REFUGEES' INTEGRATION INTO THEIR PROFESSIONS: EXPERIENCES OF REFUGEE DOCTORS AND TEACHERS IN THE UK.

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Declaration of Author's rights

This thesis is the result of the author's original research. It has been composed by the author and has not been previously submitted for examination which has led to the award of a degree.'

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ABSTRACT

By drawing upon the experiences of refugee doctors and teachers, this thesis seeks to explore integration into professions as a complex two-way process. This thesis aims to investigate the ongoing events that construct the integration process but does not attempt to measure this process. In order to achieve this, the study explores the roles of underlying structures (profession and refugeeness) and refugee agency in shaping the actions and experiences that construct the integration process.

The findings of this thesis are drawn from 180 online surveys, 12 interviews with service providers and 39 interviews with refugee doctors and teachers. The data were collected over a six-month period in Glasgow and London.

The findings show that professional structures create institutional and cultural barriers which limit refugee doctors' and teachers' opportunities to re-enter their chosen professions after arrival in the UK. These experiences were further enhanced by the refugeeness of these professional groups wishing to work in a country where they were not educated. The findings also illustrate refugees' diverse responses to challenge encountered barriers and re-enter their professions. Finally, this study shows the important role of professional, cultural and social capital in the process of integration into professions.

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CHAPTER 1: Refugee integration: setting the scene

1.1 Introduction

This research considers the UK immigrants seeking asylum who were professionals in their country of origin and have lost this status after arrival in the UK and are seeking to regain this. As such it explores refugees' journeys of re-entering their professions following migration to the UK. The two professional groups, teachers and doctors, were selected for this research to emphasise the differences in social status and attitudes assigned to individuals while talking about doctors, teachers and refugees.

The purpose of this introductory chapter is to outline underlying context and rationales for this thesis. In the first instance, this chapter outlines the international context of this study and explains how it shaped its focus. Then it moves to describe the increasingly negative representation of asylum seekers and refugees which is symptomatic of the UK government problematisation of this group. This is to explain the rationale behind exploring the refugee integration process, recognised by the UK government as a solution to the asylum and refugee 'problem'. The key role of employment in the refugee integration process is subsequently discussed, to outline the reasons for placing the main focus of this thesis on the domain of employment. The rationale behind working with the chosen sample population (refugee teachers and doctors) and the local context (London and Glasgow) are described briefly, before the main aims and objectives of this thesis are outlined. These provide the

basis for the literature review in **Chapter 2.** Finally, the chapter concludes with an outline structure of the thesis.

1.2 International context

The purpose of this section is to outline the underlying international context of this thesis and indicate how this shaped its focus. In the first instance, to explain the rationale behind exploring the process of integration, this section focuses on the increasing significance of immigrant integration as a policy goal in Western countries with a positive net migration. The specific needs and circumstances of refugee migration are then described to outline the reasons for placing the main focus of this thesis on the process of refugee integration. Finally, this section outlines the rationale behind exploring the process of refugee integration in the UK.

According to the Organisation for Economic Co-operation and Development (OECD) data, approximately 110 million foreign-born nationals[1] (9 per cent of the total population) were living in OECD countries in the period from 2009 to 2010 (OECD, 2012). While in 2001, the total number of the inflow of foreign-born nationals to the OECD countries reached approximately 4.4 million, in 2011 the figure increased to 5.4 million (OECD, 2014). In response to the increase in the number of foreign-born people in OECD countries, there have been ongoing calls to identify principles and

[1] Foreign-born nationals (members of the population with foreign nationality) comprise immigrants who have kept the nationality of their country of origin and, in a limited number of countries (mainly Luxembourg and Switzerland), second and third generations born in the host country who were not naturalised (OECD, 2012).

factors which are important in supporting immigrant integration (OECD, 2006). These developments have placed integration high on the political agenda especially in countries which have a positive net migration and a long history of migration including Canada, the US and Australia[2]. In Europe, the importance of the issue of immigrants' integration has led to the intensification of collaboration between European Union (EU) member states to establish a common policy framework for immigrant integration[3]. While indicating a number of areas where integration is to be encouraged, the OECD as well as EU policies on immigrant integration have not offered a formal definition of the term. Correspondingly, immigrant integration policies and practices vary significantly across the OECD and EU member states. These differences may relate to the fact that issues related to immigration and integration are formulated in relation to a very distinct and nation specific context (Favell, 2001). Indeed, Robinson (1998) describes integration as the concept which is 'individualised, contested and contextual' (1998, p.118). Taking into consideration the significance of immigrant integration as a policy goal across countries with a positive net migration as well as the lack of clear definition of the term, it is appropriate to explore further what constitutes the process of integration.

As well as lacking a clear definition of the term integration, existing integration policies in Western countries tend not to differentiate between integration policies for

[2] See for example the Canadian Immigrant Integration Programme 2010-2014, launched by the Canadian government and the Australian Government Settlement Grant Programme 2012-2013

[3] In 2004, the European Commission formulated the Common Basic Principles for Immigrant Integration Policy (EC, 2004). These principles set a basis for two action plans: the Common Agenda for Integration (EC, 2005) and European Agenda for the Integration of Third-Country Nationals (EC, 2011) which identified relevant policy areas including employment, education, social inclusion and active citizenship where immigrant integration should be established

different types of migration (for example: economic migration, family reunion, international students and refugees). Refugees however, have specific needs that arise from their loss of protection from their home countries, experiences of persecution and/or armed conflict and separation from or loss of their families (UNHCR, 2013b:11). These needs according to Castles, Korac, Vasta and Vertovec (2002) have a further impact on the process of integration. More in-depth discussion describing the specific circumstances and experiences of refugee migration follows in Chapter 2. The United Nations High Commissioner for Refugees' (UNHCR) (2013b) report indicates that the lack of understanding of the specific needs and experiences of refugees can lead to misguided policy development and further marginalisation of this group. Taking into consideration the specific needs and experiences of refugees and the impact of these on the integration process, this study will focus on exploring the process of refugee integration.

According to UNHCR data (2013a), there were 15.4 million refugees worldwide at the beginning of 2013 and over 893,700 applications for asylum were submitted in 2012[4]. Article 34 of the United Nation 1951 Convention Relating to the Status of Refugees (the UN Convention of 1951) sets out that states shall, as far as possible, facilitate the integration and naturalisation of refugees. Despite the UN Convention of 1951 setting minimum standards for the treatment of persons who are found to qualify for refugee status, the United Nation (UN) member states retain a large degree of sovereignty over the way refugees are supported in a destination country. Countries' contributions to refugee protection takes different forms and may include

[4] The U.S.A. was the world's largest recipient of asylum applications, followed by Germany (64,500) and South Africa (61,500).

providing asylum, offering one of the three forms of durable solutions (such as voluntary repatriation, local integration and resettlement to a third country) and / or providing funds for protection and assistance (UNHCR, 2012). This study will focus on the process of refugee integration in the UK as one of the examples of Western countries with a long history of receiving asylum seekers and refugees. The next section will describe the context of the process of refugee integration in the UK.

1.3. Integration and the problematisation of refugees in the UK

Migration, including asylum, is currently one of the main concerns on UK political agendas (Home Office, 2002; 2005; 2006; 2008; the Prime Minister's Office, 2010; the Queen's Speech, 2013). Castles (2010) indicates that a dominant political discourse in the UK is that migration is a 'problem' which should be addressed by policies (2010, p. 1567). From a demographic and economic perspective, migration of highly skilled workers is considered to be beneficial to the UK economy, while the migration of asylum seekers is perceived as a 'problem', thus requiring greater control and more restrictions to reduce the number of their entries into the UK (Home Office, 2006; Schuster and Solomos, 2004). As a result of the UK Government's concern about the increase in the numbers of asylum seekers coming to the country[5], political discourse about asylum seekers have been infused with negative images of 'threat', 'risk' and 'illegality' (Sales, 2002; Malloch and Stanley, 2005). In response to the problematisation of asylum seekers, the asylum and immigration legislation has increasingly focused on greater scrutiny, restrictions on

[5] Asylum applications (excluding dependents) rose from 4,256 in 1987 to a peak of 84,130 in 2002, before falling to 21,758 in 2013 (Blinder, 2013; Home Office, 2013)

asylum seekers' rights and control to deter asylum seekers coming to the UK and reduce their numbers (Mulvey, 2010). The Asylum Act of 1999 reduced welfare entitlements for asylum seekers to 70 per cent of standard benefit levels and instituted the policy of compulsory dispersal, while the Immigration and Asylum Act of 2002 removed asylum seekers' rights to work. These greater restrictions on asylum seekers' rights aim to deter and discredit 'bogus' and 'undeserving' asylum seekers (cf Sales, 2002) from entering the UK. In addition to restrictions on rights of asylum seekers, the problematisation of asylum seekers has been accompanied by the criminalisation of this group. The 'asylum' issue has become associated with 'terrorism', 'threat' or 'illegal migration' in the media and political representations (Zetter, 1991; 2007; Mulvey, 2010). Descriptions of asylum seekers as a 'risky group' set the rationale for a greater domestic control through increased use of detention (Malloch and Stanley, 2005). As a result, the Immigration and Asylum Act of 2002 extended powers to detain asylum seekers at any time during the asylum process, as well as the Asylum and Nationality Act of 2006 increased the use of technology in monitoring asylum seekers. These mechanisms served as further controlling measures of the asylum 'problem'. While majority of refugees are granted leave to remain in the UK through the asylum channel (around 87 per cent)[6], the hostile political environment supported by stereotypes prevailing in the public press and in public opinion raises significant problems in terms of the settlement process of refugees (Bloch and Schuster, 2002).

[6] While 750 refugees are granted the leave to remain on annual basis as part of the Gateway Protection programme, in 2012 total number of asylum applications were 21,785 with 6,065 being accepted in initial decision (Home Office, 2013).

Integration of refugees has become one of the key policy objectives of the UK Government and a matter of significant public discussion largely because, if the process of refugee integration is successfully achieved, refugees cease to be a 'problem'. However, a clear definition of the term is still lacking within the policy framework. While *Secure Borders, Safe Haven: Integration with Diversity in Modern Britain* (Home Office, 2002) and *Path to Citizenship: Next Steps in Reforming the Immigration System* (Home Office, 2008) see the integration process through the lense of citizenship, *Integration Matters: A National Strategy for Refugee Integration* (Home Office, 2005) tends to focus on a number of areas where integration is to be measured and encouraged. The concept of integration not only remains a public policy matter but also a highly researched problem. A significant body of literature has already documented the multiple aspects of the refugee integration process and critically debated the term itself (Ager and Strang, 2004; 2008; Strang and Ager 2010; Bosswick and Heckmann, 2003; Korac, 2003; Threadgold and Court, 2005; Castles *et a*l., 2002; Atfield, Brahmbhatt and O'Toole, 2007). Nonetheless, the integration process '*warrants further attention given their implications for policy, practice and study*' (Strang and Ager, 2010, p. 590).

While the integration process remains a key policy objective and highly researched issue, successful outcomes of the refugee integration process are being challenged by refugees' experiences of poverty (Lindsay, Gillespie and Dobbie, 2010), unemployment and underemployment (Bloch, 2002; 2004a; Stewart, 2007; Smyth and Kum, 2010), homelessness (Day, 2002), mental health problems (Turner, Bowie, Dunn, Shapo and Yule, 2003) and social exclusion (Spicer, 2008). The multi-level marginalisation of refugees suggests that despite the attention of policy makers in the refugee integration process, the refugee integration process still

requires further attention. In addition, recent cuts to public spending[7] and the termination of refugee integration programmes[8] as a result of the economic recession in the UK have the potential to further hinder the integration process. Given the significance of refugee integration, evidence of multiple marginalisation of refugees and existing challenges to refugee integration, it seems appropriate to explore further the dynamics of the refugee integration process in the UK.

1.4 The role of employment in the refugee integration process

The integration process is a complex and multi-faceted process operating in a range of dimensions (political, social, economic, cultural *etc*.). From a policy perspective, labour market participation has been recognised as a key factor influencing the refugee settlement process (Home Office, 2005; 2008). Further to this, employment of refugees has been identified as a means and marker of the integration process (Ager and Strang, 2008). This is because employment facilitates social interaction, offers an opportunity to learn English and establish contact with members of the country of asylum, builds economic independence and helps to restore self-esteem (Bloch, 2002; 2004a; Tomlinson and Egan, 2002; Home Office, 2005; McKay, 2009).Conversely, unemployment has a negative effect on host economies and individual refugee well-being, welfare and security. For example, Bloch (2000b) indicates that long term exclusion from the labour market deprives refugees of

[7] Public spending in 2011-12 compared to 2010-11 has been cut by 1.58%, or £10.8bn.

[8] For example, in March 2011 the programme Refugees into Teachers Scotland assisting refugee teachers return to their professions had been discontinued due to cessation of the funding

economic resources and social networks and thus makes it more difficult for them to restore their lives in their countries of asylum. Securing employment is therefore often the main priority for refugees after gaining refugee status (Bloch, 2002).

While employment plays an important role in refugee integration, existing research shows that refugees are one of the most disadvantaged groups in the labour market when compared to other ethnic minority groups or to the indigenous local population (Bloch, 2004a; Connor, 2010). For example, a national survey of refugee settlement shows that only 27 per cent were working at the time of the survey (Carey-Wood, Duke, Karn and Marshall, 1995), while, according to the Labour Force Survey, the overall employment rate in the UK in 1995 was 71.2 per cent. Similar incidences of low level labour market participation were highlighted by Bloch (2002). According to Bloch's study (*ibid*.), only 29 per cent of refugee respondents were working at the time of the survey and were earning, on average, only 79 per cent of the salary earned by other members of ethnic minorities. The most common occupations for refugees identified in the study (*ibid*.) were cashiers, security guards, factory workers and administrators. In addition, refugees were often working in worse conditions and were offered lower wages than their ethnic minority counterparts (*ibid*.). Underemployment of refugees has also been well documented in existing research looking at refugee experiences of accessing employment which is commensurable with their pre-migration qualifications, skills and competences (Hurstfield, Pearso and Hooker, 2004; Colic-Peisker and Tilbury, 2006; McKay, 2009; Hussein, Manthorpe and Stevens, 2010; Smyth and Kum, 2010). Refugee experiences of and barriers to accessing employment are further discussed in section 2.5.

Considering the importance of employment to the refugee integration process, particularly the high unemployment and underemployment rates for refugees, this thesis will focus on employment as one of the domains of the refugee integration process. As such, the thesis will describe refugees' paths of re-professionalisation after arrival in the UK.

1.5 Refugee teachers and doctors

The expansion of the global economy and the dynamic growth of technologies and services have generated a greater demand for a skilled and educated workforce (Abella, 2006). As education, knowledge, and qualifications are all perceived to be contributors to the production and growth of national economies, the migration of educated individuals is perceived to be beneficial to the economies of receiving countries. Consequently, the majority of developed countries, including the UK, recognise the necessity and value of using highly skilled and experienced professional migrant workers to improve the development of their national economies and answer the demands of an ageing population (Home Office, 2006). The skills audit of refugees in the UK (Kirk, 2004) indicates that over 40 per cent of refugees who participate in this study held qualifications before arriving in the UK. Notwithstanding refugees' skills and qualifications, it should be emphasised that policies related to refugees' movements are driven not by economic logic, but by internal politics of immigration and political visions of states (Threadgold and Court, 2005). Refugees with high levels of skills and qualifications can therefore be pictured as 'wanted' due to their skills and qualifications, as well as a 'threat' due to their status. Considering these two discrepancies, this thesis will focus on adult

refugees who were doctors or teachers by profession prior to their migration to the UK. This thesis uses the UN Convention of 1951 to define the term refugee, but also recognises the limitations of the definition, which are further discussed in section 2.3. According to the UN Convention of 1951, a refugee is a person who is *'outside of his or her country of nationality [and] is unable or unwilling to return because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion"* (UN, 1951). This study will only focus on people who have applied for asylum in the UK and have subsequently been granted leave to remain in the UK through one of the international protection status, namely refugee status (recognised refugees)[9], humanitarian protection[10], discretionary leave to remain[11], or who have been granted refugee status in the UK as part of the Gateway Protection Programme[12]. Consequently, this study will not include those individuals with the status of asylum seeker[13].

[9] The refugee status in the UK is granted to asylum seekers who have well-founded fear of persecution within the meaning of the 1951 Convention relating to the Status of Refugee (Art. 1(A)(2)) (the Refugee Convention)

[10] The humanitarian protection status is granted to those asylum seekers who do not qualify for refugee status but cannot return to their countries of origin due to risk of suffering serious harm within the meaning of the Immigration Rules para. 339C-D.

[11] In exceptional circumstances (UKBA, 2009b) a person may be granted discretionary leave on the basis of the Article 8 of the European Convention of Human Right (ECHR).

[12] The refugee status can be granted through the Gateway Protection Programme, which is separate from the standard procedure for asylum seeking in the UK. This programme is operated by the UK Border Agency (UKBA) in partnership with UNHCR and it offers a legal route for up to 750 refugees to settle in the United Kingdom each year (UKBA, 2009a; Home Office 2008: para. 125).

[13] Asylum seeker is a person who makes a request to be recognised as a refugee under the Geneva Convention (Immigration Rules para. 327) and is waiting for the decision on their asylum claim

This thesis will focus on refugee teachers and doctors as these occupational groups have been recognised as the most common professional occupations among refugees prior to migration to the UK (Bloch, 2002, p. 49). Stewart's (2003) study on refugee doctors points out that between 500 and 2000 refugee doctors are in the UK. As medical education is a long and costly process, refugee doctors who are already living in the UK represent a potential labour workforce to fill the gaps and the workforce shortage in the NHS (Stewart, 2003; 2007). In addition, given the increasing ethnic, cultural and linguistic diversity of pupils in the UK[14] and the growing concern with lack of diversity within the composition and supply of the teacher workforce in Scotland[15] and England[16], refugee teachers represent a potential workforce able to contribute to the diversification of the teacher population (Menter, Hartshorn, Hextall, Howell and Smyth, 2006b). Given the increase in the refugee population of the UK and workforce shortages in the health and education sectors (see Appendix 1: Shortage occupation list), the skills of refugee doctors and teachers could be used to benefit the UK as the host community, especially within these fields. As a result of this potential for refugee doctors and teachers, it was decided to focus on these two groups of refugee professionals.

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[14] In England, the Annual Schools Census carried out by the Department for Education shows that the numbers of pupils both in secondary and primary state-funded schools, whose first language is known or believed to be other than English language increase by 277,040 between 2004 and 2011 (DfE, 2012a). In Scotland, in 2010, of the 656,111 pupils whose ethnic background was known, 92.0 per cent were recorded as being White - UK, comparing to 95 per cent in 2003 (Scottish Government, 2011).

[15] According to the Teacher Census in Scotland 2011 (Scottish Government, 2012), the majority of primary and secondary teachers' workforce, who disclosed their ethnicity (98 per cent) is white.

[16] In England, in November 2012, 88.4 per cent of teachers in service were recorded as being 'White-British' (DfE, 2013b)

1.6 Integration into professions – the examples of Glasgow and London

Although the national, political and economic framework of managing and controlling migration processes remains important, much of the debate about integration occurs at a local level. As immigrants are often concentrated within particular urban areas, cities have become a place of interaction between diverse ethnic groups. Since the dispersal policy was implemented under the 1999 Immigration and Asylum Act, asylum seekers have been housed on a 'no choice' basis across the UK (Bennett, Heath and Jeffries, 2007). This thesis will therefore focus on two particular areas: London and Glasgow. Both cities were chosen for specific reasons: London has a long history of reception and resettlement of refugees, while Glasgow is a new dispersal area since 2000 and the only city in Scotland where asylum seekers are dispersed.

Although this study recognises existing differences between Scotland and England in terms of political and legal jurisdictions, political culture, governance structures and even possibly public attitudes, and the possible influence of all these aspects on refugee integration, the particular focus of this study is on two cities, rather than whole regions. As a result, this study looks at local experiences of refugee doctors and teachers living in London and Glasgow in relation to the process of integration into professions. Although the study will involve comparative elements between London and Glasgow, the thesis is not comparative in nature.

1.7 The process of refugee integration into professions – aims and objectives

The conceptual basis of this thesis hinges upon the need to deconstruct refugee integration as a process. The key aim of this thesis is to investigate the process of refugee integration into professions as a complex two-way process, from the perspective of refugees. The conceptualisation of refugee integration as a two-way process recognise interrelations between refugees' agency and, in the context of this research professional structures, in shaping ongoing events making up the process of integration. As, this study focuses on the refugee integration, specific circumstances and experiences that stem from the nature of refugee migration must be taken into consideration as they have an impact on the integration process (Castles *et al*., 2002). In order to meet this aim the thesis will explore the following objectives:

1. to describe and critically analyse the specific refugee-like experiences of the process of refugee integration into professions from the subjective perspective of refugees

2. to explore how professional structures into which refugees integrate (the medical and teaching professions) influence the integration process

3. to investigate the role of refugees' agency (motivations, aspirations and personal strategies) in shaping the integration process into professions

4. to establish the resources, assets and capabilities that refugee teachers and doctors use to improve their chances of re-entering the professions after arrival in the UK

Two professional groups, doctors and teachers, have been selected to emphasise differences in the social status and attitudes assigned to members of the medical[17] and teaching professions and the status of refugees. By examining discrepancies between professional aspirations and employment status in host communities, this study will analyse refugees' individual strategies for re-addressing the imbalance between their social and professional statuses and their own perceptions of being teachers or doctors in their host communities. As such, this research will investigate how people who have lost the prestige of their professions by becoming refugees are trying to reconstruct their social and professional statuses in their host communities. A study of this nature must look at the particular circumstances of refugees' situations (refugeeness), as well as examine how employment environments (the teaching and medical professions) and refugees' agency shape the experiences, events and actions that construct the process of integration into professions. This thesis will use Malkki's (1992) definition of the concept of refugeeness. As such, it will consider refugeeness as an umbrella term defining a set of complex experiences or circumstances reserved to the refugee group but defined from a refugee perspective. More in-depth discussion describing the concepts of 'refugeeness' (cf Malkki, 1992; 1996; 1999), refugee agency, the scale of refugee exclusion from the labour market follows in **Chapter 2**.

[17] This thesis by using the term 'the medical profession' refers only to doctors within the medical profession and excludes other occupations such as nurses, laboratory technicians, dentists and other medical careers in the analysis

1.8 Thesis structure

The thesis is structured into nine chapters and the content is summarised below:

Chapter 2 '***Literature Review'*** provides the empirical and theoretical literature that forms the basis for the analysis undertaken in this thesis. The chapter begins with a discussion of the concept of integration with a specific focus on refugee integration. The theoretical model used for analysis of the process of refugee integration into professions is then explained. Next, the chapter introduces the concept of refugeeness (cf Malkki, 1992; 1995; 1996) and explores the literature describing refugee-like circumstances. After discussion on the concept of refugeeness, the literature on refugee agency is then presented. Following the discussion on refugee agency, the chapter moves to look at sociological discussions of the concepts of professionalism and professions, and also on refugees' experiences on the labour market and particular attention given to the experiences of refugee teachers and doctors. The chapter concludes by outlining four research questions that emerge from the gaps identified along the course of the literature review.

Chapter 3 '*Research approach, design and conduct'* discusses the methodological approach applied in this study as well as research design and process of data collection. After outlining methodological approach and discussing the ethical considerations involved in conducting research with a refugee group as well as of my position as a researcher, the chapter outlines the rationale, design and approach to data collection. This includes discussion of observation at refugee teachers' and doctors' group meetings, interviews with service providers, online

surveys and interviews with refugee doctors and teachers. The chapter concludes with a discussion of the concepts of reliability and validity in this thesis.

Chapter 4 '*Presentation of the process of data Analysis'* explains the processes of coding and categorising of the data, as well as identifying the final categories used for data analysis and interpretation. This chapter also discusses difficulties encountered during the process as well as advantages and limitations of using computer software programme for qualitative data analysis.

Following the discussion of the process of data analysis, this thesis moves on to present and discuss the data obtained from online surveys, interviews with service providers and refugee doctors and teachers. This discussion is presented in four separate chapters. The presentation of the data begins in **Chapter 5 *'Social conditions: refugeeness',*** which describes and critically analyses the concept of refugeeness and its impact on the process of integration into professions. **Chapter 6 '*Social conditions: Professional structures of the teaching and medical professions'*** subsequently discusses diverse and overlapping institutional and cultural barriers encountered by refugee teachers and doctors when re-entering the professions after arrival in the UK. **Chapter 7 *'Social interaction: Refugee doctors' and teachers' responses to social conditions'*** describes four main strategies applied by refugee teachers and doctors to challenge the encountered barriers. Finally, **Chapter 8** '***Elaboration of social conditions: transformation and/or reproduction of refugeeness and professional structures*'** discusses whether the social conditions that refugees encountered after arrival in the UK were transformed or reproduced as a consequence of refugees 'responses.

The final, chapter, **Chapter 9 '*Conclusion and recommendations*'** summarises the main findings of this thesis, outlines this thesis contribution to refugee and education studies, provides a set of policy recommendations for the UK Government, professional structures of the teaching and medical professions and refugees' integration services and concludes with recommendations for further research.

Having outlined the rationale and structure of this thesis, the discussion now moves to the literature review. This provides the conceptual basis for analysis of the process of refugee integration into professions.

CHAPTER 2: Literature review

This chapter illustrates and discusses the empirical research and the theoretical framework constituting the foundations of this doctoral study. The literature in this chapter is used to serve two aims - firstly, to provide general, descriptive contextual information shaping the understandings within this research project and highlighting the gaps that emerged along the way that this study set out to fill and, secondly, to provide a theoretical grounding for this thesis.

The literature review presented in this chapter shapes the understandings within this research project, which in turn aims to make a contribution to the available knowledge on refugee integration process by exploring specific examples of the process of refugee integration into professions. The order of the sections within this chapter was informed by a set of different topics linked to two central themes – integration and refugees. The first section of this chapter therefore briefly describes the main characteristics of the concept of integration and concludes that integration in the context of this study will be understood as a complex two-way process which starts upon (refugee) arrival in the destination country.

The second section of this chapter discusses the refugee integration process. In the first instance, the section highlights the main differences between refugees and other groups of migrants, as these have further implications for the operationalisation of the integration process. The section then focuses on studies exploring the refugee integration process and particular attention is given to Ager and Strang's (2004; 2008) conceptual framework on the refugee integration

process. The third section describes the analytical framework used in this study to explore refugee integration into professions. This study will use Archer's conceptual frameworks of analytical dualism (1982; 1996; 2000) and the morphogenetic cycle (1995; 2007) to describe the actions, events and experiences shaping the process of refugee integration into professions. The three stages of analysis outlined by Archer help to uncover the roles of social conditions and refugees' personal capabilities in shaping the process of integration into professions. In addition, different forms of capital, namely social, cultural (Bourdieu, 1986) and professional capital (Friedson, 2001), are used to uncover different aspects of refugee doctors' and teachers' attempts to re-enter the teaching and medical professions in the UK.

The fourth section introduces and describes the concept of refugeeness (cf Malkki, 1992; 1995; 1996) by illustrating examples of refugee-like circumstances in existing literature. In the fifth section, the concept of refugee agency is described. Particular attention is given to literature describing the roles of refugees' social, cultural and professional capital in the process of integration.

Following the description of the concepts of refugeeness and refugee agency, the sixth section presents a sociological discussion of the concepts of professionalism and professions to outline the professional structures of the teaching and medical professions in Scotland and England. The last section identifies and describes barriers to employment, with particular attention given to the experiences of refugee doctors and teachers in the UK. The chapter concludes by outlining research questions which have emerged from the gaps that were found during the course of the literature review.

2.1 Integration - a complex two-way process

Despite the meaning and understanding of the concept of integration having been widely debated within the academic and political spheres, the broadness and complexity of the term makes it challenging to define in a precise way (Ager and Strang, 2008; 2010). Although the concept of integration remains complex and chaotic, some points of commonality can be identified. This section therefore describes the main characteristics of the concept of integration. In particular, it indicates that integration is a complex two-way process which starts upon the arrival of a newcomer in a receiving society.

A significant body of literature exists which documents different aspects of integration and its outcomes (Castles *et al*. 2002; Bosswick and Heckmann, 2003; Ager and Strang, 2004; 2008; Threadgold and Court 2005; Atfield, *et. al.*, 2007; Mulvey, 2013). Existing studies have identified different factors with an influence on the way newcomers are included in, or have access to, specific sectors of receiving communities, including the labour market, housing, education, health and social services (Bosswick and Heckmann, 2003). For example, it is possible to distinguish literature which looks at the legal aspects of integration and refugee acquisition of citizens' rights (Benhabib, 2004; Da Lomba, 2010), the economic aspects of integration and refugees' participation in the labour market (Kuhlman, 1991; Shuttle, 1996; Bloch, 2002; 2004a) and the social aspects of integration and refugee acquisition of social networks (Koser and Pinkerton, 2002; Williams, 2006). Looking at the different aspects and outcomes of integration, theories have identified different 'domains' of integration, as well as their 'indicators', to assess its successful outcomes (Council of Europe, 1997; Zetter, Griffiths, Sigona and Hauser,

2002; Ager and Strang, 2004). This approach to defining integration by focusing on measuring its outcomes has been challenged and replaced with a focus upon integration as a 'process' (Castles *et al*., 2002). This is because the approach to defining integration by measuring its outcomes rather than its inputs, fails to provide explanations of the different practices, stages or methods by which integration is developed or achieved. Taking into consideration these limitations, this study will focus on exploring integration as a process.

By placing the focus of the analysis on the process rather than the outcomes of integration, this thesis will explore the ongoing events, practices, interactions and experiences which make up integration, but will not attempt to measure the outcomes. The conceptualisation of integration as a process has been supported in other studies describing the experiences of refugees and migrants in host communities (Korac, 2003; Stewart, 2005a; Atfield *et al*., 2007). Threadgold and Court's (2005) literature review on refugee inclusion provides a useful but broad definition of integration by indicating that integration is a process through which refugees become part of receiving societies (2005, p. 8). In making this assertion, Threadgold and Court (*ibid.)* indicate that the concept of integration is often used in UK political rhetoric to imply a one-way direction of the integration process, whereby refugees and migrants must adapt or assimilate to the host society. This understanding is especially important as the 'public philosophy' on integration shapes and justifies state formation of public policies and legislation (Favell, 2001; Schain, 2008). However, this perception of integration has been challenged by Castles (1995), who points out that migrants and refugees cannot simply assimilate into receiving societies as they maintain their own community structures or seek to maintain their languages or cultures. Another limitation of defining integration as a

one-way process is that this understanding places the burden of integration onto newcomers and does not recognise the diversity of factors (such as spatial, economic, social, political, legal, psychological and cultural factors) involved in the integration process (Castles *et al*., 2002, p. 133). In addition, the one-way approach to defining integration raises some epistemological problems as it defines the dominant host community as a static, objective and homogenous abstract entity (Joppke and Lukes, 1999) and tends to ignore 'super diversity'[18] (Vertovec, 2007) and existing inequalities, such as those in the area of gender, social class or age in the UK (Bosswick and Heckmann, 2003). Given the limitations and challenges of the conceptualisation of integration as a one-way process, the existing literature indicates the necessity of defining integration as a two-way process in order to recognise the interactive relations between newcomers and receiving communities in shaping the outcomes of the integration process (ECRE, 2002; 2005; Castle *et al*., 2002; Valtonen, 2004; Stewart, 2005a).

This thesis adopts the understanding of integration as a two-way process. Such an understanding of the integration process indicates that integration is influenced by the structural environment of the receiving society as well as the personal capacities of the settling population. The two-way approach to defining the integration process recognises the role of newcomers, but also takes into consideration the role of structures of the receiving communities in creating possibilities and assisting newcomers in accessing their economic, social and cultural rights. Such conceptualisation provides greater understanding of the integration process as it

[18] The concept of 'super-diversity' is used by Vertovec (2007) to indicate multiple-origins, place of settlement, languages, religion, diverse social and legal statuses and complexity of migrants' experiences in the UK

recognises interrelations between a newcomer and the structures of the receiving community in shaping the events, actions and experiences constituting the integration process. This approach recognises that refugees and migrants have an important role to play in the integration process, for example in acquiring the necessary linguistic and cultural knowledge and maintaining a sense of identity and belonging in the receiving community (Bloch, 2002). However, it also recognises that successful integration can only take place if the receiving society creates opportunities and access to jobs and public services for newcomers (Fraser, 2001). Thus, much attention in the existing literature has been given to the conditions that need to be achieved within different integration domains to ensure that newcomers have access to employment, housing, education and health services and that they are accepted in social interaction (Stewart, 2005a; Threadgold and Court, 2005; Atfield *et al.,* 2007). In addition, the studies which adopt the view of integration as a two-way process suggest that the integration process begins at the point of arrival in a destination country, rather than at the point of acquisition of legal status (ECRE, 2005, p.2). For example, a study into refugee doctors' experiences on labour market in Scotland by Stewart (2005a) shows the negative impact of the lengthy process of waiting for refugee status to be granted on refugee doctors' progress in re-entering the medical profession. This study will therefore define integration as a two-way process between refugees and receiving communities which starts from the day of their arrival in the destination country.

Further to the conceptualisation of integration as a two-way process, existing research tends to indicate its complex nature (ECRE, 2002; 2005; Castles *et al*., 2002; Threadgold and Court, 2005; Ager and Strang, 2008; 2010). The review of integration studies by Castles *et al*. (2002) indicates that the complexity of the

integration process can be related to different understandings of the concept from country to country, across time and across sectors (for example, government policy, non-government organisations, voluntary sectors and academic sectors) and depends on the interests of those who use it. In addition, the review asserts that diverse understandings of the concept can be related to the fact that integration involves sets of overlapping processes and relations that appear differently in various sub-sectors and spheres of host societies and have various outcomes (*ibid*.). Further to this, Vertovec (1999) indicates that integration has different dimensions or modes of activities - for example, social, cultural, religious, political, economic, spatial, leisure - which operate in different ways and have different outcomes. Moreover, integration involves a wide range of actors including migrants, refugees, local government, employers, service providers and neighbours, all playing different roles in shaping integration outcomes (Castles ***et al***., 2002) Finally, variations in integration outcomes are attributed to a range of demographic characteristics of newcomers, including their legal status, pre-migration qualifications, work experience and cultural and religious elements brought from their home countries (*ibid*.). In this respect, understanding of integration as a complex process signals that the process has a multi-dimensional character which involves a range of actors with multiple characteristics that construct multiple sets of relations.

The conceptualisation of integration as a complex two-way process suggests ways forward in exploring the concept. The two-way understanding suggests that, in order to analyse the operationalisation of the integration process, equal attention must be given to the personal capacities of newcomers and to underlying structures of receiving communities. The complexity of the integration process, however, requires

analysis to explore the range of dynamic interrelations of factors shaping the events, experiences and practices influencing the integration process without implying any causal relations between them. This conceptualisation of integration process implies that the focus of analysis will be placed on the range of multi-directional actions and events illustrating the interrelations between newcomers and the structures of receiving communities. However, understanding integration as a complex two-way process can be relevant to both refugees and other groups of migrants. Thus, the next section focuses on the specific characteristics of refugee [migration] and describes the conceptual framework by Ager and Strang (2004 and 2008) as one of the methods of investigating the process of refugee integration.

2.2 Refugee integration

The conceptualisation of integration as a complex two-way process is relevant to both refugees and other groups of migrants. While researchers agree that refugees and other groups of migrants have some needs and characteristics in common (Hathaway, 2007), the differences between these groups should be highlighted as they have implications for the integration process (Castles *et al*., 2002). This section in the first instance focuses on the key differences between refugees and the other groups of migrants. Following this discussion, this section focuses on Ager and Strang's (2004; 2008) framework outlining a conceptual structure of the key components making up the process of refugee integration.

The review of integration studies by Castles *et al*. (2002) argues that refugees' and other migrants' experiences of integration process should be discussed separately.

Castles (*ibid.)* points out that, despite similarities in the outcomes of refugees and other migrants integration process, there are several differences between these categories. The first main difference lies in the decision making process about migration. While other migrants' decisions to move to another place involve both 'push' factors such as poor living conditions, unemployment or lack of life opportunities and 'pull' factors such as greater job and life opportunities, better living conditions or education (Lee, 1966), refugee movement is heavily influenced by external forces that leave refugees with little choice but to move. Refugees' decisions to migrate are heavily influenced by persecution and lawlessness, with refugees having little choice about when, or where, to move (Richmond, 1993; 2002). Forced movement, therefore, distinguishes refugees (who *need* admission) from other migrants (who *want* admission) (Walzer quoted in Long, 2013, p. 21). This type of movement has further implications for the integration process, as refugees may have little resources to settle in their countries of asylum or may suffer considerable trauma due to forced migration (Flaskerud and Winslow, 1998; Watters, 2001). However, these dissimilarities should not be overstated as other migrants' decisions may also involve limited choices and they may thus also face similar disadvantage (Hathaway, 2007).

Further to these findings relating to the decision making process about migration, studies focusing on exploring differences between refugee and other migrants tend to highlight their different relations to the state regimes. For example, Haddad (2003) points out that, while migrants remain firmly attached to their home countries, refugees no longer belong to these countries and are thus excluded from these states' organisations. Lack of belonging to any state regime means that refugees are not only physically displaced from their homeland, they have also been uprooted

from social networks and links that are ascribed to the particular territories from which they have been dislocated (Malkki, 1992). Forced movement entails both physical dislocation and disruption of social links with refugee homelands. As a result, refugees experience multi-dimensional forms of exclusion, including forced uprooting, exile and lack of protection from the state regime (Castles *et al*., 2002).

The legal regimes defining refugees' and other migrants' rights should also be considered as the differentiating factor of refugees' and other migrants' experiences upon arrival in their destination country. Refugees' and other migrants' rights[19] conferred upon their immigration status. As most of refugees (around 87 per cent) (Home Office, 2013) are granted leave to remain in the UK through the asylum process, until the decision about granting leave to remain in the UK is made, legal status of asylum seekers defines their rights in the UK. Asylum seekers' legal status entails significant restrictions on rights including residence status, family reunion, housing and employment. Asylum seekers who apply for leave to remain in the UK are temporary admitted to the UK and are not deemed to have entered the UK (Immigration Act 1971, c. 77, s.11(1)). Further to these restrictions on asylum seekers' residence rights, the Immigration and Asylum Act of 2002 also extended powers to detain asylum seekers at any time during their application. Da Lomba (2010) argues that these mechanisms contribute to a further exclusion of asylum seekers in their destination country. Asylum seekers as non-residents have also no family reunion rights. Lack of family support and interrupted family live contribute to

[19] The rights conferred on migrants vary greatly and depend on their immigration status. While the rights of asylum seekers are restricted, the rights of some categories of migrants have also been curtailed (for example see Da Lomba's comparative study (2011) on access to health care among irregular migrants in France and the UK)

the social isolation and marginalisation of asylum seekers (Refugee Council, 2006). The social isolation of asylum seekers is also further enhanced by restrictions on asylum seekers' housing rights. Under the 1999 Immigration and Asylum Act an accommodation is offered to asylum seekers on a non-choice basis. A study by Robinson, Anderson and Mustern (2003) shows that this dispersal policy restricts asylum seekers access to kinship networks and community organisations. As well as the restriction on asylum seekers' rights to reside in the UK, family reunion and housing, the 2002 Immigration and Asylum Act has removed asylum seeker' rights to work. Restrictions on asylum seekers' rights to work damage their career prospects as they may remain out of work for several years until leave to remain in the UK is granted (Stewart, 2005b). These restrictions on asylum seekers' rights upon arrival in the UK have an impact on asylum seekers' access to assistance and services and have further implications on the refugee integration process. Lack of economic independence due to restrictions on welfare and employment rights encourages passivity and reliance of asylum seekers on state support and leaves them with few resources through which they can rebuild their lives and self-esteem upon arrival in destination countries (Waddington, 2005).

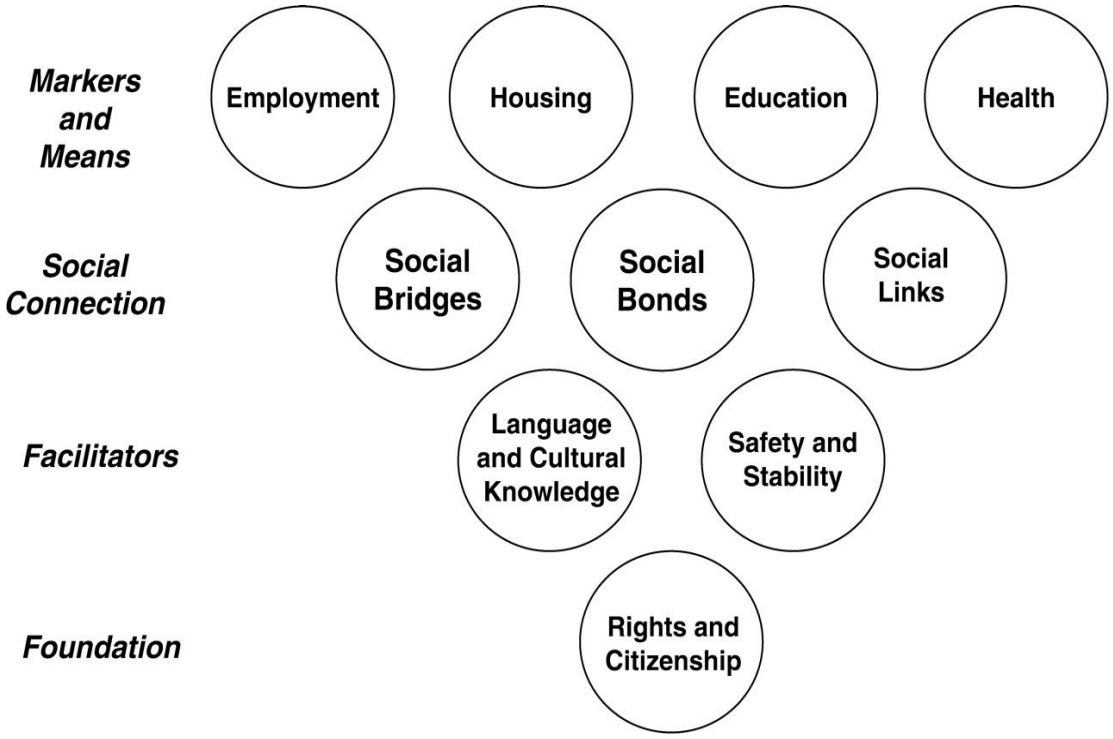
As well as restrictions on rights of asylum seekers, in recent decades, the public and political rhetoric in the UK around refugee migration has increasingly incorporated the labels of 'burden', 'bogus', 'illegal' and 'undeserving', encouraging stereotypical views of asylum seekers and refugees as a problematic and high-risk group (Sales, 2002; Malloch and Stanley, 2005; Seidman-Zager, 2010). Mulvey (2010) argues that these categories have been incorporated into political discourse as mechanisms of discipline and control which justify the restrictions attached to the legal status of asylum seeker. As a result, those persons seeking asylum are assumed to be

untrustworthy until proven innocent through the asylum process (Strang and Ager 2010). The UK government therefore understands refugee integration as a process that starts after leave to remain in the UK is granted. This understanding has been challenged by previous studies (Bloch, 2000a; Stewart, 2005a; Da Lomba, 2010) arguing that the asylum process can and often does take years, during which time asylum seekers are excluded from social and economic institutions of host communities, and therefore forced to live in limbo. The UK Government approach to refugee integration is not entirely shared by the Scottish Government, which endorses the principle that the refugee integration process starts from the day of refugees' arrival in the UK (Scottish Refugee Council, 2008, p. 4). The differences in approaches to integration may have an impact on the process itself and this thesis will also explore whereas the Scottish Government's approach to refugee integration has an impact on refugees' experiences of integration into professions.

Given the differences between refugee and other groups of migrants in terms of conditions of exit of their home countries, legal status, characteristics of exile and general public perception, this thesis will focus on the process of refugee integration. Existing research on refugee integration has indicated that '*there is no single, generally accepted definition, theory or model of immigrant and refugee integration. The concept continues to be controversial and hotly debated*' (Castles *et al*., 2002, p. 12). In order to improve understandings of refugee integration, Ager and Strang (2004; 2008) developed a conceptual framework to operationalise the refugee integration process. According to Ager and Strang (2004; 2008) '*the framework does not seek comprehensively to map political, social, economic and institutional factors influencing the process of integration itself (…) Rather the framework serves as 'middle-range theory', seeking to provide a coherent*

conceptual structure for considering, from a normative perspective, what constitutes the key components of integration' (2008, p. 167). The framework is structured around four main domains including markers and means (employment, housing, education and health), social connections (social bridges, social bongs and social links), facilitators (language and cultural knowledge, and safety and stability) and foundation (rights and citizenship) (see figure 1)

Figure 1: A conceptual framework defining core domains of integration



Source: Ager and Strang (2008), p.170

The first domain, means and markers, includes employment, housing, education and health. These are regarded not only as markers (outcomes) of integration but as potential means to support positive outcomes of the integration process. Secondly, the framework distinguishes between social connections, including social bridges, social bonds and social links (Coleman, 1988; Putnam, 1993; 2000), which captures diverse social interrelations between refugees and receiving societies. The third domain includes facilitators to the refugee integration process such as language, cultural knowledge, safety and stability. Finally, the foundation of the framework is built upon rights and citizenship.

Ager and Strang's (2008) conceptual framework of refugee integration provided a strong basis for debate about the process of refugee integration among practitioners, (see Scottish Refugee Council study on refugee integration; Mulvey, 2013) policy makers (Home Office, 2005; Scottish Executive, 2006) and academics (see special edition of Journal of Refugee Studies, Smyth, Stewart and Da Lomba, 2010). Despite the fact that the framework encouraged critical discussion and research into refugee integration, certain aspects of the refugee integration process, including the notion of refugee integration as a two-way process, have yet to be fully explored and considered (Strang and Ager, 2010, p. 590). This thesis addresses Ager and Strang's call for greater research into refugee integration as a two-way process. The study seeks to contribute to filling this research gap by looking at particular examples of the process of refugee integration into the teaching and medical professions from the refugee perspective. The next section describes the analytical framework on the basis of which this study will explore the process of refugee integration into professions.

2.3 Conceptualisation of refugee integration into professions

The analytical framework for investigating refugee integration into professions discussed in this section stems from endorsement of the concept of integration as a complex two-way process, the facilitators of the refugee integration process identified in existing literature (Ager and Strang 2004; 2008) and Archer's theoretical concepts of analytical dualism (1982; 1996; 2000) and the morphogenetic cycle (1995; 2007).

This study looks at the particular examples of the process of refugee integration into the medical and teaching professions. It recognises integration as a complex two-way process (Castles *et al*., 2002) involving both the refugees and, in the context of this research, the professions. As, this study focuses on the refugee integration process, the particular circumstances and experiences that stem from the nature of refugee migration must be taken into consideration as they have implications for the integration process (Castles *et al*., 2002). More in-depth discussion describing the concept of refugeeness follows in section 2.4.

The conceptualisation of refugee integration into professions as a complex two-way process requires the bringing together of social theories providing an adequate explanation of how structures in which refugees are embedded (refugeeness) and aspire to enter (the teaching and medical professions), alongside refugee agency (refugees capacities to act) shape and re-shape a set of social actions which constitute the process of refugee integration into professions. Thus, the analytical framework to investigate the process of refugee integration into professions should allow the capture and description of the interrelations between social structures, in this case refugeeness and professions, alongside refugee agency, without imposing any causal interrelations between them.

The conceptualisation of integration as a two-way process implies a theoretical dilemma in the debate about structure – agency interaction. Such interaction involves the ontological challenge that lies in the following questions: to what extent is integration the product of underlying structures (professions and refugeeness) and to what extent this depends on refugee agency? Traditionally, there have been two answers to structure-agency ontological problems. The first refers to

'methodological individualism', which tends to define social actions as a result of individual intentions, driven by subjective beliefs, desires and wants (Marsh and Stoker, 2002). The second approach refers to structuralism where individuals' actions are seen as driven by a structure of norms, rules and laws in which they are embedded (Hay, 2002). However, the literature on refugee integration discussed in section 2.1 stressed that the integration process involves mutual interaction between the social structure of the receiving community and refugee agency, meaning that analysis of the process should give equal attention to the roles of structure and agency in shaping and re-shaping the actions and experiences that make up the process of refugee integration into professions. Archer's concept of analytical dualism (1982; 1996; 2000) can be usefully applied as an explanatory framework for refugee integration into professions as a two-way process, as it gives equal prominence to structure and agency in explaining the social actions constructing the integration process. Archer's concept of analytical dualism was based on the premise that although social structures and agency are interrelated, a clear distinction between them two is required in order to investigate their interrelation. Archer (1996) argues that despite social structures being rooted in and interrelated with agency's actions, they are also relatively autonomous from one another and therefore influence each other in their own rights. As agency and structures operate in different ways, Archer (*ibid*.) indicates that agency and social structures possess different properties and powers, and thus are not reducible to one another. In addition, Archers (*ibid*.) argues that the methodological differentiation of social structures and agency does not deny their relatedness. To avoid the structure - agency dilemma, Archer (*ibid*.) therefore proposes the analytical dualism, which aims to examine how social structures and agency relate and interplay in a given time as separate objects of analysis. This standpoint provides a useful theoretical explanation for investigation of refugee integration into

professions as a two-way process because it recognises the separate nature of the roles and properties of agency and social structures in shaping and re-shaping the actions and events that make up the process of integration into professions but also allows the capture of their interrelations.

Archer's concept of analytical dualism provides the basis for development of the conceptual framework called the morphogenetic cycle (1995; 2007). This framework can be usefully applied in the analysis of the ongoing events, experiences and practices that construct the process of refugee integration into professions. Archer's framework consists of three stages of analysis. The first stage is called 'structural conditioning' and refers to the context in which action takes place. Archer (1995; 2007) argues that structures necessarily pre-date actions and thus each action appears in particular social contexts that predispose individuals to take up certain actions. Archer (1995) explains that structural conditions create 'situational logics' that predispose individuals to act in certain ways. The concept of structural conditioning can be usefully applied in explaining the role of structures, in the context of this study refugeeness and professional structures of the teaching and medical professions, in the process of refugee integration into professions. As such, it can be useful in explaining the barriers that refugee doctors and teachers encounter to re-enter their professions after arrival in the UK. The discussion of barriers to employment that is commensurate with refugees' pre-migration qualifications and work experience is further examined in section 2.7.

Archer (1996) also indicates that social structures only provide conditions for social actions. However, such conditions are always mediated by an individual. Thus, the second stage of analysis, 'social interaction', explores how individuals respond to

encountered social conditions and choose to act in congruence with their own vested interests (*ibid.*). This theoretical explanation is helpful in exploring the two-way aspect of refugee integration into professions as it recognises the role of the social conditions in which integration takes place as well as that of refugee agency in responding to encountered constraints and opportunities.

According to Archer (2003), the ways in which individuals respond to encountered social conditions depend on 'internal conversation', defined as a reflective process about the possible direction of future actions (2003). Archer (*ibid*.) indicates that reflexive modes are not universal, which means that each individual, in the face of their own descriptions, interests or goals, confronts encountered social conditions and makes decisions about their future actions. This conceptualisation can be useful in explaining the complexity of how refugees themselves approach the process of integration into professions as a two-way process. In addition, it can be usefully applied in making sense of how refugee doctors and teachers reflect upon their own motives, intentions and goals in light of encountered social conditions. Further to Archer's concept of 'internal conversation', Ager and Strang's conceptual framework on refugee integration (2004; 2008) suggests that refugees' responses to social conditions can be facilitated through different forms of social connections (including social bonds, social bridges, and social links), refugees' abilities to speak the language of receiving communities and broader cultural knowledge. These facilitators can be connected to Bourdieu's framework of different forms of capital (for example, economic, cultural and social capital), which can be useful in describing the pool of resources that refugees can mobilise to re-enter their professions after arrival in the UK (1986). While the concepts of economic, social and cultural capital are contested (Portes and Landolt, 1996), they can be useful in

explaining refugees' attempts to re-enter their professions (Lamba, 2008; Smyth and Kum, 2010).

