experiences of African migrant children in Ireland is one way of arriving at a provisional truth from a pragmatic point of view, and so is measuring their well-being levels, as long as the methodologies and methods match the research questions. In exploring the experiences of African migrant children, the researcher engaged with the Western and African world-view and the psychology that flows from these respective world-views, particularly the meanings given to experiences. The qualitative analysis highlighted negative experiences by these children associated with migration related restructured family dynamics and routines, exclusionary practices (social and systems), bad fit between home-African diasporic settings/school-neighbourhood cultural and/or spiritual processes, and the inability to fit into cultural or spiritual scripted roles and/or pressure to follow African cultural scripts. The study also
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It has been argued by proponents of mixed method design that, utilising this design can advance the knowledge of the studied phenomena in that the weaknesses of one methodology can be complemented by the strengths of the other methodologies (Burke & Onwuegbuzie, 2005; Creswell et al., 2003; Cornish, 2009; Morgan, 2007; Sechrest & Sidani, 1995; Tashakkori & Teddlie, 2003). The criticisms towards quantitative methodology of context stripping and consequent limited applicability due to the need to control variables can be redressed by qualitative methodology which provides rich contextual data inclusive of emic understandings, meanings and purposes (Lincoln and Guba, 1994; 2005; Michell 1999; Toomela 2008). The criticisms of qualitative research on being too subjective and an inability to generalise across a large population can be complemented by quantitative methodology which aims at objectivity and the ability to generalise to a wider population (Toomela 2008).

Creswell et al (2003) typology of mixed research design, which prominently features in social science research, guided the research design of the current study. The typology is comprised of Sequential Explanatory Design; Sequential Exploratory Design and
Concurrent Designs. In sequential explanatory quantitative data is collected and analysed, followed by qualitative data. Priority is usually unequal and given to the quantitative data. Qualitative data are used primarily to augment quantitative data. Data analysis is usually connected, and integration usually occurs at the data interpretation stage and in the discussion. In sequential exploratory design, qualitative data is collected and analysed first, followed by quantitative data. Priority is usually unequal and given to the qualitative data. Quantitative data is used primarily to augment qualitative data. Data analysis is usually connected, and integration usually occurs at the data interpretation stage and in the discussion. Sequential exploratory designs are useful for exploring relationships when study variables are not known, refining and testing an emerging theory, developing new psychological test/assessment instruments based on an initial qualitative analysis, and generalising qualitative findings to a specific population. Concurrent designs can involve a triangulation element whereby quantitative and qualitative data are both given the same priority, data is collected and analysed at the same time but separately with integration occurring at the data interpretation stage. They can also involve concurrent nested designs whereby quantitative and qualitative data are collected and analysed at the same time but less priority given to one which is designed to answer an altogether different question(s). Data analysis in the latter, usually involves transforming the data, and integration usually occurs during the data analysis stage.

The current study uses sequential exploratory design. Creswell and Plano-Clark (2007) propose that researchers should evaluate their skills, available resources and audience expectations when choosing a study design. I was confident that I had the necessary skills to carry out qualitative and quantitative research, and if necessary, could draw on the skills of my two supervisors, who are well-versed in both approaches. In addition,
by virtue of being an African migrant and a mother, I was able to provide a cultural lens to the study population, to be sensitive to migration-related issues and to take on a reflexive stance throughout the research process, particularly, during the interviewing process. As a mother, I was tuned in to child-sensitive conversation approaches, which was important during the interviewing process with children. Also, I had easy access and opportunity to gather qualitative data in schools, and African social and cultural settings in the course of my routine school runs and social activities.

The study utilised a three study sequential exploratory mixed study design comprised of:

Study 1 - A qualitative, grounded theory study that aims to address the research question “What are the experiences of African migrant children in Ireland?” This is answered through interviews with children, parents and community leaders.

Study 2 - A qualitative, rapid ethnographic construct elicitation study that aims to elicit constructions of African ‘child well-being’.

The research question addressed by this study is “How do African migrant children, parents and community leaders construct African child psychosocial well-being in Ireland?”

Specific questions that framed the study were:

What are worries and concerns of African migrant children? What are cultural emotional and behavioural manifestations of distress and well-being?

What are their strengths/support systems? What help-seeking strategies do they engage in?
The responses to these questions were analysed and formed the basis for development of an ‘African’ Child Cultural Psychosocial Well-being’ Scale.

Study 3 – A quantitative survey comprised of demographic variables, normative child psychosocial well-being and resilience scales and the newly developed ‘African Child Cultural Psychosocial Well-being’ Scale. This study sought to answer the research questions “What are the levels of African migrant children’s psychosocial well-being?” and a sub-question “Are some African migrant children doing better in terms of their psychosocial well-being compared to other African migrant children?”

Figure 2 offers an illustration of the research design indicating the link between the study topic and the three studies and the research questions addressed by each study. The findings of the three studies are brought together in the Discussion to offer a culturally grounded account of the experiences and psychosocial well-being of African migrant children in Ireland. The study design is illustrated here below.
In the context of the overall mixed research design, Study 1’s qualitative findings directly influenced both the questionnaire development (Study 2) and identification of constructs to be measured in Study 3. Data analysis was undertaken in each study but the findings of all three studies were merged in the discussion.
4.4. Methodology and Method

The following section is an account of the methodology and method of each of the three studies utilised in the current mixed method research design.

4.4.1. Study I – A qualitative, grounded theory study that aims to address the research question “What are the experiences of African migrant children in Ireland?”: a justification

This was a qualitative, grounded theory study that explored the experiences of African migrant children in Ireland. The research question was answered through data collected by observations, focus group discussions and one-to-one semi-structured interviews’ method and analysed by use of grounded theory method.

Answering this research question ‘What are the experiences of African migrant children in Ireland?’ addressed by this study entailed in-depth data analysis of qualitative data. Qualitative research method techniques in general are tedious, time consuming, and dependent on the skills and sensitivities of the analyst. This renders the users of this technique susceptible to under-analysing and also to methodological muddling (Wells, 1995). When misapplied, an interpretative approach can lead to intellectual imperialism whereby the participant’s views or voice is masked over by the interpretation of the researcher. As a novice researcher, I deemed it important to adhere to good application of qualitative methodology in an attempt to reach at the best understandings on the subject under study but also to offer an opportunity to demonstrate trustworthiness and rigour of work in regard to coherence and logic, showing systematic work, ethical integrity and relevance which are all central concepts of quality research (Ballinger, 2006; Finlay, 2003; Lincoln and Guba, 1985). The attraction of grounded theory method
in particular, Strauss & Corbin (1994) form of grounded theory, was due to its well laid out systematic and rigorous guidelines on data collection and analyzing techniques.

Grounded theory analysis was developed by Glaser and Strauss in the 1960s during their collaboration on a qualitative inquiry into dying in hospitals (Glaser and Strauss, 1965, 1967, 1968; Strauss and Glaser, 1970). The method places emphasis on everyday interactions between people due to its symbolic interactionist foundations (Cooley 1864-1929; Mead 1863-1931). Symbolic interactionalism views individuals as purposeful in their actions and acting and reacting to environmental cues, objects & others according to the meaning these hold for them (Schwandt, 1994). Methodologically, grounded theory requires the researcher to enter the worlds of those under study in order to observe the actor’s environment and the interactions and interpretations that occur. My position as a migrant who shared migration experiences with the study population, as an African who shared cultural meanings of experiences with the study population, and as a resident in the area of study had a good fit with the research method and this acted as a deciding factor in choosing grounded theory method.

Glaser (2002) states that the purpose of grounded theory is to identify and explain an ongoing behaviour in which people engage-in whereby participants’ perspectives are explored not from a descriptive or interpretive approach, but with an aim to raising these perspectives to a conceptual level (Glaser, 2002). He sees the role of the researcher as one of discovering and processing the substantive phenomenon under study. This objective positioning of the researcher in his view is an attempt at privileging participants’ main concern over the professional concerns of the researcher (Glaser, 2002). Charmaz (2003, 2006) is critical of this stance that purport to discover
latent patterns of behaviour within the data. As an epistemological stance, her proffered constructivist grounded theory asserts that individuals’ construct reality as they assign meaning to the world around them. The implication is that it is not possible to measure or capture an objective truth through research enquiry. Strauss parted ways with Glazer and diverged towards a subjectivist & transactional epistemology. Strauss & Corbin (1989) acknowledged that the researcher, his or her knowledge, hypothesis formulation, data analysis and even the analyst themselves are all crucially significant interacts in the research process (Strauss & Corbin, 1994). In their view, doing analysis is in fact, making interpretations and these interpretation must be based on “multiple perspectives” which being embedded in the historical moment are always only provisional (Strauss & Corbin, 1994, p.280). This claim can be linked to pragmatism, whereby current truth, meaning and knowledge are viewed as tentative and as changing over time since organisms are constantly adapting to new situations and environments (James, 1995). Strauss and Corbin (1994) form of grounded theory was therefore deemed more aligned to the pragmatic stance guiding the current study. Within the context of the pragmatic stance that guided the current research, I deemed the observation method as key at the exploratory stage of the study whereby observed common patterns of experiences could guide the grounded theory study methodology in terms of identifying key concepts to be followed. In addition, by being familiar and open to African/Western well-being concepts and theories, I judged that I was open to plausible interpretations of observed behaviour from either perspective or in recognising emergent unfamiliar concepts, and this would guide the study methodology going forward. However, I was aware that observation as a data collection method had limitations such as difficulty in determining the exact cause of behaviour in some instances, particularly in view of the heterogeneity of the African cultural group. Also,
the possibility of observer bias where observers see what they expect to see or record
the most eye catching behaviours which may not be necessarily the most relevant
behaviour (Goodwin, 2004). Hancock (1998) has proposed that observation method is
best used alongside other methods that involve asking people why they act or think as
they do so as to provide clues about motivations behind actions. Therefore, focus group
and one-to-one interviews’ forms of data collection were also used. Focus group
discussions with mothers proved useful in exploring diverse people’s experiences and
explanations given to the experiences. There was also an added advantage of using
focus group discussions in that the data collection method encourages participants to
talk to one another, commenting on each other’s experiences and points of view
(Kitzinger, 1995). Key aspects of experiences highlighted in focus group discussions
were followed up in one-to-one semi-structured interviews. The interview method is
consistent with patterns of oral history in most African traditions and was therefore well
suited as a data collection method. The interview participants showed keen interest in
the research topic and actively engaged in in-depth discussions on particular
experiences of the study population. The one-to-one interview method also allowed the
necessary researcher-researched trust and familiarity to develop in order to build on data
collected and to further elicit rich and culturally meaningful data. The semi-structured
nature of interviews facilitated the flow of participants’ expressions, but at the same
time, allowed the researcher an amount of control over the thematic structure of the
interviews. It also gave leeway to the respondent(s) to elaborate or air related issues to
the subject under discussion that may not even have been raised by the interviewer.
4.4.1.1. Methods

(i). Participants. 26 participants took part in the study (African mothers, N=14; African children, N=10; African fathers, N=2).

A summary of social-demographic variables of study participants is given in table 2.

Table 2
Summary of socio-demographic characteristics of participants (N=26)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>NIBC</th>
<th>IBC</th>
<th>RC</th>
<th>Mothers</th>
<th>Fathers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>14</td>
<td>2</td>
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<tr>
<td>Age</td>
<td>13-17</td>
<td>13-18</td>
<td>17 &amp; 18</td>
<td>Between</td>
<td>Between</td>
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<td>25-58</td>
<td>30-45</td>
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<tr>
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<td>2</td>
<td>2</td>
<td>1</td>
<td>14</td>
<td>2</td>
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<tr>
<td>Sex: Male</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td></td>
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<tr>
<td>Country of Origin</td>
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<td>Kenya</td>
<td>Ivory Coast</td>
<td>Kenya</td>
<td>Cameroon</td>
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<td></td>
<td>Somali</td>
<td>Zimbabwe</td>
<td>Uganda</td>
<td>Uganda</td>
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<td>Ivory Coast</td>
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<td>Cameroon</td>
<td>Ivory Coast</td>
<td>Zimbabwe</td>
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<td>South</td>
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<td>Congo</td>
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Note. NIBC = Non-Irish Born Children, IBC = Irish Born Children, RC = Reunited children

_East, central, western and southern regions of Africa were represented in the sampling._
Participating African children were sampled from categories of children born in Ireland, those who relocated to Ireland with parent(s)/guardian(s) and reunited children who had been separated from their parent(s)/guardian(s).

Purposeful sampling of participants was undertaken. Two schools in Cork were chosen for observation due to the convenience afforded by the fact that I had children in each of the schools and therefore observations could be made during routine day-to-day school runs and in course of other school related activities. Two African hair dressing salons and two ethnic shops in Cork were also chosen because these venues served as place of business as well as social networking venues and therefore availed opportunities to observe behaviour during varied activities and events in these venues. Two African dominated churches in Cork were also chosen because they had a huge following of African ethnicities, had varied church activities each day of the week inclusive of children and youth group meetings, choirs and events, evening prayer meetings, healing ceremonies and very contemporary worship services. These two churches therefore offered opportunities to observe a wide range of activities, age groups, and across within group African ethnicities. African social and cultural events such as church ceremonies, birthday parties, naming ceremonies, weddings and death rituals were chosen because as a member of the African ethnic group, I was able to gain access to these events.

Within grounded theory method, there is no set sample size, nor are limits set on the number of participants or data sources, just sampling for saturation and completeness, which results in an ideational sample as opposed to a representative sample (Straus & Corbin 1990). The goal of theoretical sampling is not to capture a representative view of all possible variations, but to gain a deeper understanding of analysed cases so as to
facilitate the development of the analytical frame (Glaser & Strauss, 1967). Informal focus group discussions were held with African migrant mothers so as to get a general idea of how they perceived their children to be doing in their day-to-day activities and practices. Focus group discussion participants were recruited conveniently on the basis of accessibility through different gateways such as my social networks, ethnic community networks, churches, youth groups, African shops and salons. The mothers reported that teenage Irish born African children were perceived to be doing well in their day-to-day activities at school and neighbourhoods but to constantly question parental authority and/or home practices often resulting in parental/child conflicts. School going children who relocated with their parents or guardians (4 ≤ 13) were perceived to have experienced difficulties adjusting in schools and in some cases, in neighbourhoods but to be more compliant with parental authority and/or home practices. Children who were reunited with parents or guardians in their teenage years after long separations (mainly 14+) were reported to have experienced difficulties at school, neighbourhoods and even at home. Sampling was therefore purposive whereby participants were selected based on the potential contribution of participants. Sampling started with mothers (sampled those with children born here, both young and older kids, those who relocated with children both young (pre-school) and at an older age (school – going). Guided by the literature and emerging findings from focus group discussions with mothers, purposeful sampling of children born in Ireland, those who relocated while young (< 4yrs), relocated while older (4<13) and relocated in teenage years (14+) was undertaken. The sampling frame incorporated a gender consideration in regard to African migrant children by including fathers to compensate for neglect of father’s voices in studies on experiences of migrant children and families in the literature. The fathers interviewed were purposefully sampled among the social networks of mothers’
who had participated in focus group discussions. There is a great deal of work on migrant children in Irish schools and therefore this study did not focus on school teachers’. The goal of theoretical sampling is not to capture a representative view of all possible variations, but to gain a deeper understanding of analysed cases so as to facilitate the development of the analytical frame (Glaser & Strauss, 1967).

Sampling for interview participants was coherent with the general guidelines of grounded theory, which tend to be within the range of twenty to fifty participants (Creswell, 1998; Morse, 1994). Skudol-Wilson & Ambler-Hutchinson (1996) propose that an interview sample size of twelve be the minimum requirement for any GT study. Riley (1996) notes from the literature that most studies achieve saturation between 8-24 interviews depending on the topic of focus.

Spradley (1979: p. 25-26) lists the qualities of an excellent participant as those who are experts in the experience under investigation, willing to participate, have the time to share the necessary information, are reflective, willing and able to speak articulately. I took these guidelines into consideration while recruiting participants.

(ii). Materials. Information sheet and consent forms; schedule of observation field notes, a field diary, focus group and one-to-one interview schedules.

*The information sheet* contained a brief outline of the aims and justifications of the present study and explained to participants why they were being invited to take part. It also contained the information describing what they would be required to do if they decided to participate. This included the types of data to be collected, confidentiality and anonymity conditions associated with the data, how the data will be used and planned outcomes, and potential benefits of the research.
The consent form contained information on willingness to participate and right to withdraw from the study at any time if they so desired, time commitment expected from participants, and my name and contact details.

The schedule of observation field notes laid out the focus of the observations such as: how children behaved at home, with peers (ethnic and non-ethnic), with adults (ethnic and non-ethnic), with authority figures (ethnic & non-ethnic), how they related and interacted with others in social cultural activities and events inclusive of how they dressed, language(s) spoken, food/drinks and forms of entertainment preferences.

A field diary was used to record field notes and detailed date of observations, time, event/activity and length of observation (in time units).

Focus-group discussion schedule. The schedule was really unstructured. It laid out the topic to be discussed by mothers ‘how their children are doing at home, in their schools and in their community (including African ethnic community settings’. This gave leeway to African mothers to angle in on matters that they perceived to be of concern to them in regard to children’s experiences in Ireland or prior to migrating. This way, participants had leeway to zone in on themes that were of concern to them, elaborate or relate them to other issues on the subject under discussion. Probes such as: what is difficult here for you and your children (home, school, outside); what do you and/or your children like about being here; and what is different here from what you are used to at home were also included in the schedule. Other probes included were do you find any difference in experiences between boys and girls? and do you find any difference in experiences between older and younger children? and/or between children born in Ireland and those who migrated with parents or reunited with families?

Interview schedule. The interview schedule used with African migrant children and
fathers was really semi-structured. The children/youth interviewed were asked to talk about life at home, in school, in their neighbourhood, after school activities, and any activities that they engage in on weekends and school holidays. Probes included in the schedule were mainly on: what they liked about being in Ireland & what they did not like; what they liked at home and what they did not like; what they liked at school and what they did not like; what they liked about their neighbourhood and what they did not like. Other questions asked children to talk about relations with family members and friends here, back home and elsewhere abroad and about their peers at school and in their neighbourhoods. The same line of interview questioning was used with the African fathers interviewed but with a focus on their parenting roles, family structures and routines and ways in which these compared to home setting’s family dynamics. Probes were focussed on parent/child relationships and/or father’s perspective on child’s behaviour at home, school, in their neighbourhood, in ethnic community networks and structures and in regard to social relationships that the child was engaged in.

(iii). Procedure. Study I data collection was undertaken in Cork county over a six-month period in 2009.

Multi-sited field observations. I was able to gain access to a lot of social and cultural events such as church ceremonies, birthday parties, naming ceremonies, weddings and death rituals where I was able to approach the setting smoothly with minimal disruptions. Also as a parent of school going children, I could make observations during school runs and in school events and record and analyse the behaviour of participants as they related and interacted with others in these settings. At special functions, where I attended in the capacity of an invited guest, I made it known to other attendees that I was attending in the capacity of an invited guest like the rest of them but also in the capacity of a researcher undertaking research on the experiences of African migrant
children. I had some ideas as to what to observe but some ideas changed over the
observation period. I kept a notepad in my bag at all times to record observations as
they were ongoing or immediately afterwards depending on context of observations and
writing logistics. Field notes were written as closely as possible in time to when events
were observed to ensure that details are not lost to memory. I adhered to guidelines
provided in the literature on minimising biases such as familiarising myself with social
and cultural practices of within-group events and activities in order to gain perspective
(Hancock, 1998). I often asked questions or elaboration or explanations when
confronted with unfamiliar practices or meanings, particularly in view of the
heterogeneity of the African cultural group.

*Focus-group discussions.* I carried out two focus group discussions with African
migrant mothers (8 & 6). Both focus group discussions were held in venues that were
mutually agreed between the researchers and the study participants. At the beginning of
the interview, I presented to focus group participants an information sheet explaining
the nature of the study and a statement of informed consent. I talked the participants
through the information contained in the sheet after which they signed the consent
forms. The focus group schedule was really unstructured in-order to give leeway to the
African mothers to zone in on matters that they perceived to be key factors in shaping
the experiences of their children. I recorded the focus group discussion, with consent of
the participants. The first focus group discussion lasted one and a half hours, while the
second one lasted one hour. There was a proper debriefing after each session. No arising
matters of concern were identified.

*One-to-one interviews.* In line with Mills et al., (2006b) recommendations, I scheduled
one-to-one interviews at a time and location of participants’ choice. Interview settings
ranged from homes of those interviewed, church venues, youth club venues to African business premises. Arrangements for African children to participate in one-to-one interviews were made with the parent(s)/guardian(s). I started each interview by going through the information sheet containing the details of the nature of the interview and the consent form detailing the willingness of interviewee to participate and recognising subsequent withdrawal from participation if the interviewee so desired. Interviews commenced once the consent forms had been signed. The interview process was really semi-structured starting with general questions about their day-to-day activities and practices and gradually progressing through those to probe a little more on key themes raised by observations/focus group discussions. I had an awareness that some of these children and/or their families might have been exposed to pre-migration, migration or post-migration stressful conditions and/or events and therefore, while acknowledging the need to pursue a line of interviewing that captured key processes of their experiences, I had to take on a reflexive stance throughout the interviewing process. For example, as a migrant myself, I had to think through the questions I was asking the participants to answer, particularly in relation to their migration status or their pre-immigration experiences in view of how difficult it might be to answer such questions. I was therefore careful during the interviewing process so as not to open up sensitive topics.

I recorded the interview discussions, with the consent of participants, but also took notes. There was a debriefing after each interview and no issues were raised. On average, each interview took between 45-60 minutes.

(iv). Transcription, coding and analysis. Observations, focus group discussions and Interviews’ data were transcribed in line with Strauss & Corbin (1994) coding paradigm. The transcripts were read and re-read using Strauss & Corbin coding
paradigm as a technical tool to guide to systematic work and not with the aim of
developing a grounded theory to be written up and integrated with existing theories to
show relevance and new perspective. At the heart of data coding was contextualisation
of behaviour or actions or events, classification of ‘data bits’ into initial codes and
further allocation of analytic categories, and connection which involved thinking about
the relationship between categories. I used the coding paradigm to draw preliminary
distinctions in the data by focusing on social and cultural context in which behaviour
occurred, causal conditions for the behaviour inclusive of cultural explanations,
action/interaction inclusive of strategies utilised at events, activities or behaviour
intervention, and consequences of action/interaction or adapting certain strategies.
These initial distinctions, facilitated generation of initial codes and categories. When it
came to the process of constant comparison of initial codes, initial categories and
coding paradigm items, I found it difficult to identify the relationship of participant’s
concerns and a core category. Rather than adhering strictly to the coding paradigm, I
used it as a jumping off point to think about categories and how they related to the
participants’ concerns.

In line with grounded theory method requirements (Glaser & Strauss, 1967; Strauss &
Corbin, 1990) grounded theory data analysis was undertaken simultaneously with data
collection.

A detailed discussion of data coding and analysis is given in chapter 5.

(v). Ethical consideration. The whole study underwent ethical review by the
Department of Applied Psychology, University College, Cork and ethical approval was
granted. Every effort was made to adhere to ethical principles of respect for the rights
and dignity of the person, competence, responsibility and integrity (PSI, 2010).
While undertaking participant/non-participant observations in public places like African Ethnic shops, African dominated churches, and African social-cultural events such as parties, I was not reasonably able to tell all the people being observed about my research though I informed the business owners, church leaders and party hosts. In all cases, informed parties’ took it upon themselves to introduce me to their clients or congregation or party guests as a participant and an observer for research purposes. In events and activities where I acted in the capacity of participant observer, I was sensitive to the fact that some participants in these events might feel pressured to take part by the persons in charge of these settings. I therefore made a point of seeking consent from individual participants as well in-course of my interactions. I did not encounter any objection and even found that the majority of participants were eager to participate and elaborate on observed behaviour. I was aware that there was a risk of positive faking if participants knew they were being observed but I decided that the risk was not sufficiently important to outweigh the principal that participants have a right to give consent to participate. In cases where I took on the role of non-participant observer, consent to carry out observations had been sought from the gatekeepers such as school principals and/or youth group leaders.

Focus group and interview participants were presented with an information sheet and a statement of informed consent. Before the interviews begun participants were asked if they had any questions about the information provided, and any questions raised were addressed. Willingness to participate was recognised or subsequent withdrawal from participation. Participants were asked to give their written consent to participate. For children under 16 years of age, consent to participate in interviews was sought from parents or legal guardians.
The privacy of individuals was respected by ensuring confidentiality such that participants are not personally identifiable. I made an effort to anonymise the data by removing any identifying information from interview transcripts. Gorin et al. (2005) mention the burden of personal knowledge in relation to working with whole families. In cases where I interviewed parents and their children on different occasions, I made an effort not to discuss the content from interviews, for example of mothers with the children, so as not to ethically compromise the research by revealing information given in confidence. Individuals were also reminded that they were under no obligation to take part in the study and that if they did agree to take part, they could withdraw at any time.

During the interviewing process, I was aware that migrant children are considered in the literature to be a vulnerable group and there was an inherent risk of causing harm by intruding on their migration related experiences or asking them questions that may cause them to revisit past traumatising experiences or causing them embarrassment. However, the nature of the interviews was semi-structured and therefore left scope for issues that I may not have anticipated to be raised. I ensured that enough time was given to any arising issues, particularly difficult topics such as pre-migration negative experiences, so as to minimise distress. In all the interview discussions of unexpected arising issues, I judged the risk of harm in discussing these experiences as no greater than that encountered in ordinary life.

In view of the cultural focus of the study, knowledge, insight and expertise of participants’ were considered and respected and within group differences such as cultural groups, ethnic groups and social status given due consideration.

There was a proper debriefing after each of the sessions. Discussions on the
participants’ experience of the research process were undertaken to ensure that any unintended or unanticipated effect of research could be monitored. No arising matters of concern were identified.

4.4.2. Study II – Rapid Ethnographic Assessment (REA) Methodology: a justification

This was a qualitative, rapid ethnographic construct elicitation study that aimed at eliciting constructions of African ‘child well-being’. The research question addressed by this study was “How do African migrant children, parents and community leaders construct African child psychosocial well-being in Ireland?” This was answered through data collected from African migrant children, parents and key community leaders through focus group free listing exercises with children and parents and one-to-one semi-structured interviews with key community leaders. Resultant data was analysed through thematic analysis and formed the basis for the development of an Africa Child Cultural Psychosocial Well-being’ Scale.

Rapid ethnography is a compressed form of study design common in research studies though under various terms such as quick ethnography (Handwerker, 2001), rapid appraisal (Hildebrand, 1979), rapid rural appraisal (Chambers, 1994a, 1994b, 1994c), and rapid assessment (Beebe, 1995, 2001; Bolton, 2001; Bolton & Tang, 2004; Betancourt et al., 2007). Central to these variations of rapid ethnography method is use of a combination of elicitation techniques involving focus groups and key information interviews to collect locally relevant data based on local realities for action that is more acceptable to local people, and completion of the project quickly, usually in 3 to 6 weeks with (Harris, Jerome, & Fawcett, 1997).
This method was chosen because it fitted in well with the aim of this element of the study, which was to collect locally relevant psychosocial well-being constructs to inform subsequent questionnaire development. A similar construct solicitation exercise utilising Rapid Ethnographic Assessment (REA) research method had been carried out successfully in Northern Uganda to understand the psychosocial problems of war-affected children (10-17 years) from their own viewpoint and that of their caretakers, in order to inform subsequent assessment and intervention efforts by organisations serving this population (Betancourt et al., 2009). Rapid assessment approach worked well with the children interviewed. Having worked with African population and with an age-group similar to the current study population, the researcher considered rapid ethnographic assessment (REA) methodology as applied by Betancourt et al., (2009), a suitable methodology to use in the exploration of local understandings of psychosocial well-being for the study population to inform subsequent measurement. The method has two key components. The first component involves free listing interviews with the study participants followed by one-to-one interviews with key community informants identified by the free listing participants. All responses are then recorded verbatim on a standard Free List record sheet. On completion of the free list interviews, the researcher reviews the results to select themes to be explored in depth. Rapid assessment is achieved by focusing only on themes that are frequently mentioned and that are in line with the research questions. Once themes are selected, persons described by participants as knowledgeable of their circumstances, are then interviewed as key informants (KI). The second component therefore involves one-to-one interviews with identified key informants to discuss identified themes further. Resultant data is then analysed to inform subsequent measurement.

In line with the guidelines of REA method, free lists of local conceptualisation of
psychosocial well-being constructs were generated among African migrant children and parents in separate focus group discussion forums. Focus group data collection method facilitated free listing exercises to be carried out among a relatively large sample of people and in a relatively short time than would have been achieved through one-to-one free listing interviews. This was followed by one-to-one interviews with key community informants identified by the free listing participants. The interview method proved effective, probably because it is consistent with African oral traditions. The participants were keen to talk about African well-being explanatory model and consequent implications on help-seeking patterns, and also on well-being experiences of African children and/or their families that may have come to their attention in their day-to-day interaction with them.

Thematic Analysis (TA) analysis was undertaken for this segment of the study. The focus of this study was not on in-depth analysis of collected data but on identifying African Psychosocial well-being constructs to inform the development of an emically derived questionnaire to be used alongside other standardised questionnaires in subsequent measuring of well-being levels among the study population. Thematic analysis was chosen due to its focus on identifying and categorising themes within data (Guest, MacQueen and Namey, 2012). Thematic analysis would therefore target identifying and categorising patterned responses within REA data that captured something relevant to local understandings of well-being in regard to meanings attached to experience, attribution and responses to positive psychosocial well-being and psychosocial well-being threats. An added attraction of using thematic analysis is that Braun and Clarke (2006) give a comprehensive six step-by-step guidelines on thematic coding. These guidelines were adapted for data analysis for this segment of the study.
4.4.2.1. Methods

(i). Participants. Sixty one (N=21 adults, N=28 15-18 year olds, N=12 12-14-year-olds) participants took part in focus discussions’ free listing exercises’ while one-to-one interviews were held with three community key informants (N=1 pastor of a church dominated by African congregation, N=1 leader of an ethnic social support group, N=1 owner of an ethnic business premises). Table 3 below outlines the participant information, mainly age, sex, and country of origin.

Table 3
Summary of socio-demographic characteristics of REA participants (N=64)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Mothers</th>
<th>Youth</th>
<th>Young Children</th>
<th>Key Informants*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>21</td>
<td>28</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>Age</td>
<td>25-45</td>
<td>15-18</td>
<td>12-14</td>
<td>30-50</td>
</tr>
<tr>
<td>Sex: Male</td>
<td>-</td>
<td>10</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Sex: Female</td>
<td>21</td>
<td>18</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>County</td>
<td>Cork</td>
<td>(n=9, Cork: n=19, Dundalk)</td>
<td>Cork</td>
<td>Cork</td>
</tr>
<tr>
<td>Country of Origin</td>
<td>Nigeria (n=7)</td>
<td>Nigeria (n=11)</td>
<td>Kenyan (n=2)</td>
<td>Nigeria</td>
</tr>
<tr>
<td></td>
<td>Cameroon (n=4)</td>
<td>Ghana (n=5)</td>
<td>Zimbabwe (n=3)</td>
<td>Cameroon</td>
</tr>
<tr>
<td></td>
<td>Kenya (n=3)</td>
<td>Kenya (n=2)</td>
<td>Nigeria (n=1)</td>
<td>Ghana</td>
</tr>
<tr>
<td></td>
<td>Tanzania (n=3)</td>
<td>South Africa (n=1)</td>
<td>Somali (n=2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Uganda (n=2)</td>
<td>Zimbabwe (n=3)</td>
<td>Ghana (n=2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ivory Coast (n=1)</td>
<td>Cameroon (n=6)</td>
<td>Sudan (n=1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chad (n=1)</td>
<td>Somali (n=2)</td>
<td>South Africa (1)</td>
<td></td>
</tr>
</tbody>
</table>
Key informants were comprised of three community key informants’ (N=1 Pastor of an African dominated church, N=1 leader of a Cameroon ethnic social support group, N =1 owner of an African ethnic business premises).

East, central, western and southern regions of Africa were represented in the sampling of all study participants.

Similarly to grounded theory participants, focus group free listing participants were recruited conveniently on the basis of accessibility through different gateways such as my social networks, ethnic community networks, churches, youth groups, African shops and salons. Snowballing sampling method was also used through a social contact in Dundalk who was involved in data collection in Dundalk for a project dealing with transnational parenting among Nigerian mothers living in Ireland. The literature suggests that focus group method is suitable for children over 6 years because they have acquired the language skills to be effective participants within group discussions (Vaughn et al., 1996). Therefore, sampling was targeted at a wide range of age group 6-18 though the actual study sample was comprised of age groups 12-18. The sampling frame incorporated a gender consideration though the actual sample was more skewed towards mothers and had a slightly higher number of male youth than females. Within REA method (Bolton, 2001; Bolton and Tang, 2004: Betancourt et al., 2009) key informants to be interviewed are identified by focus discussion participants. The three key community leaders interviewed for (N=1 Pastor of an African dominated church; N=1 leader of a Cameroon ethnic social support group; N =1 owner of an African ethnic business premises) were identified by free listing focus group participants as knowledgeable in aspects of local experiences of African children and their families.

(ii). Materials. Information sheet and consent forms; free listing and one-to-one interview schedules; and a standard free list record sheet.
**Information sheet.** This contained a brief outline of the aims of the study as a whole, and those of this element of the study in particular. It also contained information on what participants were expected to do if they decided to participate, the time commitment expected from them, and that they were not required to give names to ensure anonymity and confidentiality which would be maintained throughout the study period and in the event of publication.

**Consent form.** This contained information on willingness to participate and option of withdrawing consent at any juncture within the interview process. The consent form was in duplicate to facilitate retention of signed copy by both the researcher and the participant.

**Free listing schedule.** It contained the list of questions for the participants. They were asked to talk about the kind of worries, difficulties (including thinking, feeling, doing), that they or their children (parents) other African children/youth face at home, school and/or even outside of home and school? Probes used were such as ‘would you know if yourself or someone you know is experiencing worries/difficulties?’ ‘*If yes, would you know the cause or why you or them may be experiencing difficulties/problems?’ Participants were also asked to talk about what helps when experiencing worries/difficulties (incl. thinking, feeling or doing). Probes explored difficulties/problems at the individual, family and community level and at the level of cultural activities/practices, religion/spirituality, trans-national activities, newly created African communities.

Other questions were:

What is working and what could be done differently?
Where or to whom they or other African children/youth go to if they want help with worries/problems?

Probes were focused on help-seeking preferences such as why this support and not others and/or on seeking help from services such as GP/Psychologist/Psychiatrist/Traditional Healer/Spiritual healer.

**Standard free-listing record sheet.** This was a blank sheet used to record verbatim all free listed responses.

**A one-to-one-one interview schedule.** It contained a list of generated free-listing themes upon which the key informants were asked to elaborate on.

(iii). **Procedure.** Study II data collection was undertaken in over a three-month period in 2010.

**Rapid ethnographic assessment free listing exercises.** These exercises were carried out in eight focus groups forums comprised of: three groups of mothers in Cork county (group 1=7, group 2=6, group 3=8, total number=21); one group of African youth in Cork county aged 15-18 (n=9); two groups of African children in Cork country (group 1=5, group 2=7, total number = 12); and two groups of African youth aged 15-18 in Dundalk county (group 1=10, group 2=9, total number= 19). I carried out all the free listing focus groups in Cork country. Forums with mothers were held at a local church hall, those with the African youth at a local community youth centre hall, while those with younger children were held at an outdoor entertainment centre venue. The focus group forums with African youth in Dundalk were carried out by a researcher who was already involved in data collection among African migrant families for a project dealing with transnational parenting among Nigerian mothers living in Ireland. All the meetings
were held at a time that was convenient to both the researcher and the participants. Prior to commencement of the free listing exercises, participants were presented with an information sheet explaining the nature of the study and a statement of informed consent. Consent forms were signed in duplicate to facilitate both the researcher and participant to retain a copy. Free-listing exercises with mothers and youth (15-18) took about 1 hour while those with children took 30 and 40 minutes each. All responses were recorded on a standard free list record sheet with the consent of the participants. Participants were debriefed at the end of the free listing exercises and no issues of concern were raised.

One-to-One Interviews with key informants. These interviews were carried out in premises identified by the key informants themselves. The interview with the Pastor was carried out in the church premises in Cork city, the one with the Cameroon ethnic support group leader was carried out in her home and that of the owner of an ethnic shop was carried out in the shop premises during closed hours in the evening. At the beginning of the interview, I presented an information sheet and a consent form to each of the three key informants. They were all eager to participate and therefore once the consent forms had been signed, the interviewing process commenced. These interviews took between 1 1/2 to 2 hrs. There was a proper debriefing after each of the interview sessions and notably, each of the three participants was appreciative of the fact that they had been given an opportunity to have their voices heard pertaining to well-being experiences of a community that they served.

(iv). Transcription, coding and analysis. Braun and Clarke (2006) comprehensive six step-by-step guidelines on thematic coding were adapted for data analysis for this segment of the study. The first step involves becoming familiar with the data by
transcribing if necessary, repeated and active reading of the data in search of meanings, patterns and taking notes on initial ideas. The second step involves systematic line-by-line generation of initial codes to identify interesting features with a view to creating themes. Step three involves sorting codes into potential themes, and collating relevant data extracts. The fourth step involves reviewing the themes, which may involve removing some themes, merging or splitting others. Braun and Clark refer to this step as a fine-tuning exercise. Step five involves defining and naming the themes in preparation for write-up. The last step involves production of the report and in the case of the current study, writing of scale items based on the resultant themes.

Detailed discussion of the data analysis undertaken in this segment of the study is given in chapter 6.

(v). Ethical Consideration. The information sheet and the consent form presented to free listing and one-to-one interview participants detailed the nature of the study including anonymity, willingness to participate and right of withdrawal, and confidential conditions of the study. However, the three community leaders interviewed however wished to have their identity linked to the interviews and I respected their wishes. During free listing exercises with younger children (12-14 yrs), their assent to participate was regularly monitored by sensitive attention to any signs, verbal & non-verbal of fatigue or intention to withdraw from further free-listing exercise. There was a proper debriefing after free listing exercises’ and after each of the key informant interview sessions.
4.4.3. Study III – A survey study that aims to address the research question, “What are the experiences of African migrant children in Ireland?”: A justification

This was a quantitative element, which sought to answer the research questions “What are the levels of African migrant child/ren in Ireland’s Psychosocial Well-being?” and a sub-question “Are some of these children doing better in terms of their Psychosocial Well-being compared to others?” A survey approach was used to collect data utilising normative child Psychosocial Well-being and Resilience scales and the newly developed African Child Cultural Psychosocial Scale. Participants’ demographic details were also collected for analysis. Data analysis was in form of: factor analysis of the newly developed African Child Cultural Psychosocial Scale items to explore the underlying structure; descriptive statistics of questionnaire responses to explore the psychosocial well-being levels of the study population; and cluster and discriminant analysis of questionnaire items responses and demographic details to explore within-group psychosocial well-being variations and predictors of well-being among the study population.

As discussed in the justification of mixed method research design, grounded theory analysis created a rationale for incorporation of a quantitative element in the study. The survey approach was used to collect data for this element of measuring the experiences of the study population. The survey method was deemed appropriate for it allows collection of data in standardised form, from a relatively large sample of people, in a relatively short time, that is amenable to analysing patterns of differences and relationships. Survey resultant data would facilitate greater confidence in the generalisation of results (Jick, 1983) and also help meet the aim of this segment of the study which targeted at identifying psychosocial well-being levels of the study
population while exploring psychosocial well-being predictions and within-group psychosocial well-being variations. Standardised questionnaires sign-posted by grounded theory findings were used in the survey study, alongside the newly developed African Child Psychosocial questionnaire. Another attraction for the use of this method is that it is amenable to incorporation of a substantial number of social demographic variables. Grounded theory emergent personal, family and community variables that were found to play a key role in creating negative or positive experiences for the study population were therefore incorporated in the survey. In addition, in view of the psychosocial framework guiding the current research process, psychosocial health-related lifestyle variables pertaining to psychosocial well-being of children were also incorporated in the survey.

The survey was targeted at African migrant children aged 13-18 years. The age criteria was guided by developmental theories and the literature in the field that indicate that social, cognitive and physical milestones happen in these teen years (Arnett, 1999; Eccles et al., 1993; Yurgelun-Todd, 2007). In view of early developmental onset in some children, the age-bracket was lowered to 11.

Skill and resources to administer and analyse survey data form an important consideration while utilising survey method of data collection. I took these into consideration and was confident that this requirement would be met. I was available and had the means to travel across schools, ethnic community events, and youth community centres in cork to administer paper and pencil questionnaire formats. I also had the resources and skills to administer the questionnaire online to access a larger sample within and outside cork. I had a network of social contacts willing to snowball the
survey questionnaires to Dundalk and Dublin counties. I also had the skill and resources to analyse resultant survey data.

**4.4.3.1. Method**

**(i). Participants.** A total number of participants 233 (F= 47.4%, N=110: Male=52.6%, N=122) aged 11-18 took part in this study.

Table 4 shows a summary of the socio-demographics details of the study sample.
Table 4
Summary of socio-demographic details of the study sample (N = 232)

<table>
<thead>
<tr>
<th>18 sub-Saharan African Countries represented</th>
<th>N (Total No = 233)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>110</td>
<td>47.4</td>
</tr>
<tr>
<td>Male</td>
<td>122</td>
<td>52.6</td>
</tr>
<tr>
<td>Irish born/Relocated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irish born</td>
<td>47</td>
<td>20.3</td>
</tr>
<tr>
<td>Relocated</td>
<td>185</td>
<td>79.7</td>
</tr>
<tr>
<td>Region of Origin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Africa</td>
<td>150</td>
<td>64.5</td>
</tr>
<tr>
<td>East Africa</td>
<td>30</td>
<td>12.9</td>
</tr>
<tr>
<td>South Africa</td>
<td>28</td>
<td>12.02</td>
</tr>
<tr>
<td>Central Africa</td>
<td>25</td>
<td>10.73</td>
</tr>
<tr>
<td>Year in School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fourth Class (Primary)</td>
<td>2</td>
<td>.9</td>
</tr>
<tr>
<td>Fifth Class (Primary)</td>
<td>30</td>
<td>12.9</td>
</tr>
<tr>
<td>Sixth Class (Primary)</td>
<td>32</td>
<td>13.8</td>
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<tr>
<td>First Year (Secondary)</td>
<td>39</td>
<td>16.8</td>
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<tr>
<td>Second Year (Secondary)</td>
<td>31</td>
<td>13.4</td>
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<tr>
<td>Third Year (Secondary)</td>
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<tr>
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<tr>
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<td>27</td>
<td>11.6</td>
</tr>
<tr>
<td>Sixth Year (Secondary)</td>
<td>19</td>
<td>8.2</td>
</tr>
<tr>
<td>Not in School</td>
<td>4</td>
<td>1.7</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pentecostal</td>
<td>108</td>
<td>48.0</td>
</tr>
<tr>
<td>Catholic</td>
<td>59</td>
<td>26.2</td>
</tr>
<tr>
<td>Muslim</td>
<td>26</td>
<td>8.9</td>
</tr>
<tr>
<td>Other</td>
<td>20</td>
<td>16.9</td>
</tr>
</tbody>
</table>

Participants were drawn from 18 different African countries. West African had by far the largest single representation West Africa (n = 150, 64.5%), reflecting national census statistics data trends which indicate that Nigeria is on of the six top largest group of non-nationals in Ireland (CSO, 2011)
The sample was drawn from African migrant children of parents with leave to remain in Ireland. Participants sampled varied from Irish-born children, children who relocated to Ireland with parent(s)/guardian(s) to children who had been reunited with their parent(s)/guardian(s) after separation.

The trustworthiness of survey data depends to an extent on technicalities of how its run (Kemper, Stringfield & Teddlie, 2003). The sample selected has to be representative of the population, so that results can be generalised (external validity). Most statistics tests carried out on survey questionnaire data assume random sampling and the bigger the sample, the smaller the standard error associated with any parameter estimate & therefore the more confidence you can have in the estimates themselves (Leeuw, Hox & Dillman, 2008). Random sampling strategy however was not possible in view of the small statistical presence of the study population in Irish settings. The African population in Ireland represent about 7.6% (41, 642 out of a total population of 4, 588, 252) (CSO, 2011). Census data is collated into age groups that span a large number of years making it impossible to discern how many African children are in the age group 11-18 which was the age group of the study sample. However, the census data indicate that out of African total population, 18% (7, 495 out of 41, 642) is comprised of African migrant children aged 0-14 while 15% (6, 246) is comprised of youth aged 15-24 years. It can be deduced from these statistics therefore, that there are 13, 741 African children and young adults aged 0-24 years living in Ireland. While this figure is not useful in terms of using it to calculate sampling ratio of the 11-18-year-old African migrant children in Ireland, it gives an indication of the minimal presence of the study population and the magnitude of the challenge of accessing them since they are spread out over the 26 counties of the country while the study setting was only in one county.
(Cork), though snowballing sampling method used may have extended to other counties.

Non-probability sampling was used but efforts were made to try and approximate random sampling by eliminating as many biases as possible. A list of national schools and secondary schools in Cork (which was the setting of study) indicating the number of African children in each school was obtained from the department of education. Schools with 5, or more African children, were chosen for the survey. All the African migrant students in the selected schools in Cork with more than 5 or more children within the age-group 11-18 (5th and 6th Classes in National Schools and 1st, 2nd, 3rd, 4th, 5th and 6th year students in secondary schools) were targeted for questionnaire administration. Purposive sampling was also done through other gateways such as African dominated churches, youth clubs, neighbourhoods and/or housing estates with a huge presence of African families mainly in Cork county. Questionnaires were also snowballed to other counties mainly Dundalk where the researcher had known contacts. It was estimated that 500 participants would be recruited for the study. In total 500 questionnaires were sent out and 250 of these (50% response rate) questionnaires were filled out. 17 of them had missing data and therefore were disregarded leaving a total number of 233 questionnaires to be analysed. A 50% response rate is an acceptable rate based on the literature. Hort et al., (2009) meta-analytic study on 308 survey administrations in published research in counselling and clinical psychology over a twenty year span showed a weighted average response rate of 49.6%.

(ii). **Measures.** Information sheets; consent forms; letters to the school principle, a laptop (with internet connection), questionnaires.

**Information sheet.** This was an introduction of myself, and the study and an invitation
to participants to take part in the study. Participants were informed that they were being invited to take part in a survey where they would be assessed in form of questionnaires on various aspects of their behaviour, their general well-being and their coping mechanisms. The information sheet contained confidentially and anonymity conditions associated with the data including how the data will be used, planned outcomes and potential benefits of the research. It also contained my name and contact details.

**Consent forms.** This contained information on willingness to participate and right to withdrawal from the study at any time if they so wished. It also outlined the time commitment expected from participants.

**Letter to the school principal.** The letters started with a short introducing of myself detailing my PhD student status, the name of the college and my supervisors and the aims of my study as a whole and the survey element in particular. The letter gave an outline and a short description of the survey questionnaires to be used to assess survey participants various aspects of behaviour, general well-being and coping mechanisms. In the letter, I requested the school principals to give their assistance in facilitating the administration of the survey through their schools by distributing consent forms to sampled survey participants and parents, and in availing venues within the schools to administer the questionnaires face-to-face to consenting sampled participants. The letter also contained my contact details.

**Laptop computer.** The survey questionnaires were also administered online in secondary schools so I had to avail a laptop with Internet connection for the sampled study participants in various schools where the survey was administered.

**Questionnaires.** The General Health questionnaire (GHQ12), Satisfaction With Life Scale (SWLS-C), Resilience Scale, Strength and Difficulties questionnaire (SDQ) and the newly developed African Child Cultural Psychosocial Well-being Scale (ACCP)
were used to collect data in this segment of the study. Data on respondents’ personal, family, neighbourhood and lifestyle demographic variables was also collected.

*The general Health Questionnaire (GHQ12).* GHQ12 is a version of the General Health Questionnaire (GHQ, Goldberg & Blackwell, 1970; Goldberg & Williams, 1988). The GHQ12 was chosen because it is the most commonly used version to screen for psychological distress in the general population (Kalliath, O’Driscoll et al., 2004). GHQ12 questionnaire is brief and therefore minimises respondent fatigue and thus a likelihood increasing reliability of responses. The questionnaire assesses the well-being status of individuals by identification of both psychological as well as physical symptoms [McDowell, 2006]. A rationale for including a quantitative element to the overall study was to measure the well being levels of the study populations, and to this end, the GHQ12 would serve as a general indicator of distress and/or potential problems. Grounded theory analysis indicated that African migrant children reported negative and positive experiences. GHQ12 scale is comprised of both positive and negative items, and in this regard, was well suited to measure positive and negative aspects of psychological and social function over a specified period of time, relative to the person’s normal situation.

It has been used world-wide as a general measure of psychological well-being, and at least seven different language versions have been validated (McDowell & Newell, 1996). The psychometric properties are good, with internal consistency of 0.85, retest reliability of $r = 0.73$ (Goldberg, 1997; Muhamad, 2010). Goldberg and Williams (1988) review of six validity studies of the GHQ12, reported sensitivity rates (proportion of cases correctly identified) of between 71% and 91%, as well as specificity rates
(proportions of normal correctly identified) of between 71% and 91%. The variance weighted mean of sensitivity and specificity rates were 89% and 80% respectively.

Respondents of positive items are on four-point ordinal response scale as follows: ‘Not at all’; ‘Not more than usual’; ‘Rather more than usual’; and ‘Much more than usual’. Responses of negative items are also on a four-point ordinal response scale as follows: First two items (Been able to enjoy day-to-day activities; and Been feeling reasonably happy) ‘More so than usual’, ‘Same as usual’, ‘Less so than usual’ and ‘Much less than usual’; third item (Been able to concentrate) ‘Better than usual’, ‘Same as usual’, ‘Less than usual’ and ‘Much less than usual’; fourth item (Felt playing useful part in things) ‘More so than usual’, ‘Same as usual’, ‘Less useful than usual’, and ‘Much less than usual’; fifth item (Felt capable of making decisions) ‘More than usual’, ‘Same as usual’, ‘Less than usual’ & ‘Much less capable’; sixth item (Been able to face problems) ‘More so than usual’, ‘Same as usual’, ‘Less able than usual’ and ‘Much less than usual’. The ordinal categories are then scored using a four-point scale of 0-1-2-3. Possible total score range from 0-36. Threshold values are 11/12 with higher scores representing higher levels of distress (Goldberg & Williams 1988).
Satisfaction with life scale for children (SWLS-C, Gadermann et al., 2008). Satisfaction with life was measured with the child version of Satisfaction with Life Scale (SWLS-C). Gadermann et al., 2008 adapted this scale from SWLS (Diener et al., 1985). SWLS is the most commonly used scale to assess global satisfaction with life and has been implemented in several languages and cultures, providing good psychometric indices (Parot & Diener, 2008). SWLS-C stays very close to the original version of the SWLS, with slight changes in wording of the items to make it more understandable for children. The scale was selected because life satisfaction is theoretically linked to well-being (Deci & Ryan, 2000). The scale is brief, and easy to understand and therefore a good measure to use with children.

Gadermann (2009) doctoral studies indicated that the SWLS-C demonstrated a unidimensional factor structure, high internal consistency, and evidence of convergent and discriminant validity similar to those of SWLS. Meta-review of the reliability & validity of SWLS report between 0.8 & 0.96 (Diener et al., 2011). Studies have reported evidence for the construct validity showing that the scale had moderate to large correlations to psychological variables such as happiness, self-concept, loneliness, hopelessness, and self-esteem (Shek, 2007). A meta-analysis of self-informant ratings, found a mean correlation of 0.42 between self-reports of life satisfaction and information reports (Schneider & Schimmack, 2009).

The response format for the SWLS-C ranges from disagree a lot (1) to agree a lot (5). The total scale score can therefore range from 5 to 25. A score of 14 or lower is considered on the low end and a score of 16 or higher is considered on the high end.
Resilience scale (Wagnild & Young, 1990, 1993). A resilience scale was selected because grounded theory findings indicated a notion of resilience in ways in which these children and their families engaged with their environment in responding to encountered challenges. Wagnild and Young (1990, 1993) resilient scale measures the extent to which an individual perceives him/herself as being resilient and able to cope with difficulties and challenges in life. Although there are many scales that have been developed to measure resilience, the positively phrased format of the Wagnild & Young, (1990) scale fitted-in with the strength based approach framing the current research process.