As defined by Bourdieu (1986), social capital constitutes the networks of people to whom individuals have access. The value of social capital, according to Bourdieu, "*depends on the size of the network of connections that he can effectively mobilise*'' (Bourdieu, 1986:249). As such, Bourdieu defines social capital as number of social networks that an individual has in his or her possession. In addition to Bourdieu's conceptualisation of social capital, the value of social capital can also be measured via the different levels of strength in relationships, including 'bonding', 'bridging' and 'linking' networks (Putman, 2000). Putman's concepts of 'bonding', 'bridging' and 'linking' networks can therefore provide additional explanation to Bourdieu's framework of social capital which can be useful in exploring the roles of social capital that may differ in relation to attributes and qualities of social relations. As defined by Putman (2000), 'bonding' social capital refers to strong and close relations as found among families or close friends and also has an exclusive character as such relations focus inwards. As such, bonding social capital describes relations with 'like-ethnic groups' (Duke, Sales and Gregory, 1999). Conversely, 'bridging' social capital is characterised as outward looking (Putnam, 2000) and describes social relations among different communities (Field, 2008). It refers to social relations that appear between newcomers and receiving communities. Finally, 'linking' social capital refers to relationships between newcomers and the institutional structures of receiving communities (Ager and Strang, 2008). Using Putman's concept in addition to Bourdieu's framework for defining social capital will therefore allow a greater exploration of diverse roles of social capital in the process of refugee integration into professions. In the context of this study, using both

Bourdieu's and Putman's concept of social capital will allow exploring the ways in which social relations that construct social capital facilitate the refugee integration process but also how different forms of social capital (bonging, bridging and linking) shape the process of refugee integration

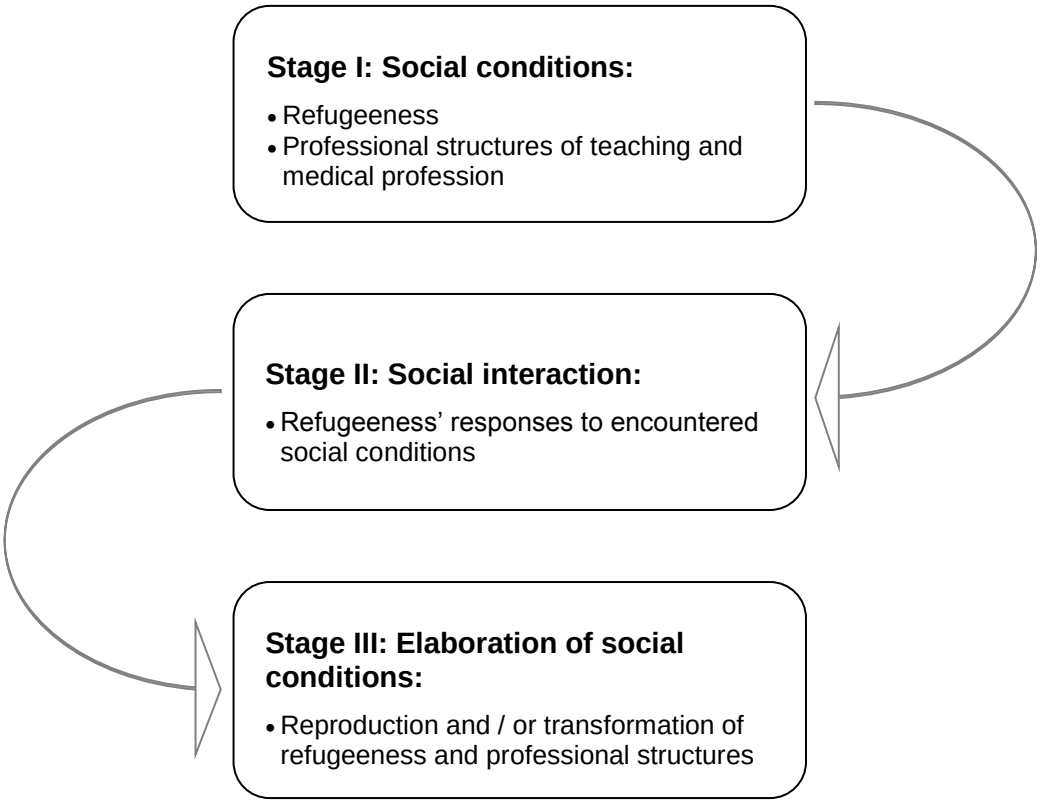
Another form of capital identified by Bourdieu is cultural capital, which refers to general cultural background, including the titles, posture, mannerisms and credentials acquired by individuals through being members of a particular social class, but also to knowledge, skills and educational qualifications (Jenkins, 2002). Cultural capital can represent language practices, values or types of dress and behaviour (McLaren, 1998). The components of cultural capital, namely skills, qualifications and education, also relate to professional capital, which, in the context of this study, can be considered as relevant in discussing refugee teachers' and doctors' attempts to re-enter their professions following migration to the UK (Smyth and Kum, 2010). Professional capital describes the professional knowledge, competences, skills and attributes described and recognised by professional structures as traits of professions (Freidson, 2001). Section 2.6 discusses further the concept of professional capital.

Returning to Archer's morphogenetic cycle (1995; 2007), the last stage of analysis, 'structural elaboration', focuses on exploring whether the social conditions described in the first stage of the analysis were changes transformed or reproduced as a consequence of refugees' diverse responses. The third stage of Archer's framework can be usefully applied in assessing whether refugee teachers and doctors were successful in changing their conditions and re-entering their professions after arrival

in the UK. As such, it is well-suited to explaining the complexity of the experiences and ongoing actions that make up the process of integration into professions.

Three stages of analysis within Archer's morphogenetic cycle are of great value in the analysis of the process of refugee integration into professions as they allow investigation of a range of ongoing events and actions illustrating the process of refugee integration into professions as complex and two-way, while retaining conceptual coherence. The three stages of analysis offer theoretical explanation of integration process by providing analytical tools which are helpful in explaining, first of all, pre-supposed conditions of the process of refugee integration into professions (in this context refugeeness and professional structures). Secondly, they enable exploration of refugee doctors' and teachers' responses to encountered social conditions and, finally, they allow description of the complexity of refugees' experiences involved in the process of integration into professions. As such, the three stages of Archer's morphogenetic cycle serve as the analytical framework for examining the complex two-way process of refugee integration into professions (see figure 2).

Figure 2: The analytical framework for exploration of the process of refugee integration into professions derived from Archer (1995; 1996; 2000)



The first stage of the analysis, 'social conditions', will focus on describing conditions, in particular refugeeness (see section 2.4) and the professional structures of the teaching and medical professions in Scotland and England (see section 2.6). The second stage of analysis, 'social interaction', will explore the diverse responses of refugee doctors and teachers to encountered social conditions. In addition, the concepts of social, cultural and professional capital will be used to describe refugees' attempts to re-enter their chosen professions following migration to the UK. The third stage of analysis 'elaboration of social conditions', will discuss whether the conditions described in the first stage of analysis were transformed or

reproduced as a consequence of refugees diverse responses to encountered barriers.

The conceptualisation of refugee integration as a complex two-way process starting on the day of arrival serves as a framework for examining the interrelations between social structures, namely refugeeness and the professional structures of the teaching and medical professions, and refugee agency. The study of this linkage requires research to bring together literature describing refugeeness, refugee agency and the professional structures of the teaching and medical professions in Scotland and England. On these grounds, the following section will describe the concept of refugeeness by providing examples of refugee-like circumstances illustrated in the existing literature. Next, the concept of refugee agency will be introduced and described. The final two sections of this chapter will focus on sociological discussion, describing the professional structures of the teaching and medical professions and the barriers to employment, with particular attention to the experiences of refugee doctors and teachers.

2.4 The concept of refugeeness

The social meaning of refugee status has been widely discussed among scholars (Zetter, 1988; Marx, 1990; Malkki, 1992; 1995; 1996; Black, 2001). Whilst refugee studies represent a growing field of enquiry, it has been indicated that a broader theoretical framework has been lacking (Black, 2001). Lack of theoretical framework within the field of refugee studies relates to two general problems – firstly, methodological and ethical difficulties in clear-cut separation of the refugee category

from other migrant categories (Turton, 2003). Thus, the categorisation of different groups of migrants may lead to homogenisation and de-humanisation of refugees' experiences and can lead to refugees being pictured as a '*faceless and physical mass'* (Rajaram, 2002, p. 247). The second problem lies in the growing diversity of the distinctive experiences of refugees, including the circumstances of their migration and the conditions of their displacements (Castles, 2003). While some refugees may have been moved to locations prepared in advance and resident in refugee camps (Malkki, 1995; De Montclos and Kagwanja, 2000), others are smuggled to countries of refuge (Koser, 2001) or claim asylum through one of the resettling programmes provided by the Office of the United Nations High Commissioner for Refugees (such as the Gateway Protection Programme in the UK). Despite those difficulties, Malkki (1995) argues that '*the term "refugee" has analytical usefulness not as a label for a special, generalisable "kind" or "type" of person or situation, but only as a broad legal or descriptive rubric that includes within it a world of socio-economic statuses, personal histories, and psychological or spiritual situations'* (1995, p. 496). Indeed, Malkki (*ibid*.) recognises the analytical usefulness of the concept of the 'refugee' but also highlights that the conceptualisation of the particular circumstances of refugee situations should capture the complexity of refugee experiences. This indicates that the social meaning of the 'refugee' category denotes a complexity of experiences and should be explored from a multi-disciplinary perspective. For this reason, Malkki (1992) proposes using the term refugeeness to describe subjective ways that refugees themselves understand their experiences. Such conceptualisation of the term refugeeness signalises the distinctiveness of refugees' circumstances but also allows capture of the complexity of refugee situations by describing refugees' subjective ways of understanding their experiences. Taking into consideration the significance of distinctive refugee experiences and also the growing diversification of

these experiences (Castles, 2003), this study adopts the concept of refugeeness (cf Malkki, 1992; 1995; 1996) as an umbrella term defining a set of diverse refugee experiences or circumstances reserved to this group but defined from a refugee perspective. This section aims to define the concept of refugeeness by providing diverse examples of refugee-like circumstances and experiences illustrated in existing literature.

The construction and meaning of the concept of refugeeness are rooted in different epistemological approaches including sociology, geography, politics and anthropology. Existing academic research within refugee studies defines the concept of refugeeness mainly using the legal or political description of refugee status described in the UN Convention of 1951. As such, a refugee is a person who has been recognised under the UN Convention of 1951 to be: '*outside of his or her country of nationality who is unable or unwilling to return because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion*' (UN, 1951). While the definition of refugee status based on the UN convention of 1951 is crucial, previous research argues that the complexity of reasons behind refugee migration to host states often does not fit into this definition (Feller, 2010). For example, by examining diverse reasons behind asylum physical mobility, Zimmerman (2011) points out that the factors which inform asylum seekers' decisions to migrate include not only targeted persecution but also the broader social and economic effects of living in areas affected by danger (2011, p. 8). This indicates that refugees' decisions to migrate involve complex realities including persecution, discrimination and socio-economic motivations. However, the UN definition of refugee status, upon which the UK asylum process of refugee status determination is based, does not recognise

the complexity of asylum physical mobilities. Asylum seekers who are suspected of having social or economic motivations therefore remain a key source of distrust and can be refused protection. While there are ongoing debates about proper definitions and terminologies used to define refugees, previous research within refugee studies tends to highlight that refugees' decisions to migrate are heavily influenced by conflict, lawlessness and persecution, which limit refugee choices regarding when or where to move (Richmond, 2002; Castles, 2003). A study by Crawley (2010) into refugees' decisions about migration shows that the decisions where to seek asylum tend to be accidental as refugees often do not know the final destination of their journey. As such, existing research tends to highlight the forced elements in the process of refugee decision making about migration. In doing so, such research often provides evidence about refugee reluctance to leave their home countries as well as feelings of distress and fear about migration (Rutter, Colley, Reynolds and Sheldon, 2007). This means that forced exile from native countries can be recognised as one of the specific characteristics of refugeeness.

Forced exile, which entails forced displacement, leads to a loss of culture, history and identity ascribed to the particular territory from which the refugee is being dislocated (Malkki, 1992; 1995; 1996). Thus, refugee migration is signified not only by forced movement, but also by physical dislocation entailing disruption of social ties and sense of belonging (Al-Rasheed, 1994). Since culture is itself territorial, displacement from a particular territory results in breakdown of the social and cultural links attached to it and leaves refugees socially and culturally uprooted. As a consequence, refugees experience social and cultural isolation due to their lack of familiarity with their new social and cultural environments and/or their limited knowledge of their host communities' languages (Carey-Wood *et al*., 1995). Forced

displacement can also mean that refugees lack the social and/or kinship networks that are important in the early stages of settlement (Koser, 1997). Forced displacement resulting in social and cultural uprooting can therefore be recognised as an example of refugee-like circumstances.

Further to this discussion of forced displacement, the section 2.2 has already outlined the restrictions attached to the legal status of asylum seeker and their implications on refugee integration process. As majority of refugees in the UK (around 87 per cent) are granted leave to remain by applying for asylum, the negative experiences resulting from asylum process can be recognised as one of the examples of refugee-like circumstances. As well as the restrictions on asylum seekers' rights upon arrival in destination countries, existing studies into the procedures of asylum process in the UK indicate that the organisational culture of the UK Home Office (Duvell and Jordan, 2003) and a range of negative perceptions about asylum seekers among asylum officials (Gill, 2009) can create a systematic bias against asylum seekers that justify 'firmer' immigration controls. Jubany's (2011) ethnographic study into immigration officers practices and norms has also demonstrate how immigration officers' presumptions about asylum applicants not telling the truth create a culture of disbelief that complicate the correct handling of asylum claims and contributes to the exclusionary outcomes of asylum claims. Consequently, the majority of asylum claims are refused and people who claim asylum are described as 'bogus' (Sales, 2002). According to the UK Home Office asylum statistics, in the last decade, the proportion of the total number of applications granting leave to remain in the UK fall to 12 per cent in 2004, before raising to 37 per cent in the 2012 (Home Office, 2013). A study into refugee integration process in Scotland by Mulvey (2013) indicates that unfairness of the

asylum system that refugees experience in their early period in the destination country is often their first institutional and relational experience in Britain. The study (*ibid*.) also shows that the negative experiences of asylum system create enduring distrust between refugee communities and state institutions (*ibid*.).

As well as forced displacement and the restrictions attached to legal status of asylum seeker, refugee relations with state regimes can be recognised as another example of the characteristics of refugeeness. Refugees are forcibly displaced from their home countries and, at the same time, forcibly placed into host state regimes which, however, do not necessarily guarantee them the welfare, economic and social rights that come with citizenship. As a result, refugees do not belong to and have no citizen rights to any state regime and are therefore inferior to the citizens of the countries which give them shelter. This creates a form of double-ended alienation stemming from their forced displacement from their home countries and the marginalisation derived from not belonging to their new host communities (Fiddian-Qasmiyeh and Qasmiyeh, 2010). The fact of not belonging often imposes the perception of refugees as 'other' who are 'threats' to state cohesion (Sales, 2002). In this regard, existing literature shows that refugees often become figures representing the disruption of security, stability, welfare, self-governance and national community (Soguk, 1999). The problematisation of the refugee category in political and public discourse implies certain attributes and characteristics defining refugees as problematic for host communities. For example, refugees have been portrayed as 'terrorists' (Seidman-Zager, 2010) or 'illegal migrants' (Malloch and Stanley, 2005). Such categories represent refugees as a 'security' and 'welfare threat' and result in a growing depiction of refugees as a '*risky group that needs to be prevented, contained and, preferably, repatriated*' (Malloch and Stanley, 2005, p.

54). As a result, the category of refugee is often described in a limited way through problematic characteristics, including ‘bogus’, ‘illegal’, ‘criminals’ and ‘threats’, so that hostility towards the group is justified and accepted (Bett, 2005). Such labels attached to refugee status represent another example of refugee-like circumstances and therefore can be recognised as part of refugeeness.

Experiences of forced exile, restrictions attached to the legal status of asylum seeker and labels attached to refugee status have increased the vulnerability of asylum seekers and consequently of refugees (Bloch, 2000a; 2000b). The vulnerability of refugees should therefore be defined as a dynamic, complex and multi-dimensional process in which various forms of economic, political and cultural exclusion are combined (Stewart, 2005b). For example, the refugee group remains one of the most unemployed groups in the UK (Bloch, 2002). The high unemployment rate amongst refugees is often explained as being a result of language barriers, lack of recognition of overseas qualifications, lack of previous work experience in the UK, cultural differences and general employment discrimination (Bloch, 2002; 2004a). As well as high unemployment rate among refugees, research on refugees’ settlement suggests that refugees predominantly live in deprived estates and suffer from a high risk of homelessness and poverty (Cole and Robinson, 2003). Results from the GoWell research programme in Glasgow (2009) show that asylum seekers are housed in mass housing estates of high-rise flats where there are higher levels of social deprivation which, according to Wren’s study (2007), creates the potential for racial harassment. Unstable accommodation due to constant displacement or racist harassment has an impact on refugees’ overall physical and emotional well-being and their ability to feel ‘at home’ in their host communities (Perry, 2005; Deborah, 2006; Ager and Strang,

2008). The trauma of refugees' past experiences, combined with social isolation, experiences of racism and disrupted family life, have implications for refugees' well-being and health conditions (Refugee Council, 2006).

The literature discussed in this section indicates that the concept of refugeeness denotes specific characteristics of refugee groups which are developed through experiences of the asylum process, forced displacement, exile, prejudice or multi-dimensional social, cultural and economic exclusion and marginalisation. However, these characteristics should not be overstated, as decisions about migration of other groups of migrants may also involve limited choices and they may also face similar disadvantages in host communities (Hathaway, 2007). Castles (2007) uses the term 'migration-asylum nexus' to describe the difficulties that exist in attempting to provide a clear distinction between forced and economic migration. According to Castles (*ibid.*), refugees' and other migrants' decisions are informed by a combination of complex causes, ranging from economic factors to violence, and have various aspects in common. Further to this, Castles (*ibid.*) argues that the dichotomous distinction between refugees and economic migrants is often used by policy makers to distinguish different categories of 'desirable' and 'undesirable' migrants (2007, p. 27). Indeed, Castles (2003) recognises links between forced migration and global inequality, social crises and social transformation, but also indicates the need for development of theory and empirical research in the field of forced migration, which uses specific research topics, conceptual issues and methodological problems (2003, p. 13). The confusion around conceptual boundaries between economic migrants and refugees supports a need to look closely at specific circumstances and experiences that stem from the nature of refugee migration on a case-by-case basis. By looking at the process of integration

into professions from a refugee perspective, this thesis identifies and describes specific characteristics of refugees' experiences of the process of integration into professions.

2.5 Refugee agency

The concept of refugee agency can form a contrast to the widespread perception of the refugee as a passive victim of violence or as a recipient of support. The image of refugees as helpless people may come from a weight of research in the field of refugee studies, which tends to stress the limited choices available to refugees in relation to the migration process (Harrell-Bond and Voutira, 2007). Indeed, the refugee as a person is subject to elaborate structures which 'control' his or her agency (see section 2.4). This, however, should not imply a lack of refugee agency. The imposed category of victim is often challenged by refugees themselves. For example, a qualitative study by Hunt (2008) into strategies of asylum seeker and refugee women to improve their living conditions in host communities indicates strong rejection of those women of being identified as 'victims'. Instead, they tended to refer to themselves in accordance with their previous positions and occupations in order to reject a categorisation related to their current legal status (*ibid*.). Putting an emphasis on refugee agency, this study aims to avoid generalisation of refugees as passive victims and instead places refugees' perspectives on the process of integration into professions at the centre of its focus. This research focuses on refugee as creative agents, whose individual choices and motives have an influence on the integration process. As such, it will investigate the role of refugee agency in shaping the process of integration into professions.

The role of refugee agency is also important in describing the extent to which refugees live and deal with the various structural barriers they encounter in their daily lives. Refugee agency has an influence on the decision making process about future actions, plans or responses to different constraints and also on the opportunities faced by refugees. In this context, refugee agency plays an important role in the way refugees reflect upon their own personal objectives, aspirations and goals in the light of encountered structural constraints and available opportunities. For example, Hunt (2008) provides evidence of how asylum seekers and refugee women actively seek opportunities to improve their living conditions by attending support groups, local events or voluntary organisations. These strategies led to the development of social networks with native English speakers which were identified by asylum seeker and refugee women as a useful resource to practice and improve language skills. Similarly, Healey's study (2006) provides examples of coping strategies used by refugees and asylum seekers such as engaging with diverse education courses or seeking help through social networks ranging from family and friends to community and refugee organisations to improve their situations and regain stability in their lives. A study on the process of refugee integration in Scotland by Mulvey (2013) indicates that despite diverse negative experiences resulting from the asylum process, refugees express strong desire to do things for themselves and many manage to attend a wide range of trainings and courses and engage with various community activities supporting other asylum seekers and refugees. Again, these examples represent evidence that refugees are active agents and use their motivations and resources to act in pursuit of their own interests.

The concept of refugee agency in the context of this research is used to draw attention to the different forms of capital that refugees may mobilise to create opportunities to improve their situations and re-enter their chosen professions after arrival in the UK. In this context, Bourdieu's concepts of social and cultural capital provide a useful framework for analysis of the different forms of capital which may facilitate refugee integration into professions. Indeed, Ager and Strang's (2008) conceptual framework for investigating refugee integration stresses the important role of social networks in the process of refugee integration. In addition, previous research stresses the significance of social networks for refugee settlement (Koser, 1997; Bloch, 2002; Williams, 2006). Social networks can be crucial in facilitating the settlement of refugees by providing economic opportunities and social inclusion. Mckay's study (2009) into barriers to employment faced by refugees and other migrant workers indicates that informal methods of job seeking through kinship networks and friends are more productive than formal recruitment processes. Further to these findings, Bloch (2002) points out that social and community networks are especially important in job seeking for those refugees not fluent in English and therefore not able to seek employment through formal mechanisms. Social networks can therefore be used as a resource to develop distinctive social capital, which can provide crucial support in securing employment. Not only can social networks serve as sources of social capital, but they can also be of use in mobilising financial resources (Crisp, 1999). In addition, Koser (1997) stresses out that social networks play a crucial role in the refugee settlement process by providing short term adaptive support in the form of emotional support, financial assistance, childcare or information. Social networks are perceived by refugees to provide the most relevant and trustworthy sources of information (Koser and Pinkerton, 2002). This is often exacerbated by a lack of trust towards formal, state institutions that is widespread among refugees forced to flee their home countries

due to fear of persecution (Temple and Moran, 2006). Social networks can therefore create distinct resources through provision of diverse information, ranging from minor but necessary details including information about transport systems, to language courses and advice about access to healthcare and other educational facilities (Koser, 1997). In addition, social networks can facilitate access to social services for refugees. Moreover, Bloch (2002) indicates that social networks tend to offer security and safety nets for refugees. Similar findings are presented in a study by Williams (2006), which points out that transnational networks and networks made up of weak ties can serve as emotional and instrument support for refugees by sharing knowledge and information. As such, social networks can represent a good example of how refugees use their resources to improve their positions and fulfil their own objectives. While existing research recognises the role of refugees' social networks in facilitating job access in general, little research has investigated when refugees' social networks facilitate access to jobs which are commensurate with their pre-migration skills and qualifications. This thesis therefore investigates the ways in which social capital creates valuable assets which support refugees to re-enter their professions after arrival in the UK.

Ager and Strang's (2008) conceptual framework recognises the positive impact of refugees' abilities to speak the languages of their host communities, as well as of broader cultural knowledge, including knowledge of national and local procedures or customs, in shaping the integration process. In comparison, a qualitative study into the determinants of migrants' occupational integration by Remenick (2002) indicates that lack of familiarity with the cultural context of work environments negatively influences their work performances. Not only knowledge of the languages of their host communities but also refugees' knowledge of their native language may

represent a valuable asset with potential to improve their situations. For example, research into non-English-speaking teachers in Canada (Schmidt, Young, and Mandzuk, 2010) and in the USA (Villegas and Irvine, 2010) show that non-English-speaking teachers are often positioned as modern language teachers with more credentials than their native, English-speaking colleagues. This is because non-English-speaking modern language teachers are perceived to have expert knowledge of vocabulary, grammar, language rules and the cultural context of language usage, as well as ability to analyse and explain language forms to pupils in greater detail (Medgyes, 1999). This however represents an example of how migrants exercise their agency and create new forms of migration-specific cultural capital within the country of residence (Erel, 2010).

In addition, existing research exploring the experiences of ethnic minority teachers asserts that they are often able to act as role models or advocates for ethnic minority students and thus contribute to raising the educational aspirations of these students (see Bhatti, 1999; Villegas and Lucas, 2004). Santoro (2007) indicates that teachers' knowledge of self in relation to their ethnicity allows those teachers to develop greater understandings of minority students' needs which can potentially make valuable contribution to their education. However, a study by Basit and Santoro (2011) also notes that the simplistic perception of teachers of ethnic minority background as experts in the cultures of ethnic minority students brings a danger of further segregation, whereby refugee teachers' contributions are only recognised through their ethnicities. Further research is therefore required to investigate the ways in which refugees' cultural capital can create valuable assets facilitating integration into professions.

Another form of capital that, in the context of this research, can also be considered relevant is professional capital (Smyth and Kum, 2010). The concept of professional capital can provide a useful framework for the analysis of different forms of capital, which may hamper or facilitate refugee integration into professions. Section 2.6 further discusses the concept of professional capital.

2.6 Professionalism and the professional structures of the teaching and medical professions

Professionalism is another contested concept that requires further consideration in the context of the process of refugee integration into professions. Traditional sociological discussion of the meaning of the term professionalism focuses on describing the internal organisation and structures of professions (Freidson, 1970; 1973; Johnson, 1972). This thesis does not set out to argue the case for the medical and teaching professions, merely recognising them as such. This study sets out to explore how the professional structures of the teaching and medical professions influence the refugee integration process. This section focuses on defining the concepts of professionalism and professions in order to describe the internal structures with potential impact on the process of refugee integration into professions. In addition, the section describes the concept of professional capital.

The term ‘profession’ refers to occupational groups with specific vocational qualifications founded on specialised education and work-based training (Aldridge and Evetts, 2003). Many approaches have been taken to defining the concept of professions. One such is the power approach, which focuses on the processes by

which professions secure and reproduce their privileged positions in society (Johnston, 1972). This approach describes how professions acquire and hold power which differentiates them from other occupations. For example, Esland (1980) suggests that the power held by professions is based on their autonomy and on the degree of specialist knowledge on which their services are based. Professional autonomy is here defined as a profession's right to determine its own standards of education and training (Friedson, 1973). That is, through professional associations (such as professional regulatory bodies), professions provide internal control over their organisations. By determining the qualifications, training, knowledge and skills required for accessing membership of professional groups, professional regulatory bodies control entry to professions. In other words, professions are subject to self-regulating forms of social control, a system which is sustained by the professional regulatory bodies which control entry to professions by determining standards for entrance. In order to become a member of professions, person must obtain accreditation of their qualifications from the professional regulatory body. For example, in the context of the teaching profession in Scotland, individuals must register with the General Teaching Council in Scotland (GTCS), the professional regulatory body responsible for monitoring the teaching profession, in order to be eligible to teach in Scotland. It should be emphasised that the GTCS operates independently from the National College for Teaching and Leadership[20], which is responsible for setting up the guidelines for registration and initial teacher training[21] (ITT) in England and Wales. No such distinction exists between the professional

[20] In April 2013 Education Secretary announced merger of the Teaching Agency and National College to one agency called as the National College for Teaching and Leadership as a new executive agency of the Department for Education (DfE),

[21] The term 'teacher training' is only used in England and will be only used when referring specifically to the teaching profession in England.

requirements and vocational training and education in the medical profession in England and Scotland. The General Medical Council (GMC) is the independent professional regulatory body responsible for granting and monitoring the medical profession in the UK.

A second, alternative approach to defining professions is called the trait approach. This approach to defining professions focuses on describing certain key characteristics that constitute professions (Freidson, 2001). According to Greenwood (1957), some professional traits include the professional knowledge required to do a particular job (including, for example, educational qualifications) and the professional culture, consisting of norms and rules describing professional performance and ethical regulations. In other words, professions are founded upon specialised knowledge, education, training, behaviour and practices described by sets of rules and codes of practice (Vollmer and Mills, 1966). Further to this, belonging to certain professions involves attributes associated with particular social positions or prestige (Aldridge and Evetts, 2003). This can refer to certain symbols or visual markers, which may include emblems, particular dress codes or uniforms, history or insignias used by members of professions to distinguish themselves from those of other occupations (Dingwall and Lewis, 1983). Professions are also organised in complex formal and informal networks, through which they perform their services. Thus, according to the trait approach of defining professions, each profession has certain key traits that define it. Appendix 2 describes the main traits of the medical and teaching professions in England and Scotland, including the qualifications, codes of conduct, regulatory bodies and requirements for full registration (Freidson, 1970; 2001). By providing examples of the diverse traits describing professions, the traits approach suggests that members of professional

groups hold special characteristics, which can be generalised and thus usefully employed to define professional capital. As such, professional capital can be defined as an umbrella term describing a specialist body of knowledge acquired through vocational and education training, combined with knowledge of professional culture, ethics, codes of conduct and expanded professional networks. This means that person seeking to become a member of professional community must provide evidences of having a designated professional traits.

Moreover, members of the professional communities hold a strong commitment to their own professions and create distinctive cultures based on particular values, norms and ethics. These rules construct a distinctive culture and define professional environment which differs across national boundaries (Vollmer and Mills, 1996). This means that understandings of professional traits including skills, qualifications and professional practices required to enter the professions differs across national boundaries. A study by Winch (2004) into the occupational knowledge of teachers argues that teaching qualifications, standards of education and professional trainings firmly depend on national education policies, which differ from region to region. A study into teachers training in England and teachers education in Scotland by Menter, Hulme, Elliot, Lewin, Baumfield, Britton, Carroll, Livingston, McCulloch, Mcqueen, Patrick and Townsend (2010) illustrates how operationalisation of the teaching profession and teachers' role is embedded in the national educational policies, tradition and cultures of these countries. Differences in organisation and operationalisation of the professional environment across national boundaries suggest that the professional practices can be understood as different activities. These can create structural barriers for professionals who obtain their professional qualifications in a different country in which they wish to work. The barriers into

employment related to professional structures of the teaching and medical professions are further discussed in section 2.7.

This section focuses on defining structures which construct professions. By looking at the power and trait approaches to defining professions, this section outlines how professions secure and reproduce their privileged positions in society. In addition, this section indicates that differences across national boundaries in defining the standards of education and professional training as well as organisation and operationalization of professional environment create structural barriers for professionals who obtain their professional qualifications in different country than they now wish to work. The next section will describe barriers to employment, with particular attention given to the experiences of refugee doctors and teachers.

2.7 Barriers to employment of refugee teachers and doctors in the UK

Existing research focusing on refugees' experiences of the labour market tends to indicate that refugees are frequently placed in low paid, unskilled jobs, as their pre-migration skills and competencies are often unrecognised or attributed to the low quality and limited transferability of possessed qualifications (Charlaff, Ibrani, Lowe, Mardsen and Turney, 2004; Bloch, 2000b; 2004a). Lack of recognition of refugees' qualifications and work experience is evident in an audit of refugee skills and competences in Scotland (Charlaff *et al.*, 2004). The audit (*ibid*.) shows that one out of five asylum seekers and refugees living in Scotland possess university degrees in the areas of the arts, sciences, humanities and medicine. The most popular subject

degrees held by refugees and asylum seekers in the audit were in the social sciences, law, medicine, engineering and finance. Despite those qualifications, only 6.8 per cent of refugee respondents (ten of 147) and 9.6 per cent of asylum seeker respondents (20 of 218), who potentially[22] had permission to work and participated in the audit, were working in the UK. Underemployment or unemployment of refugees was also evident in studies of refugee nurses (Hardill and MacDonald, 2000; Shiferaw and Hagos, 2002; Dumper, 2002), refugee doctors (Stewart, 2003) and refugee teachers (Smyth and Kum, 2010). For example, a study by Dumper (2002) into experiences of refugee nurses on the UK labour market shows that this group of nurses tends to fill lower grade vacancies or serve as a 'reserve army' of labour to fill gaps during temporary labour shortages. Further to experiences of refugee nurses, existing research exploring experiences of overseas doctors in the UK tend to indicate that these doctors create a large component of the workforce of health workers[23] in the UK health systems (Buchan and Dovlo, 2004). Despite overseas doctors' role in maintaining the NHS workforce, a study by Kyriakides and Virdee (2003) points out that these doctors tend to occupy lower grade positions, experience a high propensity for long hours and limited opportunities for occupation mobility as well as lower pay conditions. Further to this, a survey of refugee doctors registered within the British Medicine Agency database (Royal College of Physicians, 2005) indicates that only 15 per cent of refugee doctors who

[22] 218 respondents who participated in the audit indicated that they had claimed asylum before the end of 2001 and thus should have been eligible to apply for permission to work after 6 months residency in the UK, under the legal concession that was ended on 23rd July 2002.

[23] According to Buchan and Dovlo (2004) based on data from GMC, in 2002 In 2002, nearly half of new full registrants on the GMC register were from overseas

participated in the survey were working in the medical profession. In addition, those working in the medical profession often worked in other occupations (for example as phlebotomists) rather than as doctors (*ibid*.). Those refugee doctors who did not work in the medical profession were working in low skilled jobs, including as taxi drivers, chefs and security guards (*ibid*.). Similar findings emerged in a study of refugee teachers in Scotland (Smyth and Kum, 2010), who are frequently placed in low paid and unskilled jobs despite their qualifications and work experience prior to their migration to the UK. This study indicates that as a result of numerous cultural, institutional barriers refugee teachers were denied the ability to use their professional capital and consequently experience deprofessioanlisation defined as loss of their professional skills, knowledge and confidence (*ibid*.)

Existing literature shows that despite refugees potentially being highly qualified and having a strong work record in the medical or educational field, they experience low levels of employment or tend to occupy low skilled, temporary and low paid jobs (Bloch and Atfield, 2004). Refugees' low levels of labour market participation are usually related to the complex and overlapping barriers that prevent refugees from accessing work that is commensurate with their qualifications, skills and work experience achieved prior to migration to the UK. One of the first structural barriers to employment faced by refugees is the restrictions on their right to work while they are waiting for decisions on their asylum claims. The Asylum and Immigration Act of 2002 removed asylum seekers' rights to work. The length of time for which asylum seekers wait for decisions on their asylum claims varies from a couple of months to several years (Healey, 2006). During this period of time, asylum seekers are excluded from the labour market, which has a further implication for their career prospects. For example, gaps in the curriculum vitae which appear due to

disturbances in refugees' work histories can diminish their likelihood of finding jobs in their chosen professions in the future (Colic-Peiser and Tilbury, 2006). This is because refugees may experience difficulties explaining how they maintained their professional development if out of practice for several years (Stewart, 2007). However, being granted leave to remain in the UK does not mean an end to barriers to accessing employment. For example, Stewart (*ibid*.) indicates that once leave to remain in the UK is granted, refugees are required to take up any employment offered by local job centres. These regulations can force highly qualified refugees to take up unskilled posts under threat of losing social security benefits. Further to this, Stewart (2003) points out that once refugees are in unskilled positions, it becomes hard for them to re-enter occupations which are commensurate with their pre-migration skills and qualifications.

Further to this discussion of the restrictions attached to the legal status of asylum seekers, the literature tends to indicate that representations of asylum seekers and refugees in the media and public discourse influence their job prospects (Zetter, 1991; 2007). Labels describing refugees as 'bogus', 'undeserving' or 'welfare abuser(s)' are often used to alienate refugee professionals from their occupations. Bloch's (2004a) study into refugee employment experiences shows that refugees themselves view discrimination as a main barrier to employment. A study by Kum, Menter and Smyth (2010) provides evidence of experiences of racism and prejudice among refugee teachers in Scotland. In addition, a study into non-native-speaker teachers of the English language in England (Clark and Paran, 2007) gives examples of employers' negative perceptions of teachers with non-native status and demonstrates discriminatory attitudes towards such teachers. Similar results are also revealed by a study of refugees' employment in Australia (Colic-Peisker and

Tilbury, 2006), which provides examples of negative perceptions of refugees' qualifications and competences among Australian employers. The Refugee Assessment and Guidance Unit's study (2007) indicates that a lack of knowledge about refugees' qualifications, coupled with a lack of knowledge about documents proving refugees' identities and rights to work, often raise employers' concerns about employing illegal workers. Therefore, this research will also explore how bias perceptions of refugee skills and qualifications are experienced and perceived by refugee doctors and teachers.

Taking into consideration diverse barriers experienced by job-seeking refugees, Connor (2010) uses the term 'refugee gap' to explain the disadvantaged position of refugees on the labour market. This term relates to the specific experiences and characteristics of refugees which diminish their chances to obtain jobs commensurate with their pre-migration qualifications. These include low proficiency in the English language, lack of work experience in the UK, different forms of family support, poorer mental and physical health and residence in more disadvantaged neighbourhoods than other migrants (Connor, 2010, p. 1). Indeed, lack of competence in the English language was identified in the literature as a main barrier to finding employment, limiting refugees' employment options to those within their own communities or those where little knowledge of English is required (Schellekens, 2001; Charlaff ***et al.,*** 2004; Bloch, 2004a;). Further to this, the available literature provides evidence of mental health problems among refugees due to their previous experiences of persecution, torture or prison in their home countries (Watters, 2001). Smyth and Kum (2010) provide evidence that refugee teachers face personal difficulties stemming from their refugee status, including financial pressure and unstable accommodation. Moreover, several refugee

teachers studied were single parents who had lost their spouses during conflict in their home countries, and thus also experienced childcare pressures.

The term ‘refugee gap’ can serve as a useful concept describing barriers experienced by refugees in accessing jobs which are commensurate with their pre-migration qualifications. However, existing research focusing on refugee employment has also identified other factors such as gender or age which might influence refugees’ participation levels in the labour market. For example, research shows a higher proportion of refugee men in employment (Carey-Wood, *et al*., 1995; Bloch, 1999; Bloch and Atfield, 2002; Aysa-Lastra, 2011). This may be due to childcare responsibilities, which place the heaviest burden on refugee women and often results in their inability to find work. In addition, the Scottish audit of refugee qualifications (Charlaff *et al.*, 2004) pointed out that women’s childcare responsibilities might also curtail their opportunities to access language or work training, putting them at a further disadvantage. Further to this, Bloch (2004a) highlights gender differences in terms of education and knowledge of the English language. For example, a study of Somali nationals in the UK shows that 90 per cent of Somali men can read and write, compared to only 59 per cent of women (Bloch and Atfield, 2002). Similar disproportions in education between Somali male and female refugees were indicated in audit of refugee skills in the UK (Kirk, 2004). As well as gender, age has been identified by previous researchers as a factor able to influence refugees’ prospects of obtaining employment. For example, Bloch (2002) points out that older refugees experience more problems re-engaging with their professions as they tend to be more established in their existing careers prior to exile and thus can be more reluctant to re-train or adapt to different operations in their professions after arrival in the UK. Finally, length of residence has been

identified as a further factor influencing refugees' employment (Bloch, 2002; 2004a). For example, refugees who have been resident longer are more likely to be employed than newly arrived refugees. This factor can also link to knowledge of English, which refugees gradually gain while living in the UK.

Another group of factors with the potential to create barriers to employment relates to the professional structures of the medical and teaching professions, which do not recognise the credentials of refugees' pre-migration skills and qualifications. In order for refugee teachers and doctors to re-enter their professions, they are required to fulfil the entry criteria described in Appendix 2 to fit into the ascribed professional specifications in England and Scotland. Refugee doctors and teachers who qualified overseas are therefore required to provide evidence of equivalent degrees and professional qualifications in order to register with the professional regulatory bodies and, following this, to be eligible to practise their professions. Assessment and accreditation of refugee doctors' and teachers' overseas qualifications represent an example of institutional barriers, as refugees' professional qualifications and work experience may not be recognised as equivalent to Scottish/English standards (Bloch, 2002; Smyth and Kum, 2010). Refugee professionals may be required to take further education or re-qualification training in order to meet the criteria set up by teachers' and doctors' professional bodies in Scotland/England. In addition, previous research into refugee doctors (Stewart, 2007) shows that they are required to go through a long re-qualification process in order to be able to practise in their profession upon arrival in the UK. The process of re-qualification, especially of passing the International English Language Testing System (IELTS) exam or passing the Professional and Linguistic Assessment Board (PLAB) exams, has been indicated to be problematic for specialist doctors, despite their work

experience prior to migration to the UK (Stewart, 2007). The process of professional registration is therefore often considered to be one of the main difficulties faced by refugee professionals in re-entering their professions. Similarly, a study by Smyth and Kum (2010) on refugee teachers reports that the requirements to obtain Qualified Teacher Status (QTS) and the entry requirements for registration with the GTCS present challenges for refugee teachers that are often hard to overcome. Thus, many refugee teachers require intensive support to access their profession in Scotland. In addition, a report on the experiences of refugee teachers in accessing their profession in Scotland (Menter and Smyth, 2008; Kum *et al*., 2010) pointed out that refugee teachers are often confused over the requirements of the teaching profession in Scotland and England. This is because of the differences in the education systems and in the requirements for the teaching profession in the English and Scottish contexts. Thus, for example, refugee teachers may start the re-qualification process in England and then be transferred to Scotland, where initial teacher training is different. However, a study by Williams (2009) into barriers to employment also indicates that acquisition of nation-specific qualifications does not automatically imply higher wages and occupation mobility. That is, acquisition of nation-specific professional capital does not always follow with ability to re-enter chosen professions.

As well as the requirements for professional registration, the differences in organisation and operations of the professions can create barriers for refugees in engaging with their professions upon arrival in a host society. As refugee teachers' and doctors' professional socialisation takes place in different national contexts, they may not be familiar with the specific cultures, norms and rules of the teaching and medical professions in Scotland and England. For example, a study by Kum *et*

al. (2010) on refugee teachers in Scotland reveals that differences in the organisation of the teaching profession include: differences between the education system in refugees' home countries and the education systems in England and Scotland and differences in pedagogical methodologies, curriculum and class organisation, relations with parents and use of technology during class lessons. All of these differences can create challenges for refugee teachers in accessing the profession for which they are qualified and trained. As well as lack of knowledge about the internal organisation and operations of the profession, lack of more general knowledge about the recruitment process has been indicated as a barrier in re-engaging with professions in previous literature (see Stewart, 2007). For example, lack of knowledge about the process of job seeking, including completion of job applications, taking part in job interviews and general knowledge about the recruitment process in the UK, was identified as another barrier for refugee employment (Charlaff ***et al***., 2004; RAGU, 2007). In addition, Stewart's studies on refugee doctors (2003; 2007) show that refugee doctors can experience difficulties in completing job applications or drafting medical CVs that clearly show how their qualifications satisfy the job criteria, or may experience difficulties presenting their skills during job interviews. Further to this, lack of work experience in the UK and thus inability to provide references to prospective employers, represents another obstacle faced by refugees in finding jobs commensurate with their qualifications. Finally, the structure of medical workforce shortages and high competences for junior posts may create additional obstacles for refugee doctors who are required to compete for junior posts with other graduates (Stewart, 2007). Due to interruptions in their professional practice stemming from forced migration (*ibid*.), refugees may experience difficulties in competing for entry jobs with new graduates.

Further to this discussion of barriers into employment relating to professional structures, the literature tends to stressed out the importance of refugees social capital in securing employment in host communities (McKay, 2009). While kinship networks are useful in providing an initial information about the job seeking process (*ibid*.), the report on the Refugees into Teaching in Scotland (Menter and Smyth, 2008) shows that refugee teachers require a specialist advice from the community and statutory organisations to plan and develop their professional careers in Scotland. This indicates the importance of social links between refugees and institutional structures of receiving communities in the provision of services and support facilitating refugees access to the labour market. As well as social links, social bridges between refugees and members of host communities play important role in enabling refugees to re-enter their professions. The available literature indicates that every profession operates through networks that, as well as incorporating formal organisational links (such as those forged in universities, hospitals, laboratories, medical associations, teachers associations and schools), also include informal connections with small, tight-knit groups of colleagues (Gleeson, Davies and Wheeler*,* 2005). Networks of formal and informal relations create their own cultures and rules which require adjustment from professionals in order to progress in their careers. Lack of access to professional networks, due to forced migration, may place refugee teachers and doctors at a disadvantage.

2.8 Summary

This literature review has provided a contextual basis for the data discussion and analysis. As this thesis focuses on the process of refugee integration into

professions, the literature explored within this chapter provides critical background information on the concepts of integration in general and of refugee integration in particular. Consequently, the concept of integration was discussed to conclude that integration will be understood in this thesis as a complex two-way process that starts from the day of refugee arrival in the receiving community.

Despite Ager and Strang's (2008) integration framework providing a strong basis for a debate on the refugee integration process, the notion of integration as a two-way process has yet to be fully explored (Strang and Ager, 2010, p. 590). Understanding of integration as a two-way process suggests that analysis of the concept should grant equal attention to the personal capabilities of newcomers and the underlying structures in which the integration process takes place. Despite existing literature asserting the two-way nature of the integration process, such literature tends to either focus on the structural conditions or the integration domains that shape integration outcomes (Threadgold and Court, 2005; Atfield *et al.,* 2007). As such, existing research has failed to describe mutual relations at a single point in time between refugees and the underlying structural conditions that shape their actions, experiences and events making up the process of refugee integration. By looking at the specific example of refugee integration into two professions, this research will address this gap by granting equal attention to the roles of structural conditions, defined as refugeeness and professional structures, and refugee agency in shaping and re-shaping the ongoing events, experiences and actions making up the process of refugee integration into professions.

This thesis focuses on the specific example of the process of refugee integration into profession. Despite refugee studies representing a growing field of enquiry,

available research within the field indicates that a clear-cut separation of the refugee category from other migrant categories encounters methodological and ethical issues (Turton, 2003; Feller, 2005; Castles, 2007; Long, 2013). The confusion around conceptual boundaries between economic migrants and refugees indicates a need for further exploration of the specific characteristics of refugees' experiences from their perspectives on a case-by-case basis. This thesis will therefore explore integration into professions from refugees' own perspectives. By looking at the process of integration from refugee perspectives, this thesis will identify and describe specific characteristics of refugee experiences. In doing so, it will provide greater understanding of how refugees themselves approach integration as a two-way process.

The existing literature described in this chapter provides different examples of refugee-like circumstances and the concept of refugeeness. These examples include restrictions on rights upon arrival, forced displacement, prejudice and multi-dimensional social, cultural and economic exclusion. However, these experiences do not represent an exhaustive list describing the particular refugees' circumstances and experiences that stem from the nature of their migration and further research is required to explore and describe the complexity of refugee experiences from a refugee perspective, as well as their impact on the integration process. This thesis, by looking at the specific example of the process of refugee integration into the teaching and medical professions, will explore specific experiences of these groups in re-entering their chosen professions after arrival in the UK. Thus, it will answer the questions of how refugees describe their experiences and how these experiences impact the process of integration into professions.

Very few studies in the field of refugee studies investigate how refugees themselves face and challenge the barriers they encounter. Instead, available literature tends to focus on different structures which 'control' refugee agency (Bloch, 2000a; Malloch and Stanley, 2005; Threadgold and Court, 2005). This study assumes that, while host communities have a direct impact on the refugee resettlement process, refugees' individual choices, motives and priorities, alongside their personal capabilities, influence the ways in which they engage with their host communities (Valtonen, 2004; Bosswick and Heckmann, 2003). This study will therefore investigate refugee doctors' and teachers' responses to encountered barriers and their attempts to re-enter their professions after arrival in the UK. Such an approach will provide an insight into refugees' strategies for making the most of their resources and capabilities in order to re-enter their chosen professions after arrival in the UK. Existing research has stressed the significance of social and cultural capital in the refugee job-seeking process (Koser, 1997; McKay, 2009; Williams, 2006; Bloch, 2002). Thus, this thesis will investigate the ways in which refugees' social and cultural capital create valuable assets which support refugees in re-entering their professions after arrival in the UK. While existing research recognise the role of refugees' social networks in facilitating job access in general, they tend to provide limited assessments of whether obtained jobs are commensurate with refugees' pre-migration skills and qualifications. This thesis will therefore investigate the ways in which different forms of refugee capital can create valuable assets facilitating the process of refugee integration into professions.

Existing literature on refugee employment outlined in this chapter has indicated several barriers to re-entering employment commensurate with refugees' pre-migration skills and qualifications. Whilst refugee experiences of low positions in the

labour market have been described, little research investigates how the employment environment influences the refugee integration process. By looking at the example of refugee integration into professions, this study will seek to answer the questions of how the structures of the teaching and medical professions shape the outcomes of the refugee integration process. Existing research focuses on refugees' experiences of accessing health (Stewart, 2003; 2007; RAGU, 2007) and teaching (Menter and Smyth 2008; Smyth and Kum, 2010; Kum *et al.*, 2010) and investigates the different forms of institutional, cultural and personal barriers that refugees experience when re-entering their professions after arrival in the UK. However, there is a lack of research identifying the nature of integration opportunities and constraints across different professions. Further research looking at these two professions could provide greater understanding of how the internal organisation and operationalisation of professions can have an impact on refugee integration into those professions. This thesis will therefore describe refugees' integration opportunities and constraints across the teaching and medical professions in England and Scotland.

Finally, the analytical framework for exploring the process of refugee integration into professions described in this chapter suggests that the analysis of the operationalisation of the refugee integration process will take place in three stages. The first stage of analysis will explore the role of social conditions, namely refugeeness and the professional structures of the teaching and medical professions, in the process of refugee integration into professions. The second stage will investigate refugees' responses to these social conditions and the final stage will assess the extent to which refugee teachers and doctors are able to change their conditions and re-enter their professions after arrival in the UK. Based

on the gaps identified in the literature review and the analytical framework for investigating the operationalisation of the process of refugee integration into professions, four main research questions have emerged:

1. How do refugees describe their experiences of refugeeness and how do these experiences impact the process of integration into professions?

2. How do professional structures have an impact on the refugee integration process?

3. How do refugee doctors and teachers respond to the barriers they encounter?

4. To what extent are refugees able to change their conditions and access their chosen professions?

In order to understand how the process of integration into professions was investigated, **Chapter 3** describes and evaluates the methodological approach and research design adopted in this study Then **Chapter 4** describes the process of data analysis.

CHAPTER 3: Research approach, design and conduct

This chapter discusses the key steps of the process of data collection applied in this thesis. First the chapter recapitulates the project aims and research questions to explain the research approach and the research design applied in this study. Next, the chapter discusses the ethical considerations that emerge from research involving refugees and reflects upon my position as the researcher during the research process. Following this discussion of ethical considerations, the chapter describes the rationale, design and sample selections for the research methods that were used in this research, including observation at refugee doctors' and teachers' group meetings, interviews with service providers, online surveys and interviews with refugee doctors and teachers..

3.1 Research approach

Social research is a process of purposeful investigation of social and physical phenomena in order to gain knowledge about the outside world (Bryman, 2008). There is no single way of categorising various theoretical perspectives that distinguish different approaches to social research (Williams, Jost and Nilakanta, 2007). The way researchers interpret social reality is aligned to particular theoretical frameworks and strategies of social inquiry (Goodwin and Horowitz, 2002). As indicated in the introductory chapter, the conceptual basis of this thesis is to deconstruct the process of integration into professions as a complex two-way process, from the refugees' perspectives. The four main research questions have been identified as follows:

1. How do refugees describe their experiences of refugeeness and how do these experiences impact on the process of integration into professions?

2. How do professional structures have an impact on the refugee integration process?

3. How do refugee doctors and teachers respond to the barriers they encounter?

4. To what extent are refugees able to change their conditions and access professions?

Denzin and Lincoln (2005) outline four major approaches available to researchers: positivism and post-positivism, constructivism, critical and feminist interpretivism and post-structuralism. Whereas positivism assumes that a research can discover generalised and universal truth about social realities, interpretivism rejects this assumption by arguing that social realities are conditioned by life experiences and culture. While this study places refugee voices at the center of its focus, it rejects positivistic epistemology on objective social realities and instead focuses on refugees individual experiences of integration into professions. For this research, the choice of methodology has been grounded in interpretivism and critical approaches, to describe and understand refugees' experiences from refugees' own perspectives, but also to critically analyse the structures that shape these experiences.