Wagnild and Young (1990, 1993) resilience scale has been used successfully with children and adolescents (Rew et al., 2001; Black and Ford-Gilboe, 2004), has been used in cross-cultural settings (Hutchinson, Stuart & Pretorius, 2010). The scale has psychometric properties. Wagnild (2009) review of studies that have utilised the Resilient Scale, indicate that Cronbach’s alpha coefficient is consistent and moderately high in studies reviewed (.73 to .91). The review also showed that construct validity has been demonstrated by positive correlations between Resilience Scale scores and psychological well-being and health promoting activities and negatively correlated with stress, depression, anxiety, loneliness, and hopelessness. Resilience has been found to be associated with numerous desired outcomes including physical health (Black & Ford-Gilboe, 2004; Humphreys, 2003; Wagnild, 2007) and emotional health (Broyles, 2005; Humphreys, 2003; Nguyen et al., 2005).

Responses are scored on a seven-point scale where 1 = ‘very strongly disagree’, 2= ‘strongly disagree’, 3= ‘disagree’, 4 = not sure, 5 = agree, 6 = strongly agree, and 7 = very strongly agree. Possible total score range from 14-98. A score on the low end is 73
or lower a high end score will is 91 or higher. (Wagnild & Young, 1993). Higher resilient scores indicated high levels of resilience.

*Goodman (1997) Strengths & Difficulties Questionnaire (SDQ).* Grounded theory findings indicated instances where teachers or school authorities and/or parents identified children’s problem behaviour(s) among African migrant children. Goodman (1997) Strengths and Difficulties Questionnaire (SDQ), adolescent version was chosen because it has been cited as the most commonly, used instrument for detecting behavioural, emotional or relationship difficulties for low-risk young people in the general population, in which the majority of children are healthy (Goodman, Meltzer & Bailey, 2003). It’s additional appeal was due to its brevity, and having a balanced focus on positive as well as negative attributes of a child which makes it suited for the current’s study strength based approach to well-being.

SDQ has been translated into more than 60 languages, and has good psychometric properties. Goodman (1997, 2001) reported the scale’s internal reliability to be acceptable, with Cronbach’s alpha yielding a coefficient of 0.73. Correlations among the subscales have generally been found to be conceptually meaningful, consistent with current knowledge of comorbidity and indicative of distinctive constructs (Goodman, 2001; Hawes & Dadds, 2004; Muris et al., 2003). SDQ has been shown to correlate substantially with more established indices of childhood psychopathology such as the Rutter (1967) and Achenback (1991) questionnaires and to discriminate well between children with and without psychopathology (Goodman, 1997; 2001; Goodman et al., 2003).

The SDQ scale contains 25 items, selected on the basis of both contemporary diagnostic criteria and factor analysis, divided equally among five scales such that subscale scores
are generated for Emotional Symptoms, Conduct Problems, Hyperactivity-Inattention, Peer Problems, and Prosocial Behaviour. Ten items are worded to reflect strengths of the child (with 5 being reverse-scored as problems), 14 reflect difficulties, and 1 is neutral but scored as a difficulty on the Peer Problems subscale. Responses are scored on a three point scale = Not True, Somewhat True and Certainly True. All but the pro social scale is summed together to generate a total difficulties score. Total score range 0-40. Scores are categorised into three levels of probability: Normal (scores fall in the range 0-15); borderline (scores fall in the range 16-19); and abnormal (scores fall in the range 20-40) (Goodman et al., 1998).

*African Child Cultural Psychosocial Well-being Scale (ACPWS).* A guiding principle of the study throughout the research process was to utilise a strength-based culturally grounded psychosocial well-being perspective in order to produce knowledge that would contribute to debates on cultural competence. The newly developed Cultural Psychosocial Well-being Scale (CPWS) for African children was also used in the survey. The scale was theorised to tap into individual capacities (such as diligence, obedience, respect, responsibility, motivation, emotions and behaviour), relational capacities/resources (parents/siblings/transnational and ethnic social networks, inter-racial, and schools, peers/friends/teachers/police/health providers), cultural phenomenon (harmony, interconnectedness, spirituality) and help-seeking strategies (family and friends/peers {national & transnational}, diaspora/ethnic community networks, spirituality/religious leaders, and traditional healers).

Responses are scored on a five-point scale where 1 = ‘Never’, 2 = ‘Hardly Ever’, 3 = ‘Sometimes’, 4 = ‘Most of the Time’, 5 = ‘Always’.
Also included in the survey questionnaire were: personal details, (gender, Irish-born/relocated, age of migration, year in school, English proficiency, country of origin); family composition details; community and neighbourhood connectedness variables; and lifestyle details.

(iii). Procedure. Survey questionnaire data collection was undertaken over a period of six months in 2012. Administration of survey questionnaire to survey respondents in primary schools was undertaken by approaching the principals of the schools directly. Letters were sent out to the principals of the identified schools informing them about the study and requesting them to facilitate the researcher to recruit participants from their schools and assist in the distribution of consent forms. Once the consent forms had been returned to the Schools’ principals, arrangements were made between the Principals and myself on the logistics of administering the questionnaires face to face. In all cases where questionnaire data was collected from African migrant children in primary schools, paper and pencil format questionnaires was administered to them. During the administration process, I issued out a questionnaire to each of the participant and retained a copy. I read out each of the questionnaire items to the participants as they completed the items. I checked back with them to verify if they understood the meaning of questionnaire items and I explained any clarifications sought. In some instances the principals were in the room during the survey administration process. In cases where snowballing sampling method was used, paper and pencil face-to-face administered format coupled with self-administered format were used. Utilisation of both of these methods was motivated by the need to access a wider population so as to ensure greater confidence in the generalisability of results. Recruitment of survey respondents in secondary schools was mainly through the school guidance counsellors. Two lecturers at UCC Applied Psychology department (Counselling) facilitated circulation of study
information to the guidance counsellors in secondary schools, mainly in Cork County. Once the school guidance counsellors had recruited study participants, I made arrangements with them in regard to time and venue to carry out the survey administration. In all of these cases self-administered online (survey monkey) format on my laptop computer was used. The survey respondents took turns to fill out the questionnaire items on my lap-top.

(iv). **Data analysis.** Having developed an emically derived ‘African Child Cultural Psychosocial Well-being’ questionnaire for use with the study population, the next step involved statistically exploring the underlying structure of this questionnaire, and testing the reliability (internal consistency) and validity (construct validity) of this questionnaire. Factor analysis method, which is the mostly commonly used statistical tool to explore the underlying structure of a scale in social science literature, was used. In addition, factor analysis results yielded the psychometric properties of the newly developed scale. Descriptive statistics in form of percentages, means and standard deviations of responses on the study questionnaire (GHQ12, SDQ, Resilience Scale, Satisfaction with Life Scale and the newly developed African Child Cultural Psychosocial Scale) was undertaken in order to answer the research question “what are the levels of Psychosocial Well-being among African Migrant Children in Ireland?”. Although the means of the psychosocial well-being scales scores were found to be within the normal range, the GHQ12 scale items’ mean scores were found to be just on the threshold and standard deviation to be large. This result raised an arising question as to whether there were categories of African migrant children that were not doing so well in their general well-being scores. To explore this question, cluster analysis was carried out to classify cases into clusters in such a way that cases in the same cluster are more similar than cases in other clusters. The assumption was that cases that strayed to
pathological levels would be clustered together and differentiated from cases within the normal range.

In view of the psychosocial framework guiding the current research process, descriptive analysis of demographic details collected: personal (gender, Irish-born/relocated, year in school, country of origin, English proficiency, age of migration); family composition; community and neighbourhood connectedness; and health related lifestyle details such as TV and computer ownership and usage was undertaken. Analysis of these demographic details yielded information amenable to analysing patterns of clustering and ways in which these variables relate to psychosocial well-being levels among the study population. Descriptive statistics of these demographic variables and descriptive statistics derived from responses on study questionnaires were used in clustering procedures. Further details of demographic variables used in the clustering procedure are given in chapter 7. Cluster analysis results yielded two clusters, which differed in behaviour patterns as indicated by the frequency descriptive scores, and in psychosocial well-being outcomes as indicate by the means scores of questionnaires used as input variables. In order to explore further if there were any statistical differences between the two clusters mean scores, Discriminant Function Analysis (DFA) was carried out. DFA performs a multivariate test of differences to assess if groups are statistically significant and if the independent variables significantly discriminate between the groups (Breakwell et al., 2006; Garson, 2009; Stevens, 2012). Although Discriminant Analysis is not as robust as MANOVA which also explores differences, there was an attraction to using the former over the latter in that while MANOVA tests if groups are differentiated, DFA explores how groups are differentiated (Breakwell et al., 2006. CA and DFA analysis addressed the research question ‘are some categories of African migrant children doing better than others in their psychosocial well-being levels’.
Because DFA predicts group membership, the analysis also highlighted variables associated with positive psychosocial well-being of the study population. Further discussion on data analysis is undertaken in chapter 7.

**(v). Ethical considerations.** Prior to face-to-face administration of the questionnaire to primary going children, consent was sought from their parents through the school principals. Some of the parents who had received consent forms through the school principals wanted to know more about the research before giving consent for their children to participate in the study. I arranged meetings with them at various venues on different times and explained the nature and purpose of the research. In all cases, consent was then given for the children to participate. The consenting participant/parent/guardian and myself, signed two copies of consent forms. A copy was retained by the participant giving details of a person who may be contacted in case of any queries arising. I stored my records of consent in the same secure conditions as the research data with due regard to the confidentiality and anonymity protocols of the research. For the online administration, the first page of the questionnaire contained the information sheet. The first page of the questionnaire item contained an information sheet, which explained the purpose of the study, and ended with a statement of informed consent which made it clear that participation was voluntary. Consent was sought by asking potential participants to click a ‘yes’ or ‘no’ button. Only those who clicked the ‘yes’ button were eligible to access the questionnaire. Those who clicked ‘no’ were directed to exit from the survey. Survey respondents were not required to provide their names to ensure anonymity and confidentiality.

The questionnaires used have all been used with general populations previously and in practice the risk of mental harm to study participants was not expected to be greater
than the risks which the participants would encounter during the course of their normal lifestyle.

There was a proper debriefing after each of the sessions. Discussions on the participants experience of the research process were undertaken and no unintended or unanticipated concerns associated with the research process were noted or reported by the participants.

Here below is an illustration of a summary study design, data collection methods and data analysis methods used in the study. Data interpretation was undertaken for each element of the study but these interpretations all fed into the study discussion. The data collection and analysis design is shown in figure 3 here below.

Figure 3: Data collection and analysis design
To follow are three chapters describing individual studies within the overall research project: the experiences of African migrant children/youth in Ireland; development of the psychosocial questionnaire and measuring the well-being adjustment of African migrant children.
5.1 Introduction

This chapter explores the experiences of sub-Saharan African migrant children in Ireland. The chapter engages with the following research question: What are the experiences of African migrant children in Ireland, from the perspective of children and their parents, mainly mothers?

This question was interested in exploring day-to-day activities at home, school and in their Irish/African communities.

Other questions were:

What factors or processes facilitated or constrained their adjustment process?

In what ways do African migrant children/youth and/or families’ agentive strategies impact on resilience and well-being?

African migrant children in Ireland form part of first generation migrants and on the balance of probability, it is rationalised that these children are socialised within an African cultural framework in their home and ethnic settings. Even though the study is on the psychosocial well-being of African migrant children, the experiences of mothers and fathers are viewed as important for the African cultural orientation of interdependence whereby the well-being of children is fundamentally tied to parental
well-being. As a migrant, and as culturally and racially other, it is expected that these positions have an influential role to play in shaping their psychosocial well-being experiences. The analysis supports the view that adapting a psychosocial framework and a resilience lens is central to the understanding of African migrant children’s psychosocial well-being. The grounded theory analysis raised the question of theoretical representation of cultural processes in conceptualisation of well-being experiences of African migrant children, which is examined in the subsequent chapter.

As discussed in Chapter 4, the methodology consisted of participant observation, in-depth interviews and focus group discussions with mothers, fathers and different categories of migrant children (Irish-born, relocated with parent(s)/guardian(s), reunited) so as to get diverse perspectives on the in-depth understanding of their experiences. Data collection focussed on how life at home, school and in the neighbourhood is experienced; on relationships with parents/siblings/peer/friends/teachers/other adult operate; on involvement in community activities and events inclusive of ethnic communities and on how African cultural meanings shape events, activities and the behaviour of African children in their circles of operation (home, school, community settings {ethnic & non-ethnic}).

The grounded theory method was used to analyse the data. The analysis identified the following five categories (1) Family Structures, Dynamics, Practices & Routines (2) Adjusting/Experience of Differences (3) Relationships & Systems (4) Transnational/Diasporic Structures, Practices & Activities (5) Cultural & Spiritual phenomenon.
5.2. Grounded Theory Analysis

Strauss and Corbin’s (1994) guidelines on the three-stage data coding approach of open coding, axial coding and category development guided the data analysis processes. Open coding involves breaking down the data into distinct units of meaning. As a rule, this starts with a full transcription of an interview after which the text is analysed line-by-line in an attempt to identify key words or phrases, which connect the informant’s account to the experience under investigation. This process is associated with early concept development which consists of ‘identifying a chunk or unit of data (a passage of text of any length) as belonging to, representing or being an example of some more general phenomenon. Even at this early stage, there is an attempt at getting away from describing what there is to being more analytical. The researcher takes on a questioning approach by using such words as; who, when, where, what, how, how much, why etc. Other techniques include picking words that seem significant and listing all possible meanings. Another technique is the “flip-flop” which compares extremes on one dimension. All this helps the researcher to think analytically rather than descriptively.

Strauss & Corbin (1994) emphasise constant comparison to explore all dimensions of the phenomenon, while maintaining close connections between codes and data. The authors also caution researchers to be sensitive to words like ‘never’, ‘it couldn’t possibly be that way’ for these might be a signal to look closer. The researcher might then ask what happens when these things occur. These might be a clue of social processes or etiquette as opposed to facts. In addition to open coding, memos are also incorporated (Strauss & Corbin, 1994). Memos record the thoughts and ideas of the researcher as they evolve throughout the study. Early in the process, memos tend to be very open while later on they tend to increasingly focus in on the core concept. Memos provide a bank of ideas, which were revisited while mapping out the emerging storyline.
After all the data has been open coded, axial coding is then undertaken. This process facilitates the identification of concepts that explain the relationships between and across incidents. Everything that is the same about a particular topic is brought under one category. Strauss and Corbin (1994) illustrate how categories can be dimensionalised. They give an example of a book, which has properties, and so in the same way categories can have different shades, such as frequency, duration, intensity etc. Once a concept has been identified, its attributes may be explained in greater depth, and its characteristic dimensionalised in terms of their intensity or weakness, types of, kinds of, reasons for etc. Following axial coding, relationships within and between categories are made. Strauss & Corbin (1998) recommend that during the simultaneous data collection and analyzing process, participants who might provide deeper understanding of the emerging patterns, categories and dimensions is sought. In this way, the data is allowed to dictate sample variation and to identify the point of saturation where no new ideas are emerging. Strauss and Corbin (1998) state that theoretical saturation occurs in data collection when: (a) no new or relevant data seems to emerge regarding a category; (b) the category is well developed in terms of its properties and dimensions demonstrating variation; and (c) the relationships among categories are well-established and validated. Finally the data is subsumed into a core category, which pulls together all the strands in order to offer an explanation of what is happening in the data in regards to the study phenomena, and in the context of the current study, experiences of African migrant children as reported by themselves, their mothers and a couple of fathers. Glaser (1978) summarises the criteria that a core category must meet stating that it must be: central and account for a large proportion of behaviour; must be based on recurring themes drawn from the data; and that it must relate meaningfully to other categories.
Strauss and Corbin’s (1998) coding paradigm was used as a tool to systematically analyse data by integrating structure (conditional context in which a category {phenomenon} is situated) with process (sequences of action/interaction pertaining to a phenomenon as they evolve over time). In the context of the coding paradigm, structure or conditions create the circumstances in which events pertaining to a phenomenon are situated or arise while process denotes action/interaction over time in response to events (Strauss & Corbin, 1998). The coding paradigm requires analysts to look for answers to questions such as why or how come, where, when, how and with what results when coding so as to discover relationships among data and be able to contextualise a category within a conditional structure, identify how the category is manifested, the consequences and by doing this, relate structure with process.

In coding, categories stand for phenomenon, which answers the question “What is going on here?” (Strauss & Corbin, 1998). Conditions which represent sets of events or happenings that influence a phenomenal could be causal (e.g. language difficulties might cause a child to experience peer exclusion) or intervening (e.g. self-segregation may mitigate or otherwise alter the impact of peer exclusion) or contextual (e.g. learning the language/accents brings about change and/or language related exclusion practices may not apply in the context of sports teamwork spirit). So one can see the relationships between language difficulties for a migrant child, and how this leads to the child being excluded, but also how the child deals with this exclusion has an impact on how she/he experiences the social exclusion. Moreover, contextual conditions also indicate that in some contexts such as, for example, being part of a sports team, language difficulties might not necessarily lead to exclusion practices. Strauss and Corbin (1998) stress that the important issue is not identifying and listing which conditions are causal, intervening, or contextual but focusing on the complex
interweaving of events (conditions) leading to a happening to which persons are responding through some form of strategic action/interaction with some sort of consequences (intended or unintended). In addition, the analyst might identify changes in the original situation (if any) as a result of that action/interaction.

5.2.1 Coding procedure

Data analysis started with an initial open coding by scrutinising each participant’s responses very closely and making line-by-line labelling of concepts (appendix 2). This open coding helped to generate initial categories with their properties (the characteristics or attributes of a category/phenomenon) and dimensions (locations of a property along a continuum) (Strauss & Corbin, 1990, 1994). At the level of open coding, the codes ‘experience of difference’, ‘children’s behaviour’, ‘conflicts’ were emerging as consistent findings across interviews and observations data. They therefore formed part of the initial categories and were explored further in consequent data collection and analysis. In addition to coding, memos recording my thoughts and ideas as they evolved were also incorporated. At the initial stage of analysis, I wrote this memo:

“It is interesting that when I ask the parents how their children are doing (are they doing okay or not), they respond to this question by linking the child’s behaviour to their environment {the child as embedded in her environment such as you know his father...our home is .... At school he/she...}. Ultimately the parents bring in home environment (home being here and home country almost used interchangeably), school, religious or Africans/Irish this or that as part and parcel of their explanation. None of the parents so far have offered an explanation of the child’s behaviour by focusing just on the child without either linking the behaviour to the environment or contextualising
in the child’s environment. What does this mean? There is a cultural and a religious phenomenon here that I should explore further. When they talk of the home environment, a lot of them seem to have children or a spouse back home, so clearly there is an element of trans-nationalism that should be explored further. There is a psychosocial aspect of well-being *conceptualisation* also. They also talk of bad behaviour or good behaviour so I do need to sub-divide this accordingly and explore further… Doing well – what are the markers of doing well? What are the conditions that lead to doing well” (June, 2010, 2.00 p.m.)

Making memos therefore allowed me to move away from description to an analytic level (Strauss & Corbin, 1998). Data analysis was undertaken alongside the data collection process. Periodically within the data collection and analysis period, I reviewed the data and the emerging themes. This process enabled me to identify the point of theoretical saturation where no new information was emerging.

Even at the initial stage of open-coding, there was an element of axial coding going on in asking questions of the data such as ‘what are the causal conditions for the initial themes e.g. for conflicts’, ‘who is involved in the conflicts’, ‘what happens when there is conflict’, ‘what action/strategies are taken/utilised to resolve conflicts and with what consequences’, ‘if there is resultant change for the better, is this change short-lived or sustained long-term’. Axial coding proceeded by asking questions on the initial categories with a focus on the overall story the different themes revealed about the experiences of African migrant children in Ireland. Interpersonal comparisons were undertaken across participants’ responses in an attempt to develop a typology. Codes that seemed to pertain to the same phenomena were grouped together and labelled at a higher level of abstraction (‘categorising’; Strauss & Corbin, 1990), and subcategories were
grouped around them. At this point, the main categories of Behaviour, Conflict, Differences, Family Structures, Dynamics, & Practices, Transnational/Diasporic Structures, Practices & Activities and Cultural/Religious phenomenon emerged as the main categories. A dense texture of relationships was built up around each of these categories and their sub-categories (appendix 3). In the behaviour category for example, sub-categories of problem behaviour/good behaviour raised the questions of markers of these behaviours, conditions associated with problem/good behaviour, action/interaction strategies that addressed problem behaviours and with which consequences. At this level, a sense of how categories related with each other begun to emerge. For example, the linkages between the behaviour and conflict category (with parents, siblings, friends, systems) and difference category in regards to different interpretations (individual focussed/psychosocial interpretation of problem behaviour) and cultural and/or religious and/or transnational in regards to action/intervention strategy were becoming evident. It became clear that codes in this behaviour category could be re-assigned to the relationships and systems category since children’s bad behaviour was mentioned in relation to causes and/or conditions under which relational conflict occurred and/or in describing good child behaviour following changes after successful problem-behaviour intervention.

Similarly to other researchers, I did not strictly adhere to Strauss and Corbin’s coding paradigm (Melia 1996, Kendall 1999). Strauss and Corbin (1998) themselves state that the paradigm should be viewed as an analytic tool, which in the context of this study, was used in a pragmatic manner. It was used to systematically analyse data by integrating structure with process at a micro and a macro level, which ensured that migration, structural, social and cultural processes were brought into the analysis. Once I developed the categories, I used the analytic tool as a diving board to think about
linkages between the categories as signposts to point to the key process organising the experiences of African migrant children and their families, as shown here below.

Figure 4:  *List of Generated Categories.* This figure illustrates the key categories Used in the Storyline of the Experiences of African Migrant Children in Ireland
Strauss and Corbin (1998) suggest the use of a storyline as a way of integrating concepts. It was clear to me at this point that the storyline was about negotiating change in new socio-cultural settings. The change process was a very unstable process. Instability occurred under the conditions of individual, and family reduced capacities (social, tangible, psychological, cultural, religious and psychological), relational conflicts and/or unsupportive relationships, structural exclusion mechanisms and impact on inaccessibility to resources, and inability to successfully negotiate social-cultural exclusion mechanisms associated with cultural and/or ethnic and/or racial minority positions. Stability occurred under the conditions of individual, family and collective strengths (psychological, social, cultural, religious), access to structural resources, supportive relationship, structural inclusiveness and consequent access to resources, and successful negotiation of socio-cultural exclusion mechanisms associated with cultural and/or ethnic and/or racial minority positions. These children negotiate cultural, and racial minority positions to form or maintain supportive peer relationships. They negotiate multiple cultural settings (home, school/neighbourhood). Practices, routines and activities at home, at the newly created African ethnic social and cultural spaces in Irish settings, and at transnational settings (home country) are framed by African cultural practices, values and norms, while those in the Irish socio-cultural settings are framed by Irish/Western cultural practices, values and norms. Negotiating these multiple cultural settings requires a fine balance. The children are also negotiating cultural changes at the level of the individual but also as part of family units sometimes, resulting in an intergenerational discrepancy in negotiation of change. At other times the parent/child discrepancy in cultural changes becomes instrumental in initiating cultural changes at home, and/or initiating a transactional parent/child relationship whereby children might draw on their parents direction on the most part, but parents might also
draw on the child’s direction or support in other areas where the child is perceived to have more competence than the parent. Once again, negotiation of these cultural changes requires a fine balance so as not to offset existing parent/child traditional power dynamics too much. Most of these families structures are of a transnational nature and a fine balance is required in day to day family routines and activities that transcend national borders negotiating change at these multiple levels to find ‘a fine balance’ is therefore a central aspect in the experiences of African migrant children in Ireland. As they move through the unstable process of change, there is need for them to ‘hold-on’ to stabilising supports (individual, social & cultural systems and structural structures) while ‘moving-on’. The walk of change is sometimes fast, slow at other times and even stalls or reverses depending on individual and/or social and/or cultural and religious and/or structural capacities and resources or changes that results in reduced/enhanced capacities and/or resources.

The storyline memo on the storyline uses the analogy of the bus to describe the change process (appendix 3).

5.2.2. Analysis – process of change: finding a fine-balance
The five themes above: family structures, dynamics, practices and routines; experience of differences; relationships/systems; transnational/diasporic activities; and cultural and spiritual phenomenon captured the central aspects in the experiences of African migrant children and their families in Ireland.

5.2.2.i. Family structures, dynamics, practices and routines
Interview discussions with mothers and fathers indicated that on the most part, family
practices and routines in their homes, and in most homes of their African acquaintances were kept very much similar to those of their home countries. Availability of ethnic foods, music, films, programmes etc. through the newly created ethnic communities and transnational activities was found to have facilitated maintenance of home country cultural practices. Structurally and functionally, in two parent families, men took on the role of the head of the family. Migration-related processes such as: separated families where husbands were still back home or elsewhere abroad; the goodness of fit with the migration framework whereby the wife may have favourable status with consequences such as rights to employment while the husband may not have such rights were found to play a role in reconfiguring family dynamics. Restructured family dynamics included for example having female-headed households or precarious ordering where wives took on the role of breadwinners while husbands acted as primary care givers.

Often, these new family restructured roles and dynamics contradicted African social-cultural patriarchal ideologies which position the men as breadwinners and relegate women to the domestic sphere. Men reported contradictory feelings with the new role of active participation in care-giving activities. At an individual level, they were happy to spend more time with their children, but at the community level, they were uncomfortable because this role was culturally inappropriate for men as illustrated here:

‘The things I do here... I would never do in Africa...at home you left early in the morning when children were sleeping... when you come back they are sleeping... you would know the children had food or were going to school because you gave money...and once in a while when you saw them they were bigger...looked well fed...and would sometimes see their school reports. At least here... well it is difficult... women are better at this than men...but at least I get to see my children... speak with them...I am
involved. I cook for them but other men in Africa and even here would say some of these jobs like changing nappies and some other jobs at home are for women’. (John, Nigerian father)

In other instances where the fit with the migration framework was better for the wives than that of the husband, it meant that wives had the access to resources such as social welfare benefits. The African cultural script would require the wife to hand over money responsibilities to the husband. To the extent that these cultural scripts were followed or not followed had a great impact on creating stability or instability in the homes. Stress fractures of threatened masculinity were reported to have shown up on several levels such as couple’s conflicts and in some cases marital break-ups, with spill over effects on the quality of children’s care.

In extreme situations of instability where parental capacities (emotional, physical) had been reduced, there were instances of parentification where children acted as a parent’s caregiver as illustrated here:

‘I remember when my husband just left... I was so stressed.... I was the bad person... I did not know what would happen to my children who we left behind ... with his parents... I had trouble with immigration .... They would not renew my green card... you know... my stamp 4... because I was not working... yet I was so stressed even to work... let alone get out of bed. My daughter, she was just 11 literally took over running the house... she would cook, mostly noodles or rice... which we just ate with canned fish... she would get her brother ready for school, pack his lunch, put clothes in the washing machine.. Ooh. I don’t know what I could have done without her. She did not complain... She told my friend to tell others to help me – those who go to the mosque with me... to pray for me and my friend and others started coming to see me. She was
Observations and interview responses did not indicate long-term parentification or adultification processes. These practices served as stopgap measures while parents regrouped their social and psychological capacities. These children do not succumb to adversity but engage with the challenges in their home environment by filling in the gaps and even mobilising resources around the family. This in itself is a sense of resilience.

For most of the women interviewed, they felt that for an African woman, inability to cope with her duties as a mother and a wife is nothing short of social disgrace within the African community structures and networks. Some women reported compromised mental health as a result of suffering in silence for fear of losing face. This lack of goodness of fit with cultural scripts of a good wife or mother was found to have barred mothers from seeking ethnic and/or religious support. Seeking bio-medical help for physical and emotional exhaustion was perceived as stigmatising. A story of one of the women who had previously engaged in self-harm behaviour sums up their frustration.

‘I always worked even when I was at home... I had a good job... career actually... was really going places .... I had a house girl....two house girls actually... and there would always be a cousin or two living with us at any one time... so it was okay. But here I did not get a job at first so it was stressful...but even when I got a job it was still stressful...I had to work and come home to do the housework.. My husband did not see that he had to help me..when I complained to my friends.. they looked at me like..what’s wrong with you..?I know some of my friends’ husbands who help out at home..but not mine...I couldn’t even talk to the pastor in my church because I know that being an African man.. he could not understand. I couldn’t even talk to my relatives back home.. I had
nowhere to turn... my Irish friends could understand but so what... I was so stressed out one time that I ended up in the CUH after slitting my wrists... I did not even think about it ... I was just so frustrated with nowhere to turn’. (African mother, focus group discussion 1)

The situation was difficult for families where both wives and husbands did not have congruence in adapting to restructure family roles and dynamics.

Adjusting to restructured family roles and dynamics involved negotiation of contradicting narratives (African cultural scripts and migration-related restructured roles) for both women and men often creating cognitive dissonance. Strategies’ to reduce this dissonance included trade-offs and comprises resulting in stability in family functioning in the form of creating an environment where children and parents can nurture supportive relationships. Failure to reach negotiated agreements was found to have resulted in instability in family functioning such as parental conflict and/or marriage break-ups and consequent reduction in capacities and resources that support or nurture child development. For the women, they were found to have leaned more towards reaching negotiated agreements even though this meant trading-off and compromising more than the men. Socialised within a social-cultural framework that places high social and developmental (maturity) status on married women, most of these women resorted to walking a delicate line between exercising the newly found social and economic and psychological empowerment and associated freedoms and choices on the one hand, and maintaining marital harmony by living out African cultural gender narratives about a good wife and mother that guide behaviour and rationalise actions on the other. Resolved/unresolved cognitive dissonance either way
for both men and women had spill over effects on stabilising or destabilising family environments that nurtured the well-being of children within the homes.

African mothers or guardians reported having ‘held on’ to their own cultural strategies, practices and processes around child rearing and well-being.

‘We are bringing up our children in the same way that we were brought up’. (African mother, focus group discussion 1)

Children were found to have taken on responsibilities in guided participation in housekeeping, and sibling minding, in accordance with perceived developmental capability. The children perceived this practices as normative within the African cultural practices and it is even couched in developmental terms that the aim of this practice is to teach children to be responsible:

‘I help my mum clean the house, help her in the kitchen, house work... I don’t think that Irish children around my age do what I do at home. In my house every one of us has duties to do every day ..and my parents teach us what to do in our house because they want us to grow to be responsible people. It is part of our culture. You know. But in my Irish friend’s house, it is their mum that does everything for them. They just sit down and let their mum to tidy up their rooms and do stuff for them’. (Jean, 16 years old, Zimbabwe).

Notably, they do not view this practice as overburdening but it is viewed in a positive way towards achievement of a desired developmental goal. It stands out as a marker of difference, in a positive way, when contrasted with Irish practices where this practice is not the norm. Her way is better and she scorns the behaviour of her Irish friends who do not help out in the house. Asked by the researcher to give a guideline of what was
perceived to be an appropriate age for household activities, mothers in focus group discussions suggested the following:

‘Minding young ones – from 6-year-olds... supervised, 12-year-olds onwards unsupervised. 10-year-olds – mind young ones supervised, do simple meals supervised or assist the grown-ups in food preparation. Washing dishes, making beds, tidying up the house and cooking – from 12 years onwards’. (African mothers, focus group discussion 1)

The mothers and fathers interviewed, reported that they exercised responsibility and authority over their children in line with African cultural traditions that have clear demarcation between children and adults’ roles, interaction and relational etiquette.

‘Children have their place in the family – we treat them as children and not as grown-ups. We teach them early to recognise what we like and what we don’t like – we set boundaries very early and everyone around us has boundaries and this goes on even when they are teenagers.. and grown men and women... they don’t wake up one day when they are 15 to be told you cannot do this or that... they have grown up knowing what is expected of them.. there has to be a child and an adult... We love our children but it is tough love - if an African child falls down and hurt himself/herself doing something she is not supposed to do – the child is disciplined first before the parents attend to the wound or even before they seek medical attention. We set rules for them and expect them to follow them’. (African mothers, focus group discussions 2)

Interview discussions with the youth indicated that they followed African cultural scripts that govern parent-child relations and that they were aware of differences between their behaviour and that which govern parent-child relationships among their Irish peers as reported by one of them.
'We don’t really talk back to our parents. One should not really raise their voice. You know shouting, or slamming doors on your parents. I sometimes see it when I am at my best friend’s house – she is Irish – she is in school with me. She shouts at her mother, and slams the door – this makes me very uncomfortable and I think to myself – I am actually an okay child. This gives me pride as to how I am brought up. If I did this to my mother – she would kill me – I am serious. She is my mother and I am her child – full stop. I have to behave like her child – no deal’. (Mary, 18, Kenya).

Compliance with parental authority does not cause concerns but pride. In an intercultural setting, where they take the position of cultural minority and associated power dynamics, they have a cultural practice that they perceive to be of value. The African youth is therefore involved in an evaluation process of sameness and difference in cross-cultural settings with consequences of keeping their difference in areas that matter to them such as respect of elders and/or compliance with parental guidance.

There were reported cases of compliance with parental authority just to maintain family harmony as shown here below:

‘I would have preferred to take a year out after college but my parents insisted I should study medicine even though I am not able for it and have no interest in it.’. (Joel, 18 years, Nigeria).

Despite contradictory individual/family future aspirations, the individual forfeits his career aspirations in favour of family aspirations or expectations so as to maintain family harmony. In this case therefore, there is no tension resultant from a clash between individual wishes and giving in to parental wishes. Noteworthy is the fact that this young man had been born and raised in his home country and relocated in his teenage years. He had been socialised in the African collective culture, which prioritises
family obligations and therefore giving in to parental wishes would not be interpreted as parental control within this cultural framework.

Observations and interviews with mothers, fathers and the youth showed strict parental practices inclusive of censoring children’s socialisation practices and patterns. There was a skewness towards parental favouring or even encouraging ethnic friendships due to a perception that there would be a sense of shared values or understandings. Children’s engagement in indoor activities like watching TV, movies, playing electronic and non-electronic games with siblings were more favoured by parents than outdoor activities, with the exception of organised sports/ academic /church activities or African community gatherings. The youth interviewed reported that, on weekends, they socialised with their friends, mostly in family homes, youth/social clubs or went to the movies but this socialisation was monitored. Parents’ regulation of their children’s freedom and autonomy was justified by claims of protecting their children from undue peer influence to engage in risky behaviours such as drinking or smoking. While the youth interviewed were in agreement with their parent’s justification of monitoring their (children) socialising activities, their opinion was that only the younger children needed protection as voiced by one of the youth interviewed.

‘Yes our parents should mind...keep an eye on what we do but really on the younger ones .. you know 10, 11, 12 maybe up to 15 years...they should not be allowed to hang out in the shopping malls .. there is a lot of peer pressure to get involved with bad stuff.. but for us.. we are older.. you know at 16 and above.. we should be allowed to hang out with our friends as long as we let our parents know where we are hanging out.. we already know better not to get involved in things like drinking or even smoking.. we
would not want to burden our parents .. you know .. they have enough on their plates.’.
(Zack, 17 years, Ivory Coast).

There is a sense of self-regulation in accordance with the cultural script. Even as they
wish to move-on to achieve a sense of sameness with their Irish peers, they still hold on
in other areas and therefore maintain their difference in what matters to them or to their
parents as voiced by one of the girls interviewed.

‘It’s really tied up with traditions and values .. we have to respect these values since
these are the values held by our parents.. – at the end of the day we don’t want to look
down or others to look down on these values... well I want to go clubbing...but I also
want my parents to see that it’s okay for me to go.. you know.. I know they are
possessive and protective and they have high expectations on me.. you know.. that I will
do the right thing..but I would like to find a way for them to let me go and we work out
the details of supervision or whatever’. (Mary, 17 years old, Kenya).

Interviews with mothers and youth indicated that there was an ongoing negotiation of
youth’s individual freedom but within parameters worked out with parents. On the most
part, negotiated agreements were reached with consequent positive experiences for the
African youth. In other cases, these processes were reported to have resulted in creating
psychological instability for the child(ren) resultant from peer exclusion and consequent
isolation and/or loneliness.

‘Friends stop asking us out because they know we won’t be allowed’ – so because of
our parents.. we become excluded by friends ‘. (Jean, 16 years, Zimbabwean).

This implies that for these children, there is need to maintain a fine balance in the
moving-on/holding-on process; between negotiating relations with peers and with
parents. Having relational networks that were perceived by parents to nurture pro-social
behaviour, and/or well-behaved friends played a facilitating role in the child/parent
negotiation process.

Spirituality was found to be a key organizing process of the experiences of African
children and their families. Observations and interview discussions highlighted the
centrality of spirituality in the day-to-day activities and routines of African migrant
families. Most families reported having a dedicated time every day, preferably evenings,
for bible study and prayers. Children as young as seven were reported to be key
participants in these practices, often reading the bible or taking turns in leading family
prayers. Participation in religious activities was reported to be a common practice as
illustrated by one of the girls interviewed:

‘At home, we read the bible and pray together.. we also have these church acclivities.. in our
church.. you see. youth groups with a lot of activities.. we watch movies.. a lot of them
Nigerian ones but interesting.. religious movies but even other movies sometimes.. we have
singing .. like not choir really but like a band.. really hip and interesting.. keeps us really
busy and we have sessions with younger children.. kind of like mentors.. if you wanted you
could go to our church everyday because there is something everyday.. and interesting.. and
people there are really sound’. (John, 18, Cameroon).

Religious practices in this case plays an important role nurturing cultural and/or
spiritual scripts of a good child. They also create avenues for these children to
experience a sense of community and to form social relationships and/or mobilise
resources such as role modelling opportunities.

The children therefore had to find a fine balance between negotiating relations with
peers and with parents. Having relational networks that were perceived by parents to nurture pro-social behaviour, and/or well behaved friends played a facilitating role in the child/parent negotiation process.

African mothers and fathers interviewed felt that while it was practical for them to engage in upheld African traditional child-rearing cultural practices while their Irish-born children were young, when matters were still under control, there was an expectation that the situation might change as these children, born and raised in a cultural environment that nurtures independence and prioritises child’s rights, begin to question their parents’ authority or become more assertive at the expense of social harmony. There was also an acceptance by African mothers and fathers interviewed that they would have to incorporate changes to their culturally upheld child-rearing framework in Irish socio-cultural settings grew more assertive in an Irish socio-cultural environment that nurtures independence and autonomy and in an environment where child-rearing was policed by a state system that regulated parental practices if perceived to infringe on the rights of the child. There was a sense of apprehension among parents regarding the future in regards to parental-child relations with these children and any negative consequences that this might have on parent-child relations. Walking the thin line of change therefore necessitated finding a fine balance between ‘holding-on’ to the familiar cultural practices and ‘moving-on’ to incorporate social and cultural practices, inclusive of legal framework around child rearing, in Irish settings.

5.2.2.ii. Adjusting/experience of difference

Difference or otherness was a key theme in the analysis of the experiences of these children. Within the African migrant group itself, there is a differentiation based on ‘forced’ and ‘voluntary’ migrants with the associated social and power disparities
between these groups in favour of the voluntary migrant groups. However, when it comes to ‘otherness’ of African migrant children by the majority cultural group in intercultural settings, these boundaries become irrelevant. At one level, the general public is aware that there are highly qualified African professionals recruited to fill the job markets such as the doctors they encounter in hospitals, but on an everyday relational and interactional level in social-cultural settings, black children, generally, are perceived as refugees. There is therefore an arising contradiction between the individuals of a group’s internal construct of the self and imposed non-differentiated external (often socially constructed) racial identity, which is very destabilising for these children at a psychological level. Shared experiences of difference/otherness among African children/youth as a racial group, bridge any existing within-group boundaries/differences and act as the glue that joins the African youth.

In a socio-cultural environment dominated by the white race, African migrant children’s racial difference becomes salient. They then become confronted with issues of sense of identity which had never been an issue at home where the black race is dominant, one youth said: ‘no one in Nigeria says I am Nigerian let alone African’ but here in Ireland, they have to engage with issues of sense of self-identification and the fit between sense of ‘self’ and others’ sense of ‘them’ with the consequence of creating vulnerabilities or strengths for these children and consequent stabilising/destabilising effects.

Interaction and relations with others allowed an opportunity for self and others to foster a representation of self and other. On the most part, children reported experiencing prejudices resultant from stereotypes derived from racial social constructs associated with the ‘black race’. From their experiences, being black was synonymous with ‘inferior’, ‘outsider’, ‘un-belonging’ and an ‘un-tenured position’. Being inferior was
reported to have had implications of having your personal space or privacy encroached upon by those empowered by this positioning. The African youth interviewed reported that questions like ‘where are you from?’, formed part of everyday conversations and that not even the Irish-born youth were exempted from such questions. Even when such questions were perceived as based on good faith, the conversations were governed by the social rules of engagement whereby; the ‘inferior’ person understood that they were not expected to reciprocate. Some youth reported having reciprocated the questioning just for the fun of seeing the jolt of surprise/annoyance expressed by the Irish person, almost as if to say: ‘how dare you’.

Responses to racism/otherness evoked responses such as internalising inferiority complexes associated with the racial social constructs, cognitive rationalisation, resistance, and mobilisation of psychological resources such as ethnic identity.

It was reported that some of the children internalised the projected racial prejudices with consequences of shaping an inferior concept of self for these children.

‘Like my daughter now... the young one... she is only 10. She keeps saying she is white. I mean.. she is Irish because she was born here... its funny cos she likes our food ... you know the one we cook in Africa.. she enjoys it when I cook.. but she eats with a spoon even though everyone else eats with a spoon.. she would not want her friends to see her eating it.. she does not like any African music or programmes unlike all her other sisters and brothers.. she does not speak my language.. she is even embarrassed to go into an African shop in case her Irish friends see her’ (African mother, focus group discussion 1).

Cognitive rationalisation was a strategy that was used by the majority of parents and
some youth to respond to ‘otherness’ as a protective mechanism. Most sentiments expressed by the participants in response to the issue of ‘otherness’ were that ‘this is not our home, and if we are treated as such, it is actually a fact. I have a home too’ or ‘I expect to be treated as the ‘other’ and so it does not come to me as a shock’. Some of the study participants were pragmatic about prejudices and discrimination against the ‘other’ which they argued was a human, not a cultural practice. Proponents of this view argued that Africans themselves have a tendency to form prejudicial stereotypes along tribal lines or whatever self-defined ethnicities mark the insider/outsider boundaries. To them, this practice was not any different from the prejudices and discrimination they were experiencing in the Irish socio-context. In this case, therefore they are not playing victim but engaging with the notion at a cognitive level to a point where this vulnerability is processed in a way that protects the sense of self of the individual. Any negative perceptions and attitudes are therefore not taken on as a reflection of the sense of self that they have of themselves. This cognitive rationalisation of ‘othering’ behaviour was found to have acted as a buffer against the effects of racial prejudices that the respondents experienced. Being ‘othered’ in this case actually activates the development of empathy and inter-subjectivity for the ‘other’ in home country settings and ultimately on shaping diasporic experiences and identities.

Other strategies of reacting to ‘otherness’ by the youth included resistance verbally and/or physically. Others reacted in self-segregation either to pre-empt rejection or mirror back reflected hostilities:

‘They don’t like me, I don’t like them. I just hang out with four other African girls in school’ (Mary, 17 years old, Somalia)
For others, they chose to behave/act in a manner aimed to change negative attitudes to positive ones:

‘The Irish people are ignorant because a lot of them have never been to Africa. They just believe what they see in the media. By being here we can show them that we are just as good as they are if not better’. (Joshua, 17 years old, Uganda)

Ironically, experience of prejudices and discrimination in some cases acted as a motivator for the youth to succeed or self-regulate their behaviour:

‘You should do what I do.. I prove to them that I am better than them academically, well behaved… I work hard’. (Ann, 17 years old, Kenya)

In this case therefore, they are drawing on African cultural script of a good child as an empowering strategy.

There was resignation for others:

‘Since I am not wanted here, I might as well not bother trying. No matter how many points I get in my exams or what job I get.. these people.. Irish people will always see a black skin first… once I get my education I can move to where I will be wanted.’ (Jack, 17 years old, Ivory Coast)

On the most part, there was an idealisation of home where they or their families had never had to contend with racial issues. Idealisation of home in this case becomes instrumental in nurturing racial identities.

The majority of the youth were found to have turned to ethnic identity as a psychological resource. They identified with black American popular hip-hop culture in terms of dressing, speaking, mannerisms etc. They take ownership of ‘otherness’ or the
‘black’ label and generalise it to those who are black and successful such as Obama, black American and Jamaican artists who are all perceived as having beaten the odds of being suppressed by the white dominant culture, to achieve global success. Being ‘othered’ in this case activates a resilience building process of engaging with their social and cultural worlds to adopt empowering racial narratives, which transcends ethnic identities, to assume racial identities. Their strategy therefore not only insulates them from encountered challenges but also results in changed behaviour with adaptive outcomes.

Interview discussions with African migrant mothers and African youth indicated that, for the most part, children negotiated differences/otherness to form or access support structures and networks. Teachers were particularly cited as having provided tangible emotional support. By and large the parents were open to children receiving support from the teachers, particularly academic support. A majority of the youth interviewed singled out schools as avenues that created opportunities for them and their ethnic peers in the form of extra-curriculum activities in which they experienced inclusiveness and or nurtured a sense of belonging as illustrated here below:

‘I like my school. The teachers are very, very good.. my little sister is in all kinds of sports and she does very well. . she was even in a group that won the credit union quiz.. it’s funny to say this.. but I do actually like being in school.’ (Agness, 13 years old, Nigeria)

Supportive community structures within the Irish social-cultural spaces such as the Young Men’s Christian Association (YMCA), other youth clubs, organised sports, were found to have provided these children with opportunities to negotiate differences and experience a sense of community and consequently, a sense of belonging. These
avenues were also reported to have offered them opportunities to form attachments and overcome loneliness and social isolation that they may have experienced in relation to difference/otherness.

The youth interviewed reported relying on their Irish friends for instructional guidance as they learnt the social and cultural rules of engagement in new cultural settings. The inclusion/exclusion mechanisms based on racial and/or cultural differences were found to be dynamic in that successful negotiation of differences conditioned further interactions and relations with consequent restructuring of boundaries. For example, children who may have been excluded because of language difficulties or misunderstandings based on their ‘accents’ with social instability due to isolation may in future find themselves included even in popular groups once they have learnt the language or adapted the accents and are perceived to have something of social, cultural or psychological value to the group. One youth commented that:

‘Yes when I just came in I couldn’t understand their accent and I could tell they couldn’t understand mine. So we just avoided each other. I was hanging around other African lads and some Polish lads … but during the transition year, we formed a band at school and I was the lead person. rapping. and ooh I became popular. I had friends and up to today. most people want to hang out with me. but you know what. there are times that somehow at the back of your mind. you know you are different. from them. it is not something they do or don’t do but you sense it. I don’t know how to say it. but it’s okay because it does not really bother me. because even for them. It’s like they don’t actually notice. they don’t do it deliberately. it just comes out or it just dawns on me. ’(John, 18 years old, Cameroon)

The inclusion/exclusion practices resulting from sameness/difference but the evaluation
process is dynamic and interaction and relational processes result in legitimisation/de-legitimisation processes with implications on structuring inclusion/exclusion patterns. However, there is a perception that for the African migrant child, no amount of successful negotiation of differences will bridge the psychological in-group/out-group racial boundary. It is sort of ‘the more things change the more they remain the same’. However, the African children learn to live with some amount of contradiction of ‘inclusiveness with a difference’ so to speak. In these relationships, they can nurture a sense of belonging, which boosts their confidence as they learn to operate and even master their environment.

However, in some instances, this support was undermined by some of the parents’ views of this inclusiveness as a threat to cultural identity. Common statements cited during the interviews were ‘some of our children are spending too much time with the Irish children’ and ‘some of our children are behaving just like the Irish’ or ‘if you do not keep an eye on your children they will be just like the Irish’. ‘Like the Irish’ in this case meaning ‘Western youth culture’ perceived by African parents to contain elements of disobedience and disrespect of elders. Inclusiveness in this case is viewed as affecting the balance between ‘holding on’ and ‘moving on’ change process by skewing the process towards the latter.

Ultimately, successful negotiation of difference to form supportive relationships and having these social relationships accepted or validated by their parents was instrumental in changing negative experiences to positive experiences or maintaining positive relationships with the social systems in which these children are embedded.
5.2.2.iii. Relationships & systems

Relational conflict at home, neighbourhoods and schools emerged as a theme in regards to the experiences of African migrant children. Relational conflicts within the family, mainly parent(s) or step parent/child, or sibling/sibling(s), and with systems, mainly schools were reported by the study population. Irish migration practices were found to have structured access/inaccessibility to resources and capacity building opportunities for these children in accordance with the fit or lack of fit with the immigration legal framework.

There was a relatively high prevalence of reported parental-child conflicts involving reunited children especially those who had experienced long separations. Some of the parents interviewed had experienced child(ren) reunification while others discussed families known to them that had this experience. Parents reported state/non-state facilitated reunifications with limited adjustment support structures. For some of these children, they were uprooted from secure relationships of care and trust to be reunited with a parent and step-parent and/or step sibling(s) or even biological siblings whom were unknown to them. One of the mothers who had been reunited with her two children after seven years of separation, said that she felt her children blamed her for the separation and they had blocked every effort she had made to re-establish mother/child relation of care. Other causal conditions of conflicts resulted from frustrations resultant from language or accent difficulties and consequent negative impact of social isolation and/or lack of fit between school assigned grade and knowledge capacities of reunited children. All these vulnerabilities were said to have manifested in most of the reunited children’s engagement in problem behaviours such as anger or aggression issues, skipping school, drinking alcohol, smoking and challenging parental or school authority.
Parents on the other hand reported feelings of guilt over the separation and over-compensation. Paradoxically, over-compensation as a psychological resource mobilised by the parent in an effort to bring stability at an individual and family level inadvertently activated an instability process at a collective level (ethnic community level) because this practice does not have a good fit with the African cultural child rearing/child well-being script. The practice does not therefore receive social and cultural validation and leads to a blame narrative where the parent is blamed for the behaviour of the child and therefore the parent or the child does not get the needed ethnic social, cultural or psychological support.

All parents/guardians of reunited child interviewed, reported being very apprehensive about the future of their reunited children. One mother from Ivory Coast who had fought tooth and nail to have three of her separated children join her reported regretting her actions by saying:

‘In hindsight, I would have left them at home and continued supporting them while they are there. If the subject came up, I would advise mothers with children back home to leave them there and support them from here’. (African mother, focus group discussion 2)

Other parents/guardians of reunited children expressed similar sentiments.

Intervention in problem behaviour of reunited children often involved strategies such as, cultural interventions, in form of child/ethnic/church leaders’ dialogue with the child. In most cases, change was short-lived and unsustainable. Transnational relocation of the child to be disciplined by extended members of the family or to remove the child from a hostile environment was a strategy that was used by most parents. This worked in some
cases and some of the parents reported sustained change after a transnational relocation intervention strategy had been utilised. In other cases, the children/youth’s agency was found to have undermined the intervention strategy as illustrated here:

‘I know of this boy from Nigeria who moved to Ireland to join his parents two years ago. He was sixteen then but now he is 18. He soon started getting into trouble at school, at home... outside.. everywhere. He was drinking and smoking and getting involved in fights, skipping school and generally just troublemaking. The parents tried talking to him ..nothing.. the mother talked to her relatives back home and they said.. bring him home we put him straight.. the boy was sent home. When he was there.. he talked to his Irish friends over the phone who advised him to go to the Irish embassy in his country and say he had lost his documents.. the boy followed all the advise.. and he was given a travel document to travel back to Ireland...the next thing the mother knew.. the boy was walking the streets of Dublin.’ (African mother, focus group discussion 2)

In this case, the child’s sense of agency empowers the child but disempowered the family therefore affecting the child/family balance in the change process. The child’s action was also found to have undermined/neutralised the cultural repertoire of problem solving strategies. This incident was said to have created precedence for other youth with consequences of creating vulnerabilities with family functioning destabilising effects.