The interpretivist standpoint rejects positivistic epistemology on objective social reality and argues that social reality is socially constructed and subjective and thus

can only be understood from the viewpoint of the individual (Cohen, Manion and Morrison, 2007). Interpretivist thus focuses on exploring the meaning of social phenomena from the perspective of the individual (*ibid*.). In this sense, knowledge generated through using an interpretivism approach is perceived through socially constructed and subjective interpretations. Similarly to interpretivism, critical approaches are associated with subjective epistemologies (Kincheloe and Mclaren, 2005). However, while interpretivist focuses on describing and interpreting social phenomena from the perspective of the individual, critical approaches have emerged from the tradition of Marxism and focus on exploring power relations and dominating or oppressive relationships in society, including those involving class, gender and race (Williams *et al*., 2007). Despite that a feminist approach is also well suited in exploring power relations, the main focus of this research is placed on refugeesness and professional structures of the teaching and medical professions in England and Scotland rather than gender, thus the feminist approach was not the most appropriate approach for this research. As the aim of this research is to explore the process of integration into professions from refugees' own perspectives, but also to investigate the power relations which shape the process of integration into professions, combining interpretivist and critical approaches would be well suited to capturing how refugees themselves approach the integration process, but also how the process is shaped by the structural conditions in which it takes place. In addition, by capturing the meanings that a refugee gives to their experiences and the structural conditions in which this meaning emerges, critical interpretivism grants equal attention to the roles of social structures and agency in shaping actions and events that make up the process of integration into professions and is thus more suitable for exploring integration as a complex, two-way process. Finally, the critical interpretivism by exploring the power relations which shape the process of integration into professions from refugees' perspectives , it places 'refugees' voices'

at the centre of research process. Taking these factors into consideration, I decided to use a critical interpretative approach.

3.2 Research design

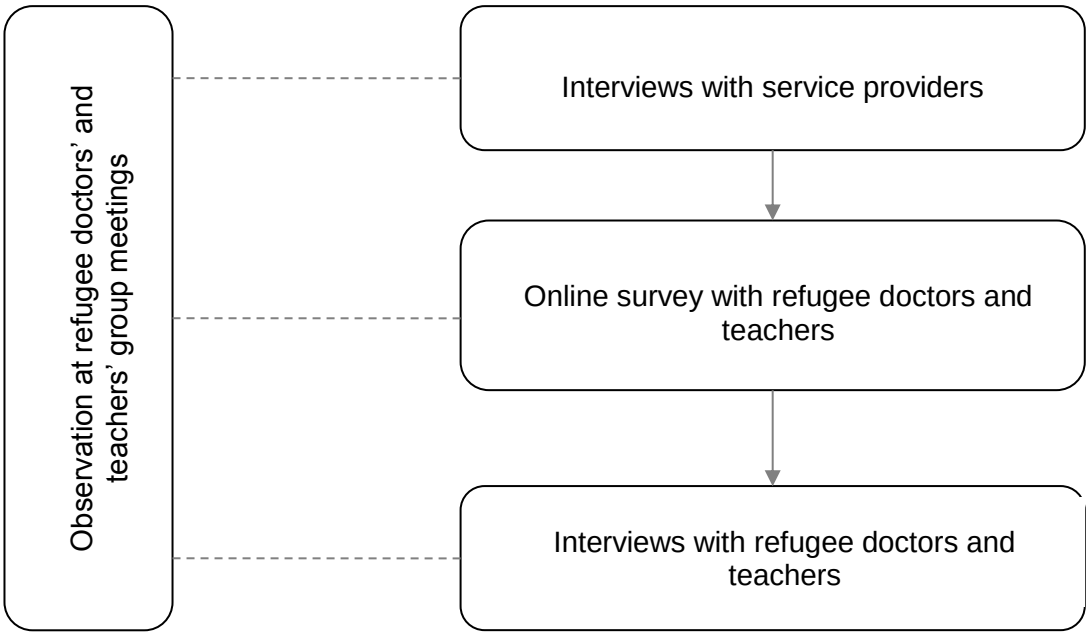
The research process in the field of refugee studies is increasingly inter-disciplinary in nature (Bloch, 2007). The methodologies and methods applied in refugee studies range from quantitative methods such as surveys (Bloch, 1999; 2004b; 2007) to qualitative techniques, including discourse analysis (Zetter, 1991; 2007), narratives (Eastmond, 2007) and ethnography (Malkki, 1992). For the purpose of this thesis, the research methods seek to explore from refugees' perspective how structural conditions alongside refugee agency shape the events and ongoing actions that make up the process of integration into professions. As this study places refugees' voices in the center of its focus, quantitative research methods are thus considered as more suited to capture refugees' experiences of the integration process into professions. In addition, Denzin and Lincoln (2005) indicate that qualitative methods by providing rich data on individuals' experiences also allow describing the context in which these experiences emerged. As such, quantitative research methods are also well suited to a critical interpretative approach.

Qualitative research methods connect with the interpretative and critical studies. The epistemology of qualitative inquiry involves understanding the meaning that people give to their experiences (Becker, 1996). Qualitative research can provide exceedingly rich data on, for example, individual understanding, memories, behaviour, practices, actions, activities, identities and positions and therefore are

well suited to capture refugees individual experiences of the process of integration into professions. The qualitative research also seeks to discover the meanings, including intentions, cognition, affect and perceptions, that participants attach to their behaviours in order to interpret situations in which these emerge (Denzin and Lincoln, 2005). As such, the strength of qualitative research lies in the contextual understandings of social experience (Gillies and Edwards, 2005). In this sense, the structural conditions of the process of refugee integration into professions can be explored through the analysis of refugees' experiences. On these grounds, quantitative research methods can generate sufficient types of data that both reflect interpretations of refugees' individual experiences of the process of integration into processions and structural conditions that shapes these experiences.

The data collection applied in this study was based on a combination of range of research tools including observation at refugee doctors' and teachers' group meetings, online survey and interviews with service providers and refugee doctors and teachers. The figure 3 illustrates the process and research design applied in this thesis.

Figure 3: Research design



The first step of the research process was observation at refugee teachers' and doctors' group meetings based in London and Glasgow. The aim of observation was to gather information about refugees' experiences, events of interest and everyday struggles in order to inform the focus and design of the research tools including online survey and interviews with refugee doctors and teachers, and interviews with service providers. Participation in refugee doctors' and teachers' group meetings created a good opportunity to discuss proposed research methods with potential participants to ensure clarity of question wording.

The second stage of the research process combined qualitative and quantitative modes of data collection including interviews with service providers[24] and online surveys with refugee doctors and teachers in London and Glasgow. As service providers work with refugees on a daily basis, their knowledge and expertise provide useful guidance for understanding of everyday refugee experiences. The data on refugees' experiences obtained from interviews with service providers therefore served to inform the focus of the questions in the online surveys and interviews with refugee teachers and doctors. In addition, the interviews with service providers created a good opportunity to evaluate and test the survey questions in terms of the wording, clarity and understanding of the language (see section 3.5.2, which explains the rationale behind the method choice). The aim of the online survey was to provide general information on refugee teachers' and doctors' experiences of re-entering their professions after arrival in the UK. The survey results therefore provided good contextual information on the key issues shaping the process of integration into professions. The main issues identified in the online survey were further discussed during the interviews with refugee doctors and teachers (see section 3.5.3, which explains the rationale behind using the online survey). After completion of the interviews with service providers and the online surveys with refugee doctors and teachers, the third stage of data collection involved the interviews with refugee doctors and teachers (see section 3.5.4, which explains the rationale behind the method choice).

[24] Service providers were individuals working in community organisations or statutory organisations that one of the remit is to provide services and assistance to refugee professionals

All stages of the research design were interlinked, which means that the data and findings from the first stage (observation at the refugee doctors' and teachers' group meetings) inform development of interviews with service providers, online surveys with refugee doctors and teachers and interviews with refugee doctors and teachers (Yin, 2006). In addition, all stages of data collection addressed the same research focus. The questions in the online survey were linked to the questions in the interviews. Both the online survey and interview questions focused on refugees' professional life prior to migration to the UK, the process of re-entering their profession after arrival in the UK and their professional occupation in the UK. While the online survey questions focused on collecting descriptive information for example, details of refugee's specialty within their profession; dates, duration and names of completed re-qualification courses and the refugee's occupation at the point of the study; the interview questions focused on exploring refugees' experiences and opinions related to the process of re-entering their professions after arrival in the UK and their current occupation status. The exercise of linking the online survey questions with the interview questions was also considered as contributing towards validation of the process of data collection, whereby data collected from the online survey were cross-referenced with what was said during the interviews. A combination of different methods also provided a more comprehensive picture of the research topic, allowing multiple approaches and experiences (of service providers and refugee doctors and teachers) to be captured. Finally, the sample population used for the interviews with refugee doctors and teachers was based on subsamples from the online survey.

3.3 Approaching the field – ethical considerations

Ethical considerations in undertaking research with refugees involve complex methodological issues that require researchers to reconsider basic ethical principles of the research process (Flaskerud and Winslow, 1998; Fine, Weis and Wong, 2000). The effect of refugees' past experiences of torture or prison or their present experiences of social and economic exclusion, harassment or multi-dimensional marginalisation requires researchers to take additional steps to maintain confidentiality and privacy, as well as the general integrity, quality and transparency of research studies (Jacobsen and Landau, 2003). While there is no specific legislation in the UK concerning research ethics (Alderson and Morrow, 2004), each university has ethical guidelines on research (University of Strathclyde, 2009). Consequently, this study underwent strict scrutiny from the departmental research committee and ethical approval was obtained (see Appendix 3: Ethics approval). However, approval from a relevant ethic committee does not provide ethical insurance and researchers are also required to face the day-to-day ethical issues that arise during the research process (Guillemin and Gillam, 2004). Subsequently, assurances of confidentiality and voluntary participation and negotiation of power imbalance were ongoing processes throughout this research project.

The effects of refugees' past and present experiences of exile and exclusion make establishing trusting relations and assurance of voluntary participation a lengthy process that requires in-depth explanation of the ethical principles of informed consent, anonymity and confidentiality (Hynes, 2003). Temple and Moran (2006) indicate that the ability to enter, build and maintain relationships is an important research skill when undertaking research with refugee groups. As an outsider to the

group of refugee doctors and teachers, I was not familiar with the social context in which potential participants were living. Knowing how to approach and communicate with potential participants was especially difficult for me, as we did not speak the same language or share similar cultural practices. This created diverse risks related to lack of access to the research group as well as knowledge about systems of meanings and symbols that refugees use in communication, which could result in misunderstanding or inaccurate representation of refugees' experiences (Lee, 1993). Thus, in order to familiarise myself with refugee doctors' and teachers' experiences, enter and build trusting relations with potential respondents and finally ensure that the design of my research methods answered the needs of participants, I decided to become involved, as an observer, in various refugee teachers' and doctors' group meetings based both in London and in Glasgow. This observation was a necessary step informing the focus and design of research methods but it was also helpful in building and developing relations with potential respondents. Section 3.5.1 discusses in more details the design and rationale for this method.

Existing research involving refugees as participants indicates that refugees past and present experiences of discrimination, harassment and multi-dimensional exclusion often causes general mistrust of official institutions and organisations (Bloch, 1999). These experiences have often led to generalised mistrust of the research process in general and participation in the research project (Harrell-Bond and Voutira, 2007). For these reasons, ensuring voluntary participation and negotiating access to potential respondents for interviews was a time-consuming process which involved three general approaches: engaging with potential respondents during refugee teachers' and doctors' study group meetings in London and Glasgow (May 2010 – March 2011), using the online survey sample to contact potential respondents who

expressed their interest in the follow-up interview (February – June 2011) and accessing potential respondents through referral from service providers (February – June 2011). In order to ensure the voluntary participation of each respondent, I needed to ensure that my respondents were clear about the research rationale but also about the conditions of their involvement in the research. This step was also to ensure that participants obtained all the necessary information to make informed decisions about their participation. In addition, participants' understanding of the research objectives helped to avoid potentially unrealistic expectations about the research outcomes. Ensuring voluntary participation and seeking informed consent from participants were thus not limited to signing the consent form, but involved continued negotiation of access and building of trusting relations with participants in the research. Although some of the participants were happy to participate in the study, they felt reluctant to sign an official consent form. In such situations, I spent considerable amounts of time explaining the rationale behind the use of the consent form. This, however, demonstrates that the formal ethical guidelines that require the collection of signatures on consent forms may not be sensitive towards the needs of research participants (Ellis and Early, 2006).

As well as informed consent and voluntary participation, assurance of confidentiality was one of my ethical concerns during the fieldwork and also the data analysis. Although I used pseudonyms to protect respondents' identities, I was aware that my participants could identify themselves. Following Kaiser's (2009) alternative approach to maintaining confidentiality during the research process, I thus spent a substantial amount of time prior to the interview explaining to each participant how the data would be used (i.e., the potential audience for the study results and how the study results would be disseminated) and discussed with participants how they

wanted the data to be used. In addition, I explained that transcription would be carried out only by me - the researcher, and access to the data would only be provided to me and my academic supervisors. Finally, I discussed the limitations of usage of pseudonyms with each participant to ensure their awareness that complete anonymity is impossible and that they would be able to identify themselves in the narratives. This discussion was crucial to ensure that participants were clear about my approach and felt comfortable with it.

Finally, I was aware that revealing past experiences of forced displacement, as well as the serious physical, psychological and emotional trauma of past experiences of political or ethnic persecution or violence might produce stressful situations for participants, leading to emotional cost and increasing their vulnerability (Jacobsen and Landau, 2003). Questions about reasons for migration or participants' experiences of the asylum process were therefore not included in the interview schedule (see Appendix 10: Interview schedule for refugee doctors/teachers). Despite this, these themes were highlighted and discussed by participants on many occasions during the interviews. In addition, the interview questions were designed in a flexible and open way to allow participants to drive the interview focus. This dialogical approach to conducting the interviews gave interviewees as much space as possible to describe their experiences in their own time. In addition, during the interviews, I considered my participants as experts on the topic of research interest. This approach to the participants served as one of the methods of reducing power imbalance between me - the researcher - and my participants - refugee doctors and teachers (Silverman, 2004).

3.4 Researcher positionality

The research process involves interconnection and interaction between theories, research questions and methods, but also reflection on how the processes of data collection and analysis are influenced by a researcher (Maxwell, 2005). As such, a researcher is seen as an active producer of the research process. That is, the data collection and interview analysis is not an objective, unbiased task, and a researcher is not just a 'collector' of data but is actively involved in constructing and producing the data in conjunction with research participants (Lee, 1993). What a researcher perceives as worthy for further investigation, the types of questions that a researcher asks during the data collection or the types of data for which a researcher searches are shaped by their subjectivities (Nelson and Gould, 2005). Data collection and analysis should therefore include reflexive examination of the relationship between researcher and research subject. Thus, further to establishing the respectful and dialogical participation of the respondents, justifying my position as the researcher was equally important for the validity and reliability of this research project.

Social categories such as gender, ethnicity and age of a researcher are seen as important considerations with potential to influence the interview situation. Olesen (2003) indicates that each researcher takes certain resources into the research field, for example his or her cultural values and beliefs, which might be different from those of the researched group, and can impact the research process itself. As a young, white female researcher, who did not speak the same languages as respondents, I was positioned outside the group of refugee doctors and teachers. These qualities constituted significant points of difference between me - the

researcher - and my respondents - refugee doctors and teachers. These differences raised a number of interrelated methodological and ethical challenges already described in section 3.3 (e.g. difficulties with entering, building trusting relations with participants and lack of knowledge of participants' cultural practices and/or methods of communication). One of the difficulties related to the issue of conducting research in a different language than respondents' and researcher's native language is the risks of possible misunderstandings during the interview process. In order to reduce these risks I always gave respondents as much time as possible to enable them to express their experiences, opinions and memories freely and in their own time. This also gave me the opportunity to make notes and then ask questions about expressions that refugees used and I did not understand. As well as language issues, my gender, ethnicity and age created another set of differences placing me in the position of outsider. I was aware that as a white person I could be placed in privilege position towards refugees. However, my attendance at refugees' group meetings helped to form trusting relations that were important during the process of data collection. In addition, interviews with refugees took place in public places such as libraries or coffee shops selected by the participants. This was to ensure that participants felt comfortable in selected places and that they were convenient in terms of transport. While my ethnicity placed me in a privilege position, being in younger age then my participants could have an influence on participants' perception about the research project. I assumed that as a young researcher I could be perceived as lacking experience, what could result in difficulties in convincing potential participants to take part in this research project. Therefore, prior to interview I always spent considerable amount of time explaining the rationale behind this research project to assure respondents in my capabilities and competences as a researcher. In addition to make the interviews more pleasant, I always suggested buying coffee or tea for the participant. On such occasions, my gender often

influenced participant's behaviour, with some refusing to accept it and even insisting on paying for both of us. This was especially true of male refugee doctors. As I was aware of the potential financial difficulties of unemployed refugee doctors and teachers, this made me personally uncomfortable.

From the beginning, I attempted to generate relationships with the participants to ensure that they felt comfortable in sharing their concerns, challenges, frustrations and experiences of accessing their professions after arrival in the UK. Being the owner of a distinctive 'Polish' accent, I needed to make sure that my interviewees understood me. My status as a non-native English speaker seemed to assist me in establishing a trusting relationship. In addition, I acknowledged that my language as well as my dress code could have an impact on the field and might require adaptation depending on different situations and necessity. From a practical perspective, I felt that I took a different approach depending on the interviewee with whom I was speaking. I noticed that I tended to behave and dress differently whenever I interviewed employed doctors in the clinics in which they worked, service providers in their workplaces and unemployed refugee doctors or teachers. I felt that I should dress in a more casual way, not to stand out, and lower boundaries between me and participants who were not working. However, when I went to interview a GP or service provider, I felt the expectation to dress smartly in order to create a good impression. However, while I was interviewing unemployed refugee doctors or teachers, I wore more casual clothes. This behaviour could have stemmed from my own stereotypical perceptions of those refugees who were already working and those who were not.

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While my position as an outsider could hinder understanding between myself and the participants, it also brought the potential of seeing refugees' experiences from different perspectives (Bridges, 2001). In addition, I believe that my outsider status assisted me with putting refugees' levels of expertise at the centre of this study and helped remove power imbalance in my fieldwork. This is because I always tried to see my participants as experts in the research issue. Although I was an outsider to the refugee doctors and teachers groups, as a non-native British citizen I felt that we shared some similarities. These similarities facilitated conversation and helped when exchanging our unique, personal stories and experiences of living outside our home countries. In addition, despite the differences in our professions, we shared similar academic background and had similar academic interests (such as language, education, social justice, equity and advocacy for refugee professionals), meaning that the participants may have felt that we had factors in common.

Prior to my fieldwork, I was aware of potential difficulties relating to lack of trust and power imbalance between me and the refugees. I was thus prepared for the fact that many refugees would not be comfortable with engaging in discussions of their experiences in accessing their professions. However, I found that many refugees were open about their experiences and I was amazed about the details of their experiences that were revealed to me. At the same time, I found that I needed to speak to someone about the refugees' experiences which were disclosed to me during the interviews. This was often combined with feelings of guilt when I listened to respondents' painful experiences and a strong desire to improve their conditions. It made me wonder about the ways in which my research could result in positive social change and how I – the researcher - might enable such change. I thus found

writing reflective notes to be a useful exercise, helping me to express my thoughts and experiences and reflect on the fieldwork process.

Finally, not only the design of this study and data collection but also the analysis and presentation of the data involved my influence as a researcher. Indeed, one of the challenges of data analysis is to combine the authority of a researcher with respondents' interpretations. During the analysis, I tried to distance myself from the research data and not regard myself as an omniscient researcher while arguing the positions offered by the respondents on certain issues. In order not to impose my interpretations on refugees' narratives I used the open coding technique to establish initial codes for data analysis (see **Chapter 4** for discussion on data analysis). While writing up the research data I wanted to balance different respondent perspectives (those of refugee doctors, refugee teachers and service providers) with previous literature to present commonalities, differences and irregularities in the understandings, experiences and events involved in the process of integration into professions.

3.5 Applied research methods

The previous section focused on the research approach and the design of this study, followed by a discussion of ethical considerations and my position as the researcher during the research process. The next sections discuss the rationale, design, distribution and conduct of research methods used in this research, including observation at refugee doctors' and teachers' group meetings, interviews

with service providers and online surveys and interviews with refugee doctors and teachers.

3.5.1 Observation at refugee doctors' and teachers' meetings

The main objective of observation at refugee doctors' and teachers' group meetings was to gather background information about refugees experiences, practices, actions and everyday struggles. This information was only used to inform and develop the focus and design of research methods. In addition, attendance at these meetings built and developed trusting relations with potential participants.

To create the list of refugee doctors' and teachers' group meetings based in Glasgow and London, the data base of community and voluntary organisations was compiled based on the results of an internet search (see section 3.5.2 for details). As a result of this internet search, a list of potential refugee doctors' and teachers' group meetings was created (see table 1)

Table 1 List of potential refugee doctors' and teachers' group meetings

Glasgow	London
Doctors	
English for Doctors, University of Glasgow	Afghan Medical Association
Teachers	
Teacher Seminars Series – Refugees into Teaching, University of Strathclyde	Teacher Seminars Series – Refugees into Teaching Scotland, Refugee Council

Once a list was created, a coordinator of each group meeting was contacted by email to seek permission for my attendance at these meetings. The purpose of this email was also to explain the objectives of this research project and rationale for my attendance. Of these four organisations contacted, only three (Afghan Medical Association, Refugees into Teaching Scotland and Refugees into Teaching) held regular meetings of refugee doctors and teachers, and agreed to take part in the study. In Glasgow, observations took place between May 2010 and January 2011 and involved participation in six seminar series and away day organised by Refugees into Teaching Scotland project. In London, observations took place between January and March 2011 and involved participation in three meetings of the Afghan Medical Association and three seminar series dedicated to refugee teachers and organised by Refugees into Teaching project based in London.

During these meetings, I focused on teachers' and doctors' behaviours, especially the ways in which they talked about their professions, their pre- and post- migration experiences and the types of questions they asked during the meetings to gather information about diverse experiences that refugees had come across to re-enter their professions upon arrival in the UK. During the group meetings there were several instances when I was able to discuss different issues and experiences of the process of integration into professions with refugee doctors and teachers. These discussions provided me with useful information on participants' attitudes, experiences and opinions about the process of re-entering their professions after arrival in the UK. This information provided helpful background knowledge that informed the focus of the questions for surveys and interviews with refugee doctors and teachers. In addition, participation in group meetings created a good opportunity

to introduce the project to participants, discuss proposed methods and have a discussion about the relevance and appropriateness of questions, wording and expressions used in the research methods. As such, potential respondents were able, to some degree, to have control over the research process and the conditions of their involvement. Engaging refugees in construction of the research methods was an important step in ensuring that the research methods employed in this study were responsive to their needs and values (Mackenzie, Mcdowell and Pittaway, 2007). Further to this, greater refugee involvement in discussion about research methods reduced the power imbalance between me – the researcher and refugees, and helped reduce future potential misunderstandings.

As well as ensuring that research methods answer participants' needs, attendance at these meetings provided opportunity to build and developed my relations with potential participants. From the beginning, participants were informed about the objective of my attendance at their group meetings and discussions. As respondents gradually became familiar with my presence, my appearance did not make them feel uneasy and, instead, I became a person with whom they felt comfortable expressing their views and feelings. This was a sign that my presence at group meetings was acknowledged and not considered to be threatening.

3.5.2 Interviews with service providers - method choice, sample size and design

Supporting refugees on a daily basis makes service providers a good source of preliminary data, giving insight into refugees' understandings, events and

experiences (Reeves, 2010). Since service providers' experiences and knowledge can be helpful in understanding refugees' experiences of the process of integration into their professions, the interviews with service providers were well-suited as the first step of data collection. For this reason, interviews with service providers provided first hand direct testimony from participants working with and thus witnessing refugee teachers' and doctors' experiences of the process of integration into their professions on an everyday basis. Further to this, interviews with service providers were considered as contributing towards validation of the process of data collection, whereby data collected from refugee teachers and doctors were cross-checked with the perspectives, perceptions and attitudes of service providers. While the main focus of this inquiry was the perspectives of refugees, I have attempted to gain a deeper understanding of refugee experience by using multiple perspectives.

To create the sample frame for service providers, a database of community and voluntary organisations based in Glasgow and London was compiled, based on the results of an internet search. The internet search of voluntary and community organisations included a wide spectrum of organisations in London and Glasgow such as community groups, NGOs, religious groups, training providers, further education colleges, English language providers, health centres, translation and interpretation services, first language schools, human rights projects, embassy and consular services, social groups and meeting points, adult education providers and development projects. The purpose of this exercise was to compile as extensive a database as possible. Inclusion of different types of organisations and groups increased the heterogeneity of the sample and in turn its likely representativeness (Bloch, 2007). Voluntary and community organisations were identified as relevant if one of their remits was to provide support to refugees with high pre-migration skills

and qualifications for returning to the labour market. As a result of this internet search, a database of 20 organisations was created. In total, 20 organisations involved in supporting refugee professionals were contacted, eight based in Glasgow, 11 in London and one providing support in both locations (see Appendix 4: Initial database of organisations working with refugee professionals).

Once the list of organisations working with refugee doctors and teachers was compiled, each organisation was approached by email where the aim and objectives of this research were introduced and explained. In addition, information about the potential benefits of the study and my full contact details, as the main researcher of this study, were attached to the email. The objective of this initial contact was to gather detailed information about the types of services provided by the organisation to refugees with high qualifications. Mulhall (2003) suggests that informal gatekeepers need to be approached in order to ensure that research has credibility among staff working within organisations. First contact was thus made to a project manager or a director of an organisation to request an initial meeting. Of the 20 organisations initially contacted, only 14 provided active support for refugee doctors and teachers. Of these 14 organisations, six were based in Glasgow, seven in London and one in both locations.

Kezar (2003) stresses that gathering rich and detailed data depend upon establishing and maintaining positive relationships with gatekeepers. The main purpose of initial face-to-face meetings with people representing organisations was therefore to explain and provide the rationale behind the research, persuading them that it was worth investing time in. In this respect, each organisation was carefully introduced to the research aims and objectives and the ways in which they could

participate in the research (see Appendix 5: Consent form for service providers). A clear and detailed account of the research and the rationale behind it was provided. Provision of further information on the background to the research helped develop assurance in my capabilities and competences as a researcher undertaking research. In addition, such provision had a positive impact on future cooperation during the research process (Lee, 1993). For example, providing detailed explanations of research design to service providers was a necessary step in obtaining support from service providers in distribution of the online surveys to organisations' clients (refugee doctors and teachers). Further to this, in-depth explanation of the research process to service providers helped to develop confidence in the research tools used in the study.

As well as providing an introduction to the purpose of the research, the aim of the initial meeting was for me to become familiar with the profile of each organisation, the type of support offered and the diversity of refugee experiences with which the organisation was dealing on a daily basis. This information was taken into consideration when selecting potential service providers for follow-up interviews to ensure that the sample reflected to a reasonable extent the diversity of support offered to refugee doctors and teachers and the diversity of refugee experiences of the process of integration into their professions. From 14 organisations which provided active support to refugees, eight organisations were selected as they provided daily, face-to-face support and specialist career advice to refugee teachers or/and doctors (table 2)

Table 2: Organisations taking part in the study

	Organisation name and remit	Name of the programme dedicated to refugee teachers and/or doctors	Services dedicated to refugee teachers and/or doctors within the programme
London	**Refugee Council,** The Refugee Council is one of the leading charities in the UK, working directly with refugees and asylum seekers. It provides a wide range of services, supporting them to rebuild their lives in the UK.	Refugees into Teaching Programme	The Refugees into Teaching programme is run by the Refugee Council and aims to provide support and advice to refugees who were teachers in their own countries. Services provided to refugee teachers include specialist advice and guidance on English state schooling and retraining, overseas qualifications assessments, specialised training workshops and mentoring and work placement in schools.
		Refugee Health Professionals Programme	The Refugee Health Professionals Programme at the Refugee Council is part of the Building Bridges programme funded by the NHS and delivered in partnership with three organisations, RAGU, Glowing Results and the Refugee Council. The programme provides support for London based refugee doctors to re-qualify to UK standards and secure employment appropriate to their professional qualifications. The service includes a free six week preparation course for PLAB (Professional and Linguistic Assessment Board) exams, clinical attachments and financial support to cover PLAB exam fees.

London	Organisation name and remit	Name of the programme dedicated to refugee teachers and/or doctors	Services dedicated to refugee teachers and/or doctors within the programme
London	**Refugee Assessment and Guidance Unit** (RAGU) RAGU's remit is to improve the education and employment prospects of refugees and asylum seekers with higher level education and/or professional qualifications from their own countries.	Refugee Health Professionals Programme	The Refugee Health Professionals Programme at RAGU is part of the Building Bridges programme funded by the NHS and delivered in partnership with three organisations: Refugee Council, Glowing Results and the Refugee Council. The support provided to refugee health professionals includes individual and specialist career advice, up to date information and guidance on routes towards professional registration, employability workshops (CV writing, job applications and interview skills), clinical attachments, funding for some professional exams, some training and professional registration.
		Career advice services	The services provided to refugee teachers include specialist career assessment and advice on retraining and overseas qualifications assessments. Services also include English language training and workshops.
	Transition Transition is a not-for-profit organisation that provides support for refugees with higher level education and/or professional qualifications.	Career advice services	The organisation provides refugees as well as employers with advice, recruitment and internship services. It offers refugees one to one guidance and workshops on effective job searches.

London	Organisation name and remit	Name of the programme dedicated to refugee teachers and/or doctors	Services dedicated to refugee teachers and/or doctors within the programme
London	**Migrant and Refugee Communities Forum** The Migrant and Refugee Communities Forum is a registered charity that aims to promote the rights of migrants and refugees in London.	Dentist Study Buddy	The Dentist Study Buddy programme supports around 3000 overseas qualified dentists to return to their profession in the UK. The support provided includes access to online study forums and resources, basic life support classes, access to phantoms, facilities for drilling, and access to dentistry libraries and quiet rooms for study sessions.
	Employability Forum The main aim of the Employability Forum is to promote the employment of refugees and migrant workers in the UK. The organisation works with specialist agencies across the country, employers and government to support and promote better understanding and recognition of migrants' skills and qualifications.	Information sessions, Refugees into Schools	The Employability Forum runs a number of support and information sessions for refugee teachers. The organisation also co-ordinates the Refugees Into Schools programme, which supports refugee teachers in London by providing training, mentoring and work placements in schools.

London	Organisation name and remit	Name of the programme dedicated to refugee teachers and/or doctors	Services dedicated to refugee teachers and/or doctors within the programme
Glasgow	**Bridges Programme**, The Bridges programme aims to support the social, educational and economic integration of refugees, asylum seekers and migrants.	Refugee Health professionals	The organisation provides one to one advice sessions with careers advisers. It also organises and negotiates clinical attachments for refugee doctors.
		Career advice to refugee teachers	The organisation provides one to one career advice sessions to refugee teachers. It also organises training sessions for refugee teachers in completing job applications and CV writing.
	Glasgow Caledonian University	Glasgow Overseas Professionals into Practice	The project aims to develop institutional support structures for internationally qualified nurses who are asylum seekers and refugees in Scotland so that they can work in the NHS. Through partnership work with key organisations (such as the Scottish Government, the Health Department, Anniesland and Langside colleges, the Scottish Refugee Council, the NHS Trust, NHS Education, the Nursing and Midwifery Council, Unison, Glasgow City Chambers, and the North Glasgow Development Agency), the project offers academic, clinical and language support, as well as help with clinical mentoring and attachments.
	University of Strathclyde,	Refugees into Teaching in Scotland	The project offers support to asylum seekers and refugees who were teachers in their own countries. This includes specialised workshops, one to one support and guidance on the education system in Scotland, as well as help with professional re-qualification, registration with the General Teaching Council for Scotland and job searches. It also offers work placements, English language support and access to the university library.

Selection of a wide spectrum of organisations as entry points for recruitment of service providers was to ensure inclusion of a diverse range of perspectives, perceptions and attitudes on refugee experiences of re-entering their professions. The selected organisations provided a wide variety of services to refugee doctors and teachers ranging from English language classes and one to one career advice and assessment to negotiation and arrangement of work placements. Inclusion of organisations working with refugees at different stages of the process of re-entering their professions provided opportunities to gather testimonies from service providers on how refugee experiences can vary in relation to their changing professional careers after arrival in the UK.

Within those organisations, 12 coordinators were approached to take part in the study. As a result, 12 interviews were conducted with service providers, including eight service providers working in London and four in Glasgow (see table 3). Among the interviewed service providers working in London, three worked in organisations with a remit to support refugee teachers, two in organisations supporting refugee doctors and three with both refugee doctors and teachers. In Glasgow, two of the interviewed service providers worked with refugee doctors, one with refugee teachers and one with both groups.

Table 3: List of interviewed service providers

	Pseudonym	Position within organisation
London	Alistair	Manager of Refugees into Teaching programme, Refugee Council
	Jacqui	Co-ordinator of Refugees into Teaching programme, Refugee Council
	Adam	Specialist careers consultant, Refugee Assessment and Guidance Unit (RAGU)
	Nathalie	Managing director, Transition
	Eva	Co-ordinator of Dentist Study Buddy programme, Migrant and Refugee Communities Forum
	Esme	Manager of Refugee Health Professionals programme, Refugee Council
	Kate	Director of Employability Forum
	Lesley	Specialist careers adviser, Refugee Heath Professionals programme, Refugee Assessment and Guidance Unit (RAGU)
Glasgow	**Pseudonym**	**Position within organisation**
	John	Careers adviser for Refugee Health Professionals programme, Bridges programme
	Tara	Careers adviser, Bridges programme
	Iga	Project co-ordinator, Glasgow Overseas Professionals into Practice, Glasgow Caledonian University
	Olivier	Project co-ordinator, Refugees into Teaching in Scotland, University of Strathclyde

The interview questions with service providers were designed in a flexible and open way. This means that informants were asked a series of questions, but the interview schedule was open and adaptable to the individual context of the interview with the service provider (Brekke, 2004). For example, there were differences in specific questions concerning the process of re-entering a profession between service providers working with refugee doctors and those working with refugee teachers

(see Appendix 6: Interview schedule for service provider). The interview schedule covered subjects such as background information on support dedicated to refugee professionals, refugee doctors/teachers' needs, experiences/opinions about re-engaging with the doctor/teacher profession in the UK, barriers in accessing the profession and good practices in supporting refugee doctors and teachers.

With the permission of the respondents, the interviews were audio recorded. All interviews were handled sensitively and anonymity was guaranteed. Prior to each interview, I provided a detailed account of the research and the rationale behind it. The interviews took place during service providers' working hours and in service providers' places of work. In cases where arranging a suitable time for a face-to-face interview was problematic, a telephone interview was suggested.

3.5.3 Online survey – method choice and design

Online surveys with refugee doctors and teachers were intended to provide information about the past and present experiences of the process of integration into professions among the general population of refugee doctors and teachers based in London and Glasgow. They aimed to provide an overview of the main issues faced by refugee teachers and doctors when trying to re-enter their professions. In this respect, the surveys provided a general context for refugees' experiences which was further investigated in the interviews with refugee doctors and teachers.

Online surveys were selected as the most convenient way of contacting large numbers of refugee teachers and doctors over a dispersed geographical area at

reasonably low cost. In addition, the online survey gave anonymity to respondents, as they could complete them without the presence of other people at a time convenient for them. The online survey gave respondents the opportunity to answer the questions at their own pace, which is very important when the target population comprises professionals (Bloch, 2007). As refugees' home addresses may change over time, email contact with an attached link to the online survey was selected as a more efficient method of survey distribution. As the potential participants were professionals, it was assumed that they were accustomed to checking and responding to email messages.

The survey was reviewed by independent reviewers such as the research officer at the Refugee Council, the project coordinator at the Refugee into Teaching Projects in Scotland and England and the chief executive at the Black and Ethnic Minority Infrastructure in Scotland (BEMIS) to test and evaluate the questions, including the wording and clarity of the proposed questions, understanding of the language and the order of survey questions. In addition, interviewed service providers were consulted about their understanding and the clarity of the language in the survey questions. Considerable attention was given to developing clear, short and unambiguous questions within the survey to avoid misunderstanding of the survey's questions and increase the response rate. As the online survey did not include specialised language, there was no need for reviewers with medical backgrounds to review the survey questions.

The first page of the online survey explained the study rationale and the benefits of participation in the project (see Appendix 7: Covering letter to online survey - refugee teachers and Appendix 8: Covering letter to online survey - refugee

doctors). Next, the survey included a set of self-completion questions (see Appendix 9: Online survey). Considering that the surveys were completed solely by participants, the design of the survey needed to ensure that it was easy to use and navigate. Further to this, the length of the online survey had to ensure that the necessary time for survey completion was convenient for the group of doctors and teachers, many of whom might have little time to complete it (Bloch, 2007). This was especially important, because wrong formatting and a long survey might have reduced the response rate due to demands on time experienced by this group. Considering these factors, it was decided that the online survey provided the most suitable format for utilisation of filter questions which automatically direct respondents to appropriate questions, thus saving time in completion of the survey and helping to avoid confusion.

The survey was divided into five main sections: personal details, arrival in the UK, becoming a refugee doctor/teacher in the UK, life in the UK. The introduction page informed participants about the aim and objectives of the project and provided the rationale for taking part in the study to motivate respondents to complete the survey. In addition, each section provided a short introduction to the questions. The order of the questions was chronological, starting from information about the past and moving towards the present.

3.5.3.1 Online survey - sampling method and size

Research involving refugees attracts certain difficulties that challenge quantitative research. The main factor which limits the feasibility of quantitative methods is the

fact that refugees themselves are perceived as hard-to-reach groups, that is, groups which are small in relation to the general population and for which no exhaustive list of population members is available (Heckathorn, 1997). The official statistics from the Home Office, via the National Asylum Support Service (NASS), the agency which administers dispersal and subsistence support to asylum seekers, records the places of abode for asylum seekers. However, these data are not available to researchers for confidentiality reasons. In addition, data collected through government longitudinal studies such as the Labour Force Survey and the census do not provide sufficient information about the refugee population. The lack of a sampling frame means that standard probability sampling methods produce low levels of responses, thus making its use very limited. In addition, the fluidity of immigration status and places of abode further complicates quantitative methods, as people move in and out of different statuses and locations (Düvell and Jordan, 2002). For example, asylum seekers may become refugees or refugees may become citizens of their countries of refuge, or some asylum seekers may become undocumented migrants when their asylum claims are refused. Such changes may be accompanied by changes in places of abode, which makes it difficult to estimate population parameters. As a result, the concept of generalisation is of great concern when carrying out research involving refugees.

As a consequence of the paucity of data on refugees, previous research involving refugees has mainly been based on non-probability sample techniques (Carey-Wood *et al*., 1995; Charlaff *et al*., 2004; Bloch, 2007). Thus, one of the main criticisms directed towards research involving refugees is its over-reliance on community organisations in sampling (Bloch, 1999; Jacobsen and Landau, 2003). This means that research about refugees often includes selection bias and

gatekeeper bias (Bloch, 2004b; 2007). While the use of gatekeepers and community organisations working with refugees represents an effective way of obtaining good access to target groups and active participation of refugees, high reliability on gatekeepers might exclude those refugees who do not use the services provided by gatekeepers (Bloch, 2004b; 2007).

As well as leading to selection bias, working with gatekeepers can bring different issues, including those of a practical and ethical nature. That is, the organisations with whom access to potential participants is negotiated may deny right of entry to the field. This may be as a consequence of suspicion of research motives, possibly arising from organisations' previous experiences (Santoro and Smyth, 2010). In addition, denial of access to potential respondents may be related to the confidential nature of information and protection of respondent identity (Lee, 1993). This is especially the case when clients are assured that their contact details will not be shared with any individuals outside the organisation's team members. For confidentiality reasons, researchers are not able to contact potential respondents directly, but only through organisations. Contacting potential respondents via gatekeepers on researchers' behalf can be time-consuming, meaning that some of gatekeepers may be reluctant to make such contact. In addition, gatekeepers may not be willing to provide access to potential participants if they decide that their clients are being overwhelmed with different research requests.

Considering the above difficulties, the sample frames for the online survey with refugee doctors and teachers were based on databases of clients' records maintained by organisations working with refugee doctors and teachers in London and Glasgow. The first step in identifying appropriate sample frames was to

establish a list of organisations in London and Glasgow offering their services to refugee teachers and doctors (see Appendix 4: Initial database of organisations working with refugee professionals). Of 20 organisations, only 14 provided active support for refugee doctors and teachers (six based in Glasgow, seven in London and one in both locations). Further six organisations had discontinued their activities due to discontinuity of funding. Of the 14 organisations working with refugee doctors and teachers, only five maintained a database of their clients' details (one based in Glasgow, three in London and one in both locations). Of these five organisations contacted which maintained a database of their clients' details two organisations based in London refused to take part in the study as at the point of data collection their clients were already involved in other research projects. As a result, databases of client records from three organisations (one based in Glasgow, one in London and one in both locations) formed the basis of the sample frame for the online survey with refugee doctors and teachers based in London and Glasgow.

In terms of refugee doctors, the sample frame was based on the database of refugee doctors maintained by the British Medical Association (BMA) in London. The BMA is the leading professional association for doctors in the UK. The database is coordinated by the Refugee Liaison Group in London,[25] which includes major organisations working with refugee doctors in London. To avoid sending multiple copies of requests to individuals who might appear on more than one of the organisation's registers, it was decided that the BMA database of refugee doctors would be used as the only sample frame. In 2011, 1346 refugee doctors were

[25] The network include main organisations working with refugees in London including Refugee Assessment and Guidance Unit, Refugee Council, London Deanery and Refugee and Overseas Qualified Doctors' Programme

registered in the database, with 698 refugee doctors based in London and 55 in Scotland (BMA, 2011).

For refugee teachers, the sample frame of refugee teachers in London was based on refugee teachers' records with the Refugees into Teaching (RiT) programme maintained by the Refugee Council in London. The sample frame for Scotland was based on the database of refugee teachers records within the Refugees into Teaching Scotland (RITeS) programme maintained by the University of Strathclyde in Glasgow. In June 2010, 273 refuge teachers were registered as 'active users' in the RITeS database in Scotland,[26] while the RiT database in London contained 236 records.[27] Table 4 illustrates the list of databases used in this study. It should be noted that the organisational databases used in this study contain cumulative client records, which means that they do not record refugee doctors and teachers who did not use the organisations' services, moved to other cities or regions, or left the UK. Consequently, the figures do not provide a full picture of the number of refugee doctors and teachers in the UK but only indicate general characteristics of the group.

[26] According to RITeS Newsletter June 2010 (Kum and Marley, 2010)
[27] According to RiT Newsletter May 2010 (Stevenson, 2010)

Table 4: List of databases used in the study

Database	Respondents / Location	Number of Records
BMA refugee doctors database	refugee doctors / London and Scotland	698 in London 55 in Scotland in June 2011[28]
Refugees into Teaching, Refugee Council	refugee teachers / London	236 in May 2010
Refugees into Teaching Scotland, University of Strathclyde	refugee teachers / Glasgow	273 records on June 2010

To increase the representativeness and to ensure greater heterogeneity in the sample, the research was advertised through different organisations working with refugees (see table 5). The aim of this exercise was to involve a broad range of different types of organisations to ensure that the sample was not homogenous. The information about the study with an attached link to the online survey was distributed through diverse channels, including websites, newsletters of organisations working with refugee professionals, local community centres and organisations and other institutions working with professional refugees.

[28] According to BMA database (BMA, 2011)

Table 5: List of organisations advertising the research

List of organisations which advertised the research	
Glasgow	**London**
Scottish Refugee Council Anniesland College NHS Education for Scotland Black and Ethnic Minority Infrastructure for Scotland (BEMIS) Bridges Programme	Refugee Assessment and Guidance Unit Refugee Health Network PLAB Trainer Refugee and Overseas Qualified Doctors' Programme - project finished in December 2010

The survey was uploaded on one of the web surveys web pages and a link to the web version was distributed through email mailing lists to refugee doctors (https://www.surveymonkey.com/s/refugee_doctors) and refugee teachers (https://www.surveymonkey.com/s/refugee_teachers) on behalf of a researcher. Potential respondents were not contacted directly, but through the organisations. It was therefore not always possible to send reminders to those refugees who did not reply to the request. This was because contacting potential respondents using gatekeepers on my behalf was time-consuming, and some of the gatekeepers were thus reluctant to do it twice. The reminder email was therefore only sent to refugee teachers in London and Glasgow.

Use of an online survey has many benefits. However, a potential disadvantage of using this method is the potentially low response rate. In order to increase the response rates, this research used diverse distribution channels. Prior to completion of the online survey, the introduction to the survey provided information about why and how respondents were selected for the study. In this way, participants were provided with a clear, detailed account of the research, its rationale and potential benefits. In addition, participants were reassured that participation in the online

survey was voluntary and that there was no obligation to participate. Given the possibly sensitive nature of information provided, participants were assured of full confidentiality. Completed surveys were returned directly to a specific web page address without any record of the senders. In other words, the online versions overcame some concerns about anonymity (Davis, Bolding, Hart, Sherr and Elford, 2004). My full contact details as the main researcher of this study were attached to the introduction letter (see Appendix 7: Covering letter to online survey (Refugee Teachers) and Appendix 8: Covering letter to online survey (Refugee Doctors).

3.5.4 Interviews with refugee doctors and teachers - method choice, sample size and design of the method

Interviews with refugee doctors and teachers were chosen as a method to understand refugees' experiences, opinions, perceptions, actions and practices of negotiating access to the teaching and medical professions. As such, interviews provided an opportunity to gather data on how refugees give meanings to their experiences and how these meanings impact attitudes, actions and events involved in the process of integration into professions. In addition, interviews allowed capturing of refugees' individual strategies of re-dressing the imbalance between their social status and perceptions of being a teacher or doctor in their host communities. The interviews thus enabled gathering of data about how people who have lost their prestigious professions by becoming refugees try to re-enter these professions in their host communities.

This research used a biographical approach to interviews to gather data on the process of refugee integration into professions. Previous research highlights the suitability of the biographical method for reconstruction of the process of self-attribution (Grun, 2009; Valenta, 2010) and tends to indicate that a biographical approach makes it possible to understand and explain social phenomena in their genesis, in the process of their creation, reproduction and transformation (Rosenthal, 2004; 2006). For this reason, the collected lived stories of refugee doctors and teachers, through the interviews, were suitable for providing chronological information on the process of refugee integration into professions from their arrival in the UK to the present in order to identify its stages and development (Eastmond, 2007).

The 39 interviewees were conducted in response to the online surveys (34 respondents) and referral from the service providers (5 respondents). Respondents varied in terms of gender, country of origin, age groups, employment status, registration with a regulatory professional body and year of coming to the UK (see table 6). As such, the sample for the interviews with refugee doctors and teachers included 11 refugee doctors and nine refugee teachers living in London and seven refugee doctors and 12 refugee teachers living in Glasgow. Table 6 provides the demographic profile of interviewed refugee doctors and teachers, including their gender, age, years of work experience prior to exile, specialisation in home country, country of origin, present employment and place of living. Pseudonyms for the respondents were selected randomly by the researcher from a list of names from their respective countries of origin.

Table 6: List of interviewed refugee doctors and teachers

Pseudonym	Gender	Age range	Working experience prior to migration	Specialisation in home country (as described by respondent)	Country of origin	Current employment	Place of living
Heather	Female	41 - 50	10 yeas	General practitioner	Zimbabwe	Employed (senior house officer)	London
Tahur	Male	41 - 50	10 years	Surgeon	Turkey	In education	London
Abraham	Male	41 - 50	11 years	Paediatrician	Pakistan	Unemployed	London
Madoc	Male	31 - 40	4 years	General practitioner	Zimbabwe	Doing voluntary work	London
Flavia	Female	31 - 40	3 years	General practitioner	Afghanistan	In training	London
Nicola	Female	31 - 40	5 years	Medical doctor	Iraq	In training	London
Malise	Female	31 - 40	7 years	Medical doctor	Iraq	In training	London
Fabian	Male	31 - 40	2 years	General medicine	Afghanistan	Employed (senior house officer)	London
Sara	Female	41 - 50	15 years	Gynaecologist	Sudan	In education	London
Samuel	Male	31 - 40	8 years	Surgeon	Nigeria	In education	London
Okan	Male	31 - 40	6 years	Medical doctor	Turkey	Employed (general practitioner)	London
Alymar	Male	21 - 30	4 years	Medical doctor	Iraq	Employed (senior house officer)	Glasgow
Gaspar	Male	31 - 40	6 years	General practitioner	Iraq	In training	Glasgow
Jabez	Male	41 - 50	7 years	Medical doctor	Iraq	In training	Glasgow

Table 6 continues

Pseudonym	Gender	Age range	Working experience prior to migration	Specialisation in home country (as described by respondent)	Country of origin	Current employment	Place of living
Josef	Male	31 – 40	1 year	Medical doctor	Palestine	Employed (foundation year 1)	Glasgow
Mardi	Female	41 – 50	8 years	Medical doctor	Burundi	Self-employed (General practitioner)	Glasgow
Kwango	Male	41 – 50	15 years	Medical doctor	Iran	In education	Glasgow
Jashua	Male	41 – 50	5 years	Dermatologist	Iraq	In training	Glasgow
Aura	Female	51 - 60	20 years	Primary teacher	Zimbabwe	Supply teacher	London
Dominique	Male	31 – 40	2 years	Secondary teacher (geography)	Eritrea	In training	London
Juan	Male	31 – 40	5 years	Secondary teacher (computer science)	Somalia	Self-employed (chairmen of community organisation)	London
Chantal	Female	31 – 40	7 years	Secondary teacher (mathematics)	Eritrea	Doing voluntary work	London
Sade	Female	51 - 60	20 years	Secondary teacher (geography)	Zimbabwe	Doing voluntary work	London
Hassan	Male	41 – 50	3 years	Secondary teacher (English language)	Iraq	Employed (sale assistant in Tesco)	London
Trish	Female	31 – 40	5 years	Secondary teacher (English language)	Zimbabwe	Supply teacher	London
Lucasta	Male	41 – 50	7 years	Secondary teacher (computer science)	Iraq	Doing voluntary work	London
Laban	Male	41 – 50	3 years	Secondary teacher (English language)	Nigeria	Unemployed	London

Table 6 continues

Pseudonym	Gender	Age range	Working experience prior to migration	Specialisation in home country (as described by respondent)	Country of origin	Current employment	Place of living
Ray	Male	31 – 40	7 years	Secondary teacher (French language)	Congo	In education	Glasgow
Olaf	Male	31 - 40	15 years	Secondary teacher (mathematics)	Burundi	Supply teacher	Glasgow
Isaac	Male	51 - 60	25 years	Secondary teacher (physic and chemistry)	Senegal	Doing voluntary work	Glasgow
Osbert	Male	41 – 50	5 years	Secondary teacher (English language)	Eritrea	In training	Glasgow
Cicely	Female	41 – 50	12 years	University teacher (psychology)	Iran	In training	Glasgow
Habtom	Male	31 - 40	3 years	Primary teacher	Iraq	In training	Glasgow
Nio	Male	31 - 40	7 years	Secondary teacher (English language)	Burundi	Supply teacher	Glasgow
Vasco	Male	41 – 50	5 years	Secondary teacher (English language)	Burundi	In education	Glasgow
Kanes	Male	51 - 60	15 years	Secondary teacher (physic and chemistry)	Afghanistan	Doing voluntary work	Glasgow
Elma	Female	31 - 40	2 years	Secondary teacher (mathematics)	Iran	In education	Glasgow
Hazel	Female	31 - 40	4 years	Secondary teacher (computer science)	Iran	In education	Glasgow
Ali	Male	61 – 70	25 years	University teacher (accountancy)	Iraq	Doing voluntary work	Glasgow

As indicated in section 3.3, interviews, especially those revealing personal and difficult information, might produce stressful situations resulting in emotional cost for participants (Jacobsen and Landau, 2003). The interview questions were therefore designed in a flexible and open way, meaning that the informants were asked a series of questions, but that the interview guide was open and could be changed around (Brekke, 2004). The interview schedule was adapted on an individual basis (see Appendix 10: Interview schedule for refugee teachers/doctors). For example, the list of questions for refugees undertaking re-qualification courses was different from that directed to refugees who were already working in their professions. The interview guide included chronological questions relating to: refugee professional experiences prior to migration, arrival in the UK, refugee experiences/opinions of becoming a doctor/teacher in the UK, professional experience following migration to the UK and overall experience of living in the UK. When the need arose, the questions were simplified and clarified to ensure correct understanding. With the permission of respondents, the interviews were audio recorded. All interviews were handled sensitively and anonymity was guaranteed. Prior to the interviews, I provided a detailed account of the research and its rationale (see Appendix 11: Consent form for refugee teacher/doctor). To provide greater control of interviews for refugees, the recorder remained in the possession of the participants during the interviews so that they were able to pause whenever they considered this to be necessary. This resulted in a greater power balance between me - the researcher, and the participants - refugee doctors and teachers.

The interviews lasted between one and two hours. The interviews were conducted in public spaces such as libraries, cafés or canteens. The interviews were open,

dialogical conversations to ensure that the research took place in a normal context for the participant. Sidorkin (2002) argues that a dialogical approach in interviews addresses imbalance of power between participants and researchers, enabling participants to freely and candidly express their thoughts, opinions and memories. A dialogical approach was therefore chosen to give the interviewees as much space as possible to outline and express their experiences in their own time and from their own perspectives (Manning, 1997). In addition to being assured of confidentiality, participants need to feel comfortable during the interview process (Silverman, 2004). In order to make participants comfortable during the interviews, I spent some time in general conversation before the interviews. First, interviewees were asked to talk about their professions and the current issues affecting the process of integration into these professions. Difficult issues were discussed towards the end of the interviews and the participants were not required to answer any questions which they considered to be disturbing. It was decided that the subject or the question would not be continued if it was visibly making the participant anxious. The interviews were conducted in the English language, as this is the official language of the country where the research was taking place. It should be highlighted that the status of non-native English speaker status of the respondents may potentially result in imperfect English in the interview transcripts.

This chapter described and discussed methodological approach, research design and steps of data collection applied in this thesis. The next chapter will focus on explaining the process of data analysis.

CHAPTER 4: Presentation of the process of data analysis

This thesis seeks to describe the process of refugee integration into professions. The previous chapter described the rationale behind the methodological approach and methods used in this study. Further to this, ethical considerations and researcher positionality were discussed. This chapter describes the process of analysis of the data which emerged from the online surveys and interviews with service providers and refugee doctors and teachers[29].

First, the chapter describes the online survey results and the process of survey data analysis. The chapter subsequently describes the process of data analysis of the interviews with service providers and refugee doctors and teachers. The process of data analysis in particular involved three main stages: open coding, grouping identified codes into categories and, finally, grouping these categories into four main themes, which were identified based on the analytical framework of the process of refugee integration into professions described in section 2.3. The chapter also discusses the practical difficulties encountered during the process of data analysis and the advantages and disadvantages of using computer software programmes for qualitative data analysis.

[29] The data analysis chapter does not include the analysis of the data obtained from the observation at refugees' group meetings as these data were only used to inform the focus and design of the research tools and therefore were not use in data presentation chapters.

4.1 Process of data analysis – online surveys

While using gatekeepers as an effective way of securing good access to refugee groups had already been proven in previous studies (Bloch, 1999; 2004b; 2007), the process of negotiating access with and through gatekeepers demonstrated some difficulties of a practical and methodological nature. Given the limitations of the sample frame mainly associated with selection bias, it was not possible to make generalisations between the online survey sample and the general population of refugee doctors and teachers. As a result, the findings are based on 180 online survey responses (see tables 7 and 8). This means that the analysis of the online surveys only uses figures from those who answered the survey questions and non-responses was generally excluded.

Table 7: Number of online survey responses: refugee doctors

Doctors	Number of responses
London	89
Glasgow	19
Total	108

Table 8: Number of online survey responses: refugee teachers

Teachers	No of responses
London	34
Glasgow	38
Total	72

One of the main aims of the online survey was to provide contextual information and highlight general patterns in the process of refugee integration into professions, which were further investigated during the interviews (see section 3.5.3, which explains the rationale behind the online survey). Despite the online survey providing quantitative data, due to limitations of the sample frame the analysis of this quantitative data did not include statistical analysis. Instead, the aim of the analysis was to identify general issues experienced by refugee doctors and teachers in re-entering their professions after arrival in the UK and inform the analysis of the data from the interviews with service providers and refugees.

In order to analyse the survey data, in the first instance answers from the online surveys were divided into two categories: closed-ended questions and open-ended questions (see Appendix 12: List of survey questions codes). The answers to the closed questions provided the data on:

1. refugee demographic profile (gender, age, place of abode, country of origin, work experience, qualifications, time of arrival, time of receiving refugee status)

2. details of re-qualification process (English language courses, university-based courses or other vocational training)

3. work experience and current professional status (current occupation, job title, work experience in current post)

The answers to the closed-ended questions were coded as nominal variables. The answers to the open-ended questions provided more detailed information on the

skills and knowledge being gained by refugees undertaking different training courses and the barriers that they experienced in re-entering their professions after arrival in the UK. Open-ended questions were analysed qualitatively along with the interviews with service providers and refugee doctors and teachers.

After listing the nominal variables, I grouped the respondents' answers according to their employment status. Basing on the survey's answers to questions 26, 27, 28 and 30, I created four main categories of refugee employment status:

1. Respondents working full/part-time in their professions
2. Respondents in education or doing voluntary jobs
3. Unemployed respondents
4. Respondents working full/part-time but not in their professions

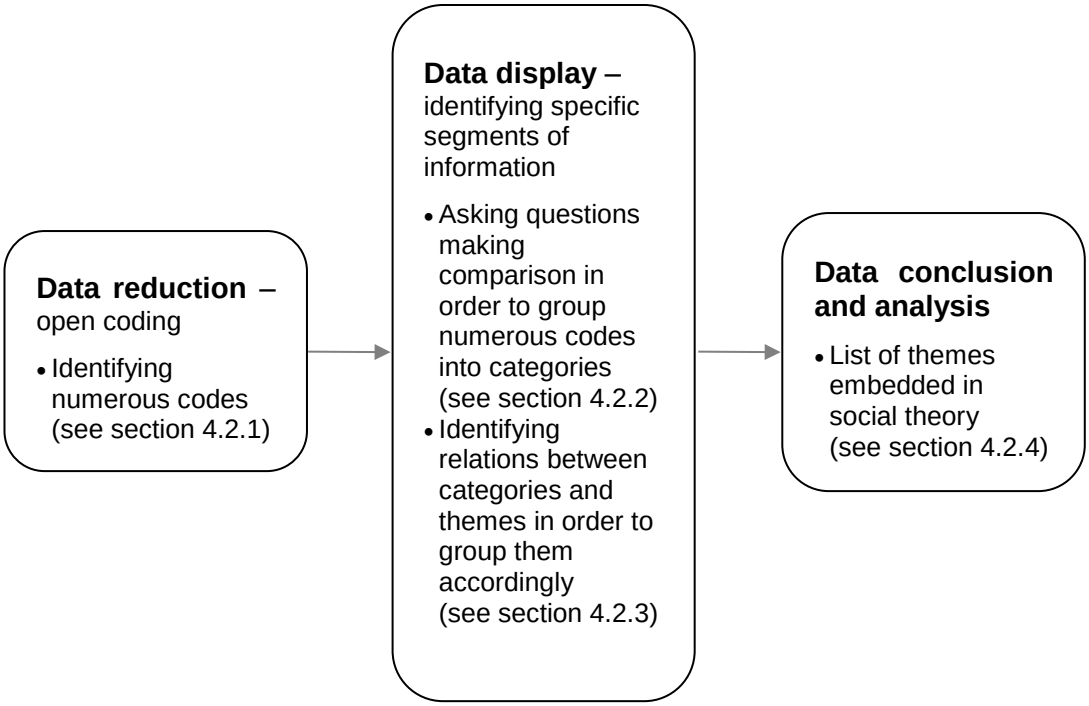
By cross-referencing refugees' employment status with their socio-demographic characteristics (age, gender, time of arrival and work experience prior to coming to the UK and in the UK), proficiency in the English language and qualifications, I was able to detect inter-relationships between them (De Vaus, 2001). The aim of this exercise was to identify inter-relationships between cited variables and patterns in refugees' experiences. The information obtained provided the contextual information for the interviews with refugee doctors and teachers and also for the data analysis process.

4.2 Process of data analysis – interviews with service providers and refugee doctors and teachers

There are various modes of qualitative data analysis. Fieldman (1995) indicates that there is no single method of qualitative data analysis and which is used depends on the purpose of research and the research questions to be addressed in the research process. The way a researcher undertakes analysis of qualitative data can take a variety of forms including grounded theory (Glaser and Strauss, 1967), discourse analysis (Potter, 1994), and narrative analysis (Plummer, 2001). This study uses the Miles and Huberman (1994) model for the analysis of qualitative data. The model (*ibid*.) combines three, general stages of data analysis: data reduction, data display, conclusion and analysis. The first step of data analysis - data reduction or open coding - involves selecting, simplifying, abstracting and transforming data through writing summaries, coding and making clusters and memos. The second stage – data display - includes organisation and compression of gathered data in a way which allows conclusions and verifications to be drawn. The third stage involves writing conclusions and theory building.

This approach to data analysis allows the combination of different techniques of data analysis to learn through the data and feed back into different stages of the data analysis process. Figure 4 shows the process of data analysis applied in this research.

Figure 4: Process of data analysis



4.2.1 Data reduction - open coding

Following tradition in qualitative research, for the first step of data analysis, I used the open coding technique (Glaser and Strauss, 1967). Only the first stage of data analysis, the open coding technique, was informed by the grounded theory approach (Glaser and Strauss, 1967) but this study did not fully adapt such an approach to the process of data analysis. I decided to use the open coding technique in the first round of data analysis to distance myself from the research data, to uncover new concepts and to avoid imposing my theoretical interpretations of the integration process on the refugees' narratives. Matthew and Milles (1994) argue that open coding is used to generate conceptual codes, meaning that analysis starts with no pre-conceived conceptual categories. For the purpose of this study, I decided not to pre-code any data until data collection was complete. This was due

to my desire to remain open to what the data had to reveal (Miles and Huberman, 1994). This approach allowed me to uncover new concepts, develop diverse abstract categories and avoid premature judgements.

Due to a large amount of data, I decided to use the qualitative data analysis computer software programme NVivo 9.2 (QSR International, 2012) to code the interview data. The programme gave me the opportunity to have all files, including the transcribed interviews (both with refugees and service providers) and the answers from the open question of the online surveys easily stored, searched and retrieved. As such, it provided a convenient way to code them into categories.

I personally transcribed the audio-recorded interviews. The process of transcribing helped me to create a close connection with the data. After transcribing all the interviews, I saved each transcript in separate files so that I could import them into NVivo for coding and analysis. From the beginning, I generated separate classifications for each participant, including gender, age, time of arrival, profession and place of abode (London/Glasgow). In the later stages of the analysis, this allowed me to differentiate between refugees' experiences, opinions and attitudes with reference to their age, gender or place of abode. It was important for this research, from an analytical point of view, to uncover differences in experiences between different groups of respondents: refugee teachers, refugee doctors and service providers. This was because such patterns had potential to provide valuable insights into factors shaping the process of integration into professions.

As interview transcripts contain more in-depth and rich qualitative data, I decided to code the interview transcripts with refugee teachers and doctors before interviews with service providers. As recommended by Strauss and Corbin (1998), I began detailed, line by line analysis to generate the initial codes. I started with the first participant on my list (Heather). I read the interview line by line and started identifying the initial codes of the interview transcript. I repeated the same procedure for all the transcripts. I coded the interview transcripts directly in NVivo and further expanded my coding scheme as required to generate a fair coverage of the diverse issues in all the interviews. I followed Lincoln and Guba's (1985) principles in selecting units of analysis for coding: '*first, it should be heuristic, that is, aimed at some understanding or some action that the inquirer needs to have or to take (…) Second, it must be the smallest piece of information about something that can stand by itself, that is, it must be interpretable in the absence of any additional information other than a broad understanding of the context in which the inquiry is carried out. Such a unit may be a simple factual sentence; it may be as much as a paragraph'* (Lincoln and Guba, 1985, p. 345). Units of analysis that I used in this study included a chunk of an interview transcript or an answer to an open question from the online survey that indicated a special message that fell under the identified codes.

During the open coding, I looked for predominant issues, experiences, opinions and attitudes as indicated in the interview transcripts and the importance they were given by the respondent. I used different techniques to describe refugees' experiences. Some of the categories were labelled using the words of the participants themselves (i. e., 'being stuck' and 'living in limbo'), while others were similar to existing categories found in the literature (i. e., forced migration and the asylum process). The first stage of analysis was provisional and, on several

occasions, pieces of coded data contained more than one idea. I therefore coded them under two separate codes (see table 9).

Table 9: Example of open coding

Narrative	Codes
Respondent 01: *I was stuck in the system, after six months I was about to receive the decision and they throw me out from accommodation, they don't know what they are doing with people's life, they are messing up with people's brains*	Being stuck Asylum process Emotional distress Lack of stability

The aim of the open coding procedure was to explore and learn about the data by breaking down the text of the interviews and attaching developing codes. At this stage interpretation of the data was minimal. As a result of the open coding analysis, I generated a list of 53 provisional, initial and overlapping codes. Table 10 shows the full list of provisional codes in alphabetical order. These provisional codes describe different experiences, events, feelings and opinions for respondents.

Table 10: List of provisional codes in alphabetic order

Assessment process	Language used by professions	Required skills
Asylum process	Learning the English language	Resignation
Attitudes towards profession	Limbo	Resistance
Being stuck	Looking for a job	Self-confidence
Bilingualism	Metal health problems	Similarities between professions
Clinical attachment	Mentoring	Social networks
Current employment status	Motivation	Staying in touch with professions
Decision making process	Perceptions about refugees	Structure of the professions
Differences between professions	Performance of professions	Supporting programmes
Doing nothing	PLAB exam	Tactics for overcoming barriers
Emotional distress	Plans for future	Time
English language	Powerlessness	Turning points
Exclusion	Preparation for exam	Uncertainty
Financial hardship	Profession as a status	Voluntary jobs
First job	Professional identity	Work experience in the UK
Gaining knowledge about the profession	Recognition of academic qualifications	Work experience in country of origin
Gap in employment	Recognition of pre-migration work experiences	Work placement
Hopes and expectations		
Lack of stability		

4.2.2 Data display - identifying specific segments of information

The second stage of the data analysis involved two steps. The aim of the first step was to group similar codes into categories according to properties which form a common link between them. The second step involved grouping categories into general themes previously identified based on the analytical framework of the process of refugee integration into professions already discussed in section 2.3.

Using ‘systematic comparison’ (Strauss and Corbin, 1998, p. 95), I started to cluster related codes into categories as I read through separate interviews. When codes

described different aspects of similar phenomena, I tried to unify and place them in one category (see table 11).

Table 11: Example of grouping codes into categories

Narratives	Code	Category
I had nightmares, weird dreams, I couldn't sleep. It was very tiring	Mental health problems	Asylum process
You never know what is around the corner, you cannot plan your life until you receive the decision on your asylum claim	Uncertainty	Asylum process

I inductively modified and refined a coding scheme using the constant comparative method (Glaser and Strauss, 1967; Miles and Huberman, 1994) in order to interpret and better understand the interview narratives. Following the approach of Miles and Huberman (1994), I began to question the similarities and differences between codes in order to reduce the data to more abstract categories. This was a long and difficult process involving adding, reconstructing, bringing codes together, identifying new codes and then grouping them into more general categories. Using systematic comparison of codes I wanted to make sure that each code was explicit in describing or labelling respondent actions, experiences and attitudes. This exercise aimed to ensure that code meanings did not overlap each other and that they appeared only in a single category. As a result of this process, I came up with 17 general categories, presented in table 12.

Table 12: Mapping codes to categories

Categories	Codes	
Asylum process	Asylum process Being stuck Doing nothing' Emotional distress	Limbo Mental health problems Uncertainty
Cultural barriers	English language Language used by profession	Performance of the profession
Current employment status	Current employment status	Staying in touch with profession
Decision making process	Decision making process Motivation	Profession as a status Resignation Resistance
Experience of being forced to migrate	Perceptions about refugees	Powerless
Experience of loss	Exclusion Financial hardship	Time
Forms of exclusion	Gap in employment	Lack of stability
Gaining professional capital	Gaining knowledge about the profession Learning English language	Preparation for exams Tactics for overcoming barriers
Institutional barriers	Assessment process Looking for a job PLAB exam Recognition of academic qualifications	Recognition of pre-migration work experience Structure of the profession Work experience in the UK
Mobilisation of professional capital	Bilingualism	Work experience in country of origin
Plans/expectations/hopes/ uncertainties	Hopes and expectations	Plans for future
Professional aspirations	Attitudes towards profession	Professional identity Self-confidence
Reflection on journey so far	First job	Turning point
Opinions of assessment process	Assessment process Differences between professions	Required skills Similarities between professions
Social networks	Social networks	
Supporting programmes	Mentoring	Supporting programmes
Voluntary work	Clinical attachment	Work placement

The process of constant comparison helped me to clarify the meaning and appropriateness of each code and category. Until now, the process of data analysis had focused on finding core categories grounded in data. However, after clustering identified codes into more general categories, I realised that each category could be considered in connection with other categories, and that the same categories could be grouped together in several different ways, reflecting different aspects of the analysis. Despite the process of constant comparison allowing me to group codes into more general categories, it did not provide an explanation of how codes within categories relate to each other or to theoretical ideas. Thus, to ensure that identified categories were grouped in more general themes reflecting research questions, I decided to return to my theoretical model described in section 2.3 and identify the general themes of the analysis.

4.2.3 Data display - identifying interrelations between categories and general themes

The themes informing the interpretation of the data and around which the present thesis is organised were created on the basis of the analytical framework of the process of refugee integration into professions described in section 2.3. According to this framework, analysis of the operationalisation of the process of refugee integration into professions should focus on three general stages: the 'social conditions' in which the integration process is developed, 'social interaction', which describes how refugee doctors or teachers respond to encountered social conditions and 'elaboration of social conditions' which focuses on whether refugees were able to challenge encounter barriers and re-enter their chosen professions. Using this framework four general themes were generated from categories:

'refugeeness', 'professional structures', 'refugee strategies for re-entering their professions' and 'current employment status'. The themes 'refugeeness' and 'professional structures' contain categories which describe the social conditions in which the process of refugee integration into professions takes place. The third theme, 'refugee strategies for re-entering their professions', includes categories which describe refugee doctors' and teachers' strategies for challenging encountered barriers. The fourth theme, 'current employment status', contained experiences describing the employment status of refugees at the point of their interviews, their plans for future and opinions as well as reflections about their journey so far. Table 13 provides a description of identified themes.

Table 13: Description of four general themes

Research questions / Main themes	Brief description
Refugeeness	Categories containing codes referring to experiences of being a refugee
Professional structures	Categories containing the codes referring to the process of re-engaging with doctors' and teachers' professions
Refugees' strategies for re-entering their professions	Categories containing codes referring to refugees' motives, attitudes and attempts to challenge encountered barriers
Current employment status	Category containing codes describing refugees' current employment status, plans for future and opinions/reflections about their journey

Working through the categories, I wanted to identify whether each referred to refugees' experiences of re-entering their professions after arrival in the UK, described their experiences related to their refugee status, expressed their motives/attitudes/attempts to re-enter their professions or described their current

employment status. In order to identify the connection between categories and general themes and group these accordingly, I decided to use three principal questions: What? Who? and Why? (Strauss and Corbin, 1998, p. 63):

1. **What?** - What kind of experience do respondents' narratives describe? (refugeeness/re-entering their professions/other?)
2. **Who?** - Who is describing the event? (refugee teacher/refugee doctor/service provider)
3. **Why?** - How does the respondent justify his or her actions/opinion/attitudes? (refugee motives/attitudes/ justifications for actions)

The main goal in utilising such questions was to map developed categories into one of the four general themes. In doing so, I printed out all the interview transcripts and read them through one by one to grasp general ideas of the interview data. I decided to create a background profile for each participant and write a short description of their personal backgrounds, history of accessing their professions and their life experiences (see Appendix 13: Background profiles of interviewed refugees). I used both data from the online surveys and from the interviews to create respondent background profiles. These materials were useful to identify the contexts in which identified categories arose and were thus helpful in establishing links between identified categories and general themes. In addition, by engaging with the questions what? who? and why? I was going through each category to define, interpret and better understand predominant issues described by each category and how these issues were related the general themes. This was a long process that involved bringing categories together and finding links between categories and general themes. It was an interactive process involving moving back

and forth between identified codes grouped in categories, research questions and the analytical model. As a result of this exercise, I came up with the list of categories and codes mapped into four general themes (see table 14).

Table 14: List of the themes and categories

Theme	Categories
Refugeeness	Asylum process - category containing codes referring to refugees' experiences of asylum process
	Experience of being forced to migrate - category containing codes referring to refugees' experiences of being forced to leave their home country
	Experience of loss - category containing codes referring to refugees multidimensional experiences of deprivation
	Forms of exclusion - category containing codes referring to refugees multidimensional experiences of exclusion
Professional structures	Institutional barriers - category containing codes referring to institutional organisation of professions and barriers they create for refugees to re-enter the profession
	Cultural barriers - category containing codes referring to professional cultural competences and practices and barriers they create for refugees to re-enter the profession
	Opinions of assessment process - category containing codes referring to refugees opinions of the re-qualification and re-education processes
Refugees' strategies for re-entering their professions	Professional aspirations - category containing codes referring to refugees' reasons for re-entering the profession
	Decision making process - category containing codes referring to refugees diverse considerations and justifications of their decisions about professional career path
	Gaining professional capital - category containing codes referring to the processes of learning and acquiring professional competences through formal and informal training
	Mobilisation of professional capital - category containing codes referring to examples of making a use of refugee professional capital
	Social networks - category containing codes referring to refugees diverse social relations
	Supporting programmes - category containing codes referring to initiatives assisting refugees to return to the profession
	Voluntary work - category containing codes referring to a role of volunteer work in returning to the profession
Current employment status	Plans/expectations/hopes/uncertainties - categories containing codes referring to refugees' narratives on their future plans, hopes and expectations
	Reflection on journey so far - category containing codes referring to refugees' general reflections and opinions about their experiences of accessing the profession after arrival in the UK

After mapping categories and codes into four general themes, I wanted to ensure the consistency and transparency of my coding procedures. For this reason, I explained my study, the coding scheme and the coding procedure to another PhD student who had conducted research with ethnic minority groups. On a randomly selected interview transcript, we coded the data together to ensure that the coding scheme is transparent. I then asked my colleague to code one randomly selected interview transcript. This exercise involved practice coding of one page of interview transcript followed by comparison with my own coding of this same transcript, and a discussion of the transparency of themes and the coding scheme. This process also served to establish the reliability of the process of data analysis.

The process of coding and revision took place until, as suggested by Lincoln and Guba (1985) all data could be readily classified, the categories became saturated and a sufficient number of regularities emerged. Despite this exercise allowing me to group identified categories into more general themes, it did not provide any explanation of how categories within themes related to each other and to theoretical ideas. The final stage of data analysis thus focused on identifying and describing the relations between the categories grouped under each general theme.

4.2.4 Conclusion and analysis of the data

At the final stage of data analysis, I decided to extract the groups of categories under each theme to describe the relations between the individual category within each theme. Whilst the NVivo programme facilitated organisation of the data, it also detached me from the context within which the data had emerged. This was

because I was only able to see chunks of coded narratives without contextual background. I therefore decided to extract all the data under each theme established in NVivo and started scrutinising patterns which reoccurred in each particular theme. The aim of this exercise was to see the relations, patterns and differences between the different codes and categories within each theme in order to expand the data and exhaust their full analytical potential. Working through each theme, I firstly described the narratives and then compared and contrasted the data in order to see similarities, diversities or irregularities between the categories within each theme. The process of describing narratives helped me to think more critically about the data sets.

Following the analytical framework described in section 2.3 (see figure 2), I started with the theme of refugeeness as one of the social conditions in which refugee teachers and doctors found themselves following migration. I extracted all the data under this theme from NVivo and started scrutinising patterns which recurred in this theme. Working through the data, I firstly wanted to identify predominant refugee-like experiences based on frequency of occurrence in identified categories and the importance they were given by respondents. These included experiences of forced migration, the asylum process and multi-dimensional experiences of marginalisation and loss. Further to describing these refugee-like circumstances, I was interested in identifying how these experiences shape the integration process into professions.

Next, I moved to theme of ‘professional structures’. Again, I extracted all the categories related to this theme from NVivo into one document. Working through the list of all the categories, I looked for examples of different mechanisms, procedures, rules or norms within the structures of the teaching and medical professions which

could create barriers for refugee doctors and teachers to re-entering their professions after arrival in the UK. I was interested in describing how the professional structures of the teaching and medical professions created barriers/opportunities for refugee doctors and teachers re-entering their professions. In addition, I wanted to identify and compare the nature of integration opportunities and constraints across the two professions. I decided to parallel refugees' narratives with service providers' narratives in order to identify differences in perceptions and attitudes about barriers/opportunities to the process of integration into professions.

Following my analysis of social conditions (e.g. professional structures and refugeeness) I focused on the theme of gathering narratives on refugee strategies to re-enter their professions. I started by describing their professional aspirations after arrival in the UK. Professional aspirations were important in this respect, as they defined the aims of refugees' actions, plans and attitudes to the process of integration into their professions. Professional aspirations thus have an impact on refugees' decisions on whether or not to pursue their professional careers after arrival in the UK. Looking at refugees' professional aspirations and processes of decision making, I wanted to identify general patterns between them. For this purpose, I decided to use the profiles of the interviewed refugees (see Appendix 12: background profiles of interviewed refugees) as a supportive context to capture patterns and differences in the process of decision making. In addition, I looked at the kinds of actions, plans and methods refugees used to fulfil their professional aspirations and challenge encountered barriers and how they went about doing this. As a result of contrasting and comparing refugees' diverse professional aspirations with their actions, plans and methods to fulfil them, I came up with four main strategies that refugees applied to challenge encountered barriers. In addition to

identifying and describing refugee strategies, I was interested in the ways in which social and professional capital could serve as a facilitator of the process of integration into professions. I looked at different forms of social capital, including 'bonding', 'bridging' and 'linking' (Putman, 1993; 2000), across the regions (London and Glasgow) and professions (refugee doctors and teachers), to describe the ways in which they support, or not, the process of integration into professions. Finally, I was interested in describing whether, and in what contexts, refugees' pre-migration qualifications and competences could serve as valuable assets facilitating the process of integration into professions.

According to the analytical framework applied in this study, the third stage of analysis, elaboration of social conditions, describes the changes of social conditions [refugeeness and professional structures] in a consequence of refugees' responses to encountered barriers. The final step of the analysis process therefore was to describe refugee doctors' and teachers' current employment status to assess whether they were able to challenge encountered barriers and re-enter their professions after arrival. Looking at refugees experiences, opinions describing their living conditions at the point of interview, as well as the level of satisfaction of their employment status and future plans, I wanted to define refugees' understandings of the situation when challenges relating to their experiences of refugeeness and professional structures are transformed and when are reproduced. Next, working through the list of categories describing refugeeness and professional structures, alongside with refugees' strategies, I was interested in identifying how those strategies were successful in challenging the social conditions in which refugees found themselves following migration to the UK. As a result of comparing characteristics of refugee like circumstances, barriers related to professional

structures of the professions, with refugee strategies as well as their experiences, opinions about their living and employment status at the point of interview, I came up with descriptions of how social conditions [refugeeness and professional structures] elaborate in a consequence of refugees strategies to re-enter their professions.

Grouping data into more general themes enabled me to compare, contrast and question the codes under one theme. Despite the NVivo programme helping me to comprehensively explore my data, I needed to print all the data under each general theme and apply the traditional paper and highlighters technique to reconceptualise and find relations between the codes and categories under each theme. In the final stage of data analysis, the focus shifted back to the research questions and analytical framework of the process of refugee integration into professions

4.3 Discussion and summary of the data analysis process

The literature seems to treat coding as a logical process (Atkinson, Hammersley, Delemont, Lofland and Lofland, 2008). However, transforming coded data into meaningful data involved a constant process of scrutinising, conceptualising and decontextualising research data and filtering it through the authentic voices of interviewed refugee doctors and teachers and service providers. The process of data analysis included four stages in which different techniques for data analysis were applied. In the first stage of data analysis, data reduction, I used the open coding technique to learn about the data and generate initial codes. In the second stage of the data analysis process, I grouped identified and overlapping codes into

more general categories. The first two stages of data analysis followed the techniques of data analysis used in grounded theory (Glaser and Strauss, 1967), however these stages represented only one step of the analysis and served to inform the following stages of the process. After identifying codes grouped in more general categories, I returned to my analytical framework described in section 2.3 to first identify the four general themes on which this thesis is based and, secondly, to inform the interpretation of the identified categories and group them accordingly. In the final stage of the data analysis I extracted all the categories under each theme to describe the relations between the individual codes and categories within each theme.

Indeed, the data analysis was not a linear process, but rather required moving back and forth between the ideas emerging from collected data, research questions and the analytical framework of the process of refugee integration into professions. All three stages – data reduction, data display, data conclusion and analysis – were interlinked and combined with the process of data analysis adopted in this study. Consequently, the codes obtained through the open coding procedure informed the development of more general categories which were grouped into four themes that emerged from the analytical framework of refugee integration into professions. The choices I made were motivated by the need to reflect participants' opinions, attitudes and experiences of re-entering their professions after arrival in the UK. The style I chose was to reflect refugees' own experiences of the integration process. In this way, I was able to give an account of refugees' own perspectives, and was also able to indicate where refugees' perceptions of reality were supported by service providers and where they were not.

While using computer aided analysis provided easy access to all the data previously assigned to particular codes and categories (Dey, 1993), I found various limitations of using NVivo for the process of data analysis. I therefore decided not to use it for the final part of the analysis. For example, due to the vast amount of data, I found it time-consuming to introduce all the data into the programme and code it. Further to this, the interviews were carried out in such a way that they described the stories of refugee doctors or teachers about their journeys to re-enter their professions after arrival in the UK. As the context of the interviews was important for understanding the data, I found NVivo to be restrictive for capturing the context in which data emerged. Thus, while the Nvivo programme was useful in organising the data and extracting the data under each category, it detached the data from the context.

DATA DISCUSSION CHAPTERS: Introduction

The following four chapters of data discussion interpret the themes that emerged from the analysis of the online surveys with refugee teachers and doctors and interviews with service providers and refugee doctors and teachers, in both Glasgow and London. The data discussion is organised into four separate chapters which describe and discuss the different stages of analysis of the process of refugee integration into professions. The organisation of these chapters is arranged to reflect the three stages of analysis based on Archer's morphogenetic framework (see figure 2). Despite the data discussion being organised into four separate chapters, the themes discussed in each chapter overlap, illustrating the complexities and multi-dimensionality of the process of refugee integration into professions.

The narratives presented in following chapters come directly from interviews with service provides and refugee doctors (see Appendix 14: Sample of interview transcript with refugee doctor) and teachers (see Appendix 15 sample of interview transcript with refugee teacher). Voices of all 39 refugee doctors and teachers are presented throughout following chapters.

Correspondingly with Archer's arguments that social conditions pre-date social action (Archer, 1995; 2007), the first two chapters start by describing the social conditions in which the actions, events and experiences constructing the process of integration into professions emerged. **Chapter 5** looks at refugee doctors' and teachers' individual and personal narratives describing their refugee-like experiences. In addition, the chapter explores how refugees' experiences, related to

their circumstances, have an impact on the process of integration into professions. **Chapter 6** focuses on the roles of the professional structures of the teaching and medical professions in shaping refugees' experiences of re-entering their professions after arrival in the UK. After examining refugee-like circumstances and professional structures, **Chapter 7** looks at refugee narratives to describe the different ways in which refugee doctors and teachers respond to encountered barriers. In addition, the chapter explores the roles of professional and social capital in the process of refugee integration into professions. Finally, **Chapter 8** discusses how social conditions described in chapters 5 and 6 elaborate (were transformed and/or reproduced) as a consequence of refugees diverse responses to encountered barriers.

CHAPTER 5: Social conditions: refugeeness

The present chapter starts by describing the theme of 'refugeeness'. The theme of refugeeness is presented in this chapter by describing the most prominent experiences identified through the voices of refugee doctors and teachers. These include forced migration, negative experiences of asylum process, restrictions on rights attached to the legal status of asylum seeker, multi-dimensional economic, cultural and social marginalisation, multi-level experiences of loss and labels attached to refugee status.

The chapter begins by looking at experiences of forced migration and indicates refugees little choice in the process of decision making and high resistance to the use of asylum channels to enter the UK. The following section explores refugee doctors' and teachers' experiences of the asylum process. Particular focus is placed on restrictions attached to the legal status of asylum seeker and the general punitive characteristics of the asylum process. Despite restrictions stemming from the procedures of the asylum process, this section also shows that refugee doctors and teachers try to stay engaged with their professions while waiting for decisions on their asylum claims.

The next section describes refugee doctors' and teachers' living circumstances after being granted leave to remain in the UK. This leads into a discussion of refugees' experiences of multi-dimensional marginalisation and their complex experiences of loss. The final section of this chapter focuses on describing the overall impact of refugee-like circumstances on the process of integration into professions.

5.1 Experiences of forced migration: '*I didn't want this'*

The literature review in **Chapter 2** stressed that identification of general differences between the categories of forced migrant and migrant results in methodological and ethical challenges (Turton, 2003). This is because most migrants' decisions involve complex elements of compulsion and choice and they may face similar disadvantages in their receiving countries (Hathaway, 2007). However, all the interviewed refugees stressed that their decisions about migration were driven by fear of persecution, leaving them little choice other than to move. Lucasta described his experiences as follows:

> *I had everything: good job in local school, house, family and friends. People in my community respected me. So, I didn't ask and I didn't want to claim asylum in this country, I didn't want to leave my country, but sometimes life changes so rapidly that you have almost no choice (…) I didn't want this.*
>
> *Lucasta, refugee teacher, London*

Lucasta indicated that he did not ask to and did not want to leave his home country. However, rapid and unexpected changes left him little choice other than to claim asylum in the UK. It should be highlighted that the sample for this study included refugees who were doctors or teachers by profession prior to coming to the UK. Established professional status in their home countries could enhance feelings of rejection following migration to the UK.

As well as rejection of life in exile, little or no knowledge of the asylum process or immigration regulations upon arrival in the UK was illustrated in the narratives of interviewed refugees. For example, Josef pointed out that he was not aware what 'claiming asylum' meant:

> *My plans were to go to Canada. With a couple of friends from Egypt, I was preparing for professional exams organised by the Medical Council in Canada. You can take these exams only in some cities in Europe. I suggested going to Paris. However, my friend suggested that we should go to London. At that time, it was May 2007. When I was taking the exams in London, things changed in my country. I am from Palestine, Gaza region. There was a real war there. I couldn't come back and I didn't have a visa to return to Egypt because my medical training at this point was finished. I was stuck, I didn't have a student visa to enter Egypt and I couldn't return to my own country (...) my friend in London advised me to claim asylum. I said 'no, I don't want to live here'. But at this point, I didn't even know what claiming asylum means. So, I decided to return to Egypt even though I did not have a visa. I stayed there for a few days. Because they wanted to deport me to Gaza, after two days of thinking, I decided to go to London and claim asylum.*
>
> *Josef, refugee doctor, Glasgow*

Josef had been planning to go to Canada to work as a doctor. While he was sitting his professional exams in London to receive permission to work in Canada, the situation in his country changed in such a way that meant he was not able to return. Josef's narrative indicates that he was not considering staying in the UK, but rapid and unexpected changes in his living circumstances as a result of political crisis and violence in his country of origin pushed him to apply for asylum in the UK. Josef's narrative shows that seeking asylum in the UK was the last preferable option for him, but being in personal danger left him little choice in his decision about migration. Despite Josef in the first instance refusing to use the asylum channel to enter the UK and thus returning to Egypt, the threat of deportation to the Gaza region left Josef little choice but to return to the UK and claim asylum. This common experience among refugees of little choice in the decision making process about migration was also indicated by Jacqui and Eva, service providers working with refugees in London:

> *It is not that they [refugees] have a shopping list with countries they want to visit. They don't have a choice. Despite that, they need to make a decision.*
>
> *Jacqui, service provider, London*

> *Many refugees make their decisions about migration without knowing the destination of their journey*
>
> *Eva, service provider, London*

Jacqui and Eva outlined that little choice in negotiating their decisions about migration and little knowledge about their destination countries were circumstances common to a number of refugees making decisions about migration. A study by Crawley (2010) indicates that many refugees are not aware of their eventual destinations when they make their initial decisions to migrate. For all, 39 interviewed refugees, the primary objective behind their decisions to come to the UK was to reach a place of safety. The decision about where that place of safety might be was very much a secondary consideration. For example, Lucasta pointed out that his life was targeted by the authorities in his home country and thus he was forced to leave his country to remain safe:

> *I didn't want this but my life was in danger. There were two attempts on my life as a result of which one person was killed. He was protecting me, he died in my hands.*
>
> *Lucasta, refugee teacher, London*

Repetition of the phrase *'I didn't want this*' in Lucasta's narrative (see p. 156) suggests rejection of life in exile and indicates that he had little choice in his decision making process. Fear of persecution and violence against Lucasta's life were the main conditions informing his decision to leave. Little choice in decisions about migration should not, however, result in refugees being pictured as 'passive victims'. The sample of interviewed refugee doctors and teachers included refugees who had arrived in the UK through the Gateway Protection Programme. This programme is operated by the UK Border Agency in cooperation with the UNHCR,

and is separate from standard procedures for claiming asylum in the UK. It offers a legal route for up to 750 refugees to settle in the UK each year (UNHCR, 2011). For example, Jabez came to the UK through the Gateway Protection Programme, which enabled him to re-settle in the UK:

> *My wife was in danger, we decided to get this programme which offered us leave to remain in this country and we needed to stay in Glasgow for at least three months. My wife's life was in danger, so we had no choice. When you are a refugee, you have little choice.*
>
> *Jabez, refugee doctor, Glasgow*

Turton (2003) indicates that there are differences between the rationale, choice and behaviour of proactive migrants seeking to maximise their advantages and the reactive behaviour of those whose freedom to make decisions is constrained by the circumstances of their departure. However, between these two extremes, a large proportion of people cross state borders and have little control over the economic, social and political pressures exerted on them. Nonetheless, they do exercise a limited degree of choice in the selection of their destinations and the timing of their movements. While Jabez decided to come to the UK through the Gateway Protection Programme to secure the safety of himself and his family, this was not the case for Josef or Lucasta. Despite differences at point of entry to the UK, the same conditions, namely fear of persecution and violation of human rights, informed the refugees' decisions about migration. Thus, reaching a point of safety was the primary and underlying factor behind refugees' decisions to migrate. All cited

refugees therefore shared common experiences of forced movement which illustrate one of the examples of their refugee-like circumstances.

Lack of choice about decisions to move often leaves refugees with little time to prepare for migration. Thus, refugee doctors and teachers may not take proof of their professional qualifications with them. Lack of documentation demonstrating professional qualifications creates difficulties when providing evidence of their pre-migration skills, knowledge and competencies. This was indicated by one service provider in Glasgow:

> *People may only have their birth certificate with them. This is because they escaped from their country, they might have no time to take their education certificates with them, and they cannot go back and get them.*
>
> *Iga, service provider, Glasgow*

As well as lack of documentation stating their professional qualifications, rapid and unexpected movement, lack of preparation prior to migration, according to Okan, puts refugee doctors at a disadvantage when compared to other overseas-trained doctors:

> *Other overseas-trained doctors, they can learn the language before they come here, or can check what you need to do to work as a doctor in the UK. I didn't plan this, so I had to start from the beginning.*

Okan, refugee doctor, London

Okan listed practical difficulties related to lack of preparation before migration to the UK, including little knowledge of the English language or of the entry requirements for the medical profession in the UK. Such circumstances could further extend the time required for doctors to access the profession and could suggest that forced migrants may require more time to access their professions after arrival in the UK. Further to this, resistance to migration to the UK can have further impact on refugee approaches towards their professional careers in the initial phrase after arrival in the country. Such a situation was described by Tahur:

> *Because I didn't want to come or stay in the UK, I wasn't thinking about my profession and ways of returning to it. I was waiting until the situation in my country changed, so I would be able to return, but time was passing by and nothing changed in my country.*
>
> *Tahur, refugee doctor, London*

Tahur indicated that in the early period after his arrival he did not plan to stay in the UK and was not interested in pursuing professional aspirations. This perception of temporality of living in the UK had an impact on Tahur's attitude toward pursuing professional aspirations in the country. Refugees' strategies to address encountered barriers are illustrated in **Chapter 7**.

5.2 Experiences of the asylum process: '*I don't think that someone would choose this path'*

Not only do refugees have little power to negotiate decisions about their migration, but they also have problems influencing the outcomes of their asylum claims. There was agreement among 35 of interviewed refugees who had been through the asylum process that they felt there to be no just criteria for granting leave to remain in the UK. For example, Alymar indicated that whether a person received refugee status depends on their 'luck':

> *It is a long process and it depends on a person's luck. Some people were lucky and had received it [refugee status] after three months, but I was not. It took me six years to receive my status.*
>
> *Alymar, refugee doctor, Glasgow*

Alymar spoke about having little control over the decision about his future life in the UK. The expressions *'luck'* and '*I was lucky'* could suggest that the outcome of the asylum process was out of Alymar's influence and lay with the powers of the immigration and asylum procedures. Existing research into refugees' experiences of the asylum process also suggests that the procedural outcomes of the asylum process might not always be fair to applicants (Düvell and Jordan, 2003; Gill, 2009, Jubany, 2011)

In order to justify their reasons behind claiming asylum, refugees are required to go through the asylum process. The first step of the asylum process is the screening interview, which aims to record asylum seekers' personal details and investigate the circumstances of their arrival in the UK. This interview takes place 'as soon as reasonably possible'.[30] During the interview, an asylum seeker needs to prove that there is a real risk of their being persecuted on the basis of race, religion, nationality, political opinion or membership of a particular social group in their home country and that their home government is unable or unwilling to protect them. Josef explained his experiences as follows:

> *The first interview took place in an airport. They [asylum officials] provided me with an interpreter at that time, even though I said that I could speak the English language. They asked me tricky questions. I remember that. They said to me that because I was a doctor and because I was looking for work abroad as a doctor, I had probably come here to seek employment. They asked me why didn't I go to Canada? Why did I come to the UK? I replied that my life was in danger and I didn't think about that. My priority was to be safe. But they didn't accept my explanations. They said to me that because I was a highly skilled person I was not eligible to claim asylum, and thus they couldn't allow me to stay here. They said to me that because I was a highly skilled person they would deport me to the west part of Gaza.*

---

[30] Section 55 of the Nationality, Immigration and Asylum Act 2002 gives the Home Secretary power to deny support to asylum seekers who have not applied for asylum 'as soon as reasonably practicable'. In December 2003, the Home Secretary provided further clarification by announcing that asylum seekers would be considered to have made their claim 'as soon as reasonably practicable' if they could give 'credible explanation' of how they arrived in the UK within three days of applying for asylum.

Josef, refugee doctor, Glasgow

Josef's narrative suggests that one of the issues in the asylum process is the institutional assumptions made about applicants not telling the truth. Josef indicated that the immigration officers were suspicious of his motives for claiming asylum. Josef believed that the refusal of his asylum claim was informed by the asylum officials' assumptions that his main motives for entering the UK were economic. Such assumptions, according to Josef, lead to exclusionary outcomes of his asylum claim and complicate its correct handling.

Indeed, the burden of proving their reasons for coming to the UK lies with refugees. The process of providing evidence to support their asylum claims often involves dealing with the experiences that forced them to move in the first place. This often involves going over traumatic experiences of torture, prison or persecution, only to experience ongoing questioning of the credibility of their statements. This experience can have a profound effect on refugees' mental well-being and often results in feelings of confusion and self-blame:

They [asylum officials] were questioning my motives for coming to the UK. They asked me several times why did I come here? I was on my own at that time. I started to think why, what had I done? I didn't know what to do at that point.

Samuel, refugee doctor, London

Samuel's narrative shows the relationship between ongoing questioning of the truthfulness of refugee statements and feelings of self-blame and confusion. In addition, according to Heather, the threatening language of Home Office communication enhanced her feelings of anxiety and stress

> *I was receiving stressful letters from the Home Office. Every time I was about to open an envelope I thought that my heart would jump out of my chest. It was a very, very stressful experience. The language that they used was threatening, and I felt that they were threatening me. It was a very bad experience. I kept asking myself why they were doing this to me and other refugees.*
>
> *Heather, refugee doctor, London*

Heather spoke about her feelings of being depressed or stressed every time she received a letter from the Home Office. Heather's perception of the language of the Home Office communication as being threatening could also demonstrate the punitive character of the asylum process. This, however, could indicate that the asylum procedures within the asylum process are shaped by values of disbelief and deterrence and aim to discredit applicants.

Another issue raised in regard to the asylum process involved restrictions on asylum seekers' rights. Heather described her experience as follows:

The Home Office are doing whatever they like with your life, and you have no influence on this. The problem is that you feel that you are stuck. You cannot travel, you cannot do anything, you are stuck, and even if you would like to move forward, you cannot.

Heather, refugee doctor, London

Heather spoke about her feeling of 'being stuck', which suggests different meanings. One such meaning could relate to restrictions attached to legal status of asylum seekers, including the right to freely choose their places of abode, the right to work, the right to full-time education and the right to welfare support. Indeed, since 1999, immigration and asylum policies have gradually restricted the rights of asylum seekers. For example, the 1999 Immigration and Asylum Act removed asylum seekers' rights to freely choose their places of abode by introducing dispersal policies and reducing their welfare entitlements to 70 per cent of the standard benefit. Further to this, the Asylum Act of 2002 removed asylum seekers' rights to work and extended powers to detain asylum seekers at any time during their applications. Thus, the expression 'being stuck' could indicate a feeling of being restricted by immigration and asylum regulations. The experience of 'being stuck' was also expressed by Josef:

I was stuck in this country, because I was detained. The Canadian Medical Council was asking for me, but I couldn't go because I didn't have a passport. I was detained. I had nothing, no ID card, nothing.

Josef, refugee doctor, Glasgow

Josef listed different examples of restrictions on his rights during the asylum process, including detention, having no ID and not being able to return to his country of origin or travel to different countries. As a consequence of the restrictions on asylum seekers' rights, Dominique indicated that he become more dependent on state support:

> *What I hated the most was living on social security. Signing up for benefits in the job centre was embarrassing. I didn't want to live like this. I used to be an active person and I didn't want to live passively. I felt like a disabled person. I couldn't do anything. I felt like a sick person because I couldn't work. These feelings really damaged me. If I were in employment, I would have gained some knowledge and improved my English. I could have gained knowledge about life in the UK. I could have money and it would be different, not like this.*
>
> *Dominique, refugee teacher, London*

As Dominique was not able to undertake any employment due to the restrictions on his right to work during the asylum process, he was not able to re-enter the labour market and, as a consequence, he lost opportunities to develop his pre-migration knowledge and learn new skills that would help him to re-enter his profession. This meant that he was not only detached from the teaching profession, but also was unable to return to it due to restrictions on his rights to work or to undertake full-time education. This, however, indicates that restrictions on asylum seekers' rights

diminished the activities that refugees waiting for decisions on their asylum claims could do for themselves. For example, Lucasta pointed out that the life of asylum seekers was limited to certain simple activities like eating, drinking and sitting and doing nothing:

> *I grew up in a society where you must work. It is your obligation to contribute to the community you live in. The life of an asylum seeker is different. Your everyday tasks are limited to eating and drinking, that is all. I didn't want it. It was not me. I wanted to do things, not sitting and did nothing.*
>
> *Lucasta, refugee teacher, London*

Again repetition of the phrase of 'I didn't want it' in Lucasta's narrative (see p.156 and p.159) suggests rejection of using the asylum channel to enter the UK and indicates that claiming asylum in the UK was the last preferable option for him. In addition, Lucasta's narrative points out that the asylum process has a further, internal, effect of infantilising asylum seekers by restricting their daily activities to simple tasks such as 'eating' and 'drinking', thus enhancing feelings of being dependent on state support. However, Lucasta also expressed a strong desire to do things for himself. This could suggest that the stereotypical perception of a refugee as a 'passive victim' or 'welfare abuser' does not reflect the way interviewed refugees experienced their situations while waiting for decisions on their asylum claims. In addition, high dependence on state support introduced new aspects to refugee doctors' and teachers' living circumstances. For example, Tara, a service

provider, indicated that limited asylum seeker rights come with little obligation and expectation, consequently diminishing their feelings of responsibility:

> *During the asylum process you are not allowed to work, travel or start full-time education. You are not allowed to plan your day and your future. Apart from lawyer appointments and doctor appointments, nothing is certain. As you have almost no rights, you also have no obligations or responsibilities.*
>
> *Tara, service provider, Glasgow*

Tara's narrative suggests that refugees' motivations, self-initiative and abilities to plan their lives after arrival in the UK may be undermined while their life circumstances are controlled by immigration and asylum regulations. Restrictions on asylum seekers' rights and inability to do things on their own behalf has a further impact on refugees' motives and beliefs in the realism of re-entering their professions after arrival in the UK. Such restrictions put refugee doctors and teachers in vulnerable positions when compared to other groups of migrants such as EU migrants with rights to live, work and undertake full-time education from the day of their arrival in the UK. Despite Josef, at the point of interview, undertaking medical training (Foundation Year 1), the experience of being detained still brought back traumatic memories for him:

> *Every time I pass by this place [detention centre] I feel scared. I have stayed there for 10 days, doing nothing, just waiting.*

Josef, refugee doctor, Glasgow

Josef's narrative could suggest that the asylum process had a profound effect on the process of refugee integration into professions. As a result of restrictions on asylum seekers' rights, refugee doctors and teachers spend considerable amounts of time waiting in limbo. The strains and unfairness of the asylum process has a knock-on effect on refugee well-being. Depression was a prominent problem reported by interviewed refugees:

> *I have been living in London for 10 years, yes, I said 10 years, but for me it has been like six years, because for those first four years I didn't go out, I didn't do anything. I was afraid to go out and speak to people (...) I have been unfortunate with my life and during the first four years of living here I couldn't do anything (...) I was not able to do things, I was somewhere else, I was in shock, I was traumatised, depressed, I couldn't do anything.*
>
> *Chantal, refugee teacher, London*

Chantal listed different mental health problems she experienced after her arrival in the UK, including trauma, shock and depression. Similarly to Chantal, Abraham reported problems with sleeping, depression and anxiety attacks:

It is bad for my health, I have nightmares, weird dreams, I can't sleep, or I get stressed, this is hard. It is awful, but this is life (...) I was so depressed, depressed, and stressed, I was wondering what was going on? What will my future look like? Do I have any future?

Abraham, refugee doctor, London

Refugees' pre- and post- migration trauma-related experiences resulted in different forms of mental health issues among those interviewed. The cited narratives of interviewed refugees could suggest that the lives of asylum seekers were put on hold until refugee status was granted. The period during which interviewed refugees waited for their status varied in length between 14 months and 11 years:

Still now, you can wait for a decision for many years. I meet a lot of refugee teachers and doctors who waited for nine, 10 or 11 years for their decisions.

Alistair, service provider, London

I waited nearly eight years. It was a long time.

Heather, refugee doctor, London

I waited 14 months to receive the status, 14 months.