Conflicts were also reported between parents and youth who had dropped off the immigration radar. The rights of non-Irish born migrant children (>16) are not detached from those of their parents. However, upon attaining age 16 prior to being naturalised, such children are allowed to remain with additional restrictions. Apart from children of recognised refugees and those of an Irish/EU national who are accorded similar rights as
Irish nationals, migrant children of all other categories (residency on account of Irish-born child, international student, work-permit/working visa holders, international researchers) are registered under various migration stamps in accordance with their immigration status, but all these stamps have reduced entitlements to education, health and social health benefits. Their migration status is renewable every year and this renewal is contingent on these children being in full time education. Prohibitive non-European fees limit access to third-level education for this class of migrants. There were reported cases where inability to join third level education due to financial drawbacks had resulted in children dropping out of the legal framework with spill over effects on parental-child conflict as illustrated here-below:

‘I was so frustrated by having nothing to do and no money for anything since I couldn’t even work without legal papers. We were fighting with my parents all the time and I left home. Soon none of my friends would keep me in their houses and I got involved in all sorts of bad things .. just to eat. Finally I met this boyfriend who really helped me and I am now fine. I live with him and he pays for my college so at least now I can renew my green card.. I would not wish what happened to me on anyone’. (Grace, 18 years old, Ugandan)

Accessing resources that reinstate social and psychological stability in this case facilitates favourable change.

As families hold-on to old and familiar cultural practices and processes in an attempt to achieve or sustain stability, they also ‘move-on’ in the change process by learning new social and cultural frameworks that guide behaviour in new settings. They are put ‘off-balance’ by parent/child discrepancy in the ‘moving-on’ process and the lack of fit
between African/Irish cultural framework that conceptualises child-rearing and well-being manifestations, attributions and responses.

Children ‘moving on’ in their adjustment process at a faster rate than their parents was shown to have brought on parent-child conflicts as illustrated here below:

‘My son was going through a difficult period in high school. He was staying out late, drinking and was friends with the wrong people – I even suspected he may have been taking drugs. I consulted elder family members back home and talked to my pastor in church but things were not improving. My son himself started going to talk to the guidance teacher at school. The teacher asked me to come to school one time.. and we all sat down...me, the guidance teacher and my son.. and we talked. I was very upset with my son that he exposed our family matters to outsiders. But my son’s behaviour really improved after that. The teacher put him in touch with a youth centre and he got very busy there.. from that time, he is a changed person’ (African mother, focus group discussion 1)

The mother utilises cultural appropriate methods of problem solving with no success, while the son utilises a help-seeking strategy, appropriate in a school setting, with a successful outcome. The conflict is resolved by incorporating new strategies into existing African cultural family routines/functioning resulting in new routines. Some parents reported that they had acknowledged that their children would be more adept at negotiating the Irish social-cultural settings than themselves and they had therefore created a practical and psychological space that allowed them (parents) to lean on their children’s expertise. This parental compromise was reported to have created a transactional relational process whereby the parents relied on their children’s expertise in some cases while children relied on their parents’ expertise in other cases without
upsetting the function of cultural family power structures. In this case, the conflict is resolved through cultural elasticity.

Cultural dynamism or elasticity was also illustrated by ways in which parents reported having reconditioned their family practices and routines by accommodating the Irish/Western cultural practice of lateral parent/child communication patterns but within a framework of obedience and respect of elders. This sentiment is illustrated here:

‘I actually like the way white parents talk to their children... in some cases.. not when the children talk back and shout at the parents.. but the way the parents sometimes take time to talk things out and listen to their children.. you know.. we Africans tend to tell our children and not give them an opportunity to explain themselves.. I like that.. and I have started doing it.. talking with my children..explaining things to them.. listening to them.. you know.. with my children.. but I make them understand that they cannot shout or talk back to me.. they have to respect me.. I am their mother, .. they have to obey .. but at least when they don’t obey.. I would like to hear from them why they did not obey.” (African mother, focus group discussion 1)

The fine balance in this instance takes on a pragmatic approach by using a hybrid of cultural practices and routines grounded in an African cultural orientation foundation but designed in a way that works in Irish socio-cultural settings.

Conflicts between the African children and their families on the one hand and systems on the other hand mostly schools were found to occur mainly under the conditions of: child’s problem behaviour and arising differences

Schools formed the avenue through which children’s problem behaviour was picked up. Action was most often initiated by teachers in the form of notes to the parents and
dialogues with parents and child. The extent to which this action or intervention strategy worked had to do with the congruence or lack of congruence between the teachers’ and parent(s) interpretation of behaviour as problematic or normal. The extract below illustrates this difference.

‘The things on those notes I tell you.. silly things like my son was touching other children’s hair.. ooh my son was walking on the grass...ooh he was borrowing a pencil from his classmates in class.. real rubbish. We just ignored these notes.. me and my husband. He is a boy.. and he is young.. for the next two years.. the notes continued. The teacher now started talking to me when I go to school to pick or drop the younger ones.. she would tell me all the things he did at school.’ (African mother, focus group discussion 2)

The same mother reports another incident that was reported to her by the teacher regarding this child’s behaviour:

‘.. the other day my son .. he is seven by the way.. came from school with a note..I went to see the teacher the next day. The teacher said that an Irish girls reported to her that my son touched her hair..the girl’s hair.. imagine. I asked the teacher.. is my son a ghost that he is not allowed to touch other children?’ (African mother, focus group discussion 1)

What the teacher interprets as problem behaviour, the parent interprets as normal behaviour. A lot of what the teachers perceived as hyperactive behaviour was interpreted by the parents as African children’s (particularly relocated ones) unfamiliarity with prolonged confinement unlike previous experiences in African schools where there were plenty of outdoor activities.
‘Our children are used to running around... even back home... they run around at break-time... lunch time so when they go to class... they are tired... but here... even the yards are so small and they are not even allowed to run in the yard... something about insurance I heard... so what do they do with all that energy... it takes them a while to adjust to these new schools and new rules’. (African mother, focus group discussion 1)

School authorities/parents problems solving dialogues were either school or parent-initiated. These dialogues sometimes included the child. In cases of serious behaviour issues such as anger and other disruptive behaviours or withdrawal symptoms, school authorities’ action involved an individual-based deficit narrative whereby children were referred to mental health professionals if the problem was perceived as serious and persistent by the school authorities. Principals also took on a psychosocial approach by mobilising resources around the child or family.

A young girl of 22 who is a guardian to her 12-year-old nephew reports how the school principle intervened when this boy was manifesting withdrawal symptoms:

‘The principal at his school has talked to me... he says he has noticed that Ali keeps to himself... he has been very supportive... he says he understands that it is difficult for me as a young and single person to cope with a child. He has introduced my son to other children from Thailand who also have very little English. The parents of these children live in my estate and they are very, very good. I don’t know if the principal spoke to this family or not but they have been inviting my son to family things like dinner, going to the park, cycling... I even had to buy Ali a bicycle... inviting him over to play the PlayStation. He spends a lot of time with them. He is very happy now’. (African mother, focus group discussion 1).

Parents on the most part explained their children’s behaviour within a psychosocial
narrative; in relation to the child or family’s reduced capacities or resources due to reasons such as previous constant relocation of the family across various accommodation centres during the family’s refugee determination process, rough transition from outdoor oriented school environment in home country settings to confined indoor oriented environment in Irish school settings, migration related compromised quality of child care, and conflicts or tensions in the home environment. Children were reported to have manifested different behaviours in different context as illustrated here below:

‘I have other children in Nigeria and I need to work in order to send money back home to support them. Since I started working, I leave for work before school starts and therefore my son has to take the school transport. He is now in third class. Recently I have started receiving notes from the teacher that my son is being very difficult. That he is aggressive and constantly picking up fights with other children. At the time, the bus driver told me and told the school that my son was being picked on by bigger children on the bus. When I asked my son, he said bigger Irish boys were calling him names such as ‘darkie’, ‘monkey’ and that other children would not sit next to him on the bus.’

(African mother, focus group discussion 2)

Or:

‘The teacher kept asking me to go and talk to her about my son.. he was in sixth class then.. she would say that he is always angry and fighting in school. She said he was pushing and shoving other children all the time. I was surprised .. because he does not do these things at home or even in the estate or even in church.. we go to church all the time.. .. and even my friends have never said he is angry or fights..when he goes to all
In one context the child is the aggressor while in another context the child is a victim of racial prejudices on the school bus. In utilising a psychosocial narrative, the parents locate the behaviour of the child in his/her environment. Parents’ views were that problem intervention should be at these multiple contexts. Parents reported that their modes of intervention involved engaging in dialogues with school authorities, with ethnic elders/religious leaders/transnational respected family members and also in mobilising resources around the child such as engaging him/her in recreational activities.

Conditions that were found to have facilitated problem behaviour intervention were: willingness to participate in parties to prioritise best interests for the child and therefore being amenable to compromise and reaching negotiated agreements and involved parties’ agency in looking for solutions and pragmatism of utilising different modes of intervention.

Inability to resolve parent/child conflicts, and/or parent-child/school and a lack of good fit with migration policies and practices were therefore found to have created negative experiences for these children. Successful conflict resolution and creation of an environment where African children, particularly those at risk of pathological behaviour can access resources to enhance their individual capacities were found to have created positive experiences for the study population.

5.2.2.iv. Transnational & diasporic activities and practices

Migration-related separations were found to have resulted in families whose structures,
role and functions transcended national boundaries activating and maintaining transnational activities and practices. A common feature among those interviewed or from researchers' observation data was that most of these children had a parent and/or sibling(s) living in their home countries or elsewhere abroad. Parents reported divided tangible and psychological resources between 'here' and 'there' with negative impact on the quality and quantity of care of children in both settings. The youth with parent(s), sibling(s) back home or in a different country cited challenges of maintaining or developing parental/child, sibling/siblings relationships across borders as illustrated here below:

'My brother lives with my grandmother... I don't remember him because I came here with my mom when I was very small... I talk to him on the phone and on Facebook... but I don't know what to say...'. (Agness, 13 years old, Nigeria)

Interview discussions indicated that children left behind were often under the care of relatives, mainly grandparents, or other close relatives back home or elsewhere abroad. While the mothers were appreciative of the significant role played by the caregivers back home, this appreciation was found to have been counterbalanced by sentiments of the families here in Ireland that they were being held at ransom by transnational child minders as indicated here:

'I am grateful to my sister that she minds my two kids... but it's sort of like you have to be super grateful for the things they do for you... when you think about it... it's almost blackmail because you can never say no to anything they want you to do for them'. (African mother, focus group discussion 1).

It is support with strings attached. Appreciation of rendered services or ultimate mobilisation of transnational support networks by individuals or families in Ireland was
found to have been diluted by perceptions of being dehumanised to a source of money by support renders back home.

Interview discussions also indicated that there was a perception that people living in Africa associated Africans in diaspora with white colonial masters or expatriates from the west who are associated with wealth. There is therefore a perception that the Africans living abroad (not necessarily on merit or deserving but also through other means be it political or ‘other’ connectedness, economic, opportunity etc.) have access to means of achieving social economic status associated with wealth (achievable in Africa mainly through education) such as that enjoyed by former colonial masters or expatriates of western origin in Africa. The African philosophy of interconnectedness and emphasis on the importance of the community over that of the individual prescribes an expectation by those who did not get this opportunity to share the benefits with those who were fortunate enough to get this opportunity.

‘People at home think we get money from the trees. Even when you tell them you don’t have money.. they listen to you and once you are finished they still ask you for the same thing they had asked you before telling them you have no money.. it’s like they think you have the money but you don’t want to share it with them.... and you should, .. you know.. they expect it of you..’ (African mother, focus group discussion 1)

There is also an underlying resentment and snobbery by those who are socially and economically well off in Africa (mainly through education) towards Africans living in the west who are perceived to have gained high socio-economic status mainly through ‘opportunity of place’ as opposed to a culturally validated path to success. There is a shared understanding therefore between those back in African countries and those living in the west that for the majority of the latter, the lifestyle they enjoy in the west would
only have been a ‘dream’ back home. In some instances, the Africans living abroad reinforce this resentment by the well-off relatives towards them by parading what is perceived by the latter as their ‘ill-deserved’ wealth and/or patronising behaviours, all of which, invite bad will. The cultural script of collective responsibility towards children motivated by goodwill in this case is diluted by the bad will with ripple effects on ability of African families’ living abroad to mobilise transnational child-minding/support resources. Despite these challenges, mothers and fathers interviewed reported that constant relations and negotiations with people back home through day-to-day interactions on electronic media or home visits often worked to resolve misunderstandings or conflicts that negatively impacted on the care of the child left behind.

It was evident from discussions with mothers, fathers and even the youth that these families and their children were engaged in transnational activities and practices ranging from: cultural boosting including children’s rites of passage ceremonies; well-being sustaining practices such as seeking traditional or spiritual healing; and children seeking emotional and tangible support from their transnational social networks, mainly immediate and extended family members.

Home visits were also found to have been motivated by cultural facilitation of rites of passage perceived to be key in child development within the African cultural framework as illustrated below:

‘Back home they have these camps where boys go. rop (right of passage) they are called. ...the camps are organised by churches actually during the December holidays ... that’s when boys who have finished primary school get circumcised just before joining high school. so the churches organise for the circumcision of the boys
surgeons... and the nursing after circumcision ... and then they are taught the meaning of it. that it is a mark of maturity and that they should now be responsible. have good morals and all that. they have all kinds of experts guide them ... church youth leaders talk to them about relationships with girls, doctors talk to them about health behaviours such as staying away from smoking or alcohol and drugs, hygiene, sex education... safe sex and all when the time is right.....here in Ireland. you can have your boys circumcised but they have to be small. which does not make sense because in our culture it is a mark of transition from being a child to being a man. so most Kenyans I know just take their boys home for circumcision’ (African mother, focus group discussion)

This right of passage from childhood to manhood was deemed to be a key marker of maturity in view of the African developmental view that places huge emphasis on social maturity. Noteworthy is the fact that even though circumcision of boys is facilitated by the Irish Health Board, the study participants felt that the way it was carried out was like a mere medical procedure which stripped it of cultural meaning and grounding. Accessing culturally meaningful circumcision rites of passage ceremonies formed part of the activities that fuelled the transnational migration flow between Ireland and migrant’s home countries.

African families in the study sample were shown to have engaged in traditional and spiritual healing, which, are embedded in the African traditional mythology and cultural practices. Spiritual healing was sought nationally and trans-nationally as hereby explained:

‘Most people here believe that spiritual leaders back home are much stronger than the spiritual leaders here, so they might send their children back home for healing or they
might ask their mothers or relatives to go and consult them on their behalf. ‘A lot of Nigerians are doing it – I know some but if you ask them they will deny it’. (Jack, 17 years old, Ivory Coast)

Participants also reported that it was common for the pastors here to invite other powerful pastors from the home countries, especially from Nigeria, who are well established in healing missions.

Family processes of protecting their children from supernatural harm were also found to have prompted transnational health related practices as stated by one of the participants.

‘Most women from Benin tribe – in Nigeria - ask their mothers to send them charm to protect their children’. (Joel, 18 years old, Nigeria)

In one of the observations in an African dominated church, the African pastor made a reference to this practice.

‘Some of you put trust in charms brought from home or sent from back home by DHL. To protect your children. Some of you are consulting witchdoctors back home’. (spiritualist church pastor)

Families were found to have arranged home visits which were reported to have provided an opportunity for their children to build and/or cement kin friendships with positive results as illustrated:

‘I go back to Uganda on most summer holidays. I have many cousins, my own age and we really have fun there. I kind of feel confident about myself when I am back here – like I know who I am more – I walk with a firmer step’ (Joshua, 17, Uganda)
The experience therefore helps to establish psychological stability by creating and/or enhancing a sense of belonging/identity/self-pride.

These transnational support structures and networks were not limited to home country visits but also included transnational networks elsewhere in the west, particularly Europe and America. Interview and observation data indicated African families and children were drawing on cultural facilitation and support from transnational/diasporic structures and networks in home countries due to perceived inter-subjectivity. Migrating and post-migration experiences, particularly related to cultural and racial differences and structural inclusion/exclusion mechanisms embedded in Irish socio-cultural settings and in other Western social-cultural settings where African migrant children and their families have settled were found to have created a sense of shared understandings and/or nurturing a diasporic identity. The shared experience of being an African in the west permeates within African geo-political and ethnic boundaries and acts as the gel that binds this group together.

The youth interviewed reported drawing support from their African friends here in Ireland and trans-nationally, particularly on relationships with parents, peers and on dating activities. There was an acknowledgment that their friends and relatives back home did not share the same social and cultural reality as themselves and therefore issues that might be perceived as serious or important or challenging here in Ireland or in the west, might appear quite trivial to those back home and vice-versa. This perceived lack of fit in inter-subjectivity limited the amount of support sought from their home countries’ relational networks. The youth reported leaning more towards seeking support from African diasporic networks of friends and relatives mainly elsewhere in Europe and the US than those in their home countries.
Shared social and cultural realities also facilitated mobilisation of capacities and resources within African communities in Ireland. As each family negotiates the thin line between stability and instability, cultural values of collective responsibility over children (in this case motivated by goodwill resultant from shared understandings among the African diaspora themselves) play a protective role which moderates the vulnerabilities created by restructured family functioning resultant in absent mothers, coupled with stripped child minding support networks as illustrated by the following extract:

‘Some parents are very busy working or have to travel now and then. Our children take advantage when their parents are not there to monitor them. The other day I was in the Ballincollig shopping centre doing one, two things. I saw this boy from my estate walking about aimlessly in the - Ballincollig shopping centre .with his Irish friends. I saw this boy – he is about 14 years old – in five different places in the village within about five hours it took me to finish my business. I knew that this boy’s father was back home and that the mother travels for business – she has an ethnic shop. I went to a close friend of this boy’s mother and asked for a phone number to contact this boy’s mother in England. I was given the number and I called her and told her about her boy roaming aimlessly in town. The mother was very happy – she thanked me – and asked me to go to her house and talk to the boy which I did. At least now the boy knows that even if the mother is not around, other mothers are watching him’ (African mother, focus group discussion 2)

Most participants endorsed this collective responsibility over children, and felt that even in Africa where it is common practice for the youth to roam around the village or urban settings, there is a sense that the youth are more likely to behave because they are aware
that they are operating within a framework of cultural conventions guiding behaviour and collective policing. Besides there was a consensus that in regards to age, in Africa, the youth would be 16 plus in contrast to the young age at which children roam around on their own in these new cultural settings. Participants felt that there was a need for this shared responsibility over children, especially in view of migration related processes which had resulted to for example, family separations, and/or ‘paper’ marriages and/or ‘Irish-born babies’ in pursuit of residency status as opposed to parenting preparedness. It was however pointed out by some that collective responsibility over children among the African diaspora was undermined by: slippage of cultural values by some parents and/or children; and avoidance of stigma attached to being perceived by other ethnic community members as ‘lacking’ in regard to African culturally appropriate mothering role. So in this case, community shared responsibility could be a resource that facilitate stability at the level of the family and also of the children in enhancing behaviour self-regulation but it could also be a source of stress causing family instability where parent(s) resent this practice and/or for the child whose relations and interaction with his peers is impacted on negatively by this collective policing leading to isolation and loneliness for such a child.

For these families and children therefore finding a fine balance between individual and family stability is elusive. Mobilisation of cultural resources in transnational/diasporic communities in the face of vulnerabilities resultant from migration related restructured family functioning create stability in regard to collective capacities and resources that support family functioning but in other cases, create psychological instability by creating stress to family members who lack a good fit with African cultural scripted roles and/or if collective ‘policing’ creates social vulnerabilities for the child.
The newly created African communities in Ireland were found to have provided the soil that nurtured African cultural and spiritual activities and to have facilitated individual’s and/or families in their ‘holding-on’ process and ultimately in finding a fine balance in the ‘holding-on’/‘moving-on’ process.

5.2.2.v. Cultural phenomenon & spirituality

The newly created African communities, mainly in African-dominated churches, and other ethnic community structures were found to offer cultural facilitation opportunities without requiring visits to home countries. The majority of African ethnic socio-cultural spaces such as churches, shops, ethnic networks were found to be based on self-defined ethnicities based on shared understandings such as gender, religion or prayer groups, tribe or nationality. However, one could meet the inclusion criteria only to find their sense of belonging contested. A girl from Cameroon reported how she joined a tribal organisation but was made to feel like an outsider because her boyfriend was from a different tribe from herself and therefore different from her tribal group that she had joined.

In general, the African social and cultural spaces were found to have facilitated a sense of extended family for children, availed role models for children, offered an environment for facilitation of cultural empowering narratives and cultivation of a sense of collective co-ethnic identity, and to cultivate community’s cohesiveness. Statements such as ‘in Africa children have more respect’ or ‘children do not behave like this’ were found to be common in conversations in these settings or even in home settings. The community structures and support networks were found to have provided a framework for cultural routines that are collectively produced by members such as mourning the dead, birth and marriage celebrations. These ceremonies were found to be cultural
events in terms of food, dressing etc., and therefore they provided a framework for interpreting social and cultural status. Members got the opportunity to acquire distinction, recognition and visibility often denied in the Irish social and culture sphere.

These social and cultural spaces therefore facilitate reassignment of valued cultural norms, practices from contexts where they are devalued to different contexts where they are valued and validated with consequences of sustaining a sense of coherence for them.

In these diasporic communities therefore, African families and/or children get the opportunity to access support that is aligned with their reality as migrants and as racially and culturally ‘other’.

Noteworthy were ways in which African dominated churches delivered summons in culturally meaningful ways in relation to examples or bible illustrations used by the preachers. The church sermons were also fine-tuned to issues pertinent to this community such as dedicating prayers targeting reducing the anxiety and ending the uncertainty of those (African youth included) awaiting state’s decision on their residency or even citizenship status’. Also praying for God’s favour and guidance in girl/boy relationships and prospect of materialising in marriages in the future in view of the importance and status given to marriage or married individuals within the African social-cultural framework as this is viewed as epitomising maturity and responsibility towards continuation of the next generation.

Within these African-dominated churches is shared understanding of the need for prayers towards illnesses that are viewed as beyond the scope of bio-medical models. Faith healings towards what are perceived as African social and/or culturally attributed illnesses are undertaken in most of these religious settings. These religious activities and
processes facilitated an element of ‘holding on’ to the familiar and normalised ways of responding to events but these processes and activities incorporate changes associated with post-migration dynamics. The boundaries of congregation members post migration have been extended outwards to incorporate multicultural and multi-ethnic African groups and these varied ethnic groups have brought in their own religious practices. The impact of globalisation on these practices is also evident in the worship processes that are very much influenced by tele-evangelism and in these settings where resources are more easily mobilised in comparison to the majority of home country settings, it is easier to replicate tele-evangelism worshiping environment. It is therefore not a continuation of religious practices but a transformation that results in reconditioned ways of worshiping tailored by the individuals themselves to respond to their situation or events. Field observations in these African dominated churches showed that the worshipping style was very similar to that of popularly televised Afro-American Pentecostal churches. Evident in these churches is the presence of multi-generational congregation, central role played by music (current trends) in worship, and fun-filled church activities targeting different age-groups and tailored to meet perceived needs of the group. Ultimately, these religious and cultural activities feed into the process of re-establishing or creating social, cultural and psychological stability for individuals and/or communities in a way that is tailored to their needs. The African diaspora in Ireland therefore has the structural strength to facilitate psychological, social and cultural empowering processes while incorporating changes necessary to respond to the Irish social-cultural settings. These processes are very instrumental in putting checks against ‘things falling apart’ or in patching them up when they do.

In conclusion, it would suffice to say that the change process of African migrant families and their children in the Irish socio-cultural migration settings is not linear
process but one that involves finding a fine balance between an interplay of destabilising/stabilising individual processes, structural structures, relations & systems and cultural processes.

5.3. Interpretation of findings

The findings discussed above could be termed as ‘grounded’ within the framework of grounded theory research method in that they are inducted from the data but not a theory in that the analysis model makes no ‘claim to apply beyond the data of the current study. What emerged from these findings is a dynamic process of the interactions between the African migrant child and the social systems in which they are embedded in and ways in which racial, cultural, spiritual and structural (migration policies and practices) processes shape these interactions, resulting in either negative or positive experiences for these children.

In answering the main research question on ‘what are the experiences of African migrant children in Ireland’, from the perspective of children and their parents, mainly mothers, as these children engage in day to day activities within their social circles (home, school, Irish/African ethnic communities), the study found that their experiences were characterised by an interplay between instability and consequent negative experiences and stability and consequent positive experiences. That within: family structures, routines and practices; relations with social systems; and structural structures such as migration policies and practices, education and communities, and within their transnational/diasporic and cultural and spiritual processes are protective processes and relations and vulnerabilities that shape the experiences of these children negatively or positively.
In answering the sub-question: ‘what factors or processes facilitated or constrained African migrant children’s adjustment processes’, findings indicate individual, social systems, structural and cultural processes facilitated the adjustment process of the study population in some aspects and constrained the process in other aspects.

Adhering to cultural scripts of a good child characterised by being obedient, respectful, compliant with adult authority, and maintaining good relationships with family members and with other social systems was found to have been a facilitating factor in creating positive experiences for the child. Adhering to family routines and practices was found to have created family harmony and to have facilitated mobilisation of resources. Findings indicated that children teamed-up with parents in sharing household/child care responsibilities, which is normative within the African child-rearing/developmental framework, but in the context of migration-related stripped child-rearing support structures and networks and/or mother’s emotional vulnerabilities, the need to fill the gaps was found to have restructured children’s roles further, even to extreme cases of parentification or adultification. This ability to mobilise resources within the family was found to have provided continuity in the change process. The parentification and adultification roles taken on by children were found to have been short-lived and to have provided the principal caregivers with the respite they needed to recharge their batteries and resume their responsibilities.

Individual agency in successful negotiation of the push and pull forces of multiple cultural contexts (African culture at home, African diasporic communities/home country settings & Irish/Western culture in schools and neighbourhoods & hip hop culture and other global racial cultural associations mainly consumed through electronic
media) and consequent access to psychological and social resources embedded in those multiple cultural contexts was also found to have facilitated the change process.

Utilisation of psychological processes such as cognitive rationalisation, and/or racial identity as adaptive strategies when dealing with experiences of racial stereotypes, prejudices and discrimination facilitated the adjustment process. Successful negotiation of otherness was found to have opened way for African migrant children to form social networks and opportunities of learning new social and cultural rules of engagement that are adaptive in Irish settings. There was a consensus among the youth that no amount of negotiation of difference could erase the psychological racial boundary perceived by African migrant youth to be deep seated in Irish socio-cultural settings. Acceptance of this perceived sense of deep-seated psychological racial boundary can be interpreted as an adaptive strategy in the context of a white race dominated country with a short history of immigration, and particularly immigration of the black race. Negotiation of difference/otherness as an adaptive process was therefore found to involve negotiation of racial exclusiveness/delegitimisation in relational and interaction settings.

A bad fit with African cultural scripts of a good child, mainly lack of compliance with authority, disobedience, being disrespectful and generally disruptive behaviours that offsets social harmony and interrelatedness, was found to have constrained relations and interactions constraining the change process. Inability to successfully negotiate experiences of difference/otherness was also found to create negative experiences and to have constrained the adjustment process.

Congruence of views between parent/parent, child/child, parent/child, parent and/or child/systems and between parent(s) and wider ethnic community or successful conflict resolution facilitated the change process. Even though parental-child, child/child,
child/system conflicts can be explained within the framework of normative development of the process of an adolescent asserting autonomy, within the context of the African cultural model, the emphasis on interdependence and family and/or social harmony keeps parent-adolescent conflicts in check or facilitates structural processes that intercedes the process. Therefore avoidance of conflicts or conflict resolution for an African child has a cultural element, which was found to have been instrumental in reaching negotiated agreements when conflicts occurred.

Supportive systems such as school authorities (teachers & principals) were found to have facilitated African migrant children’s change process in schools, particularly where problem behaviours among African migrant children had been identified in school. The teachers and/or principals and parents were found to have actively engaged in dialogue and negotiations towards problem intervention often with positive results. Differences in parent/teacher or principal’s interpretation of a child’s problem behaviour were mainly negotiated through dialogue. While schools authorities were found to have utilised both, an individual based deficit, and a psychosocial explanation and intervention to children’s problem behaviours, the parents on the most part were found to have utilised only a psychosocial explanation and intervention strategy. Negotiated agreement was usually arrived at through compromises whereby a parent might give in to the school’s individual based narrative being included in the problem-solving repertoire, while the teacher/or principal acknowledges and accommodates parents narrative or even facilitates psychosocial intervention. Engaged parties willingness to compromise motivated by prioritising best interests of the child, was found to have lubricated the negotiation process and ultimately. Congruence of views or successful negotiated agreements was found to have created an environment for positive experiences for children or opportunities for them to avail supportive relations and/or
attachments. Schools and neighbourhoods were found to have offered opportunities for
the African migrant child to negotiate differences, such as by engaging in sports and
associated nurturing of sense of belonging and/or team spirit with consequences of
minimising differences and therefore opening avenues for forming supportive
relationships and experiencing positive feelings.

A bad fit with Irish migration policies and practices was found to have created trans-
national families and to have had negative impact on some categories of children
causing them to fall-off the legal ladder. ‘Doing family’ transnationally was shown to
have constrained African migrant families adjustment process due to the stress
associated with this process. Family reunification did not necessarily improve family
functioning as indicated by the finding that parent/child conflicts were more apparent in
parent/reunited child dyads. The frustrations of falling-off the Irish legal ladder due to a
bad fit with immigration policies and practices was also shown to have had spill over
effect on family functioning with implications of creating parent/child tensions or
conflicts. These parent/child conflicts were found to have had effects of reducing
individual capacities due to emotional stress associated with conflict as well as
compromised individual’s ability to mobilise resources within the family and/or
community (ethnic & non-ethnic; nationally & trans-nationally).

Cultural and spiritual processes were found to have played an adaptive role in the
experiences of these children by: structuring family routines and practices and therefore
providing continuity and a means to ‘hold-on’ during the change process; facilitating
mobilisation of resources at a collective level due to shared ethnic consciousness such
as collective responsibility of children or shared problem solving strategies or well-
being conceptualisation; nurturing notions of obedience, respect, compliance, regard for
harmony which all helped in conflict resolutions or congruence of parent/child’s views on behaviour; and by offering empowering narratives to African migrant children to draw on when responding to challenges relating to racial or cultural differences. Cultural and spiritual processes also created vulnerabilities for these families and their children under the conditions when: the child or parent lacked a good fit with culturally appropriate roles; where these restrictive child-rearing cultural processes inadvertently enhanced African children’s experience of difference/otherness creating negative experiences for these children associated with social exclusion. Cultural process in this case constrains the African child’s change process.

In answering the second sub-question on what ways African migrant children/youth and/or families’ agentive strategies impact on resilience and well-being, processes and strategies that these families and/or their children utilising in engaging with stressful events to create an environment to experience positive experiences are discussed.

The study finding indicated that it is true that African migrant children and their families are exposed to migration, cultural, racial and structural vulnerabilities that create negative experiences for them but noteworthy was the finding that these children and their families are not just recipients of events. Children were found to negotiate psychological and cultural differences at an individual level and at a family level. On the most part, African migrant children gained competence at negotiating Irish socio-cultural settings at a faster rate than their parents. While children’s competence in Irish socio-cultural settings was reported to have caused conflicts, particularly where it rocked the traditional family power dynamics, noteworthy was the finding that this competency in some instances initiated cultural changes. Reported incidences such as where the child used newly learnt rules of social engagement in new Irish socio-cultural
settings such as seeking help from a guidance counsellor, and though the mother is reluctant to come on board, when she finally does, she accommodates this practice into the family’s routines and practices. Change in family routines in this case is initiated by the child with the end result of creating positive experiences for the family. In other instances, parents were found to have incorporated new cultural routines like lateral parent-child communication patterns into existing family routines and practices, with effects of reconstructing and/or reinventing cultural routines so as to accommodate continuity and change. In another example, an African adolescent is transnationally relocated to home country for disciplinary measures. In this case the family uses a cultural problem solving strategy. The adolescent child initiates his way back into the country without the help or the knowledge of the parents. The child’s agency in negotiating their way back into the country brings about changes at the individual level (individual empowerment) but changes at the collective level where cultural repertoire of problem solving strategies are undermined. The precedent created by this case necessitates changes at the collective level to respond to this individual action.

As these families strive to find ‘a fine-balance’ in their change process, African cultural and spiritual processes offer the grounding that they need to ‘hold-on’ as they negotiate the ‘moving-on’ adjustment process. To facilitate this grounding process, the study population do not only rely on established support structures and networks but show agency in creating new ethnic communities’ structural support networks to deliver or receive services or resources or enhance individual capacities in culturally meaningful ways (Ungar, 2008). They therefore demonstrated self-efficacy in negotiating their way into culturally meaningful resources for social and cultural empowerment to facilitate adaptive change in their ‘holding-on’/‘moving-on’ process.
While acknowledging the role of newly created ethnic and religious structural systems and support networks in facilitating the adjustment of African families, a question arising was whether there was a possibility that the expectations for African migrant children to conform to African cultural scripts within the newly created ethnic structures and networks would put any constraints on African migrant youth’s psychosocial well-being in which case this notion could create negative experiences for these children. Although, this notion was not expressed by the youth interviewed in the current study, the researcher highlighted this aspect as something to be followed on in the subsequent follow-up study in the context of the over-all study design.

The grounded theory findings were used to signpost instrument selection for the quantitative element that measured the experience of the study population. There was an arising issue of theoretical representation of grounded theory findings in measuring the well-being adjustment of this population. The African cultural and spiritual phenomenon had emerged as central phenomenon in organising the world view of the study population and consequently shaping their behaviour. The African world-view had been shown to be central in family routines, practices and structures and in transnational/diasporic structures and networks, in health-seeking strategies, in problem solving strategies and/or facilitating congruence of views, and in availing empowering narratives etc. Indigenous scholars have challenged researchers to become more contextually relevant, epistemologically dynamic and culturally respectful in their work (Battiste 2000; Cajete 2000; Colorado 1988 and 1991; Duran et al., 1998). Theoretical representation became the rationale for an emically derived questionnaire to measure the well-being of this population alongside other selected instruments that met the research study criteria.
The next chapter discusses the development of a well-being questionnaire for African migrant children in Ireland utilising the psychosocial conceptualisation of well-being.
Chapter 6  
Construction of a Psychosocial Scale for African Migrant Children in Ireland

6.1 Introduction & rationale

In the previous chapter, the study findings highlighted negative experiences by these children associated with relational conflicts and/or exclusionary practices (social & system), bad fit between home/school-neighbourhood cultural practices, inability to fit into cultural or spiritual scripts and/or pressure to follow African cultural scripts. Individual or families were shown to have demonstrated a notion of resilience by engaging and negotiating experienced vulnerabilities mainly by mobilising resources and capacities within their social systems. Culturally and spiritually nurtured notions of compliance, respect and maintenance of family harmony were highlighted as important aspects that created opportunities for family harmony to be experienced with consequences of creating positive experiences for African migrant children. Use of psychological tools such as cognitive rationalisation and empowering racial and/or cultural narratives were also found to be important aspects in the way that African migrant children were found to have engaged with encountered experiences of difference.

The finding that: inability to fit into African cultural child-rearing/well-being scripts; and experience of difference or otherness caused relational conflicts, raised the issue of well-being levels for African migrant children. African scholars posit that fulfilment of
role obligations in interdependent social relationships and creation and maintenance of interpersonal harmony are central to African world view that shape psychological well-being processes (Duran et al., 1998; Kovach, 2005; Mbiti, 1990; Utsey et al., 2000). Moreover, even in regard to children who had a good fit with the African cultural scripts, they still had to engage with Irish cultural scripts in settings such as schools and neighbourhoods. Western cultural scripts are reported in the literature to be based on an individual world view centralising on the personal (personal goals, personal uniqueness, & personal control and peripherising the social (Katigitcibasi, 1994, Kim, 1994; Markus & Kitayama, 1991; Triandis, 1995). Cracks in multiple cultural embeddedness (African/Irish) were shown to have appeared in conflicting parent/teachers explanatory models of a child’s problem behaviour. On the most part African parents’ perception was that teachers/school authorities’ pathologised what they (parents) perceived to be normal behaviour or problem behaviour rooted in the child’s social and cultural settings. Children’s problem behaviour interventions revolved around referral to mental health professionals, and/or psychosocial strategies inclusive of cultural problem solving strategies. Arising questions were: prevalence rates of these noted problem behaviours (from a Western theorisation that guided the identification of these problem behaviours) at school; and also goodness of fit between Irish or Western/African conceptualisation of well-being inclusive of problem behaviours in regard to experience, attribution and responses.

The newly created African diasporic structures and networks and transnational activities and practices were found to have offered opportunities for African children and their families to mobilise culturally meaningful resources and capacities to respond to encountered vulnerabilities. These structures and networks were also found to have offered opportunities for nurturing and/or availing empowering racial or cultural
narratives, particularly for the youth. An arising question was whether the expectations for African children to conform to African cultural norms, values and practices within these newly created African diasporic communities or collective policing of African children by these networks would constrain African migrant children’s psychosocial well-being.

These cultural aspects of experiences created a rationale for exploring local understandings of psychosocial well-being among African children, their families and community leaders to be used in subsequent measuring of their well-being levels.

6.2 Aim of chapter

The aim of this chapter is to explore local conceptualisation of psychosocial well-being constructs in terms of experience, explanatory models, and responses and to use resultant knowledge to develop a reliable and valid emically derived psychosocial well-being scale to be used with the study population. Grounded theory findings indicate that these families are grounded in African as well as Western cultural practices creating a rationale for engaging in both African/Western cultural world views and the respective knowledge that flows from these world views. Grounded theory analysis also indicated that these children and their families experienced negative experiences as well as positive experiences. African migrant children and their families were shown to have demonstrated a notion of resilience by engaging and negotiating experienced vulnerabilities mainly by mobilising resources and capacities within their social and cultural systems nationally and transnationally. In view of these grounded theory findings, measuring the well-being of African Migrant children and youth was therefore designed to utilise positive and negative measures of psychosocial well-being and measures of resilience. Self-report measures: General Health Questionnaire (GHQ12);
Strength & Difficult Questionnaire (SDQ); Satisfaction with Life Questionnaire; and Resilience scale were selected to evaluate how African migrant children evaluate their psychosocial well-being. Detailed on the rationale for selection of these measures is discussed in the study methodology section (Chapter 4).

These generic measures of well-being did not quite capture African cultural world view of interdependence and ways in which it framed psychological aspects of experiences. The need to represent these cultural aspects as integral aspects of subjective evaluation of psychosocial well-being experiences of African migrant children in Ireland became the rational for emically developing a questionnaire to be used with this population.

To follow in the next section is a discussion on i) how psychosocial well-being of migrant children has been measured in the literature in view of the debates in the literature in regard to the limitations associated with cross-cultural conceptual equivalence when using standardised Western-theorised measures of well-being on non-Western population, paving way for identifying how this chapter addresses this challenge, 2) details the rapid ethnographic assessment method that was used to free list African emic conceptualisation of well-being, and 3) details African Child Cultural Psychosocial Well-being scale development outlining a) how scales have been developed in social sciences and b) writing of the scale items for the African Child Cultural Psychosocial Well-being Scale drawing on REA themes and the literature on scale development in social sciences to ensure that reliability and validity issues are addressed.
6.3 Development of the African Child Cultural Psychosocial Scale

6.3.1. How psychosocial well-being has been measured in research

Self-report measures of subjective well-being have been overwhelmingly used in psychological literature to assess well-being of migrant children. These measures tend to be based on either hedonic or eudaimonic perspectives of well-being or a combination of both (Deci & Ryan, 2006). Hedonic perspective, which is based on self-determination theory, empathises the importance of life satisfaction and affective components (Deci & Ryan, 1985; Deci & Ryan, 2000). This perspective argues that people from all cultures share basic psychological needs for autonomy, competence & relatedness. These researchers theorise that these psychological needs are supported by social and cultural contexts and if they are fulfilled, individual well-being is enhanced. On the other hand when cultural, social or intra-psychic forces block or frustrate the fulfilment of these basic needs, well-being is diminished. Eudaimonic perspective, which is based on humanistic psychology approach, emphasises the importance of optimal functioning (Ryff, 1989; Keyes & Anna, 2009; Waterman, 2008). This perspective posits that fulfilment of six universal needs: autonomy; growth; relationship; purpose in life; environmental mastery & self-acceptance enhances well-being while the reverse is true.

Social aspects in form of positive relations with others (Ryff, 1989), relatedness (Deci & Ryan, 2000), social support, social cohesion, social contribution, belonging to a group or a wider community versus marginalisation or difference (Keyes, 2002; Michaelson et al., 2009) are considered as integral aspects of individual’s subjective evaluation of experiences. There is a consensus in the literature that universal aspects of human basic psychological needs are channelled through culture therefore creating
variation in attribution, experience of well-being (Markus, Kitayama & Heimon, 1996; Triandis & Gelfand, 1998; Kagitcibasi, 1996; Ryan & Deci, 2001; Ryff & Singer, 1998; Sheldon, Elliot, Kim & Kasser, 2001). Standardised measures of well-being used in cross-cultural settings are therefore culturally validated when used in cross-cultural settings though there is a debate in the literature as to whether cross-cultural validation addresses cross-cultural well-being conceptual differences (Ellis et al., 2008; Geltman et al., 2005; Kia-Keating et al., 2007).

Increasingly cultural and cross-cultural scholars are demonstrating cultural differences in well-being conceptualisation (Markus, Kitayama & Heimon, 1996; Triandis & Gelfand, 1998; Kagitcibasi, 1996; Ryan & Deci, 2001). Conceptualisation of well-being in the west has been shown to be within the framework of an individual world view with consequences of creating an independent self-construal characterised by valuing personal success, having distinctive personal attitudes and opinions, open and direct expression of personal feelings, and orienting judgement, reasoning, and causal attributions toward the person rather than the situation or social context (Morris & Penny, 1994; Diener & Diener, 1995; Markus & Kitayama, 1991; Oyserman & Markus, 1993; Triandis, 1995). Attainment of individual goals is viewed as an important source of well-being and life satisfaction. Conceptualisation of well-being in non-Western populations is shown to be within the framework of the collective world view with consequences of creating an inter-dependant self-construal which prioritises, relatedness, common goal over personal goals, harmonious relationships with close others, restrain of emotional expression, and orienting judgement, reasoning and causal attributions to social and cultural contexts (Kitayama, 1991; Oyserman 1993; Triandis, 1995; Miller, 1984; Morris & Peng, 1994). Well-being and life satisfaction derive from
successfully carrying out social roles and obligations and avoiding failures in those
domains (Kim, 1994; Markus & Kitayama, 1991).

Increasingly researchers are addressing cross-cultural conceptual limitations. Some
studies have adapting a cultural relativism approach to understand what fosters well-
being in particular cultures (Bolton, 2001; Bolton & Tang, 2004) while others have
taken on a cross-cultural approach to explore cultural differences in well-being
conceptualisation and experiences (Chirkor, Ryan, Kim & Kaplan, 2003). Other
researchers have modified well-being measures for cross-cultural use by identifying and
integrating local concepts into the standardised well-being measures designed originally
for use in Western cultures (MacMillian & Loughry, 2003; Patel et al., 1997;
Betancourt et al., 2007).

A guiding principle of the study throughout the research process was to utilise a
strength-based culturally grounded psychosocial well-being perspective in order to
produce knowledge that would contribute to debates on cultural competence. The
researcher perceived the list of generic items in all the selected standardised Western-
thorised measures of well-being as lacking specificity to cultural processes highlighted
by grounded theory analysis as having influenced individual aspects of experience such
as compliance with parental authority and causal explanation of problem behaviour to
individual as well as spiritual and/or social and cultural contexts.

A review of the literature was undertaken to search for scales that would reflect cultural
and spiritual aspects that shape individual’s aspects of psychological experiences. The
literature search yielded an Ethnic & Religious Coping questionnaire developed by
Dubow & Donaldson (1996). This questionnaire was developed to measure ethnic
identity among Jewish youth. A perusal of the questionnaire items indicated that two of
the scale items were relevant to cultural and spiritual aspects of the current study. These two items were:

I seek cleansing/prayers from my church leaders when in problems

I seek cleansing from traditional leaders when in problems

The above two items were borrowed but reworded in accordance with grounded theory findings whereby African parents or adults were found to have taken on the transmission role of African cultural norms, values and practices to their children, particularly in the context where African children were found to be immersed in diverse cultural norms, values and practices (African, transnational/diasporic, Irish).

The items were reworded to:

There are people close to me that advise me to seek cleansing from a religious leader

(religious leader was preferred to church leader in view of the fact that grounded theory findings indicated that some of the African migrant families and their children are Muslims)

There are people close to me that would advise me to seek help from a traditional healer

A third option was added:

I would be comfortable seeking help from other services. Please specify

The literature search also revealed help-seeking items that had been used with Ghanaian migrants in the Netherlands to assess their utilisation of psychosocial health services (Knipscheer & Kleber, 2008).

These items were:
In the past 12 months have you talked to any of the following for any emotional or psychological problem? Psychiatrist, Psychologist, Guidance counsellor, G.P, spiritual leader and/or traditional leader

If yes, did you attend? Yes/No

If yes what was you experience of attending?

If no, what was the reason you did not attend?

Even with the inclusion of these spiritual and cultural related items, the selected measures and the selected items did not adequately capture cultural processes illuminated by grounded theory analysis. Ways in which culturally nurtured notions of respect, obedience, and compliance shaped these children’s sense of autonomy and relatedness was not represented by the selected measures. Incorporation of contextual variables such as transnational and diasporic activities and practices, experiences of difference (racial, cultural), structural inclusion/exclusion practices, which were highlighted by grounded theory findings as creating negative or positive experiences for the study population were theorised to be key elements towards a holistic and nuanced understanding of their psychosocial well-being. The need to represent these contextual processes in the measurement of psychosocial well-being of African migrant children in Ireland acted as the rationale for the construction of an emically derived African child psychosocial scale to be used in the survey study, alongside the selected standardised questionnaires.

Psychosocial studies in African settings have qualitatively explored indigenous definitions and interpretations of children’s well-being and developed culturally understandings of psychosocial well-being/distress (Betancourt et al., 2009; Bolton, 2001; Bolton & Tang, 2004). Rapid ethnographic assessment (REA) methodology used
by these studies to elicit emic constructions of well-being acted as a key influence to this element of the study.

6.3.2. Rapid Ethnographic Assessment (REA)

As discussed in the methodology section (Chapter 4) REA involved a construct solicitation exercise among African children, youth, mothers and interviews with key African community leaders which sought to answer the research question “How do African migrant children, parents and community leaders construct African Child Psychosocial well-being in Ireland”. Specific questions that framed focus group free listing exercises were:

What are the worries and concerns of African Migrant Children?

What are cultural emotional and behavioural manifestations of distress and well-being in African Migrant Children?

What are their strengths/support systems?

What help-seeking strategies do they engage in?

Braun and Clarke (2006) comprehensive step-by-step guidelines on thematic analysis were utilised. This was adapted for the purpose of item generation as follows:

Data from free-lists that included every response were typed. Repeated and active reading identified elements of well-being domains pertaining to each of the specific free list questions.
Initial codes were generated by systematically noting the above-identified elements across all the free lists, collating data relevant to each code.

The initial codes were then reviewed for patterned responses or meaning within the data set.

Codes that were conceptually identical were summated e.g. emotional problems manifestation

‘Not wanting to talk to anyone’ and ‘wanting to be alone’ were themed as withdrawal.

Themes identified as best representing the responses that addressed the research questions are listed in table 5.
Table 5

List themes & sub-themes generated by the researcher

<table>
<thead>
<tr>
<th>Worries/Concerns</th>
<th>Strengths</th>
<th>Emotional Manifestation</th>
<th>Behavioural Manifestation</th>
<th>Well-being Explanations/ Services Sought</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home, Schools &amp; Neighbourhood</strong>&lt;br&gt;Trouble with parents/ neighbours/&lt;br&gt;Friends/peers/teachers&lt;br&gt;Curriculum changes, Language/ accent related difficulties,&lt;br&gt;Being picked on by teachers&lt;br&gt;Bullying, Peer pressure&lt;br&gt;Body image&lt;br&gt;Experiences of racism&lt;br&gt;Inclusion/exclusion practices&lt;br&gt;Contested belongingness/ connectedness&lt;br&gt;Negative &amp; positive stereotypes&lt;br&gt;Labelled as threat to authority</td>
<td><strong>Cultural values &amp; practices</strong>&lt;br&gt;Multiple cultural frames of reference – African/Irish&lt;br&gt;Al Carte values&lt;br&gt;Good work ethics&lt;br&gt;Compliance with parental wishes&lt;br&gt;Parental structuring of children’s free time&lt;br&gt;Close parental monitoring of children’s social activities&lt;br&gt;Parental engagement&lt;br&gt;In children’s day to day activities&lt;br&gt;Parental support in school work&lt;br&gt;Children’s participation in household duties&lt;br&gt;Pulled resources within ethnic networks&lt;br&gt;Transnational social and emotional ties (electronic)&lt;br&gt;Spirituality&lt;br&gt;Socialised in faith instilled values &amp; morals</td>
<td>Changes from usual – eating, talking, concentration, performance, sleeping,&lt;br&gt;Bed-wetting, nightmares, irritable&lt;br&gt;Lack of energy&lt;br&gt;Lack of interest in normal activities&lt;br&gt;Tense&lt;br&gt;Talking to oneself&lt;br&gt;Being timid – scared unnecessarily&lt;br&gt;Jumpy&lt;br&gt;Shutting down&lt;br&gt;Non communicative&lt;br&gt;Talking in an unusual low voice&lt;br&gt;Mood swings&lt;br&gt;Emotional – cry a lot&lt;br&gt;Body language – hands on cheek&lt;br&gt;Facial expression – sad face, worried eyes&lt;br&gt;Sunken eyes&lt;br&gt;Twitching of The eye (below the eye – sadness, above the eye – happiness)&lt;br&gt;Death stares&lt;br&gt;Drooping lips</td>
<td><strong>Good behaviour</strong>&lt;br&gt;Good manners,&lt;br&gt;Work diligence&lt;br&gt;Respectful&lt;br&gt;Knowing one’s boundaries&lt;br&gt;Sensitive to others&lt;br&gt;Compliant with parental wishes&lt;br&gt;Not talking back to parents&lt;br&gt;Remorseful&lt;br&gt;Helping around the house&lt;br&gt;Helping others&lt;br&gt;Polite&lt;br&gt;Able to stand up for oneself&lt;br&gt;Honest&lt;br&gt;Good approach</td>
<td>All problems – first Point of call – God’s Guidance – prayers by Oneself, religious Leaders,&lt;br&gt;Other faithful&lt;br&gt;Emotional problems&lt;br&gt;Explanation – Most seen as Spiritual attacks/or Bewitchment&lt;br&gt;So spiritual/ Traditional Healing sought&lt;br&gt;Other remedies – Protection charms&lt;br&gt;From home or Anointed&lt;br&gt;Palm/olive oil</td>
</tr>
<tr>
<td><strong>Finances</strong>&lt;br&gt;Financial constraints associated with transnational structured family units&lt;br&gt;Consequences&lt;br&gt;Inability to keep up with fashion trends&lt;br&gt;Inability to engage in leisure activities&lt;br&gt;Inability to make home country visits or to relatives elsewhere abroad</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Future Prospects</td>
<td>Acceptance/Perseverance</td>
<td>Emotional Manifation</td>
<td>Behavioural Manifation</td>
<td>Well-being Explanations/Services Sought</td>
</tr>
<tr>
<td>------------------</td>
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<td>------------------------</td>
<td>-----------------------------------------</td>
</tr>
<tr>
<td>Uncertainties – migration related</td>
<td>Socialised in African philosophy of perseverance - problems as part of life - not as something to be feared but shared, persevered and/or overcome</td>
<td>Knots in the tummy</td>
<td>Unusual stammering</td>
<td>Other explanations –</td>
</tr>
<tr>
<td>Inaccessibility to third level education) &amp; compliance related (pursuing family not individual choices)</td>
<td>Crossing hands over arms across the chest</td>
<td>Unusual rough writing/drawing</td>
<td>Occasionally - Medical – G.P. / psychological/ Psychiatric Services</td>
<td></td>
</tr>
<tr>
<td>Cultural Values &amp; Practices</td>
<td>Talking incomprehensibly or just blurring out things without planning</td>
<td>Shouting more than normal</td>
<td>Other gateways – Teachers, school heads,</td>
<td></td>
</tr>
<tr>
<td>Parent/child trust issues (children mistrust strict parental practices/parents mistrust children’s social engagements)</td>
<td>Biting lip – a way of holding back anger</td>
<td>Being overly stubborn</td>
<td>General problems – E.g. Relationship and Health</td>
<td></td>
</tr>
<tr>
<td>Personal independence undermined by cultural expectations on the child to comply</td>
<td>Task sound – dismissal – waste of space</td>
<td>Fearless</td>
<td>Social – networks of Friends/peers/ Siblings/parents/</td>
<td></td>
</tr>
<tr>
<td>Personal choices overridden by responsibility and/or obligations to family</td>
<td>Stomping of feet as a sign of anger</td>
<td>Being overactive</td>
<td>Extended family Members/</td>
<td></td>
</tr>
<tr>
<td>Lack of fit between parents preferred ways of culturally acceptable behaviour and children’s preferred choices</td>
<td>Biting of finger – anger – ‘you will see me’ hidden message of I will get you back – the person biting the finger and the recipient of this action both the underlying threat of revenge.</td>
<td>Not paying attention</td>
<td>Transnational Networks/internet/</td>
<td></td>
</tr>
<tr>
<td>Lack of fit between home/school accepted behaviour</td>
<td>Clicking of fingers while making a hissing sound – anger &amp; revenge intent</td>
<td>Swearing or using bad language</td>
<td>Youth Health Service</td>
<td></td>
</tr>
<tr>
<td>African/Irish cultural differences &amp; fear of being misunderstood</td>
<td>Cursing while making hissing sounds</td>
<td>Shouting/shoving/ Fighting.</td>
<td>(YHS) centres</td>
<td></td>
</tr>
<tr>
<td>Parental/child conflicts arising from disempowerment of parents/empowerment due to parent/child acculturation discrepancy</td>
<td>Lack of interest in normal activities</td>
<td>Stealing</td>
<td></td>
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<td></td>
<td></td>
<td>Begging</td>
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<td></td>
<td></td>
<td>Drinking Alcohol</td>
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<tr>
<td></td>
<td></td>
<td>Smoking</td>
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<td></td>
<td></td>
<td>Taking drugs</td>
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<td></td>
<td></td>
<td>Dropping out of school or irregular attendance</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Involved in police matters</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Talking back to parents</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Is careless with money</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Walking aimlessly in the estate or in town</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Knocking on other’s doors either early or late evening</td>
<td></td>
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<td></td>
<td></td>
<td>Gate-crushing events, functions</td>
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<td></td>
<td></td>
<td>Disrespectful to others</td>
<td></td>
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</tbody>
</table>
There is a relatively long list of worries/concerns in relation to other themes. List of emotional manifestation is inclusive of cultural idioms of distress.