Josef, refugee doctor, Glasgow

Examples of refugees waiting for an asylum decision for 11 years were not exceptional, as indicated by one service provider in London. Although the New Asylum Model in 2006 introduced a fast track application process, it is apparent that refugees remained stuck in long asylum procedures. During this time, 35 of interviewed refugees were unable to progress with their professional careers. This period of time, which varied from 14 months to eight years, was a time when refugees could not take up employment, start full-time education or freely choose a place of abode. As asylum seekers, interviewed refugees were subject to immigration control, meaning that their rights were restricted by immigration and asylum regulations, leaving them little space for their own actions. This meant that for the duration of the asylum process, 35 of interviewed refugees had a limited degree of power to re-gain their professions. As a consequence, the progress of integration into their professions was put on hold until their rights to asylum were recognised by the receiving country.

Despite this research being carried out in Glasgow and London, the cited narratives of interviewed refugees did not provide evidence of different experiences relating to the asylum process in the two cities. Refugees living in both Glasgow and London shared similar experiences of multi-level exclusion, mental health problems, feelings of being threatened by the Home Office, living in uncertainty and having little influence on their living conditions. This could suggest that differences in the Scottish Government approach to refugee integration did not have a positive

influence on everyday practices and experiences of the asylum process among refugee doctors and teachers living in Glasgow. This could be the result of several reasons. For example, the asylum and immigration legislation shaping the asylum process in the UK is a reserved matter to the Westminster parliament in London, meaning that the different approach of the Scottish Government to refugee integration cannot compensate for restrictions on asylum seekers' rights and has limited impact on refugees' day-to-day experiences.

5.3 Agency of asylum seekers: '*I can't plan but I can prepare'*

Their multi-level experiences of deprivation during the asylum process diminished refugee doctors' and teachers' powers to influence or change their living circumstances. Feelings of being powerless often related to frustration and confusion, as indicated by Sade:

> *They didn't allow me to do this or that. But I didn't want to be useless, so I read a lot of newspapers and other things to educate myself. I did improve my language. I wanted to be active for those two years while I was waiting. It was frustrating, they were supposed to help us not treat us like this.*
>
> *Sade, refugee teacher, London*

Despite restrictions imposed by the immigration and asylum regulations, Sade did try to engage in gaining skills and knowledge prior to the decision on her asylum

claim to improve her chances of re-entering her profession after she received refugee status. Sade talked about her desire to be active and do things to improve her professional skills and competences. Similarly to Sade, Alymar spoke about self-studying in order to stay in touch with his profession during the asylum process:

> *While you are waiting and you don't know how your future live will look like and you need to find something else to keep yourself busy. You can't do nothing, so I decided to start studying and preparing myself for exams.*
>
> *Alymar, refugee doctor, Glasgow*

To some degree, Alymar accepted uncertainty as an underlying part of the asylum process and tried to prepare himself for a future live while waiting for decisions on his asylum claims. Although Alymar was not able to seek employment, he tried to stay in touch with the medical professions by doing volunteer work and participating in various preparation courses in order to familiarise himself with the rules and norms of professional practice in the UK:

> *I wanted to prepare myself while I was waiting. Therefore, I was participating in language courses, seminars and workshops related to my profession.*
>
> *Alymar, refugee doctor, Glasgow*

Alymar actively sought different methods of developing his skills and knowledge in order to 'be ready' to take up employment once his refugee status was granted. Despite many negative experiences resulting from the asylum process, Alymar managed to learn the English language, prepare for professional exams and undertake training and courses. In addition, focusing on preparation for his future life after receiving refugee status was one of his coping mechanisms to deal with exclusion and social isolation during the asylum process. For example, Heather explained that preparing for exams while she was waiting for the asylum decision helped her to cope with difficulties related to being an asylum seeker:

> *It was not easy, it was eight years, but I went through it. When you are waiting for the Home Office's decision and you sit there, and you wait and wait, you feel frustrated. After a while I thought, OK, I need to do something. Initially I was not able to do anything. After four years, I started preparing for PLAB 1 and then for PLAB 2. I waited many years to get leave to remain in the UK. But there were other people who were in that same situation as me, so we encouraged each other.*
>
> *Heather, refugee doctor, London*

Studying, preparing for exams and participation in study groups helped Heather to be occupied with other activities while waiting for the decision on her asylum claim. Sade, Heather and Alymar engaged in different forms of activities in order to gather additional professional skills and competences to improve their chances of re-entering their professions once refugee status was granted. This means that,

despite various control mechanisms included in the asylum process, interviewed refugees tried to be actively engaged with their professions in the UK.

5.4 Obtaining refugee status: '*Life after granting status does not change'*

The previous sections have described the experiences of forced migration and the asylum process to provide examples of refugee-like circumstances experienced by interviewed refugee doctors and teachers. While the focus of UK asylum policy may be interpreted as deterring asylum seekers by the punitive nature of the asylum process, there is an assumption within UK policy rhetoric that, once refugee status is granted, refugees will integrate into UK society (Mulvey, 2010). This section explores refugees' living circumstances after receiving permission to remain in the UK and argues that, despite being granted leave to remain in the UK, refugee teachers and doctors still experienced multi-dimensional marginalisation limiting their opportunities to re-enter their professions.

Following a positive decision being made to grant leave to remain in the UK, Home Office support stops and refugees are given 28 days to apply for mainstream welfare benefits and, in many cases, vacate the accommodation provided by the National Asylum Support Service (NASS). The experience of searching for new accommodation was described by Josef as follows:

> *I couldn't stay in my previous flat so they allocated me to accommodation for homeless people. I stayed there with drug addicts. It was one of the worst*

experiences that I have ever had. I'm not criticising people, but I was staying in the same flat as people who were alcohol addicts, who had hepatitis C. I needed to share everything with them, toilet, dishes, it was scary for me. I stayed for three weeks there. I was obligated to report every time I went out. In addition, I was obligated to report back at certain times during the day, so I didn't feel that I had my freedom back. At this point I couldn't focus on my studies. If you don't know where you will be living, you can't focus at all (...) After around a month, they found me a studio flat. I stayed there for one year. The quality of this accommodation was very poor. During winter, when I talked, steam came from my mouth. It was that cold. The central heating was not working properly, there was mould on the walls. It was bad for my health as well.

Josef, refugee doctor, Glasgow

As Josef was not eligible to stay in the NASS accommodation after receiving refugee status, he was moved to accommodation for homeless people. This could suggest that the problem of homelessness is not the only issue faced by asylum seekers. For example, Mulvey (2013) indicates that a large proportion of newly recognised refugees are made homeless due to overly tight timescales of 28 days for refugees to 'move on' and access the mainstream housing welfare system. Accessing suitable accommodation was viewed by Josef as problematic, as he found himself sharing a common residence with drug addicts and alcoholics. In addition, Josef felt that he was still denied the choice to plan or organise his daily life in his own way, as he was required to report every time he left the property where he was staying. Problems with accessing stable accommodation had an impact on

Josef's ability to concentrate and prepare for his medical exams. After a month of living in accommodation for homeless people, Josef was moved to a property that suffered considerably from damp and faulty central heating. Josef's experiences suggest that despite his receipt of refugee status, he still experienced unstable housing tenure, which had a negative impact on his health and his social and emotional functioning.

Accessing suitable accommodation was also viewed as problematic by Jabez:

> *I was living in tower block flats. We had many problems when we were living there. For example, my wife was sexually harassed by one of our neighbours. It was terrible! People were knocking on my doors and I didn't know who they were. It was terrible for my wife, for me and my kids. I needed to find something else.*
>
> *Jabez, refugee doctor, Glasgow*

Lack of safety and security were identified by Jabez as the main housing problems he encountered. Due to housing pressures, the accommodation offered to refugees is often located in deprived areas (see GoWell, 2009). Jabez reported that, due to his and his wife experiences of harassment and verbal and physical threats from his neighbours, he did not feel safe in his home and thus needed to change his place of abode. Experiences of discrimination and harassment among refugees are also very evident in previous literature (Bloch, 2000a; Bloch and Schuster, 2002). Despite Jabez arriving in the UK through the Gateway Protection Programme and receiving

leave to remain in the UK, he shared experiences of lack of secure and safe accommodation with other refugees who were granted their leave to remain in the UK through the asylum process. Lack of safe, stable and secure housing made it difficult for Jabez to start the re-qualification process, and thus had further impact on the process of his integration into his profession.

As well as commenting on insecure and poor quality accommodation, all 39 of interviewed refugees expressed continued feelings of social isolation. For example, Samuel indicated that after receiving refugee status he realised how lonely he was:

> *After I received my status, I realised how lonely I was. This was very hard. I couldn't speak to anyone. When you don't know English language it is very hard to make friends or talk to anyone. I felt alone all the time. Things are different here, society, religion, everything is different and you are on your own with all those problems.*
>
> *Samuel, refugee doctor, London*

Disturbance of previously established social ties built up Samuel's feeling of isolation in a new and unfamiliar setting. Lack of traditional social connections between family, friends and support networks resulted in feelings of loneliness and isolation. These feelings did not disappear after Samuel was granted refugee status. For example, Mulvey's (2013) study on the refugee integration process in Scotland shows that relatively large numbers of refugees have no access to family contact in the UK, or have family members in other parts of the UK, but not in Scotland. Family

and friends networks have already been highlighted in existing literature as key factors facilitating the refugee integration process (Korac, 2003) and will be further discussed in section 7.5. In addition to disturbed social networks, little or no knowledge of the English language and thus inability to communicate with English-speaking members of the receiving community made it more difficult for Samuel to establish social relations upon arrival. Although language competence has received much attention in the literature on the refugee resettlement process (Bloch, 2000b), Samuel's narrative also suggests that feelings of social isolation were also related to feelings of unfamiliarity with a new cultural and social setting. As Samuel pointed out, adjusting to a different culture is 'hard' and not straightforward and has further implications for refugees' socio-emotional functioning in their receiving countries. These experiences of unfamiliarity with new cultural and social settings were also shared by Jeshua, who was granted leave to remain in the UK as part of the Gateway Protection Programme:

> *I came in September 2010, but I didn't know where to start or what to do. Everything was new to me. Language, culture and people were different. This makes me feel that I'm on my own here. It was awful*
>
> *Jeshua, refugee doctor, Glasgow*

Jeshua indicated that the lack of familiarity with new social and cultural settings in receiving communities makes him feel isolated and disoriented.

Apart from social isolation and difficulties with accessing secure and stable housing, all of 39 interviewed refugees spoke about financial hardship, which often pushed them to postpone their plans to re-enter their professions after arrival. For example, Kanes pointed out that he needed to wait more than a year to secure sufficient financial resources to cover the exam fees to be able to work as an interpreter:

> *In 2007, I applied for a language course to work as an interpreter, but I couldn't afford the course fees. In total it was £450. At that point I could not afford it. So I postponed my course for another year to save money.*
>
> *Kanes, refugee teacher, Glasgow*

Despite refugees being entitled to mainstream welfare benefits, the support they receive does not provide sufficient financial resources to cover the tuition fees for educational courses. In addition, previous research gives examples of local responses supporting the resettlement of refugees (Wren, 2007) and describes different schemes operating within Scotland aimed at assisting refugees to integrate into the labour market (Stewart, 2007) through provision of English language classes or work shadowing placements. However, at the point when this study was conducted, many support programmes dedicated to refugees had closed down due to discontinued funding (see section 7.5.2 for further details). In order to complete re-qualification and re-education processes to access the teaching profession, refugee teachers were often required to undertake initial teacher education, which often they could not afford. Further to this, refugees, especially those with dependent children, needed to consider the indirect costs of re-education training,

such as not being able to work while studying. Thus, financial hardship pushed interviewed refugees to find substitute employment, mainly in low paid occupations. This led to a vicious circle where, in order to save money to study, interviewed refugees were required to work long hours, leaving them with little time for study. This experience was described by Madoc:

> *It took me a long time, because I needed to provide for my family and save money for my studies. I needed to work more hours and thus I didn't have time to study and thus I could fail my exams.*
>
> *Madoc, refugee doctor, London*

Experiences of financial hardship had an influence on a number of events experienced by Madoc, such as difficulties combining studying and full-time work. Due to long working hours, Madoc was not able to study or take up any voluntary work placements to meet the entry requirements for the medical profession in the UK. Experience of financial hardship, according to Madoc, extended the overall time required to undertake the re-qualification process. A similar experience was reported by Okan, who was not able to complete his clinical attachment due to other employment commitments:

> *I was working to earn money and provide for my family, but at the same time, I needed to do a clinical attachment. In order to complete clinical attachment, I was required to commit to five full days of work. I was trying to*

do as much as I could and I explained to my supervisors that I needed to work and earn money, but at the end, my tutor wrote to the deanery that I didn't attend fully.

Okan, refugee doctor, London

Okan spoke about financial hardship to support his family and difficulties combining full-time work with clinical attachments. As Okan was not able to commit to the required full-time voluntary placement, he experienced difficulties undertaking the clinical attachment and thus completing his re-qualification process to re-enter the medical profession in the UK.

Further to financial and housing problems, all of 12 interviewed service providers spoke about negative perceptions attached to the 'refugee' label. For example, Alistair, a service provider working with refugee teachers in London, spoke about differences between perceptions of refugees and of other overseas-trained professionals, and the influence of the 'refugee' label on refugee employment prospects:

There is a general lack of knowledge about refugees' teaching qualifications. Schools are not familiar with the NARIC documentations, or refugee ID. Because those documents are different, schools are not sure if they can employ refugees (...) Sometimes when I negotiate work placements with different agencies and I use the expression 'overseas-trained teacher', the conversation goes well, but if I so much as mention the word 'refugee' there

is this silence at the other end of the line. In addition, different documentations of refugees' qualifications or IDs raise suspicion among schools. They can't help it. They hear or read in the media all these bad adjectives attached to refugees, so they start to believe in them.

Alistair, service provider, London

Alistair indicated that differences in documentation confirming refugees' identity or qualifications often become objects of concern or even suspicions among employers. So as not to bring about negative connotations associated with the label 'refugee', Alistair explained that he tended to use different terminology such as 'overseas teachers' when negotiating work placements for refugees. Alistair's narrative could suggest that stereotypical perceptions of the 'refugee' label, such as assumptions that refugees are 'poor', 'uneducated' or 'illegal', limit refugees' chances to access employment commensurable with their pre-migration skills and qualifications. Similar stereotypical perceptions of refugees as 'terrorists' or 'welfare scroungers' were also apparent in the narratives of service providers working in Glasgow:

I remember once, I was negotiating a placement for one of my refugee clients. I was asked to provide evidence that my client was not a terrorist, so I gave them my client's disclosure check.

John, service provider, Glasgow

John's narrative suggests that, despite some discrepancies between prevailing discourses about immigration in Scotland and England, the public perception of the refugee as a 'welfare burden', 'poor' 'unqualified' or indeed 'terrorist' was shared in both cities studied.

As indicated in the previous section, the life of an asylum seeker is occupied by waiting and hoping for a better future in their host country, meaning that there is some degree of tolerance of the challenging circumstances of the asylum process in the expectation that receiving refugee status will lead to improvement. Notwithstanding the asylum process, similar issues for Gateway refugees were identified in this section. Despite being granted leave to remain in the UK, cited refugees reported, uncertain residency, poor housing conditions, social isolation and financial hardship. With refugees facing complex marginalisation, Josef, indicated that *'life after granting status does not change'.* Indeed, the narratives discussed in this section point out that a positive decision granting refugee status and permission to stay in the UK does not diminish refugees' social and economic exclusion and vulnerability.

5.5 Experience of loss: '*I have everything now I have nothing'*

The previous section indicated that the granting of refugee status did not diminish refugee doctors' and teachers' experiences of social and economic marginalisation. Such experiences were related to multi-dimensional experiences of loss, which this section will describe and discuss.

All the sampled refugees had experienced interruption to their professional practice. The length of time for which interviewed refugees stayed out of professional practice depended on diverse factors, including knowledge of the English language, length of time spent waiting for a decision on their asylum claim and the length of their re-qualification and re-education process. For example, Madoc explained that he had been out of medical practice for the last eight years:

> *I've been out of practice since 2003. I was waiting for the status for five years. The issue was not with my language or taking exams but with the asylum process. The asylum process pulled me back a lot.*
>
> *Madoc, refugee doctor, London*

Madoc's narrative suggests that the asylum process has a significant knock-on effect on the degree to which refugees are able to successfully access their professions after arrival in the UK. According to Madoc, restrictions on his employment and education rights during the asylum process limited his ability to re-enter his profession and consequently extended the period of time for which he was out of medical practice. In order to compensate for this interruption in professional practice, Josef, for example, tried to complete additional medical courses and training:

> *I have had almost three years of interruption in my professional practice. Now every time I go for an interview, people always ask me what I have*

been doing in those three years. They are looking for professional experience. They usually ask me questions like: why did I not practice medicine? What have I been doing in those three years? For the last few months, I've been paying thousands of pounds to go to different courses to catch up those three years which I have lost. I want to do orthopaedics and this is a competitive specialty. Those courses cost a lot of money as well. But even though I will do them, the question: why do you have this gap in your CV? will come up again, I'm sure of that. So I may not be successful in applying for a medical post because I have a gap in my CV.

Josef, refugee doctor, Glasgow

Josef indicated the negative effect of a gap in his medical CV on the prospects for his professional career development. Although Josef tried to compensate for the interruption in his medical practice by undertaking additional courses and training, it is apparent that the gap in his medical CV constantly works 'against him'. This suggests that interruptions in professional practice place refugee doctors in less favourable positions in the labour market. As well as interrupting their professional practice, lack of development in their professional careers after arrival in the UK can also disadvantage refugee doctors and teachers. For example, Murvay (2010; 2013) indicates that refugees need to put their career development on hold in a stage of their lifecycle when people usually build up or develop their professional careers. This means that refugees are often doubly disadvantaged due the interruption in their professional practice and also to their inability to develop their professional expectations after arrival in the UK. Thus, despite Josef being employed at the point

of his interview as a Senior House Officer (SHO),[31] the gap in his medical practice still undermined the value of his qualifications and also his self-esteem:

> *I need to apply for a training post. I know that they will ask me what I have been doing for the last two years. Every time I hear this question I want to say, thank you, I was trying to go back to my profession (...) I feel bad talking about my experiences, I feel ashamed when they ask me about the gap in my CV, for me it is embarrassing. Despite working now, I still need to face my past experiences and I'm suffering from them.*
>
> *Josef, refugee doctor, Glasgow*

Josef indicated that the negative experience of being a refugee was not removed even when he gained employment. In addition, Josef believed that his lack of self-confidence was related to his feeling of shame about his status. This could suggest that the loss of professional status experienced by Josef as a result of his forced migration had a long-lasting effect.

Such experience of loss among refugee doctors was also related to missed opportunities and chances as a consequence of forced migration. For example, Fabian believed that if he had stayed in his home country, he would have had a better occupation:

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[31] Senior House Officer (SHO) is a junior doctor undergoing training with a certain speciality. SHO is supervised by consultants and registrars, who oversee their training and are their designated clinical supervisors

If I had stayed back home I would be a professor by now. Before I left, I was appointed as a junior lecturer, after two years I would have been appointed as a lecturer, then a senior lecturer. By now I could be a professor. Instead I am still in my junior post.

Fabian, refugee doctor, London

Fabian arrived in the UK at the beginning of his professional career development. As a result of numerous institutional and cultural barriers described in greater detail in **Chapter 6**, Fabian focused on re-qualification and re-education rather than development of his professional career. Despite Fabian's assumption being based on his personal belief and opinion, it could also indicate that his experience lower professional status did not only involve inability to access and progress within his professional career, but also resulted in wasted professional opportunities.

As well as lower professional status, experiences of loss among refugee doctors and teachers were also related to radical change in refugees' everyday relations, actions and habits following exile. For example, Lucasta described how different his life was before and after migrating to the UK:

I was always a busy man (…) I was a respected and well-known person in my area, always busy. Now everything has changed, my position, my life, everything.

Lucasta, refugee teacher, London

By comparing and contrasting his life pre- and post-exile, Lucasta indicated that forced migration brought significant change to his everyday habits. The detrimental effect of forced migration on refugees' social status was expressed well by Fabian:

Being a doctor is a prestigious job, and you are coming here and you are no one.

Fabian, refugee doctor, London

Fabian spoke not only about separation from his profession, but also from the social status attached to it. This social and economic degradation was also noted by Tahur:

I was a surgeon and a politician. I used to be invited to many official meetings, I travelled to different countries, I was very, very happy, and suddenly I found myself in a very, very difficult situation, on my own, alone, no one could help me, with financial problems. My life had been turned upside down.

Tahur, refugee doctor, London

Tahur provided diverse examples of his experiences of social and economic deprivation after arrival in the UK. As a consequence of being forced to migrate, Tahur's life was overturned and changed completely. Experiences of loss were noted by all the interviewed refugee doctors. This could be because refugee doctors come from extremely powerful and influential positions in their countries of origin and experience high degradation of their social status when they enter the UK as refugees. As a consequence of being forced to migrate, refugee doctors need to start their lives from the beginning, 'from scratch', as described by Josef:

> *You have no money, nothing, so you need to start from scratch. You need to learn everything, from the beginning. You need to learn different cultures, customs, languages, everything.*
>
> *Josef, refugee doctor, Glasgow*

The expression 'starting from scratch' could suggest that refugees had few or no resources to enable them to settle in. Indeed, the cited narratives of interviewed refugees in this section indicated that they were deprived from stable and secure accommodation, economic assistance (experiencing lack of finance), professional and social status (suffering inability to re-enter their professions), social contact (experiencing a lack of social networks) and cultural activity (as they often lacked proficiency in the English language). Thus, marginalisation of refugees can be defined as a complex and multi-dimensional process where various forms of professional, economic, social and cultural exclusion are combined.

5.6 Refugeeness and integration: '*When you are a refugee, you have different priorities*'

The previous sections have discussed diverse refugee-like circumstances including forced migration, experiences of the asylum process and multi-dimensional experiences of loss. This section describes the relationship between refugeeness and the integration process to explore how refugee-like circumstances have an overall impact on the process of integration into professions.

All the interviewed refugees indicated that reaching a place of security and safety was the main condition enabling them to start the process of accessing their professions in the UK:

> *The most difficult part was not passing the professional exams but going through the asylum process. The most difficult part was not proving my professional qualifications but proving my right to be here, that I had a right to flee from a country where I didn't feel safe and that I have the right to be safe and to feel secure.*
>
> *Heather, refugee doctor, London*

Heather listed different challenges she had faced as an asylum seeker. Facing these experiences was the first and foremost conditions of re-entering her profession after arrival in the UK. This again indicates that the asylum process had a

significant knock-on effect on refugee integration into professions. In addition, from the interviews, it is apparent that the concept of security has a wider meaning and does not only relate to rights to asylum in the UK. For example, Samuel spoke about numerous problems he experienced after arrival in the UK. Overcoming those problems was one of the main conditions under which he was able to re-enter his profession after arrival in the UK:

> *There are many problems you need to put behind. Maybe I could finish my exams earlier but because of my problems with health, it took me longer to get to this place where I am now. My family was not with me and I had been constantly worrying about them. Maybe I could pass my exams quicker but I needed to pay for some of my exams and I didn't have enough money. It was frustrating (…) my life was a total mess when I came here. When I left Africa and came here, everything was different, it was like a culture shock. I needed to start my life here with nothing. It was very, very difficult. But if you want to pass your exams you need to focus, put all your problems behind and focus. You need to do this. However, you read one sentence but your brain is somewhere else.*
>
> *Samuel, refugee teacher, Glasgow*

Samuel's narrative suggests that the journey towards recognition of refugees' professional qualifications involves, in the first instance, coping with multi-faceted difficulties experienced by refugees as a consequence of being forced to migrate. As such, the concept of security can be perceived as an umbrella term subsuming

many aspects of feeling safe, including emotional and economic safety and stability. For example, Nicola pointed out that dealing with emotional challenges related to trauma, financial difficulties and lack of secure accommodation took most of her energy and time and meant that she was not able to concentrate on her professional career after arrival in the UK:

> *There are many challenges that you need to face. Of course you have family life too, and you need to look after them. You have no money or secure accommodation, you are in a new place, all those things. You should prepare yourself, financially and emotionally. It cost me a lot of time and energy to deal with all those issues. At that point I didn't have the time or energy to think about my profession.*
>
> *Nicola, refugee doctor, London*

The concept of stability and security in Nicola's narrative is linked to stable accommodation and emotional and financial security. Indeed, the interviewed refugees reported homelessness, poor living conditions, living in unsafe areas and being removed from NASS accommodation once refugee status was received. Reaching a point of security and stability therefore involved facing complex adjustments to difficulties related to refugee-like circumstances. For example, Sara summarised her experiences as follows:

The whole journey it is not only about passing exams, it is everything around this, everything else that stops you from preparing for exams. But if you have something that worries you, you can't focus. Every day, there is a new a fight, either you fight for your status, or secure accommodation, to provide for your family, or pass exams. There is a constant fight.

Sara, refugee doctor, London

Sara described her experiences as constant fight to challenge difficulties attached to the lives of refugees. Only confronting and adjusting to complex and multi-dimensional challenges of deprivation allows refugees to concentrate on their professional career development. Interviewed refugees indicated that being refugees, involving being forced to leave their home countries and start new lives in a different socio-cultural environment represented one of the biggest challenges in their journeys to re-gaining their professions. As a consequence, overcoming complex and overlapping barriers, as well as personal troubles related to refugee-like circumstances, were identified as some of the main necessary conditions for refugees integrating into their professions.

5.7 Summary

This chapter has provided qualitative evidences from refugee doctors' and teachers' narratives to illustrate their personal experiences of refugee-like circumstances. In the first instance, experiences of forced migration were discussed to indicate the limited choice of refugee teachers and doctors in making decisions about migration and the high resistance to using the asylum channel to enter the UK. The section indicated that the conditions in which refugees made their decisions about migration were constrained by fear of persecution and violation of human rights, which left them with little choice but to leave. These experiences were shared among all interviewed refugees including those who received leave to remain in the UK through asylum process as well as the Gateway Protection Programme.

Next, the chapter focused on a variety of negative experiences resulting from the asylum process. From the interviews, it is apparent that experiences related to the asylum process make up the main components of refugee-like circumstances. Refugees' narratives presented in this chapter perceived the criteria of asylum procedures as unjust and illustrate refugees' lack of power to influence the outcomes of the process. The cited narratives of refugees suggested that the punitive character of the asylum process combined with its culture of disbelief enhanced their feelings of stress and anxiety and lead to exclusionary outcomes of their asylum claims.

Another issue related to the asylum process identified in this chapter was the restriction on asylum seekers' rights. This have resulted in the infantilising of asylum

seekers by restricting their daily activities to the simple tasks of eating and drinking, increasing their dependence on state support and diminishing their feelings of responsibility and their ability to plan their futures. As a result, interviewed refugees reported experiences of trauma, mental health problems and feelings of being powerless and living in limbo. However, the voices of interviewed refugees presented in this chapter suggest that the stereotypical perception of a refugee as a 'passive victim' does not correspond with refugee doctors' and teachers' experiences and perceptions of their situations. Despite various negative experiences resulting from the asylum process, refugees tried to remain actively engaged with their professions through participation in study groups, voluntary work placements and self-study. Through such activities, refugee teachers and doctors tried to obtain additional professional competences to improve their chances of re-entering their professions once their refugee status was granted.

The chapter indicated that negative experiences resulting from the asylum process have knock-on effects on refugee doctors' and teachers' abilities to re-enter their professions. The period of time for which refugee doctors waited for refugee status varied from 14 months to eight years. During this time, refugee doctors and teachers were not only detached from their professions, but were also unable to re-enter them. This suggests that refugees were doubly disadvantaged due the interruption in their professional practice and also by their inability to develop their professional aspirations after arrival in the UK. This also put refugee doctors and teachers in a disadvantaged position when compared with other group of migrants (such as EU migrants) with rights to live, work and enter full-time education from the day of their arrival in the UK.

The chapter also indicated that despite receiving the right to remain in the UK, refugee doctors and teachers experienced multi-dimensional deprivation enhanced by lack of economic (finances), professional (through their inability to re-enter their professions), social (through lack of social networks) and cultural (through lack of proficiency in the English language) resources. These experiences were also related to diverse experiences of loss, connected in turn to the lower social and professional status involving not only inability to access and progress within their professional careers, but also wasted professional opportunities. Notwithstanding the asylum process, similar issues were identified for refugees who received leave to remain in the UK as part of the Gateway Protection Programme. In addition, refugees' narratives indicated that their experiences of loss had long-lasting results as the negative effects of being a refugee were not removed even when they gained employment. This was especially evident in the narratives of refugee doctors who continued to face difficulties in their career progression due to gaps in their professional practice.

All the interviewed refugees indicated that reaching a place of safety was their core reason for migration but also the main condition enabling refugee doctors and teachers to re-engage with their professions after arrival in the UK. From the interviews, it is apparent that the concept of security has a wider meaning and does not relate only to rights to asylum in the UK. Lack of stability and security experienced by refugees was also related to social and cultural isolation, unstable accommodation, financial difficulties and discrimination related to the 'refugee' label. These experiences created the main challenges that interviewed refugees were required to confront alongside working towards accessing their professions upon arrival in the UK. Interviewed refugees stressed out that only 'putting behind' or

managing and coping with their experiences of being refugees allowed them to concentrate on their professional career development. This could indicate that coping with refugee-like circumstances was the first and foremost condition to re-entering their professions after arrival.

Finally, despite the study being conducted in two different cities, London and Glasgow, it is apparent from the interviews that refugee teachers and doctors share common refugee-like experiences despite living in different places. As such, despite some discrepancies between prevailing discourses about immigration in Scotland and England, the stereotypes of and prejudices against refugees as 'welfare burdens', 'poor' 'unqualified' or 'terrorist' were reported by service providers in London but also in Glasgow.

CHAPTER 6: Social conditions: Professional structures of the teaching and medical professions

This chapter focuses on the role of the professional structures of the teaching and medical professions in shaping the process of refugee integration into professions. The chapter begins with description of the institutional barriers that refugee doctors and teachers experienced to re-enter their professions after arrival in the UK. These include problems with recognition of academic and professional qualifications, difficulties with passing the professional and language exams, as well as the lack of support mechanisms within the professional structures and inability to access the job in their chosen professions following the re-qualification process in the UK.

Following this discussion of institutional barriers, this chapter describes cultural barriers identified by interviewed refugees and service providers. These include the lack of familiarity with professional practices and codes of practice and the impact of structure of the professional workforce within the teaching and medical professions on refugees' perceptions of realism of their re-entering their professions as well as biased perception of countries they were coming from.

6.1 Returning to professions - institutional barriers: '*They want to make sure that you are educated here*'

Interviewed refugee teachers and doctors made it evident that the process of integration into their professions is complex and problematic. Difficulties in

accessing the teaching and medical professions were related to multiple barriers encountered by refugees during their journeys towards recognition of their pre-migration skills and qualifications after arrival in the UK. The following sections describe institutional barriers defined as difficulties that arise from regulations, policies, practices and norms of institutions making up the professional structure of the teaching and medical professions.

6.1.1 Recognition of academic and professional qualifications

Interviewed refugee teachers suggested that many problems they encountered were related to the strict institutional requirements of the teaching profession, which impose several obstacles to re-entering the profession after arrival in the UK. For example, lack of recognition of refugees' overseas academic qualifications as equivalent to UK degrees was one of the main institutional barriers reported by refugee teachers:

> *I did a BA [Bachelor Degree] in my country but it was recognised as a Higher National Diploma, not as a BA.*
>
> *Habtom, refugee teacher, Glasgow*

The teaching profession in Scotland is a graduate profession and teachers must register with the General Teaching Council for Scotland (GTCS) to be able to teach

in state schools in the country. To be eligible for registration in Scotland, a candidate must have a university (academic) degree[32] and a teaching qualification.[33] To meet the entry criteria for registration, refugee teachers are, in the first instance, required to obtain the accreditation of an academic degree. Despite Habtom having a BA degree from his home country, his qualification was assessed by the NARIC[34] as equivalent to a Higher Diploma in Scotland. As Habtom's academic qualification was not equivalent to a BA awarded in the UK, he was required to undertake further educational training in order to meet one of the entry criteria set up by the GTCS. The experience of lack of recognition of their academic qualifications as equivalent to degrees in the UK was shared by the majority of refugee teachers in Glasgow. Only two of 12 interviewed refugee teachers had their academic qualifications recognised as equivalent to a UK degree.

Another institutional barrier identified by refugee teachers was lack of recognition of pre-migration teaching qualifications. According to the GTCS general standards for full registration (2012b), an applicant must have the 'recognised teaching

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[32] An academic degree according to GTCS (2012b) is a United Kingdom degree or a degree which is equivalent to a United Kingdom degree that has followed a period of higher education at a university or equivalent institution of at least three years' duration (full-time or equivalent).

[33] Teaching qualification required completed teacher education equivalent to one academic year of full-time study with any part-time study normally being extended over a period of not more than three years) or if academic and teacher education has been undertaken previously (eg, a Bachelor of Education), have completed a course of not less than three years in duration (with any part-time study normally being extended over a period of not more than seven years) (GTCS, 2012b)

[34] NARIC (National Agency Recognition Information Centre for the United Kingdom). The agency is responsible for scrutinizing of the overseas qualifications by providing information and expert opinion on vocational, academic and professional qualifications. The NARIC is managed on behalf of the UK Government, and thus provides the only official source of information on the international education and training systems and qualifications and skills attained outside the UK

qualifications'[35] to be able to teach in Scotland. Refugee teachers are therefore required to provide evidence of their initial teacher education qualifications, corresponding to the content and requirements of the standards for registration in Scotland.[36] This was problematic for all the interviewed refugee teachers living in Glasgow because the teaching qualifications they had acquired in their home countries did not include all the elements of the initial teacher education (ITE) in Scotland:

> *The UK NARIC may consider refugees' academic qualifications as equivalent. But in many countries you don't do specific teacher training to be able to teach. Therefore you will be required to do a teaching qualification here. In addition, even though refugees might have teaching qualifications from their home countries they would be required to complete initial teacher education here.*
>
> *John, service provider, Glasgow*

This statement suggests that refugee teachers in Glasgow were not only required to top up their academic degrees but also undertake additional re-qualification teaching courses to obtain full registration with the GTCS. In addition, the admission

[35] "recognised teaching qualification" means a teaching qualification awarded following successful completion of an Initial Teacher Education programme in Scotland (GTCS 2012b:1)

[36] This means that the teaching training must include the elements of professional/pedagogic studies , subject studies and school experience (GTCS, 2012b)

criteria for the standards for registration in Scotland set up further institutional obstacles. This was described by Olaf:

> *I was informed that in order to teach in this country I needed to do a PGDE. I said OK, I will do it. However, I couldn't get to the course because my academic qualifications were not recognised as an equivalent to a Scottish degree. So I was required to top up my qualifications. After I did it, I thought that that was it. Then, I was informed that I needed to have a qualification in the English language. In order to obtain English language qualifications I was required to go back to a college. So even if you think that this is it, there will be another requirement, another rule, it never ends.*
>
> *Olaf, refugee teacher, Glasgow*

ITE in Scotland is provided by universities in partnership with schools and education authorities (GTCS, 2006). In order to secure places at university-based courses for a secondary teaching qualifications, refugee teachers were required to present a degree from a UK Higher Education institution or a degree of an equivalent standard from an institution outside the UK, plus an English language certificate. In order to meet the entry requirements for university-based training, Olaf needed to return to college to top up his qualifications. These regulations represent an additional institutional barrier, as refugee teachers are required to undertake additional training in order to secure places at university-based courses. The necessity of completion of additional educational and re-qualification courses prior to admission for ITE in Scotland could indicate that refugee teachers tend to start their teaching

qualifications from the beginning, as if without subject degrees or teaching qualifications in the first place.

Similarly to refugee teachers in Glasgow, those in London experienced several institutional barriers when accessing the teaching profession after arrival in the UK. While in Scotland there is only one way of completing ITE, in England there are three general routes.[37] The professional structures of the teaching profession in England allow overseas-trained teachers to work for up to three years in a state school in unqualified teacher positions. Despite these arrangements, refugee teachers in London indicated that they had been unsuccessful in accessing appropriate training through work-based placements. At the point of interview, Trish had worked for the last two years in the position of unqualified teacher:

> *I have been working as an unqualified teacher for the last two years and still I haven't managed to find a school willing to support me and take me on a placement.*
>
> *Trish, refugee teacher, London*

[37] There are three general routes into teaching in England, these include the university based training, the school based training and the overseas teachers training. The University based training involves the postgraduate certificate in education (PGCE) for applicant who already have a degree, or a Bachelor of Education (BEd) or Bachelor of Arts (BA)/Bachelor of Science (BSc) with qualified teacher status (QTS) course. The school based training involves three different programmes including the School Direct Training Programme, the School Direct Training Programme (salaried) or the school-centred initial teacher training (SCITT). Further to this, in England, candidates who obtained their qualification overseas and who were able to secure their teaching post in England, are able to apply for the job via a teaching programme called the Overseas Trained Teachers Programme (OTTP). This programme is for teachers who have the equivalent to an undergraduate degree and postgraduate teacher training in England, and who trained outside the European Union

Refugee teachers' attempts to integrate into the teaching profession in England were seriously undermined by their inability to access appropriate teacher training. Similarly to Trish, Aura indicated her inability to progress with her professional career due to a number of institutional barriers:

> *I've been working as an unqualified teacher for the last three years, and if I calculated all those hours, it would be what is expected to complete ITT. I can print all the records of school I've been into, I have this evidence, but these records are not recognised as equivalent to ITT. I need to complete my PGCE, but my academic degree wasn't recognised as equivalent to the UK degree so I would need to return to college to top up my academic degree, and then I would be able to start my PGCE. But I'm 53 years old. If I were 40 years old I would consider this, but I'm older, and by the time I finished my training I would be at retirement age. I don't know what I should do next, I'm stuck, there is no good solution.*
>
> *Aura, refugee teacher, London*

Due to lack of recognition of her academic qualifications and pre-migration work experience and her inability to access teacher training through her work placement, Aura was unable to re-enter the teaching profession in England. Inability to overcome rigid institutional barriers made Aura feel unable to progress with her professional aspirations or find an answer or solution to the situation in which she found herself. Both Aura and Trish were working on an ad-hoc basis in unqualified teaching positions and were unable to access appropriate training to improve their chances of re-entering the teaching profession. On these grounds, service providers

working with refugee teachers in London indicated that university-based training was the only accessible route for refugee teachers to complete initial teachers training (ITT):

> *Refugee teachers find it difficult to secure a work placement in state schools to complete their school-based training. They struggle to obtain placements through the overseas-trained teachers programme as well (…) This is because schools' standard practice is to recruit overseas-trained teachers mainly from Australia, New Zealand or Canada. Head teachers feel more comfortable employing overseas-trained teachers from Australia because they know, from their previous experiences, that those teachers are fluent in the English language, and there will be no problem in communication.*
>
> *Alistair, service provider, London*

Alistair explained that neither school-based training nor the overseas teachers programme is accessible to refugee teachers as they cannot secure work placements in state schools in order to start ITT. This is because, according to Alistair, schools in England have a long history of employing overseas-trained teachers[38] mainly from Australia, New Zealand and Canada. This practice is informed by schools' confidence in the English language proficiency of overseas-trained teachers from these countries. Schools' preferences to employ overseas-

[38] Overseas-trained teachers are people who have qualified as teachers in a country outside of the European Economic Area (EEA) and Switzerland having successfully completed a course of initial teacher training which is recognised by the relevant authorities in their home countries (DfE,2013a)

trained teachers from Australia, New Zealand and Canada put refugee teachers at a disadvantage and create difficulties for them in obtaining work placements in state schools to start ITT. This was asserted by Trish as follows:

> *When I was waiting for my decision on the asylum claim, I worked as a volunteer in different organisations. I was working with children with special needs. Then, I tried to return to teaching. I was advised that I needed to find a work placement in a school for six months. So, I needed to find a school that would be willing to take me and support me. This is what I'm trying to do now, but with no success. No one is interested in my skills. I can't find any work placement.*
>
> *Trish, refugee teacher, London*

All the interviewed refugee teachers in London made it evident that admission to ITT through the school-based training is a difficult process. This is especially important since the recent changes implemented as a consequence of the Government's Initial Teacher Training Strategy (DfE, 2011) in England put more emphasis on school-based training and provide schools with a greater role in the recruitment, selection and training of teachers. In addition, from 1 April 2012, teachers who qualified in Australia, Canada, New Zealand and the United States of America (USA) are recognised as qualified teachers and are awarded Qualified Teacher Status (QTS) in England without being required to undertake any further training or assessment. Recent changes to ITT in England can put refugee teachers in less favourable positions compared to overseas-trained teachers from Australia, New

Zealand and Canada and curtail their chances of successful integration into the teaching profession after arrival in the UK.

While a variety of routes into ITT in England aims to provide flexible access to the teaching profession, the complexity of the education system can provide confusion for refugee teachers (RAGU, 2007). Compared to England, in Scotland, registration with the GTCS is the sole route available into the teaching profession. On completion of teacher education in Scotland, graduates are guaranteed a one-year training post to complete a period of probation and demonstrate that they meet the standards for full registration (GTCS, 2006). This mechanism enables refugee teachers obtaining their teaching qualifications in Scotland to complete a probationary year and obtain full registration with the GTCS. These arrangements are absent in England and thus refugee teachers in London must negotiate a one-year training post in a state school on their own behalf. This was identified by Laban as an additional institutional obstacle:

> *Firstly, I was required to complete numerous courses to be admitted for the PGCE course. So after I finally completed my PGCE, I thought that was it. But it was the beginning. I didn't understand the employment market, so I had a lot of problems, difficulties and numerous frustrations and discouragements (...) My main problem was finding a school where I could complete my probation. This was because schools were not interested in providing me with a work placement. I really tried to get into the education system, but I couldn't. This feels like a never-ending journey, when you manage to overcome one barrier, a new one will appear.*

Laban, refugee teacher, London

Laban expressed diverse feelings of frustration and disappointment as a result of numerous barriers to accessing the necessary training to complete his probation year. These feelings were also related to difficulties in attaining and completing ITT and consequently obtaining QTS in England. For Laban, the re-qualification and re-education process seemed like a never-ending cycle, where completion of one training course led to more training without any prospect of re-entering the teaching profession in England. According to Laban, satisfying all the necessary requirements to obtain QTS was a long and problematic process. At the point of interview, Laban had three years of work experience as an unqualified teacher[39] As Laban's work experience in state schools was ad-hoc and temporary, he struggled to meet the criteria to undertake full registration and obtain QTS in England:

I've been doing supply teaching for the last three years and if I sum up all those hours I worked in diverse state schools, I think in total it would be an equivalent or even more of what I would do during my probationary year. I can print all records of schools I worked in, all the records. I have the evidence, but it is not applicable.

Laban, refugee teacher, London

[39] Overseas Trained Teachers except for teachers who qualified in Australia, Canada, New Zealand and the USA, are allowed to teach in state maintained schools and non-maintained special schools in England as an unqualified teacher for four calendar years (DfE, 2013a)

Laban's narrative shows the negative impact of the rigid requirements of the teaching profession in England on refugees' prospects of re-entering their profession after arrival in the UK. Similar experience of lack of recognition of his diverse professional skills and competences was indicated by Kanes, a refugee teacher in Glasgow:

> *I scored 6.5 from reading, listening, writing, speaking in the IELTS exam, but when I was trying to apply for the PGDE course I was informed that I needed a Standard Grade for English and mathematics. I said that I have IELTS, but they didn't accept this. So I sought help though the Refugees into Teaching programme. I explained my situation but they couldn't help me, they said that these are the rules and they can't change them.*
>
> *Kanes, refugee teacher, Glasgow*

Despite refugee teachers having vast work experience in the teaching profession prior to migration, they felt that they needed to complete significant additional training to be able to obtain QTS in either Scotland or England. Experience of lack of recognition of their pre-migration teaching skills and competences was shared by refugee teachers in both Glasgow and London:

> *You can't work as a teacher in Scotland unless you study here. My 15 years of work experience is nothing. I need to start again.*
>
> *Olaf, refugee teacher, Glasgow*

I have 20 years of work experience as a primary teacher in Zimbabwe and I cannot teach here. They asked me to do teaching training. I'm OK with this, but when I tried to apply for the PGCE I was advised that I needed to do additional qualifications. I'm too old for that. By the time I finished the training I would be at retirement age.

Aura, refugee teacher, London

Lack of recognition of refugee teachers' professional competences and skills resulted in feelings of frustration and disappointment. Refugee teachers felt that the rigid institutional regulations of the teaching profession created complex barriers preventing them from re-entering the profession after arrival in the UK. It is understandable that institutional regulations of the teaching profession are in place to ensure high standards within the profession. However those rigid institutional regulations not being responsive to the diversity of refugee teachers' qualifications and competences and thus not recognising refugee teachers' professional qualifications and work experience were identified by in the cited narratives of refugee teachers as the main institutional barriers hindering the process of integration into professions.

6.1.2 Professional and language exams

Whereas refugee teachers need to complete several re-education and re-qualification training courses to obtain QTS, refugee doctors must pass a series of

professional exams to obtain registration with the General Medical Council (GMC). A doctor with non-UK qualifications is required to pass three exams in order to be able to register with the GMC. These are the International English Language Testing System (IELTS)[40] administered by the British Council and the Professional and Linguistic Assessment Boards (PLAB), which are made up of two separate parts: the PLAB 1 and the PLAB 2. The PLAB 1 exam covers equivalent knowledge to the final exam in a medical school, and was therefore identified as problematic for those doctors who had been practicing for many years in one speciality prior to migration:

> *I passed PLAB 1 and PLAB 2 exams (…) The PLAB 1 exam was difficult for me because it covered knowledge of general medicine. Before I came here I worked for 15 years in gynaecology. Because I specialised in gynaecology, I forgot many things relating to general medicine. So it was difficult for me to open a medical book and remind myself of this knowledge.*
>
> *Sara, refugee doctor, London*

Following the PLAB 1, the PLAB 2 exam involves several tasks testing the general medical knowledge and professional practice of refugee doctors in relation to standard medical practice in the UK.[41] Passing the PLAB 2 was challenging for refugee doctors because, at the point of undertaking the exam, they tended to have

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[40] Refugee doctors are required to obtain score 7.00 in each of four parts of the exams including speaking, listening, writing and reading.

[41] See Good Medical Practice (GMC, 2013)

little practical work experience and thus little knowledge of the medical practice in the UK, as indicated by Kwango:

> *My problem with passing the PLAB 2 was that I was not familiar with medical practice here, in the UK. How could I know about it? Unless you were practising, how would you know about medical practice here? During the exam they want you to know how things work in hospitals. You need to learn it in a kind of imaginative way because you haven't worked in hospitals in the UK, but you need to imagine that you did.*
>
> *Kwango, refugee doctor, Glasgow*

As well as professional exams, language appears to be the most challenging barrier to integration into the medical profession in the UK. For example, interviewed refugee doctors consider passing the IELTS exam as one of the biggest obstacles in the re-education process. This relates to the fact that learning a new language is a time-consuming process, preventing refugee doctors from practising their profession after arrival in the UK. Despite refugees understanding the necessity of learning the English language, they felt that formal training for learning the language focused mainly on the learning methods and techniques of passing the IELTS exam:

> *There are various techniques to passing the IELTS exam. You need to know them to be able to pass the exam. It is not an easy exam, to be honest with you. You need to know techniques and you need to learn to write short*

essays which have nothing to do with you being able to communicate with patients. IELTS is the most difficult exam in the whole re-qualification process. In my opinion, instead of passing IELTS, it would be better to do a full-time study and a voluntary work placement in a medical environment where you could improve your English language skills and update your knowledge.

Alymar, refugee doctor, Glasgow

Alymar suggested that the language support offered to refugee doctors mainly focuses on preparation for the IELTS exam, rather than development of language skills in general. In addition, Alymar felt that the skills required to pass the IELTS exam are not sufficient to communicate effectively in the medical environment. Further to this, the increase in scores required to pass the IELTS exam, from 7.0 on average to 7.0 in each exam section, has created an additional institutional barrier for refugee doctors:

Now, you need 7.0 in each section of the exam (…) My friend scored 8.0 in speaking, 8.5 in listening and 8.0 in reading but he only scored 5.5 in writing, and he failed. If you don't pass the exam, you are stuck. It is very sad and depressing, what else can you do? Nothing.

Ishan, refugee doctor, Glasgow

Ishan spoke about his friend who was unable to progress with his profession due to the strict English language requirements and thus he considered the IELTS exam criteria to be unjust. Inability to re-enter the medical profession due to the English language barrier was also reported by Flavia. Despite successful completion of a postgraduate course in public health in London, Flavia was unable to receive high enough scores to pass the IELTS exam. Her experience of failing the exam several times made Flavia believe that a positive result in the IELTS exam depends on luck or knowledge of various techniques for passing the exam:

> *I think that passing the exam is a matter of luck as well. I know different techniques, I know them all, but I think that the problem is with my reading. Each reading section gets longer and requires more time. In addition, scores for passing the exam are up. It is really annoying.*
>
> *Flavia, refugee teacher, London*

It should be emphasised that proving linguistic proficiency through a language exam only refers to non-European teachers (including refugees). Additional language requirements for refugee doctors put them in a less favourable position than EU migrants. In addition, the importance of the English language has been stressed in the recent changes to the Teachers' Standards in England (DfE, 2012b). The new teaching standards emphasise the role of the national (English) language as the only mode of communication in the classroom in England. The document indicates that a teacher's role is to '*demonstrate an understanding of and take responsibility for promoting high standards of literacy, articulacy and the correct use of standard English, whatever the teacher's specialist subject'* (DfE, 2012b, p. 7). The national

(English) language can therefore be perceived as a valuable resource, through which other skills and knowledge can be reinforced. In addition, language can be a medium of communication, through which a profession is performed. For this reason, the national (English) language can be recognised as a gatekeeper to professions in the country:

> *You need to prove that you are capable of using the English language not only in speaking but also in writing. This is because you need to write reports, communicate with parents and prepare short presentations. In general you are responsible for your classroom. That is why language is crucial.*
>
> *Ray, refugee teacher, Glasgow*

Ray's narrative numbered different language skills required from refugee teachers to practise the teaching profession in Scotland and England. These include report writing, short presentations and ability to hold conversations with work colleagues and pupils. In addition, proficiency in the national language includes knowledge of specific words, phrases and expressions used in professional language:

> *There are many, many abbreviations in teaching language such as SQ, GTC, SNQ. Even in writing or speaking a lecturer will say CE, not curriculum for excellence. I didn't know those abbreviations when I started my PGDE course.*

Olaf, refugee teacher, Glasgow

Olaf's narrative listed specific language codes and abbreviations used in everyday conversations in educational settings. Refugee teachers were required to familiarise themselves with the specific language codes and phrases to communicate efficiently with other members of the profession. Thus, language proficiency also involves familiarity with professional jargon.

This section has so far described several required steps for refugee teachers and doctors to satisfy the entry requirements of the teaching and medical professions in the UK. Whereas refugee teachers need to complete numerous re-education and re-qualification training courses to obtain QTS, refugee doctors must pass a combination of professional and language exams to register with the GMC. Differences in assessment of professional competences and qualifications between the teaching and medical professions can be related to differences in the composition of the knowledge base on the basis of which the teaching and medical professions provide their services, as explained by Alymar:

Medicine is medicine. Medical knowledge is the same in the UK and in my country. In addition, the medical system in Iraq is based on the UK system. We learn medicine in the English language. So medicine is medicine, it is the same, but how the system works, this is different, but not medicine.

Alymar, refugee doctor Glasgow

Alymar suggested that for medicine, the knowledge on the basis of which doctors provide their services is similar across different countries. In addition, Alymar indicated that those refugee doctors who migrate from countries where the health system is modelled on the UK system or education is provided in the English language may experience fewer difficulties in adapting to and accessing the medical profession after arrival in the UK. While the composition and understanding of medical knowledge does not differ across the national context, understanding of teaching methods and the way that teaching qualifications are defined firmly depends on national education policies, which differ from region to region (Winch, 2004). Indeed, features of national culture, tradition and institutional politics have significant influence on differences between countries in determining traits of the teaching profession (Menter, Brisard and Smith, 2006a). Despite recent movements towards the specification and harmonisation of professional standards within teacher education (European Commission, 2007), differences remain in terms of cross-national and within-country variations in specifications of the skills and competences required to enter the teaching profession (Menter *et al.*, 2010). Differences in organisation and operationalisation of the teaching profession, teaching methods and teaching standards suggest that the teaching profession, across different regions, is understood differently. All interviewed refugee teachers were therefore required to obtain teaching qualifications in the Scottish or English education system in order to be able to work as a teacher in those regions.

Compared to the teaching profession, medical professional knowledge involves more technical and scientific competences and does not vary in relation to different national contexts (Freidson, 1970). Thus, whereas interviewed refugee teachers

were required to go through different stages of re-qualification, re-training and re-education to meet the requirements for QTS in England or Scotland, refugee doctors were required to pass several professional exams and complete a work placement (clinical attachment) in order to prove their medical knowledge and competences. These differences between the knowledge bases of the teaching and medical professions could explain differences in refugee teachers' and doctors' experiences of meeting institutional requirements to enter their professions after arrival in the UK. Thus, whether refugee teachers were required to repeat teacher education or start it from the beginning, refugee doctors needed to prove their knowledge through professional exams.

6.1.3 Lack of supporting mechanisms within professional structures of the professions

Indeed, satisfying all the entry requirements of the teaching and medical professions represented the only way for refugees to access their professions after arrival in the UK, as indicated by Kwango:

> *EP-N: Do you think that 15 years of your work experience will be recognised?*
>
> *K: Before the PLAB exams? No, never, even if you came here with 100 years of work experience, no, no option. This is like a driving licence, unless you pass these exams, you can't practise medicine.*
>
> *Kwango, refugee doctor, Glasgow*

By controlling entry into the medical profession, institutional regulations aim to protect the interests of the profession and ensure appropriate standards of medical practice. Whether or not the institutional regulations are to ensure a high quality of professional practice, the rigid entry requirements make it difficult for refugee doctors and teachers to access their professions despite possessing professional skills and competences. Lack of recognition of professional skills and competences leads to feelings of frustration, shared among both professions:

> *The message that the professional bodies are sending is clear: we don't care what you have in your mind, how intelligent you are, how many years of work experience you have. Despite all of that you need to pass professional exams to be able to practise medicine in the UK.*
>
> *Kwango, refugee doctor, Glasgow*

> *This [teaching profession] is what I have been doing for the last 10 years. Denying me the right to practise my profession just because I'm in different country is not acceptable and unfair. The system is unfair because it is not helpful.*
>
> *Ray, refugee teacher, Glasgow*

The cited narratives of refugee doctors and teachers pointed out that the process of re-entering their professions upon arrival involved several stages through which their professional knowledge, skills and competences were assessed and scrutinised against the entry requirements for full registration with professional regulatory bodies in the UK. These practices involved a combination of exams (refugee doctors) or a re-qualification and re-education process (refugee teachers). Whereas interviewed refugee teachers and doctors recognised the need for re-qualification, they also felt that doctors' and teachers' professional bodies lack supportive mechanisms to allow them to progress with their professions after arrival in the UK:

> *From my perspective, coming back to university is wrong. It should not be like this. But they treat me according to a standard system here and I need to meet the arrangements which are here. It is a different system, so in order to fit in, I need to do what the system requires me to do.*
>
> *Vasco, refugee teacher, Glasgow*

While Vasco recognised the necessity of the re-qualification process, he also felt that the burden of adapting to the teaching profession was placed only on him. Vasco therefore considered the necessity of repeating teacher education as unjust. This suggests that the process of integration into the teaching and medical professions could be described as a one-way process, where refugee teachers and doctors are expected to complete numerous re-qualification and re-education courses with few supporting mechanisms within the professional structures of the

professions to facilitate the process. Such a description of the integration process overlooks the complexity of the barriers experienced by refugee doctors and teachers in their journeys towards recognition of their professional competences and qualifications. In addition, this one-way approach to defining the integration process does not recognise the role of the professional structures of the teaching and medical professions in facilitating the integration process. For example, Hassan, a refugee teacher living in London, spoke about missed opportunities due to lack of adequate career advice and support after arrival in the UK:

> *I came to this country six years ago. If there was someone who could have advised me at that point, I wouldn't be working in Tesco now. If there was a person who could have assessed my skills and advised me accordingly, I could be a maths teacher by now. If I knew that, at that time, I would be in a different place now. After one year teaching training I could be a teacher, I could have saved time, I could have improved my language, I could have socialised with people, I could be a teacher by now. Instead, I'm working in Tesco as a sales assistant.*
>
> *Hassan, refugee teacher, London*

Indeed, it is understandable that institutional regulations are in place to ensure high standards within the professions, but lack of supporting mechanisms within the professional structures to facilitate the integration process is problematic. Hassan's narrative indicates that lack of appropriate support mechanisms can restrict or even exclude refugees from re-entering their professions in the UK. Lack of supporting

mechanisms to re-enter his profession, according to Hassan, enhanced his experience of the loss of professional, social and economic status following migration to the UK. Previous research into the refugee integration process has already highlighted the role of employment environment in creating necessary conditions to ensure that refugees have access to employment which is commensurate with their pre-migration qualifications and competences (Stewart, 2005a; Threadgold and Court, 2005). Instead, refugees reported that strict institutional requirements and lack of mechanisms supporting access to and also progress with their professional careers after arrival in the UK. For example, Trish spoke about lack of support and even social exclusion during her work placement:

> *Sometime they will send you to a school and the staff won't show you where the staff room is, or where you are supposed to meet. Many times I felt that I was left alone.*
>
> *Trish, refugee teacher, London*

Lack of support during Trish's work placement made her feel isolated and disorientated. Trish's experience is especially important as the school placement can help refugees make more informed decisions about their future career paths. For example, experience of isolation may encourage refugee teachers to resign from pursuing their professions after arrival in the UK. Tara described her experiences as follows:

One day I decided that I had had enough of constant bullying from pupils and constant suspicions from my work colleagues. It was too much, I didn't enjoy teaching here, that is why I resigned and now I'm working in organisation assisting refugees to return to their professions

Tara, service provider, Glasgow

Tara's narrative illustrates how lack of support and negative experience during work placements can create additional barriers for refugee teachers. In addition, service providers working with refugee doctors and teachers tend to indicate that lack of support mechanisms within institutions of the teaching and medical professions stems from lack of understanding of the diverse barriers that refugee teachers and doctors encounter to meet the standards of their professional requirements:

On the top level, a lot of organisations are very supportive and recognise the logic behind supporting refugee doctors. For example, universities and colleges recognise the problems of lack of recognition of refugees' qualifications and are very helpful in setting up comprehensive systems of support (...) when we set up a structure to support refugees, problems started. This was because people didn't know who refugees are, why they are here, why they don't need to provide us with standard documents, why they have special treatment.

Iga, service provider, Glasgow

You need a champion within an organisation. A champion is an individual in an organisation who is exceptional, who can understand the complexity of issues and the barriers that refugees are experiencing.

Lesley, service provider, London

Both Iga's and Lesley's narratives indicate that teachers' and doctors' professional bodies fail to recognise and understand the complexity of barriers faced by refugee doctors and teachers to meet the entry requirements of their professions. Despite legislative changes in terms of equality in the workplace[42], the cited narratives of service providers suggest that, in practice, changes towards greater equality have been minimal. This again highlights the need for recognition of integration as a two-way process whereby successful integration into professions can only take place if institutions within the teaching and medical professions create supportive mechanisms to allow refugee teachers and doctors to access and complete the necessary re-education and re-qualification trainings to re-enter their professions after their arrival in the UK.

6.1.4 The job seeking process

Whilst the process of acquiring the necessary qualifications can be time-consuming, satisfying the entry requirements to professions does not automatically guarantee a professional job. Despite having QTS status, the interviewed refugee teachers still

[42] The Equality Act 2010

struggled to find employment in their professions. This was indicated by one of the service providers:

> *In our organisation we are coming across many refugees who completed the PGCE but were not able to secure employment in a public school.*
>
> *Kate, service provider, London*

Inability to progress with their professional careers was also reported by refugee teachers in Glasgow. Nio indicated that he had not managed to secure a permanent post in the teaching profession despite his completion of teacher training and his having obtained QTS:

> *Now I do different jobs in different places, sometimes I have no job at all, like this month because of holidays in schools.*
>
> *Nio, refugee teacher, Glasgow*

Nio's narrative shows that acquisition of the required national specific qualifications did not automatically follow with employment in the teaching profession. Indeed, Williams (2009) have argued that there is no direct relationship between acquisition of nation-specific qualifications and improved prospects for migrants in the labour market of the receiving communities.

Refugee doctors also stressed out that they had struggled to find employment after satisfying the entry requirements of the medical profession:

> *In total I think I applied for more than 1000 jobs. Every job application I sent I was asked to provide evidence of at least six months' work experience in the UK. But in my case it was a vicious circle, you don't have work experience, you can't find work, you don't have work you don't have experience (...) I was applying for jobs every day, at least a couple of them, and I didn't even receive a reply saying 'thank you we received your application', or 'sorry you didn't get it'. It was very demoralising and upsetting (...) in addition, in order to register with the GMC, you needed to have a job, but you can't have a job unless you are registered with the GMC. Unless you find a job, you can't apply for registration, but without registration you can't get a job (...) you can feel that you are wasting all this time and you are wondering what you did wrong?*
>
> *Okan, refugee doctor, London*

Okan spoke about his feelings of frustration and disappointment as a result of his lack of success in finding employment in the medical profession. As the GMC provides only limited registration for doctors with job offers, Okan outlined the difficulties in competing with candidates with the full GMC registration. In addition, lack of UK-based experience put Okan at a disadvantage and hindered his chances of being successful in seeking employment in the medical profession. In addition, refugee doctors' disadvantaged position on the labour market is related to gaps in

their professional practice. For example, Jabez considered his professional competences to be of lower quality compared to those of native graduates due to several interruptions in his professional practice:

> *A lot of British doctors are better than us, because they learned in the British education system and they haven't had interruptions in their careers like we [refugees] have.*
>
> *Jabez, refugee doctor, Glasgow*

As a result of restrictions on rights to work as asylum seekers and the time taken to complete the re-qualification and re-education process, refugee doctors became detached from practising their profession and thus experienced interruptions in their professional practice. This indicates that the time taken to prepare and pass professional exams further expand the length of time when refugee doctors remained outside of their profession and thus had a negative impact on their medical career progression. Interruptions in their professional careers put them at an initial disadvantage when compared with other candidates who had not experienced disruption in their medical practice. Rigid entry requirements are to ensure high quality of professional practice in the teaching and medical professions. However, the time necessary to meet the entry criteria and complete re-qualification had negative and long term effects on refugees' career prospects:

I have a two-year gap in my professional CV, every time I go for a job interview I receive questions about my work experience and why I have a gap in my professional practice. What should I answer? I was waiting for refugee status and then I was trying to access my profession?

Josef, refugee doctor, Glasgow

Refugee doctors' initial positions of disadvantage also support the argument that the loss of professional status described in section 5.5 had long-lasting effects. Despite completion of additional professional training or educational courses, refugee doctors were not able to compensate for the negative effect of the gap in their professional CVs.

According to the interviewed refugee teachers and doctors, it takes several years to learn the English language and complete re-education and re-qualification processes. Whereas refugee doctors tend to emphasise the negative effects of interruption of their professional practice on their professional career development, the onerous demands of the teaching profession and the required time to complete the necessary training discouraged refugee teachers from pursuing their professions after arrival in the UK, as pointed out by Tara, a service provider working with refugee teachers:

The system is time-consuming. You need time to learn English, do a work placement and complete the ITE. All those requirements may take you at least four or five years, or even longer. It is a long process and some refugee

teachers decide to resign from pursuing their teaching careers here in Scotland.

Tara, service provider, Glasgow

Tara indicated that the length of time required for re-entering their professions informed refugee teachers' decisions on whether or not to pursue their professional careers after arrival in the UK. Both Josef's and Tara's narratives show the negative impact of the time required to re-enter their professions on the process of integration. Interruptions to their professional practice put refugee teachers and doctors in less favourable positions in the labour market. For example, Iga, a service provider working with refugee doctors, indicated that refugee doctors only find employment in vacancies not taken by native graduates:

My understanding is that those people who didn't obtain their qualifications in this country, they can only plug the gaps on the labour market. Refugee doctors are not recognised as potential candidates who can compete with native graduates.

Iga, service provider, Glasgow

The expression 'plug the gaps' indicates that refugee doctors were only considered as potential candidates for vacancies if there was a labour shortage in the profession. Indeed, the NHS in the UK has a long history of recruiting overseas-trained doctors to fill labour shortages. For example, in 2002, the UK Government

launched a programme of international recruitment of medical staff via a global recruitment campaign, targeted recruitment programmes and international collaboration to increase the numbers of consultants and general practitioners (GPs) working in the NHS (Department of Health, 2002). As a result, nearly half of new full registrants on the GMC register in 2003 were from overseas (Buchan and Dovlo, 2004). Despite overseas doctors playing a fundamental role in maintaining the NHS workforce, a number of studies show that these doctors tend to occupy lower grade positions or junior grades (Kyriakides and Virdee, 2003; Buchan and Dovlo, 2004).

In addition, lack of progression within their teaching careers was very evident in refugee teachers' narratives. Interviewed refugee teachers indicated that they were employed on a short term basis as supply or unqualified teachers. Aura, a refugee teacher in London with 20 years of work experience as a primary teacher in Zimbabwe, was unable to progress with her professional career after arrival in the UK:

> *I have 20 years of experience as a primary teacher, but for the last three years I've been doing supply teaching here (…) I was a qualified teacher in Zimbabwe but here I'm only needed if someone is on maternity or sick leave (…) I don't want to be a messenger, children do not benefit from one day of learning. I'm filling a gap. When there is a gap, they need me, if not, they throw me out.*
>
> *Aura, refugee teacher, London*

Despite Aura having three years of work experience as an unqualified teacher in England, she indicated difficulties in obtaining a full-time teaching post in a state school. The only vacancies she could access were on a short term or ad-hoc basis. Referring to her work experience prior to and after migration, Aura considered herself to be a qualified teacher. Despite her experience, she described her position as one of a 'messenger' or someone who 'fills the gap'. This suggests that both refugee teachers and doctors share the feeling of being treated as temporary or ad-hoc staff. Experience of underemployment among refugee doctors and teachers was also outlined clearly by John, a service provider working with refugees with professional qualifications in Glasgow:

> *They [refugees] are almost professional. For example, you are not a teacher, but you are a teaching assistant, you are not a doctor, but you are a doctor's assistant. You are always an assistant to teaching or medical posts. This creates a kind of glass ceiling which a lot of refugees and other migrants are faced with. The situation hasn't changed for the last 30 years.*
>
> *John, service provider, Glasgow*

John used the expression of the 'glass ceiling' to describe unbreakable barriers faced by refugees re-entering the teaching and medical professions after arrival in the UK. However, John indicated that the obstacles with which refugees are confronted are also shared with other groups of migrants and may not be reserved to refugees. McKay (2009), examining problems faced by refugees and recent migrants in accessing employment, argues that both groups share common

experiences in terms of their labour market positions within their host communities. The focus of this thesis is on refugee doctors' and teachers' experiences of accessing employment in their professions after arrival in the UK. However, John's narrative could suggest that barriers faced by refugee doctors and teachers may be part of wider problems faced by all migrants in the UK. Moreover, accessing secure employment suitable to qualifications and work experience can become more difficult not only for refugee doctors and teachers, but also migrants and citizens in times of financial austerity in the UK:

> *Unfortunately, the economic recession has made the competition for jobs grow. For example, currently there is huge competition for teaching assistant posts. Around 100 people are applying for each of these posts. Even if refugees' skills and competences are very good, if they are against 50 native speaker candidates, they will struggle to get a teaching post (…) I want to highlight that in this financial climate that we have at the moment, not only refugees face unemployment.*
>
> *Adam, service provider, London*

Adam's narrative indicates that despite refugee teachers having a pool of potential skills and competences, underemployment and unemployment in this group may stem from economic downturn in the UK and global recession. Indeed, the high competence required for teaching positions, lack of funding for support roles in schools and additional financial cuts in the public sector since 2007 may create additional barriers for refugee doctors and teachers re-entering their professions

after arrival in the UK. As a result, general economic downturn can have further adverse implications for the process of integration into professions.

This section focused on the complex institutional barriers experienced by refugee teachers and doctors re-entering their professions after arrival in the UK. The barriers described in this section relate not only to lack of recognition of refugees' professional competences but also to lack of supportive mechanisms within the structures of the teaching and medical professions. Moreover, the findings in this section suggest that the barriers faced by refugee teachers and doctors could be shared among all migrants and also be related to the recent economic downturn in the UK. The next section will describe the cultural barriers which refugee teachers and doctors experienced.

6.2 Returning to professions - cultural barriers: '*It is a new environment, so there will be different expectations'*

The previous section described the diverse institutional barriers faced by refugee teachers and doctors re-entering their professions after arrival in the UK. The following two sections describe and discuss the cultural barriers and difficulties encountered by refugee doctors and teachers accessing their professions in the UK. The cultural barriers are defined as difficulties that arise from internal operationalisation and organisation making up professional structures of the medical and teaching professions.

6.2.1 Knowledge of professional practices and code of conduct in Scotland and England

As refugee doctors' and teachers' professional competencies were acquired in different national contexts, both refugee doctors and teachers listed several differences in professional practice between their home countries and the UK. For example, refugee doctors referred to greater patient involvement in the process of decision making as an example of difference in the medical professional code of conduct in the UK:

> *Patients here need more explanation about their health conditions. They are more involved in the process of decision making. Back home you don't need to do that, sometimes patient doesn't know about his or her disease.*
>
> *Sara, refugee doctor, London*

Refugee teachers provided examples of several differences in the organisation, and operationalisation between the teaching profession and teaching methods in Scotland, England and their home countries. These include differences in the educational system, curricula and pedagogies:

> *When I was teaching in my home country, I was just delivering my subject to pupils. You don't need to deal with behavioural problems like here, you only*

teach, that is all (...) As well as the English language, the education system is different here. Internal procedures and policies are different.

Ray, refugee teacher, Glasgow

As refugee teachers and doctors obtain their professional qualifications in different national contexts, they were not familiar with the UK regulations and standards describing teachers' and doctors' professional codes of practice. For example, Lesley, a service provider working with refugee doctors, indicated that lack of familiarity with UK standard medical practice among refugee doctors represents one of the main challenges they experience in the process of integration into their profession:

To be fair, any doctor who comes to this country, his or her clinical knowledge and competencies should be at the right level. For all different reasons, the biggest challenge faced by refugee doctors to integrate into their profession is lack of cultural competencies to operate within a different cultural framework, plus all the other personal issues around it (…) the most difficult thing is behaviour. You can train people with clinical skills, but how do you train their behaviour? Professional practice in the UK may be very, very different from the way they practice medicine back home.

Lesley, service provider, London

While Lesley indicated that refugee doctors had a good medical knowledge, she also pointed out that the lack of familiarity with the UK medical practice was an issue for refugees. Standard medical practice in the UK (GMC, 2013) is defined by medical competences and responsibilities providing the basis of assessment of the medical code of conduct. Thus, refugee doctors' lack of knowledge of the standards of UK medical practice can cause inadequate performance or behaviour:

> *Some medical procedures, behaviours or actions are obvious for people who were born here. For me, not really. Because I'm not familiar with UK medical practice, I may do things incorrectly and this may cause my medical skills to be questioned.*
>
> *Mardi, refugee doctor, Glasgow*

Mardi suggested that perceptions of refugee doctors' poor quality medical competences can be informed by refugee doctors' inappropriate performances in the medical profession, not meeting the standards of medical practice in the UK. Thus, lack of familiarity with medical professional practice in the UK among refugee doctors can create cultural barriers to re-entering the medical profession. In addition, inadequate performance in the medical profession can be related to insufficient communication skills, as indicated by Mardi:

> *Communication is one of the most important skills for practising medicine in the UK. You may know an answer to a question, but you need to be able to*

answer it in a clear and understandable way. You may know what you want to say, but you may be lacking words and the right expressions. This is why sometimes I do not feel confident. If you are not confident, patients will have doubt, and you don't need that and don't want that.

Mardi, refugee doctor, Glasgow

Communication skills were identified by Mardi as one of the key competences within the medical profession enabling skills and knowledge to be successfully implemented into professional practices. Refugee doctors' inadequate communication skills were related to lack of English language proficiency:

If I go to another country it is not about language but about culture. It is about the cultural context in which language is used. Culture and society create language, and here the culture is compared with the culture in my country.

Kwango, refugee doctor, Glasgow

Kwango explained that linguistic and cultural competence cannot be separated. English language proficiency therefore requires refugees to have knowledge of the context of language usage, including criteria concerning relevance, adequacy and correctness of linguistic expressions (Kramsch, 1998). Inadequate usage of the English language for the cultural context can therefore curtail understanding of expressions used in communication. This again suggests that language can serve

as a mediating factor which can either facilitate or hinder the use of refugees' professional competences. Further to this, problems with effective communication can relate to cultural differences in body language and accompanied behaviour, as described by Sara:

> *One communication skill in the UK is that you need keep eye contact during conversations. If you don't, you may be perceived as not respecting a person you talk to. In my country, it is the other way around, especially with the other sex, you can't do it in my country, but here you have to (...) It is important, for example, when I was doing my training I asked a patient to sit on a chair and I pointed out where I wanted the patient to sit down. I was informed that in this country it is not polite to give directions using only one finger, instead I should use my whole hand. There are some things we do naturally but they might not be right.*
>
> *Sara, refugee doctor, London*

Sara listed differences between her home country and the UK regarding behaviours accompanying communication with patients. For example, making eye contact with a speaker was perceived in Sara's culture as lacking respect. However, in the UK, it was regarded as appropriate behaviour accompanying patient communication. Cited refugees indicated that lack of familiarity with norms, rules and relevant practices defining the cultural context of the medical profession had a negative influence on appropriate presentation of their professional competences. Inadequate

performance in the profession seems to be a common experience among refugee doctors and teachers.

Interviewed refugees recognised the need for familiarisation with the cultural context of professional practice in the UK. However, at the same time, they indicated diverse difficulties in adapting to a different culture and living in a foreign country:

> *It is hard because when you come to another country the culture is different, the education system is different, everything is different and you need to learn them all from the beginning.*
>
> *Elma refugee teacher, Glasgow*

Difficulties in adapting to a different cultural context can have a negative influence on refugee doctors' and teachers' self-confidence, further curtailing their performances of professional skills and competences. This relationship between lack of familiarity with the cultural context and poor presentation of refugees' professional competences was outlined by this service provider working with refugee doctors:

> *In order to get into a SHO post, a candidate needs to go through the recruitment process. The outcome of the process is based on an interview. So it is down to how refugee doctors engage with the interview panel during the interview. For many of our clients it is an entirely new experience.*

Talking about themselves or even promoting their skills and competences are very difficult. These are very sophisticated interview skills that for some refugee doctors and teachers are new. They can learn them, but it takes a lot of time and practice.

Lesley, service provider, London

Lesley described specific examples where lack of wider knowledge about the recruitment process in the UK can have a negative impact on the outcomes of refugees' overall job seeking process. Indeed, a job interview aims to assess whether a candidate applying for a post fits the job description. Appropriate presentation of professional skills and competences during the interview is therefore crucial to provide evidence of qualifications and experiences fitting the job vacancy. As a result of the differences between the teaching and medical professions in the UK and in refugees' home countries, refugee doctors and teachers expressed inadequacy about their own professional competences and thus recognised the need for re-qualification and re-education:

You say, 'hallo class', and then you say, 'please put your diaries and journals on the desks'. Then you have to make sure that they are following your instructions. You need to make sure that they are doing it. If you say, 'diaries, journals on desks', everybody in the class should do it. After that, you need to say, 'listen, listen now', and they should listen and you give instructions, and they should listen. You need to learn those instructions to

be able to manage children's behaviour in classroom (...) You need to get used to it, and you need to learn it.

Isaac, refugee teacher, Glasgow

Unfamiliarity with specific standards of teaching practice imposed the need for additional training and work placements in a professional environment. Isaac accepted his responsibility to acquire the necessary knowledge on management of children's behaviour and act and behave in accordance with the requirements of the professional code of conduct and standards of professional practice in the UK. Repetition of the expression 'you need to' could again indicate a one-way approach to the process of refugee integration into professions. This experience was also prevalent among refugee doctors:

If you want to work in this country, you need to learn the British way of performing medicine.

Okan, refugee doctor, London

Both Isaac's and Okan's narratives indicate acceptance of the necessity of altering their professional practice to the standards of the teaching and medical professions in the UK. It appears that achieving appropriate levels of performance in the teaching and medical professions was a common challenge experienced by refugee teachers and doctors. However, the burden of continuingly altering their professional competences to meet the standards of the teaching and medical professions can

make refugees feel that they need to continuously prove their qualifications or do 'double' in order to re-enter their professions after arrival in the UK:

> *If you are refugee doctors you need to prove yourself all the time in front of your work colleagues, patients or supervisors. I did many additional courses and trainings. It almost feels like we need to do double to be in similar positions as other native doctors.*
>
> *Fabian, refugee doctor, London*

> *People's attitudes are different, often they will question the value of your teaching qualifications and skills, but you need to show them that they are wrong. You need to show them that you are capable of delivering a good lesson.*
>
> *Olaf, refugee teacher, Glasgow*

Both these narratives indicate that continuing alteration of their professional qualifications, skills and practices to the professional standards (GMC, 2013; GTCS, 2012a, 2012b; DfE, 2012b) represented the only way for refugees to re-enter their professions after arrival in the UK. The onus on and responsibility of the cited refugees to adopt and adjust to the standards of the teaching and medical professions can result in feelings of being under-valued. Such feelings did not diminish even when refugee doctors obtained full registration with the GMC. Mardi described her experiences as follows:

M: Sometimes I feel intimidated. This is because when you talk about foreign doctors, especially refugee doctors, you can feel it. For example, if you ask questions and you are a foreign doctor, people may assume that you are lacking knowledge.

EP-N: Did you come across comments that because you are an overseas-trained doctor you are not competent to work as a doctor in the UK?

M: Yes, I did, but you need to deal with it.

Mardi, refugee doctor, Glasgow

Mardi, at the point of interview, held full GMC registration and had been working for the previous three years as a GP in local medical practices. Discussing her work experience, Mardi felt that being a foreign doctor, especially a refugee doctor, can lead to prejudiced assumptions about her lack of certain qualifications. Although this research did not address employers' perceptions of refugee doctors or teachers, such feelings of being discriminated against were shared by all the interviewed refugees:

When you are a refugee there is this assumption that you may not perform at the same level as a native doctor. This is because of language and culture issues.

Okan, refugee doctor, London

Okan expressed the view that preference in the recruitment process was given to native candidates. Although experience of prejudice related to the presumption of there being little value to refugees' professional capital, a notion shared in Mardi's and Okan's narratives, it is difficult to conclude that refugee status was the primary cause of their disadvantage or whether the root of this disadvantage lay with other factors such as race, gender, age or intersectionality of those factors. This question is further addressed in the final chapter of this thesis.

6.2.2 Structure of the workforce within the teaching and medical professions in Scotland and England

As well as performance in the medical and teaching professions, typical appearances in professions can serve as professional markers used to distinguish whether or not individuals belong to certain professions. According to the Scottish Government's (2011) data on teacher ethnicity, of 97 per cent of cases where the ethnicity of teachers was disclosed, only 2 per cent were from non-UK white backgrounds, with a further 2 per cent from other ethnic minority groups. Further to this, data on the school workforce in England (DfE, 2013b) indicated that in 2012 only 2.1 per cent of teachers who disclosed their ethnicity were of Asian heritage, with 1.0 per cent of African/Caribbean heritage and 1.3 per cent of mixed/dual heritage. The absence of ethnic minorities in professional roles may also shape possible bias against ethnic minority teachers. The dominance of white teachers in the teaching profession in Scotland and England may enhance stereotypical perceptions that the teaching profession is restricted to white teachers:

If in a place where black, Asians, Indians and white live together, but you can only see white service providers, white teachers, you start thinking that this place is only for white people. If everywhere you go there are only white people, you start thinking that you are not welcome.

Habtom, refugee teacher, Glasgow

Existing literature on the experiences of ethnic minority teachers indicates that white domination of the teaching profession may cause difficulties for ethnic minority teachers in being recognised, represented and respected in schools (Menter *et al*. 2006b). All of the interviewed refugee teachers were of non-white ethnicity. The predominance of white teachers in the teaching profession in Scotland and England creates a shared belief among refugee teachers that being white represents one of the traits of the teaching profession:

During my probation, I was the first black person in school, the first black in the whole community (...) I asked the kids, 'Is it the first time you see somebody like me teaching?' They replied, 'yes', then I added, 'I know you are very surprised to have a teacher like me with black skin teaching here'.

Olaf, refugee teacher, Glasgow

There are some areas in London which are only for middle, white classes. You know that and you know that you will not get a job there, nothing. It is wrong, but there is nothing we can do about it.

Laban, refugee teacher, London

The assumption that being white represents one of the characteristics of the teaching profession discouraged Laban from pursuing his profession after arrival in the UK. In addition, the prevalence of white teachers in the school environment and the consequent lack of interaction between pupils and teachers of ethnic minority background can lead to biased perceptions of the cultures and countries from which such teachers come, as explained further by Isaac:

They didn't know me, and they thought that black is hunger, or black is misery, or black is AIDs. Now they know me, so they know that they were wrong. I remember I was doing a lesson about Senegal and the children were asking me if we had TV or cars in Senegal, things like that.

Isaac, refugee teacher, Glasgow

Isaac's narrative describes pupils' prejudiced perceptions of Africa. The students referred to in Isaac's narrative asked questions perhaps without intentional implicit racism, but providing evidence of prevalent stereotypes, assumptions and perceptions upon which prejudice is built. Refugee teachers therefore felt that their colour put them in less favourable positions than white staff, as asserted by Aura:

The other problem is my colour, I'm a black teacher, I can't lie about it, and not all people accept me. They will not tell you that in front of your face, it is not declared as such, but you can feel it, it is hard.

Aura, refugee teacher, London

Aura's belief is solely based on her individual perceptions and feelings. However, previously cited statistics presenting a predominantly white workforce in the teaching profession in England and Scotland arguably support Aura's perceptions of discrimination. While Aura's negative experiences could stem from her skin colour, previous research into teachers of ethnic minority background has recognised positive contributions brought by such teachers into the school environment (see Bhatti, 1999; Villegas and Lucas, 2004; Santoro, 2007). However, the added value in refugee teachers' professional capital, represented in factors such as bilingual provision of the curriculum, increased educational and career aspirations of students of ethnic minority background and provision of links between schools and ethnic minority communities can also limit refugee employment opportunities to jobs aimed at supporting ethnic minority children, as described by Ray:

During my probation I was asked to go from class to class and talk about Africa. But then I said that it shouldn't be my main focus and my objective is not to teach about my country, but to teach the French language. Every time I introduced myself, I would say where I come from. After that I came back to business, which is teaching the French language. I have a certain agenda,

which is to teach French (…) I want to be a teacher of the French language not an expert in African culture.

Ray, refugee teacher, Glasgow

Ray pointed out that his role as a teacher was not to teach children about his country of origin or his background but to teach the French language to all pupils regardless of their ethnic backgrounds. Indeed, Ray was positive about recognition of his specific knowledge about ethnic minorities' cultures. However, he refused to have his role limited to that of an expert of 'African culture'. A study by Basit and Santoro (2011) has raised concerns that the policy 'drive' to diversify and 'match' the ethnic diversity of the teaching profession with the cultural diversity of the wider population is underpinned by naive understandings that, simply by virtue of teachers and students sharing the same ethnicity, successful engagement with ethnic minority students will take place. While previous research has outlined the rationales behind diversification of the teaching profession (Bhatti, 1999; Villegas and Lucas, 2004; Menter *et al.* 2006b; Santoro, 2007), study by Basit and Santoro (2011) indicates that simplistic approaches to matching teachers of ethnic minority background with pupils of ethnic minority background can produce different levels of discrimination, whereby refugee teachers' roles in schools become limited to those of 'cultural' experts and brings a danger of over-simplistic assumptions, stereotypes and further segregation, whereby refugee teachers' contributions can be only recognised through their ethnicities. Ray's narrative indicates that he qualified as a teacher of the French language, not as a refugee teacher, meaning that he should be recognised as such.

6.3 Summary

Complex institutional barriers experienced by refugee teachers and doctors after arrival in the UK provide evidence of lack of recognition of refugees' professional capital. Interviewed refugees experienced several difficulties in satisfying the institutional entry requirements of the teaching and medical professions in the UK. These difficulties related to assessment and accreditation of refugee teachers' and doctors' academic degrees, professional qualifications and pre-migration work experience. Lack of recognition of refugees' professional qualifications as equivalent to UK standards requirements for the professions imposed the need for re-qualification and re-education training. In addition, this chapter discussed cultural barriers to re-entering the professions including lack of language proficiency and differences in professional codes of practice and thus performance in the professions. Inadequate demonstration of professional knowledge to professional standards (DfE, 2012b; GMC, 2013; GTGS, 2012a; 2012b) represents an apparently common link between both professions. Lack of recognition of refugees' pre-migration qualifications and work experience, combined with their lack of familiarity with professional codes of conduct in the UK, result in an ongoing need for refugees to adjust their professional capital. As a consequence, refugee teachers and doctors are required to undertake a re-education and re-qualification process to satisfy the entry criteria of the medical and teaching professions. Despite refugee teachers and doctors recognising the need to undertake re-qualification training to re-enter their professions, the need for ongoing alteration of their professional qualifications and competences leads to feelings among refugee doctors and teachers of their professional capital being constantly under-valued.

This chapter highlights several similarities and differences in the experiences of refugee doctors and teachers in the process of integration into their professions. Similar to Bloch's study into refugee employment (2000b; 2002), language was identified in this chapter to be the most challenging barrier to integration into professions . In relation to this, this chapter stressed that linguistic proficiency in the English language cannot be separated from the context in which the language is being used. In addition, many obstacles faced by refugees were related to the strict institutional regulations of the teaching and medical professions, which were not responsive to the diversity of refugees' qualifications and work experience. Considering differences in refugee teachers' and doctors' experiences of accessing their professions after arrival in the UK, the findings in this chapter suggest that refugee teachers experienced greater institutional barriers than refugee doctors. Majority of interviewed refugee teachers (19 of 21 refugee teachers) were required to re-start their professional qualifications from the beginning, as if they did not have qualifications or degrees in the first place. Refugee doctors, on the contrary, were not required to repeat their professional training but had to pass a combination of English language and professional exams. The findings from this chapter also suggest that failure to recognise refugee teachers' professional capital can relate to specific organisational aspects of the teaching profession, which is heavily embedded in national education policies, national culture, tradition and institutional policies which differ from region to region (Menter *et al.*, 2006a). This suggests that the teaching profession is understood differently in different regions.

Considering differences between Scotland and England, the findings of this chapter show that refugee teachers in London experienced greater institutional barriers as they found it problematic to secure work placements in public schools to complete

teacher training. As a result, refugee teachers in London were not able to access or complete the necessary teacher training to obtain status of qualified teachers. The recent changes to the teaching standards in England (DfE, 2012b) and ITT can further hinder access to teacher training for refugee teachers.

Rigid institutional regulations extend the time required for refugees to re-enter the teaching and medical professions after arrival in the UK. The time taken to re-enter the professions has a negative impact on the process of refugee integration into their professions. This is because the time taken to re-enter the professions causes a gap in refugees' professional CVs and puts them in less favourable positions than other candidates without discontinuity in their professional practice. The findings from this chapter also suggest that the negative influence of gaps in refugee doctors' professional CVs has permanent implications, as they are unable to compensate for this by undertaking additional professional training. As well as inability to compensate the interruption in professional practice, refugee doctors and teachers felt that they were only able to access job vacancies not taken by native candidates. Further to this, the length of time taken to re-enter professions discourages refugee teachers from pursuing their professions after arrival in the UK.

The cited narratives of refugees provided several examples of lack of recognition of their qualifications and work experience. Refugee teachers and doctors felt that the burden of adapting and adjusting their professional capital to the standards of the teaching and medical professions was placed only on them. Refugee doctors and teachers recognised their responsibility to take additional re-education and re-qualification courses to satisfy the entry requirements for the teaching and medical professions after arrival in the UK. However, they also expressed feelings of

frustration and disappointment stemming from compulsory re-qualification and re-education training combined with an ongoing need for alteration of professional capital. It is understandable that the institutional regulations of the teaching and medical professions are in place to ensure high standards of professional practice. However, lack of support mechanisms facilitating refugees to access the teaching and medical professions is an important issue. The findings in this chapter demonstrate that some of refugee teachers felt that they did not receive appropriate initial career advice (Hassan) or were lacking support in the workplace (Trish). The lack of supporting mechanism within professional structures according to service providers (Lesley and Iga) also stem from the lack of understanding of the complexity of barriers that this group encounter to meet the standards of their professional requirements. Finally, the responsibilities of refugees to adapt and adjust to the standards of the teaching and medical professions suggest that the process of refugee integration into professions can be described as a one-way process. Such an approach to integration overlooks the complexity of barriers experienced by refugees re-entering their professions after arrival in the UK, as well as dismissing the roles of the structures of the teaching and medical professions in shaping the process of integration into professions.

CHAPTER 7: Social interaction: refugee doctors' and teachers' responses to social conditions

The previous chapters have illustrated the role of refugee-like experiences alongside the professional structures of the teaching and medical professions in the process of integration into these professions. These have a significant impact on refugee doctors' and teachers' career trajectories and working lives after arrival in the UK. In order to address encountered barriers when re-entering their professions, this research has identified that refugee teachers and doctors apply diverse strategies. Table 15 shows the four main strategies applied by refugee doctors and teachers as well as the inclusion criteria on the basis of which these strategies were identified. The first four sections of this chapter describe and discuss each strategy and their inclusion criteria.

Table 15: Refugee responses to encountered barriers

Acceptance	Compromise	Ambivalence	Resignation
Inclusion criteria			
*Aspire to return to profession *and* *Have attitude of conformity to institutional requirements of professional structures *and* *Have completed or have participated in re-qualification and re-education courses *and* *Have lived in the UK for several years *and* *Have migrated from home country at early stage in professional career	*Aspire to return to profession and *Have lived in the UK for several years *and* *Have perception that regaining equivalent professional status after arrival in the UK is unrealistic *and* *Have experiences of personal dilemmas and struggles limiting access to re-education and re-qualification courses *and / or* *Were at the age of 40 or above when they left their home countries *and / or* *Have dependent children living with them	*Have attitudes indicating inability to make decisions about future career paths after arrival in UK *and* *Are newly arrived refugees who have lived in the UK for less than four years	*Do not aspire to return to profession and have stopped pursuing professional aspirations *and* *Have explored opportunities to return to profession with no success *and* *Seek alternative employment outside professional environment

Acceptance	Compromise	Ambivalence	Resignation
Refugee doctors: London			
Healther, Madoc, Nicola, Fabian, Okan	Abraham, Flavia, Sara, Samuel	Tahur	
Refugee doctors: Glasgow			
Alymar, Josef, Jeshua, Mardi	Kwango	Gaspar, Jabez	
Refugee teachers: London			
Chantal, Trish	Aura, Juan, Hassan, Laban	Dominique, Lucasta	Sade
Refugee teachers: Glasgow			
Ray, Olaf, Nio, Vasco, Hazel	Isaac, Ali, Cicely, Kanes	Elma	Habton, Osbert

As well as refugee strategies, this chapter looks at different forms of capital, namely social and professional capital, and their roles in the process of integration into professions. The discussion on the value of professional and social capital is presented in a separate section, as both forms of capital were shown to have been used across all four refugees' strategies.

In the first instance, this chapter discusses the acceptance strategy, as this was the main strategy applied among refugee doctors. The next strategy described is compromise. The chapter then goes on to look at the two remaining strategies, namely ambivalence and resignation. The final section of this chapter describes professional and social capital among refugee doctors and teachers and the roles of these in the process of refugee integration into professions.

7.1 Acceptance: '*When in Rome, do as the Romans do*'

Analysis of the interviewed data showed evidence of high professional aspirations to return to their professions and behavioural patterns as well as attitudes signalling conformity with the institutional requirements of the professional structures of the medical profession in the UK. Nine out of the eighteen interviewed refugee doctors (see table 15) recognised the necessity for re-qualification and re-education processes as the sole route to re-entering their profession after arrival in the UK:

> *If you come to a different country, where there is a different system, you need to prepare yourself to be able to fit into the system. For example, professional exams are to ensure that you have the knowledge and skills to practise medicine in this country.*
>
> *Alymar, refugee doctor, Glasgow*

Alymar expressed his attitude of conformity and acceptance to altering his professional competences to meet the entry criteria of the medical profession in the UK. Further to this, Alymar articulated his own responsibility to acquire professional attributes and competences designated by the professional structures of the medical profession in the UK. This acceptance response was also expressed by refugee teachers. Seven of 21 interviewed refugee teachers expressed the necessity of the re-qualification and re-education process to re-enter the teaching profession in Scotland and England. For example, Ray accepted that as an overseas-trained teacher he must complete re-education and re-qualification processes in Scotland:

When in Rome, do as the Romans do. Don't get yourself frustrated, if they say that you need to do this course, do it, just do it (...) even if you were trained in a different country, I would suggest to you not to waste your time and do your teaching training here, believe me it will help you a lot.

Ray, refugee teacher, Glasgow

Ray metaphorically expressed his attitude of acceptance and the necessity of adapting to the regulations and norms of his new professional setting in order to re-enter the teaching profession in Scotland. Acceptance of their responsibilities to adjust and adapt to the requirements of their new professional structures was, according to Ray and Alymar, the sole route to re-enter their professions after arrival in the UK. This attitude suggests the one-sided nature of the process of integration into professions, where access to professions is offered as a reward in exchange for acceptance of the need to adapt to professional attributes designated by professional structures in the UK. However, such attitudes of conformity among refugee teachers and doctors did not appear instantly. **Chapter 6** has already pointed out that acceptance of the insufficiency of pre-migration skills and competences for re-entering professions after arrival involved high personal costs and dealing with lower professional status and inability to progress with professional career following migration to the UK. These experiences were shared among all interviewed refugees. For example, Chantal pointed out that lack of recognition of her teaching qualifications and inability to find employment in the teaching profession after her arrival in England resulted in feelings of frustration and anger:

In the first instance, I was frustrated. Despite being a teacher, I couldn't teach in this country. I asked myself, why? Why can't I teach in this country? But this frustration damaged me very much, and then after a while I realised that I needed time to adjust and accept what was required from me. I planned small steps and started to see things more clearly. Even if people are telling you what is required, you are thinking no, I will not waste my time, I am not doing it [teaching training] and you try shorter ways. However, does not work. I did not listen and it took time for me to realise that. To re-qualify you need to learn how to live in a new environment from the beginning, and it takes time (...) It takes time for you to adjust. You want to get your life back, you want to get your job back and adjust, but it takes time.

Chantal, refugee teacher, London

Chantal explained that tension arising from discrepancies between her perception of herself as a teacher and lack of recognition of her as such, combined with the imposed need to complete teacher training in England, resulted in initial feelings of frustration and confusion. However, as Chantal indicated, denying the necessity of undertaking teacher training did not improve her situation, but instead extended the length of time taken to re-enter her profession after arrival in the UK. Change in her personal attitudes, according to Chantal, required time. This time is necessary for refugee doctors and teachers to accumulate the necessary experience and knowledge of the professional structures in the UK to develop a sense of reflexive agency and be able to make decisions about future professional career paths.

Acceptance strategy is therefore more likely to be found among refugee doctors and teachers who have been living in the UK for several years.

While re-qualification was initially perceived by Chantal as an imposed necessity, service providers working with refugee teachers also tend to justify the necessity to complete teacher training in Scotland and England to be able to work as teachers:

> *Before refugee teachers go for work placements here, they often expect teaching to be similar to teaching in their countries. However, there are many differences and they may not be aware of them. Once they go to schools for work placements, they often realise that they do not want to teach, because the teaching environment is so different here. This is another thing, refugee teachers may think that they want to be teachers in this country but they may not realise how teaching is different here. For that reason, they need appropriate teacher training.*
>
> *Alistair, service provider, London*

Alistair indicated that refugee teachers may not be aware of differences between the teaching professions in Scotland, England and their home countries prior to starting teacher training, and thus may perceive the need for re-qualification as an imposed necessity. In saying this, Alistair pointed out that the national context of the profession may require skills to be performed and communicated in ways unknown to refugee teachers. According to Alistair, therefore, teacher training is a necessary step for refugee teachers to integrate into the profession.

Those refugees who decided to pursue their professions after arrival in the UK accepted the compulsory nature of re-qualification and re-education, in expectation of improving their chances of securing jobs in professional settings. Completion or participation in re-qualification and re-education courses were therefore other factors characterising refugees applying the acceptance strategy. Gaining professional skills and competences through education-based courses was therefore one of the main tactics used by refugee doctors and teachers to increase their chances of re-entering their professions. For example, Nicola metaphorically described the process of accessing her profession as being like climbing a ladder:

> *You start from the bottom and then you climb a ladder. You start with learning the English language, and then you prepare for PLAB exams. Once you pass all your exams you can go for clinical attachment and then you can register with GMC.*
>
> *Nicola, refugee doctor, London*

The expression ‘climbing a ladder’ can be interpreted as referring to the process of improving the social mobility of refugee teachers and doctors through education, training and courses. Those refugee doctors (four out of seven) who applied acceptance strategy were at early stages in their professional careers prior to migration to the UK and engaged in several profession-oriented courses to improve their chances of re-entering their professions. Fabian discussed the medical courses

that he had completed to advance his medical CV in order to progress to a higher surgical occupation:

> *First of all, I went for a medical course in Edinburgh. After the course I passed the exam in general surgery. That was a very, very good exam and I managed to pass it well. It was a good exam to get to a higher surgical field. Now, I am doing a MSc. in neurology and hopefully once I finish it, I will be in a better position. I was advised to do additional medical training to be considered at the same level as native doctors. That is why I'm doing my MSc.*
>
> *Fabian, refugee doctor, London*

Acquisition of additional professional qualifications was Fabian's tactic to overcome barriers to accessing his desired medical specialisation. Similarly to Fabian, Okan, after several unsuccessful attempts to secure a junior post in the medical profession, decided to apply for the GP Specialty Training Programme:[43]

> *I tried to apply for a SH1 post but I was unsuccessful. I think I have sent thousands of applications. OK, I went for some job interviews but still I was not able to secure a SH1 post. So after a while I realised that I wouldn't have*

[43] This is three years of GP Specialty Training (GPST), normally including 18 months in an approved training practice with a further 18 months in approved hospital posts.

a chance of accessing the profession just by applying for jobs. So I decided to apply for the GP Speciality Training Programme. It was not an easy programme but I was given the opportunity to acquire new skills and competences. I passed the speciality exams and now I'm in the third year of GP rotations.

Okan, refugee doctor, London

Participation in the GP Specialty Training Programme allowed Okan to acquire additional professional skills to re-enter the medical profession. This suggests that gaining professional qualifications and competences through education and training represented one of the main tactics used to improve the social mobility of refugee doctors. As well as educational training, volunteering was identified by refugee doctors and teachers as being good practice for gaining UK-based work experience. Being present in professional settings provided refugees with an opportunity to observe the rules and norms of professional culture in the UK, as pointed out by Heather:

I did a lot of clinical attachments where you mainly observe and follow people. This experience gave me the opportunity to observe and understand how the system works here (...) I was doing as much I was able to do. I was participating in different courses for refugee doctors. I had the opportunity to meet other refugee doctors, study with them, exchange medical knowledge and experiences. Sometimes, it felt I had my medical life back. It was not exactly the same, but it was something.(…) I did clinical attachment in

various places and after a while a job came out in one of places I was working. I applied for it and I got the job. I started in January (…) I feel wonderful, but also a little bit stressed because I hadn't been working for ten years and thus I forgot some things. My confidence is growing now. I wake up and I want to go to work. I really enjoy it (…) my self-esteem had been damaged so much, and I want to rebuild it, I would like to do my best, now I can prove myself that I'm good at being a doctor.

Heather, refugee doctor, London

Healther's narrative suggests that the purpose of her clinical attachment was to familiarise herself with the professional setting, rather than to learn new medical skills. Accepting the necessity of re-qualification involved many personal costs. However, refugee doctors and teachers also recognised different personal benefits from participation in re-qualification training and courses. Heather indicated that participation in the courses to prepare for her medical exams gave her the opportunity to meet other refugees, exchange information and training materials and take part in study groups. Thus, participation in preparatory courses provided her with valuable opportunities not only to acquire medical skills, but also to create a new social networks with refugee doctors and staff from medical organisations. Those networks represented valuable assets in negotiating entry to the profession. The role of social capital in improving the outcomes of the process of integration into professions is discussed in the final section of this chapter. As well as developing social networks with other medical staff, being presence in the medical environment made Heather feel that she regained her professional life. Heather's narrative also provides an example of volunteering work placement creating employment

opportunities to refugee doctors. In addition, working in the medical profession was associated with emotional well-being and stability, as expressed by Heather. Securing employment in the medical profession helped Heather to rebuild her self-esteem and confidence which was damaged due to numerous negative experiences after her arrival in the UK, as already discussed in chapter 5 and 6.

As well as expanding social networks and direct employment opportunities, improved performance in professional competences has been identified as another benefit of the acceptance strategy. Those refugee teachers who had completed Initial Teacher Training (ITT) felt that their teaching competence had been improved and expanded with additional skills. Hazel described her experiences as follows:

> *I did my PGDE course because I wanted to become more familiar with the education system here. I wanted to gain more confidence in teaching. I learned a lot, it was a very beneficial experience because I finally acquired knowledge of what is expected from teachers here.*
>
> *Hazel, refugee teacher, Glasgow*

Hazel pointed out that completion of her postgraduate course not only improved her teaching skills but also restored her self-esteem and confidence. In addition, Ray indicated that, during his PGDE course, he learned new teaching techniques and methods of lesson preparation and delivery:

I would advise you not to waste your time and do the teaching training as soon as possible. Believe me it will help you a lot. It will give you more ammunition to be prepared for your classes and deliver lessons. There is nothing you could lose.

Ray, refugee teacher, Glasgow

Ray's and Hazel's narratives suggest that interviewed refugee teachers who had completed their PGDE/PGCE courses recognised the value and necessity of the course in terms of improving their professional competence and qualifications but also boosting their self-esteem and confidence. Continuous learning and improvement of the professional qualifications in favour of better future was common among those refugees undertaking educational courses at the point of interview. This could indicate that those refugees who applied acceptance responses tended to apply more professionally-focused tactics such as undertaking diverse professionally-oriented courses to improve their chances of re-entering their profession in the UK. For example, Vasco accepted his own responsibilities to adjust to a new professional environment in favour of having greater chances to re-enter the teaching profession:

I've learned a lot, I have more experience now (...) from my perspective returning to university was wrong, it shouldn't happen, but I needed to act according to the system requirements. I needed to meet the requirements of the teaching profession here, in Scotland. It is a different system, so in order to fit in, I needed to do what the system required me to do. In order to work in the teaching profession you need to fit in. If I had a BA in education, there

would be no questions and then I could do my PGDE. There will be no doubts once I complete my undergraduate degree.

Vasco, refugee teacher, Glasgow

Vasco also believed that accessing the teaching profession would be a smoother process once he gained the necessary professional skills and competences through university-based training. As well as greater chances to re-enter the teaching profession, improvement of the professional qualifications according to Vasco was necessary to adjust and be recognised as member of the teaching profession. While Vasco spoke about his responsibility to adjust, Alymar who at the point of interview was working as a doctor in an accident and emergency unit indicated that he managed to successfully re-enter and adjust to the medical profession in the UK:

My position is a speciality doctor in emergency medicine. I enjoy my work and I'm happy where I am. Now, I can do things which I like. I have a permanent contract. I'm settled now, I have a job, I bought a house. I think my life has reversed from life on the margin to a good and normal life. I'm not sure about the others, but I fitted in. It didn't work smoothly when I compare myself to my friends.