One of my thesis supervisor’s and I reviewed the data set, the generated initial codes and themes, independently. This exercise was aimed at encouraging thoroughness by allowing the possibility of alternative interpretation of the data or other potential explanations. Themes and sub-themes were considered in isolation and in relation to other themes. This exercise resulted in a second level generation of themes presented in Table 6.
### Table 6

Second level generation of themes

<table>
<thead>
<tr>
<th>Challenges/Worries</th>
<th>Manifestation of Distress</th>
<th>Barriers to Seeking Support</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Future Prospects</td>
<td>Acceptance/Perseverance</td>
<td>Knots in the tummy</td>
<td>Unusual stammering</td>
</tr>
<tr>
<td>Uncertainties – migration related</td>
<td>Socialised in African philosophy of perseverance - problems as part of life - not as</td>
<td>Crossing hands over arms across the chest</td>
<td>Unusual rough writing/drawing</td>
</tr>
<tr>
<td>Inaccessibility to third level education) &amp; compliance related (pursuing family</td>
<td>something to be feared but shared, persevered and/or overcome</td>
<td>Talking incomprehensibly or just blurring out things without</td>
<td>Shouting more than normal</td>
</tr>
<tr>
<td>not individual choices)</td>
<td></td>
<td>planning</td>
<td>Being overly stubborn</td>
</tr>
<tr>
<td>Cultural Values &amp; Practices</td>
<td></td>
<td>Biting lip – a way of holding back anger</td>
<td>Fearless</td>
</tr>
<tr>
<td>Parent/child trust issues (children mistrust strict parental practices/parents</td>
<td></td>
<td>Task sound – dismissal – waste of space</td>
<td>Being overactive</td>
</tr>
<tr>
<td>mistrust children’s social engagements)</td>
<td></td>
<td>Stomping of feet as a sign of anger</td>
<td>Not paying attention</td>
</tr>
<tr>
<td>Personal independence undermined by cultural expectations on the child to comply</td>
<td></td>
<td>Biting of finger – anger – ‘you will see me’ hidden message of</td>
<td>Swearing or using bad</td>
</tr>
<tr>
<td>Personal choices overridden by responsibility and/or obligations to family</td>
<td></td>
<td>I will get you back – the person biting the finger and the</td>
<td>language</td>
</tr>
<tr>
<td>Lack of fit between parents preferred ways of culturally acceptable behaviour and</td>
<td></td>
<td>recipient of this action both the underlying threat of revenge.</td>
<td>Shouting/shoving/</td>
</tr>
<tr>
<td>children’s preferred choices</td>
<td></td>
<td>Clicking of fingers while making a hissing sound – anger &amp;</td>
<td>Fighting.</td>
</tr>
<tr>
<td>Lack of fit between home/school accepted behaviour</td>
<td></td>
<td>revenge intent</td>
<td></td>
</tr>
<tr>
<td>African/Irish cultural differences &amp; fear of being misunderstood</td>
<td></td>
<td>Cursing while making hissing sounds</td>
<td></td>
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<tr>
<td>Parental/child conflicts arising from disempowerment of parents/empowerment due</td>
<td></td>
<td>Lack of interest in normal activities</td>
<td></td>
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<tr>
<td>to parent/child acculturation discrepancy</td>
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</tr>
<tr>
<td>Transnational/Diasporic practices</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Loose social and emotional family bonds in transnational structured families</td>
<td></td>
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<tr>
<td>Relocation to home countries for disciplinary purposes</td>
<td></td>
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<tr>
<td>Collective (diasporic social networks) monitoring of children’s social activities</td>
<td></td>
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</tr>
<tr>
<td>Close ethnic relational ties negative impacts trust issues (confidentiality)</td>
<td></td>
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</tbody>
</table>

The list of challenges/worries is long but so is the list of resources.
Concerns to do with ‘home, school and neighbourhood’ were further sub-categorised into: ‘prejudices and discrimination’; and ‘relational conflicts’ with parents, schools and authority. Initial codes categorised under ‘emotional manifestation’ were grouped under ‘manifestation of distress’ and sub-divided into ‘internalised’ and ‘externalised’ sub-themes.

The number of themes also reduced from five to four due to restructuring of initial codes and sub-themes. Initial codes and sub-themes that had been grouped under the themes: ‘Strengths’; ‘behaviour manifestation – good behaviour’; and ‘well-being explanation/services sought’ were re-grouped under one theme ‘Resources’ under various sub-themes. Most of the initial codes that had been categorised under the sub-theme ‘manifestation of behaviour – bad behaviour’ were re-grouped under the theme ‘manifestation of distress – external’.

Some of the initial codes under the theme ‘worries/concerns’, sub-theme cultural values and prejudices were reflective of cultural related tensions resulting from processes such as parent/child acculturation discrepancy, or home/school cultural differences. Viewed in the context of the research questions, these cultural related tensions could be viewed as negatively impacting on support seeking. A theme ‘Barriers to Seeking Support’ was therefore generated.

The end result of this researcher/supervisor coding review exercise was four themes: Challenges & Concerns; Manifestation of Distress; Barriers to Seeking Support; & Resources that were judged to relate to the research questions that framed the construct elicitation exercise.

The restructured categories were checked against the nine (REA) focus group
discussions free lists’ data so as to determine how well the themes were representative of the data. The themes checklist across the nine focus group discussions is presented in table 7.
<table>
<thead>
<tr>
<th>Categories</th>
<th>FGD 1</th>
<th>FGD 2</th>
<th>FGD 3</th>
<th>FGD 4</th>
<th>FGD 5</th>
<th>FGD 6</th>
<th>FGD 7</th>
<th>FGD 8</th>
<th>FGD 9</th>
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<tbody>
<tr>
<td>Relational worries</td>
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<tr>
<td>Experiences</td>
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<td>Transnational Activities</td>
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<tr>
<td>Education/Diligence/Motivation Challenges</td>
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<td>Challenges</td>
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<tr>
<td>Manifestation of Distress</td>
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<td>Internalised</td>
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<td>Barriers to Seeking Support</td>
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<tr>
<td>Family - Relational</td>
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<tr>
<td>Family- structural and functional support</td>
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<tr>
<td>Transnational Activities</td>
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<td>Ethnic community networks</td>
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<td>√</td>
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<tr>
<td>Spiritual/ Cultural Resources</td>
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<tr>
<td>Peers/friends</td>
<td>√</td>
<td>√</td>
<td>√</td>
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<td>√</td>
<td>√</td>
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<tr>
<td>School</td>
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<td>√</td>
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<tr>
<td>Health Services</td>
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</tbody>
</table>

Note. √ indicates that a theme was represented in the particular focus group discussion.
The focus group were comprised of the following: (FGD 1-3, Mothers; FGD 4-7, Youth 15-18; FGD 8 & 9, Younger Children, 12-14). Notable from the table above is that the categories Prejudices & discrimination; worries; resources \{self\}, & Family: and structural and functional support were represented in all focus group discussions. The Rapid Ethnographic Assessment (RES) generated themes were used to develop a culturally grounded ‘African Migrant Child Cultural psychosocial well-being’ scale. Scale development procedures in social sciences that yield reliable and valid scales were followed. Discussed in the next section are two test theory models that guide the development of a majority of standardised scales in the social sciences. The section ends with the rationale of choosing classical test theory to guide the development of the ‘African Migrant Child Cultural Psychosocial’ Scale. DeVellis (2003) step to step guidelines on construct, definition, generation of an item pool, determination of format of measurement, review of item pool by experts, to administering items to a development sample were followed.

6.3.3 Scale development

6.3.3.a. How scales are developed in social sciences

In social sciences, measuring scales are in form of collection of items combined into a composite scores intended to reveal levels of theoretical underlying (latent) variables (not constant) (DeVellis, 2003). The measurement of the latent variable, in the case of current study, ‘African Migrant Child Cultural Psychosocial well-being’, is therefore targeted to estimate its actual magnitude at the time and place of measurement for each person measured. The relationship between scale items and the underlying construct or latent variable they represent, in this case, ‘psychosocial well-being’, should mainly
revolve around whether: items share a common cause, and whether items share common consequences (DeVellis, 2003, 2006; Hambleton & James, 1993; Wilson et al., 2006).

Relationship between measures and the underlying constructs they represent in social sciences is mainly conceptualised within either Item Response Theory model (IRT) or Classical Measurement Theory (CMT). While IRT concerns itself with items while CTT concerns itself primarily with scales.

At the heart of CTT is the assertion that an observed score (X) is determined by the true extent of the latent variable measured or true score (T) plus Errors (E) which can be systematic {those built into the test such as ambiguous items} or unsystematic {external to the test and assumed to be random} (DeVellis, 2006; Breakwell et al., 2006). This means that the score that a respondent obtains on, for example a psychosocial well-being measure symbolised by (X), can be decomposed into the person’s true score (T) on levels of psychosocial well-being and a random error component (E). A true score can be thought of as the score that would be obtained if a scale perfectly measured the domain of interest with no measurement error. For example, if a 50-item ‘African Migrant Child Cultural Psychosocial Well-being’ scale could perfectly measure respondents’ individual, social and cultural facets of well-being, then the observed (X) and the true score (T) would be equal. However, in research and practice, this never happens (Breakwell et al., 2006). What test developers aim for, is to develop a reliable scale in which the error variance is minimised such that the true score (T) is close to the observed score (X) (Breakwell et al., 2006). Classic test theory is built upon the assumption that the test has been constructed with sufficient care that systematic error is negligible and only unsystematic error exists (Breakwell et al., 2006).

Other CTT assumptions are that the amount of influence from the latent variable to each
item is assumed to be the same for all items and that each item is assumed to have the same amount of error as any other item (Breakwell et al., 2006; DeVellis, 2003, 2006; Hambleton & James, 1993. The implication in these assumptions is that correlation of each item with the latent variable is identical and that whatever effect on a given item is not explained by the latent variable must be explained by error. Because each item is influenced equally by the latent variable and each error term’s influence on its corresponding items is also equal, the items all have equal means and equal variances (DeVellis, 2006).

A reliability coefficient, mainly Cranach’s coefficient alpha (α) is often used to provide an estimate of the proportion of observed score variance in the respondent’s performance across items within a test that is attributed to true score variance (Traub, 2004).

The main advantage of CTT is that it is based on relatively weak assumptions that are easy to meet with real data and modest sample sizes (DeVellis, 2006; Chapman, 2010; Hambleton & James, 1993). The researchers state that these models are simple to use and require little mathematical knowledge on the part of the user. The limitations of the model are that its statistics are tests and sample dependant and therefore CTT based scales targeting particular testing settings cannot be generalised beyond those settings (DeVellis, 2006; Breakwell et al., 2006). In addition, CTT does not provide an easy mechanism by which to target measurement at a certain construct level, which is an important consideration, particularly in clinical measures where the goal is to maximise reliability or precision of measurement at one point on the score scale, rather than for the entire range of scores (Hambleton & James, 1993). Finally, CTT’s assumption that
measurement error is identical for all scores is impractical in view of the fact that in real life data, score estimates are poor when based on small numbers (Chapman, 2010).

While CTT models concern themselves primarily with scales, IRT models focus primarily on individual items and their characteristics (Wilson et al., 2006). The latter assumes that a single underlying construct accounts for performance on a test (Gessaroli & Champlain 2005). Each individual item is assumed to have its own characteristic sensitivity to the latent variable. Item responses are designed to represent ‘less’ or ‘more’ of a characteristic or latent variable, such that as the levels of the latent variable increases, the probability of a correct response to an item increases (Wright, 1997; Wilson et al., 2006). Items relationship to the underlying construct or latent variable is assessed on difficulty (the amount of strength the respondent must possess in order to ‘pass’ the item), capacity to discriminate (the degree to which an item unambiguously classifies a response as a present or absent), and susceptibility to false positives (a response indicating that some characteristic or degree of an attribute exists when in actuality does not) (DeVellis, 2003; Hambleton & James, 1993). IRT quantifies those three aspects of an item’s performance and provides a means for selecting items that will likely perform well in a given context.

IRT based scales have several advantages. Firstly, the location of the item is modelled to be independent of the location of the respondents in the sense that any respondent in the group at any location has an estimated probability of endorsing an item (Allen & Wilson, 2006). If the model assumptions are met with the dataset, then they are not sample or test dependent like CTT based scales. Another advantage of IRT models is that they provide an estimate of measurement error at each point along the scale and therefore maximise precision of measurement at a specific score point on a scale or at
the cut-score (Chapman, 2010). This is an attractive feature over CTT, which only yields one general measurement estimate for all scores.

However, in spite of the advantages derived from basing scale development on IRT models, the model’s assumption that a single underlying construct (unidimensionality) accounts for performance on a test made is unsuitable for use in instances, such as the current study, whereby the ‘African Migrant Child Cultural Psychosocial’ scale was theorised to have different domains.

CTT model of scale development was chosen to guide the ‘African Migrant Child Cultural Psychosocial’ scale for several reasons. As stated above, in theorisation of African Psychosocial Scale, the researcher did not assume unidimensionality. In addition, the survey sample was expected to be modest, and because CTT is based on relatively weak assumptions (DeVellis, 2006), then it would be easy to meet them with real survey data. The limitations of CTT, mainly, sample and test dependent item statistics and therefore only able to target particular settings, and measuring mechanism targeting an entire range of scores with no sensitivity to critical points on the score scales and therefore not maximising sensitivity and differentiation of levels of the latent variable, were not an issue for the current study. The ‘African Migrant Child Cultural Psychosocial’ Scale was targeted at a particular setting of African migrant children (Ireland) and was to be used in the general population where sensitivity and differentiation cut-points are not as crucial as clinical settings. African Psychosocial Scale raw scores would be used to compute statistics such as total scores, means, variances, and reliability coefficients and so in this respect, CMT models fitted the study data purpose. CMT based models are simple to use and require little mathematical knowledge on the part of the user (Chapman, 2010) and the I was confident I had the
knowledge required to use CTT as a guide in the development of a reliable (proportion of variance attributed to the true score of the latent variable) and valid (whether the latent variable is the underlying cause of item co-variation) instrument.

6.3.3.b. Development of the African Child Cultural Psychosocial Well-being Scale Drawing on Scale Development Literature, Cultural/Transcultural/Indigenous Literature and REA Themes

i. Defining the Construct to be Measured and the Content Domain

DeVellis (2003, 2006) posit that detailed knowledge of the construct to be measures is possibly the most important consideration in scale development.

The rapid ethnographic assessment (REA) identified themes were conceptualised within the psychosocial framework (Psychosocial Working Group – Working Paper, 2003) that guided the current research process. Within this framework, psychosocial well-being is conceptualised as a close connection between psychological aspects of experience (thoughts, emotion and behaviour) and the wider experience (relationships, tradition, culture). The REA identified social and cultural related worries/concerns were theorised to negatively influence individual functioning (thoughts, emotions and behaviour) while the identified social and cultural resources, were theorised to positively influence individual functioning.

Individual, social and cultural aspects in this case are theorised as inter-related aspects of psychosocial well-being as demonstrated in figure 5.
Figure 5: Psychosocial wellbeing conceptualization. This figure illustrated the interconnectedness of individual, social and cultural aspects of psychosocial wellbeing based on REA findings.

Within this conceptualisation of well-being (based on REA themes conceptualised within Psychosocial Working Group – Working Paper, 2003), social and cultural processes act as integral components of well-being in contrast to the emphasis placed on individual aspects of psychological functioning by traditional psychology.

Theorisation on cultural and spiritual influence on psychological aspects of experience was guided by cultural, transcultural indigenous literature. African scholars have documented African cultural norms that shape well-being experiences of African people. These norms put emphasis on the fulfilment of role obligations in social
relationships, creation and maintenance of interpersonal harmony, ability to fit in with groups or important relationships, changing one’s behaviour to respond to the demands of different situations, and self-regulation of physical behaviour and emotional expression to maintain group harmony (Duran et al., 1998; Kovach, 2005; Mbiti, 1990; Utsey et al., 2000). This literature also indicate that spirituality, which is integrated into African’s personal experiences, locates the individual within a system of meaning, connectedness, purpose and transcendence implying that it is inextricably linked to their very human existence and experiences. For this population therefore, it can be theorised that, cognitive appraisal that one’s life is good (life satisfaction), is highly driven by maintaining social harmony, fitting into groups and meeting the group’s expectations and in bringing socially, culturally and spiritually mandated happiness to him/herself and others.

It can be inferred from indigenous literature that subjective well-being conceptualisation for African people is reflective of hedonic perspective (life satisfaction, affect), and eudaimonic conceptualisation (connectedness, meaning, purpose, transcendence). Conceptualised within the psychosocial framework, it can also be inferred from influential models of well-being theorisation, from rapid ethnographic assessment findings and from the cultural/transcultural/indigenous literature that determinants of subjective well-being for this population can be theorised to have an individual facet (physical, emotional, cognitive, skills, knowledge), a social facet (harmonious relationships, social support, social connectedness & belonging, supportive systems) and a cultural facet (compliance, authority ranking, family & social obligations, perseverance, acceptance, obedience, respect, work diligence, spirituality, social and cultural meaning of experience).

OECD (2013) guidelines on measuring subjective well-being (www.oecd.org) were used in the conceptualisation of a model of African Psychosocial well-being, represented in figure 6.
Figure 6: *The conceptual model of African psychosocial subjective well-being*

Within this African psychosocial well-being conceptual model, psychosocial well-being derives from individual’s successfully engagement in social and cultural facets and avoiding failures in those domains.

Based on this African psychosocial well-being model, subjective well-being can be defined as follows: ‘a state of being in which every individual realises his or her own mental, physical, knowledge and skills’ capacity to positively engage in his or her social ecology and is able to actively engage in traditional cultural values and practices’.

Subjective evaluation is theorised to be through filters of cognitive & emotional...
judgment. Conceptualisation of the Self is of the individual as connected, fluid, and interdependent or socially oriented self (Markus & Kitayama, 1991; Mbiti, 1990; Young, 2003). Priority is therefore given to relatedness, common goal over personal goals, harmonious relationships with close others, restrain of emotional expression, and orienting judgement, reasoning and causal attributions to social and cultural contexts.

Writing of scale items would therefore be based on the theorisation that an individual African child’s cognitive appraisal that his/her life is good (life satisfaction), experiencing positive affect and having optimal functioning (meaning and/or purpose in life) is driven by an enabling social ecology (harmonious relationships, supportive social structures, connectedness & belonging and inclusive systems) and congruence with cultural values, norms and practices (compliance, authority ranking, family and social obligations, spirituality, perseverance, acceptance, respect, obedience, work diligence, social and cultural meaning of experience) while the reverse is theorised to cause less satisfaction or dissatisfaction with life, negative affect and lack of meaning and/or purpose in life.

Integrating cultural aspects of experience into well-being conceptualisation differentiates this well-being theorisation from traditional measures of well-being, which focuses on individual and social aspects of experience in the conceptualisation of well-being.

The intended population use would be African Migrant Children in Ireland (Age 11-18). The scale would address mild emotional and physical aspects of negative and positive experiences (in view of cultural manifestation of positive and negative behaviour including cultural idioms of distress). The scale targets transient and limited negative aspects in an effort to reduce the likelihood of straying to pathological realms.
ii. Generating an Item Pool

The rapid ethnographic construct elicited four themes: relational challenges/worries; behaviour manifestation; barriers to seeking support; and resources guided the writing of scale items. The items were conceptualised within the psychosocial theoretical framework guiding the current research process and drew on indigenous literature on the African cultural values, norms and values that shape psychological tendencies. The list of generated scale items is displayed in Table 8.
Table 8

List of generated items under each of the REA themes

<table>
<thead>
<tr>
<th>Relational Challenges/Worries</th>
<th>Behaviour Manifestation</th>
<th>Barriers to Seeking Support</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>prejudices &amp; discrimination experiences</strong></td>
<td><em>Internalised</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. It seems to me that my claim to belonging is always contested by others</td>
<td>Sometimes I shut down. I don’t communicate</td>
<td>I am reluctance to seek help for fear that things that I confide in those</td>
<td></td>
</tr>
<tr>
<td>2. Most people I meet relate to me based on prejudiced stereotypes regarding my race</td>
<td>I sometimes have no interest in normal activities</td>
<td>I seek help from might get back to my parents</td>
<td></td>
</tr>
<tr>
<td>3. I have engaged in physical fights with peers in reaction to racist remarks</td>
<td>There are times when I avoid contact with anyone in the house especially adults</td>
<td>There are some problems I feel that I cannot share with anyone and I keep them to myself</td>
<td></td>
</tr>
<tr>
<td>4. I have engaged in verbal fights with peers in reaction to racist remarks</td>
<td>There are times when my sleeping habits change</td>
<td>I worry that I may be misunderstood by those I go to seek help from</td>
<td></td>
</tr>
<tr>
<td>5. The more I experience discrimination, the more I distance myself from those who discriminate against me</td>
<td>There are times when my eating habits change</td>
<td>My parents don’t quite understand what I am going through</td>
<td></td>
</tr>
<tr>
<td>6. Most of the people I hang out with are not necessarily those that I choose myself but those who accept me</td>
<td>Sometimes I am moody and cry a lot</td>
<td>I sometimes fear that I may be misunderstood by those I go to seek help from</td>
<td></td>
</tr>
<tr>
<td>7. No amount of success will break stereotypical views of how others view me</td>
<td>When I am overwhelmed I place my hand on my cheek</td>
<td>Because of cultural differences</td>
<td></td>
</tr>
<tr>
<td>8. It seems to me like I have to work double or triple hard to be acknowledged by others</td>
<td>Sometimes I am quieter than usual</td>
<td>There are some problems that are spiritual and need spiritual intervention and not professional help</td>
<td></td>
</tr>
<tr>
<td>9. I am aware that racism operate in every society. My aim is to achieve my goals and move elsewhere where I can fit-in.</td>
<td>There are times when I am more absentminded than usual</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Parents</strong></td>
<td><strong>Externalised</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. My parents do not trust me to behave responsibly</td>
<td>Sometimes I have no energy to do anything whatsoever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. I am afraid to stand up to my parents about choices they make for me that are contrary to my own choices</td>
<td>Sometimes my memory is poorer than usual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. It bothers me that my parents influence my choice of friends</td>
<td>There are times when I catch myself just staring into space</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>When frustrated, I cross my arms over my chest</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>There are times when my mind races</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>When anxious, I get knots in my tummy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Self</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>95. I know that problems are part of life and therefore I find ways to tackle them whenever I encounter them.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>96. I know that some things are beyond my control and so I try the best in everything and leave the rest to God</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>97. I work hard because I know that this is the key to success</td>
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<td></td>
<td></td>
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<tr>
<td>98. A lot of people compliment me on my good manners</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99. I always listen to my parents and take note of their wishes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100. I do not talk back to my parents</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>101. I am sensitive to others</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>102. Other people have complimented me on my honesty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>103. Others have said I am trustworthy</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>104. I always greet my parents in the morning when I wake up</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>105. I do not keep the company of those with bad manners or bad behaviour</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>106. I have a lot of respect for myself and for others</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>107. Those who are close to me were not</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>108. I am proud of my capabilities and I am therefore not bothered by other people’s view of me</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>109. I would not behave in ways that would bring shame to myself or my family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relational Challenges/Worries</td>
<td>Behaviour Manifestation</td>
<td>Barriers to Seeking Support</td>
<td>Resources</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------------------</td>
<td>----------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>13. I am expected to help too much around the house</td>
<td>73. Sometimes I am so angry that I stammer</td>
<td>10. My parents and others in my community rely on me to bring pride onto the family and community</td>
<td></td>
</tr>
<tr>
<td>14. My parents do not allow me to use the computer unsupervised</td>
<td>74. When angry I click my fingers while making a tsk sound</td>
<td>11. I would not engage in behaviours that are customary believed to invite ill-fortune to one-self</td>
<td></td>
</tr>
<tr>
<td>15. I am not allowed to stay out as late as my friends</td>
<td>75. When I am angry, I write very roughly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. My friends often fail to invite me to activities or events because they are aware that my parents will not let me attend</td>
<td>76. There are times I have been disturbed about something to the point of wetting the bed at night</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Some things I do with my peers with the knowledge of their parents would really put me in trouble with my own parent if they were to find out.</td>
<td>77. When I am sad I get a twitch below my eyelid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. I am concerned that my parents structure my use of free time</td>
<td>78. There are times I am so angry that I just blurt things out incomprehensibly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. I feel that my parents put unnecessary restrictions on me.</td>
<td>79. When I am planning revenge on someone, I might bite my finger</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. I sometimes get into trouble with my parents for not greeting or acknowledging family friends when I meet them either at home or outside</td>
<td>80. Whenever I am so angry with someone, I plan revenge on them</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. I often get into trouble with my parents for not revealing my whereabouts to them at all times</td>
<td>81. I am often jumpy. Frightened of every little noise</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. My parents disprove of the way I dress.</td>
<td>82. Sometimes I am quieter than usual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. My parents are overprotective</td>
<td>83. There are times when I am more absentminded than usual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. My parents do not allow me to eat as much junk food as I would like to</td>
<td>84. Sometimes I have no energy to do anything whatsoever</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Education – Diligence/ Motivation?</strong></td>
<td>85. Sometimes my memory is poorer than usual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. I worry that my parents push me too hard academically</td>
<td>86. There are times when I catch myself just staring into space</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. I worry about not living up to my parents high expectations</td>
<td>87. When frustrated, I cross my arms over my chest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. My parents work so hard to save up for my education that I feel the pressure to keep up my end of the bargain and pass well</td>
<td>88. There are times when my mind races</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. When anxious, I get knots in my tummy</td>
<td>89.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Family Relational**

12. My parents are helpful in school related matters
13. I can talk to my parents about any problems whatsoever that I may be facing
14. I can talk about my problems with my siblings

**Family- structural and functional support**

15. Having my duties at home keeps me out of trouble outside
16. My parent’s close monitoring of the use of my free time keeps me out of trouble
17. Keeping within the boundaries set by my parents would ensure that I do not cross the boundaries of others in Authority

**Transnational**

18. I often talk to my relatives abroad about my problems
19. I talk to my friends living elsewhere abroad about my problems

**Ethnic community networks**

20. I get support from my ethnic friends
21. I choose to associate with other members of my ethnic group to avoid discrimination

**Spiritual/ Cultural Resources**

22. I say my prayers everyday
23. I try to behave in ways that I have been taught in my religion
<table>
<thead>
<tr>
<th>Relational Challenges/Worries</th>
<th>Behaviour Manifestation</th>
<th>Barriers to Seeking Support</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>28. I feel the pressure to keep up with my friends academically</td>
<td></td>
<td></td>
<td>Whenever I have a problem, I take it to God first to give me the wisdom on how to proceed</td>
</tr>
<tr>
<td>29. My performance is often compared to that of my relatives abroad</td>
<td></td>
<td></td>
<td>Using blessed water regularly keeps me well</td>
</tr>
<tr>
<td>30. I am afraid of letting down my parents</td>
<td></td>
<td></td>
<td>Using anointed oil regularly keeps me well</td>
</tr>
<tr>
<td>31. I am concerned that I don’t seem to be able to work as hard as my parents</td>
<td></td>
<td></td>
<td>I talk to my religious leader about my problems</td>
</tr>
<tr>
<td>32. My parents have to work hard to support our family abroad</td>
<td></td>
<td></td>
<td>There are some problems which people who are important to me would advice that I should seek help from a traditional healer</td>
</tr>
<tr>
<td>33. I do not have as much contact as I would like with family members who are back home or elsewhere abroad</td>
<td></td>
<td></td>
<td>Peers/friends</td>
</tr>
<tr>
<td>34. It is difficult not to have all the members of your family at home with you</td>
<td></td>
<td></td>
<td>I talk to my friends about my problems.</td>
</tr>
<tr>
<td>35. My parents have threatened to send me back home as a disciplinary measure</td>
<td></td>
<td></td>
<td>School</td>
</tr>
<tr>
<td>36. I often worry that I may not be able to communicate properly with my relatives abroad</td>
<td></td>
<td></td>
<td>I sometimes talk to my teacher about my problems</td>
</tr>
<tr>
<td>37. It concerns me that I can't always afford the things that my friends have</td>
<td></td>
<td></td>
<td>I sometimes talk to my guidance counsellor in school about my problems</td>
</tr>
<tr>
<td><strong>Finances</strong></td>
<td></td>
<td></td>
<td><strong>Health Services</strong></td>
</tr>
<tr>
<td>38. Sometimes things like standing up for myself that I have learned at home put me in trouble with the teachers at school.</td>
<td></td>
<td></td>
<td>I have talked to my G.P about an emotional problem</td>
</tr>
<tr>
<td>39. Whenever there is any sort of trouble with other children in school, I feel that the teacher favours others and I am often victimised.</td>
<td></td>
<td></td>
<td>I have talked to a psychologist about a problem</td>
</tr>
<tr>
<td>40. My parents are constantly summoned to school for things that I have done</td>
<td></td>
<td></td>
<td>I have talked to a psychiatrist about a problem</td>
</tr>
<tr>
<td>41. I constantly come home with notes from teachers to my parents complaining about my behaviour at school</td>
<td></td>
<td></td>
<td>Sometimes I search the internet when I have a health related problem</td>
</tr>
<tr>
<td>124. Whenever I have a problem, I take it to God first to give me the wisdom on how to proceed</td>
<td></td>
<td></td>
<td>I have used the services of the Youth Health Service (YHS)</td>
</tr>
</tbody>
</table>
136 items were written. Notably the list of worries/concerns is the longest but the list of resources is almost just as wrong.

Established guidelines on item writing were followed (Oppenheim 1992, Bowling, 1997: DeVellis, 2003; Dillman, 2007). There are mainly using clear and concise wording, appropriate reading level, avoiding ambiguous words, exceptionally lengthy items, multiple negatives and double barrelled items. Words were worded both positively and negatively to avoid and acquiescence, affirmation or agreement bias.
In line with the classical test theory model that guided the development of this scale, the number of items (136) written were over inclusive since the model is based on redundancy. By using multiple and seemingly redundant items, the context that is common to the items would summated across items while their irrelevant idiosyncrasies would cancel out (DeVellis, 2003). Without redundancy, this would be impossible. Besides internal consistency is a function of how strongly the items correlate with one another and how many items you have in the scale and therefore having lots of items is a form of insurance against poor internal consistency. However, after weighing the benefits of over inclusiveness or lengthy questionnaire against those of a shorter one in regard to less fatigue and consequent likelihood of increasing reliability of responses, I made a decision to reduce the number of scale items.

Items in each of the generated categories were re-read in view of how well they were represented in generated free lists data across the nine focus group discussions, and appropriate reading level of the study respondents. Based on this criterion, fifty-six items were judged as most relevant to the themes and sub-themes generated from rapid ethnographic construct elicitation exercise. Two of the items retained were re-worded to maximise ease of understanding, particularly with the younger respondents. These two items were:

‘I am concerned that my parents structure my use of free time’ (item no. 18 on the list).

‘My parent’s close monitoring of the use of my free time keeps me out of trouble’ (item no. 116 on the list)
These were reworded to:

‘It bothers me that my parents arrange things for me to do during my free
time’.

‘My parents keep a close eye on me to keep me out of trouble outside’

Two spiritual and cultural related items that had been borrowed from Dubow &
Donaldson (1996) scale were included. These were:

‘There are people close to me that advise me to seek healing from a religious
leader’

‘There are people close to me that would advise me to seek healing from a
traditional healer.’

The list of the 58 items is presented in Table 9.
Table 9
A list of generated items

<table>
<thead>
<tr>
<th>No.</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I experience bullying at school</td>
</tr>
<tr>
<td>2</td>
<td>I worry about fitting in at school</td>
</tr>
<tr>
<td>3</td>
<td>I worry that I may be misunderstood by those I go to seek help from due to cultural differences</td>
</tr>
<tr>
<td>4</td>
<td>It bothers me that some of my family members live abroad</td>
</tr>
<tr>
<td>5</td>
<td>My accent is different from those of my schoolmates. It concerns me</td>
</tr>
<tr>
<td>6</td>
<td>My teachers often complain to my parents about my behaviour</td>
</tr>
<tr>
<td>7</td>
<td>I worry that no one might be able to solve my problems</td>
</tr>
<tr>
<td>8</td>
<td>I am different. Others treat me as different</td>
</tr>
<tr>
<td>9</td>
<td>When anxious, I get knots in my tummy</td>
</tr>
<tr>
<td>10</td>
<td>I have had some problems that could only be solved by prayers</td>
</tr>
<tr>
<td>11</td>
<td>No amount of success will break negative racial stereotypical views towards me</td>
</tr>
<tr>
<td>12</td>
<td>I have had to do with some things I wanted because my parents have had to support our family back home</td>
</tr>
<tr>
<td>13</td>
<td>Others have said I am well behaved</td>
</tr>
<tr>
<td>14</td>
<td>I listen to my parents and take note of their wishes</td>
</tr>
<tr>
<td>15</td>
<td>I try to behave in ways that I have been taught in my religion</td>
</tr>
<tr>
<td>16</td>
<td>I work hard to succeed in whatever I do</td>
</tr>
<tr>
<td>17</td>
<td>Problems are part of life. I do my best and leave the rest to God</td>
</tr>
<tr>
<td>18</td>
<td>I avoid behaviours that would bring shame to my family</td>
</tr>
<tr>
<td>19</td>
<td>My parents trust me to behave responsibly</td>
</tr>
<tr>
<td>20</td>
<td>When I am angry with someone, I think of ways to get back at them</td>
</tr>
</tbody>
</table>
I talk to my religious leader abroad about my problems
I avoid behaviours that are believed to bring ill-fortune to myself or others
Sometimes I have to bite my lip just to hold up my anger
I am uncertain about my future in Ireland
There are people close to me that advise me to seek healing from a traditional healer
I talk to my relatives abroad about my problems
I talk to one of my relatives abroad on the phone when faced with a problem
Some things I do at school are not acceptable at home
Some things I do at home are not acceptable at school
It bothers me that my parents arrange things for me to do during my free time
I can talk to my siblings about my problems
It seems like I have to work double or triple hard to be acknowledged by others
I react to those who are racist towards me
My parents keep a close eye on me to keep me out of trouble outside
I get support from other people in my African community
I can talk to my friends about my problems
My parents are able to help me with school work
My parents are involved in my school work as much as my teachers expect them to
I can talk to my parents about my problems
I am expected to help too much around the house
People close to me expect me to do well. It concerns me
Having duties at home keeps me out of trouble outside
I am afraid to stand up to my parents
I have been singled out of a group of youth by the police for questioning
I would seek help from people from my own country
My parents have threatened to send me back home when I have not behaved appropriately
When I am very frustrated I shut down. I do not communicate
My parents understand fully what I go through
I often feel picked on by teachers
Most people I meet relate to me based on prejudiced stereotypes regarding my race
There are some people close to me that advise me to seek healing from a religious leader
I am concerned that I don’t speak my own language well
I talk to my friends living elsewhere abroad about my problems
My parents push me too hard to do well at school
I try not to get into trouble with the police so as not to affect my legal status
My parents are too strict
My parents influence my choice of friends
The possibility that I might not access college education discourages me from working hard at school

All the above items were considered a rich source from which an ‘African Migrant Child Cultural Psychosocial Well-being’ scale could emerge. The assumption was that some of them would be rendered redundant in the course of the scale development process. As stated earlier on, within classical test theory model, which guided this section of the study, redundancy with respect to content is an asset not a liability, as redundancy is a foundation of internal consistency reliability that in turn is a foundation of validity.
iii. Determining the format of measurement

DeVellis (2003) states that a desirable quality of a measurement scale is variability since a measure cannot co-vary if it does not vary. Having numerous response options within items increases opportunities for variability as long as care is taken to ensure that respondents are able to discriminate meaningfully across the response options. A Likert-type scale with a five choice response format was chosen due to its wide usage in the literature. Items were presented as a declarative sentence followed by response options that indicate varying degrees of agreement with or endorsement of the statement. Responses ranged from 1 = ‘Never’, 2 = ‘Hardly Ever’, 3 = ‘Sometimes’, 4 = ‘Most of the Time’, 5 = ‘Always’.

iv. Review of items by a panel of experts

A panel of experts reviewed the scale items. The panel was comprised of: a primary school teacher; a secondary school teacher; a researcher on migration issues; a college lecturer on psychometrics; a clinical psychologist working with ethnic minority children; 5 primary & 5 secondary school pupils from non-English speaking countries; and 5 primary & 5 secondary school pupils from English speaking countries. Primary and secondary school teachers and pupils (including pupils with non-English speaking backgrounds) were selected mainly to review appropriate reading levels. The researcher on migration issues and the clinical psychologist working with ethnic minority children were included to review the representation of scale items on content domain. The college lecturer on psychometrics was included in the panel to review how issues like the questionnaire length; the wording and format of item presentation might impact on responses.
The panel feedback raised the issue of the level of difficulty of some of the items and the applicability of some of the items to young children.

The clinical psychologist member of the panel viewed the wording of two of the items as sociological and therefore unlikely to be comprehended by all questionnaire respondents. These items were:

- ‘Most people I meet relate to me based on stereotypes regarding my race’ (item no. 50 on the list).
- ‘No amount of success will break negative racial stereotypical views of others towards me’ (item no. 11 on the list)

These item were reworded as:

- ‘Most people relate to me based on what they know about others from my country’.
- ‘If I succeed in life, it will change the views of those who are racist to me’.

Some members on the panel of experts (the researcher on migrant issues and the clinical psychologist) pointed out that some of the scale items targeted older children. These were items that had to do with issues of racial profiling by the police, awareness of legal status implications, and awareness of implications of transnational family functioning. These were:

- ‘If I succeed in life, it will change the views of those who are racist to me’ (item 11 on the list).
- ‘I have had to do with some things I wanted because my parents have had to
support our family back home’ (item 12 on the list).

‘I am uncertain about my future in Ireland’ (item 24 on the list).

‘It seems like I have to work double or triple hard to be acknowledged by others’ (item 32 on the list).

‘I have been singled out of a group of youth, by the police for questioning’ (item 44 on the list).

‘I try not to get into trouble with the police so as not to affect my legal status’ (item 55 on the list).

‘The possibility that I might not access college education discourages me from working hard at school’ (item no. 58).

Looking through the free-lists, it was evident that these items reflected issues that were pertinent to African youth experiences. A review of free lists indicated that these issues, had indeed, been raised by older children in focus group discussions (15-18). In view of the frequency of occurrence of these issues in free-listings with the African youth, a decision was made to leave them on, to be completed by the older children. The questionnaire was therefore split into two (11-14 & 15-18). These questions were removed from the (>15) age group but retained in the 15-18 age group’s questionnaire for further exploration.

A help-seeking question borrowed from (Knipscheer & Kleber, 2008) with a yes/no response format was placed at the end of the questionnaire. The questions asked respondents if they would be comfortable seeking help from other health providers with options of various health providers listed.
Question: In the past 12 months, have you talked to any of the following for any emotional or behavioural problems?

Options: Psychologist; Psychiatrist; G.P. Pastor/Religious Leader; Guidance Counsellor; Traditional Healer

Response choices: Yes or No

The newly developed questionnaire was administered alongside other standardised measures of well-being as part of a larger survey study. These were: The General Health Questionnaire (GHQ12); Satisfaction with life scale for children; Resilience Scale; and Strength & Difficult Questionnaire.

The survey study is discussed in the next chapter.
Chapter 7
Survey of African Migrant Children in Ireland

7.1 Introduction
The aim of this quantitative treatment of the data was to examining the underlying structure of the newly developed instrument, to test the reliability and validity of the newly developed questionnaire, and to examine the psychosocial well-being levels of African migrant children in Ireland. Survey methodology was used to collect, organise and analyse data. Standardised questionnaires: General Well-Being Scale (GHQ12; Goldberg & Williams 1988); Goodman (1997) Strengths and Difficulties Questionnaire (SDQ); Resilience Scale (Wagnild & Young, 1993); Satisfaction with Life Scale (SWLS); & the newly developed psychosocial questionnaire were used in the study. Detailed of the survey method and the survey instruments are given are discussed in Chapter 4 of this study.

In addition to personal details described in the methods section (gender, Irish-born/relocated, year in school, country of origin) other social demographic details collected in the survey were English proficiency, age of migration, family details, community and neighbourhood details and health related lifestyle details. Inclusion of these demographic details was guided by grounded theory and rapid ethnographic findings.

The internal consistency of the survey instruments was examined by use of Cronbach’s
coefficient alpha. All the scales showed moderate to high alpha coefficients. The newly
developed African Child Cultural Psychosocial Scale’ reliability was .76, GHQ_{12}, .81
(published .85 Goldberg, 1997), SDQ, .71 (published .73 Goodman, 1997), Resilience,
.87, (published .73 to .91 Wagnild, 2009), Satisfaction with Life, .84, (published .84
Gadermann, 2009). Although the SDQ Cronbach alpha fell below the published
reliability (.73), the .71 reliability score obtained in the current study falls within the .7+
comfort range recommended for research purposes (Breakwell et al., 2003; DeVellis,
2003).

7.2 Survey data analysis

7.2.1 Descriptive analysis

Descriptive analysis of demographic variables regarding family details, social
connectedness, and psychosocial health-related lifestyle habits that emerged from
qualitative findings as pertaining to the well-being of African migrant children was
carried out. Results are illustrated in table 10 here below.
Table 10
Family, social connectedness & health-related behaviours of study sample (N=232)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Number</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Live with mother &amp; father</td>
<td>176</td>
<td>76%</td>
</tr>
<tr>
<td>Live with mother &amp; not father</td>
<td>37</td>
<td>16%</td>
</tr>
<tr>
<td>Live with father &amp; not mother</td>
<td>5</td>
<td>2%</td>
</tr>
<tr>
<td>Live with foster parent(s)</td>
<td>10</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Sister or brother living back home or elsewhere abroad</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>141</td>
<td>60.5%</td>
</tr>
<tr>
<td>No</td>
<td>91</td>
<td>39.1%</td>
</tr>
<tr>
<td><strong>Community/Neighbourhood</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you like where you live</td>
<td>188</td>
<td>81%</td>
</tr>
<tr>
<td>Yes</td>
<td>16</td>
<td>7%</td>
</tr>
<tr>
<td>No</td>
<td>28</td>
<td>12%</td>
</tr>
<tr>
<td>Uncertain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have friends from your ethnic community living where you live</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>193</td>
<td>83%</td>
</tr>
<tr>
<td>No</td>
<td>26</td>
<td>11%</td>
</tr>
<tr>
<td>Uncertain</td>
<td>16</td>
<td>7%</td>
</tr>
<tr>
<td><strong>Do you have 1 or more close friends</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>131</td>
<td>56%</td>
</tr>
<tr>
<td>No</td>
<td>81</td>
<td>9%</td>
</tr>
<tr>
<td>Uncertain</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td><strong>Have you ever been a victim of bullying in and outside of school</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>58</td>
<td>25%</td>
</tr>
<tr>
<td>No</td>
<td>172</td>
<td>74%</td>
</tr>
<tr>
<td><strong>Types of Bullying</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical</td>
<td>9</td>
<td>15% of 58</td>
</tr>
<tr>
<td>Verbal</td>
<td>42</td>
<td>73% of 58</td>
</tr>
<tr>
<td>Characteristics</td>
<td>Number</td>
<td>Percentages</td>
</tr>
<tr>
<td>-----------------</td>
<td>--------</td>
<td>-------------</td>
</tr>
<tr>
<td>Exclusion</td>
<td>7</td>
<td>12% of 58</td>
</tr>
</tbody>
</table>

**Reason for bullying**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>51</td>
<td>88% of 58</td>
</tr>
<tr>
<td>Teacher’s pet</td>
<td>5</td>
<td>9% of 58</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>3% of 58</td>
</tr>
</tbody>
</table>

**Lifestyle**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have a computer at home?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>215</td>
<td>93%</td>
</tr>
<tr>
<td>No</td>
<td>16</td>
<td>7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have a computer or a laptop in your bedroom?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>93</td>
<td>40%</td>
</tr>
<tr>
<td>No</td>
<td>139</td>
<td>60%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>About how much time do you spend on the computer on a normal day of the week?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;1 hour</td>
<td>39</td>
<td>17%</td>
</tr>
<tr>
<td>1&lt;3 hours</td>
<td>88</td>
<td>38%</td>
</tr>
<tr>
<td>3&lt;5 hours</td>
<td>65</td>
<td>28%</td>
</tr>
<tr>
<td>5+ hours</td>
<td>42</td>
<td>18%</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you smoke?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>No</td>
<td>230</td>
<td>99%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you drink alcohol?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>5</td>
<td>2%</td>
</tr>
<tr>
<td>No</td>
<td>227</td>
<td>98%</td>
</tr>
</tbody>
</table>
A majority of African migrant children live with their mother and father (76%, N=232). Similar family living arrangement patterns are reported among Irish adolescents ('My World Survey' – 81% out of a sample of 6,082) live with both parents (Dooley & Fitzgerald, 2012). Over two thirds (69% out of total 233) of African migrant children reported having a brother or sister living abroad which is an indication of the transnational nature of African migrant families. They like the neighbourhood where they live (80%, N=232) and a majority of them have ethnic peers in their neighbourhood (83%, N=232) and have 1 or more close friends in their neighbourhood (56%, N=232) indicating a social connectedness to their environment. Notably, while African migrant children are shown on the table above to hardly drink (2% of 233), ‘My World Survey’ report (Dooley & Dooley & Fitzgerald, 2012) indicates that out of their total survey sample, 79% of Irish adolescents fall into the normal drinking range, 15% are classified as drinkers and 3% as potential alcohol dependent. An overwhelming number of African migrant children (93%, N=232) have a computer in their homes and over half of them (60%, N=232) have a computer or laptop in their bedroom. The most reported time spent on the computer on a normal day of the week is >1 (38%, N=88 out of a total sample of 233) which is less than the two hours’ recommended threshold of exposure to sedentary daily screen time (www.irishsportscouncil.ie).

Only a quarter of the respondents reported being victims of bullying (25%, N=232) and out of this number, the most reported type of bullying was verbal and they gave the reason for bullying as racially motivated. This differs from the pattern reported among Irish adolescents (40% out of a sample of 6,082) (Dooley & Fitzgerald, 2012).

Responses on the help-seeking question included in the survey were analysed. Results are illustrated in table 11. here below
Table 11
Service utilisation (emotional & behavioural problems)

<table>
<thead>
<tr>
<th>Service Utilisation</th>
<th>Yes Number (Percentage)</th>
<th>No Number (Percentage)</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychologist</td>
<td>17 (9.1%)</td>
<td>168</td>
<td>185</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>2 (1.1%)</td>
<td>183</td>
<td>185</td>
</tr>
<tr>
<td>G.P</td>
<td>31 (16.8%)</td>
<td>154</td>
<td>185</td>
</tr>
<tr>
<td>Pastor Religious Leader</td>
<td>78 (42%)</td>
<td>146</td>
<td>185</td>
</tr>
<tr>
<td>Traditional Healer</td>
<td>13 (7.0%)</td>
<td>172</td>
<td>185</td>
</tr>
<tr>
<td></td>
<td>17 (17%)</td>
<td>83</td>
<td>100</td>
</tr>
</tbody>
</table>

Note. Guidance Councillors are only available in secondary schools. So respondents on this service are only high school students

Notably, the leading service provider was Pastor/Religious Leader (42%). Though small in percentage (7.0%) Traditional healer services were sought at a slightly higher rate than Psychiatrist services (1.1%). This pattern differs from that of Irish adolescents where-by, the reported leading service provider is Doctors/GPs (44%), followed by Psychologist/Counsellor/Therapist (28%), and teacher/guidance counsellor (25%) (Dooley & Fitzgerald, 2012).

7.2.2 African migrant child cultural psychosocial scale – factor analysis

This section of statistic data analysis aimed to:

Examine the underlying structure of the newly developed questionnaire and test the reliability (internal consistency) and validity (construct validity) of the newly developed scale.

Factor analysis was used. In scale measurement, one of the objectives is to determine whether the items written could form into a scale by examining certain statistical properties (Tabachnick and Fidell, 2007). In measurement literature, exploratory factor analysis (EFA) and principal component analysis (PCA) are the two commonly used
standard statistical tools in developing measurement scales (Henson & Roberts (2006). Both of these methods are data reduction techniques that attempt to produce a smaller number of linear combinations of the original variables in a way that captures most of the variability in the pattern of correlations (DeVellis, 2003; Fields, 2009; Tabachnick and Fidell, 2007).