Alymar, refugee doctor, Glasgow

Alymar's narrative represents an example of successfully negotiated entry into the medical profession. Working in the profession and having secure employment made

Alymar feel secure and settled in Scotland. His narrative outlines the positive impact of employment in their professions on refugees' feelings of security and settlement in the UK. Securing employment in the medical profession was seen by Alymar as part of the solution to the enforced marginalisation which comes alongside refugeeness. Despite his negative experiences after arrival in the UK, Alymar indicated that he 'fitted in', meaning that he managed to feel integrated into the medical profession and restore his professional, economic and social status after arrival in the UK.

7.2 Compromise: '*When I came here I wanted to teach, but it is difficult*'

The compromise strategy describes attitudes and behaviours of refugee doctors and teachers aimed at maintaining balance between their professional aspirations and perceptions of the realism of their re-entering their professions after arrival in the UK. The six of 18 interviewed refugee doctors and the eight of 21 interviewed refugee teachers applied compromise strategy to challenge encountered barriers (see table 15 p.257). Compromise was dominant among older refugee doctors and teachers, 10 of 14 interviewed refugees who applied this strategy were above the age of 40. **Chapter 6** has already indicated that the process of re-qualification can take several years, meaning that older refugees often perceived re-entering their professions in the UK to be unrealistic. For example Ali aged 66, with 25 years of teaching experience prior to migration, explained that due to his age he would not be able to learn the English language to work in his profession. Despite this, Ali still wished to stay in touch with his profession:

I cannot teach because of my language. My English is not good enough to teach. I am 66. I'm too old to learn a language. However, I try to stay in touch with my profession (...) Sometimes, I go to libraries to read, or I go to lectures related to my profession. From time to time, I give private lessons.

Ali, refugee teacher, Glasgow

Ali considered working in the teaching profession in Scotland not to be realistic and thus actively sought alternative ways to stay in contact with his profession through participation in open lectures, giving private lessons or reading books related to his profession. Similarly to Ali, Isaac aged 51 also indicated the age factor as a key barrier in accessing the teaching profession:

I'm too old to do teachers training. I am OK now, what I want is to have a job, a small job like a teaching assistant.

Isaac, refugee teacher, Glasgow

Searching for alternative ways to stay in contact with their professions was one of the tactics adopted by interviewed refugees for whom re-entering their professions was unrealistic. Both Isaac's and Ali's narratives suggest that age had an impact on their orientation and capacity to integrate into the teaching profession upon arrival in the UK. Similarly to refugee teachers, the ages of interviewed refugee doctors had a negative impact on their abilities to acquire additional professional skills and

competences to re-enter the medical profession in the UK. Older age in refugee doctors and teachers often related to strong established positions within their professions prior to migration to the UK. For example, those refugee doctors (seven out of eighteen) who had left their home countries in their 40s or 50s already had strong and well-established habits, attitudes and approaches towards professional codes of conduct and thus considered adapting to their new professional settings as more difficult, as described by Sara age 45:

> *Age is my main problem. This is because my brain is used to certain reactions or ways of approaching patients. These are your habits and it is hard for you to learn and adjust to different things. Even if you learn new things, you can make a mistake because some things you do automatically.*
>
> *Sara, refugee doctor, London*

Sara's narrative suggests that strongly embedded approaches to professional practice made it more difficult for older refugees to adjust to their new professional environments. This suggests that refugee doctors with strongly established professional codes of conduct and practice prior to migration found it more problematic to learn about and adapt to their new professional setting in the UK. Older refugee doctors tend to lower their aspirations and wished to work in entry positions in the medical profession, as expressed by Sara:

> *I don't think that I would ever return to my position, I'm too old. I used to work in a senior post, but now I'm working at junior level. Additional training would*

take me too much time which I don't have. I used to be a gynaecologist, but due to my age, I will not be able to gain enough UK-based work experience and training to work in this same position in this country. At this stage, I want to do anything, which is decent, and relates to medicine, anything to give back my dignity. Next week I'm starting working as a phlebotomist. This job is below my qualifications but at least I will be working in hospital and I will be useful for my family

Sara, refugee doctor, London

Sara was aware that, due to her age, she would not be able to gain the required UK-based work experience to work in an equivalent post to what she was used to prior to migration to the UK. Recognising the barriers and limitations of the transferability of her professional capital, Sara decided to compromise by lowering her aspirations and search for a job in lower grade occupations in the medical profession. Sara's narrative also suggests that working in her profession was strongly linked to regaining self-worth that was related to the feeling of being useful. Despite re-entering the medical profession, Sara still experienced under-professionalisation as she was not able to return to the equivalent position that she used to have prior to migration to the UK. Although older refugee doctors reported experiences of under-professionalisation, they also expressed strong desire to work in the professional environment. For example, Kwango discussed his experiences as follows:

Things are not perfect, not brilliant, as I was hoping, but it is good. I have found my own ways of coping with things. I consider myself as a fighter. I have to fight, otherwise I will be hopeless. I would like to do things, I hate

doing nothing, it is not who I am. It is unfortunate that I needed to migrate to another country when I was 40 years old, I'm too old, but it happened like this and there is nothing I can do about it. If I were 20 years younger I would be in a completely different position. What I need to do is to do as much as possible to learn, gain additional qualifications to work in the medical environment here in the UK. That is why I'm doing a postgraduate course at the moment.

Kwango, refugee doctor, Glasgow

Kwango described his experiences of integration into his profession by placing his focus on continued learning and improvement of his qualifications. In addition, Kwango expressed a strong need and desire to do things for himself and exhibited a very strong 'get up and go' attitude, making it apparent that, to some degree, he accepted the need to adjust to his new professional environment as an underlying temporary struggle necessary to achieving a better future life in the UK.

As well as barriers related to the age of interviewed refugees, personal circumstances and priorities made 14 of 39 interviewed refugees to compromise their professional aspirations. The re-qualification process itself required many preparations and much planning and seeking of solutions to overcome the numerous barriers experienced by refugee teachers and doctors Despite the importance of employment in their professions, refugee teachers talked about the different personal dilemmas and struggles limiting their chances of re-entering their profession. For example, Cicely described in her interview her attitude of not being

ready to re-enter the teaching profession because of numerous cultural and personal barriers:

> *When we came here, we needed to face many challenges. The culture is completely different, people are completely different, environment and weather are different, religion is different. I'm not ready enough to start my job now. What I mean by not being ready is that despite my knowledge and experience, I don't know this country enough to integrate into this new society. I need to prepare myself to understand this society. The first thing is language, so I can translate my experience and my knowledge, so people can understand me. The second thing is not to forget my culture but also I need to adapt to this culture. I need to understand you, how you are thinking. So, I'm not ready enough, not completely, but maybe over time, things will be better.*
>
> *Cicely, refugee teacher, Glasgow*

Cicely spoke about her difficulties in adapting to the new cultural and social environment in which she found herself after migration to the UK. Cicely did not perceive the need to acquire additional professional competences as discrimination against refugees. Instead, unfamiliarity with her new cultural and social environment made her feel unprepared to work in her profession after her arrival in the UK. **Chapter 6** also indicated that lack of familiarity with professional cultures and fears of inadequate performance in their professions were common experiences among all the interviewed refugees. As well as numerous cultural barriers, financial

struggles also pushed refugee teachers to search for employment outside their professions. As such, the compromise strategy was also relevant to refugees with dependent children, who tended to consider their family needs over their professional aspirations. This attitude was expressed by Hassan, who at the point of interview was working as a sales assistant in Tesco:

> *I had many problems and because of that I couldn't participate in English classes properly. The first year in this country, and when my wife arrived, was very difficult. I was trying to organise my life in a different environment, it was difficult. I have a family and I need to provide for them and look after them, that is why I need a job. At the moment I'm working at Tesco, it is a part-time job, but it is not the job I should be doing with my qualifications, but I'm working to be a part of society. It is not a good job, but I don't want to be on benefits all the time (…) I'm still thinking about being a teacher. I did a MA in mathematics here and I did some volunteering in schools, next year I'm thinking about applying for the PGCE.*
>
> *Hassan, refugee teacher, London*

Despite his passion and professional aspirations, Hassan's priority was to provide financial stability for his family. Hassan spoke about the necessity to compromise his professional aspirations with his family needs. This suggests that financial hardship, combined with the need to care for his family, pressured Hassan to compromise his professional aspirations and postpone his professional career development. This, however, indicates that the process of refugee integration into professions also involves a wider range of actors and tends to include the needs of refugees' whole households. Despite Hassan's work not commensurating with his

pre-migration skills and qualification level, he stressed the importance of having a paid job in general. Although Hassan, at the point of interview, was working below his qualifications, he still expressed a strong desire to return to his profession. As was the case with Hassan, family needs and financial constraints made it difficult for Cicely to pursue her teaching career after arrival in the UK. From the interviews, it seems that, for female refugees, the compromise response often involved re-evaluation of conflicting priorities between family and personal needs:

> *Me, and my husband, we were trying to study together, but we were in shock, because they said that maximum support we could receive was £200. It is not enough for my whole family, for this reason we decided that he would go first.*
>
> *Cicely, refugee teacher, Glasgow*

Cicely decided to postpone development of her professional career to look after her family while her husband was completing his studies. This suggests gender differences in the process of integration into professions, as female refugee teachers may receive less support from their family members when trying to pursue their professional aspirations. Thus, ability to pursue professional careers may be more limited due to traditional gender hierarchy. As well as gender, marital status has also been identified as playing an important role in the process of integration into the professions. For example, Flavia expressed her struggle to juggle between her family and professional life:

I have three children. I'm a single mum because I divorced my husband three years ago. Now all the responsibilities are with me. I have almost no time to focus on my career, but I never stopped studying and preparing for exams. I'm on my own and this is very hard.

Flavia, refugee doctor, London

Flavia indicated that, as a single mum of three children, she had little time to develop her professional aspirations. This suggests that single parenthood can limit refugees' capabilities to re-engage with their professions upon arrival in the UK. Participation in professional courses and work-based training or having the flexibility to take additional shifts and work long hours were not feasible for female refugees due to childcare responsibilities. From the interviews, it is evident that refugee doctors and teachers experienced numerous problems related to re-entering their professions, meaning that they adjusted their aspirations accordingly. For example, Flavia listed diverse barriers limiting her abilities to re-enter the medical profession:

First I waited five years for my status. In addition, I had a lot of problems with my husband, he was very violent. After three years we divorced, and now I'm on my own, with three children to look after. But still I hope I will do my exams and be able to practise medicine. I want to get through this and get to speciality training (…) I'm not giving up, but it will be a long journey. If from 2001 I had had a job in a hospital, I'm sure I would have passed my exams, I would be in a better situation now. I feel like I'm in a catch 22 situation, I feel less confidence with my English, so I feel less and less confidence in general and this test [IELTS] is a milestone for me.

Flavia, refugee doctor, London

Flavia's narrative illustrates a dynamic interrelationship between a range of demographic characteristics including gender, marital status and employment status. Despite Flavia's motivation to work as a doctor in the UK, her lack of success in passing the English language test, combined with the long asylum process and her experiences of domestic violence and single motherhood undermined her self-confidence. Flavia metaphorically explained that she found herself in a vicious circle where lack of engagement with a professional environment diminished her professional skills and competences. Despite her diverse personal difficulties, Flavia was still hoping to work as a doctor in the UK. Both Flavia and Cicely needed to compromise their professional aspirations because of the needs of their families and postpone their professional career development. However, postponing the development of their professional careers extended the period of time for which female refugees remained outside professional practice. The findings presented in **Chapter 6** suggest that the longer refugees remain outside professional practice, the lower their chances of re-entering their professions. Thus, postponing their professional careers placed refugees at risk of deprofessionalisation as in Smyth and Kum (2010) and could result in waste of pre-migration professional skills and competences.

Another tactic adopted within the compromise strategy used by interviewed refugees was finding alternative ways to use professional competences outside of the formal professional structures, allowing refugees to stay in contact with their professions. After several unsuccessful attempts to have his professional

qualifications recognised, Kanes decided to place his focus on writing an exam book dedicated to high school pupils:

> *After two years of approaching different universities asking for available vacancies, trying to apply for the PGDE course, I was fed up, and I decided to stop. They did not accept my PhD in mechanical engineering and instead I was required to provide a standard grade in mathematics. I was so disappointed with this approach. I was in shock. After that I just stopped, I could not take it (...) this is life, there are always good and bad moments. Now, my focus is my book. I wrote a book for high school pupils. It provides more detailed explanation of how to answer exam questions. I collect past exam papers and I provide answers to students but in detail. So students can understand it. So now I'm doing English language courses to improve my language to be able to explain different tasks step by step to students. The next step for me is marketing my book.*
>
> *Kanes, refugee teacher, Glasgow*

Lack of recognition of Kanes teaching qualifications made him feel disappointed and frustrated. As he maintained a strong perception of himself as a teacher, he expressed strong rejection of the necessity for re-qualification and re-education. As Kanes could not accept the fact that his pre-migration professional experiences and qualifications were not equivalent to the standard requirements of the teaching profession in Scotland, he decided to seek alternative ways to use his professional skills outside the formal structures of the teaching profession. While Kanes decided

to focus on creating his own teaching materials, Juan decided to dedicate his knowledge and skills to community work:

> *When I came here I wanted to teach in the primary sector, but it is very difficult to get into teaching here. I went to university, sorry, first of all I went to college to get my higher grade in English, maths and science. Then I went to university to do a BSc. in Business and IT. I applied for the PGCE but I was refused. I went to Brighton, Cardiff and Luton. They all interviewed me but all of them said no. So in 2007 I started to do a MA in education. I did it successfully. I did some training for teaching adults, so I can teach adults now. Because I was unsuccessful in getting into teaching I decided to establish an organisation which would support ethnic minority parents and children in accessing education services. At the moment we provide classes, three hours of language courses each Saturday, to Somalian parents and children.*
>
> *Juan, refugee teacher, London*

Establishing an organisation supporting the Somali community in London was the alternative solution for Juan to make use of his teaching skills and competences in England. Despite encountering many barriers and negative experiences in re-entering the teaching profession, Kanes and Juan were extremely resourceful in making the best of their capabilities to seek alternative ways to stay in touch with the teaching profession in the UK. This suggests that refugees were active in searching

for alternative solutions outside the formal professional structures, where their professional qualifications and competences were recognised and valued.

The compromise strategy was more relevant to refugee teachers or doctors facing the challenge of reconciling their professional and private lives after arrival in the UK. The compromise strategy was also strongly associated with refugee age, gender, marital status and stage of professional development prior to migration. This could indicate a multi-dimensional aspect to integration where refugees' social demographics produce structural conditions shaping the process of their integration into professions. As with the acceptance strategy, the compromise strategy applies primarily to refugees who have been living in the UK for several years. The following section will look at the ambivalence response, dominant among newly arrived refugees.

7.3 Ambivalence: *'There are different options, I'm not sure which one I will choose'*

The ambivalence strategy involved behaviours and attitudes indicating inability to make decisions about future career paths following migration to the UK. The ambivalence response was dominant among newly arrived refugee doctors and teachers (incorporating two refugee doctors and three refugee teachers) who were living in the UK for less than four years. For example, Tahur discussed his experiences as follows:

When I came here, my aim was not to work as a surgeon. I criticised the government of my country and I needed to leave. I decided to come to the UK until the situation in my country improved. I had assumed that the situation in my country would become better but instead it got worse. I was advised by my friends who were still living in my country not to come back. My initial aim was not to work as a surgeon, but to come back as soon as possible. However, the situation in my country still hasn't improved so I need to think about my future here, in the UK. (…) I would like to return to my previous life. I was a busy, respected and hard working man. Now life is different, I can't work in my profession, I don't have friends, nothing. When your life is overturned upside down and you need to learn a new language, adjust to a different culture, it is very hard. I did my best. At this moment I'm learning the English language. In September I'm starting a postgraduate course at university.

Tahur, refugee doctor, London

At the point of interview, Tahur's future life was not settled and his decision had therefore been postponed until he was clear about the political situation in his country of origin. At the point of interview, Tahur had not made any plans regarding his profession. This sense of temporality of life in the UK had an impact on Tahur's approach to his profession. As Tahur did not plan to stay in the UK, he was not interested in re-entering his profession in the UK. However, as it was still not safe for Tahur to return to his home country, and until the situation improved, he decided to focus on improving his abilities in English language.

While Tahur's strategy of ambivalence relates to the conditions of living parallel lives between two countries, this strategy may also be related to refugees' lack of information about the professional structures and requirements for re-entering their professions. For example, Gaspar, at the point of interview, had been living in Glasgow for one year and was at the beginning of his journey toward re-entering the medical profession:

> *I think I'm well prepared. If I pass the IELTS and then the PLAB, I will be able to to register with the GMC. I would like to work in dermatology. However I could work as a GP, I don't think it will be a problem, because it is a rather easy job. There are different options and I'm not sure which one I will choose.*
>
> *Gaspar, refugee doctor, Glasgow*

Gaspar spoke about his inability to make a decision about his future career path due to his lack of experience and information about the professional structures of the medical profession in the UK. Gaspar did not have particular plans in terms of choosing his future career path. At this point in his journey, he did not expect re-entering the medical profession to be difficult. This indicates that refugees' experiences and attitudes towards their professions change over time and depend on the stage of refugees' professional career progression after arrival in the UK.

The ambivalence strategy was also related to desire to keep different employment options open. While all interviewed refugee doctors articulated strong affiliation

towards their profession and wanted to return to the profession teachers also tended to indicate the importance of having a job in general. For example, Dominique considered the teaching profession as an option for future employment in the UK:

> *I like teaching but I do not consider teaching as the only profession for me. I would like to contribute my skills and qualifications thus I need to find work, any work.*
>
> *Dominique, refugee teacher, London*

For Dominique his teaching career was one possibility to secure employment in the UK. Ager and Strang's (2008) study on refugee integration indicated that when refugees reach their destination societies, they are strongly motivated to contribute and avoid dependence on state support. Lucasta also asserted this attitude, indicating his strong desire to find employment and avoid dependence on state support:

> *It is rubbish to live on social benefits all the time. I want to be active, I have skills and competences which I could use and contribute to the community. I want to show that refugees do not come here to steal jobs. I want to use my skills in this country and prove that we refugees have something to offer and contribute to the community.*
>
> *Lucasta, refugee teacher, London*

Lucasta's narrative juxtaposes refugees' desires to contribute to their host communities with the stereotypes of refugees as 'welfare abusers'. All the interviewed refugees distanced themselves from the ascribed labels of 'bogus' and 'illegal' and, in response, they expressed strong desire to challenge these stereotypical perceptions. The desire to work and avoid dependence on state support expressed in Lucasta's narrative suggests discrepancies between ascribed labels, refugees' real experiences and self-identification. Lucasta, at the point of interview, still could not decide about his future career path. For him, the priority was to secure paid employment. In order to increase his chances of securing a job, he participated in numerous vocational courses:

L: I was always active, doing things. I grew up in a society where you must work, it is your obligation to contribute. This is my motto, that is why I have never missed any opportunity to do things and have learned new things. I have a lot of experience that I would like to use and contribute to this community. I do a lot of things. If you look at my CV you will notice that I'm doing many things, I've been here for around two and a half years and managed to complete many courses and have received around 18 diplomas.

EP-N: Oh, wow, what kind of diplomas?

L: Different, starting from IT courses, interpreting courses, health and safety, first aid, anything which would improve my chances of getting a job, employment, course, anything, I even did a course to work as a security worker, and I'm in the process of getting a driving licence. I never lost my hopes, even though I'm struggling. Whatever education courses, skills I could get, I tried to participate.

Lucasta, refugee teacher, London

Lucasta listed diverse vocational courses he had completed to improve his chances of finding paid employment. Despite both Lucasta and Dominique being ambiguous about their future career, they remained very active in searching for different forms of employment.

7.4 Resignation: '*I decided to do something else*'

The final strategy, resignation appeared most frequently among those refugees who had resigned themselves and stopped pursuing their professional aspirations following migration to the UK. In addition, the resignation strategy was contemplated when other strategies were exhausted or found to be lacking. For example, the length of the re-qualification process to become a teacher in England discouraged Sade from undertaking teacher training in favour of other vocational training. Sade considered undertaking different vocational training which would improve her chances of securing paid employment in a shorter period of time than teacher training would enable her to enter such employment:

> *I wanted to work as a teaching assistant instead of a teacher. If there were courses in a college I would go, but they said that I was not qualified, and I decided to do something else. I decided to work in the health sector (...) in September I am starting a public health course at postgraduate level (…) Most of the teachers I know gave up, they could not be bothered. The*

teaching profession is hard to reach and penetrate. The requirements are too enormous and even if you obtain QTS it doesn't mean that you will find a job (...) I decided to expand my knowledge about HIV, and in September I'm starting a postgraduate course in public health at postgraduate level. I applied for some funding and I hope I get it (…) I applied for this course because I'm working in an organisation supporting refugee women. HIV is a serious problem among refugee women, so that is why I decided to do this course.

Sade, refugee teacher, London

Despite Sade lowering her professional expectations and trying find employment in a lower grade post in the teaching profession, due to the rigid professional requirements she was unsuccessful in securing a teaching job after arrival in the UK. Sade spoke about trying to develop a career outside the teaching profession, where her skills and competences would be valued. This suggests that despite refugee teachers deciding not to pursue their professional aspirations, they remained active in seeking alternative forms of employment.

As well as the time required to obtain the necessary qualifications to register with professional regulatory bodies, the time spent waiting for decisions on their asylum claims had an impact on interviewed refugees' future career plans. After seven years of waiting for leave to remain in the UK to be granted, Osbert decided to search for alternative employment outside the teaching profession to secure his family's financial needs:

I suffered for about seven years waiting to receive my status. I experienced persecution, harassment in my country and also here, I went through the same thing. The life of an asylum seeker is not a normal life. I would like to be a teacher, but after waiting seven years for my status, I need money to live. I may have some desires but at the end of the day, I need money for me and my family. I cannot earn money by working as a teacher, so I took driving lessons and I can be a bus driver in the future. I cannot wait to go back to university. It would be another three or four years to return to university and then another year for the PGDE course and finally, another year to complete my probation year. I don't have that time so a job as a bus driver is a better option for me.

Osbert, refugee teacher, Glasgow

Osbert's narrative indicates that negative experiences of the asylum process have knock-on effects on refugee integration into professions. As Osbert was unable find a job in the teaching profession, he needed to find alternative employment. Lack of financial resources pushed him to find a quick source of income in low skilled employment. Similarly to the cited refugees' narratives, Habtom, a refugee teacher living in Glasgow, at the point of interview was undertaking a driving licence course and considering becoming a bus driver:

I tried pursuing my teaching career, but it was too long journey for me. I volunteered in a school and sought advice about what I needed to do to become a teacher in Scotland. It was too much for me, so now I'm doing a

driving licence course. It is a very practical course, and after I finish it I can pass my driving test. A driving licence is something that most employers ask for.

Habtom, refugee teacher, Glasgow

Habtom was not able to secure a paid job in the teaching profession and therefore decided to find alternative employment outside the profession. The resignation strategy was only evident in the narratives of refugee teachers living in both London and Glasgow. This means that interviewed refugee doctors did not applied resignation strategy but instead accept, compromise or stay ambivalent (see table 15 p. 257). This could also suggest that refugee teachers experienced greater barriers to re-entering their professions in the UK than refugee doctors and thus tended to resign from pursuing their professional careers after arrival in the UK.

Those refugee teachers who resign from pursuing their professional careers were working outside their professions and tended to find employment in low skilled and low paid jobs. Despite Sade enjoyed volunteering, inability to work in the teaching profession had negative impact on her economic status:

When I was waiting for the decision, I did many volunteer jobs. This is because organisations I had worked in, they appreciated what I had been doing and I had learned a lot there. This was simply for appreciation but I was not earning anything. That is why I do struggle financially. It is difficult to live with little money.

Sade, refugee teacher, London

Sade's narrative shows that volunteering often plays a mediating role by providing opportunities for refugees to feel valued and needed. While cited narratives of refugee doctors (for example Healthier in section 7.1) already indicated the positive impact of volunteer work placements on refugee doctors' social mobility, Sade's' experiences also suggest that the link between volunteering and employability is far from straightforward in the case of refugee teachers. While refugee doctors provided examples of volunteering work placements creating employment opportunities, refugee teachers expressed negative experiences of being used as replacements for paid workers:

> *I worked for more than two years for one organisation. I was helping people with addictions. I did enjoy that and I learned a lot. After two years this organisation advertised a vacancy and I applied, but they didn't even call me. Look, I was working there for two years and they didn't even call me or acknowledge my application. Without employment you have no money, it is hard to live like that.*
>
> *Osbert, refugee teacher, Glasgow*

Despite both Osbert and Sade discussing the benefits of volunteering as including gaining work-based experience and feeling valued and needed, they were not successful in securing employment through volunteering and thus experienced financial difficulties. These types of employment did not provide refugees with

economic security and stability. Osbert spoke about numerous struggles following migration to the UK:

> *I didn't enjoy myself for the whole of my life. I lost everything after I came back here. My wife got married after I left, all my things, books everything are in Ethiopia and I will never get back there. Life is not easy when you are an asylum seeker, you are always stressed, you need to survive sometimes without food, place to stay. When you survive that then other problems come up. You have no job, no money, no family, nothing. That is why I'm saying that I don't enjoy my life.*
>
> *Osbert, refugee teacher, Glasgow*

Osbert's' experiences of deprivation during the asylum process had notable effects on the process of integration into professions. Osbert spoke about his multi-dimensional experiences of deprivation involving loss of professional, economic and social status. Experience of social, economic and professional exclusion had detrimental implications for his mental well-being. This suggests that resignation response create risks of refugee teachers entering the margins of their receiving societies. Despite their pre-migration skills and competences, interviewed refugees were highly vulnerable to economic and social exclusion and thus marginalisation was a real outcome of the process of integration into professions.

7.5 Professional and social capital: addressing the challenges of refugee integration into professions

The previous sections of this chapter have focused on the different strategies used by refugee doctors and teachers to challenge their social conditions, described in **Chapters 5 and 6**. Despite variation in identified strategies in terms of applied tactics, behaviours and attitudes, interviewed refugees remained active in searching for diverse solutions to improve their conditions and challenge the barriers they encountered. **Chapter 2** indicated that Bourdieu's framework of different forms of capital (1986) can be useful in describing the pool of resources that refugees can mobilise to re-enter their professions after arrival in the UK. Using Bourdieu's framework for defining different forms of capital (1984) the following two sections will describe and discuss two main forms of capital: professional and social capital, as they were identified as the main pool of resources that refugee teachers and doctors used to challenge encountered barriers and re-enter their professions in the UK. In addition to Bourdieu's framework for defining different forms of social capital (1984) section 7.5.2 will also use Putman's' concepts of bonding, bridging, and linking social capital to describe the role of different forms and attributes of social relations on the process of refugee integration into professions.

7.5.1 Professional capital

The sample for this thesis included refugees who were doctors or teachers by profession prior to migration to the UK (see table 6 p. 124). The interviewed refugee doctors and teachers came to the UK with diverse pre-migration work experience, professional qualifications, skills and knowledge. Despite possessing such diverse

professional capital, **Chapters 5 and 6** provide a variety of examples of overlapping institutional, cultural and personal barriers encountered by refugees after arrival in the UK. Such barriers led to lack of recognition of refugee doctors' and teachers' professional capital and reduced their chances of re-entering their professions after arrival in the UK. Thus, to improve their prospects of re-entering their professions, refugees were required to mobilise their pre-migration skills and competences to satisfy the requirements of their new professional setting in the UK. One service provider explained this process as follows:

> *Imagine that you have been working in a profession for several years and then you are forced to go to a totally different country. It does not mean that you need to acquire professional skills and knowledge from the start to be able to work in the new professional environment. Refugees have knowledge and skills, but they need to adapt them to the new professional setting here. Once they are in a professional environment they are able to show their professional competences and skills. These skills help them to pass exams or complete necessary training to work in their professions.*
>
> *Lesley, service provider, London*

Lesley's narrative indicates that refugees' pre-migration skills play an important role in facilitating access to professions by supporting refugees in passing their professional exams or completing profession-oriented training courses. Thus, in Lesley's opinion, refugee teachers and doctors were not required to start their professional education from the beginning but, instead, needed to mobilise their existing professional capital and translate it to their new professional setting in order

to re-enter their professions. Lesley's argument was also supported by refugees' narratives, which provided different examples illustrating how pre-migration skills and competences helped refugees to access their professions after arrival in the UK. For example, Olaf, a refugee teacher living in Glasgow, explained how his pre-migration teaching experience helped him to complete his teacher training in Scotland:

> *During my probation year, my previous teaching experience helped me a lot. For example one day I decided to do a small exercise to explain negative numbers to my pupils. I asked everyone to stand in one line, and then I asked some pupils to take one step back. I wanted to illustrate that some pupils were standing minus one step from other pupils. I knew how to explain mathematical concepts because I was teaching before.*
>
> *Olaf, refugee teacher, Glasgow*

Olaf spoke about how his pre-migration teaching experience had helped him to complete his initial teacher training. Despite differences in the organisation of the Scottish classroom, Olaf was able to make use of his pre-migration skills to explain mathematical concepts to pupils. Similar experiences were articulated by Aura, who worked for 20 years as a primary teacher in Zimbabwe prior to coming to the UK:

> *Yes, I taught in Zimbabwe for 20 years. I was a primary school teacher, so I am confident with my skills (...) if I go to a classroom I have various ways of*

getting children's attention. I know different teaching techniques and methods which I can use here. I can combine them with all the resources that they have here.

Aura, refugee teacher, London

Her pre-migration teaching experiences gave Aura the confidence to work in a school environment. Aura spoke about being able to enter a classroom and plan and deliver a lesson to pupils. Aura's narrative provides a good example of how refugee teachers integrate their pre-migration skills and knowledge to their new professional settings. Both narratives show that once refugee teachers were in a professional setting, they were able to make use of their professional capital. In addition, participation in such professional environments creates good opportunities for refugee teachers and doctors to observe, compare and contrast similarities and differences between the structure of their professions in their home countries and in Scotland and England. By comparing and contrasting these structures, refugee teachers were able to identify differences between professional practice, roles and organisation, a process described by Ray as follows:

You have that sense that you may be a better teacher because you have been educated in both systems. Because of that I can do a little bit of comparison between two education systems. I can try to apply different techniques in the classroom setting. If that works that is fine, if it doesn't, I change strategy again. So I can change strategies all the time. I have teaching experience from my home country but also I need to adjust my

experience into the context here. So I need to be flexible and try to adapt myself to new circumstances.

Ray, refugee teacher, Glasgow

Ray spoke of how he combined his pre- and post-migration teaching experiences to conduct lessons. As Ray was educated as a teacher in two different systems (in Scotland and Congo), he was familiar with at least two education systems, pedagogical approaches, practices and processes of curriculum provision. Ray felt that this additional experience made him more flexible and adaptable to pupils' individual needs. Ray's experience of being educated in two systems could be viewed as a potential advantage of his professional capital. In addition, all the interviewed refugee teachers were fluent in a minimum of two languages and were able to teach in more than just the English language. Insight into and knowledge of language rules and ability to analyse and explain these to children represented great strengths for refugee teachers:

I'm a French teacher, I teach French at all levels. French is my first language. I completed my degree in a French speaking country and I'm from a French speaking country. I also speak the English and Mandarin languages. I can teach in all of those languages (...) Sometimes they [teachers in the school] come to me asking for things, for example, how to say things in the French language, because they know that I come from a French speaking country.

Ray, refugee teacher, Glasgow

Ray's narrative suggests that one of the primary advantages attributed to refugee teachers is bilingual provision of the curriculum. Ray's language skills were also acknowledged by other teachers working with him and thus served as an advantage and additional professional competence able to possibly improve his chances of re-entering the teaching profession after his arrival. As well as bilingual provision of the curriculum, perceptions of refugee teachers as brokers between schools and ethnic minority communities arguably represented advantages for refugee teachers. Advantages of teachers of ethnic minority backgrounds as role models or advocates for ethnic minority students were already indicated in existing literature (see Bhatti, 1999; Villegas and Lucas, 2004; Santoro, 2007; Schmidt *et al*., 2010). For example, Juan outlined that, by sharing a similar cultural background with ethnic minority pupils, he was able to play an important role in connecting the school environment to pupils' cultural lives:

> *If local schools have a high percentage of ethnic minority children, they should involve more ethnic minority parents and teachers in the education process. They should explain to ethnic minority parents how the education system works here by organising some workshops, meetings, something like that. For example, African parents may not understand the education system here. If they don't understand, they do not know what is expected from them and they cannot support their children. So they need someone who could explain the education system to them. So teachers of African background could help schools but also parents and pupils of African background.*
>
> *Juan, refugee teacher, London*

Juan spoke about his possible role in establishing helpful bridges in learning practices for students of African background who might have otherwise remained disengaged from schoolwork. Juan recognised the advantage of his position and attributed this to his additional knowledge and competence related to his ethnic background, language and cultural practices, thus perceiving these as possible assets through which he could negotiate entry to the teaching profession after arrival in the UK. While Juan spoke very positively about this potential role, the refugees' narratives discussed in section 6.2 of this thesis also indicated that perceptions of refugee teachers as experts in the culture of ethnic minority pupils could be problematic on a number of levels, potentially reducing refugees' future teaching career paths. Basit and Santoro (2011) indicate that the role of 'cultural expert' attributed to ethnic minority teachers limits their career development opportunities and detracts from their gaining of additional competencies for progression in their teaching careers. However, Juan was at an early stage of his teaching career, was positive about his role and saw it as a possible asset able to be turned to advantage for his professional capital.

While refugee teachers tend to stress the advantage of attributes related to their ethnicity and language, refugee doctors tend to provide examples of how their pre-migration skills and qualifications are similar to the professional qualifications required to work in the medical profession in the UK. Sara explained how the medical skills that she gained prior to coming to the UK helped her to work as a doctor in the UK:

Medicine is medicine. Some skills that I gained prior to coming here helped me to some extent. For example suturing, I know how to suture well from my studies. It is not a problem, I learned that in my country. Suturing here is exactly the same.

Sara, refugee doctor, London

By providing the example of suturing, Sara pointed out similarities in the skills and competences of doctors educated in the UK and doctors educated abroad. Refugee doctors' pre-migration skills and competences were crucial to passing their professional exams and being able to re-enter the medical profession. In addition, being in the medical environment, according to Sara, provided her with the opportunity to familiarise herself with her new professional setting and adjust her skills and competences accordingly.

While cited narratives of interviewed refugees demonstrate the positive role of refugees' pre-migration professional skills, competences and qualifications in improving their chances to re-enter their professions, those refugees who applied acceptance and compromise strategies also tended to express their commitment to a continue professional development. Although Heather was working in the medical profession she spoke about a need of further professional training and development:

I need to do more training. Initially my plan was to return to work, and see how I would manage. Now the worst is over, I can move on with my life and do normal things. Maybe I will go for a holiday. It was just a thought, but it

makes me happy that I can do normal things now, maybe I will just go away for a weekend, I will see. I'm happy to work in my profession; still I need to do more training and get into my specialisation. However, I have my life back, I can live and work here, I'm more stable. I'm grateful that I can work in a hospital, very grateful.

Heather, refugee doctor, London

Heather was able to challenge the negative experiences she encountered and re-enter the medical profession. The previous chapters have indicated that the process of integration into professions involves numerous social, cultural and personal struggles that refugees need to challenge in order to re-enter their professions. Thus, the expression 'the worst is over' suggests feelings of relief that negative experiences have come to an end, enabling Heather to finally progress in re-establishing a normal life in the UK. This suggests that securing employment in a professional environment represents an important factor in normalising the lives of refugee doctors. Despite that Heather expressed her commitment to continue professional training in order to progress with her professional career. Similar to Heather, Nio indicated that teaching in Scotland required from him continues adjustments and alteration of skills and competences.

I know more now, but I'm learning all the time, because schools are different. If you are going to a different school you start afresh, you need to know the place, pupils, you need to know the people, get to know what materials they use. All of that is quite a lot. That is why my journey continues, still continues.

Nio, refugee teacher, Glasgow

Nio and Heather narratives could suggest that the process of integration into their professions is also a learning process and therefore refugees recognised their need to continue their professional development.

7.5.2 Forms of social capital

As well as professional capital, the interviewed refugees indicated that they mobilised different forms of social capital to re-enter their professions. Putman (1993, 2000) distinguishes between different forms of social connections including social bonds (with family and co-ethnic, co-national, co-religious and other forms of group), social bridges (with other communities) and social links (with the structures of the state). While these concepts are often contested (Jenkins, 2002), they offer useful explanations of the process of refugee integration (Ager and Strang, 2008; Lamba, 2008). For example, the established connection between co-ethnic members of refugee communities is seen to contribute towards local integration by breaking up social isolation and providing chances for refugees to maintain their own languages, traditions, social customs and religions (Duke *et al*., 1999). Indeed, refugee doctors indicated that access to co-ethnic community networks was especially helpful in terms of accessing initial information about entry requirements for the medical profession:

I have many friends from Iraq, some of them are doctors. They told me about NHS programmes for refugee doctors. There are many Iraqi people, so there will always be someone that you know here who is happy to help.

Alymar, refugee doctor, Glasgow

Alymar pointed out that social networks with other Iraqi refugee doctors helped him in accessing information about training programmes dedicated to refugee doctors. Indeed, according to British Medical Association (BMA) statistics, doctors from Iraq constitute the largest group among refugee doctors in the UK[44]. Refugee doctors from Iraq may therefore provide initial support for other doctors from the same co-ethnic group. Sharing similar professional experiences with refugee doctors of the same ethnic backgrounds can, according to Gaspar, provide additional support for explaining differences between professional codes of conduct:

One Iraqi doctor told me that when he was examining a patient he switched off a light but then he turned it on without previously notifying the patient. Because he did not inform the patient about his actions, this patient complained.

Gaspar, refugee doctor, Glasgow

[44] According to the British Medical Association statistics on refugee doctors, in 2010, 342 out from 1266 registered doctors were from Iraq (2011)

Similarly to Iraqi refugee doctors, refugee doctors from Afghanistan share the obligation to support other doctors coming from their country. For example, Fabian explained that, as a member of the Afghan Medical Association, he provided support for other Afghan doctors in accessing the medical profession upon arrival in the UK:

> *Our organisation helps other doctors to prepare for exams by providing study materials, guide books, mentoring or study groups. We help translate study materials from the English to the Afghan language. Further to this, our organisation helps Afghan doctors find clinical attachments.*
>
> *Fabian, refugee doctor, London*

Fabian listed different forms of support dedicated to Afghan refugee doctors including provision of training materials (online tutorials, books, exams and tests), training sessions for the PLAB exams or facilitation of clinical attachments. The organisation serves as a good example of how co-ethnic relations between Afghan refugee doctors are used to compensate for the disadvantageous positions of refugee doctors through deployment of ethnic ties. In addition, access to general, less formal, co-ethnic networks, may have equal power to provide support to refugee doctors, as pointed out by Okan:

> *I met with a consultant through one of my friends. He was a Turkish doctor and he asked another doctor who was a Head of Department to arrange a*

job for me, just for a couple of days, so I would be able to register with the GMC. It is very difficult to find the right person who is willing and ready to help and understand your situation.

Okan, refugee doctor, London

Okan explained how informal networks among refugee doctors from Turkey in London were beneficial in providing direct employment opportunities. The seventh of 12 interviewed refugee doctors in London indicated that co-ethnic networks played an important role in facilitating access to the medical profession by means of provision of information, training or facilitating work placements in a medical environment. While in London, access to established co-ethnic groups of refugee doctors provided initial contact with the medical profession, Kwango, a refugee doctor in Glasgow, experienced difficulties negotiating entry to the profession through co-ethnic ties:

I wanted to find any work placement. I tried with NHS education, they tried to contact some people with the NHS, but they couldn't help me. In addition, I contacted some people in genetic departments in different hospitals in Glasgow. I wanted just to be a volunteer, but they said that they could not offer this to me (...) I even contacted Careers Scotland, regeneration agencies, volunteering centres and other volunteer organisations, and they all couldn't help me.

Kwango, refugee doctor, Glasgow

Kwango tried to access a volunteer work placement by approaching several medical institutions. Despite his efforts, he was not successful. As the majority of refugee doctors live in London (see table 4 p.120), the low numbers of refugee doctors in Scotland might place those doctors at a disadvantage. The example of Kwango suggests that refugee doctors based in Glasgow could struggle to find established refugees' community organisations answering their specific needs

While co-ethnic networks among refugee doctors were beneficial assets facilitating access to the medical profession, it seems that co-ethnic networks among refugee teachers were mainly beneficial in enabling them to maintain their ethnic identities or providing emotional support or friendship and were of limited support in improving their social mobility:

> *I don't know any Eritrean teachers here so there is no one I could ask for help, but in my church there are other people who were in the same situation as me, so we encourage each other.*
>
> *Dominique, refugee teacher, London*

Dominique's narrative shows that co-ethnic relations among refugee teachers may mainly function in terms of reducing social isolation. Although, according to Dominique, access to co-ethnic networks had limited functions in facilitating the process of integration into her profession, such networks served as important

resources helping refugee teachers to cope with social isolation. This also suggests that the value of co-ethnic networks in improving the social mobility of refugees might vary across professions and ethnic origins as well as places of abode in the UK.

Whereas co-ethnic social networks among refugee doctors provided a good source of initial information and guidance, Okan indicated that they were of little help in providing direct opportunities for employment in the medical profession:

> *I got a job again through a friend of a friend. I worked there for a few days and then they offered me a two-month post. Then a post came up for a SH1 job and I applied for it, and I went through an interview. But there were other people who had more friends in this hospital than me. Each profession has their own networks, people from certain professions know each other, and if you are a new person, you don't know them.*
>
> *Okan, refugee doctor, London*

Whether or not development of and access to social 'bonds' among co-ethnic refugee doctors or teachers was important, the emergence and development of 'bridging' networks with other members of the professional community contributed to the progression of refugees' professional careers. Okan explained that lack of access to networks with other doctors placed him at a disadvantage. Interviewed refugees needed to build professional networks from the beginning as a result of the

breakdown of their pre-migration professional networks. While co-ethnic relations could arguably facilitate access to work placements, only presence in the medical environment enabled refugee doctors to build social bridges with members of the medical profession. As such, those interviewed refugee doctors who managed to build more bridging social networks with members of their professional community possessed more opportunities to improve their professional status, as indicated by Mardi:

> *Because you know other doctors from working in the same hospital, you meet them, and so on, and this is very, very helpful in finding a job. For example, a friend from my previous work told me that there was a job that might be advertised, and asked me if I would be interested. So that's why I'm saying it is a matter of networks as well.*
>
> *Mardi, refugee doctor, Glasgow*

Being present in the medical environment expanded refugee doctors' 'bridges' networks, in Mardi's case resulting in a job offer. Thus, access to professional networks increased Mardi's opportunities for career progression after arrival in the UK. However, building the networks serving as bridges to entrance to and progress within the profession was a long and time-consuming process and conditioned by being present in a professional setting.

The final form of social capital identified by theorists to have a positive impact on integration involves social links (Ager and Strang, 2008). This form of social capital

refers to the connection between refugees and the structures of their host communities. At the point of data collection (between February and June 2011) several initiatives existed in London and Glasgow supporting refugee teachers and doctors in returning to their professions. Tables 16 and 17 provide a list of local initiatives to promote economic inclusion of refugee doctors and teachers. The list was created based on data obtained from interviews with service provides in London and Glasgow and existing literature on services and support available to refugee doctors and teachers (see Stewart, 2007; Menter and Smyth, 2008)

Table 16: Local initiatives to support refugee doctors

Year / duration	Initiative	Description of main activities	Region
2009-ongoing	Refugee Healthcare Professionals, Refugee Assessment and Guidance Unit (RAGU) and Refugee Council	The project offers free careers information, free preparatory courses for the PLAB exams, access to study materials, clinical attachments, language support and financial support to cover exam fees. This service is funded by NHS London	Greater London
2007-ongoing	London Deanery, Clinical Apprenticeship Placement Scheme	The scheme offers supernumerary salaried placements for six months for doctors who have passed the PLAB exams	Greater London
Ongoing	Refugee Doctors' programme, NHS Education for Scotland	The programme offers support to refugee doctors to achieve registration with the GMC via the PLAB exams. It provides access to study materials and training courses for the IELTS and the PLAB exams as well as covering travelling expenses and exam fees. In addition, it provides support in obtaining work placements once medical exams have been passed	Glasgow
2006-2010	Refugee Healthcare Professionals Programme, NHS Employers	The programme offered delivery of services to support refugee healthcare professionals back into employment. The programme is hosted by NHS Employers and receives funding from the European Refugee Fund and a number of strategic health authorities	Greater London
Until 2010	Refugee and Overseas Qualified Doctors' Programme, Barts and London Institute of Health Sciences Department	The project offers PLAB I and PLAB II preparation and study groups for overseas doctors	Greater London
2005-ongoing	The ROSE website, Reache North West	The ROSE website provides online information and guidance on the requirements for UK registration for refugee and asylum seeker health professionals	Nationwide

Table 17: Local initiatives to support refugee teachers

Year / duration	Initiative	Description of main activities	Region
2005-2011	Refugees into Teaching in Scotland, University of Strathclyde	The project was funded by the Scottish Government. It provided support to refugee teachers via provision of monthly seminars and newsletters, one-to-one advice and career guidance and free teaching qualification assessments	Scotland
2006-2011	Refugees into Teaching, Refugee Council	The project supported those with backgrounds in teaching to access employment within primary and secondary education across England. The project offered one-to-one advice and career guidance, dedicated seminars and workshops, a mentoring scheme and work placements. Despite the project having finished, it still provides website information resources and regular training and workshop information	Greater London
2010-2012	Refugee into School, Employability Forum	The project was funded by the London Council and aimed to support refugee volunteers to visit schools in London to help children and young people understand the impact of conflict and why some people are forced to seek sanctuary	Greater London
Ongoing	Refugee Assessment and Guidance Unit, Metropolitan University (RAGU)	The organisation aims to improve the employment prospects of refugees and asylum seekers with higher level education or professional qualifications. It offers advice, guidance and employment support for refugees from professional backgrounds	Greater London

As the majority of refugee doctors are based in London, a wide spectrum of the initiatives supporting refugee doctors were also based in London. To assist refugee doctors in the process of re-entering the medical profession, the initiatives offered comprehensive support including one-to-one career advice and guidance, language support and training, training sessions and access to study materials for the PLAB exams and clinical attachments. Further to this, the London Deanery provided five

work scheme initiatives for refugee doctors who had passed the PLAB exams and the IELTS to enable them to gain work-based experience in a medical field in the UK. A similar initiative supporting refugee doctors was developed in Glasgow. This complex support offered to refugee doctors provides good examples of work to facilitate the removal of barriers to refugee doctors in re-entering the medical profession after their arrival in the UK.

While support offered to refugee doctors was fairly established and thus capable of dealing with refugees' specific needs (see Stewart, 2007), dedicated programmes for refugee teachers had been established relatively recently (RAGU, 2007). The services offered through the dedicated programmes for refugee teachers ranged from one-to-one specialist support and guidance services to monthly newsletters, seminars and workshops, free assessments of teaching qualifications and work placements. Provision of these services required collaborative work between different agents including further education colleges, schools, voluntary organisations, universities and professional bodies, as described by Alistair:

> *When a refugee teacher come to us, first of all we will try to assess their skills and qualifications and then provide advice accordingly. In addition, we provide various thematic seminars to refugee teachers and a mentoring scheme. Recently we issued a guide to schools explaining and showing examples of refugees' ID and NARIC documents, so schools can be informed about refugee qualifications.*
>
> *Alistair, service provider, London*

As well as offering career advice to refugee teachers, Alistair spoke about advocacy work to ensure positive images of refugees as an important aspect of services supporting the settlement process of refugees in the UK. Indeed, raising awareness of the value of refugee teachers' and doctors' qualifications may facilitate removal of some barriers experienced by these groups in accessing their professions in the UK. For example, Tara, a service provider working in Glasgow, spoke about the increase in numbers of refugee doctors who were successful in re-entering the medical profession as a result of support offered through the organisation in which she was working:

> *Over this time we have noticed that knowledge about refugee teachers has expanded, so for example there are numbers of universities looking into how to support refugees to return to their professions. This was not the case when our project started. What is encouraging, when we started there were people who had been here for six to seven years, but now, because they are getting support from local agencies, they are receiving appropriate advice and guidance.*
>
> *Tara, service provider, Glasgow*

Despite successful examples existing of programmes facilitating access to the teaching and medical professions for refugee doctors and teachers, two of seven supporting programmes dedicated to refugee doctors and three of four programmes dedicated to refugee teachers were closed due to discontinuity of funding.

Discontinuity of support, especially in the case of refugee teachers, who, compared to refugee doctors, were left without specialist guidance and support, leaves a gap in service provision that may further diminish refugee teachers' chances of re-entering their profession after arrival in the UK. The development of refugee-specific initiatives beyond ad-hoc and informal community action depends on the continuity and availability of funding from statutory and charitable sources. Discontinuity of dedicated support to refugee doctors and teachers may result in inadequate support provision by other state institutions. Interviewed service providers gave several examples of inadequate advice being provided by mainstream state institutions:

> *I had a client who was pushed to take up a low skilled post in a warehouse. Because he was working, he lost his benefits, including housing benefits, and was not able to pay his rent because he was earning the minimum wage. He became homeless until he received support (...) so sometimes the best idea would be to advise refugees not to take the first job offered, which will mainly be in a low paid position and go for re-qualification training. However, not taking a vacancy offered by the job centre means that refugees could lose social benefits. Thus, at the end of the day they have no choice.*
>
> *Nathalie, service provider, London*

Nathalie's narrative suggests that refugees often find themselves in a vicious circle where they are pushed to take up low paid jobs so as not to lose state benefits. As pointed out by Nathalie, working full-time in an occupation not commensurable with

their skills and knowledge prevents refugees from taking additional educational training which could improve their chances of finding employment in their professions. As a result of inadequate support, refugee teachers and doctors may become trapped in low paid jobs. Malise described her experience of inadequate employment support as follows:

> *I'm on job seeker allowance, so whenever the job centre offers me a volunteer work placement I need to go for it. Once I was offered a work placement, but it was something not related to my qualifications but I was obligated to stay there. I don't want to talk about it. It was not a very beneficial experience. They asked me to do cleaning and ironing, so nothing that could improve my skills (...) yes, ironing and cleaning, and they didn't even let me talk to people.*
>
> *Malise, refugee doctor, London*

Malise's narrative indicates that the training she received was not adequate to her skills and training needs. This suggests that the diversity of the refugee population makes it difficult for mainstream services to fully address refugees' needs. Thus, dedicated programmes provided by refugee agencies and refugee-specific initiatives can be more flexible experiences and more responsive to the individual needs of refugee professionals.

7.6 Summary

While the structures described in **Chapters 5 and 6** had a direct impact on refugees' opportunities to re-enter their professions and thus on refugee career trajectories in the UK, this chapter illustrates how refugees exercise their agency by responding to different constraints and opportunities faced. From the data collected, four main strategies were identified: acceptnace, compromise, ambivalence and resignation. These strategies were articulated by refugee teachers and doctors as they attempted to grapple with and overcome encountered barriers to re-entering their professions after arrival in the UK. The cited narratives of refugee doctors and teachers in this chapter show that their professional career paths were not necessarily the results of individual choices but instead reflect different responses to encountered opportunities, barriers and personal dilemmas. The findings from this chapter also suggest that refugees' socio-demographic characteristics, including gender, age and marital status, serve as additional factors with an impact on refugee strategies to challenge encountered barriers to re-entering their professions after arrival.