EFA assumes that the correlation in the observed variables is due to the presence of one or more latent variables that exerts causal influence on the observed variables (DeVellis, 2003; Tabachnick and Fidell, 2007). Item-total correlations serve as the causal pathways from the latent variable to the individual items (DeVellis, 2003). EFA the investigator has no expectations on the number variables and it is exploratory in nature in determining how many categories or factors are sufficient to capture the bulk of the information contained in the original set of items. The method identifies categories of similar statements and begins with the premise that one category or concept is sufficient to account for the pattern of correlations among the items. Tabachnick and Fidell (2007) explains the steps followed in conducting an EFA analysis. They state that the process begins with a correlation matrix for all of the individual items, which is used as a starting point in examining the patterns of co-variation represented by the correlations among items. It then assesses how much of the association among individual items a single concept can explain by comparing the projected correlations to the actual correlations which amount to subtracting each projected correlations from the corresponding actual correlations based on the original data. This is done simultaneously for each possible pairing of items ending up with a residue matrix each representing the amount of correlation between a particular pair of items that exists above and beyond the co-variation that a single variable could explain. A substantial discrepancy between actual and projected correlations indicate that a single factor
model is not adequate, and that there is still some unaccounted-for co-variation among the items. If it appears that one concept or category has not done an adequate job of accounting for co-variation among items, the factor analysis rejects the initial premise. The residue matrix is treated in the same way the correlation matrix was treated, extracting a second factor corresponding to a new latent variable that explains some of the remaining co-variation among items. This process proceeds with each successful factor being extracted from the residual matrix that resulted from the proceeding iteration until a matrix is achieved that contains only acceptable small residue correlations. At this point, one can determine that essentially all of the important co-variation has to be accounted for and that no further factors are needed. The extracted number of factors account for common variance in the data. Factor scores are therefore estimates of the underlying latent construct. Because the actual scores for all items are presumed to be determined by the underlying latent construct, adding individual item scores into a total score, and then computing item total correlations for each separate item with the total of all items is considered a reasonable estimate of the latent variable’s true score (DeVellis, 2006; Fields, 2009; Stevens, 2001; Tabachnick and Fidell, 2007).

The steps followed when conducting PCA are virtually identical to those followed when conducting EFA but there are significant conceptual differences between the two procedures (Tabachnick & Fidell, 2007). EFA assumes an underlying causal model and during factor extraction, the shared variance of a variable is partitioned from its unique variance and error variance to reveal the underlying factor structure and only shared variance appears in the solution (Tabachnick & Fidell, 2007, Stevens, 2011). PCA on the other hand makes no assumption about an underlying causal model and components are calculated using all the variances of the manifest variable without making any
discrimination between shared and unique variance (Tabachnick & Fidell, 2007). Therefore, unlike EFA where factor scores are estimates of an underlying latent construct, PCA scores are actual scores.

Tabachnick and Fidell (2007) propose that the research interest should determine whether EFA or PCA technique should be used. That if you are interested in a theoretical solution, uncontaminated by unique and error variability then EFA analysis is your choice and if you are interested in an empirical summary of the data set, Principal Component analysis is the better choice. Given that the meaning attached to the new developed scale categories or factors would go beyond observable variables, EFA was considered as the better choice.

Factor analysis has been criticised for subjectiveness of the results, which are determined by the researcher (Tabachnick & Fidell, 2001). The authors point out that decisions about the number of factors and rotational scheme are based on pragmatic rather than theoretical criteria. Henson & Roberts (2006) proposes that in order to limit the subjectiveness of factor analysis, the researcher must be systematic, and must apply sound judgment considerations such as suitability of the data for factor analysis, number of factors to be extracted, selection of rotation methods, interpretation and labelling of the factors. These considerations were all taken into account as outlined in the next sections.
7.2.2.a Initial data screening and testing the assumptions of factor analysis

**Outliers**: Factor analysis can be sensitive to outliers so the data was screened for them. Three out-of-range values were traced to administrative errors and were removed. The box plot on figure 7 shows the distribution of questionnaire responses.

![Box plot of total psychosocial scores](image)

Figure 7: *A box plot of total psychosocial scores*

There was quite a wide range in the distribution with a highest score of 198, lowest score of 112 and a median of 154. The highest possible questionnaire score was 225 and lowest score of 5. The majority of respondents were in the 140-165 range, which is average.

**Normal distribution**: Another criterion for factor analysis is that the data should be normally distributed. Figure 8 is an illustration of the African Migrant Child psychosocial scores distribution by use of a histogram.
There is a slight negative skewness but with a large sample 200+ this should not make substantive difference in the analysis.

There are high scores with no relatively low scores (no extreme high or low cases). 50% of the cases lie between 140 and 165. An approximately normal distribution was evident and thus the data was well suited for Factor analyses.

**Sample size:** This is a major issue for factor analysis because in small samples the correlation coefficients among the items are less reliable tending to vary from sample to sample. What is partitioned-up is error variance, and therefore, the larger the sample size the smaller the error of variance. Tabachnick and Fidell (2001) recommends 300 cases for factor analysis but concede that a smaller sample size (e.g. 150) should be sufficient if solutions have several high loading marker variables or items (above .80). They suggest a ratio of 5 cases for each item to be factor analysed. The current study
sample size (n=232, items=51) fell just below the 255 (51 x 5) sample size requirement (Tabachnick & Fidell, 2001). However, this sample size would meet the exploration nature of this study and the small size element would be taken into consideration in the interpretation of results.

**Factorability of the data:** Several widely used criteria for the factorability of a correlation were used.

Tabachnick and Fidell (2001) recommend an inspection of the correlation matrix as evidence of coefficients greater than .3. If few correlations above this level are found, then factor analysis may not be appropriate. Inspection of the generated correlation matrix revealed the presence of many coefficients of .3 and above implying strong relationships among the items.

Secondly, the Kaiser-Meyer-Olkin (Kaiser, 1970, 1974) measure of sampling adequacy was .70, above the recommended value of .6), and Bartlett’s test of sphericity (Bartlet, 1954) was (significant $p < .05$) supporting the factorability of the data (Tabachnick & Fidell, 2001).

Finally, the communalities were all above .5, further confirming that each item shared some common variance with other items. Given these overall indicators, factor analysis was conducted with all 51 items.

**7.2.2.b Factor extraction**

Having ascertained that the data was suitable for factor analysis, the next step undertaken was factor extraction which involves determining the smallest number of factors that can be used to best represent interrelations among the set of variables. The
process involved balancing between the need to find a simple solution with as few factors as possible, and the need to explain as much of the variance in the original data as possible. Tabachnick and Fidell (2001) recommend that researchers adopt an exploratory approach, experimenting with different numbers of factors until a satisfactory solution is found.

The researcher therefore explored a number of different techniques as indicated here:

**Kaiser’s criterion or Eigen value**

Using this rule, factors with an Eigen value of 1 or more are retained for further investigation. The Eigen value of a factor represents the amount of total variance explained by that factor. The first factor extracted in EFA accounts for a maximal amount of variance in observable variables. The second factor accounts for a maximal amount of variance in the data set that was not accounted for in the first component meaning that this second factor will be correlated with some of the observed variables that did not display strong correlations with factor one but the correlations between the two factors should be 0. EFA analysis therefore continues in this fashion with each new component accounting for progressively smaller and smaller amounts of variance.

Use of Eigen value criteria revealed the presence of 13 factors with Eigen values exceeding 1. The 13 factors explained 66.2% total variance (12.8 %, 8.4%, 6.0%, 5.8%, 4.6%, 4.2%, 3.8%, 3.2%, 2.9%, 2.7%, 2.4% & 2.3% of the variance respectively). The first five factors explain 37.63 total variance. Kaiser’s criterion has been criticised as resulting in the retention of too many factors (Hallstian et al., 1982; Zwick & Velicer, 1986). Stevens (1986) reviewed studies that have investigated the accuracy of the Eigen value criteria and recommends its use when the analysis is based on over 250
observations and the mean communality is greater or equal to .60. Observations of the current study were 233. Consequently, the Catell’s Scree test was explored.

**Catell’s scree test (Catell, 1966)**

This involved plotting each of the Eigen values of the factors and inspecting the plot to find a point at which the shape of the curve changes direction and becomes horizontal (elbow). Above the elbow, the variances are substantially more, as there are big drops in the size of the Eigen values while below elbow, the Eigen values remain close to each other and reflect a straight line. Catell recommends retaining all factors above the elbow or break in the plot as these factors contribute the most to the explanation of the variance in the data set. The rationale of the scree plot is that the factors extracted are those that make substantial contribution of the variances before diminishing returns take place as established by the elbow in the plot.

The graphed scores on the scree plot are presented in figure 9.
Figure 9: Scree plot

The scree plot shows a clear break between the 1st and 3rd component and another break between the 7th and 9th component. Components 1, 2, 3, 4 and 5 capture much more of the variance than the remaining components but there is need to explore further, components 6, 7 and 8.

Due to the exploratory nature of the study, Horn’s Parallel analysis factor extraction guidelines were also explored.

**Horn’s parallel analysis (1965)**

This involves comparing the size of the Eigen values with those obtained from a randomly generated data set of the same size. Only those Eigen values that exceed the corresponding values from the random data set are retained. Table 12 presents the horn parallel analysis (PA) generated data for the study sample.
Table 12
Comparison of obtained Eigen values with those of random sample

<table>
<thead>
<tr>
<th>Component Number</th>
<th>Actual Eigen value from PCA</th>
<th>Criterion value from PA</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5.648</td>
<td>2.0749</td>
<td>Accept</td>
</tr>
<tr>
<td>2</td>
<td>3.677</td>
<td>1.9626</td>
<td>Accept</td>
</tr>
<tr>
<td>3</td>
<td>2.681</td>
<td>1.8796</td>
<td>Accept</td>
</tr>
<tr>
<td>4</td>
<td>2.544</td>
<td>1.8125</td>
<td>Accept</td>
</tr>
<tr>
<td>5</td>
<td>2.006</td>
<td>1.7451</td>
<td>Accept</td>
</tr>
<tr>
<td>6</td>
<td>1.835</td>
<td>1.6903</td>
<td>Accept</td>
</tr>
<tr>
<td>7</td>
<td>1.666</td>
<td>1.6344</td>
<td>Accept</td>
</tr>
<tr>
<td>8</td>
<td>1.421</td>
<td>1.5842</td>
<td>Reject</td>
</tr>
<tr>
<td>9</td>
<td>1.374</td>
<td>1.5385</td>
<td>Reject</td>
</tr>
<tr>
<td>10</td>
<td>1.261</td>
<td>1.4933</td>
<td>Reject</td>
</tr>
</tbody>
</table>

Based on this analysis, 7 factors had Eigen values that exceeded the corresponding values from the random data set implying that 7 factors could be extracted.

7.2.2.c Factor retention and interpretation

A seven factor (scree plot, Kaiser’s and Horn’s Parallel analysis criteria) and a four factor (levelling off of Eigen values on the scree plot criteria) were examined, using both varimax rotations (which assumes that factors are uncorrelated) and Oblimin rotation (which assumes that factors are correlated). There was insufficient number of items loading on two of the factors on the seven-factor rotation. Tabachnick & Fidell, (2001) have recommended against retaining factors with fewer than three items in view of the fact that, the larger the number of items on a factor, the more confidence one has
that it will be a reliable factor in future studies. The four-factor solution, was preferred because it fitted the data items better than the seven-factor model.

Tabachnick and Fidell (2001) advice that orthogonal varimax rotation results in solutions that are easier to interpret and in view of this recommendation, interpretation of factors was undertaken on the varimax rotation. Besides the strength of the relationship between the factors on the oblimin rotation matrix was found to be quite low (1 & 2 at -.173; 1 & 3 at -.120; 1 & 4 at -.177; 2 & 3 at -.012; 2 & 4 at .010; and 3 & 4 at .014 respectively) indicating that the factors are not inter-correlated. These findings validated the choice made to use varimax rotation.

All four factors (standardised regression weights of standardised variables) showed a number of strong loadings (correlation between observed variables (items) and factors (Tabachnick & Fidell, 2007). Tabachnick & Fidell (2001) cite .3 as a good rule of the thumb for the minimum loadings of items, which equates to approximately 10% of overlapping variance with the other items in the factor. Three items cross-loaded. The minimum loading was raised to .4 and 14 items, inclusive of the three items that had cross-loaded did not make this cut and were removed from the scale altogether. The four-component solution explained 35.75%, with the four components contributing 10.09%, 9.55%, 8.21%, & 7.90% respectively.

Items with weak loadings of >.4 were removed. These are presented in Table 13
Table 13
List of redundant items

<table>
<thead>
<tr>
<th>No</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sometimes I have to bite my lip just to hold my anger</td>
</tr>
<tr>
<td>2</td>
<td>Some things I do at home are not acceptable at school</td>
</tr>
<tr>
<td>3</td>
<td>I have had some problems that could only be solved by prayers</td>
</tr>
<tr>
<td>4</td>
<td>I can talk to my friends about my problems</td>
</tr>
<tr>
<td>5</td>
<td>I talk to my relatives abroad about my problems whenever I visit them or they visit us</td>
</tr>
<tr>
<td>6</td>
<td>I would seek help from people from my own country</td>
</tr>
<tr>
<td>7</td>
<td>My parents arrange things for me to do during my free time</td>
</tr>
<tr>
<td>8</td>
<td>People close to me expect me to do well. It concerns me</td>
</tr>
<tr>
<td>9</td>
<td>When I am so angry with someone I think of ways to get back at them</td>
</tr>
<tr>
<td>10</td>
<td>My parents trust me to behave responsibly</td>
</tr>
<tr>
<td>12</td>
<td>My parents are able to help me with school work</td>
</tr>
<tr>
<td>13</td>
<td>I worry that no one might be able to solve my problems</td>
</tr>
<tr>
<td>14</td>
<td>My parents influence my choice of friends</td>
</tr>
</tbody>
</table>

These 14 items with weak loadings were removed from the questionnaire leaving a total of 37 items in the questionnaire.

The 37 items with loadings .4< were that were retained are presented in table 14 showing their factor loadings and communalities based on a principle component analysis with varimax rotation.
<table>
<thead>
<tr>
<th>Items</th>
<th>Factor 1 Loadings</th>
<th>Factor 2 Loadings</th>
<th>Factor 3 Loadings</th>
<th>Factor 4 Loadings</th>
<th>Communalilty</th>
</tr>
</thead>
<tbody>
<tr>
<td>I experience bullying at school</td>
<td>.76</td>
<td>.68</td>
<td>.63</td>
<td>.64</td>
<td></td>
</tr>
<tr>
<td>I worry about fitting in at school</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It bothers me that some of my family members live abroad</td>
<td>.63</td>
<td></td>
<td>.64</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My teachers often complain to my parents about my behaviour</td>
<td>.56</td>
<td></td>
<td></td>
<td>.61</td>
<td></td>
</tr>
<tr>
<td>I often feel picked on by teachers</td>
<td>.56</td>
<td></td>
<td></td>
<td>.52</td>
<td></td>
</tr>
<tr>
<td>My parents have threatened to send me back home when I have not behaved as expected</td>
<td>.55</td>
<td></td>
<td></td>
<td>.47</td>
<td></td>
</tr>
<tr>
<td>My accent is different from those of my schoolmates. It concerns me</td>
<td>.53</td>
<td></td>
<td></td>
<td>.52</td>
<td></td>
</tr>
<tr>
<td>I worry that I may be misunderstood by those I go to seek help from due to cultural differences</td>
<td>.51</td>
<td></td>
<td></td>
<td>.57</td>
<td></td>
</tr>
<tr>
<td>I am different. Others treat me as different</td>
<td>.49</td>
<td></td>
<td></td>
<td>.77</td>
<td></td>
</tr>
<tr>
<td>I am concerned that I don’t speak my own language well</td>
<td>.46</td>
<td></td>
<td></td>
<td>.57</td>
<td></td>
</tr>
<tr>
<td>Some things I do at school are not acceptable at home</td>
<td>.44</td>
<td></td>
<td></td>
<td>.54</td>
<td></td>
</tr>
<tr>
<td>I can talk to my parents about my problems</td>
<td></td>
<td>.61</td>
<td></td>
<td>.69</td>
<td></td>
</tr>
<tr>
<td>I listen to my parents and take note of their wishes</td>
<td></td>
<td>.59</td>
<td></td>
<td>.54</td>
<td></td>
</tr>
<tr>
<td>My parents are involved in my school work as much as my teachers expect them to</td>
<td>.56</td>
<td></td>
<td></td>
<td>.58</td>
<td></td>
</tr>
<tr>
<td>Others have said I am well behaved</td>
<td>.53</td>
<td></td>
<td></td>
<td>.60</td>
<td></td>
</tr>
<tr>
<td>I work hard to succeed in whatever I do</td>
<td>.51</td>
<td></td>
<td></td>
<td>.62</td>
<td></td>
</tr>
<tr>
<td>My parents understand fully what I go through</td>
<td>.50</td>
<td></td>
<td></td>
<td>.63</td>
<td></td>
</tr>
<tr>
<td>I try to behave in ways that I have been taught in my religion</td>
<td>.49</td>
<td></td>
<td></td>
<td>.48</td>
<td></td>
</tr>
<tr>
<td>Problems are part of life. I do my best and leave the rest to God</td>
<td></td>
<td>.49</td>
<td></td>
<td>.57</td>
<td></td>
</tr>
<tr>
<td>I can talk to my siblings about my problems</td>
<td>.44</td>
<td></td>
<td></td>
<td>.71</td>
<td></td>
</tr>
<tr>
<td>My parents keep a close eye on me to ensure I do not get into trouble</td>
<td></td>
<td>.43</td>
<td></td>
<td>.68</td>
<td></td>
</tr>
<tr>
<td>Having duties at home keeps me out of trouble outside</td>
<td></td>
<td>.42</td>
<td></td>
<td>77</td>
<td></td>
</tr>
<tr>
<td>Items</td>
<td>Factor 1 Loadings</td>
<td>Factor 2 Loadings</td>
<td>Factor 3 Loadings</td>
<td>Factor 4 Loadings</td>
<td>Communality</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-------------------</td>
<td>-------------------</td>
<td>-------------------</td>
<td>-------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>I get support from other people in my African community</td>
<td>.42</td>
<td></td>
<td></td>
<td></td>
<td>.68</td>
</tr>
<tr>
<td>I talk to my religious leader about my problems</td>
<td></td>
<td>.74</td>
<td></td>
<td></td>
<td>.75</td>
</tr>
<tr>
<td>There are people close to me that advise me to seek cleansing from a traditional healer</td>
<td></td>
<td>.72</td>
<td></td>
<td></td>
<td>.64</td>
</tr>
<tr>
<td>There are some people close to me that advise me to seek healing from a religious leader</td>
<td></td>
<td>.68</td>
<td></td>
<td></td>
<td>.75</td>
</tr>
<tr>
<td>I talk to my relatives abroad about my problems</td>
<td></td>
<td>.67</td>
<td></td>
<td></td>
<td>.68</td>
</tr>
<tr>
<td>I talk to my friends living elsewhere abroad about my problems</td>
<td></td>
<td>.66</td>
<td></td>
<td></td>
<td>.68</td>
</tr>
<tr>
<td>When I am very frustrated I shut down. I do not communicate</td>
<td></td>
<td>.59</td>
<td></td>
<td></td>
<td>.72</td>
</tr>
<tr>
<td>When anxious, I get knots in my tummy</td>
<td></td>
<td>.53</td>
<td></td>
<td></td>
<td>.77</td>
</tr>
<tr>
<td>I avoid behaviours that are believed to bring ill fortune to myself or others</td>
<td></td>
<td>.46</td>
<td></td>
<td></td>
<td>.74</td>
</tr>
<tr>
<td>My parents are too strict</td>
<td></td>
<td>.46</td>
<td></td>
<td></td>
<td>.53</td>
</tr>
<tr>
<td>My parents push me too hard to do well at school</td>
<td></td>
<td>.45</td>
<td></td>
<td></td>
<td>.69</td>
</tr>
<tr>
<td>I am expected to help too much around the house</td>
<td></td>
<td>.44</td>
<td></td>
<td></td>
<td>.72</td>
</tr>
<tr>
<td>I am afraid to stand up to my parents</td>
<td></td>
<td>.44</td>
<td></td>
<td></td>
<td>.47</td>
</tr>
<tr>
<td>I avoid behaviours that are believed to bring shame to my family</td>
<td></td>
<td>.41</td>
<td></td>
<td></td>
<td>.70</td>
</tr>
<tr>
<td>People relate to me based on what they know about others from my country</td>
<td></td>
<td>.41</td>
<td></td>
<td></td>
<td>.62</td>
</tr>
</tbody>
</table>

Totals (N= 37 Items)  

11  12  5  9

The higher the loading of the item on the factor, the more relevant it is in defining the factor dimensionality and therefore items with highest loadings in each factor aided in the interpretation and labelling of the factors. Large communality is assumed in EFA to be strongly influenced by an underlying construct (Tabachnick & Fidell, 2001).

An examination of items that loaded on: Factor 1 indicated that conceptually, they had to do with Experience of Difference; Factor 2 had to do with Resources and Capacities.
(Individual, Family, Cultural & Spiritual); Factor 3 had to do with Help-seeking; and Factor 4 with Cultural Compliance (Concerns & Manifestation).

7.2.2.d Reliability & initial analysis of item’s performance

An important criterion for a useful scale is that it is reliable. Cronbach’s alpha statistics was used to estimate the reliability of a test by examining its internal consistency based on the principle that each part of the test should be consistent with all other parts (DeVellis, 2006). The higher the correlations among items, the higher are individual items reliabilities (i.e. the more intimately they are related to the true score) (Breakwell, Hammond & Fife-Shaw, 2003; DeVellis, 2003). However, within the framework of classic attenuation paradox in psychometric theory, highly inter-correlated items are highly redundant (see Boyle, 1991; Briggs & Cheek, 1986) and therefore once one of them is included in the scale, the other(s) contributes little or no incremental information. Therefore, more differentiated items that are only moderately inter-correlated are more desirable.

Another valuable attribute for a scale item is relatively high variance. If individuals answer a given item identically, it will not discriminate at all among individuals with different levels of the construct being measured and its variance will be 0. But if the developmental sample is diverse with respect to the attribute of interest, then the range of scores being obtained for an item should be diverse as well. An item mean close to the centre of the range of possible scores (mean near 3 in this 5 point response format) is desirable. If the mean were near one of the extremes, of the range, then the item might fail to detect certain values of the construct. Generally, items with means too near an extreme of the response range will have low variances and those that vary over a narrow range will correlate poorly with other items. An item that does not vary cannot co-vary.
Therefore a lopsided mean or a low variance for any reason will tend to reduce an item’s correlation with other items (DeVellis, 2006). The authors posit that reliability evaluation can be viewed as a kind of construct validation.

Reliability analysis was undertaken on the list of African Child Psychosocial Scale. Items Mean, reliability and inter-item correlation are shown in table 15.

Table 15
A list of item characteristics of newly developed scale indicating reliability (N=232)

<table>
<thead>
<tr>
<th>Items</th>
<th>M (SD)</th>
<th>Reliability</th>
<th>Item Total Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>I experience bullying at school</td>
<td>1.82 (1.2)</td>
<td>.76</td>
<td>.34</td>
</tr>
<tr>
<td>I worry about fitting in</td>
<td>1.96 (1.2)</td>
<td>.76</td>
<td>.54</td>
</tr>
<tr>
<td>It bothers me that some of my family members</td>
<td>2.41 (1.3)</td>
<td>.77</td>
<td>.50</td>
</tr>
<tr>
<td>My teachers often complain to my parents</td>
<td>1.90 (1.1)</td>
<td>.77</td>
<td>.43</td>
</tr>
<tr>
<td>I often feel picked on by</td>
<td>2.01 (1.2)</td>
<td>.77</td>
<td>.46</td>
</tr>
<tr>
<td>My parents have threatened to send me</td>
<td>1.87 (1.2)</td>
<td>.78</td>
<td>.40</td>
</tr>
<tr>
<td>My accent is different from those of my</td>
<td>2.1 (1.3)</td>
<td>.78</td>
<td>.42</td>
</tr>
<tr>
<td>I worry that I may be misunderstood by those</td>
<td>2.3 (1.1)</td>
<td>.78</td>
<td>.43</td>
</tr>
<tr>
<td>I am different. Others</td>
<td>2.7 (1.4)</td>
<td>.78</td>
<td>.40</td>
</tr>
<tr>
<td>I am concerned that I</td>
<td>2.2 (1.4)</td>
<td>.78</td>
<td>.40</td>
</tr>
<tr>
<td>Some things I do at</td>
<td>2.8 (1.2)</td>
<td>.79</td>
<td>.34</td>
</tr>
<tr>
<td>I can talk to my parents</td>
<td>3.5 (1.3)</td>
<td>.70</td>
<td>.56</td>
</tr>
<tr>
<td>I listen to my parents</td>
<td>4.2 (1.3)</td>
<td>.73</td>
<td>.38</td>
</tr>
<tr>
<td>My parents are involved in my school work as</td>
<td>3.5 (1.3)</td>
<td>.72</td>
<td>.44</td>
</tr>
<tr>
<td>Others have said I am</td>
<td>4.2 (.89)</td>
<td>.73</td>
<td>.32</td>
</tr>
<tr>
<td>I work hard to succeed</td>
<td>4.5 (.80)</td>
<td>.73</td>
<td>.36</td>
</tr>
<tr>
<td>My parents understand</td>
<td>3.6 (1.3)</td>
<td>.72</td>
<td>.43</td>
</tr>
<tr>
<td>I try to behave in ways that I have been taught</td>
<td>4.1 (.98)</td>
<td>.73</td>
<td>.30</td>
</tr>
<tr>
<td>Problems are part of life. I do my best and</td>
<td>4.3 (1.0)</td>
<td>.73</td>
<td>.30</td>
</tr>
<tr>
<td>I can talk to my siblings</td>
<td>3.1 (1.4)</td>
<td>.73</td>
<td>.37</td>
</tr>
<tr>
<td>Items</td>
<td>M (SD)</td>
<td>Reliability</td>
<td>Item Total Correlation</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------</td>
<td>----------</td>
<td>-------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>My parents keep a close eye on me to ensure I do not get into trouble</td>
<td>3.7 (1.2)</td>
<td>.73</td>
<td>.36</td>
</tr>
<tr>
<td>Having duties at home</td>
<td>3.6 (1.2)</td>
<td>.73</td>
<td>.35</td>
</tr>
<tr>
<td>I get support from other</td>
<td>3.4 (1.2)</td>
<td>.73</td>
<td>.36</td>
</tr>
<tr>
<td>I talk to my religious</td>
<td>2.4 (1.3)</td>
<td>.71</td>
<td>.61</td>
</tr>
<tr>
<td>There are people close to me that advise me to</td>
<td>2.4 (1.4)</td>
<td>.73</td>
<td>.57</td>
</tr>
<tr>
<td>There are people close to me that advise me to</td>
<td>2.4 (1.4)</td>
<td>.70</td>
<td>.22</td>
</tr>
<tr>
<td>I talk to my relatives</td>
<td>2.4 (1.3)</td>
<td>.75</td>
<td>.48</td>
</tr>
<tr>
<td>I talk to my friends</td>
<td>2.3 (1.3)</td>
<td>.74</td>
<td>.53</td>
</tr>
<tr>
<td>When I am very frustrated I shut down</td>
<td>3.1 (1.3)</td>
<td>.60</td>
<td>.45</td>
</tr>
<tr>
<td>I talk to my relatives</td>
<td>2.4 (1.3)</td>
<td>.75</td>
<td>.48</td>
</tr>
<tr>
<td>I talk to my friends living elsewhere abroad</td>
<td>2.3 (1.3)</td>
<td>.74</td>
<td>.53</td>
</tr>
<tr>
<td>When I am very frustrated I shut down</td>
<td>3.1 (1.3)</td>
<td>.60</td>
<td>.45</td>
</tr>
<tr>
<td>When anxious I get</td>
<td>2.8 (1.3)</td>
<td>.62</td>
<td>.37</td>
</tr>
<tr>
<td>I avoid behaviours that are believed to bring ill-</td>
<td>4.2 (1.1)</td>
<td>.64</td>
<td>.28</td>
</tr>
<tr>
<td>My parents push me too</td>
<td>3.2 (1.3)</td>
<td>.62</td>
<td>.38</td>
</tr>
<tr>
<td>My parents are too strict</td>
<td>3.7 (1.1)</td>
<td>.63</td>
<td>.34</td>
</tr>
<tr>
<td>I am expected to help</td>
<td>3.2 (1.2)</td>
<td>.63</td>
<td>.32</td>
</tr>
<tr>
<td>I am afraid to stand up</td>
<td>3.2 (1.3)</td>
<td>.63</td>
<td>.32</td>
</tr>
<tr>
<td>I avoid behaviours that are believed to bring</td>
<td>4.5 (.90)</td>
<td>.65</td>
<td>.21</td>
</tr>
<tr>
<td>People relate to me based on what they</td>
<td>2.8 (1.3)</td>
<td>.63</td>
<td>.32</td>
</tr>
</tbody>
</table>

Note. M = Mean, SD=Standard Deviation

Responses were on a Likert-type scale, ranging from 1 = ‘Never’, 2= ‘Hardly Ever’, 3= ‘Sometimes’, 4 = ‘Most of the Time’, 5 = ‘Always’.

Item total correlations were moderate (highest .61 and two items below .3)

Overall, the means of item responses’ indicate no extreme response patterns that skew the distribution.
Notably, from the response patterns is that:

Items to do with cultural/spiritual related capacities and resources, and cultural compliance concerns were endorsed on the higher end of the scale:

I avoid behaviours that are believed to bring shame to my family 4.5 (.90)
I listen to my parents and take note of their wishes 4.2 (1.3)
Others have said I am well behaved 4.2 (.89)
I work hard to succeed in whatever I do 4.5 (.80)
I try to behave in ways that I have been taught in my religion 4.1 (.98)
Problems are part of life. I do my best and leave the rest to God 4.3 (1.0)
I avoid behaviours that are believed to bring ill fortune to myself or to others 4.2 (1.1).

While items to do with experience of difference were endorsed on the low end of the scale:

I experience bullying at school 1.82 (1.2)
I worry about fitting in at school 1.96 (1.2)
My teachers often complain to my parents about my behaviour 1.90 (1.1)
My parents have threatened to send me back home when I have not behaved as expected 1.87 (1.2)

The scale was found to be internally consistent (coefficient alpha of .76, recommended comfort reliability range for research is 0.7+ {Breakwell et al., 2003; DeVellis, 2003}). Item reliabilities were modest (.62 -.79).

Internal consistency of each of the factors was examined using Cronbach’s alpha statistic with the following results: Experience of difference = .791 (11 items); Resources & Capacities = .741 (12 items); Help-seeking = .771 (5 items) & Cultural Compliance showing moderate alpha = .657 (9 items). The ‘Cultural Compliance’ factor
reliability (.657) is notably below the recommended comfort reliability range for research is 0.7+ (Breakwell et al., 2003; DeVellis, 2003) and raised no major concerns in view of the exploratory nature of the newly developed scale.

7.2.2.e Scoring

Factor scores were created to assign scores to each subject to indicate where the subject stands on the retained components. Responses were scored on a five-point scale giving a score for each of the item from 1-5 respectively as follows: 1 = ‘Never’; 2 = ‘Hardly Ever’; 3 = ‘Sometimes’; 4 = ‘Most of the Time’; & 5 = ‘Always’, giving a minimum score of 1 & a maximum score of 5.

Weighted average scores were computed using Principal Component Analysis Scoring factor scoring technique to allow easier interpretation of the scores and also to retain the scale metric. This would also foster comparison across the four factors in view of the fact that they had differing number of items per factor. The computed scores for the four factors are presented on table 16.
Table 16
Descriptive statistics for the four-psychosocial scale factors (N=232)

<table>
<thead>
<tr>
<th>Factors</th>
<th>No.of Items</th>
<th>Min.</th>
<th>Max.</th>
<th>M (SD)</th>
<th>Percentile 25</th>
<th>Percentile 50</th>
<th>Percentile 75</th>
<th>Skewness</th>
<th>Kurtosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experience of Difference 1</td>
<td>11</td>
<td>11</td>
<td>45</td>
<td>25.1 (7.4)</td>
<td>(19.5) (24) (30)</td>
<td>.47</td>
<td>- .47</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resources &amp; Capacities 2</td>
<td>12</td>
<td>28</td>
<td>55</td>
<td>43.3 (6.0)</td>
<td>(39) (44) (47.5)</td>
<td>-.23</td>
<td>-.57</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Help-Seeking 2</td>
<td>5</td>
<td>5</td>
<td>25</td>
<td>11.2 (4.5)</td>
<td>(8) (11) (14)</td>
<td>.81</td>
<td>.44</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural Compliance Concerns 1</td>
<td>9</td>
<td>12</td>
<td>50</td>
<td>32.7 (6.7)</td>
<td>(29) (33) (36)</td>
<td>-.19</td>
<td>.63</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. Min= Minimum, Max= Maximum, M= Mean, SD= Standard Deviation

Possible scores for the above factors are as follows: Experience of difference (minimum 5, maximum 55); Resources & Capacities (minimum 5, maximum 60); Help-seeking (minimum 1, maximum 25); Cultural Compliance concerns (minimum 5, maximum 45)

1 – High scores indicate psychosocial maladjustment
2 – High scores indicate psychosocial well-being

The scores on the four factors showed a fairly normal distribution with skewness and kurtosis all within tolerable range. Resources and capacities scores and Cultural Compliance concerns recorded slightly higher endorsement with a slightly negatively distribution (-.23 & -.19) respectively than the Experience of Difference and Help-Seeking Strategies which had positively skewed distribution (. 47 & .81) respectively. On all four factors, responses ranged within the 50 percentile.

7.2.2.f Construct validity

Construct validity was examined by exploring the relationship between the four factors of newly developed scale (Experience of Difference, Resources & Capacities, Help-Seeking, & Cultural Compliance concerns) and: general well-being as measured by
General Health Questionnaire (GHQ12); psychological adjustment as measured by the Strength and Difficult Questionnaire (SDQ); resilience as measured by the Resilience Scale; and life satisfaction as measured by Satisfaction with Life Questionnaire in the administration survey sample.

Positive components of the psychosocial well-being measure (Resources & Capacities & Help-seeking) were predicted to correlate positively with Resilience and Satisfaction with Life measures and negatively with measures of General well-being maladjustment, and Psychological maladjustment.

Negative components of the psychosocial measure (Experience of Difference & Cultural Compliance Concerns) were predicted to correlate negatively with Resilience and Satisfaction with life and positively with General well-being maladjustment and psychological maladjustment. The correlations between these measures are presented in table 17.
Table 17
Correlations between measures used in the study

<table>
<thead>
<tr>
<th>Measures</th>
<th>Number</th>
<th>Row1</th>
<th>Row2</th>
<th>Row3</th>
<th>Row4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. TGHQ</td>
<td>216</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. TSDQ</td>
<td>215</td>
<td>-.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. TResilience</td>
<td>218</td>
<td>-.43**</td>
<td>-14*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. TLifesatisfaction</td>
<td>226</td>
<td>-.41**</td>
<td>-.21**</td>
<td>.51**</td>
<td></td>
</tr>
<tr>
<td>5. Psychosocial Experience of difference</td>
<td>232</td>
<td>.15*</td>
<td>.22**</td>
<td>.08</td>
<td>.12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>.16*</td>
<td>.19**</td>
<td>.03</td>
<td>-.03</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-.31**</td>
<td>-.13</td>
<td>.31**</td>
<td>.35**</td>
</tr>
<tr>
<td>Concerns Resources &amp; Capacities</td>
<td></td>
<td>.19**</td>
<td>.13</td>
<td>.14*</td>
<td>.08</td>
</tr>
<tr>
<td>Help-seeking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**.Correlation is significant at the 0.01 level (2-tailed), *.Correlation is significant at the 0.05 level (2-tailed)

Note. Cohen (1988) guidelines on interpretation of strength of the relationships were followed (.01 = small, .06 = medium, .14 = large).

There was a medium correlation between positive components of the ‘African Migrant Child Cultural Psychosocial well-being’ factors (Resources & Capacities, and Help-seeking) with Life Satisfaction and Resilience (r=.35 and r=.31) suggesting a moderate positive relationship between those variables. There was a medium negative correlation between Resources & Capacities with General well-being (r=-.31) suggesting a negative relationship between Resources & Capacities and well-being maladjustment, and a small negative correlation between Help-seeking and General well-being (r=-.19) suggesting a negative relationship between help-seeking and well-being maladjustment.

There was a small positive correlation between the negative components of the ‘African Migrant Child Cultural Psychosocial well-being’ factors (Experience of Difference & Cultural Compliance Concerns) with General well-being (r=.15 and r=.16) suggesting a positive relationship between experience of difference & cultural compliance concerns.
with well-being maladjustment. There was a small positive correlation between psychosocial well-being (Experience of difference & Cultural Compliance Concerns) with Psychological adjustment ($r=.22$ and $r=.19$) suggesting a positive relationship between Experience of Difference & Cultural Compliance Concerns with Psychological maladjustment. The prediction that there would be a negative relationship between help-seeking and psychological maladjustment was not confirmed by the analysis.

The implication of positive components (Resources & Capacities and Help-seeking) of the newly created psychosocial well-being questionnaire correlating positively with other standardised positive measures of well-being (Resilience & Satisfaction with Life) is that all these scales are measuring something in common. The same implication applies to negative components of the questionnaire (Experience of Difference & Cultural Compliance Concerns) correlating negatively with other negative measures (General well-being maladjustment & Psychological maladjustment). The correlations are not very high meaning that it is measuring something unique. Most of the standardised well-being scales, including the ones used in the study (GHQ, SDQ, Resilience and Life Satisfaction) are theorised to cover individual and social domains that influence psychological aspects of experience. The newly developed African Psychosocial well-being questionnaire is theorised to cover to cover the individual, social and cultural domains well-being described in theory and research in this area. The something unique being measured by this newly developed questionnaire is the cultural domain and how this influences psychological aspects of experience.

7.2.3 Well-being being levels of African migrant children in Ireland

The next section of data analysis aimed to answer the research question:
“What are the levels of African migrant child psychosocial well-being?”

The section addressed this question by analysing the responses on the survey questionnaires (Resilience scale, Satisfaction with Life Scale, General health scale, Strength & Difficult questionnaire and the newly developed psychosocial scale). Next descriptive statistics were carried out showing a summary of respondents’ scores on the questionnaires.

Responses on General well-being (GHQ_{12}) Strength & Difficult Questionnaire (SDQ), Resilience, & Satisfaction with Life had been scored as follows: GHQ_{12} on a four-point scale of 0-1-2-3; SDQ on a three point scale of 0-1-2; Resilience on a seven-point scale of 1-2-3-4-5-6-7; and Satisfaction with Life on a five-point scale of 1-2-3-4-5. A summary of respondent’s scores on the questionnaires is reported in table 18.
Table 18
Descriptive statistics: mean & SD scores for the current study (GHQ12, SDQ, resilience & life satisfaction)

<table>
<thead>
<tr>
<th>Scale</th>
<th>Number</th>
<th>Possible Scores</th>
<th>Min. Scores</th>
<th>Max. Scores</th>
<th>M (SD) Scores</th>
<th>Scale Norms</th>
<th>Current Study Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>GHQ12</td>
<td>216</td>
<td>0-36</td>
<td>0</td>
<td>26</td>
<td>10.1 (6.1)</td>
<td>Threshold values 11/12</td>
<td>Just on the threshold</td>
</tr>
<tr>
<td>SDQ</td>
<td>215</td>
<td>0-40</td>
<td>0</td>
<td>32</td>
<td>11.1(5.4)</td>
<td>0-15 normal 16-19 borderline 20-40 abnormal</td>
<td>Normal range</td>
</tr>
<tr>
<td>Resilience</td>
<td>218</td>
<td>14-98</td>
<td>32</td>
<td>98</td>
<td>80.3(12.3)</td>
<td>≥73 low 74≤91 moderate 92≤ high</td>
<td>Moderate range</td>
</tr>
<tr>
<td>Satisfaction with life</td>
<td>226</td>
<td>5-25</td>
<td>5</td>
<td>25</td>
<td>20.7(4.1)</td>
<td>≥14 low 16≤ high</td>
<td>High</td>
</tr>
</tbody>
</table>

Note. Min= Minimum, Max= Maximum, M=Mean, SD= Standard Deviation
* Norms are provided by the scale authors: GHQ12 (Goldberg & Williams, 1988); SDQ (Goodman et al., 1998); Resilience (Wagnild & Young, 1993); Satisfaction with Life (Gadermann et al., 2008).

High scores in: GHQ12 indicate pathology; in SDQ indicate psychological maladjustment; in resilience indicate resilience; and in Satisfaction with life indicate general satisfaction with life.

Although the GHQ12 scores are just on the threshold (mean, 10.1, threshold values 11/12), the standard deviation is large (6.1) implying a possibility that some scores might stray to pathological range. Overall, their general well-being is just on the threshold, their psychological adjustment is within normal range, their resilience is moderate but a high standard deviation, implying that some responses would be within borderline high or low, and they are satisfied with their lives.

The high standard deviation in the GHQ12 scores, in view of the fact that mean scores for this scale items was just on the general well-being threshold, raised an arising
question as to whether there were categories of African migrant children who were not doing so well in their general well-being scores. To explore this question, cluster analysis was carried out to classify cases into clusters in such a way that cases in the same cluster are more similar than cases in other clusters. The assumption is that cases that strayed to pathological levels would be clustered together and differentiated from cases within the normal range.

7.2.4 Cluster analysis

Cluster analysis (CA) refers to a general approach composed of several multivariate methods for delineating groupings in the data that occur at greater than chance frequency (Seber, 1984). Cluster Analysis creates groups that maximise within-group similarity and minimise between-group similarity (Henry et al., 2005). Correlation and difference between means elements are used to describe similarity between variables or cases. From a theoretical perspective, a cluster is defined as an approximation to uniqueness (Dymnicki & Henry, 2011). A great consideration in the clustering approaches is to balance sensitivity (having enough parameters to adequately model the relationships among variables in the population) with specificity (not over-fitting a model or suggesting non-existent relationships) (Dziak et al., 2012).

Three clustering methods mainly used in social science research to search and cluster most proximal objects and to adjust proximities for clusters formed are: hierarchical; k-means and two-step cluster analysis (Garson, 2009; Hair et al., 2010; Norušis, 2009). The methods differ in clustering algorithms used the choice of clustering method is determine by: the number of cases or variables; and the type of data (continuous, categorical) used to produce clusters (Hair et al., 2010).
Hair et al. (2006) outlines the procedure of hierarchical clustering method. The authors state that this clustering method starts with defining an initial cluster for each sub-cluster. Then, all clusters are compared and the pair of clusters with the smallest distance between them is merged into one cluster. The process repeats with a new set of clusters until all clusters have been merged. In this clustering method, the researcher has to choose between the Euclidian distance and the log-likelihood distance statistic to quantify the distance between clusters. The Euclidian distance (square root of the sum of squares of the difference between coordinates of the points) can be used only if all variables are continuous. The distance between two clusters is defined as the Euclidian distance between their centres (cluster means of each variable). Log-likelihood distance can be used for both continuous and categorical variables. The distance between two clusters is correlated with the decrease of the natural logarithm of likelihood function, as they are grouped into one cluster. Because the clustering algorithm can create as many clusters as there are cases, the researcher must determine how many clusters are needed to represent the data. The method has no heuristic mechanisms to aid the researcher determine the number of clusters that best fits the data. The researcher has to therefore determine the number of clusters by looking at how similar clusters are when additional clusters are created or existing clusters are collapsed. Since hierarchical clustering requires a distance or similarity matrix between all pairs of cases, a huge matrix would be generated when it comes to a large dataset and this huge matrix could lead to inefficient clustering (Hair et al. 2006).

In k-means clustering, the number of clusters has to be specified in advance.

The algorithm iteratively estimates the cluster means and assigns each case to the cluster for which its distance to the cluster mean is the smallest. The clustering
algorithm repeatedly reassigns cases to clusters, so the same case could move from one cluster to another cluster during the clustering procedure to make objects within a cluster as similar as possible and objects between clusters as different as possible. This method works well if the number of clusters match the data and the initial solution is reasonably close to the final solution (Hair et al., 2006). K-means clustering method requires that all variables used in the clustering algorithm should be continuous but this requirement is not often satisfied in social sciences data. It also requires researchers to set the number of clusters in advance, which is not very convenient in practice (Chih, et. al 2000).

Two-Step Clustering method handles large data sets, uses both continuous and categorical variables and has heuristic features that aid in determining the optimal number of clusters (Hair et al., 2006). The method uses an agglomerative hierarchical clustering method. Two-cluster involves two steps of pre-clustering and clustering. In step 1, the procedure begins with the construction of a Cluster Features (CF) Tree. The tree begins by placing the first case at the root of the tree in a leaf node that contains variable information about that case. A leaf entry is a final sub-cluster. Each successive case is then added to an existing node or forms a new node, based upon its similarity to existing nodes and using the distance measure as the similarity criterion. A node that contains multiple cases contains a summary of variable information about those cases. Thus, the CF tree provides a capsule summary of the data file. The advantage of pre-clustering is that it reduces the size of the matrix, which contains the distance between all possible pairs of cases (Hair et al., 2006). The result is that the size of the distance matrix is now dependent on the number of pre-clusters as opposed to the number of cases. In step 2, the leaf nodes of the CF tree are then grouped using an agglomerative clustering algorithm. The agglomerative clustering can be used to produce a range of
solutions. To determine which number of clusters is “best”, each of these cluster solutions is compared using Schwarz’s Bayesian Criterion (BIC; Schwarz, 1978) or the Akaike Information Criterion (AIC) as the clustering criterion. These heuristic devices provide a standardised way to balance sensitivity and specificity (Dziak et al., 2012). As a disadvantage, the Two-step method does not allow missing values and the items that have missing values are not considered for analysis.

Since two-step method is designed to cluster both categorical and continuous data, it was applied to cluster the study sample using data sourced from demographic social details of the participants (mainly categorical) and standardised questionnaire data (continuous). The availability of heuristic devices (Schwarz’s Bayesian Criteria (BIC) & Akaike Information Criteria (AIC) to aid in the researcher’s decision on the number of clusters that suits the data was another attraction of this clustering method. Subsequent Discriminate Function Analysis (DFA) validated the cluster solution decision taken in the two-step analysis.

7.2.4.a Input data

In-put data was comprised of continuous scores of questionnaires used in the survey. These are: African child Psychosocial questionnaire factors (Experience of difference, Cultural compliance concerns, Resources & Capacities and Help seeking scores); Strength and difficult questionnaire (SDQ); General health questionnaire (GHQ12); Resilience questionnaire; and Life satisfaction questionnaire. Also included was socio-demographic data of study participants, mainly (Personal details {Sex, Age, Irish-born/migrated, Age of migration, year in school, religion}, family, community/ neighbourhood and lifestyle details). This data was mainly categorical. Table 19 show how the input data was operationalised.
<table>
<thead>
<tr>
<th>Variable</th>
<th>Item</th>
<th>Operationalisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Male/Female</td>
<td>Categories of</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0) Male 1) Female</td>
</tr>
<tr>
<td>Age</td>
<td>How old are you</td>
<td>Continuous – no. of years</td>
</tr>
<tr>
<td>Place of birth</td>
<td>Were you born in Ireland</td>
<td>Categories of</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0) No 1) Yes</td>
</tr>
<tr>
<td>Age of migration</td>
<td>How old were you when you came to Ireland</td>
<td>Continuous - number of years</td>
</tr>
<tr>
<td>Year in school</td>
<td>What year are you in school</td>
<td>Categories ranging from</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0) fourth class to 8) sixth year &amp;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9) not in school</td>
</tr>
<tr>
<td>Religion</td>
<td>What is your religion</td>
<td>Categories of</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0) Pentecostal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1) Catholic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2) Protestant 3) Muslim</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5) other</td>
</tr>
<tr>
<td>Family details &amp; Duties at</td>
<td>Do you Live with mother and father</td>
<td>Categories ranging with 0) live</td>
</tr>
<tr>
<td>home</td>
<td>Live with mother and not father</td>
<td>with mother and father to 4) other</td>
</tr>
<tr>
<td></td>
<td>Live with father and not mother</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Live with foster parents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How many sisters do you have</td>
<td>Categories ranging from 0) none to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5) 5+ siblings</td>
</tr>
<tr>
<td></td>
<td>How many half-sisters do you have</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How many brothers do you have</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How many half-brothers do you have</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do you have a brother or sister living back home or</td>
<td>Categories of</td>
</tr>
<tr>
<td></td>
<td>elsewhere abroad</td>
<td>0) No 1) Yes</td>
</tr>
<tr>
<td></td>
<td>Do you have a half-sister or half-brother living</td>
<td></td>
</tr>
<tr>
<td></td>
<td>back home or elsewhere abroad</td>
<td></td>
</tr>
<tr>
<td></td>
<td>In relation to helping at home do you</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Make breakfast</td>
<td>Categories of</td>
</tr>
<tr>
<td></td>
<td>Tidy up the house</td>
<td>0) No 1) Yes</td>
</tr>
<tr>
<td></td>
<td>Make dinner</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Help with your brothers and sisters</td>
<td></td>
</tr>
</tbody>
</table>
### Community/Neighbourhood Health Related Behaviours
- Do you like where you live
- Are there people around your age from your ethnic community living where you live
- Do you have friends around where you live
- Are there activities to do after school around where you live
- Have you ever experienced bullying in school or in your neighbourhood

### Lifestyle – Health Related Behaviours
- Do you have a computer at home
- Do you have a computer or laptop in your bedroom
- About how much time do you spend on the computer on a normal day of the week
- Do you smoke cigarettes
- Do you drink alcohol

### Help-Seeking
- In the past 12 months have you talked to a spiritual leader for any emotional or behaviour problems

### Psychosocial Well-being outcomes
- Psychosocial well-being
  - African child Psychosocial scale: 51 questionnaire items
  - General Health Questionnaire (GHQ12): 12 questionnaire items
  - Strengths and Difficulty Questionnaire (SDQ), Resilience Scale: 25 questionnaire items
  - Satisfaction with Life Scale (SWLS-C): 14 questionnaire items

---

*Dummy variables were created for the categorical variables with two or more levels to take on the values 1 and 0; 1 meaning something is and 0 meaning something is not so as to analyse the categories statistically.*
7.2.4.b Statistics analysis

All statistical analyses were performed with SPSS version 20. A Two Step Cluster Analysis (TCA) was used to identify groups of African migrant children with similar behaviour and psychosocial well-being outcomes (Field, 2009). The behavioural patterns (i.e. family duties, community/neighbourhood and lifestyle health related behaviours) were used as input variables in the TCA, together with the socio-demographics age, gender, place of birth, migration age, school level, religion, family details and psychosocial well-being outcomes (total Resilience scale scores; total GHQ\textsubscript{12} scores; total Satisfaction with life scale scores; Total SDQ scale scores; and African psychosocial well-being subscales of total experience of difference scores, total cultural compliance concerns scores, total help-seeking scores and total cultural resources and capacities).

Two-step clustering analysis was undertaken on the study sample cases (N=233). In cluster analysis approach there is no generally accepted rule of the thumb regarding the minimum sample size (Dolnicar, 2002). Formann (1984) recommended a minimal sample size to include no less than 2k cases (k=number of variables), preferable 5*2k. Going by this rule, a sample size of 230 cases should be adequate for 12 clustering variables.

Preliminary analysis were undertaken to examine if there was any substantial multicollinearity between input variables. This was done by running correlations to check the strength of the correlations among and between the input variables. There was a strong correlation (.89) between help-sought from a spiritual leader and total help-seeking scores (sub-scale of the African Child Psychosocial Scale). There was a possibility that seeking help from a spiritual leader may be included in the Total help-
seeking scale. The latter was therefore removed from the list of input variables to be used in the TCA to avoid ‘double-weighting’ in defining the clusters.

The data was checked for outliers to avoid distortion of cluster structure or unrepresentative clusters, due to the presence of outliers (Dziak et al., 2012). Mahalanobis distances value of the study variables exceeded the critical value indicating the presence of multivariate outliers. However, after carrying out an analysis procedure of identifying outliers, only one value (in SDQ scores) and one value in Resilience scores were found to have extended the critical value and the scores of these outliers were not so high as to skew the distribution. The decision was therefore made to leave the scores in the data file.

In the first running, BIC was used to determine the number of clusters utilising all the study variables. The run yielded six clusters indicated by the model summary as poor. Different combinations of input variable were tried and the input variable shown in table 16 formed the best fit (very fair and a large to small cluster ration of 1.42) (Field, 2009: Stevens, 2012). Another running was undertaken using AIC. The results from both criteria’s were not very different and so the results presented are those obtained with BIC indicator.

7.2.4.c Results

Two clusters were deducted from the Two-step Cluster Analysis (TCA). Details are presented in Table 20.
Table 20
Clustering of behavior (lifestyle, neighborhood/community, family duties & help-seeking)
variables and psychosocial well-being outcomes by two-step cluster analysis

<table>
<thead>
<tr>
<th>IN-Put Variables</th>
<th>Cluster 1 – 55.6% (105)</th>
<th>Cluster 2 – 41.3% (78)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer in the bedroom</td>
<td>Yes (73.3%, N: 77)</td>
<td>Yes (4%, N: 3)</td>
</tr>
<tr>
<td>Ethnic friends in neighborhood</td>
<td>Yes (94.3%, N: 99)</td>
<td>Yes (65.5%, N: 55)</td>
</tr>
<tr>
<td>1 or more close friends</td>
<td>Yes (52.4%, N: 55)</td>
<td>Yes (19.0%, N: 16)</td>
</tr>
<tr>
<td>Helping with siblings at home</td>
<td>Yes (86.6%, N: 92)</td>
<td>Yes (94.0%, N: 79)</td>
</tr>
<tr>
<td>Sought help from spiritual leader</td>
<td>Yes (33.3%, N: 74)</td>
<td>Yes (2.4%, N: 2)</td>
</tr>
<tr>
<td>TGHQ12 Scores1</td>
<td>Mean (7.19);</td>
<td>Mean (12.85);</td>
</tr>
<tr>
<td></td>
<td>Quantile (25 = 4.0; 75 = 10.0)</td>
<td>Quantile (25 = 8.0; 75 = 17.0)</td>
</tr>
<tr>
<td></td>
<td>Very good mental health</td>
<td>Problematic mental health</td>
</tr>
<tr>
<td>TResilience scores2</td>
<td>Mean (85.4);</td>
<td>Mean (74.9);</td>
</tr>
<tr>
<td></td>
<td>Quantile (25 = 80.1; 75 = 93.0)</td>
<td>Quantile (25 = 67.1; 75 = 84.0)</td>
</tr>
<tr>
<td></td>
<td>High Resilience (compared to overall sample)</td>
<td>Low Resilience (compared to overall sample)</td>
</tr>
<tr>
<td>TLifeSatisfaction scores2</td>
<td>Mean (22.3);</td>
<td>Mean (19.20);</td>
</tr>
<tr>
<td></td>
<td>Quantile (25 = 21.0; 75 = 25.0)</td>
<td>Quantile (25 = 16.0; 75 = 23.0)</td>
</tr>
<tr>
<td></td>
<td>Very satisfied with Life</td>
<td>Satisfied with Life</td>
</tr>
<tr>
<td>TSDQ scores1</td>
<td>Mean (10.1);</td>
<td>Mean (11.4);</td>
</tr>
<tr>
<td></td>
<td>Quantile (25 = 7.0; 75 = 13.0)</td>
<td>Quantile (25 = 8.1; 75 = 14.0)</td>
</tr>
<tr>
<td></td>
<td>Normal SDQ (similar to overall sample)</td>
<td>Normal SDQ (similar to overall sample)</td>
</tr>
<tr>
<td>TCultural resources &amp; Capacities scores2</td>
<td>Mean (45.0);</td>
<td>Mean (41.8);</td>
</tr>
<tr>
<td></td>
<td>Quantile (25 = 41.0; 75 = 50.0)</td>
<td>Quantile (25 = 38.0; 75 = 46.0)</td>
</tr>
<tr>
<td></td>
<td>Higher than overall sample</td>
<td>Moderate</td>
</tr>
<tr>
<td>TEperience of difference Scores1</td>
<td>Mean (25.5);</td>
<td>Mean (24.9);</td>
</tr>
<tr>
<td></td>
<td>Quantile (25 = 19.1; 75 = 31.0)</td>
<td>Quantile (25 = 20.0; 75 = 29.0)</td>
</tr>
<tr>
<td></td>
<td>Moderate</td>
<td>Moderate (matches the overall sample)</td>
</tr>
</tbody>
</table>
TCultural compliance concerns scores
Mean (33.1);
Quantile (25=29.5; 75 = 37.0 )
Moderate (matches overall sample)

TResilience
Mean (33.3);
Quantile (25=29.0; 75 = 37.3 )
Moderate (matches the overall sample)

Note.
Overall sample scores
<table>
<thead>
<tr>
<th>Measure</th>
<th>Mean</th>
<th>Quantile 25</th>
<th>Quantile 75</th>
</tr>
</thead>
<tbody>
<tr>
<td>GHQ12</td>
<td>10.1</td>
<td>5.0</td>
<td>14.0</td>
</tr>
<tr>
<td>TResilience</td>
<td>80.3</td>
<td>72.1</td>
<td>90.1</td>
</tr>
<tr>
<td>TLife satisfaction</td>
<td>20.7</td>
<td>19.0</td>
<td>24.0</td>
</tr>
<tr>
<td>TSDQ</td>
<td>11.0</td>
<td>7.0</td>
<td>14.1</td>
</tr>
<tr>
<td>TExper of difference</td>
<td>25.1</td>
<td>19.7</td>
<td>30.0</td>
</tr>
<tr>
<td>TCultural Resources</td>
<td>43.3</td>
<td>39.0</td>
<td>48.0</td>
</tr>
<tr>
<td>TCultural Compliance</td>
<td>32.7</td>
<td>29.0</td>
<td>37.3</td>
</tr>
</tbody>
</table>

1. A low score indicates good psychosocial adjustment
2. A high score indicates good psychosocial adjustment

Cluster 1 presented a ‘psychosocial well group’ with most positive scores in input variables. These African migrant children were characterised by availability of personal computers, a high percentage of ethnic friends in their neighbourhood, an average score with regard to having 1 or more close friends and positive score on the psychosocial well-being outcomes on all the questionnaires used. Cluster 2 presented a ‘psychosocial fairly well group’ characterised by unavailability of personal computers, fewer ethnic friends and close friends in comparison to cluster 1. Their mental health scores were in the problematic range. Although this group was satisfied with their lives, were resilient their scores on these psychosocial well-being outcomes were relatively lower than those of cluster 1 (‘psychosocial well-group’). Cluster 1 and 2 did not differ much with regard to their scores on the sub-scales of the newly developed African child psychosocial scale.

Cluster 1 differed from cluster 2 in behaviour patterns, as indicated by the frequency
descriptive scores and in psychosocial well-being outcomes as indicated by the means scores of questionnaires used as input variables. Subsequent Discriminant Function Analysis (DFA) was carried out. DFA performs a multivariate test of differences to assess if groups are statistically significant and if the independent variables significantly discriminate between the groups (Breakwell et al., 2006; Garson, 2009; Stevens, 2012). Although Discriminant Analysis is not as robust as MANOVA, the advantage of using the former over the latter to explore differences is that while MANOVA tests if groups are differentiated, DFA explores how groups are differentiated (Breakwell et al., 2006). DFA has two steps: (1) an F test (Wilks’ lambda) which is used to test if the discriminant model as a whole is significant, and (2) if the F test shows significance, then the individual independent variables are assessed to see which variables differ significantly in means by group and these are used to classify the dependent variable (Breakwell et al., 2006; Garson, 2009). DFA also predicts group membership (Garson, 2009).

7.2.4.d Discriminant analysis – forward step-wise analysis

Preliminary analysis were undertaken to test the assumptions of normality, linearity, univariate and multivariate outliers, multicollinearity and homogeneity of variance-covariance matrices.

Overall, normality histograms indicated deviation from normal but for social science empirical data, this type of deviation is typical (Fields, 2009). The deviation from normal was however not sufficient to justify data transformations.

Mahalanobis distances value of the study variables exceeded the critical value indicating the presence of multivariate outliers. However, after carrying out an analysis
procedure of identifying outliers, only one value (in SDQ scores) was found to have extended the critical value and the score of this outlier was not so high as to skew the distribution. The decision was therefore made to leave the score in the data file.

Inspection of the Box’s Test of Equality of Covariance Matrices indicated a significant result (> .000) indicating the assumption of multivariate homogeneity of variance across the groups had been violated. However Discriminant Analysis can be robust even when this assumption is violated (McLachlan, 2004; Tabachnick & Fidell, 2001).

Cluster membership (Cluster 1 & 2) was used as the grouping variable in the discriminant analysis. The grouping variable was the dependent variable while discriminating variables (computer in the bedroom; ethnic friends in the neighbourhood; 1 or more close friends; helping with siblings at home; and help-seeking from a spiritual leader, TSDQ, TGHQ12, TResilience, TLifesatisfaction, TExperience of Difference, TCultural Resources, and TCultural Compliance Concerns) were the independent variables (Fields, 2009; Stevens, 2012). In stepwise discriminant function analysis, a model of discrimination is built step-by-step (Fields, 2009). Specifically, at each step all variables are reviewed and evaluated to determine which one will contribute most to the discrimination between groups. That variable will then be included in the model, and the process starts again.

Because there were only two groups, there was one discriminant function. Discriminant analysis for two-group discriminant analysis. Discriminant function analysis indicated that there was a large centroid difference between the two clusters as presented in Table 21.
Table 21
Group centroids for cluster 1 and 2

<table>
<thead>
<tr>
<th>Clusters</th>
<th>Function</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1.476</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>-1.867</td>
<td></td>
</tr>
</tbody>
</table>

The large centroid differences' between the two clusters implies good group discriminability.

Further tests were carried out to test if the clusters mean differences were statistically significant. The discriminant function (a linear combination of discriminating {independent} variables) was found to be significant as demonstrated in table 22.

Table 22
Discriminant Function Model (N=188)

<table>
<thead>
<tr>
<th>Function</th>
<th>Eigen value</th>
<th>% of variance</th>
<th>Canonical correlation</th>
<th>Wilks Lambda</th>
<th>Chi-square</th>
<th>Diff</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2.785a</td>
<td>100</td>
<td>.858</td>
<td>.264</td>
<td>242.93</td>
<td>7</td>
<td>.000</td>
</tr>
</tbody>
</table>

a. First 1 canonical discriminant functions were used in the analysis

The model is significant at p<.001

With only one function, canonical correlation, which is the multiple correlation between the predictors and the discriminant function, provides an index of overall model fit (the proportion of variance explained (R2) (Fields, 2009: Stevens, 2012). Table 18 indicates a canonical correlation of .858 implying the models explains 74%% (.8582) of the variation in the grouping variable, i.e. whether a respondent was in the ‘psychosocial well group’
or ‘less psychosocial well group’. Wilk’s Lambda value, which indicates the significance of the discriminant function and provides the proportion of total variability not explained was found to be significant (p<.001) and indicated a proportion of 26% (.2642) of unexplained variance. The model was therefore a good fit and significant (p<.001) indicating that the clusters discriminated the study sample well.

Next, individual independent variables were assessed to see which variables differed significantly in means by group after which these were used to classify the dependent variable (Breakwell et al., 2006; Garson, 2009; Stevens, 2012). Results of independent variable means are presented in table 23.
Table 23
Independent variables means differences between cluster 1 & 2 (N=186)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Wilk’s Lambda</th>
<th>F1, 186</th>
<th>Sign.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helping with siblings</td>
<td>.99</td>
<td>(1, 186) = 2.17</td>
<td>.0143</td>
</tr>
<tr>
<td>Computer in the bedroom</td>
<td>.51</td>
<td>(1, 186) = 178.91</td>
<td>.05</td>
</tr>
<tr>
<td>1 or more close friends</td>
<td>.86</td>
<td>(1, 186) = 24.16</td>
<td>.05</td>
</tr>
<tr>
<td>Ethnics friends in neighbourhood</td>
<td>.86</td>
<td>(1, 186) = 30.03</td>
<td>.05</td>
</tr>
<tr>
<td>Sought help from a spiritual leader</td>
<td>.84</td>
<td>(1, 186) = 35.86</td>
<td>.05</td>
</tr>
<tr>
<td>SDQ</td>
<td>.99</td>
<td>(1, 186) = 2.92</td>
<td>.089</td>
</tr>
<tr>
<td>GHQ</td>
<td>.77</td>
<td>(1, 186) = 55.22</td>
<td>.05</td>
</tr>
<tr>
<td>Resilience</td>
<td>.80</td>
<td>(1, 186) = 47.16</td>
<td>.05</td>
</tr>
<tr>
<td>Life Satisfaction</td>
<td>.86</td>
<td>(1, 186) = 31.46</td>
<td>.05</td>
</tr>
<tr>
<td>Difference</td>
<td>.99</td>
<td>(1, 186) = .36</td>
<td>.552</td>
</tr>
<tr>
<td>Cultural resources</td>
<td>.93</td>
<td>(1, 186) = 13.71</td>
<td>.05</td>
</tr>
<tr>
<td>Cultural compliance concerns</td>
<td>1.00</td>
<td>(1, 186) = .027</td>
<td>.087</td>
</tr>
</tbody>
</table>

*Note. The clusters differed significantly at p<.05 on 8 of the 12 independent variables in the model.*

The relative importance of each of the eight independent variables that reached statistical significance (computer in the room, 1 or more close friends, ethnic friends in the neighbourhood, sought help from a spiritual leader, GHQ, Resilience, Life Satisfaction and Cultural resources and capacities) in classifying the dependent variables was assessed by examining the discriminant coefficients of these variables. The best predictors of the independent variables are presented in table 24.
Table 24
Standard canonical discriminant coefficients (weights) of the independent variables (N=188)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Weights</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer in the bedroom</td>
<td>.875</td>
</tr>
<tr>
<td>1 or more close friends</td>
<td>.524</td>
</tr>
<tr>
<td>Sought help from a spiritual leader</td>
<td>.463</td>
</tr>
<tr>
<td>Ethnic friends in neighbourhood</td>
<td>.417</td>
</tr>
<tr>
<td>TLife Satisfaction</td>
<td>.219</td>
</tr>
<tr>
<td>TGHQ</td>
<td>-.215</td>
</tr>
</tbody>
</table>

These six variables had the largest weights indicating that they helped to maximise the distance between the two clusters resulting in good predicting powers.

The variables: computer in the room; 1 or more close friends; sought help from a spiritual leader; and ethnic friends in the neighbourhood had large coefficients and therefore stand out as those that strongly predict allocation to the clusters. Although Table 19 showed that the two clusters or groups differed significantly (p<.05) on Resilience and Cultural Resources and Capacities, these two variables were less successful as predictors of group membership. The strong predictors of cluster membership had to do with social and spiritual resources (computer in the room, 1 or more close friends, ethnic friends in the neighbourhood and sought help from a spiritual leader.

Interpretation of the clusters is usually up to the understanding of the researcher and how well he/she understands and makes sense of her data (Breakwell et al., 2006; Fields, 2009; Hair et al., 2006). I interpreted cluster 1 as a ‘Psychosocial well group’. It
was characterised by availability of computer in the bedroom, having ethnic friends in their neighbourhood, having 1 or more close friends, seeking help from a spiritual leader and positive scores on psychosocial well-being scales used in the survey. Cluster 1 was interpreted as ‘Psychosocial fairly well group’ characterised by unavailability of personal computers, fewer ethnic friends, fewer close friends, seeking help less frequently from a spiritual leader than cluster one. Their mental health scores are measured by the general health questionnaire (GHQ12) was in the problematic range. Although this group was satisfied with their lives, and were resilient, their scores on these psychosocial well-being measures were relatively low compared to cluster 1. The psychosocial well-group and the psychosocial fair well-being group did not differ very much with regard to their scores on the sub-scales of the newly developed African Migrant Child Cultural Psychosocial Well-being Scale.

Finally the classification matrix was examined to see how accurately the model assigned participants to their correct groups. Table 25 presents the results.

Table 25
classification matrix results for 2 group discriminant analysis (N=188)

<table>
<thead>
<tr>
<th>Actual Group</th>
<th>Actual Group Size</th>
<th>Predicted Group</th>
<th>Group 1</th>
<th>Group 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 1</td>
<td>105</td>
<td>94.3</td>
<td>5.7</td>
<td></td>
</tr>
<tr>
<td>Group 2</td>
<td>84</td>
<td>2.4</td>
<td>97.6</td>
<td></td>
</tr>
</tbody>
</table>

95.8% of original grouped cases correctly classified. This is a good hit-ratio for it is 25% larger than a 60/40 ratio if the classification was due to chance (Fields, 2009).
95.8% hit ratio implies false positive of 2.4% and a false negative of 5.7% (predicting the problematic cluster membership). There seems to be a borderline region of 5.7% of cases classified in the ‘psychosocial fairly well group’ (cluster 2) but they may be in the borderline and therefore their scores on psychosocial well-being indicators may not be on the ‘not well’ extreme. Equally, 2.4% of cases were false positives implying that they are classified as ‘psychosocial well group’ (cluster 2) though they may be on the borderline of the two clusters. This might indicate two groups along a continuum.

A scatter plot of the positions of respondents along the discriminant function (dimension) was generated to give a visual demonstration of the distribution of the discriminant function scores for each group. Figure 10 illustrates the scatter plot.

Figure 10: Scatter plot of the distribution of discriminant scores for cluster 1 & 2

![Scatter plot of the distribution of discriminant scores for cluster 1 & 2](image)

There is a very minimal overlap of discriminant function scores across the two clusters (at the borderline). Overall, the scatter plot indicates that the function does discriminate well, as the previous tables in the discriminate analysis indicated.
7.3 Interpretation of survey findings

The aim of this quantitative treatment of the data was; to examining the underlying structure of the newly developed instrument; to test the reliability and validity of the newly developed questionnaire; and to examine the psychosocial well-being levels of African migrant children in Ireland.

Factor analysis of the newly developed ‘African Migrant Child Cultural Psychosocial Well-being’ scale indicated that there were four underlying factors, which were interpreted as: Experience of Difference; Resources & Capacities; Help-seeking; and Cultural Compliance Concerns. Scale items in each of the four identified factors had loadings (<.4 - .8) and high communalities with the factor (<.5 - .8) demonstrating construct validity.

Two of the items on the cultural compliance related concerns (When I am very frustrated I shut down. I do not communicate & When anxious, I get knots in my tummy) had to do with emotional manifestation of concerns or worries and seemed not to have a good fit with the other items that loaded on that factor which related to concerns arising from: perceived intrusion on individual autonomy; cultural compliance; racial stereotypes. It has been pointed out that even though items may load on the same factor, there is no guarantee that they measure the same theoretical construct (Cortina, 1993). However, in view of the exploratory nature of the study these two items were retained as an indicator of emically identified pattern of emotional expression for future exploration.

Scale items underwent an expert review for face validity and helpful suggestions were made on issues such as: clarity, reading level and length of administration. Content validity of the psychosocial scale was achieved by drawing on: (i) the literature on
influential models of well-being theorisation; (ii) African ontology, cosmology, epistemology and axiology; (iii) emically derived constructs of psychosocial adjustment; (iv) Psychosocial working paper, (2003) conceptualisation of psychosocial well-being; and (iv) established guidelines on item development (Oppenheim 1992, Bowling 1997; Dillman, 2007). The initial item pool was broad and comprehensive (51 items) so as to sample systematically all content potentially relevant to psychosocial adjustment (Loevinger, 1957; Ghiselli, Campbell & Zedeck, 1981).

The psychometric values were good. The scale was found to be internally consistent (coefficient alpha of .76) with the four factors indicating moderate alphas of (.79; .74; .77; .66) respectively. Construct validity was demonstrated by positive correlation between positive components of the ‘African Migrant Child Cultural Psychosocial well-being’ measure (Resources & Capacities & Help-seeking) with Resilience and Satisfaction with Life measures and negatively with measures of General well-being maladjustment. Negative components of the psychosocial measure (Experience of Difference & Cultural Compliance Concerns) were found to negatively correlate with Resilience and Satisfaction with life and positively with General well-being maladjustment and psychological maladjustment.

The range of scores obtained on items was diverse implying that the scale can discriminate between individuals whose capacities (emotions and behaviour) were likely to be: reduced due to experience of difference during interactions with social systems and structures or due to cultural factors; or enhanced due to lack of such an experience or little experience of difference. The scale could also discriminate individuals whose capacities (cognition, emotion & behaviour) are reduced due to individual (hard work, well behaved, obedience, acceptance/perseverance) family &
other systems, cultural or spiritual capacities and resources and vice-versa. Similarly, the scale could discriminate between individuals whose capacities are reduced/enhanced by their self-seeking strategies.

Descriptive analysis showed that as a group, the general well-being of African migrant children in Ireland is just on the threshold, their psychological adjustment is within the normal range, they are moderately resilient, and are highly satisfied with their lives. Cluster and discriminant analysis identified a ‘psychosocial well group’ and a ‘psychosocial fairly well group’ among the study group. Discriminant analysis indicated that the variables that made the most contribution to maximising the distance between the two clusters had to do with social, cultural and spiritual processes. The ‘psychosocial well group’ was characterised by availability of computer in their room, having 1 or more close friends, ethnic friends in the neighbourhood and seeking help from a spiritual leader.

It can therefore be concluded from the survey findings that African migrant children in Ireland have satisfactory levels of well-being. Social and cultural resources (availability of computer, 1 or more close friends, ethnic friends and seeking help from a spiritual leader) are predictors of psychosocial well-being among African migrant children in Ireland and they are shown to be independent of demographic factors (sex, age, school level, religion, and family living arrangements).

Discussion of survey findings contextualised in existing literature is undertaken in the next chapter alongside study I and study II findings.
Chapter 8
Discussion

8.1 Introduction

The current chapter discusses the interpretations of all three studies of the current research in terms of the general objective of the project. The chapter begins by re-stating the main aims of the project, and then moves on to discuss and link the findings of all three studies concluding with an overview of how the overall findings relate to research and theory in this field.

The overall aim of this research was to explore and measure the well-being adjustment of sub-Saharan African migrant children in Ireland with the aim of proposing a conceptual well-being framework inclusive of social and cultural processes that influence psychological aspects of experience among this population.

Specific objectives of the research were to:

1. Add to the existing body of knowledge on the well-being adjustment of migrant children/youth
2. Make a contribution to transcultural, cultural and indigenous debates and existing knowledge on African cultural understanding around well-being and how this influences psychological aspects of their experiences
3. Provide a psychosocial well-being profile of African migrant children in Ireland
4. Identify variables or processes associated with enhancing psychosocial well-being among the study population.
The research questions that framed the thesis towards meeting these aims were:

What are the experiences of sub-Saharan African migrant children and youth in Ireland?


What are the levels of African migrant children in Ireland’s psychosocial well-being?

Are some African migrant children doing better in terms of their psychosocial well-being compared to others in the studied group?

What factors are associated with positive psychosocial well-being among African migrant children in Ireland?

This section will examine the answers to each of these research questions and relate them to existing literature in this field and highlight the contributions made by these findings in extending the literature on cultural adjustment of migrant children, psychosocial well-being of migrant children, cultural and resilience literature. Implications for research theory and practice, limitations of the research and avenues for future research are also discussed.

8.1.1 What are the experiences of sub-Saharan African migrant children and youth in Ireland?

This was answered through a qualitative grounded theory analysis of data collected through interviews and focus group discussions conducted with ten sub-Saharan African children, fourteen African mothers and two African fathers on the experiences of sub-Saharan African children in Ireland.
The qualitative study found that experience of differences (racial & cultural), restructured family dynamics, practices and routines, relationships and systems, transnational/diasporic activities and practices, and cultural and spiritual phenomenon were key processes that shaped the experiences of African migrant children. Within these processes were vulnerabilities that created negative experiences for them but also strengths and resilience activating processes that had implications for creating positive experiences for them.

Acculturation, mental health and psychological literature on the well-being of migrant children are mainly framed within a psychosocial risk approach, and consequently, there is a dearth of knowledge on the vulnerabilities experienced by migrant children. Current study findings on experiences of difference in neighbourhoods and school settings expressed in the form of exclusiveness and/or de-legitimisation practices resulting from African migrant children’s positions as racially, culturally and migrant ‘others’ are reflective of previous studies in Europe, the US and Ireland. (Bathia & Ram 2001; Devine et al, 2004; Devine 2005; Devine & Kelly, 2006; Devine, Kenny and McNeela, 2008; Gillian et al., 2010; Gonzalez-Lopez, 2005; Hunt et al., 2004; McGorman and Sugrue, 2007; Miranda et al. 2010; Smyth et al., 2009; Viruell-Fuentes, 2007; Viruell-Fuentes, 2011). These studies indicate that being “othered” or racialised is part of many non-European immigrants’ acculturation experience. Migrant children who are racially distinct from the majority population in their countries of residence are shown to be at a greater risk of experiencing discrimination than those who are not (Berry & Sabatier, 2010; Liebkind & Jasinskaja-Lahti, 2000). Interview participants with experiences of racial prejudices and/or discrimination associated negative experiences such as isolation, loneliness, and a sense of rejection, powerlessness and anger. An important contribution of this qualitative exploration in advancing psychological knowledge in
this area, is by illuminating strategies that were utilised by the African migrant children in coping or negotiating experiences of racial prejudices, stereotypes and discrimination. While some African migrant children were reported to have reacted to these experiences by wanting to distance themselves from their own ethnic practices and networks, other children reacted by forming supportive relationships with their own ethnic peers, while distancing from discriminating native-born peers. Distancing from one’s ethnic practices and networks can be interpreted as an assimilation strategy which has been shown to be associated with moderate acculturative stress (Berry et al., 1987; Berry et al. 2006; Williams & Berry, 1991) while forming supportive relationships with ethnic peers while distancing discriminating native peers can be interpreted as a separation strategy which is associated with poor psychosocial functioning (Berry, 1998; 2003). However, as discussed in the literature review of acculturation studies, an individual’s acculturation strategy does not generalise across all aspects of life. For example a migrant child might prefer ethnic friendships but integrate in other areas such as food and music choice or cultural values. It may be a case of picking and choosing adaptive cultural behaviours, practices, identifications and values depending on context. Forming supportive ethnic friendships is reflective of socialising patterns of migrant children documented in the literature. Immigrant youth have been shown to prefer ethnic to native-born peers, who provide a continuation of family values, whereas native peers can provide a contradiction (Titzmann & Silbereisen, 2009). Mixing and having a strong attachment to their ethnic peers, has been found to assist migrant youth to cope with resettlement, and to be associated with significantly “greater levels of well-being in the psychological, social and environmental domains” (Correa-Velez, Gifford & Barnett, 2010, p. 1404). It can be deduced from the existing literature that this strategy
of forming ethnic friendships is a protective strategy that supports the psychosocial well-being of migrant children.

African children were also shown to have coped and/or negotiated experiences of racial discrimination by cognitively rationalising ‘othering’ behaviour. ‘We do the same back home…we do not like others who are not from our tribes or even Asians.. it’s the same everywhere..’, were commonly cited by the youth in interview responses to questions referring to their experiences of difference. In this case, therefore, children used this strategy as a coping mechanism. They did not perceive the discrimination as personal and/or a reflection of their sense of self but as a practice that pertains to human nature. This strategy was found to have helped them negotiate experiences of ‘othering’ to form supportive relationships therefore serving to activate a protective process. Resilience literature indicates that peer relationships have been associated with protective processes from the opportunities offered by these relationships to create and maintain strong emotional bonds, reciprocal exchanges of mutual encouragement and realistic feedback about appropriate behaviour (Alvord and Grados, 2005; Barry and Wentzel 2006; Boyden and Mann, 2005).

The majority of the youth in the study were found to have turned to racially empowering narratives, such as identifying with black American popular hip-hop culture in reacting to experiences of difference. These African youth were found to have appropriated the behaviours or hip-hop artists such as hairstyles, ways of dressing, and speaking and general ‘attitude’ in the form of a self-belief or strong ego. Hip-hop cultural influence, which has also been reported among African youth in sub-Saharan Africa: South Africa, Kenya, Ghana and Nigeria, provides these youth with an outlet from hardships and a bridge of escape to another world that is both familiar and strange
This shared consciousness therefore nurtures a sense of belonging and ultimately racial identity. The African youth were also found to have identified with empowering racial narratives of influential black leaders, such as Obama and Mandela, who they perceive to have beaten the odds of being suppressed by the white dominant race to achieve global success and recognition. Being ‘othered’ in this case impacts on the formation of ethnic self-images (Phinney 1991; Porter & Washington, 1993; Rumbait, 1994; Tajfel, 1981). Adopting an empowering ethnic image moderates the effects of negative experiences associated with racial discrimination. Theoretical formulations propose that racial discrimination increases the likelihood of negative developmental outcomes and reduces the occurrence of positive developmental outcomes (Gallo and Matthews, 2003). The combination of greater stress exposure plus diminished coping resources is said to culminate in chronically higher levels of negative affect and lower levels of positive affect among migrant youth. This model implicates affect as the primary mechanism through which racism influences health or well-being.

Based on this theoretical formulation, it can deducted that African migrant children’s experiences of racial discrimination resulted in negative experiences but for those children who utilised strategies such as forming supportive relationships with their ethnic peers, cognitive rationalisation with implications of protecting their sense of self, and adapting empowering racial narratives with ethnic identity nurturing effects, these strategies may have acted as coping resources with moderating effects on experienced stress with positive implications on affect. A strong ethnic identity has been linked to positive psychosocial well-being outcomes among migrant children (Brough et al., 2003; Lustig et al., 2004; Smith & Silva, 2011). It has been reported in the literature that when faced with discrimination and social marginalisation, a strong ethnic identity may act as a buffer against the negative effects of stress resulting from racial discrimination.
and/or may help individuals cope with negative societal messages about their ethnic
groups, as they connect with positive aspects of them (Smith & Silva, 2011; Quintana,
2007; Umaña-Taylor et al. 2008; Wong et al., 2003).

Racial experiences in this case pose a challenge to the linear process of the acculturation
trajectory of African migrant children in Ireland indicating that acculturation is not
entirely an individual choice but it is also driven by socio-cultural processes in their
migration settings (Bhatia & Ram, 2003; Suárez-Orozco, 2003; Schwartz et al. 2010).

The study findings also indicated that negative experiences by African migrant children
were also associated with conflicts within their homes. African cultural phenomenon
was found to be the key organising framework that structured family roles and
dynamics, parenting styles and family practices. Traditional African patriarchal
structures and dynamics, childrearing practices encompassing strict and controlling
parenting styles and practices, were all found to be features of these children’s home
settings and in the newly created ethnic structures and networks’ settings. African
parents were found to be restrictive in their parenting by controlling children’s
behaviours and social activities through strict boundary-setting and close monitoring of
activities, and friends and to have adopted a hierarchical approach to decision-making
with a strong emphasis given to the importance of instilling discipline. Parents
rationalised their behaviour as a way of insulating their children against youth culture,
which they perceived as intolerable within the African cultural framework, but
acceptable or condoned by Irish parents operating within the Western cultural
framework. Most of the conflicts reported in the study or those observed in the field
over issues such as, household chores and responsibilities, or children’s failure to meet
parental boundaries, could be contextualised within the context of everyday family
conflicts (Steinberg & Morris, 2001). Parental-adolescent conflicts, on the most part were reflective of existing knowledge in this field regarding normative developmental processes involving an adolescent child’s evolving sense of autonomy (Fuligni, 1998; Steinberg & Morris, 2001), realignment of developmentally appropriate parent-adolescent expectations, roles and responsibilities (Laursen et al. 1998), and youth’s reflection and evaluation of their values and belief systems which is theorised as a process that accompanies adolescents identity development (Juang et al. 2012; Kapadia & Miller, 2005). However, for these African migrant families, there was also an inter-generational acculturation element widely documented in the literature whereby family conflicts are associated with parents continued maintenance of traditional cultural values, norms and behaviours and minimally endorsing the norms, values and behaviours of their host culture (separation) while their children have embraced the cultural attitudes and behaviours of the host country (Costigan & Dokis, 2006; Fuligni, Tseng, & La, 1999; Kwak, 2003; Portes and Rumbaut, 1996; Stuart, 2008; Ying & Han, 2007). The African children in the current study were shown to have adapted Irish cultural practices, mainly youth language (slang) and other peer-group social behaviours such as music, food (snacking and fizzy drinks), leisure walks in housing estates or town streets or just hanging around shopping malls. Their parents on the other hand were shown not to have adapted to their children’s changed behaviours and reacted by restricting these social activities. Collective policing of these children’s social activities by ethnic networks, within the context of collective responsibility over children in the African child-rearing framework, was found to have re-enforced parental boundaries. Although, this study’s focus was not on acculturation strategies, African parents and ethnic networks’ practices of restricting children’s engagement in non-ethnic peer social practices is reflective of Berry’s separation acculturation strategy, which is associated
with poor adjustment of migrant children in migration settings (Berry et al., 1987; Berry et al. 2006). The African youth interviewed in the current study reported that parental or ethnic collective policing of their socialising activities deemed a threat to the cultural script of a good child inadvertently enhanced their ‘othering’ experiences with implications of creating negative experiences for them. It would imply therefore that finding a fine balance between the moving on/holding on process which is reflective of Berry’s integration strategy (Berry et al. 1987) allows these children to juggle sameness/difference in Irish socio-cultural settings in which they are engaged in and ‘not separated from’.

Cultural processes that frame parental practices were found to have interacted with migration processes resulting in more strict parenting practices than would be the case in migrants’ home settings. The consensus among the parents and youth interviewed was that even within the context of an African cultural child-rearing framework, older youth (16+) are given the freedom to walk leisurely with their friends but within a framework of familiar environment, collective extended family and other local networks of care and youth’s culturally nurtured sense of social obligations or expectations of behaviour. In the unfamiliar environments in migration settings and within the context of stripped collective child-rearing support systems and/or cultural structures and networks that support maintenance of African youth’s maintenance of cultural values that influence self-regulation of behaviour, parents reported being more restrictive in Irish settings than in home country settings. The children or youth interviewed resented the negative impact that parental restrictions had on their social activities and consequently on peer relationships, with consequences of creating parental/child conflicts. Family conflict and parent-child alienation are conceptualised in family studies as the mediator in the relationship between acculturation and psychosocial well-
being of migrant children (Formoso et al. 2000; Telzer, 2010). However, interview discussions and field observations indicated that these parental/child conflicts were easily resolved.

A plausible explanation of the willingness of parents and children to resolve conflicts can be explained within the context of cultural influence on psychological aspects of experiences. Sociological and anthropological literature on acculturating experiences of migrant children has highlighted the role played by family practices, routines and activities and also by ethnic networks in transmitting traditional cultural norms and values (Campione-Barr & Metzger, 2006; Oppedal, 2006; Phinney, Horenczyk, Liebkind, & Vedder, 2001; Phinney & Ong, 2002; Portes & Rumbaut, 2006; Sam & Virta, 2003; Stuart et al. 2010; Suárez-Orozco, & Todorova, 2008; Ungar, 2008). Africans are reported in the literature to value interpersonal harmony (Duran et al. 1998; Kovach, 2005; Mbiti, 1990; Utsey et al, 2000). It is plausible to assume that there would be a cultural influence on parent/child conflict resolution efforts facilitating negotiated agreements in order to maintain interpersonal harmony.

More sustained and enhanced parental-child conflicts were noted in regard to reunited children particularly those who had been reunited with their parent(s) or guardian(s) after long separations and in their late teenage years (16+). Interviews with reunited children who participated in the study indicated that these conflicts were more associated with post-migration processes such as re-establishing parent-child relationships or establishing a new relationship with a step-parent(s) whom they might not have met before. Experiences reported by mothers in the study of family sacrifices made in Ireland in order to care for separated child(ren), the tangible and emotional burden of ‘doing family’ transnationally mainly through social media, the uncertainty
regarding reunification prospects, and the guilt of having left children behind are all very similar to study findings in this field (Dreby, 2010; Parrenas, 2005). However, the reported positive experiences reported by reunited youth in the current study, during the period of parental separation while in the care of extended family members, mainly grand-parents somewhat differ from these studies of South American populations that report parental-child intimacy problems, feelings of rejection and abandonment by children, and poor school performance during the separation period. Perhaps, it is due to the loss of these secure relationships of care and support previously nurtured in home country settings with their caregivers that challenged the process of re-establishing similar relationships with parents in regard to reunited children in the current study. Mothers reported feeling alienated from these children and ill-equipped to deal with them. They were either too strict or too relaxed but either way, on the most part, there was a misalignment of reunited children/parents roles, and relations, which had implications of creating a sense of alienation in the parent-reunited child dyad. Family distancing then acts as a challenge to seeking or availing of family support when these children are faced with challenges in Irish socio-cultural settings such as social isolation resulting from differences already discussed.

While acknowledging that the grounded theory study sampled only a small proportion of this group, and that this sample did not include any children with experiences of self-care prior to reunification, some of the mothers interviewed referred to experiences of their reunited children but also of other such children known to them. There were isolated cases of reunited children, not included in the sample, due to age criteria of the study design, that were reported to have adjusted well to family life post reunification, but for the most part, the consensus was that these children were not doing as well as their siblings who were either born in Ireland or relocated with their parent(s) or
guardian(s) when young. Very little attention is paid in transnational literature to how reunited children adjust after reunification in comparison to their siblings who have not experienced parental separation. Similar to these findings, studies have reported parental-reunited child conflicts following reunification associated with reunited adolescents having trouble adapting to their parents’ authority or communicating with them (Artico, 2003; Menjivar, 2000; Smith, Lalonde, & Johnson, 2004). Suárez-Orozco, Todorova, & Louie’s (2002) study of reunited Mexican children in the United States found levels of depression to be higher among migrant children who had experienced separation prior to migration than those who had migrated with their parents. While reunited children were not a topic of exploration in the current study, it was however highlighted by the study findings as an issue that needs attention in future research with this population. For example, are these conflicts long-term? Based on the premises that reunited children, prior and following migration, have been socialised within the African cultural orientation with emphasis on inter-relational harmony (Utsey, 2000) and the socio and psychological thoughts that flow from this, an assumption can be made that the cultural values would moderate parental-child conflicts too and or influencing negotiated conflict resolutions in the long-run. There is a need for future research to test this assumption.

Conflicts between the African children and/or their families on the one hand and systems on the other hand, mostly schools, were also found to have created negative experiences for these children. Schools formed the avenue through which children’s problem behaviour was picked up. Action was most often initiated by teachers’ in the form of notes to the parents and/or dialogues with parents and child. Notably, African parents on the most part utilised a psychosocial approach in regard to an explanatory model of problem behaviour and in intervention strategy where problem behaviour had
been identified, while school authorities mainly utilised an individual pathology model and a biomedical intervention approach. In some instances, school authorities also utilised a psychosocial approach to problem behaviour intervention. African parents’ explained children’s behaviour in relation to a child or family’s reduced capacities or resources due to previous constant relocations during the family’s refugee process and/or migration-related compromised quality of childcare and/or conflicts or tensions in the home environments. A lot of what the teachers perceived as hyperactive behaviour was interpreted by the parents as African children’s (particularly relocated ones) unfamiliarity with prolonged confinement unlike previous experiences in African schools where there was plenty of outdoor activity.

These differences can be interpreted within the framework of “goodness of fit” between African/Irish cultural practices that frame well-being conceptualisation. African scholars posit that for an African person, their very being, view of the universe, knowledge claims and values are all oriented towards a culture of collectivism or interdependence (Dixon and Vernon, 1971; Kambon, 2004; Mndende 2006; Myers, 1999; Nyasani, 1997). Well-being conceptualisation framed by an interdependence model attributes causal explanations of distress to individual biological factors, as well as the social and cultural milieu (Markus & Kitayama, 1991; Triandis, 1995; Oyserman & Markus, 1993). In utilising a psychosocial narrative, the parents locate the behaviour of the child in his/her environment. Parents’ views were that problem intervention should be at these multiple contexts. Other than dialogue with school authorities, parents engaged the children in dialogue with ethnic elders/religious leaders or with respected family members back home, mainly through electronic media. Other strategies included mobilising resources around the child such as engaging them in recreational activities. Where there was parent/school authority congruence on the need
for biomedical intervention, mainly in regard to anger and/or aggressive behaviours and/or withdrawal symptoms, the children were referred to mental health professionals. In addition, a psychosocial approach, mainly mobilising resources such as support networks around the child were also utilised by some school principals as well. The extent to which intervention on child behaviour worked had to do with the congruence or lack of congruence between the interpretation of behaviour as problematic or normal and/or congruence or lack thereof between parents/teacher’s recommended intervention strategy for problem behaviour.

Of importance, is the finding that parent(s)/school authority conflicts or tensions regarding interpretation of behaviour or intervention strategy were for the most part resolved creating an opportunity for affected children to have positive experiences. Willingness of participating parties to prioritise best interests for the child was found to have facilitated conflict resolution. Either of the conflicting parties was found to have been amenable to compromising and reaching negotiated agreements and/or in searching for solutions and/or showing a sense of pragmatism in utilising different modes of intervention. For the most part, school authorities were reported by parents as being quick to label a problem but willing to engage in discussion with parents and shift their position if convinced otherwise or if they come into some negotiated agreements with the parent(s) and the child. Acculturation literature indicates that availability of ethnic support networks (Berry 2001; Berry et al. 2006; Phinney et al. 1996; Schwartz et al. 2008) and social support are formed of adults outside the family such as teachers and guidance counsellors (Akhtar & Choi, 2004; Green et al. 2008; Suárez-Orozco et al., 2008) have been found to moderate the effects of stress and result in positive psychosocial well-being of migrant children. The support from ethnic support networks and school authorities in addressing problem behaviours among African migrant
children in the context of the current study can therefore be associated with resilience-fostering processes among this population.

Acculturation literature has paid scant attention to positive experiences coming from family practices of acculturating families. African migrant children and their parents were found to be in agreement in areas such as religious practices, avoidance of health risk behaviours such as drinking alcohol, smoking, aggression or avoidance of those who engage in these activities while associating with youth who engage in pro-social behaviours as perceived by these parents or the youth themselves. These findings reflect the findings reported by a New Zealand study on the acculturating experiences of families and adolescents from Asian, Middle Eastern and African backgrounds where parental-child agreements were found regarding maintenance of ethnic traditions religion, ethnic identity and avoidance of health risk behaviours such as drinking, smoking and taking drugs (Stuart et al. 2010). Engagement in health risk behaviours was perceived as detrimental to individual and family health in the New Zealand study and in the current study. Spirituality was found to be embedded in the very fabric of everyday activities and practices in the current study and to play a central role in coping with challenges, similar to previous findings of a study of unaccompanied asylum seeking youth in Ireland, inclusive of African youth (Raghallaigh & Gillian, 2010). Parent-child agreement was associated with creating or maintaining harmonious relationships within the family and availing of opportunities for family resource mobilisation. In responding to restructured family structures, roles and dynamics, the families in the current study were found to have mobilised resources at a family level whereby all family members including children (in accordance with culturally appropriate developmental ages) were found to have teamed up to share child-minding and house-keeping responsibilities. Children (mostly 10+) were found to have been
involved in tasks such as childminding, cooking, cleaning and running errands. Other Irish studies have reported similar findings where migrant children have been shown to have taken on child-minding, home work assistance duties and other household responsibilities due to working time constraints on parent(s) (Devine, 2005).

For migrant families however, there is an ongoing interaction between cultural processes and migration related vulnerabilities. Participation of children in family activities is reflective of the African cultural child-rearing framework, where developmental goals of physical, cognitive, social and emotional competencies mainly centre on a child becoming self-reliant and developing the skills to become a contributing member of the household, and ultimately, society (Nsamenang, 2005). Because social responsibility from an early age is weighted over and above social cognition as an end state (Nsamenang, 2005), nurturing of this social responsibility starts from an early age (5-7) when children are perceived to be ready for guided participation in family and collective cultural activities (Boakye-Boaten, 2010). These children are therefore culturally primed to participate or help out in family activities, in guided participation by adults or older siblings. However, migration-related vulnerabilities such as working time constraints on parents or migration-related compromised parental responsiveness, may create situations where children may take on more responsibilities than culturally scripted. There were reported instances in the current study, where reduced parental capacities mainly due to compromised parental responsiveness associated with parent/parent conflict and/or stress of negotiating migration practices, resulted in children taking on parentification roles as a stopgap measure. These reversed roles for children were perceived by systems (mainly school authorities and social workers) as atypical development and therefore harmful to children’s welfare often causing parental/system conflict. While acknowledging that parentification of children has implications of contravening the rights of the child defined
by national and international stipulations (http://www.childrensrights.ie/childrens-rights-ireland/childrens-rights-ireland), the implications on well-being of children indicate a socio-cultural influence. Within African social and cultural spaces, children who took on these roles were viewed positively as mature, responsible, valued children within the family and ethnic community system. These findings are similar to those reported in resilience literature whereby children have been found to take on a parentification or adultification role in resource poor environments with implications of securing a powerful identity and a sense of personal and social efficacy among the youth especially when others acknowledged the parentified child’s role as important to the welfare of others (Hooper et al., 2008; Marotta, & Lanthier, 2008; Jurkovic et al. 2000; Theron, Ungar, & Didkowsky, 2011). Children taking on a parentification role can therefore be a resilience activating process within the family but there are inherent well-being constraining risks for the child if they are not developmentally (social, cognitive, emotional) capable of shouldering such responsibilities or if parental responsiveness is so compromised that the parent(s) do(es) not acknowledge the child’s parentified role as important to them. Current study findings indicated that parentification roles were only taken on temporarily while parents regained their social and psychological balance. On the most part, the current study found that participation in household duties and responsibilities was viewed as normative within their family structures and any challenges were associated with the interaction of their duties and responsibilities at home and social engagements and/or activities with their peers outside the homes.

South African youth resilience studies have associated compliance with authority and following the cultural script of a “good child” with promoting resilience (Pienaar et al. 2006; Theron, 2007; Theron and Theron, 2010). Family processes such as smooth organisation of everyday family tasks, practices and responsibilities and the presence of
warm, healthy attachments between a child and parents or with siblings have been consistently associated with resilience (Beckett et al., 2006; Moffitt, 1997; Pinkerton and Dolan 2007, 2010; Rutter, 2008; Ungar, 2008). As discussed in the previous section, parenting practices were reported by youth and parents interviewed to be very controlling. While this can be conceptualised as an authoritative parenting style (as per Baumrind 1971 classification) in regards to high control, African parenting styles observed in the field and deductions made from interview data indicated a difference from Baumrind’s classification in regard to responsiveness. While Baumrind’s authoritarian style is associated with low responsiveness, observed parent-child relationships in the current study, other than that of parent-reunited child, were indicative of high responsiveness. This is more in line with conceptualisation of parenting style within the African child-rearing framework, which has been described as high control within the context of warm family relationships (Nyasani, 1997). While authoritative parenting is associated with poor psychosocial functioning (as per Baumrind’s classification) studies have found an association between authoritarian parenting style with positive psychosocial functioning among black African migrant children in the UK. (Maynard et al. 2007) and among Egyptian adolescents (Dwairy & Menshar, 2006), indicating that the meaning associated with this parenting style is culturally bound.

Findings from the current study indicated that compliance with parental authority did not necessarily create negative experiences for the youth, and even any associated conflicts were easily resolved (other than the parent-reunited child dyad). Notably, one of the youth interviewed who had suppressed his choice for a career path and complied with his parent’s education aspirations for him, did not perceive this action as threatening his independence but linked this behaviour to parental guidance based on
his best interests. In a collectivist cultural framework, development of autonomy in children is theorised to be in the context of interconnectedness, and it therefore co-exists with a desire for relatedness allowing for the development of what Kagitcibasi refers to as autonomous-related self (Kagitcibasi, 2007). Successful negotiated agreements in this case, opens way to accommodate change and continuity, and also creates an environment where family resources and capacities can be mobilised and where supportive warm relationships can be nurtured. There were instances where children’s initiated problem solving strategies within the context of negotiated agreements with their parents were reported to have become instrumental in engineering incorporation of new cultural routines into existing family ones. Consequent effects involved reconstructing and/or reinventing cultural routines in a way that is mutually acceptable by the parent(s) and the child. Within a socio-cultural ecological view of development, these actions are viewed as instrumental in the construction and reshaping of culture (Rogoff, 2003).

Transnational/diasporic activities and practices was a key theme in the current study stemming from: strict migration policies and practices with strict control mechanisms for admission of separated children (Immigration Bill, 2003; Refugee Act, 1996); and transnational linkages in the form of activities of ‘doing family’ across borders as well as availing child-caring support, cultural facilitation and/or health sustaining structures and networks. Similar to other study findings in this field, ‘doing-family’ transnationally depicted a picture of vulnerability in regards to sacrifices made at either end of the national and/or transnational end of the family (Coe, 2011; Coakley & Claire, 2012; Dreby, 2010; Graham et al., 2012; Parrenas, 2005; 2008; Sobritchea, 2007 ). The current study findings also depicted a picture of protective processes in regard to availability of nurturing care-giving relationships, resources such as health sustaining
practices that are congruent with cultural well-being explanatory models of these families and cultural facilitation opportunities that nurture children’s sense of ethnic identity. Transnational linkages stemming from these practices and activities were shown to have resulted in embeddedness of these families in home country cultures as well as in cultures of their country of residence similarly to trends reported in the literature regarding contemporary migrants (Bhatia & Ram, 2001; Bledsoe and Sow’s, 2011; Glick-Schiller et al., 1995; Grillo and Mazzucato, 2008; Kane, 2010; Toloyan, 1996). The current study findings and other similar findings on this double embeddedness of migrant families and their children in home country cultural practices and those of their country of residence helps to shift the focus of migration studies from a risk perspective to a strength-based perspective. Secondly, it draws attention to the dynamic processes, such as improved technology that facilitate this multiple cultural embeddedness of migrants and how these impact on their well-being experiences.

There is a tendency in the literature to view migration through a risk lens whereby migrant families or youth are viewed only from the perspective of ‘lacking’ in the home countries pre-migration (Gonzalo and Câmara, 2012). In regard to, for example the population under study, there is merit in conceptualising emigration from the sub-Saharan African region to Ireland within a framework of ‘lack of’ political and/or economic and/or social stability (Hatton and Williamson, 2001; Moore and Shellman, 2004; and Naudé, 2008). However, political, economic and social instability can occur within the context of cultural stability, which often forms part of stabilising processes adapted by psychosocial programmes in post conflict areas (Boothby, Strang & Wessells, 2006). When migrants leave their countries of residence, there is a notion of multiple losses associated with political or civil unrest, leaving behind loved ones, and social and cultural frameworks that organised their behaviour. The psychology of
migrant youth is skewed towards these multiple losses, and how these impact on the psychosocial adjustment of migrant children (Berry et al., 1987; Berry et al. 2006; Birman, Trickett, & Buchanan, 2005; Buriel et al., 2012; De Valk, 2006; Ellis et al. 2010; Heidi et al., 2008). Psychology of migration links integration (maintenance of traditional cultures alongside acquired cultural practices of country of residence) to positive psychosocial functioning of migrant children (Berry, et al. 1987; Berry et al., 2006). The paradoxical nature of culture as dynamic and stable at the same time is demonstrated by the current study findings, which are in line with transnational literature whereby transnational cultural linkages are maintained between migrant’s home countries and their country of residence.

Cultural literature has shed light on African conceptualisation of distress in view of how its representation has accommodated many 20th century biomedical concepts resulting in practices of medical pluralism (Bham & Ross, 2005; Ivey & Myers, 2010; Liddell, Barrett & Bydawell, 2005). Help-seeking strategies utilised by Africans settled in Western settings indicate that they continue to seek traditional healing services alongside biomedical services (Atherton, 1994; Waldheim, 2008). These cultural studies give the context, which framed health-sustaining transnational practices by African migrant families in Ireland. African families were shown to have practiced medical pluralism by drawing on biomedical health services, when in agreement with school authorities’ explanatory model of a child’s behaviour as being pathological. They were also shown to engage in cultural health practices involving traditional and spiritual healing such as those reported among African migrant families in France, the UK and Denmark (Grillo & Mazzucato, 2008; Kane, 2010). Mothers interviewed in the current study mentioned that international express post such as DHL provided a central link from home countries to Ireland through which health-sustaining paraphernalia flowed.
Also reported were elements of a virtue realm of transnational diagnosis and healing through electronic technologies such as mobile phones and online instant messaging. African migrant families in Ireland were also found to have engaged in transnational practices such as sending children back home for culturally upheld disciplinary methods and/or to partake in rights of passage such circumcision and/or to reconnect them to their family, religious and cultural traditions or even to be raised there, away from undesirable Western cultural influence. Child-raising norms in African cultures which have provision for extended members of the family as part of the child-raising care make it amenable to arrange transnational child-care and/or disciplinary and/or temporary minding arrangements for children who are sent back home (Bledsoe and Sow, 2011). With the availability of cheap international flights, family visits are made possible. Social technologies were found to have facilitated consumption of home country forms of entertainment, day-to-day contact with family members back home though communication technologies, such as phones or social media networks such as Facebook. Transnational practices and activities in this case are not posited in terms of separation and/or family disintegration but in terms of linkages that are instrumental in helping these families and/or children avail or mobilise resources that support their well-being migration settings in ways that are meaningful to them (Ungar, 2008). Transnational ‘family life’ therefore acts as a ‘means’ to an ‘end’ of achieving culturally desired developmental goals for children.

This double engagement of migrant families in the home and country of residence’s cultural practices raises the question of how home country cultural practices facilitated by transnational networks and structures fit in with our understanding of fostering resilience for migrant youth. For this population, growing up involves negotiating discourses relating to home country, country of residence, transnational/diasporic, often
contradictory, cultural positions and identities (Bhatia & Ram, 2004; Bhatia, 2008; Lichtsinn and Veale, 2007; Hermans, 2001a; Vertovec, 2001). They can access varied social and cultural environments in which they can forge and strengthen social relations, social belonging and/or conscious connection and identification with persons, groups or cultural values and practices in national, transnational or diasporic settings (Glick-Schiller, 2004). With the emergence of digital communication technologies such as the mainstreaming of internet connectivity and social media, distance and presence are reshaped in a way that creates an ambient almost seamless co-presence in shared social media spaces (Gonzalo and Câmara, 2012). Migrant families and youth find resilient processes, such as social and emotional support within these varied social and cultural settings that help them confront the difficulties they face in migration settings. Integration (which has been associated by Berry with positive psychosocial adjustment of migrant children) as a strategy of socio, cultural and psychological adaptation in Irish settings becomes an option for them.

The spatial and temporal boundaries between ‘there’/homeland and ‘here/host country were found to be very blurred for the African children and their families who were found to have created African cultural and social spaces in Irish settings mainly through religious institutions, ethnic shops and salons. These newly created and maintained African social and cultural spaces permeate African geopolitical boundaries to create a collective African shared consciousness or African identity, so to speak, that is based on inter-subjectivity based on shared experiences of an ‘African abroad’ with a lived experience of racial/ethnic/cultural minority experience in Ireland. These shared experiences therefore become the glue that gels the African group together and separates them from their homeland counterparts who have not shared these experiences and/or who no longer share similar psychological, social or cultural frameworks of
reference. These experiences also separate African children from other Irish children or families who have not shared migration-related experiences or racial, cultural/ethnic minority experiences. The ‘African abroad’ experiences therefore becomes instrumental in forming what Toloyan refers to as the ‘diaspora’ where migrant communities do not assimilate into host country mainstream culture, where they recognise themselves and act as a community creating and maintaining their own social and cultural institutions, and maintain real and/or imagined connections and commitments to their homeland (Toloyan, 1986). These diasporic structures and networks were found to have offered a structural framework for cultural and/or spiritual facilitation and opportunities to form supportive relationships.

Studies have connected resilience of migrant families and youth to support from their own ethnic communities (Kapteijns & Arman, 2004; Raghallaigh & Gilligan, 2010; Schweitzer et al 2007). Unaccompanied asylum-seeking youth in Ireland were found to have maintained continuity in a changing context by engaging in activities in newly created ethnic structures and networks (Raghallaigh & Gilligan, 2010). Religion commitment (assessed as a composite of frequency in participation in religious activities and degree of subjective personal belief) has also been associated with low anxiety and depressive symptoms among Bosnian adolescents resettled in Austria and Croatia (Sujoldzic et al. 2006). The implication therefore is that ethnic support networks and religion could protect mental health. Therefore bringing these transnational/diasporic protective processes into focus helps to shift the psychology of migrant children from a risk perspective on the basis of ‘lacking something’ to incorporate strengths or health-sustaining processes embedded in home country/diasporic/country of residence social and cultural settings. Utilising a resilience lens facilitates keeping the focus on the vulnerabilities already discussed that are
associated with country of residence settings and transnational practices and activities but also the strengths associated with these processes.

Grounded theory findings created a rationale for maintaining a cultural and a resilience lens going forward in the current research process. Progressing it was evident that a holistic understanding of the well-being experiences of African migrant children had to take into consideration African cultural processes that influenced psychological aspects of their experiences.


This was answered through a qualitative thematic analysis of data gathered through a rapid ethnographic well-being construct elicitation which was made up of a free listing exercise with African mothers, children and key informants in the African community. This data was used in developing an African Child Psychosocial Well-being Scale.

Grounded theory findings indicated that African cultural scripts of a good child entailed manifestation of behaviours such as respecting elders, obedience, compliance with parental or elderly wishes, and not talking back to parents. These behaviours were mentioned by nearly all those who took part in the exercises and by key community leaders as indicators of good behaviour. Factor analysis results of the emically derived questionnaire items relating to obedience and being commended by other people on good behaviour loaded reasonable on the resources and capacities factor (I listen to my parents and take note of their wishes, factor loading = .59 & Others have said I am well behaved, factor loading = .53). Other culturally nurtured individual capacities such as: Work diligence and acceptance were also found to load reasonably on the resources and
capacities factor: (I work hard to succeed in whatever I do, factor loading = .51 and
Problems are part of life. I do my best and leave the rest to God, factor loading = .49). These characteristics have been identified by indigenous researchers as socially and culturally nurtured in the African mindset (Nsamenang, 2007; Nyasani, 1997; Utsey et al., 2000).

Analysis of response patterns on these items indicated that they were endorsed on the higher end of the scale as indicated by their Mean (SD) as follows:

I listen to my parents and take note of their wishes 4.2 (1.3)
Others have said I am well-behaved 4.2 (.89)
I work hard to succeed in whatever I do 4.5 (.80)
Problems are part of life. I do my best and leave the rest to God 4.3 (1.0)

These culturally nurtured notions of obedience, work diligence and acceptance influence the behaviour of African migrant children as demonstrated by these response patterns. In Irish socio-cultural settings where these children were shown by the grounded theory findings to contend with issues of cultural ‘othering’, it would be plausible to theorise that African culturally upheld behaviours that invite praise and validation from both ethnic and non-ethnic others ‘others have said I am well behaved’ assume a psychological empowering narrative role that supports their psychosocial well-being.

Other items that were endorsed on the high end of the scale also had to do with cultural/spiritual strengths.

I avoid behaviours that are believed to bring shame to my family
4.5 (.90)
I try to behave in ways that I have been taught in my religion 4.1 (.98)

I avoid behaviours that are believed to bring ill fortune to myself or to others 4.2 (1.1).

This response pattern can be viewed as construct validation; that fulfilment of family obligations, spirituality, and maintenance of interpersonal harmony are important aspects that shape psychological well-being processes of African individuals (Duran et al. 1998; Kovach, 2005; Mbiti, 1990; Utsey et al, 2000).

Analysis of rapid ethnographic free-listed African cultural well-being constructs showed that manifestation of worries on the most part shared Western-theorised manifestation of worry (Boehnke K et al. 1998), which included unexplained changes from usual (eating, talking, concentration, performance, sleeping), bed-wetting, and having nightmares. Other indications were being irritable, being lethargic, being tense talking to one-self and being timid. Also being unnecessarily jumpy, shutting down or being non-communicative, talking in an unusually low voice, talking incomprehensibly or just blurting out things without planning, and being emotional or crying a lot. Similar to the findings of a rapid ethnographic study undertaken in Northern Uganda on the psychosocial problems of war-affected 10-17-year-old youth, the manifestation of worries was shown to contain cultural-specific elements such as, sitting with one’s palm on the cheek and not greeting people (Betancourt et al. 2009). Other emically derived cultural elements of emotional distress were crossing of hands over the arms across the chest while in a contemplative mood, biting of lower lip – a way of holding back anger, and making a “tsk” sound – indicating dismissal or intent for revenge. Also included was stomping of feet as a sign of anger, biting of the finger when angry – ‘hidden message of I will get you back’, and clicking of fingers while making a “tsk” sound which indicated the intent for anger and revenge.
The explanation of distress revealed a cultural, spiritual and a biomedical element similar to findings documented in transcultural, cultural and indigenous literature (Achebe, 2010; Bakker & Mokwena, 1998; Betancourt et al., 2009; Bham & Ross, 2005; Ellis, 1996; Ivey & Myers, 2010; Muela, Rubera, Mushi, & Tanner, 2002; Stafford, 2005). Psychological and psychiatric explanations of emotional distress were shown to have little currency in causal explanation of distress among the adult study population compared to spiritual or witchcraft explanations. Concerning circumstances or events were on the most part attributed to God’s will or witchcraft arising from social conflict, or spiritual attacks or possession arising from failure to honour familial and/or cultural obligations or due to engaging in some activity believed to be unclean. Witchcraft and spirit possession victims showed symptoms such as extreme aggression, auditory and visual hallucinations, impaired reality, being in a zombie-like state and doing extraordinary things such as talking to oneself as though in a conversation with another person or eating a meal alone in one sitting that is four or five times one’s share while seeming to be eating with others (indicating that there are other unseen spirits sharing the meal with the individual). African youth’s explanation of emotional distress was more skewed towards a bio-medical and a spiritual explanation.

Causal explanations of behaviour were found to map onto help-seeking strategies and to be in line with the literature which indicates that African people from all socio-economic and educational strata in many Western countries utilise both biomedical approaches and traditional practices, creating a medical syncretism or pluralism that integrates both models (Bham & Ross, 2005; Muela, Rubera, Mushi, & Tanner, 2002). Grounded theory findings indicated that health-sustaining practices and activities contributed significantly to transnational/diasporic activities. Help-seeking strategies free listed in the qualitative element of the study were general practitioners, guidance
counsellors, psychologists and family and friends, which is typical across cultures and are typical even among Irish adolescents (Dooley & Fitzgerald, 2012). Qualitative generated lists of strengths showed that help seeking within the family was listed across all free listing sessions. Consequent factor analysis of scale items regarding help-seeking practices within the family should that they loaded well on the strengths and resources factor as indicated here:

*I talk to my parents about my problems’ (Factor loading= .61; response format - Mean & sd = 3.5 [1.3])

*I can talk to my siblings about my problems’ (factor loading = .44; response format - Mean & sd = 3.6 [1.2])

Notable these items were endorsed in the middle part of the scale (sometimes) indicating that support from family members was an option. Living with supportive family members has been associated with positive psychosocial well-being of migrant children (Chapman & Calder, 2002; CMYI, 2006; Stuart et al. 2010). This is important within the context of fostering protective processes among migrant children in view of Dolan’s argument that the ‘hidden support’ within the family plays a protective role in the well-being experiences of children due to its day-to-day availability, low cost, low levels of stigmatisation, and the potential for mutuality (Dolan, 2010). Nguyen-Gillham (2008) qualitative study found that a web of supportive family helped to establish structure and stability for Palestinian youth in the context of political instability. In the light of empirical evidence, it can be theorised that supportive family practices and activities help African migrant children and their families cope with change in the Irish socio-cultural settings.

Generated free listing exercises also showed that help-seeking from ethnic support networks was also mentioned. Grounded theory findings indicated that one of the strategies utilised by African children especially older children (14+) to deal with racial, ethnic and/or cultural ‘othering’ was self-segregation whereby African children resorted
to socialising with their own ethnic peers based on connection resulting from shared experiences. Grounded theory findings also indicated that parents had mobilised ethnic resources and capacities even creating ethnic, social and cultural spaces and consequently facilitating their children to draw empowering cultural and racial narratives and support from these structures and networks. The scale item:

‘I get support from others in my African community’ (Factor loading =.42; response format Mean=3.4, SD=1.2)

loaded on the factor “Resources and Capacities” and was endorsed at the mid-point of the scale. Once again, this can be interpreted in the context of a reflection of the ‘holding-on\ moving-on’ process whereby they are drawing on this support ‘Sometimes” but not ‘Most of the time’ or ‘Always. Study one’s findings indicated that ‘othering’ experiences were not fixed across all contexts and time in that while a child might experience ‘othering’ by peers or friends in one context or time frame, she or he might experience support from the same peers and friends or different ones in a different context or time. These children therefore select and define the different social relationships and/or social connections that they form with ethnic and non-ethnic friends and peers. However, this finding highlights the key role played by ethnic structures and support networks in availing ethnic support when required.

Help-seeking strategies of African migrant children included traditional healing which is typical of most African cultures (Duran et al. 1998; Kovach, 2005; Utsey et al, 2000). However, even though questionnaire items on help-seeking from traditional healers loaded highly on the help-seeking factor:

‘There are people close to me that advise me to seek healing from a traditional healer’,

loaded strongly on the Help-seeking factor (Factor loading = .72)

the response format indicated that this item was endorsed on the low end of the scale
‘hardly ever’ (Mean=2.4, sd=1.4) implying that this experience or advice was very limited. However, for survey respondents who indicated that they had sought help for emotional or behaviour problems, though small in percentage (n=13, 7.0%) traditional healer services were sought at a slightly higher rate than psychiatric services (n=2, 1.1%).

With regard to spiritual healing, the scale items:

‘There are people close to me that advise me to seek cleansing from a religious leader’ (Factor loadings =.68) loaded on help-seeking factor.

‘I talk to my religious leader about my problems’ (Factor loading = .74) also loaded very strongly on the help-seeking factor.

Looking at the percentage of respondents who indicated that they had sought help for emotional or behavioural problems in the past 12 months, the leading service provider sought was pastor/religious leader (n= 78, 42%) implying that this was an important help-seeking avenue for these children. This finding differs significantly from the national help-seeking profile (“My World Survey”) which indicates that among the Irish adolescents, doctors/GPs were the most common source of formal behavioural and emotional support accessed by (19%) of their respondents (1,155 out of a total of 6,082), followed by a teacher or guidance counsellor (12%), and a psychologist, counsellor or therapist (8%) (Dooley & Fitzgerald, 2012).

The help-seeking patterns of African migrant children are indicative of the central role played by religion and cultural processes in the psychosocial well-being functioning of African migrant children in Ireland. The findings of this element of the study have an important role to play in cultural competent practice in regards to understandings of
well-being that pays attention to how well-being threats are addressed in ways that are likely to be acceptable by this population and therefore effective.

A notable finding of this element of the study is the response format on the items on the factor ‘experience of difference’. Experience of difference emerged as a major theme in the grounded theory analysis and in the rapid ethnographic free listing exercise. In the grounded theory, the theme of difference was more focused on racial differences and practices associated with racial prejudices, stereotypes and resultant negative experiences. In study II’s free listing exercises, the theme captured a broader aspect encompassing concerns relating to exclusiveness that is typical to all children such as bullying or fitting in at school (Molcho et al., 2010) and those that are particular to African migrant children such as race, migration, and cultural processes or practices (Berry & Sabatier, 2010; Liebkind & Jasinska-Lahti, 2000). Quantitatively, scale items that related to the experience of difference that are particular to African migrant children were:

‘It bothers me that some of my family members live abroad (factor loading=.63)

‘My parents have threatened to send me back home when I have not behaved appropriately’ (factor loading=.55)

‘I worry that I may be misunderstood by those I go to seek help from due to cultural differences’ (factor=.51)

‘Some things I do at school are not acceptable at home’ (factor loading=.44).

‘My parents have threatened to send me back home when I have not behaved as expected’ 1.87 (1.2)

Scale items relating to experience of difference that are typical of any child were:

* I experience bullying at school 1.82 (1.2)

* I worry about fitting in at school 1.96 (1.2)
Notably, even though the generated items were based on the free lists of concerns signposted by grounded theory findings to have caused negative experiences for African migrant children, when the scale items were administered on the survey sample, response patterns indicated that out of all the questionnaire items, items that had to do with the experience of difference were the only ones endorsed on the low end of the scale (scale of one to five: 1=‘Never’; 2=‘Hardly Ever’; 3=‘Sometimes’; 4=’Most of the time’; 5= ‘Always’) as shown by the Mean (SD) of their responses on those items.

An obvious interpretation of this pattern might be that the study sample never or hardly experienced the stated differences. However, this is contradicted by the findings of the qualitative elements of this study. Another interpretation might be that the survey sample was not a good representative sample of the general African group population, but even though, the sampling was not statistically random, different sampling strategies were utilised and effort was made to ensure that any bias was minimised by systematically sampling from identified schools with more than five African migrant students in their population. A plausible explanation of this finding is the context of the African cultural world view of interdependence. African scholars posit that constructs of tolerance/perseverance and acceptance are personal characteristics believed to be inherent in the African mind (Makgoba, 1997; Nyasani, 1997; Theron, 2007). It is plausible to argue that these characteristics might have a bearing on the response patterns whereby experiences of difference are viewed as something to be tolerated and not something to complain about. The very nature of qualitative methodology is that it is interactive and therefore facilitates explanations, probing and/or clarification and it was therefore not surprising that these experiences of difference concerns were raised in
the qualitative elements of the study whereby, in informal conversation mode, they may not have been perceived as complaining but, in a formal statement mode as in a questionnaire, endorsing such an item may implicitly have appeared as complaining.

Notable was the fact that in the qualitative grounded theory exploration of experiences, racial discrimination or ‘othering’ was raised by African migrant youth interviewed as a major theme associated with negative experiences. In the free-listing exercise, experiences of racial discrimination were not raised by the younger children (< =14) but only by the older children (15+). Both categories of children ((< =14 & 15+) however raised the issue of ‘awareness of being different’ as a worry, but this awareness was not attributed to racial discrimination by the younger children (< =14). However, the fact that experience of difference was raised as an area of concern by the qualitative work warrants further attention, particularly in exploring if there is a cultural influence in shaping perceptions of experiences of difference.

Another interesting finding was that qualitative studies, grounded theory and the rapid ethnographic exercise highlighted concerns relating to strict parental practices, children’s participation in household duties at the expense of socialising with their friends, compliance and/or meeting family obligations. Generated items regarding those elements loaded well on a factor that was labelled ‘cultural compliance concerns’ as follows:

‘My parents are too strict (factor loading= .46)

My parents push me too hard to do well at school

(factor loading = .45)

I am expected to help too much around the house

(factor loading = .44)
I am afraid to stand up to my parents’ = .44

However, the response format indicated that these concerns were endorsed on the mid-point of the scale ‘sometimes’, implying that these concerns were mild.

My parents are too strict (Mean= 3.7, sd=1.1);

My parents push me too hard to do well at school (Mean=3.2, sd=1.3);

I am afraid to stand up to my parents (Mean=3.2, sd=1.3);

I am expected to help too much around the house (Mean=3.2, sd=1.2)

My parents keep a close eye on me to ensure I do not get into trouble’ (factor loading = .43; response format - Mean & sd = 3.7 [1.2])

Having duties at home keeps me out of trouble outside’ (factor loading = .42; response format - Mean & sd = 3.6 [1.2])

In a way, this finding illustrates the study I grounded theory of ‘holding-on’/‘moving on’ process which was found to be a central characteristic of the experiences of African migrant children and their families in Ireland. These children ‘hold-on’ to the cultural script that frame practices at home and within ethnic and/or diasporic social structures and networks but have to change or ‘move-on’ due to their exposure to the Irish or Western cultural values and practices particularly the value attached to individual autonomy that is nurtured in their social circles of operations mainly schools and neighbourhoods and even within their home settings via the media. For these children, taking a middle position is sort of finding a ‘fine balance’ between the two cultural worlds and can be interpreted as a protective strategy. Grounded theory findings indicated that where there was congruence between children and parents on the restrictive parenting role being that of promoting best interests of the child as opposed to a lack of parental trust and/or undermining children’s autonomy, then these family processes did not create negative experiences for children. A plausible explanation for
parental/child congruence on the role of strict parental practices was theorised in study one’s interpretation of findings to stem from culturally and spiritual nurtured notions of compliance and/or reference to adult authority. Response patterns on scale items: “My parents keep a close eye on me to ensure I do not get into trouble” (Mean=3.7, SD=1.2) and “Having duties at home keeps me out of trouble outside” (Mean = 3.6, SD=1.2) supports study one’s findings that these strict parental practices were not resented by the children. The fact that the Mean (SD) was not around the 1 (‘Never’) or 2 (‘Hardly Ever’) is an indication that these children viewed these family processes as protective albeit sometimes. The literature shows that family belief systems, and organisation patterns with regard to everyday tasks are common processes among families that cope well (Ungar, 2008). In the context of the current study, the family belief systems that shape strict parental practices are shared by the parent, and the child, and in this case, these practices are couched in the context of protecting the child from undesirable external influence. Participation in household duties is also couched in child protective terms and there is a ‘buy-in’ from the child, which makes this work.

Based on grounded theory findings, on rapid ethnographic free-listed constructs on African well-being understandings, on cultural literature (Bakker & Mokwena, 1998; Bham & Ross, 2005; Ellis, 1996; Ivey & Myers, 2010; Markus & Kitayama, 1992; Stafford, 2005; Triandis, 1995), on the literature on well-being theorisation (Deci & Ryan, 2000; Ryff, 1989; Markus & Kitayama, 1991; Mbiti, 1991; Kovach, 2005) and the literature on scale development item development (Breakwell, et al. 2006; DeVellis, 2006; Field, 2009; Tabanack and Fidell, 2007), the study presented an emically derived ‘Psychosocial Scale for African Migrant Children in Ireland’. The scale was shown to have good psychometric properties (coefficient alpha of .76) with the four factors indicating moderate alphas of (.79; .74; .77; .66) respectively. The fact that the scale
was emically derived is a credit to the content validity of the scale. Positive aspects of the newly developed scale were shown to correlate positively with resilience and life satisfaction scales’ scores and negatively with general health, strength and difficulty scales scores indicating construct validity. The correlations were not so high, which is an implication that the newly developed scale was measuring something similar to these other scales and yet also measuring something different. That ‘something different’ as theorised to be cultural aspects of experience. The newly developed scale provides a way to bring African cultural understandings of well-being into focus in measuring the psychosocial well-being of this population.

8.1.3 What are the levels of African migrant children in Ireland’s psychosocial well-being?

The third research question was answered through a quantitative analysis of survey data gathered through the use of psychosocial well-being standardised questionnaires: General Well-Being Scale (GHQ12), Strengths and Difficulties Questionnaire (SDQ); Resilience Scale; Satisfaction with Life Scale (SWLS) and the newly developed African Child Psychosocial well-being scale.

Other sub-questions that were explored in this section were:

Are some African migrant children doing better in terms of their psychosocial well-being compared to others in the studied group?

What factors are associated with positive psychosocial well-being among African migrant children in Ireland?

Based on the norms provided by scale authors, as a group, the general well-being of African migrant children in Ireland was found to be just on the threshold, their
psychological adjustment to be within the normal range, to be moderately resilient, and
to be highly satisfied with their lives (GHQ12, Goldberg & Williams, 1988; SDQ,
Goodman et al. 1998; Resilience, Wagnild & Young, 1993; Satisfaction with Life,
Gadermann et al. 2008).

Dooley & Fitzgerald’s (2012) Irish study “My World Survey”, which surveyed 6,085
adolescents ranging from 12-19 years of age provides a well-being profile of Irish
adolescents against which the well-being levels of African migrant children in Ireland
can be benchmarked. The current study findings are in line with the national adolescent
well-being profile provided by this study whereby the majority of adolescents (70%)
were found to be functioning well across a variety of mental health indicators such as
ability to cope well with problems, resilience, satisfaction with life, psychological
distress, and help-seeking behaviours (Dooley & Fitzgerald, 2012). The findings are
also in line with international literature that shows that despite exposure to migration,
racial and culturally associated developmental risks, migrant children show satisfactory
levels of psychosocial well-being (Berry et al, 2006; Deaux, 2006; Georgiades et al.,
2006; Gonneke, Stevens, Vollebergh, 2008; Sampson et al., 2005; Portes & Rumbaut
2006).

Irish statistics on the Child and Adolescent Mental Health Services (CAMHS) from the
Health Service Executive (HSE) do not reflect an alarming utilisation of mental health
services by migrant children. CAMHS’ (2010) report indicates that 89.8% of children
and adolescents attending clinical mental health services were from a white Irish ethnic
background (proportion in the population 0-19 years is 88.4%). 3.6% of those attending
were from a white/any other white ethnic background (proportion in the population 0-19
years is 4.1%) while children from a black ethnic background accounted for a total of
2.1% of all children attending (proportion in the population 0-19 is 1%) (http://www.hse.ie/eng/services/Publications/services/Mentalhealth/camhs2010.pdf). It would appear therefore that African migrant children in Ireland maintain a psychological functional level that does not raise alarm for care providers and immediate service providers on a grand scale. This is supported by survey analysis on the well-being levels of the study population.

According to ‘My World Survey’ findings, problem drinking, substance use and behavioural problems among Irish adolescents were shown to increase across the school years and to correlate with higher levels of difficulties (Dooley & Fitzgerald, 2012). By the 6th year, more than a third of Irish adolescents were classified as engaging in problem drinking behaviour. In the current study, very negligible percentages reported smoking (1.3% out of total sample of 233) and drinking alcohol (1.8% out of a total sample of 233) across all age groups. Current findings are reflective of Molcho et al.’s study of 10,334 Irish children/youth aged 10-17 that included a sample of 561 immigrants (collapsed into categories of U.K and other, with the latter including the four largest groups of non-U.K {Latvia, Lithuania, Philippines and Nigeria}) which showed that all Nigerian respondents (n=28) reported that they did not smoke, drink alcohol or use cannabis.

With regards to bullying, 25% (58 out of 233 respondents) of respondents in the current study reported lower levels of being bullied at some point compared to 40% (2,434 out of a total of 6,085) reported in ‘My World Survey’ Irish adolescents’ well-being profile (Dooley & Fitzgerald, 2012). Molcho et al.’s (2008) study also found that non-U.K immigrants were less involved in bullying and fighting than Irish children. This would imply that African migrant children experience less bullying compared to the average
Irish child but within the context of African cultural orientation, these findings can be interpreted in regards to culturally upheld values of acceptance and/or perseverance/not complaining (Nyasani, 1997) and consequent impacts on under-reporting or minimising experiences of bullying. Of those who had been bullied in the current study (58 out of a total of 233 respondents), 87.5% of the reason for bullying was reported to be due to race which is not surprising given that experience of difference was one of the greatest concerns raised in the grounded theory and rapid ethnographic free listing exercise.

Issues of bullying and, in the context of this study, racially motivated bullying is a key concern and research, theory and practice should be explored further in future research and in practice in view of any ethnic influence on reporting experiences of bullying.

Even though the general health questionnaire scores were found to be just on the threshold (GHQ12, mean = 10.1, threshold values 11/12, standard deviation = 6.1) the fact that the standard deviation was large (6.1) implied a possibility that some scores might stray to the pathological range. This raised a question as to whether there were categories of African migrant children who might not be doing so well in their general health scores. To explore this question, cluster analysis was carried out to classify cases into clusters in such a way that cases in the same cluster are more similar than cases in other clusters. The assumption was that cases that strayed to pathological levels would be clustered together and differentiated from cases within the normal range.

Cluster analysis indicated two clusters or categories of African migrant children. Discriminant analysis was carried out to explore if these clusters differed statistically. Two distinct clusters were identified as statistically different and interpreted as the ‘psychosocial well group’ and ‘psychosocial fairly well group’. The ‘psychosocial well group’ was characterised by high scores in resilience, cultural resources and capacities,
satisfaction with life, very good mental health (GHQ_{12}), availability of a computer in their room, having one or more close friends, ethnic friends in the neighbourhood and seeking help from a spiritual leader. The ‘psychosocial fairly well group’ was characterised by moderate scores in the same variables. Discriminant analysis indicated that the variables that made the most contribution to maximising the distance between the two clusters had to do with social, cultural and spiritual processes.

Interpretation of these findings can be contextualised in grounded findings and in the empirically derived ‘African Child Cultural Psychosocial Scale’ item analysis. In the grounded theory analysis, ethnic peer friendships were found to play a key role in these children’s coping strategies when dealing with ‘experiences of difference’. As discussed earlier, acculturation literature shows that mixing and having a strong attachment with ethnic peers assists migrant youth in coping with resettlement (Correa-Velez et al 2010), and has been associated with positive psychosocial well-being (Berry et al. 2006; Correa-Velez et al 2010). The item ‘I get support from others in my African community’ loaded in the ‘Resources and Capacities’ (Factor loading=.42) in the newly developed ‘African Child Cultural Psychosocial Scale’. Even though this item was not specific to ethnic peers, it nevertheless indicates that having ethnic support networks has real implications of positive influence on the psychosocial well-being of African migrant children in Ireland. Having ‘one or more close friends’ also helped to distance the ‘psychosocial well-group’ from the ‘psychosocial fairly well group’. Relatedness and/or positive relations with others are considered in well-being theorisation as integral aspects of an individual’s evaluation of well-being experiences (Deci & Ryan, 2000; Keyes, 2002; Michaelson et al. 2009; Ryff, 1989). African ontology, cosmology, epistemology and axiology which guided the development of the ‘African Child Cultural Psychosocial Scale’ places importance on the ability of the African person to
fit in with groups or important relationships. Social ecology was one of the key domains targeted for measurement by the newly developed scale. For the study population who are in their pre-adolescent and adolescent stage (11-18), the importance of peer friendships can be contextualised in developmental psychology where children begin to form attachments outside the family (Howe, 2010; Parker et al. 2006; Rubin et al. 2013). During their teen years, children begin to develop friendships that are more intimate, exclusive, and more constant than in earlier years, which provide safe venues where they can explore their identities, feel accepted and develop a sense of belongingness. At this time of increased biological, social, cognitive and emotional changes (Arnett, 1999), peer close relationships take on a key role due to shared experiences.

Grounded theory analysis indicated that religion was an integral aspect of African migrant families and their children’s day-to-day experiences and it is no wonder seeking help from a spiritual leader emerged in the survey findings as one of the help-seeking strategy utilised by this population. Cluster and discriminant analysis linked this strategy to psychosocial well-being of this population. The implication of these findings is that religion is an integral aspect of African migrant children in Ireland’s individual evaluation of their psychosocial well-being.

The link between availability of a computer for personal use and psychosocial well-being is not documented in the literature of migrant children, though it can be considered to fall under the general umbrella of ‘family health resources’ linked to resilience (Ungar, 2008). A plausible explanation of the association of availability of computer and positive psychosocial outcomes might relate to the transnational/diasporic family arrangements of these children and/or their embeddedness in
transnational/diasporic cultures highlighted in the grounded theory analysis. Descriptive demographic characteristics of the survey sample (table 11) showed that a huge number (61%, N=141 out of a total number of 233) indicated that they had a brother or sister living back home or elsewhere abroad. An overwhelming majority of survey respondents (90%, N=210) indicated that they use the computer to communicate with their relatives back home or elsewhere. ‘Seeking help from relatives abroad’ and ‘seeking help from friends living elsewhere abroad’ items had been included in the newly developed ‘African Migrant Child Cultural Psychosocial Well-being’ questionnaire items based on a rapid ethnographic free listing exercise with African migrant children (see Table 16). These items loaded on the new questionnaire’s sub-scale “help-seeking”. It can be deduced from these details that a lot of this transnational/diasporic social networking is done online which makes the availability of the computer an important element in the psychosocial well-being outcomes of these children.

This finding is in line with transnational literature, which indicates that social technologies, mainly mainstreaming of Internet connectivity and social media are becoming a cornerstone of the immigrant family experience (Alonso and Oiarzabal 2010; Baldassar 2008; Brinkerhoff 2009; Castro and Gonzalez 2009; Estevez 2009; Gonzalo and Câmara 2012). These studies indicated that Information Communication Technologies (ICTs) are supporting the transformation of family networks into transnational ones, with potentially significant consequences in the psychology of immigration and family mental health. Social technologies are reported to be linking friends and families in ways that facilitate closeness (Baldassar 2008; Castro and Gonzalez 2009; Vertovec 2004) and fostering the sense that loved ones are present despite geographic distances (Alonso and Oiarzabal 2010; Brinkerhoff 2009; Estevez
If distance is reshaped, then migration resultant losses may not play a significant role in the psychosocial well-being of migrant families and children as theorised in traditional acculturation models. Transnational linkages through ICTs facilitate personal, and emotional or moral support with those left behind in home countries. ICTs in this case take on a key role in the conceptualisation of psychosocial well-being of migrant children.

Although a causal relationship cannot be established between availability of the social, cultural and spiritual resources (computer in the room, one or more close friends, ethnic friends, seeking help from a spiritual leader) that helped to maximise the distance between the two clusters and predict group membership with such a good hit rate (95.8), based on the literature, these processes can be linked to resilience and consequent well-being outcomes. Family, religion and ethnic social networks are protective processes identified by resilience literature as helping migrant children cope with resettlement (Birman et al. 2005; Lusting et al., 2004; Raghallaigh & Gilligan 2010; Rousseau & Drapeau, 1998; Montgomery, 1998).

Notable was the finding that although input variables: SDQ; helping with siblings at home, experience of difference and cultural compliance concerns scores discriminated between the two clusters, subsequent discriminant analysis showed that the difference in means, of these independent variables between the two clusters, did not reach statistical significance at (p<.001). Respondents in both clusters helped with their siblings (with the ‘less well-group’ helping a little bit more, 94%, N=79 than the ‘psychosocial well-group, 86.6%, N=92). The SDQ scores, experience of difference and cultural compliance means scores for both groups were quite similar to those of the overall sample, which were within normal range for SDQ scores and at the 50 percentile for the
experience of difference and cultural compliance concerns implying that these experiences are not at alarming levels. Notably also was that both groups were highly satisfied with their lives (‘psychosocial well-group, mean =22.3, ‘psychosocial fairly well-group, mean= 19.20; scale publishers score, mean = 16 ≤ high, Gadermann et al. 2008).

The finding that ‘cultural compliance’ was not a discriminating variable among the two clusters was not surprising, given that analysis of items responses that loaded on this factor were not on the high end of the scale. Grounded theory qualitative findings had found that older children particularly, those who migrated to Ireland in their teens complied more with cultural scripts than children born in Ireland or those who relocated when young (before pre-school years). There was an assumption that there would be a difference in responses with older children showing more compliance than younger children. This assumption was not supported by the survey findings. This finding is important with regards to its contribution on cultural and transcultural debates on autonomy, which is theorised by models of well-being to be at the heart of subjective well-being (Deci & Ryan, 1985; Deci & Ryan, 2000; Ryff, 1989). Self-determination theory (SDT) argues that people from all cultures share basic psychological needs for autonomy but acknowledge that the specific means of its expression can co-vary considerably by context and culture (Deci & Ryan, 1985; Deci & Ryan, 2000). Other scholars have disagreed with this proposition even arguing that autonomy is opposed to relatedness and group cohesion which at the heart of collectivist societies’ world views, and, that autonomy which is equated with individualism only yields benefits to persons inside individualistic societies where autonomy is valued but not in cultures based on authority or tradition (Iyengor & Lepper, 1995; Oishi, 2000). However, Ryan (1993) and Kagitcibasi (1996) have argued that such interpretations depend upon an
interpretation of autonomy (endorsing one’s goals and actions), which they differentiate from individualism (separate or not relying on others). In their view, one can be autonomously inter-related or autonomously independent and the issue of autonomy would concern how well the values and meanings behind each practice are internalised.

African migrant children in the current study were found to adhere to cultural scripts in regard to compliance and irrespective of whether this compliance was motivated by external regulation, self-regulation to avoid guilty feelings or family/ethnic community disapproval or integrated regulation where cultural values and behaviours and values are synthesised into everyday life, their autonomy can be theorised to have been exercised within the framework of inter-relatedness (Kagitcibasi, 1996). Grounded theory findings illustrated an incidence where an African youth had complied with parental wishes on future career prospects and this was not associated with negative experiences. Adhering to parental control did not make African migrant children less satisfied with their lives.

This positivism in whatever circumstances they find themselves in can be explained in the context of African indigenous literature in the philosophy of perseverance and acceptance (Nyasani, 1997) and causal attributions to spiritual and/or social and cultural meanings (Duran et al. 1998; Kovach, 2005). In the context of this explanation, one can be sad or experience negative emotions but still be satisfied with their life because explanation of the negative emotion is not necessarily placed on the individual but on external social, cultural or spiritual causes.

Notably, both groups (the ‘psychosocial well-group’ and the ‘psychosocial fairly well-group’) were found to be highly satisfied with their lives (mean=22.3, mean = 19.20) respectively.

Demographic variables Irish-born/migrated, and migration age were not effective in
discriminating between the study groups of African migrant children. This is contrary to migration literature that indicates that there are differences in psychosocial well-being outcomes between migrant children born in migration settings and those who migrate in their teenage years (13+) (Zhou & Bankston, 1994; Rumbaut, 2004). This finding can probably be explained by the fact that a large number of study respondents had relocated (80%, N=186 out of a total 233). The number of cases clustered was 189; a mathematical guess would be that a huge number of the cases clustered are in the category of migrated children. In addition the majority of survey respondents who migrated to Ireland relocated at age \( \leq 13 \) (0<5 yrs, 36.3%, N=65; 5-13 yrs, 59.2%, N=106; 13+ yrs, 8%, N=15). The number of children who relocated in the (13+) age is large enough (N=15) to have formed a cluster if there were any similar responses across the other input independent variables used to cluster the groups. An explanation for this lack of cluster discrimination by migration age might relate to the survey sample. Grounded theory respondents (mothers) reported problem behaviours among their children who relocated at age 16+, and in some cases, had dropped out of school. It may just be that this age group had aged out of the age criteria of the current study (11-18) or were not accessible through the sampling gateways utilised in the study which were schools, churches, youth clubs and snowballing methods.

It can therefore be concluded from the survey findings that African migrant children in Ireland have satisfactory levels of well-being. Social and cultural resources (availability of computer, one or more close friends, ethnic friends and seeking help from a spiritual leader) are predictors of psychosocial well-being among African migrant children in Ireland and they are shown to be independent of demographic factors (sex, age, school level, religion, and family living arrangements).
Overall, this study adds to the current knowledge on the psychosocial well-being of migrant children in general, and African migrant children in particular. It shows the social and cultural behaviours that cluster this group of children in accordance with psychosocial well-being outcomes. The newly developed emically derived ‘African Migrant Child Cultural Psychosocial Scale’, provides a way of incorporating African cultural processes as integral aspects of psychosocial well-being conceptualisation for the study population. Consequently, it contributes to knowledge that feeds into culturally sensitive and child-centred service.

Finally, it is important to point out that the current study’s focus was on migration children with legal leave to remain in Ireland and these children and their families are settled in their communities. Therefore while some elements such as cultural influences on psychological aspects of experience might generalise across the African migrant children in Ireland irrespective of whether they have legal leave to remain or not, other elements such as the strengths or supports and/or worries or concerns might differ across the two categories of migrant children and/or families.

A clear contribution of this work to research, theory and practice is by illuminating strengths within African migrant children, within their families and communities (national/transnational/diasporic), and also within their cultural and spiritual processes that can be mobilised to foster resilience among this population. More research is needed to see if patterns of behaviours and the associated well-being outcomes change over time. The newly developed ‘African Migrant Child Cultural Psychosocial Well-being’ scale can provide a way to track the changes over time by examining how consequent generations of migrant children respond to scale items. As such, the psychosocial scale can serve as a useful instrument for research, theory and practice.
8.3 Methodological issues

The pragmatic philosophical stance guided the choice of mixed method design as a practical and outcome oriented form of inquiry. The qualitative-grounded method proved to be a very useful tool in making a connection between individual functioning and their social and cultural worlds. The methodology facilitated an in-depth contextualised analysis of constructs and attributes that are under-represented in migration literature such as factors and processes that foster positive acculturation such as: psychological resources (acceptance, perseverance); social resources (family adaptability and harmony, positive relationships with family, peers and friends, supportive schools and neighbourhoods); accessibility/inaccessibility to structural resources in accordance with the goodness of fit with migration policies and practices; and cultural resources (racial identity, culturally nurtured self-regulation; philosophy of perseverance/acceptance) and spirituality (self-regulation, life purpose, acceptance, a way to externalise attribution of distress). Developing a culturally relevant assessment tool to measure cultural aspects of experience signposted by qualitative findings and not represented by commonly used standardised measures of well-being. By interviewing a range of respondents from young to older children, to mothers, fathers and community leaders, the study identified constructs that were culturally relevant to African migrant children’s well-being experiences. Measuring the well-being of African migrant children elaborated, clarified and triangulated the qualitative findings. Quantitative findings were interpreted within the context of the study’s qualitative data, which in itself is a great contribution in research methods.

A further strength of the study methodology was the use of the Internet as a data collection method, which facilitated greater access to the study population. Other benefits derived from this data collection method were: cost-effectiveness and reduction
of social desirability bias which has been associated with this method (Kiesler and Sproull, 1986). In regard to self-report measures utilised in the present research, all of the standardised instruments had previously been used with non-Western populations, and when tested in the present study, were found to be reliable and valid. Researchers have argued that cross-culturally validating instruments do not address theoretical and conceptual limitations. However, the development of an emically derived well-being instrument and integration of quantitative and qualitative study interpretations in the discussion was envisaged to address this challenge.

8.4 Limitations and future research

The study however had a key limitation relating to sampling. Criticisms have been levied on the grounded theory methodology due to its justification of using small samples, and particularly purposeful selection of participants according to the needs of the study (Lofland & Lofland, 1984). Glaser (1998) believed that participants, events, sites or other sources of data (for example, documentation) are selected on the basis of theoretical purpose and relevance as opposed to structural circumstances. The researcher of the current study acknowledges the merit of this line of thinking and would argue that in view of uncertainty and indeterminacy in knowledge claims, a researcher has to be open to see the exception and this is what grounded theory method offers in theoretical purposeful sampling. It is actually a logical process towards the solution of a problem. The grounded theory study had a small sample of: African youth (n=10); African mothers (n=14); and African fathers (n=2). Though this is typical of qualitative studies, great effort was made to adhere to grounded theory sampling guidelines, which prescribe representativeness of varied experiences and theoretical saturation to ensure richness of the data (Glazer, 1998). Experiences sampled among
African youth varied in regard to: demographics such as: country of origin; age; sex; and born in Ireland/relocated with parent(s)/guardian(s)/relocated alone to be reunited with family.

Random sampling was not possible in the survey study in view of the small statistical presence of the African children’s population in Irish settings. From the Central Statistics Office figures (CSO, 2011), there are 13,741 African children and young adults aged 0-24 years living in Ireland. While this figure is not useful in terms of using it to calculate sampling ratio of the 11-18-year-old African migrant children in Ireland, it gives an indication of the minimal presence of the study population and the magnitude of the challenge of accessing them since they are spread out over the 26 counties. Non-probability sampling was therefore used but efforts were made to try and approximate random sampling by eliminating as many biases as possible. Another associated challenge related to the indirect process used in seeking parental consent for African children to participate in the survey study. Information and consent forms were sent to the parents through the school principals. This indirect process undermined the recruitment process in that there were instances where the children or youth were willing to take part in the survey but their parent(s) or guardian were unwilling, mainly due to: fear of betrayal of trust or confidentiality; and/or inability to separate research projects from other migration-related authority processes. Consequent low response rates motivated use of the snowballing sampling strategy. One of my social contacts was an African researcher involved in an international research project on ‘Transnational African Migrant Families’ in Ireland. While she proved to be a great resource in accessing survey respondents, her sample was also positively skewed towards African youth from transnational families, which introduced a bias in the general sampling. However, this bias was taken into account in interpreting descriptive
statistics which indicated that more than half of the survey respondents’ (60.8%, \( N = 141 \) out of a total sample of 233) had a sibling living back in their home country or elsewhere abroad.

Grounded theory findings indicated experiential differences between reunited children, particularly those who were reunited with their parents/guardians in their teenage years (13+) and children born in Ireland or those who relocated to Ireland in their pre-school years (<4). In view of the fact that grounded theory findings guided survey study sampling, these different categories of African migrant children were targeted so as to explore if their psychosocial well-being levels differed. Generally, recruitment of study participants proved to be difficult though this challenge has been documented (Arzubiaga, Artiles, King & Harris-Murri, 2008). Despite using various forms of sampling ranging from purposive sampling in schools, and snowballing sampling though gateways such as African-dominated churches, youth clubs and social networks, only a small sample of reunited children (at 13+) (6%, \( N = 15 \) out of a total sample of 233) was accessed. It may just be that this age group had aged beyond the current study (11-18) or some of them may have dropped out of mainstream schools. Cluster analysis did not identify the reunited children (at 13+) as a vulnerable group. An explanation for this lack of cluster discrimination may relate to the small sample size (\( N = 15 \)) of reunited (14+ years) children. However an alternative explanation might be that there were no similar responses across other in-put independent variables used to cluster the groups, implying that there may be social and cultural variables that moderate the vulnerabilities of these children. However this was not pursued in the current study and may be a subject of interest in future work with African migrant children.

Grounded theory analysis also revealed differential experiences among 16+ aged
children between different categories of migrants (refugee, working visa, international students and residency on account of Irish-born child). While this was highlighted as an area that needed further attention in the following quantitative study, consultations with parents indicated that most of the children, particularly the younger ones (>14 years) would not know what immigration category they belonged to. The migration category variable was therefore not operationalised in the quantitative study. However, the notion was explored in Study II qualitative worries/concerns, strengths/resources construct elicitation exercises by use of probes, and this variable was not found to be an issue of concern.

The factor analysis element of the study was also limited by the use of a small sample (N=233). This is a major issue for factor analysis because in small samples the correlation coefficients among the items are less reliable tending to vary from sample to sample. What is partitioned-up is error variance, and therefore, the larger the sample size the smaller the error of variance. Tabachnick and Fidell (2001) recommends 300 cases for factor analysis but concede that a smaller sample size (e.g. 150) should be sufficient if solutions have several high loading marker variables or items (above .80). They suggest a ratio of 5 cases for each item to be factor analysed. The current study sample size (n=232, items=51) fell just below the 255 (51 x 5) sample size requirement (Tabachnick & Fidell, 2001). However, this sample size would meet the exploration nature of this study and the small size element would be taken into consideration in the interpretation of results. Validating the factor analysis findings, post-doctorally, on a larger population is envisaged to increase the reliability and validity of the newly developed ‘African Migrant Child Cultural Psychosocial’ scale. The current findings can also contribute to a data base that later researchers can use in a meta-analysis with
other similar studies and in this way, increase the effective sample size allowing more powerful statistical testing.

Reliability statistics of one of the newly developed ‘African Migrant Child Cultural Psychosocial’ scale factors, ‘Cultural Compliance Concerns’ yielded a moderate Cronbach alpha (.657). This is notably below the recommended comfort reliability (.7+) range for research (Breakwell et al., 2003; DeVellis, 2003). However, the alpha was not very much lower than the recommended range and raised no major concerns, particularly in view of the exploratory nature of the newly developed scale.

An overview of the limitations of the present research illustrates significant concerns in regard to sampling and representativeness of the study sample. However, on the balance, the richness of findings obtained from utilising a cultural orientation throughout the whole study was a huge strength in yielding information that is epistemologically dynamic and culturally respectful with implications for research, theory and practice. The grounded theory findings illuminated African cultural and spiritual processes that shape psychological experiences of African migrant children in Ireland. The Rapid Ethnographic Assessment (REA) study indicated local understandings of well-being in regards to experience, explanatory models, strengths and support systems and help-seeking strategies utilised by the study population. The ‘African Child Cultural Psychosocial Scale’ that was derived from the REA findings guided by the literature on African well-being theoretical models was contextually relevant to the study population. The development of the ‘African Child Cultural Psychosocial Scale’ was guided by literature on scale development in the social sciences and therefore has good psychometrics. The survey data yielded results that gave the
psychosocial well-being indicators of African migrant children in Ireland, and social and cultural processes that influence well-being outcomes among this population.

8.5 Implications for practice

In general, in view of the fact that the well-being of African migrant children was found to be satisfactory and relatively similar to that of the mainstream youth, it implies that there is no rationale for setting up dedicated migrant children’s health services. However, international studies indicate a trend whereby positive well-being of migrant children and/or youth is lost over time with second and third generation migrants showing social and psychological problems compared to first generation migrant children and/or youth (Beiser et al., 1999; Berry et al., 2006; Deaux, 2006; Georgiades et al., 2006; Portes & Rumbaut, 2006; Sampson et al., 2005). Researchers have attributed positive first generation social and psychological functioning to protective family, spiritual and cultural processes, which they theorise are lost over time (Fernandez-Kelly, 2008; Farver et al., 2002; Harker, 2001; Perreira et al., 2006; Suárez-Orozco, 1989; Zhou & Bankston, 1994). The current study has highlighted the key role played by these processes in the well-being adjustment of migrant children and/or youth. There is therefore a need for research, theory and practice to engage with the discussion on protective individual, cultural and structural processes that alter the effects of adversity on outcome among first generation migrant children and/or youth and how these protective processes can be maintained or enhanced so as to facilitate continued positive well-being functioning.

African children and their families have been shown in the current study to have engaged and responded to challenges. They were shown to have been proactive in mobilising resources and capacities nationally (formal and informal support structures
and networks including ethnic and African diaspora), and transnationally to arrive at their own solutions that work for them in the new Irish socio-cultural settings. These strengths should be a starting point of any engagement with this population but in view of migration, cultural/ethnic/racial and structural processes that create well-being vulnerabilities for these children and their families. Key tenets that should shape service delivery to this population are that these children and their families ‘actively respond to events’ as opposed to being ‘passive recipients of events’, that these African children and families have unique protective cultural values, practices that shape desired well-being outcomes (and these children and families are experts of their own culture), that these adaptive well-being sustaining African cultural practices are constrained or enhanced in the Irish socio-cultural settings by migration processes (restructured family dynamics and roles, structural accessibility/inaccessibility to formal or informal resources), ethnic/racial/cultural minority status and resultant inclusive/exclusive social practices and fit/lack of fit with Irish cultural values and practices that shape well-being practices.

Adapting a psychosocial framework would facilitate incorporation of these tenets and aim to strengthen individual skills and capacities, to create opportunities to mobilise, sustain or enhance family and community capacities and resources in culturally meaningful ways. At the core conceptualisation of the psychosocial model of well-being for African migrant children should be the notions of facilitation and empowerment. Cultural facilitation and empowerment can be at the level of the family (e.g. nurturing upheld social maturity of children through responsibilities such as house-keeping and child-minding but in a way that is consistent with the Irish legal framework); community (structural & networks that offer support, nurture culturally and spiritually upheld values, practices and empowering narratives, and offer opportunities for
collective efficacy to advocate for structural changes targeting at injustices that marginalise this population).

At a structural level, one way forward is by enhancing and/or streamlining and/or professionalising the already established social partnerships between formal service providers and African ethnic communities such as cultural mediators and/or informal organisations in this sector inclusive of spiritual health provision services. Another way forward has been provided by the current study, in form of the development of an emically derived questionnaire. Transcultural theorists and indigenous scholars have called upon mental health researchers to provide knowledge that is culturally relevant (Bracken; Breslau, 2004; Bhugra, 2004; Giller, & Summerfield, 1995; Summerfield, Hinton, Um, et al., 2001; Dowdney, 2007; Gozdziak, 2004; Guoyt, 2007; Honwana, 2006; Ingleby, 2005; Jenkins, Kleinman, & Good, 1991; Kleinman, 1988; Littlewood, 1990; Miller, 2004; Moorhouse, 1992; Stubbs, 2005). The development of the psychosocial scale is therefore a step in the direction as it can serve as a useful instrument for research, theory and practice.

8.6 Suggestions for future research

While the current research has provided an in-depth understanding of the experiences of African migrant children and their families in Ireland, particularly cultural meanings of experiences and response to events; provided a profile of well-being adjustment of African migrant children in Ireland; and recommended a psychosocial oriented perspective towards service provision to these children and their families, a number of suggestions for future research can be made.

Children, who are reunited with their parent(s) or guardian(s) in their adolescence, were
identified by the current study as a vulnerable group warranting further attention. Further pursuant of this finding by the current study was limited by accessibility challenges. In addition, experiential differences based on migration categories were identified by the qualitative studies but further exploration of how these differences impact on well-being adjustment in the current research were limited by the view of migrant parents that younger children (>14) might not be privy to family migration related logistics. Further research targeting older migrant youth might explore these differences. On reunited children, a study targeted at families of reunited children only and that are methodologically designed to have an ethnographic element facilitating constant contact with these families to build relationships of trust might be the way forward.

Further research should confirm the factor structure of the psychosocial scale with another sample.

8.7 Conclusion

In conclusion, the current study has filled several gaps identified in psychological literature on migrant children mainly: a skewness towards quantitative methodologies and/or under-representation of qualitative studies exploring cultural meanings of experiences, particularly in regards to sub-Saharan African population; a huge focus on the individual paying scant attention to environmental processes; a huge focus on acculturation stress paying little attention to positive acculturation; and a skewness towards utilisation of standardised self-rating measures based on influential theoretical models of psychological well-being, which though cross-culturally validated, fail to capture emic culture conceptualisation of well-being, particularly in regard to attribution, experience and response to distress.
This thesis has diverged from individualistic deficit models of well-being popularly utilised in psychological research with migrant children or youth to utilise an ecological psychosocial approach (Psychosocial Working Group, 2003) and a resilience lens (Masten & Obradovic’, 2008; Ungar, 2011) which facilitated incorporation of migration, cultural and structural processes in the exploration and measuring of these children’s experiences. The thesis has risen to the challenge raised by transcultural and indigenous scholars for researchers to become more contextually relevant, epistemologically dynamic and culturally respectful in their work (Battiste 2000; Cajete 2000; Colorado 1988 and 1991; Duran et al., 1998).

The thesis has made a contribution to transcultural, cultural and indigenous debates on how African cultural aspects influence psychological aspects of experience. The newly developed emically derived ‘African Migrant Child Cultural Psychosocial Scale’, provides a way of incorporating African cultural processes as integral aspects of psychosocial well-being conceptualisation for the study population. This has implications of advancing psychosocial research methods with non-Western migrant children settled in Western countries and also in contributing to knowledge that feeds into culturally competence services. The thesis has also contributed to existing knowledge on psychosocial well-being of children in Ireland by providing a well-being profile of African migrant children in Ireland. The study findings that social and cultural overall, the well-being of the study population is satisfactory based on the norms provided by the authors of the psychosocial well-being scales used in the study, has implications for service provision to African migrant children in Ireland. Strengths identified by this study within their families and communities (national/transnational/diasporic) and also within their cultural and spiritual processes that can feed into cultural competence practice with regards to design and
implementation of psychosocial interventions for migrant children and/or families that are acceptable to them, and therefore more effective and sustainable through improved community support.
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**Treaties and legal instruments**

European Convention on Human Rights 213 UNTS 221 (ECHR50).


Appendices

Appendix 1
Details of immigration stamps issued to non-national immigrant children (age 16+)

Stamp number 1: issued to non-EEA nationals who have an employment permit or business permission.

Stamp number 1A: issued to a person permitted to remain in Ireland for the purpose of full-time training with a named body (main category concerns non-EEA nationals studying accountancy) until a specified date. Other employment is not allowed.

Stamp number 2: issued to non-EEA national students who are permitted to work under certain conditions.

Stamp number 2A: issued to non-EEA national students who are not permitted to work.

Stamp number 3: issued to non-EEA nationals who are not permitted to work.

Stamp number 4: issued to people who are permitted to work without needing an employment permit or business permission: non-EU EEA nationals, spouses and dependants of Irish and EEA nationals, people who have permission to remain on the basis of parentage of an Irish child, Convention and Programme refugees, people granted leave to remain, non-EEA nationals on intra-company transfer, temporary registered doctors, non-EEA nationals who have working visas or work authorisations.
Stamp number 4 (EU FAM): issued to non-EEA national family members of EU citizens who have exercised their right to move to and live in Ireland under the European Communities (Free Movement of Persons) Regulations 2006. People holding this stamp are permitted to work without needing an employment permit or business permission, and they can apply for a residence card under the 2006 Regulations.

Stamp number 5: issued to non-EEA nationals who have lived in Ireland for at least eight years and who have been permitted by the Minister for Justice, Equality and Law Reform to remain in Ireland without condition as to time. Holders of this stamp do not need an employment permit or business permission in order to work.

Stamp number 6: can be placed on the foreign passport of an Irish citizen who has dual citizenship, and who wants their entitlement to remain in Ireland to be endorsed on their foreign passport.
Appendix 2

Interview Transcript  Open Coding

May 11th 2009

Cameroonian youth aged 17

<table>
<thead>
<tr>
<th>Open codes</th>
<th>Initial Categories</th>
</tr>
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<tr>
<td>Hi</td>
<td></td>
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**Introduction**

J: Fine thanks

Researcher: What country are you from originally

**Country of origin**

J: Cameroon

Researcher: How long have you been here

J: let see I am nearly 18 now and I came when I was twelve… so that’s six years..

Researcher: Did you move to Ireland with your family or on your own

J: I moved with my family. My father came here on a work permit but he has residency now.

Researcher: do you have any siblings

J: yes yes I have two sisters…one is 22 and the other one is 20. They are really cool.. I mean they are very good to me.. like best friends… you know…I can tell them anything.. we are really close. I feel they totally get me even more than my parents or even my friends

Researcher: in what way do you feel they get you more than your parents or even your

**Age**

**Age of migration**

**Length of stay in the country**

**Relocated with parents**

**Dependant of resident parents on account of work permit**

**Older siblings**

Positive, close relationship with siblings

Supportive siblings

Relationship juxtaposed against relationship with parents and peers

Sibling perceived as being on same page as self

**Family structure and relational dynamics**

**Background information**

**Migration details**

**Migration details**

**Background information**
Challenges of juggling parental/peer relationships

Parents still deeply rooted in African ‘Ethnic language use by parents in African homes & diasporic network settings
Parents’ engineered consumption of transnationally electronic transmitted home country media
Parents’ engineered consumption of ethnic foods facilitated by availability of ethnic business structures
Ethnic socialisation patterns among parents

Ethnic networks dynamics
Combination of national and pan African networks
Socialisation patterns based on shared interests that transcend tribal/national ethnicities
Parental wishes for their children’s choice of friends reflects own socialisation patterns
Cultural similarity/difference among child’s peers perceived by parents as friendship facilitating/constraining factor

friends
J: you know with my parents… sometimes I am trapped between trying to please them and pleasing my friends.. you know just being one of the lads.

My parents now.. you know they are very African if you know what I mean.. like they speak our language.. tribal you know.. at home, with their friends… in church.. even watch Cameroonian progammes on t.v… like we have this cable TV where we can get loads of home TV shows, music . even the food now… most of what we eat is bought in the African shops.. their friends are mostly Africans…

Researcher: from Cameroon you mean or Africans in general
J: A lot of them would be from Cameroon but they have a lot of other friends from other African countries.. mostly from church and my mum’s friends from college… I would say all over Africa.. like they have friends from Nigeria, Ghana, South Africa, eeh Zimbabwe.. really from other African countries. So they would like us to have African friends too you know like children of their friends… maybe at least they think we are brought up the same way or something.. not that they say it but they are not very keen to see us being friends with the Irish friends.

Researcher: Would they object to such
Children tuned in to parental wishes
Irish teenagers perceived to have undesirable lifestyle
Indicators of bad behaviour reflective of a cultural element
Perceived parental negative bias towards Irish teenagers
Perceived parental favouritism towards African teenagers
Cultural/spiritual related indicators of good behaviour

Challenges of balancing parental script of a good child/peer script of a good friend
Defence of Irish teenage lifestyle choices
Teen drinking and smoking tolerated in Irish cultural settings/Intolerable within the African cultural settings
Collective policing by ethnic networks
Cultural conformity overrides personal choices

Self perceived maturity
Acknowledgement of global cultural influences on self
Parents perceived to hold friendships

J: not really. But you would just feel it or guess from the way they talk about Irish teenagers.
like they have no respect for adults, they smoke, drink even in public, they walk aimlessly in the streets like they have no work to do in their homes. They hardly say anything positive yet when they talk about their friends teenage children its like .. so and so is so well behaved or so and so is doing so well at school or really helps the mother at home. They really encourage us to join church activities and they might say once in a while that so and so is doing great youth work in church. You don’t need to be told.

Researcher: Does this make it difficult for you to have or to maintain friendships with Irish or non-Africans young people

J: yes and no. The difficulty is trying to keep both my friends and my parents happy. All my Irish friends drink, smoke but in moderation. From what I can see, their parents don’t seem to mind and I have seen then smoke in shopping malls and people passing by don’t seem to even notice them. I know that my parents or other African parents would not tolerate this. I cannot get away such a thing because even other Africans where I live would not let me get away with it.

Researcher: would you do it if you thought you could get away with it

J: eem. I am nearly 18 you know.. this is the modern world. In a way I feel like my parents are caught up in the African culture.. and they

Cultural adaptation challenge related to lack of fit between tolerable teenage lifestyle within Irish cultural settings/tolerable teenage lifestyle within African cultural settings

Intergenerational cultural adaptation discrepancy – parents hold on to African
on to ethnic cultural practices
Difference between parents/children cultural changes
A la carte cultural preference for children child’s preference for maintaining African friends/relatives nationally & trans-nationally/ own language/ celebrated African cultural values & practices motivated by need to maintain transnational relational ties
Values friendship with Irish youth conditions that motivates these friendships shared interests parental endorsement of some of African/Irish children friendships perceived to be similar in behaviour child’s identification with Irish teenage cultural lifestyle a la carte preferences within Irish teenage Non-conformity with parental/ethnic scripted behaviour Sense of self-agency Defence of Irish friends behaviour by contextualising it within a normal teenage behaviour framework

Researcher: A lot of them? Are there some who are not alright?

J: ofcourse .. there are those who are racists.. you know at school… in the estate.. especially in sports.. in football matches.. when you don’t perform well or you don’t pass the ball.. you might be called the “N” word you know Nigger
‘othered’ in public
Experience of physical and verbal attack by peers
Racial in-out group transcends neighbourhood in-out groups

Anger reactions to racism
Non-surrender strategy
Motivated by personal interests in sports
Physically active lifestyle
Undeterred by verbal racism
Self-assured identity buffers effects of racially imposed identity

Diasporic identity

Researcher: Whom do you perceive yourself to be

J: A Cameroonian lad living in Ireland

Researcher: just looking at the way you are dressed now for example.. is that Cameroonian form of dressing… or Irish

J: You know what I am black.. right..this..is like rappers right. These black guys have attitude.. they are black and they are making it..

When people look at me they see a black lad. I am black and proud to be black.. I am not trying to be them by dressing like this.. I am just a black lad and I am proud you know.. I would dress like a Cameroonian but its more hip to dress like this you know.. its young.. its hip and it says something you know…its all

or even monkey.. There is this one time that myself and my friend.. he is from Nigeria.. we were walking along the main road and a group of Irish .youth.. some of them are from my estate.. threw eggs at us and called us the “N” word.

Researcher: How does that make you feel

J: eem ofcourse really mad. But you know what I don’t let them win. I enjoy foot ball and I spend most of my free time either in training or playing football matches.... why should I stop playing football or boxing just because somebody called me a name. I know who I am. I am not what you call me.
shared experiences of racial categorisation & imposed racially identity takes ownership of racial (phenotype) and ethnic (Cameroon) and diasporic (living in Ireland) identity ownership of racial identity to buffer effects of racism

association of racism with ignorance

Encounter with unfamiliar adults/authority figures
Patronising relational/interaction practices
Conditions that frame this behaviour
Racial/ethnic stereotypes of English language efficiency/In-efficiency belittling impact of stereotyping behaviour Stereotyping behaviour associated with racism as opposed to language In-adequacy Implications on sense of child’s perceived cognitive in-adequacy Implications on structuring power relations in social interactions in favour of cultural ‘other’ Feelings of frustrations Frustrating immigration service-seeking experience Conditions under which it occurred

Lost immigration card and subsequent replacement seeking service
Constraining factors on replacement seeking service
Inconsistent official guidelines on this routine procedure

about attitude. I am no different from other black lads .. you know.. black Americans, black lads in London, or wherever… in Europe, Asia.. all that people see when they look at you is that you are black not a Cameroonian full stop. That is how it is. Like I said, I know who I am.. a black Cameroonian lad living in Ireland. When someone calls me black.. I am like yes I am black.. its okay you know.. I know they are being racist but hei.. I am black isn’t it? Once they get to know you… they are okay you know..

Researcher: so it’s a matter of time.. or just being familiar with you then they are okay

J: Yes… you know when people see you especially adults… especially in offices or like the immigration office now.. they talk down on you.. its like they think .. ooh he is an African.. he doesn’t understand English and so we have to speak very slowly.. you know like you speak to a child. Yes I have an accent but so does a French or a German lad. But for me.. it like I am not capably of understanding whatever they are talking to me about… like its too complicated for you.. you know.. they have to break it right down for me. Its really frustrating.. Like…. I will tell you now.. this is this time I lost my GNIB card. When I went to get a replacement .. I was taken on a merry go round. First I was told to go to my local Garda station and report the loss of the card and then go back to the immigration office. I did exactly that but when I went back to the immigration office I found a different person.. a lady and this lady told me that I should not have reported
Uncoordinated Garda/immigration procedures with
Consequences of delivery unprofessional and untimely services

to my local Garda station but to the station in that building.. you know Anglesea same station as where the immigration office is. I basically crossed over to the window opposite the immigration office to report but the guy I found there said that I could not file a report there since it was not my local station. Basically these immigration officials took me on a dance for about two months.

Reaction/strategy to overcome immigration related help-seeking barriers

Researcher: did you tell anyone what you were going through

J: Yes I told my parents… I told my sisters.. my sisters had very bad experiences at that office so they understood the frustrations but they couldn’t help.. you know

Researcher: and you parents?

J: My mother said she would come to the immigration office with me the next time she was free which I think was in four days time.. but I went and told my guidance teacher at school as well. She advised me to go back to the immigration office and seek clarification in writing of the procedures relating to loosing a GNIB card and replacement of the same.

OOOh..this did not go very well at all…Even though I asked in a very respectful manner.. the lady I found said I was being disrespectful by making such a request. He was very abusive. He told me that I was actually illegal in the
by immigration official
made to take the blame
for system failure
self-defence falls on
deaf ears.
Official clarification on
routine logistics of
required service
Dictatorial attitude of
immigration official
bullying behaviour
Immigration official
tainting of child's
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Threats of deportation
Feelings of frustrations
Bad press associated
with immigration
institution among
immigrants
History of bad press
regarding immigration
services
Detangling institutional
structural barriers from
individual immigration
official’s prejudices and
dictatorial behaviour
Consequences of
migration official
bullying behaviour
Feelings of frustrations/dependency/
Worthlessness/
Powerlessness/belittlement
country since I did not have a GNIB card with
me, or a written record from a police station
stating that I had lost my card. I tried
explaining to him that I had made many
attempts to report the loss of my GNIB card
and to replace it but I had failed due to one
reason or another. This lady then told me that
it takes a duration of three months between
reporting the loss of a GNIB card and issuing of
a replacement. So I asked the lady...why I was
not given this information the first time I came
to the immigration office. Ooh this made her
really mad… She accused me of having a bad
attitude.. and she recorded this so called bad
attitude on my computer file.. you know my
immigration file.. She said to me that I was the
kind of person that the government was happy
to deport back home.. It was unreal.. I was so
frustrated. Just like my sisters had said, the
immigration department … especially in Cork..
is designed to frustrate immigrants no matter
whom they are.. working visa.. student…
refugee… I have heard so may frustrating
GNIB stories from my friends… this office in
particular and this lady that I was dealing
with… youknow. These experiences just make
you feel like a beggar you know.. like a
worthless outsider begging to come in or be let
to stay in.. just worthless.. its very belittling.
Researcher: ok. how do you feel other people
are towards you. I mean other than immigration
officials
J: Well I like .. you know friends here both
African and others.. are really sound… Like I
have IrishPolish and even a Pakistan friend..
ethnic friends back home compared to multi-ethnic friends in Ireland
Irish scenario preferred
Conditions that nurture social peer relations in Ireland
Free time availability
Short hours of school
Availability of time to engage in sports activities
less family/cultural demands on personal time in Ireland
time to juggle family/spiritual commitments and personal time in Ireland
Conditions that constrain social peer relations in Cameroon
long hours in school
family/cultural demands on free time
positive relationship with friends
apprehensive about relations with immigration system
conditions that facilitate a good relationship with immigration
favourable migration status
migration status dynamics
dependency based
migration status & consequent
legal entitlement
employment limitations of dependency based immigration status
System linkages – migration & education system
Immigration control of migrant students
conditional nature of renewal of migration status
of students verification of necessary conditions for renewal of migrant student legal status
Un-coordinated migration/education systems
un-affordability of prohibitive educational fee
family income constraints on fees affordability
single income

you know .. you meet all kinds of people .. which is actually better than back home. You know back in Cameroon I would have had only Cameroonian friends… but here… I have all these friends from everywhere…and that is good. I have more free time than I had back home.. . like school ends what? 3.45. I can do loads of things with my friends here. I have more time to do things with my friends.. so I have the after school to go to the football club or boxing. Well we have church on Sunday and maybe church activities in the afternoon but basically I have Saturday to do my stuff. like school was all day back home… visiting relatives on weekends and holidays.. yes I have good friends here you know. Friends are alright.. it’s the immigration you know. You have to have the right papers here.. Like my friend now.. his father is also on a work permit.. when he was in high school he was on stamp 3.. you know GNIB… he could go to school and he could work part time. When he finished school, he applied to go the Irish Navy and he got a place. He couldn’t go though because he did not have a work permit himself but was a dependent of his father who was on work permit. He then joined the college of commerce in Cork but half-way through the course, his GNIB card expired… the cards are renewable every year you know. He went to the immigration office to renew it and he was asked what he had been doing since finishing school. Of-course he said he was in college. This official then asked him for the details of the college and the next thing he knew she was calling the college. From what he could hear of
family demands
transnational structured family
fees un-affordability bars access to education
inaccessibility to education bars renewal of migration status
age-related (non-dependent) barrier to renewal of migration status
child’s lack of a good fit with immigration framework with consequences of falling through the legal cracks
the conversation, the immigration official was checking with the college that he was paying European fees and had given proof to the college that his parents had funds in an account to cover fees, health and personal insurance.
From the conversation, it seemed as though the college was not clear on this stamp issues and who pays this and who pays that. Anyway my friend was not paying that European fees.. and ofcouse his parents did not have that kind of money in an account somewhere.. his father works alright but his mother is a housewife.. and they have other kids and I think a brother or a sister back home. So anyway the fees was not paid and he stopped going to school .. which also means that his card was not renewed something about him not being a dependent anymore because at this point he was 18 and him not being in school …a catch 22.. he can’t go to school because he does not have the right papers or he doesn’t have money and his papers cannot be renewed because he is not in school.

Researcher: Is that something that might happen to you.

J: Ofcouse it can. I am in the same shoes as himself. That could happen to me when I am finished school you know. Hopefully my parents will have been granted citizenship .. you know they have applied and they are waiting. If they get it… it means I can apply and hopefully get it before college. .. I don’t know how I would cope if I was deported… well I know I would fit in with my grandparents, my aunts, uncles.. cousins.. I am still very close to them even from here… I still
family maintained transnational links/close relations fluency in tribal language constraining conditions long physical separation from extended family alienation from home culture loss/ separation from close family members speak my language.. you know tribal language but in a way I would somehow be a stranger to them. I have been away for a long time and I have become Irish… haaa.Somehow or is it Westernised… And I would really miss my parents and my sisters. I would hate to be separated from them from them.

Researcher: so you like it here

J: I do… you know. There are challenges but this is not different from being anywhere else I suppose. I was younger when I left home but even when we go back home now… my cousins who are my age-mates have their own problems.. you know. School fees issues… being in boarding schools.. college fees..even when tribal issues you know.. I think for me.. life here is okay. There are difficulties but not anything I cannot handle.

Researcher: Thank you very much for the interview.
Appendix 3
Open Codes, & Initial Categories

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| Experiences of collective racial prejudices with implications of constraining individual emotional and cognitive capabilities |
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Frustrating immigration service-seeking experience

Conditions under which it occurred

Lost immigration card and subsequent replacement seeking service

Constraining factors on immigration card replacement seeking service

Inconsistent official guidance on replacement procedure

Uncoordinated Garda/immigration procedures with negative consequences on service delivery

Action taken by victim

Sought support siblings provided with emotional support based on shared experiences

Sisters’ inability to provide tangible support

Sought support from mother

Mother’s intention to play a mediating role

Time constraints on mother’s intervention plan

Further help-seeking from school guidance teacher

Action – support in form of advise to seek clarification on official procedures on required service

negative reaction by immigration officials

sense of unfairness

accused of disrespect by immigration official

verbally abused by immigration official

Child’s reaction/strategy to overcome immigration related help-seeking barriers

Migration official reaction to child’s strategy to overcome help-seeking service
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| Impact on the African child | |
| Feelings of frustrations | |
| Official’s bullying behaviour linked to institutional bullying & | |
| Institutional anti-immigrant practices | |
| Bad press towards immigration institution among immigrants | |
| History of bad press regarding immigration services | |
| Detangling institutional structural barriers from individual immigration official’s prejudices and dictatorial behaviour | |
| Consequences of migration official bullying behaviour | |
| Feelings of frustrations, | |
| Dependency, worthlessness, | |
| Powerlessness and | |
| belittlement | |

| Positive relations with peers | |
| Dynamics of friends | |

<p>| Impact of migration official’s dictatorial/bullying behaviour | |
| Positive relationship with racially diversified peers facilitated by multi-cultural nature of Irish settings and less demand on personal time in the Irish socio-cultural contexts juxtaposed against home country settings | |</p>
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<tr>
<td>Verification of necessary conditions for renewal of migrant student legal status</td>
<td></td>
</tr>
<tr>
<td>European fees requirement of migrant student’s access to third level education</td>
<td></td>
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<tr>
<td>Requirement of proof of financial affordability</td>
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<tr>
<td>Un-coordinated migration/education procedures on student migrant’s third level education access criteria with destabilising consequences on child’s education progress</td>
<td></td>
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<tr>
<td>Un-affordability of prohibitive educational fee</td>
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<tr>
<td>Family income constraints on fees affordability</td>
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<tr>
<td>Single income</td>
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<tr>
<td>Family demands</td>
<td></td>
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<tr>
<td>Transnational structured family</td>
<td></td>
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<tr>
<td>Fees un-affordability bars access to education</td>
<td></td>
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<tr>
<td>Inaccessibility to education bars renewal of migration status</td>
<td></td>
</tr>
<tr>
<td>Age-related (non-dependent) barrier to renewal of migration status</td>
<td></td>
</tr>
<tr>
<td>Child’s lack of a good fit with immigration framework with consequences of falling through the legal cracks</td>
<td></td>
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<tr>
<td>Anticipated migration related legal uncertainty</td>
<td></td>
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<td>-----------------------------------------------</td>
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<tr>
<td>favourable legal status hinged on prospective parents’ naturalisation</td>
<td></td>
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<tr>
<td>pending status of parent’s naturalisation application</td>
<td></td>
</tr>
<tr>
<td>child’s legal status and access to education legally tied to parent’s legal status</td>
<td></td>
</tr>
<tr>
<td>Hypothetical deportation scenario</td>
<td></td>
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<tr>
<td>conditions that would facilitate home-country relocation</td>
<td></td>
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<tr>
<td>good fit with extended family</td>
<td></td>
</tr>
<tr>
<td>maintained transnational links/close relations</td>
<td></td>
</tr>
<tr>
<td>fluency in tribal language</td>
<td></td>
</tr>
<tr>
<td>constraining conditions</td>
<td></td>
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<tr>
<td>long physical separation from extended family</td>
<td></td>
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<tr>
<td>alienation from home culture</td>
<td></td>
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<tr>
<td>loss/ separation from close family members</td>
<td></td>
</tr>
</tbody>
</table>

An acceptance view of life challenges with consequences of positive evaluation of personal life circumstances

<table>
<thead>
<tr>
<th>positive evaluation of personal circumstances despite of experienced challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>view of challenges as a universal concept</td>
</tr>
<tr>
<td>shaped/influenced by local factors such as economic, civil or cultural related challenges in home country</td>
</tr>
<tr>
<td>positive evaluation of present life circumstances in view of encountered challenges</td>
</tr>
<tr>
<td>acceptance of a level of manageable difficulties</td>
</tr>
</tbody>
</table>
### Appendix 4

An example of grounded theory selective coding

<table>
<thead>
<tr>
<th>Initial Categories</th>
<th>Core categories</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Background information</strong></td>
<td><strong>Personal demographic details</strong></td>
</tr>
<tr>
<td><strong>Family structure and relational dynamics</strong></td>
<td><strong>Family structure and relational dynamic</strong></td>
</tr>
<tr>
<td><strong>African Cultural/transnational/Diasporic influences parent’s home practices, activities &amp; relations</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Impact of African cultural and spiritual phenomenon on parents’ conceptualisation of child’s good/bad behaviour</strong></td>
<td><strong>African cultural phenomenon and spiritual phenomenon and ways in which it frames parental practices, relations, and script of a good/bad child</strong></td>
</tr>
<tr>
<td><strong>Intergenerational cultural adaptation discrepancy – parents hold on to African cultural practices while children adapt an A la carte cultural practices</strong></td>
<td><strong>Differences in child/parent cultural adaptation process</strong></td>
</tr>
<tr>
<td><strong>Maintenance of transnational ties as an influencing factor of child’s cultural adaptation process</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Similarity/identification with Irish peers as a an influencing factor in</strong></td>
<td></td>
</tr>
<tr>
<td>child’s cultural adaptation process</td>
<td>Experiences of racism, prejudices, and reaction/strategies used to combat racism</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Racism by peers as a challenging factor in child’ socialisation</td>
<td></td>
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<tr>
<td>Process</td>
<td></td>
</tr>
<tr>
<td>Reactions and strategies used to combat racism</td>
<td></td>
</tr>
<tr>
<td>Multiple identities</td>
<td></td>
</tr>
<tr>
<td>Diasporic/racial/ethnic identities</td>
<td></td>
</tr>
<tr>
<td>Experiences of collective racial prejudices with implications of constraining individual emotional and cognitive capabilities</td>
<td></td>
</tr>
<tr>
<td>Prejudices Immigration Services with structural barrier consequences on help-seeking service</td>
<td></td>
</tr>
<tr>
<td>Relationship with immigrations service delivery system</td>
<td></td>
</tr>
<tr>
<td>Child’s reaction/strategy to overcome immigration related help-seeking barriers</td>
<td></td>
</tr>
<tr>
<td>Migration official reaction to child’s strategy to overcome help-seeking service</td>
<td></td>
</tr>
<tr>
<td>Impact of migration official’s dictatorial/bullying behaviour</td>
<td></td>
</tr>
<tr>
<td>Positive peer relationships &amp; dynamics</td>
<td>Positive relationship with peers facilitated by less demand on personal time in the Irish socio-cultural contexts juxtaposed against home country settings</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Immigration system dynamics and how they frames education and employment opportunities for the child</td>
<td>Relationship with system – impact of child’s migration status on her/his access to education/employment</td>
</tr>
<tr>
<td>Migrant child’s immigration status frames access to third level education</td>
<td></td>
</tr>
<tr>
<td>Constraints on migrant student’s access to third level education with consequences of child falling through the legal cracks</td>
<td></td>
</tr>
<tr>
<td>Legal status uncertainty challenge An acceptance view of life challenges with consequences of positive evaluation of personal life circumstances</td>
<td>Overall positive experience facilitated by acceptance of life challenges as part of universal normal life experience</td>
</tr>
</tbody>
</table>
Appendix 5

Examples of Grounded Theory Coding Memos

Coding Memo - May 11th 2009: 3.45 p.m

Interview Transcript of a 17-year-old Cameroonian Youth

From the analysis of the interview, he has a very close relationship with his sisters whom he says “really get him” more than his friends or his parents. His sisters are 20 and 22 – just a few years older and they seem to be his main source of support. The analysis also indicate that though he has positive relationships with his friends (Irish & non-Irish) he mentions socialising with them but not seeking any form of support from them. Does he has a different level of relationship with them than the one he has with his sisters? Is there an element of difference here in nature of relationship – does relationship with his sister serve a different purpose from that of his friends? And because he goes on to talk about experiencing racism from peers, I have to wonder whether these experiences impact on this difference in the sense that his relationship with friends is shadowed by the prospect of experiencing racism or prejudices? As for the parents there is definitely an element of intergenerational cultural adaptation discrepancy here which runs through the interview script. He says his parents are still rooted in African cultural practices as evidenced in their home practices and ethnic relations- that his parents live as though they are still in Cameroon but that himself and his sisters don’t have that need. so there is an element of ‘us’ (himself and his sisters) versus ‘them’ (his parents). While his parents hold on to home cultural practices, he chooses what home cultural practices he holds on to while at the same time he adapts Irish teenage cultural practices. Is this intergenerational cultural adaptation discrepancy a constraining factor on seeking support from his parents or having a good relationship with his parents? But, he goes on to say that he is caught between pleasing his parents and pleasing his friends implying that he would want to maintain a good relationship with his parents. He seeks support from his mother regarding his inability to get any headway
with the immigration service on the replacement of his immigration green card. He even talks to his guidance teacher on the same while awaiting for his mother to find time to mediate with the immigration officials on his behalf. Again, there is a sense of a good relationship with his mother and with his guidance teacher that facilitates him to seek support. The fact that earlier on he said my sisters ‘really get me’ more than my parents implies this relationship with his parents is different from the one he has with his sisters. Relationships (siblings, peers, parents) is coming out as an important aspect of his experiences and within the relationship dynamics – there is an aspect of difference in the relationship with siblings, with peers and with parents.

**Coding Memo – May 12th 2009 – 11.00 a.m.**

There is an element of cultural and spiritual phenomenon that is emerging as the interview progresses. He says his parents are still rooted in home country cultural practices. They consume home media, speak home country language at home and with their friends, they eat food from home country bought in ethnic shops (even the fact that there is availability of ethnic structural and support networks). A lot of the parents friends are Africans and he says the parents would like him and his sisters to be friends with the children of friends of their parents. He also mentions going to church and being involved in church activities several times in the interview. The interviewee says that when his parents talk about Irish teenagers, they talk about undesirable lifestyle indicated by lack of respect for adults, smoking and drinking in public, walking aimlessly in the streets as if they have no work to do in their homes. That when they talk about African children they talk about how they are involved in church activities or doing good work as church youth leaders. Looking at these indicators of bad behaviour/good behaviour, there seems to be a cultural influence in conceptualisation of these behaviours. What are the cultural script of ‘a good child’/’bad child’? The interviewee says parents of his Irish youth friends and other adult Irish youth in public places tolerate teenage lifestyle of drinking and smoking yet his parents or African friends of his parents would not tolerate him to have
such behaviours. He does not seem to share his parents/ethnic networks’ perception of this Irish youth lifestyle as undesirable for he even defends it at some point. He perceives it as global youth culture and says that his friends drink and smoke in moderation. However, its interesting in that he also seems to be picking and choosing the youth lifestyle choices to adapt. The fact that he says not drinking or smoking - meaning he wouldn’t drink or smoke - is reflective of a cultural influence (African). But on the other hand he says he would engage in practices such as ‘like meeting girls after school or weekends or just hanging-out in the shopping mall’ which would be perceived by his parents/ethnic networks as undesirable teenage lifestyle. So this is a reflection of the child ‘holding-on/moving-on’ process which sets him apart from his parents who are mostly ‘holding-on’ to African cultural practices? There appears to be a cultural influence on self-regulating behaviour (not smoke or drink as personal choices) and in external regulation of behaviour (parents/ethnic networks policing child’s social activities). An arising issue which I have to keep in mind going forward, is how this cultural conformity and/or parental-ethnic networks’ policing of child’s social activities impact on his relations with his peers. How does this impact on his developing sense of self? He says ‘ I am almost 18’ implying that he perceives himself to be mature and probably be independent or almost independent from his parents yet from the analysis it is clear that he values home country practices like respect for adults (inclusive of his parents) and this is one of the cultural practice that he chooses to hold-on to. An arising question is ‘ since he has adapted Irish youth lifestyle of hanging out in shopping malls, which is not tolerable within African diasporic cultural settings, in the event of child/parent conflict that may arise from this parental/child discrepancy in endorsing youth lifestyle, would his age based emerging sense of self-independence worsen these conflicts or would this sense of self-independence be framed by the African cultural practices/norms of respect for parents and in this case, cultural influence act as a moderating factor of any arising child/parent conflict? There is no mention of conflict in this interview transcript but will bear this in mind as I proceed with further interview transcripts and analysis.
Memo – 12.30 p.m. – May 12th 2009

Following on from the previous memo, this cultural phenomenon noted has a **diasporic** and a **transnational aspect** to it. The interviewee mentioned earlier than his parents have friends from Cameroon and from other different African countries- and I am actually wondering here whether the parents have Irish friends because when talking about the parents’ friends they all seem to be from Africa but living in Ireland – so networks of friends from the African diaspora. These networks have an influencing impact on the child’s conformity to African culturally appropriate behaviour. The child’s parents encourage him and his sisters to be friends with the children of parent’s diasporic networks because these children are perceived to have similar behaviours or parents who endorse similar child’s behaviour as the interviewee’s parents. So these diasporic networks are playing a cultural facilitating role???? Earlier on the interviewee had indicated that the parents speak tribal language with their African friends buy ethnic food from the Ethnic shops, and the interviewee himself says that ‘its nice to have African friends’ – so clearly there is a diasporic structural presence in Irish socio-cultural settings which plays a cultural facilitating role. The interviewee also mentions ‘its nice to travel back home and to be with his cousins, that he would not want to loose the use of his mother tongue so that he can communicate to his relatives back home whenever they visit and being respectful to elders so that he can maintain good relationship with elderly grandparents and uncles. Clearly transnational linkages is an important aspect of this child’s experiences.

Memo 5.00 p.m – May 12th 2009

The relationship with the immigration system seems to be a key factor in this child’s experiences. When talking about experiences of prejudices, he seems more focused on his immigration interaction experiences. When talking about his relationship with peers, even though he had indicated earlier on that he had experienced racisms from peers, there seems to be a positive note – almost like his experiences would be overly positive if it was not for his
relations/interaction with the immigration services. The fact that he narrates his friend’s experience with immigration services in great details, that his sisters have similar frustrating experiences of dealing with immigration officials and that he says he has heard so many frustrating GNIB stories from his friends implies that it is a topical issue among his African friends. The immigration system appears to be a key structuring frame of his/friends experiences especially in ways that his friend’s migration status is linked to access to education and employment. The emotional implications of these encounters with immigration officials (frustrations, powerlessness, worthlessness, belittlement) and migration status related inaccessibility to education and/or employment are psychosocial well-being risks and therefore ‘Relationship with Systems’ has to be a key consideration in understanding the well-being experiences of these children. I have to keep this in mind as I proceed with the interviews and the analysis.
Appendix 6
An example of over-all grounded theory core categories showing Initial categories and sub-categories

<table>
<thead>
<tr>
<th>Categories</th>
<th>Categories &amp; Axial Sub-categories</th>
</tr>
</thead>
</table>
| Good behaviour (doing well)/ Bad behaviour (not doing well) | Good behaviours  
Having friends (Irish & African); participates in family routines; Doing well at school; happy; Obedient; respectful; compliant/conforms to authority.  
Bad behaviours/Problem behaviours  
Disruptive and/or rebellious behaviour in school; Anger/Aggression; Drinking/smoking; Staying out late hours of the night; Eating junk food; Truancy (school); Dropping out of school; Bad school grades; Teenage pregnancy; Withdrawal from family routines, attachments with systems; Lack of friends; Lack of interest in school; Talking back to parent; Disobedience; Avoidance behaviour; Reverted bedwetting; Use of abusive language; challenging parental and or school authority |

Context under which problem behaviour occurs  
reunited teenage years after long separations; relocated children with language difficulties; relocated children where there is lack of fit between age based level & knowledge based level; presence of parental/sibling/peers or friends/teachers tensions; home environment with over-extended capacities (full-time working or education parent(s); legal status related limitations to resources & capacities; reduced parental capacities – emotional and/or physical)

Context: Timeline & Intensity of behaviour  
Short term & minor: Short term & major; Long-term & minor: Long-term & major

Problem behaviour Intervention  
School authorities: individual & psychosocial - referral to mental health specialists; facilitate access to resource mobilisation avenues opportunities; teachers skills/knowledge support; dialogue – teacher/parent/principal/child  
Systems: child protection services (removal of children to care; mobilisation of resources around child and/or mother)
Child’s initiated (school guidance counsellor; dialogue – child/guidance counsellor/principal/parent; child facilitation to empowering opportunities - YMCA)

Parent: psychosocial - initiated dialogue with school authorities; mobilisation of resources around the child (engagement in sports or recreation activities)

Cultural problem solving strategies (dialogue - ethnic elders talking to the child)

Transnational (dialogue – grandparents & other relatives; disciplinary by extended family members; access resources inaccessible in migration settings)

Consequences of Intervention

No change in behaviour: Short lived changes in behaviour; Sustained changes in behaviour

Conditions facilitating changes in behaviour

Willingness/commitment of involved parties to compromise; willingness of involved parties to prioritise best interests of the child; agency of involved parties in searching for solutions

Relocated child/Reunited child/Irish born child’ behaviour

Racial - black/white

Negative experiences {racial stereotypes, prejudices & discrimination}; Positive experiences {positive discrimination}

Child’s different behaviours in different contexts

Transnational settings {obedient, respectful}; home in migration settings {disobedient, disrespectful}; school settings (anger, non-compliance with authority}; school bus settings {victim of bullying, racism, exclusion}

Differences in reunited child’s pre-migration/post migration developmental conditions

Pre-migration
(self-reliance, independence, little or no rules); post-migration reliance/dependent on parents, rule bound)

Interpersonal differences in ability to play out roles of cultural scripts of a good mother/wife/good child
<table>
<thead>
<tr>
<th>Differences of parents/children’s view of strict parental practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent {best interest for the child}; Child {lack of trust, inability of parent to understand child’s reality}</td>
</tr>
<tr>
<td>Difference in parent/child conflict resolution strategies</td>
</tr>
<tr>
<td>Parent {African cultural &amp; religious frameworks}; Child {school cultural framework}</td>
</tr>
<tr>
<td>Differences in School authorities/parents interpretation of problem behaviour</td>
</tr>
<tr>
<td>School narrative {individual based deficit model &amp; psychosocial narrative}; Parent {psychosocial narrative – child’s environment; pathologising normative behaviour; racist teacher(s); school culture of hands-off approach to discipline; school culture of labelling}</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Structure &amp; dynamics</th>
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</thead>
<tbody>
<tr>
<td>Transnational structured families {separated child(ren) or parent: Unconventional structure (young adult guardians); Two parent household, Irish born children; Two parent household, separated children/Irish born siblings/step sibling; Two parent household, Separated children; One Parent families, Irish born child(ren); one parent family, separated child(ren):</td>
</tr>
<tr>
<td>Dynamics: Full time working parents; full time working/ or education father, full time housemother; fulltime working/or education mother, fulltime housefather; part-time working parent(s); part-time education parent(s); part time education &amp; part-time working parent(s)</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Home Practices &amp; Routines</th>
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<tbody>
<tr>
<td>framed by cultural framework around child rearing; children’s participation in household routines; parental censoring/monitoring children’s activities; quality of child care compromised by competing demands (national &amp; transnational); multi-tasking &amp; juggling priorities; prioritising child’s basic needs (food) in the hierarchy of needs: child rearing challenges associated with resource poor environment (adultification of children)</td>
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</table>

<table>
<thead>
<tr>
<th>Family Functioning Challenges/Vulnerabilities</th>
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</thead>
<tbody>
<tr>
<td>Stripped child support structures &amp; networks; over-extended family resources &amp; capacities (transnational family functioning; inability to mobilise spouse/child(ren) support in household chores; child(ren) defying parental authority; competing demands parental demands – work and or education and home duties); inability of mother to fit</td>
</tr>
<tr>
<td>Conflicts</td>
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<tr>
<td>Parent/Systems Conflict</td>
</tr>
<tr>
<td>School authorities/Parent: differing explanations of child’s behaviour</td>
</tr>
<tr>
<td>Intervention: Teachers initiated (notes to parents; teacher initiated dialogue with parents or with parent &amp; child or with parent, child &amp; principal); Mother initiated (dialogue – parent, teacher, child, principal)</td>
</tr>
<tr>
<td>Social welfare/Parent: Compromised quality of care in the home</td>
</tr>
<tr>
<td>Intervention: Mobilisation of resources around the mother (system); temporal removal of child(ren) into state care (system); relocation of the child (nationally or transnationally – parent); parents initiated mobilisation of resources.</td>
</tr>
<tr>
<td>Consequences of intervention: short-lived change in behaviour/limited change in quality of child care; sustained change in behaviour/sustained change in quality of care</td>
</tr>
<tr>
<td>Child/peers/friends Conflict</td>
</tr>
<tr>
<td>Racial discrimination: physical; verbal; exclusion</td>
</tr>
<tr>
<td>Reaction: ethnic segregation; Verbal or physical; internalisation of racial stereotypes; cognitively rationalising other’s racial behaviour; modelling behaviour to prove the racial stereotypes wrong</td>
</tr>
<tr>
<td>Reunited child/step-sibling Conflict</td>
</tr>
<tr>
<td>Lack of shared experiences; lack of emotional or family nurtured attachments; misdirected anger/blame; perceived parental favouritism of step-siblings</td>
</tr>
<tr>
<td>culturally appropriate role of mother/wife; fear of being ill-judged bars support seeking; inability of the child to fit into culturally appropriate roles of a good child/sibling; and/or economic scripted family roles that contradicts African cultural scripts; migration and/or economic scripted family roles that contradicts African cultural scripts</td>
</tr>
</tbody>
</table>

Family Functioning Facilitating Conditions/Strengths

Family teamwork in household chores; Lack of family conflicts/congruence of views (parents, parent(s)/child, child/child); close emotional family attachments; good fit in parents, parent/child’s holding on moving on process; availability of resources (electronic games, internet facilities, recreational activities); ability of parent(s) and/or child to mobilise support structures & networks(ethnic, non-ethnic, transnational/diasporic).
<table>
<thead>
<tr>
<th><strong>Transnation/Diasporic structures, dynamics, practices &amp; activities</strong></th>
<th><strong>Transnational structures</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child/parent Conflict</strong></td>
<td><strong>Transnational structured families:</strong></td>
</tr>
<tr>
<td>Perceived strict parenting practices; perceived lack of parental trust; fear of children’s exposure to undesirable Western lifestyle; discrepancy in child/parent holding on/moving on process; child’s ability to negotiate multiple cultural contexts outweighs parent(s) ability; consequences of disrupting hierarchical family power structures</td>
<td>Child minding of separated children by paternal/maternal grandmothers &amp; other relatives</td>
</tr>
<tr>
<td>Intervention: Parental initiated – dialogue; parental initiated cultural problem solving strategy – dialogue – ethnic elders/child; parental initiated transnational dialogue – grandparents/uncles/aunts with child; child initiated transnational mediating services grandparents/uncles/aunts with parent(s); child initiated – School guidance counselor; Parent initiated – transnational relocation</td>
<td>Macro and micro processes in home country impact on family functioning in migration settings: War related resources’ constraints create demand for transnational resources’ supplementation; Separated children’s compromised quality of care impacts on family functioning in Ireland (parent(s) reduced emotional &amp; physical capacities)</td>
</tr>
<tr>
<td>Consequences of intervention: Short-lived change; sustained change</td>
<td><strong>Spouse conflict</strong></td>
</tr>
<tr>
<td><strong>Explanatory models of spouse conflict:</strong> Marriage of convenience in migration settings {for legal status; due to loneliness}; lack of cultural structures that frame marriages; long-term unsuccessful attempts at family unification (tension spill-over effects)</td>
<td><strong>Conflict timeline:</strong> short-term or long-term</td>
</tr>
<tr>
<td>Impact of spousal conflict on child(ren): Children victimised in the process; exposure to emotional, physical, psychological harm; child modelling aggressive behaviour; reduced emotional &amp; physical capacities of parent(s) to provide child care</td>
<td><strong>Intervention strategies:</strong> systems (garda, child-protection, family courts); Ethnic – dialogue with elders; Religious – dialogue with religious leaders; transnational relocation of the child (removal from conflict environment)</td>
</tr>
</tbody>
</table>
Macro and macro processes in migration settings impact trans-nationally structured family functioning; lengthy determination process negatively impact on access to family health promoting resources and on reunification efforts; tensions from spouse conflicts spill over to sour in-law relations; consequent negative impact on care of separated children; consequent spiral effects on spouse conflicts in migration settings and impact on children and/or parent(s) capacities to provide child care.

Transnational & diasporic practices

Sending money home to less fortunate relatives; sending a child home for disciplinary purposes (undermined by child’s agency - child negotiates way back - creates a precedent to other children and undermines/neutralises family/collective repertoire of problem solving strategies); temporal Relocation of children to offer respite to the mother; parents’ initiated transnational/ethnic diaspora parent/child conflict resolution dialogues; child initiated transnational/ethnic diaspora dialogues to mediate parent/child conflict resolution efforts; relocation of children to home country to access resources inaccessible here due to unfavourable legal status; children’s home-country visits (cultural grounding, social networking with relatives back home, ethnic identity nurturing); children’s connections with friends & cousins in home countries, and ethnic diasporic communities; outsourcing childminding/housekeeping support; outsourcing support in child problem intervention; prospect of relocating to home country or other European country to escape family conflict.

Transnational practices constraining factors

Financial challenges; legal challenges (visa restrictions; availability of travel documents); control of children relocation practices by systems (education, child-protection services, gardai); unavailability of reliable networks to provide child care services

Transnational practices facilitating factors

Legal – meeting travel and/or visa requirements; availability/willingness of transnational child minding networks; social and emotional attachments with transnational support networks (physical visits or media initiated/sustained social networks)

Cultural/ Religious Phenomenon

School culture

Behaviours endorsed at school; of labelling children as well or ill-behaved; school hand’s off approach to children’s discipline
Western/Irish culture

Relaxed parenting styles; tolerance of teenage smoking & drinking; teenage children not expected to participate household/child-minding chores; Parent-child lateral

Interactions; high prevalence of parental and/or school authorities disrespect disobedience/non-compliance behaviour

African culture

African cultural practices frame home practices, activities & routines {sense of continuation – grounding in the holding on moving on process}: Behaviour bench-marked against cultural frame; cultural scripts of a good child; cultural gender scripts; culturally nurtured characteristics of obedience, respect, compliance and conformity mediate conflict resolutions; Culturally nurtured open-minded to persistence & perseverance, relatedness & social harmony mediates conflict resolution; Cultural explanation of behaviour (bewitchment – husband not amenable to spouse conflict resolution)

African Cultural grounding

families availing resources such as TV, DVD, internet facilities, & personal capacities {techno savvy family members – can route home country channels through the internet to T.V scree}; facilitates cultural boosting & embeddedness in home country day to day happenings; Facilitates multiplicity of identities ); Ethnic/religious support structures & networks; Mosque/church leaders support (prayers; performing/facilitating rites of passage; involvement in problem solving and/or conflict resolution strategies); newly created African social and cultural settings {African dominated churches; African shops, Salons, African initiated NGO’s - facilitatesurturing ethnic/Diasporic consciousness/identity; facilitates the ‘holding on’ process; offers opportunities for social and cultural validation denied in the Irish socio-cultural settings; offers opportunities to acquire cultural empowering narratives
Appendix 7

Grounded theory storyline that framed the analysis

Story of migrant families/children’s experiences – Holding on/moving on process: finding a fine balance

It seems like once you start the migration process, you are on this bus of change driving on a very bumpy change process road. You may have some family members in the bus, you may have left others behind for some reason (there wasn’t enough bus fair or they were not able to make it to this bus for various reasons) but there is a hope that those left behind will join the family convoy at some time. The family convoy in the bus might therefore be composed of parent(s) or guardian(s) with child(ren) or parent(s) or guardian(s) with child(ren) and other child(ren) who missed the bus and were therefore left behind or parent(s) or guardian(s) only while their child(ren) may have missed the bus and therefore left behind or parent(s) or child(ren) who get onto the bus by themselves but pick other family members at some point down the journey or change process.

The journey or change-flow process is characterised by interplay between instability and stability. There are so many bumps on this drive of change process that sets the bus off-balance (instability) or driving facilitating conditions that keeps the bus on balance (stable) starting with structures & processes that might either block the way or offer a smooth driving conditions such as: state migration structures & procedures (voluntary/forced; short asylum determination process/lengthy determination process; favourable/unfavourable migration status and associated rights & entitlements; lengthy/short family reunification process); accessibility /inaccessibility to infrastructures {formal & informal adjustment facilitating structures}; systems (families, education, health social welfare/child protection structures & communities (ethnic & non-ethnic).

As the bus moves through the journey of change, individuals inside the bus interact with each other, with the structures and processes (named above) which shape the journey processes (either creating stability or instability) and with the other socio-cultural contexts and processes encountered on this journey as the bus negotiates its way through traffic, similar or different in size, shape, type, speed, distance, driving cultures/behaviours etc, . In this case, differences would be (migration, racial, ethnic/cultural differences and ways in which these impact behaviour and activities & differences in cultural understandings/conceptualisations of behaviours). Smooth driving through the change process therefore is hinged on: 1) structures
and processes inside the bus (good relations, congruence of views {not rocking the bus}, good behaviour of those inside {again don’t rock the bus}, good engine (well resourced individual(s) driving the change or central to the engineering of change and capable (capacities - agency, ability to fit into cultural scripts of roles once is engaged in; positive outlook, optimism, knowledge, skills, cognition, emotional and physical capacities; 2) structural conditions that facilitates smooth driving conditions such as: favourable migration status & certain and speedy family reunification procedures; access to formal/informal resources in home country (for separated children) and in Irish settings or opportunities to negotiate way to resources; supportive ethnic, cultural, religious, & transnational/diasporic, school authorities and/or structures and networks; lack of conflict with systems –schools, social welfare/child protection, communities and good fit with systems socio-cultural frameworks (school/African ethnic communities’/Irish communities or social networks); 3) ability to negotiate traffic within the driving environment {macro and micro and the socio-cultural processes mediating the change process}, particularly negotiating difference such as: racial {biological and/or social stereotypes attached to black race}; cultural African/Irish differences in norms, practices and child rearing/understandings; different school/African mother’s interpretation of behaviour in regard to experience, attribution and response; state infrastructure to accommodate cultural differences; differences between Irish born/relocated children/reunited children’s behaviours.

This multiple interactions impacts on the driving conditions or the change process (within bus family convoy: driver/engine/engine parts & members inside the bus & bus convoy members left behind; & with structures and processes which impact on driving conditions and encountered traffic all impacts on the driving {change process} (smooth flowing, obstructions, fast moving, slow moving, reverse, stalling etc). Members of the bus experience the ride together, and changes occur at the family unit as they motor through changes and at an individual level depending on relations with member(s) inside the bus, outside the bus, encounters and reaction to driving facilitating/constraining conditions and with other traffic on the road and state policies around driving and uncontrollable weather conditions. Inability of In-ability of separated family members to join the bus or lengthy delays, Individual/family/sibling and/or individual/systems and/or family/systems’ lack of fit or discrepancy in change stages along a continuum causes delays or stalling of the driving or change process. Smooth driving (change) also requires availability of supplies such as gas, pressure on tyres, repairs if needed, rest stops, good road signage, bypasses of traffic jam bottlenecks etc. For the migration change flow, access to journey-essential resources and capacity enhancing opportunities, good supportive relational structures and networks, lack of conflicts or conflict resolution all facilitate a smooth change flow and the vice-versa creates a change flow delay or blockage.
The driver of the bus also has to maintain a fine balance between moving too fast or too slowly and driving safely. The parent(s) have to rely on the almost instinctive experiential driving but be sensitive to road driving conditions, norms, values & practices. Somewhere along the way, a child might actually take the driving wheel, at another time, another child might take over, yet at another time, one of the other parent might take over. At these change-over junctures, the change over might be smooth or bumpy or even impact on the mobility of the bus completely bringing it to a stop. If they are smooth, then the change process proceeds but if bumpy, then conflicts might arise. These conflicts might be resolved by the members on the bus, or might require outsiders to intervene. The help in terms of support structures and networks might be available/unavailable, limited in scope or timeline or widely available & sustainable, culturally compatible or incompatible and its implementation might have limited desired results or sustained desired results or even unsuccessful. These conflicts might therefore slow the bus, stop the bus and in some cases, some members of the bus might even embark from the bus while others may get into this bus. Either way there has to be some form of intervention before movement can resume. The driving conditions have to be favourable for the bus to maintain balance.