The acceptance strategy relates to refugee doctors' and teachers' high aspirations to re-enter their professions and attitudes of conformity as well as acceptance of the necessity of re-qualification and re-education as the sole route to re-entering their professions in the UK. The acceptance strategy was the prevalent strategy applied among the interviewed refugee doctors (nine out of the eighteen refugee doctors). Those refugees who applied this strategy accepted the need for re-qualification and re-education to improve their chances of re-entering their professions. As such, completion of or participation in re-education and re-qualification courses was a

characteristic of the acceptance strategy. Such attitudes of acceptance among refugee teachers and doctors did not happen instantly and involved high personal costs and overcoming feelings of injustice, disappointment and frustration. The acceptance strategy was therefore more likely to be found among refugees who had been living in the UK for several years and had migrated to the UK at an early stage of their medical careers. Indeed, accepting the imposed necessity of re-qualification was a difficult process. However, refugees also listed different benefits from participation in the re-qualification process, such as wider social networks (Heather), reconstruction of self-confidence (Hazel), improved professional competence and qualifications (Fabian, Hazel, Ray) and employment in the profession (Okan). Working in the profession was associated with feelings of emotional stability, security and settlement in host communities (Alymar and Heather). Despite these benefits, the acceptance strategy suggests a one-way approach to define the integration process, whereby refugee teachers and doctors take responsibility for adjusting their professional qualifications and competence to the professional requirements in expectation of improving their chances of securing jobs in the professional setting. Undertaking profession-oriented courses and voluntary work placements were the main tactics adopted by refugee doctors and teachers within the acceptance strategy to increase their social mobility.

The compromise strategy related to refugees' behaviours and attempts to maintain a balance between their professional aspirations to return to their professions and their perceptions of how realistic it was to access these professions after arrival in the UK. While also profession-focused, refugees who applied the compromise strategy also indicated emergent personal dilemmas and struggles limiting access to re-education and re-qualification courses. Such refugees contemplated how realistic

it was for them to return to their professions given barriers related to their ages, family needs, personal struggles or professional structures. The compromise strategy was more likely to be found among refugees who had migrated from their home countries in their 40s or 50s and/or had dependent children living with them in the UK. Refugee doctors and teachers demonstrated different tactics within the compromise strategy to maintain balance between their professional and private lives. The first identified tactic mainly appeared among refugee doctors aged 40 or older (Sara, Kwango), who tended to lower their professional aspirations and seek employment in entry level positions. The second identified tactic within the compromise strategy was to postpone professional career development. This strategy was often found among refugees (Hassan, Flavia and Cicely) with dependent children, who tended to place their family needs over their professional aspirations. Despite those refugees who postponed their professional careers having little contact with their professions after arrival, they still expressed strong desire to access these professions in Scotland and England. The third identified tactic, seeking alternative ways to use professional skills and competences outside the formal structures of their profession, was common among refugee teachers who perceived re-entering the teaching profession as unrealistic. Such refugees were active in seeking alternative ways of staying in contact with their profession, engaging in activities such as provision of private tutoring (Ali), community learning (Juan) and developing learning materials (Kanes).

The ambivalence strategy was dominant among newly arrived refugees, who had been living in the UK for less than four years. Refugees who applied this strategy were ambivalent about their future career paths. Inability to make decisions about their future careers was related to lack of experience and information about the

professional structures of the teaching and medical professions (Gaspar and Jabez). In addition, the experience of 'living in between' the UK and their home countries was another factor which resulted in refugees lacking ability to make decisions about their future professional careers in the UK (Tahur). Ambivalent responses were also related to attitudes of keeping opportunities of possible paid employment open and not limiting prospects for employment to only one profession (Dominique and Lucasta).

The final strategy described in this chapter was resignation. This strategy was only considered when other strategies had been exhausted or were found to be lacking in success. The resignation strategy was only evident in the narratives of refugee teachers who had resigned from pursuing their professions in the UK and sought employment outside these professions (Sade, Habton and Osbert). Compared to refugees who compromised, refugee teachers applying the resignation strategy did not believe that they would ever return to their professions and thus stopped pursuing their professional careers, placing their focuses on alternative occupations. Those refugees who resign from pursuing their professional careers remained at the risk of social and economic marginalisation.

This chapter also sought to analyse the value of refugee professional and social capital and their impact on the process of refugee integration into professions. The findings from this chapter show that refugee doctors and teachers tend to mobilise their existing skills and professional competences to improve their prospects of re-entering their professions. Refugee teachers and doctors provided several examples of how pre-migration professional knowledge, experience and competences helped them to complete the re-qualification process or pass

professional exams. In addition, refugee teachers tended to emphasise their professional advantages related to their knowledge of least two education systems, pedagogical approaches, practices and curriculum processes. Further to this, refugee teachers indicated their possession of advantage attributed to additional knowledge and competence related to their ethnic backgrounds, languages and cultural practices to improve their chances of re-entering the teaching profession. Compared to refugee teachers, refugee doctors tended to indicate similarities in medical skills and competence between doctors educated in the UK and doctors educated abroad. In addition to the positive role of refugees pre-migration qualifications and skills, those refugees who applied acceptance and compromise strategies expressed their commitment to a continues professional development.

As well as professional capital, this chapter illustrated the extent to which social capital of refugee doctors and teachers facilitates the process of integration into professions. Construction of and access to different forms of social capital have already gained much attention in academic discourse on refugee integration (Atfield *et al*., 2007; Ager and Strang, 2008). This chapter provides examples of the benefits of 'bonding' and co-ethnic networks in providing emotional support (a sense of belonging) and initial information about professional structures. The findings from this chapter also suggest that the value attached to co-ethnic networks differs across professions and regions, specifically Scotland and England. While co-ethnic networks among refugee doctors in London provided support in accessing initial information, provision of training material and initial employment opportunities, the value of co-ethnic networks among refugee doctors in Glasgow was limited to accessing initial information about the medical profession. In addition, while co-ethnic networks among refugee doctors were beneficial in facilitating access to the

medical profession, it is apparent that co-ethnic networks among refugee teachers in both Glasgow and London provided limited support for social mobility, but instead were useful in maintaining ethnic identity and providing emotional support and friendship. Whether or not development of and access to social 'bonds' among co-ethnic refugee doctors and teachers was important, limited access to 'bridging' networks with other members of the professional community put refugees at a disadvantage. Indeed, building networks serving as bridges to enter and progression within professional careers is a long process and conditioned by being present in a professional setting.

Finally, this chapter described examples of supporting programmes dedicated to refugee doctors (see table 16 p. 310) and teachers (see table 17 p. 311) providing comprehensive support and assisting refugees to return to their professions. Despite successful examples existing to facilitate access to the teaching and medical professions, the findings in this chapter show that the three of four progremmes offered to refugee teachers and the two of seven programmes dedicated to doctors have been discontinued due to cessation of funding. Instead, services offered to refugee teachers and doctors are now becoming part of the mainstream state system (in the form of, for example, job centres and careers services). Such change in service provision according to Tara's and Mardi's narratives can lead to an inadequate provision of support and trainings.

CHAPTER 8: Elaboration of social conditions: transformation and/or reproduction of refugeeness and professional structures

The meaning of term elaboration in the context to this research derives from Archer's morphogenetic cycle (1997; 2007) and describes changes of social conditions [refugeeness and professional structures] in a consequence of refugees' responses to encountered barriers. According to the analytical framework described in section 2.3, the third stage of analysis of integration into professions, elaboration of social conditions, should focus on exploring whether the social conditions described in the first stage of the analysis (chapter 5 and chapter 6) were transformed or reproduced as a consequence of refugees' diverse responses described and discussed in chapter 7.

The findings of chapters 5 and 6 indicate that refugeeness, alongside professional structures, had consequent negative effects on refugees' abilities to re-enter their professions after arrival in the UK. Two main factors explain this situation. First, the findings show that the complexities of the institutional and cultural barriers experienced by refugees to re-enter their professions have been exacerbated by the refugeeness of these particular groups of doctors and teachers, who were not educated in the country in which they wish to work in their chosen profession. The refugeeness of these groups discredited their professional capital and, as a consequence, they experienced numerous barriers that limited their opportunities to re-enter their professions following migration to the UK. Secondly, the professional structures of the professions did not create supporting mechanisms to advance the

process of refugee integration into professions. Instead, access to professions was only awarded after refugees successfully completed their re-education and re-qualification processes. In order to challenge the experiences of refugeeness and overcome barriers related to professional structures, refugee teachers and doctors applied different strategies already described in chapter 7.

Taking into consideration refugees' experiences of refugeeness and barriers related to professional structures, this chapter discusses whether these experiences were transformed and/or reproduced as a consequence of refugees' diverse responses. The first section of this chapter focuses on describing, from refugee doctors' and teachers' perspectives, their understandings of transformation of refugee-like circumstances. Next, it moves on to discuss the extent to which refugee doctors and teachers were able to challenge their experiences of refugeeness. The second section of this chapter describes, from refugees' perspectives, their understandings of transformation of barriers related to professional structures and then moves on to discuss whether refugees were able to challenge these barriers and re-enter their chosen profession in the UK.

8.1 Elaboration of social conditions – transformation and/or reproduction of refugeeness

Chapter 5 described and discussed refugee-like circumstances from refugee doctors' and teachers' perspectives. Those refugees who received their leave to remain in the UK through the asylum process (35 of 39 interviewed refugees) indicated that the restrictions on their employment, housing, education and welfare

rights had not only detached them from their professions but also had a long-lasting negative effect on their abilities to re-enter their professions. The refugees' narratives presented in section 5.2 indicated that these restrictions on rights diminished their self-confidence (see Samuel's narrative), increased their feelings of being dependable on state benefits and consequently diminished their feelings of responsibility, self-initiative or ability to plan their lives (see Lucasta's and Tara's narratives) or resulted in diverse mental health problems such as depression (see Chantal's narrative), problems with sleeping, trauma or anxiety attacks (see Abraham's narrative). In addition to the restrictions on their rights, section 5.4 identified common issues among interviewed refugees, including lack of secure and stable accommodation (see Josef's and Jabez's narratives), social isolation (see Samuel's and Jeshua's narratives), financial hardship (see Kannes's, Ozgur's and Madoc's narratives) and labels attached to refugee status (see Alistair's and John's narratives). These difficulties created the main challenges that refugees were required to confront alongside working towards accessing their professions. As a result, cited narratives of refugees in section 5.5 demonstrated their multidimensional experiences of loss related to the loss of their professional and social status and radical change in their everyday habits after arrival in the UK. Partly because of their multidimensional experiences of loss, all the interviewed refugees expressed a strong desire to return to their professions, which they associated with leading normal lives (see Alymar's narrative in section 7.1). As such, employment in their professions was perceived as one of the dominant factors in re-building normality for interviewed refugees. The narratives of Tahur, Lucasta and Fabian in section 5.5 also indicated that refugees were living normal lives prior to being forced to migrate and wished to restore such lives once they arrived in the UK. A study by Mulvey (2013) also shows that a desirable outcome of the refugee integration process is to lead a normal life. Experience of normal life, in opposition to

refugeeness, was therefore viewed as a transformation of the structural conditions in which refugees found themselves following migration to the UK. As the lives of interviewed refugees were turned upside down and changed dramatically as a consequence of forced migration, their understandings of normal life were associated with their lives prior to migration and were perceived as the ability to rebuild feelings of stability and security following migration to the UK. The findings from section 5.6 indicated that refugees' understandings of stability and security had a wider meaning not only relating to their rights to be safe from the risks of persecution but also involved stable and secure living conditions which enable refugees to enjoy secure economic, social and professional status.

Data further shows that securing employment in their professions can be recognised as a means of achieving normality. The narratives of Heather and Alymar in section 7.1 suggest that employment in their professions diminished their experiences of refugeeness and increased feelings of normality in their lives. Alymar who, at the point of interview, was a doctor in an accident and emergency unit, spoke about his life conditions being reversed from marginalisation to a point where he could enjoy and lead a normal life. Securing employment in the medical profession was seen by Alymar as a method of rebuilding his professional, economic and social status after arrival in the UK. Employment in professions, according to Sara's narrative (see section 7.2), also provides feelings of being useful to her family, which play an important role in refugees' perceptions of self-worth. This suggests that employment in their professions is a key factor in enabling refugees to feel valued and possess self-respect. While Alymar spoke about the ability to lead a normal life, Heather (see section 7.1) expressed her feeling of relief at having reached a point of stability in her life. Those refugee doctors (seven out of 19) who had successfully managed to

secure employment in their professions indicated common positive relations between employment, stability and security. However, despite these positive relations, Josef's narrative (see section 5.5) suggests that feelings of shame about refugee status did not diminish even when refugees re-gained their professions. These negative experiences were also related to experiences of unsatisfactory or little progress with their professional career following migration to the UK, which is further discussed in the following section of this chapter.

At the point of their interviews, the refugee doctors and teachers were at various stages of their professional career development, ranging from those employed in their professions (11 of 39 refugees), those in educational training courses (for example learning the English language, in university-based courses or vocational training courses) (17 of 39 refugees), those undertaking voluntary work (seven of 39 refugees),those employed outside their professions (two of 39 refugees) and those who were unemployed (two of 39 refugees) (see table 6 p.124 for details). From the interviews, it is not possible to ascertain whether those refugees who were, at the point of interview, undertaking educational courses (nine of 19 refugee doctors and eight of 20 refugee teachers), were able to improve their conditions and re-enter their professions. This, however, shows that the process of refugee integration into professions is a dynamic one, where experiences vary in terms of their temporality and change over time. Refugee doctors (Nicola, Flavia and Kwango) and refugee teachers (Vasco, Ray and Hazel) tended to see their current positions as temporary in advance of entering better future lives, once they will acquire the necessary qualifications. The findings of sections 7.1 and 7.5 indicated that presence in a professional environment helped refugees to reduce some of their refugee-like circumstances. Heather spoke about rebuilding her self-esteem and confidence,

which was damaged as a result of numerous negative experiences after her arrival in the UK. Section 7.5 also indicated that, once refugees were in a professional setting, they were able to make use of their qualifications and skills and the work experience which they had gained prior to migration to the UK. These experiences gave Aura, Heather and Sara the opportunity to feel that their skills, knowledge and expertise were again needed and valued. This also contributed to their own feeling of self-worth, which was damaged during the asylum process. As well as rebuilding their feelings of self-worth and self-esteem, volunteering work placements or participation in re-qualification courses created opportunities to build bridging networks such as networks with staff from other medical organisations or members of their professional communities. Both Heather's and Mardi's narratives demonstrated how presence in a professional environment expanded their bridging networks but also contributed to the progression of their professional careers. The findings of chapter 7 also highlighted that the process of integration into professions involved dealing with numerous personal, cultural and economic struggles which limited refugees' opportunities to re-enter their professions and compromised their professional aspirations. However, despite the importance of employment in their professions and their high professional aspirations, refugee teachers (Kanes, Juan, Isaac, Ali, Cicely, Laban and Aura) and refugee doctors (Kwango, Flavia and Abraham) spoke about the need to adjust these aspirations according to encountered opportunities and expressed uncertainty about their ability to access desirable employment. While those refugees undertaking educational courses indicated increase in their self-esteem, self-worth, bridging networks and professional qualifications, further longitudinal research monitoring refugees' professional career trajectories is required to assess whether these refugees managed to reach points where they could enjoy and lead normal lives.

While employment in professions served as a means for re-starting normal lives following migration to the UK, the findings from chapters 5 and 6 indicated that the complex institutional, cultural and personal barriers made it difficult for refugees to re-enter their professions. Despite difficulties stemming from inability to re-enter their professions, refugee teachers (Hassan, Dominique, Lucasta, Osbert, Habton and Eliza) pointed out the importance of having paid employment in general. Lucasta's and Dominique's narratives (see section 7.3) suggest that paid employment was an important factor contributing to their feelings of independence from the state benefit system. The importance of employment was also intensified by their desire to challenge stereotypical perceptions attached to their refugee status. In addition, Hassan's narrative (see section 7.2) indicated that paid employment made him feel useful by providing an income for his family and contributing to receiving communities. Notwithstanding Hassan expressing aspirations for a better job, he was also satisfied with having paid employment in general. A study by Bloch (2002) points out that employment is the main priority for refugees after securing refugee status. Indeed, despite the low paid and temporary nature of Hassan's work, he expressed a fairly high level of satisfaction with his employment.

Despite the positive role of employment in general, those refugees working outside their professions tended to report financial struggles and difficulties on a daily basis. Those refugee teachers who had decided not to pursue their professional careers (Osbert, Habton and Eliza) were employed in low paid and low skilled jobs and remained at risk of social and economic marginalisation. This could suggest that those refugees were not able to re-enter their professions following migration to the

UK as well as overcome their experiences of refugeeness. These refugees spoke about multidimensional experiences of marginalisation involving loss of professional, economic and social status and mental health problems. This suggests that their experiences of refugeeness were reproduced rather than transformed.

8.2 Elaboration of social conditions – transformation and/or reproduction of professional structures

The findings from chapter 6 demonstrated that despite refugee teachers and doctors having considerable work experience (see the table 6 p. 124 for refugees work experience prior to migration), professional skills and competences (see section 7.5.1 professional capital), they were required either to complete re-qualification or re-education training or pass a combination of professional exams to be able to re-enter their professions in the UK. The findings from chapter 6 also showed that the professional structures of their professions did not provide supporting mechanisms to advance the process of integration into these professions. Consequently, refugee doctors and teachers took responsibility for adapting to the onerous, prescriptive and rigid requirements of the professional structures. This points to the one-sided nature of the integration process into professions, whereby refugee teachers and doctors earn membership to their professions by acquiring the professional attributes set by the professional bodies of the teaching and medical professions in the UK. This one-sided approach to the integration process, however, ignores the fact that lack of recognition of refugees' professional capital is detrimental to their integration into professions. While refugee doctors reported difficulties in passing the combination of language and professional exams (Flavia, Kwango and Sara), refugee teachers (Olaf, Aura, Laban) felt that they needed to re-start their

professional qualifications from the beginning, as if they had no existing qualifications or degrees. The length of time required to re-enter the profession discourages refugees from pursuing their professional career after arrival in the UK and leads to feelings of being constantly under-valued. The difficulties of the journey to re-entering the medical and teaching professions, discussed in chapters 5 and 6, can result in deskilling and the waste of refugees' professional skills, qualifications and competences. In addition, the findings from chapter 7 indicated that the strategies that refugees applied tend to be about fitting in, compromise and making the best of the available opportunities rather than challenging or transforming the professional structures to provide greater support mechanisms with a view to facilitating integration into professions. These, for example, could involve refugees' initiatives to make professional structures more responsive to the diversity of professional capital of refugees as well as other migrants who obtain their professional qualifications outside of the UK. Given the growing concern with the lack of diversity within the teacher workforce in Scotland and England (Menter *et al.*, 2006b), workforce shortages in the health and education sectors (see appendix 1: shortage occupation list), refugee teachers' and doctors' skills and competences could be used to contribute to the health and education sectors in the UK. This, however, highlights the need to understand and define the process of integration into professions as a two-way process where professional structures recognise the potential value and benefits of greater inclusion of refugee professionals into their professions. As well as recognising refugees' professional skills and qualifications, the two-way approach to defining integration into professions also recognises that successful integration can only take place if the professional structures create opportunities and access to jobs and public services for refugees. The findings of chapter 6 stressed the need for professions to develop supportive mechanisms to facilitate completion of and access to re-qualification trainings for refugee doctors

and teachers in order for them to re-enter and progress with their professional careers after their arrival in the UK.

The levels at which refugees felt integrated into their chosen professions depended on their individual professional aspirations combined with their levels of participation in their professions after arrival in the UK. Consequently, whether or not refugees felt integrated and managed to transform their experiences of loss of professional status depended on the level of their satisfaction from the professional status at the time of the research. Thus, those refugees who managed to reduce the discrepancies between their self-perceptions as doctors or teachers and their experiences of refugeeness felt that they had reached a point where they were able to restore and lead normal lives. The findings from chapter 7 indicated that those refugee doctors who applied the acceptance strategy (seven of 19) were the most successful in securing employment in the medical profession. Despite that, only three (Heather, Ali and Marie) expressed satisfaction about their professional status at the point of interview. This suggests that the remaining refugees (36 of 39) were not successful in restoring a professional status satisfactory for them and instead experienced different levels of unsatisfactory progress with their professional career, under-professionalisation and deprofessionalisation.

Refugees' experiences of unsatisfactory progress with their professional career were related to their lower professional status following migration to the UK. The findings from the sections 5.5, 6.1.4 and 7.1 indicate that interruptions in professional practice placed refugee doctors (Josef, Okan and Fabian) in less favourable positions in the medical profession. Despite employment in the profession, Okan, Fabian and Josef reported difficulties in progression with their

medical career (see Josef's and Okan's narratives in section 6.1.4) or wasted professional opportunities due to being forced to migrate to the UK (see Fabian's narrative in section 5.5). This suggests that employment in the medical profession was only one step towards becoming integrated into their chosen professions. Unsatisfactory progress with professional career among refugee doctors and teachers was also related to their experiences of being considered as potential candidates for vacancies only when there was a labour shortage in their professions (Iga, John and Aura) and the feeling of being under-valued (see Fabian's, Mardi's, Okan's and Olaf's narratives in section 6.2.1). Compared to refugee doctors who were employed in the medical profession, the narratives of Nio, Aura and service providers (John) in section 6.1.4 demonstrated that refugee teachers tended to hold ad-hoc and temporary posts including supply teaching[45] (Nio and Olaf) or unqualified teaching (Aura and Trish) and were unable to progress in their professional career. The study by Hutchings, James, Maylor, Menter and Smart (2006) into recruitment, deployment and management of supply teachers shows that a common reason for supply teaching is the inability to obtain a permanent post. Nio (see section 7.5.1) indicated that, despite improvements in his professional competences, he did not feel integrated into the teaching profession and instead was experiencing an ongoing struggle to re-enter the teaching profession in Scotland. Within the sample of refugee teachers, none had secured a permanent post as a teacher in either Scotland or England at the time of the research. The findings from section 6.1.4 also indicate that the short-term character of refugee teachers' employment also enables them to do an effective job. While Aura reported his inability to develop and monitor pupils' progress during the short-term

[45] Supply teaching is where teachers may be offered work on a short term temporary basis, generally with little notice

placement, Trish spoke about little support or induction during her work placement. The study by Hutchings et al (2006) also indicates that supply teachers tend to experience difficulties in accessing extra-curricular activities while doing short placements. This could suggest that ad-hoc or temporary employment in teaching not only limit refugees' opportunities for career progression but also leaves them at risk of deprofessionalisation as in Smyth and Kum (2010). Despite refugee teachers in London being able to work as unqualified teachers, they (Aura, Trish) were unable to access appropriate teacher training through work-based placements and thus unable to acquire necessary teaching qualifications and integrate into the profession. The findings of chapter 6 also suggest that acquisition of nation-specific professional competences may not result in successful integration into professions. Although refugee teachers in Glasgow held the QTS in Scotland and were 'job ready', they still experienced difficulties in securing permanent employment in the teaching profession. This also demonstrates that refugee teachers were less successful than refugee doctors in restoring their professional status and expressed less satisfaction about their professional status following migration to the UK.

Refugees' experiences of under-professionalisation related to their situations when, despite working in a professional environment or staying in touch with their professions, they were unable to return to their occupations prior to migration. This was especially evident in the narratives of refugee doctors (Sare and Kwango) and teachers (Ali, Isaac and Kanes) who, prior to migration to the UK, had several years of work experience in their professions and were not able to re-enter equivalent positions in their professions after arrival in the UK. Despite Sara having 15 years of work experience as a gynaecologist prior to migration to the UK, she was about to start working at junior level. Similarly, Isaac and Ali (see section 7.2) were searching

for alternative ways to stay in contact with their professions through participation in open lectures, giving private lessons and reading books. Despite their experiences of under-professionalisation, Ali, Sara and Isaac expressed fairly high levels of satisfaction with their work. Seeking alternative ways of staying in contact with the teaching profession also involved finding other ways to use professional competences outside of the formal professional structures, such as provision of private tutoring (Ali), community learning (Juan) and developing learning materials (Kanes). These examples, however, demonstrate the role of refugees' professional aspirations in shaping their attitudes towards their professions.

The majority of the sampled refugees (17 of 39) were, at the point of interview, undertaking diverse re-qualification courses, including English language classes, university- or college-based courses and preparation courses for professional exams. Despite their professional aspirations and hopes for better future lives in the UK, they also expressed uncertainty and lack of confidence in being able to access their desired jobs (see Kwango's narrative in section 7.2). It is not possible to ascertain whether refugee doctors and teachers who were undertaking educational and vocational courses were able to improve their professional status as they were still in the process of negotiating entry to their professions. However, the narratives of the cited refugees in section 7.2 also indicated that the planning of future professional career paths involved dealing with numerous barriers relating to their age, gender and language skills, all of which had an impact on refugees' experiences of the process of integration into their professions. This suggests that the process of refugee integration into professions needs to be viewed as a dynamic, multiple and complex process.

The findings from section 7.2 suggest that refugees who were above the age of 40 (for example Sara, Isaac, Ali and Kwango) were at greater risk of deprofessionalisation or under-professionalisation than refugee doctors and teachers who migrated at the beginning of their professional careers (for example Fabian, Josef and Ozgur). There are several reasons for this. Firstly, older refugees already had strongly embedded approaches to their professional practice and thus experienced greater difficulties in adapting to their new professional environment after arrival in the UK (see Sara's narrative in section 7.2). Difficulties in acquiring new professional skills and competences also involved problems with learning the English language (see Ali's narrative in section 7.2). Secondly, the re-qualification process itself could take several years and refugees aged 40 or more perceived re-entering their professions as unrealistic (see Aura's narrative in section 6.1.1 or Kwango's narrative in section 7.2). As well as age, gender plays an important role in the process of integration into professions. The findings suggest that traditional gender roles involving women looking after children limit their capabilities to engage with their professions. Cicely and Flavia tended to prioritise their family needs over their professional aspirations and thus postponed their professional career development. Despite that Cicely was living in a two parent household and Flavia in a single parent household, they spoke about their struggles to balance their professional aspirations with childcare responsibilities. This left them at greater risk of deprofessionalisation because the longer refugees stay outside professional practice, the more difficult it becomes to re-enter their professions. However, the findings also suggest that not only gender but also parenthood in general impacts on refugees' career trajectories. Those refugees (Okan, Madoc, Hassan, Habton and Osbert) with dependent children took into consideration the needs of their whole households in making plans regarding their professional career paths after arrival in the UK. In addition, childcare pressure and financial hardship pushed refugees to

search for alternative employment outside their professions, mainly in low skilled and low paid jobs (see Hassan's narrative in section 7.2 and Osbert's and Habtom's narratives in section 7.4) to enable them to support their families. Additional work commitments restrict the time available to refugees to complete re-qualification or re-education and thus re-enter their professions (see Ozgur's and Madoc's narratives in section 5.4). In addition to age and gender, refugees' language skills, were identified as another factor impacting on the process of refugee integration into professions. The need to complete English language classes prior to undertaking professionally-oriented courses extends the length of the re-education and re-qualification process. This in turn extends the length of time for which refugees remain outside their professions. All the identified factors related to refugees' socio-demographic characteristics were not mutually exclusive and often overlapped with their experiences of refugeeness, resulting in overlapping barriers to refugees re-entering their professions after arrival in the UK. Refugee doctors' and teachers' difficulties in re-entering their professions after arrival in the UK, according to John's and Adam's narratives in section 6.1.4, could also be related to wider problems stemming from the economic downturn in the UK and the global recession and could be faced by other groups of migrants. This shows the dynamic and interrelated factors shaping the process of integration into professions and suggests the need for more complex understanding of this.

All the interviewed refugees asserted the importance of employment in their professions after arrival in the UK. As a result of numerous barriers, described in chapters 5 and 6, Osbert, Sade and Habton decided not to pursue their professional aspirations after arrival in the UK. Despite those refugees indicating the importance of having a job in general, they considered working in low paid and low skilled jobs

as, for example, bus drivers, (Osbert and Habton) and therefore experienced deprofessionalisation as in Smyth and Kum (2010). This also suggests that these refugees were not able to restore their professional status and their experience of loss of professional status was reproduced.

8.3 Summary

The discussion provided in this chapter demonstrates the different results of elaboration of social conditions [refugeeness and professional structures] as a consequence of refugees' responses to encountered barriers. The transformation of refugee-like circumstances discussed in chapter 5 was understood by refugees as leading normal lives, associated with their lives prior to migration to the UK, and ability to rebuild secure and stable living conditions after arrival in the UK. The transformation of the barriers related to professional structures outlined in chapter 6 related to the situation when refugees expressed the feeling of satisfaction from their professional position.

The discussion presented in this chapter showed that employment in professions serves as a means of achieving normality. While employment in professions helped refugees to achieve normality, it was also indicated that presence in professional settings helped refugees to challenge several refugee-like experiences discussed in chapter 5. Presence in professional settings helped refugees to rebuild their self-esteem and self-worth that were related to their feelings about their abilities to use their professional skills and competences, and provided refugees with the opportunity to build bridging networks with members of their professions. While

employment and presence in professional settings assist refugees to re-gain normal lives after arrival in the UK, this chapter also pointed out the importance of paid employment in general. This was related to the non-economic benefits of having a job in general, including refugees' feelings of being independent from the state benefit system and feeling useful to their receiving communities. Despite these examples of transformation of refugee-like circumstances, the discussion also indicated that employment in professions did not reduce refugees' feelings of shame about their past experiences relating to their refugee status. As well as continued feelings of shame about their refugee status, paid employment outside their professions did not improve refugees' economic situation. Those refugees who found work outside their professions remained at risk of social and economic marginalisation.

The four main outcomes of the elaboration of professional structures were also identified. These include integration into professions, unsatisfactory progress or inability to progress with professional career, under-professionalisation and deprofessionalisation. Each of the outcomes includes a set of diverse experiences related to the different levels of restoring refugees' professional statuses after arrival in the UK. Integration into professions describes the situation when refugees were able to re- enter their profession on the level that was satisfying to refugees' professional aspirations. Unsatisfactory progress with professional career relates to diverse refugees' experiences of lower professional status and the lack of professional career progression following migration to the UK. These include wasted professional opportunities, feeling of being under-valued or being considered as a potential candidate for vacancies only when there was a labour shortage in their professions, experience of being unable to secure a permanent post in the teaching

profession or acquire necessary teaching qualifications to integrate into the profession. Under-professionalisation relates to employment in a professional environment (inside or outside formal professional structures) below that of refugees' pre-migration occupations. Finally, deprofessionalisation refers to loss of professional skills and competences.

The discussion outlined in this chapter also shows the complex, diverse and interrelated factors, including age, gender, parenthood and language skills, that impact refugees' experiences of integration into their professions. In addition, this chapter indicated that further research into refugees' professional career paths is required to ascertain whether those refugees who were undertaking education and professional training were able to transform their experiences of refugeeness and challenge barriers arising from professional structures.

Previous research has already highlighted the role of employment as a means and marker of the refugee integration process (Bloch, 2002; 2004; Connor, 2010; Mulvey, 2013). The discussion presented in this chapter suggests that employment or presence in a professional environment serves as a means to transform refugeeness. This is because employment in the profession rebuilds refugees' economic and social status, the feelings of self-worth and self-confidence as well as increasing their bridging networks and professional competences. However, the findings also indicate that employment in professions did not reduce refugees' experiences of being constantly under-valued, as they experienced difficulties with progression in their professional careers or tended to work below the levels of their pre-migration occupations after arrival in the UK. This suggests that, while

employment in professions reduced experiences of refugeeness, this represented only one step on the journey towards integration into professions.

CHAPTER 9: Conclusion and recommendations

This thesis aims to describe refugee integration into professions as a complex two-way process. In particular, this thesis explores the role of refugee-like circumstances and the professional structures of the teaching and medical professions, alongside refugee agency, in shaping actions and experiences constituting the process of refugee integration into professions. This chapter summarises the main findings of this thesis, considers its theoretical contribution, policy recommendations and provides recommendations for future research.

The first four sections of this chapter outline the main findings of this thesis by providing answers to the research questions. The first section therefore describes examples of refugee-like circumstances, identified through the narratives of refugee doctors and teachers, and outlines their influence on the process of integration into professions. The second section discusses the impact of the professional structures of the teaching and medical professions on the process of refugee integration into their professions. The third section analyses refugee doctors' and teachers' responses to encountered barriers. The forth section then discusses to what extent refugee teachers and doctors were able to change their conditions and re-enter their chosen profession after arrival in the UK.

Following the summary of the main findings, the fifth section of this chapter outlines the contributions of this research to the understanding of refugee integration and, more broadly, to the field of refugee and education studies. The sixth section then

makes recommendations for policy. The chapter concludes with recommendations for further research.

9.1 How do refugees describe their experiences of refugeeness and how do these experiences impact on the process of integration into the professions?

The existing literature indicates that making a clear-cut separation of the refugee category from other migrant categories encounters methodological and ethical issues (Turton, 2003; Castles, 2003; Long, 2013) which often lead to dichotomous perceptions of refugees as either 'bogus' or 'genuine' (Zimmermann, 2011; Castles, 2003). Taking into consideration the significance of distinctive refugees' experiences and also the growing diversification of these experiences, this thesis adopts the concept of refugeeness as an umbrella term defining a set of distinctive refugee experiences that are reserved to this group but are defined from their perspectives. The narratives from the interviews with refugee teachers and doctors uncover how refugees themselves describe and experience their refugeeness. This approach allows refugees' voices to be placed at the centre of this thesis. Drawing from the experiences of interviewed refugee doctors and teachers, one of the objectives of this thesis was to increase knowledge of specific circumstances of refugee situations (refugeeness) by describing the subjective ways in which refugees understand their experiences. The main refugee-like circumstances identified through the narratives of refugee doctors and teachers include the experiences of forced migration, restrictions on rights upon arrival, stigma attached to the label of refugee (and asylum seeker), the multi-dimensional experiences of marginalisation and the loss of social, economic and professional status. These, however, have

further implications on refugees' abilities to re-enter their professions after arrival in the UK.

All the interviewed refugees described their experiences of migration as being forced, rapid movements resulting in dramatic changes in their living circumstances after arrival in the UK. Existing research tends to indicate that compulsion is an element of each migration process (see Zimmerman, 2011). The findings of this thesis, however, suggest that refugee doctors' and teachers' migration to the UK was more '*reactive behaviour*' (Richmond, 1993, p. 10) to their experiences of conflict (Josef), political crisis (Tahur), violence and persecution (Lucasta, Jabez) in their home countries, leaving them little choice in negotiating their decisions about migration to the UK. Elements of forced migration were evident in refugees' feelings of strong resistance to migration (Lucasta and Tahur). Further to this, refugee doctors' and teachers' well-established pre-migration economic and social statuses could support the argument that their decisions about migration were not driven by economic reasons, but by structural constraints leaving them little choice other than to move. The findings of this thesis show that rapid movements left refugees little time for preparation for migration. Such circumstances created practical difficulties after arrival in the UK arising from the lack of documentation proving their professional qualifications or work experience, little knowledge of the English language and/or requirements for registration with the teaching and medical professions in the UK (Okan and Iga). These difficulties put refugees at further disadvantage as they may require more time to familiarise themselves with the socio-cultural environment of the receiving society and thus access their professions after migration to the UK. Further to this, the findings show that the forced migration and perception of the temporality of living in the UK can result in the absence of

career plans in the initial phase after arrival in the UK (Tahur). This however, can further expand the length of time refugees spent outside of their professions.

Restriction on rights upon arrival in the UK has been identified in this thesis as another example of distinct refugee-like circumstances that make up refugeeness. These restrictions had a detrimental and long-lasting impact on refugees' abilities to rebuild their professional careers in the UK. Previous research has discussed the negative impact of the asylum process on refugees' abilities to integrate in general (Bloch and Schuster, 2002; Malloch and Stanley, 2005; Stewart, 2005; Ruth, 2006; Mulvey, 2013) and highlight the fundamental role of rights in the refugee integration process (Ager and Stang, 2004; 2008; Da Lomba, 2011). This study adds to this literature by indicating that restrictions on asylum seekers' rights had consequential effects on their professional career development after arrival in the UK. This is because refugee doctors and teachers were detached from their professions and, due to restrictions on their rights to work and full-time education, were losing opportunities to acquire necessary skills and self-confidence. The length of time refugees spent outside their professions without rights to re-enter them placed them at a disadvantage in comparison to other groups of overseas trained migrants. [The findings show that the restrictions on rights result in refugees' greater dependence on state support and diminishe their sense of responsibility, self-initiative and/or ability to plan their lives (Lucasta and Dominique). These also infantilises refugees by restricting their everyday actions to simple activities such as eating and sleeping and undermines their feelings of self-esteem and self-worth with long term effects on their mental well-being and self-confidence (Josef and Chantal).

The findings also indicate that all those refugees with leave to remain in the UK perceived the asylum process as unjust. Such perception was based on their

experiences of ongoing questioning of the truthfulness of their statements (Samuel and Josef) and on having little control over the decision regarding their leave to remain in the UK (Alymar). The findings also demonstrate the punitive character of the asylum process (Heather) and indicate that the procedures within this process are based on a culture of disbelief that related to institutional assumptions made about applicants not telling the truth. Refugees' experiences of the asylum process had a strong emotional impact on their well-being. The findings show a number of mental health problems including anxiety attacks, depression and problems with sleeping and concentration among refugee doctors (Abraham, Heather, Samuel) and teachers (Chantal). These personal struggles had notable effects on refugees' self-confidence and their abilities to re-enter their chosen professions after arrival in the UK.

As well as their experiences of forced migration and restrictions on their rights upon arrival in the UK, refugee doctors and teachers talked about the stigma attached to the 'refugee' and 'asylum seeker' labels (Alistair, John and Josef). Existing research in the field of refugee studies has already described the process of labelling refugees as 'illegal migrants', 'threats' or 'terrorists' and the roles of the media (see Zetter 1991; 2007) and of political rhetoric (Mulvey, 2010) in creating these labels. The findings of this study indicate that refugees' experiences varied from the stereotypical perceptions attached to the 'refugee' label. The findings demonstrate that all refugee doctors and teachers strongly distance themselves from the stereotypical labels attached to refugee status and rather expressed a strong desire to challenge these stereotypes and contribute to the communities in which they were living. This suggests that stereotypical perceptions of refugees as 'passive victims' or 'welfare abusers' do not reflect the way interviewed refugees experienced

their lives in the UK. According to service providers (Alistair and John) the negative connotations associated with the label 'refugee' often become the object of suspicion or even concern among employers and place refugees at a disadvantage when compared to other overseas trained doctors or teachers.

The findings of this thesis also suggest that being granted leave to remain in the UK does not improve the social and economic marginalisation of refugee doctors and teachers. While refugee doctors' and teachers' rights were restricted during the asylum process, once leave to remain in the UK was granted, their abilities to re-enter their professions were challenged by financial hardship (Kanes, Madoc and Okan), uncertain accommodation (Josef and Jabez) and social isolation (Samuel and Jeshua). This suggests that restriction on rights upon arrival, as one of the examples of refugeeness, became replaced by the multiple experiences of loss with a multi-dimensional and also cumulative character. The findings indicate that financial constraints and an inability to re-enter professions after arrival pushed refugee doctors (Madoc, Okan) and teachers (Kanes) to search for alternative employment in low paid and unskilled occupations or to postpone their plans to re-enter their professions. Existing research on well-qualified refugees indicates that there are no significant differences in employment outcomes for those with or without qualifications (Colic-Peisker and Tilbury, 2006) and tends to suggest that once refugees find themselves in low paid occupations, it is difficult for them to re-enter their pre-migration occupations (Stewart, 2003). The findings of this research add to this literature by indicating that financial hardship pushed refugee doctors and teachers to undertake unskilled positions, preventing them from committing to re-qualification and increasing the period of time refugees spent outside their professions. Financial difficulties were also intensified by experiences of unstable

accommodation and social isolation making it more difficult for refugees to start their re-qualification process following migration to the UK. The findings show that experiences of social isolation were related to difficulties in adjusting to a new social and cultural setting as well as feelings of disorientation, confusion (Jeshua) and loneliness due to interruption to refugees pre-migration social networks (Samuel). In addition lack of bridging social networks limited potential for refugees' further professional development (Okan). Such experiences had extended the length of time during which refugees were not able to commit to re-qualification training or work placements to meet the entry requirements of their chosen professions. Refugee doctors (Madoc, Josef, Fabian, Tahur) and teachers (Lucasta) also spoke about the multi-dimensional experiences of loss related to the loss of economic, social and professional status following migration to the UK. This suggests that refugees had few or no economic, cultural and social resources to enable them to access their professions after arrival in the UK. Such circumstances further limited refugees' opportunities to re-enter their professions. The different levels of multi-dimensional experiences of loss were shared among all interviewed refugees.

The findings suggest that refugeeness had notable effects on the degree to which refugees could successfully re-enter their chosen professions after arrival in the UK. Instead of focusing on fulfilling their own professional aspirations, refugee teachers and doctors were forced to respond to multi-dimensional experiences of marginalisation and loss following migration to the UK. The narratives of refugees, heard throughout this thesis, pointed out that, in the first instance, refugees need to respond to immediate practical needs arising from their refugeeness. This indicates that overcoming and dealing with refugee-like circumstances represented the first

and foremost actions which refugees needed to take in order to re-enter their professions after arrival in the UK.

9.2 How do professional structures have an impact on the refugee integration process?

While refugees' low positions in the labour market are evident in the existing research (Bloch, 2002; 2004a; Hurstfield *et. al.*, 2004; Kirk, 2004; McKay , 2009), little research has investigated how the employment environment influences the process of refugee integration into professions. This thesis addresses this gap by exploring the roles of the professional structures of the teaching and medical professions in the process of refugee integration into these professions. The findings of this thesis demonstrate complex institutional and cultural barriers experienced by refugee doctors and teachers, limiting their opportunities to re-enter their chosen professions after arrival in the UK. While refugee teachers (Habtom, Olaf ,Trish, Laban, Aura and Kanes) reported several difficulties with accreditation of their academic and professional qualifications, refugee doctors (Kwango, Sara, Alymar, Ishan and Flavia,) indicated the problems of passing a combination of professional and language examinations. The necessity to complete a number of re-qualification and re-education by refugee teachers indicates that refugee teachers were required to start their teaching qualification process from the beginning. Refugee teachers in London (Aura, Laban and Trish) also reported difficulties in accessing and completing appropriate trainings to meet the entry requirements of the teaching profession in England. These difficulties expand the length of time required for re-qualification. During the re-qualification process, refugees were

unable to practise in their professions. This led to disruption of the continuity of their professional practice. The length of time required to re-enter their professions had impacted differently on the professional career trajectories of refugee teachers and doctors. While refugee doctors (Josef and Fabian) tended to report their disadvantaged positions in the labour market due to gaps in their professional practice, the length of time required to re-qualify discouraged refugee teachers (Habton, Sade, Osbert) from undergoing the re-qualification process and thus caused them to resign from pursuing their professional aspirations.

While the process of re-qualification was time consuming, refugee teachers (Nio, Aura and Laban) and refugee doctors (Jeshua, Josef and Okan) also reported several difficulties in accessing paid employment in their professions. Refugee doctors and teachers felt that they were considered as potential candidates for vacancies in their professions only if a labour shortage existed. Refugee teachers (Nio, Trish and Aura) also felt that they were treated as temporary or ad-hoc staff in their profession. However, the findings also suggest that accessing secure employment suitable for their qualifications and work experience can become more difficult not only for refugee doctors and teachers, but also for other migrants and citizens during this time of financial austerity in the UK (John and Adam). It is therefore difficult to establish whether refugee status was the primary cause of refugee teachers' and doctors' disadvantaged positions in the labour market, as this usually interacts with other factors including poor language skills, gender and age.

As well as the institutional barriers, refugee doctors and teachers reported common experiences of cultural barriers. The importance of the English language in the refugee integration process has already been established in previous research

(Bloch, 2000; Ager and Strang, 2004; 2008; Connor, 2010). Little knowledge of the English language and the professional jargon was identified by refugee teachers as problematic (Olaf). In addition to language skills, lack of familiarity with professional codes of conduct and thus inadequate performances in their professions represent further examples of cultural barriers encountered by refugee doctors (Sara, Mardi, Kwango, Lesley) and teachers (Ray and Elma). As refugees obtained their professional qualifications in different national contexts, they were required to familiarise themselves with professional standards of the teaching (GTCS, 2012a; 2012b; DfE, 2012b) and medical (GMC, 2013) professions. As well as unfamiliarity with specific standards of professional practice, refugee teachers (Habtom, Olaf, Laban, Isaac and Aura) felt that the lack of diversity within the composition and supply of the teacher workforce in Scotland and England led to biased perceptions of the cultures and countries they came from. Such perceptions make refugee teachers believe that the teaching profession is only accessible to white people (Laban and Aura). Finally, the cultural barriers that refugees experienced to re-enter their professions were also related to their little knowledge of the general recruitment process in the UK and experience of completing job applications or job interviews (Lesley).

Considering the differences in organisation of the teaching and medical professions, this thesis demonstrates a number of differences between the experiences of refugee doctors and teachers. The findings suggest that refugee teachers experienced greater barriers in accessing their profession upon arrival in the UK. There are several reasons for this, one of which being the differences in composition of the knowledge base of the teaching and medical professions. While medical knowledge involves more technical and scientific competences (Freidson,

1970) which are common across national boundaries, understanding of teaching methods and the way teaching qualifications are defined firmly depends on features of national culture, tradition and institutional politics. It follows that understandings of the teaching profession can vary with countries with the consequence that candidates may require a different knowledge base and different teaching practices (Menter *et al.*, 2006a). This was one of the reasons why refugees were required to obtain additional teaching qualifications in the Scottish or English education systems. While the interviewed refugee teachers were required to go through numerous stages of re-qualification and re-education processes to meet the standards of the teaching qualifications in England and Scotland, refugee doctors needed to pass several professional exams (PLAB 1 and PLAB 2) and complete work placements (clinical attachments) in order to prove their medical knowledge. Thus refugee doctors, when compared to refugee teachers, needed to prove the value of their pre-migration skills and competences through professional exams rather than start their medical education from the beginning.

As well as experiencing differences in the re-qualification process, refugee teachers indicated difficulties in accessing appropriate teacher training to complete this process and re-enter the teaching profession. This was especially evident in the narratives of refugee teachers in London, who reported difficulties in securing work placements in state schools to complete their initial teaching qualification. While those who graduate in Scotland are guaranteed a job for one year to complete their probation and obtain the status of qualified teacher, this mechanism does not exist in England. This is especially important since the recent changes brought by the Initial Teacher Training Strategy (DfE, 2012b) in England placed more emphasis on school-based training and provided schools with more substantial roles in the

recruitment, selection and training of teachers. As a result of their inability to access and complete teacher training, refugee teachers in England (Aura) expressed the feelings of being unable to progress with their professional career and find a way to negotiate an access to teacher training through work based placement or tended to resign from pursuing their professional aspirations (Sade). However, the findings also suggest that acquisition of nation-specific qualifications did not always improve refugee teachers' positions in the labour market (Nio, Olaf, Laban) and, when compared to refugee doctors, refugee teachers were often unable to obtain permanent jobs in the teaching profession in Scotland (Nio, Olaf) or England (Aura, Trish, Laban).

While institutional regulations are intended to ensure a high quality of professional practice, the rigid requirements of the teaching and medical professions in both Scotland and England had a negative impact on refugees' prospects of re-gaining their professions after arrival in the UK. As a result of the lack of recognition of refugees' pre-migration qualifications and the imposed need for continuing alteration of professional capital, refugee doctors (Fabian) and teachers (Olaf) felt that they needed to do 'double' (as expressed by Fabian) to re-enter their professions after arrival in the UK. The findings of this thesis demonstrate that interrelation between professional structures and refugee integration into professions undermined the latter. The rigid requirements of the teaching and medical professions fail to provide supportive mechanisms to advance the process of integration. This was especially evident in the case of refugee teachers, who had less access to specialised services, advice and support that would assist them in re-entering their profession (see table 17, p.310). This indicates that the process of integration into the teaching and medical professions could be described as a one-way process, whereby

refugee teachers and doctors take sole responsibility for completing re-qualification and re-education courses to re-enter their professions after arrival in the UK.

9.3 How do refugee doctors and teachers respond to the barriers they encounter?

This research views refugees as creative agents, whose individual choices and motives influence the ongoing events constructing the process of their integration into professions. While existing research in the field of refugee studies mainly elaborates on structures which 'control' refugee agency (Bloch, 2000b; Sales, 2002; Bloch and Schuster, 2005; Schain, 2008), this thesis, by looking at different strategies applied by refugees to change their conditions, adds to the literature by focusing on how the process of integration into professions is shaped by the intentions, actions, perceptions and aspirations of refugees themselves. As such, the role of refugee agency was demonstrated in the ways refugees live and deal with the various difficulties they encounter in their daily lives. The refugees participating in this research showed that they were active agents, resourceful and creative in seeking solutions to the barriers they experienced. Despite discussing many negative experiences after arrival in the UK, the findings of this thesis show that the interviewed refugees are very resourceful people who tend to express their attitudes and desires to do things for themselves (Sade, Heather, Alymar, Kwango, Lucasta and Dominique). As such, they applied diverse strategies to make the most of their resources and capabilities and improve their chances of re-entering their chosen professions after arrival in the UK.

The findings show that refugees were active agents and thus challenge the perception of refugees as 'passive victims'. Refugees expressed strong attitudes in support of doing things for themselves and also desire to improve their living conditions after arrival in the UK. Despite personal struggles to accept the need to complete the re-qualification process, all interviewed refugee teachers and doctors to some degree were actively involved in undertaking profession-oriented courses and voluntary work placements to advance their social mobility and re-enter their chosen professions. These experiences however, can be symptomatic for this sample of refugee doctors and teachers who were selected based on databases of clients' records maintained by organisations working with refugee doctors and teachers in London and Glasgow. Despite this limitation, refugees' involvement in diverse professional-oriented courses provides a valuable indication of the role of their agency in the process of integration into the profession. As well as undertaking profession-oriented courses, the findings show that those refugee teachers who perceived re-entering their profession as unrealistic were also active in seeking alternative channels to make use of their professional capital through, for example, community learning (Juan), producing their own learning materials (Kanes) and providing private learning classes (Ali). The findings also indicated that those refugees who had decided to stop pursuing their professional aspirations after arrival in the UK were actively seeking alternative options for employment and training (Habton, Osbert and Sade). These examples send a strong message that refugees are strongly motivated to contribute to host communities and to avoid dependence on state support.

Four main strategies - acceptance, compromise, resignation and ambivalence - were identified to describe how refugees challenge encountered barriers (see table

15, p.257). The acceptance strategy was adopted among refugee doctors (nine of 18) and refugee teachers (seven of 21) who accepted the necessity of re-qualification process as the sole route to regain their profession after arrival in the UK. The findings demonstrate that this strategy was dominant among those refugee doctors (Alymar, Heather, Okan, Nicola, Fabian, Marie) and refugee teachers (Hazel, Ray, Chantal, Vasco) who had been living in the UK for several years and who had accumulated knowledge about the professional structures of their professions. The main tactics to challenge encountered barriers identified within the acceptance strategy were to undertake education and professional trainings and / or voluntary work placement. While education training and volunteering improved the social mobility of refugee doctors by expanding their professional competences (Fabian) and social networks (Heather) or resulted in direct employment opportunities (Okan and Heather), refugee teachers indicated that the primary benefit of education training was to improve and expand their professional skills (Ray, Hazel and Vasco). The second strategy identified among interviewed refugee doctors (six of 18) and (eight of 21) refugee teachers was compromise. This strategy included refugees' behaviours and attempts to maintain the balance between their professional aspirations and their perception of the realism of regaining their professional status after arrival in the UK. The findings indicate that those refugees who applied the compromise strategy reported diverse personal struggles relating to their age, gender, parenthood, little knowledge of English language, and expressed the need to compromise their professional aspirations accordingly. In order to balance their professional aspirations with their private lives, refugees tended to lower their aspirations and accepted work in lower grade positions in their professions (Sara and Isaac), postponed the development of their professional career (Flavia, Cicely, Hassan) or found alternative methods of staying in contact with their professions (Ali, Juan and Kanes). The third identified strategy

to challenge encountered barriers was ambivalence. This strategy was dominant among newly arrived refugees who were living in the UK for less than four years (Tahur, Dominique, Lucasta, Gaspar and Jabez). This strategy involved refugee teachers (Dominique, Lucasta) and doctors (Tahur, Gaspar and Jabez) who were unable to make a definitive decision about their future career path after arrival in the UK. The findings show that this strategy was related to refugees' limited knowledge of professional structures (Gaspar and Jabez), experiences of 'living in between' the UK and their home country (Tahur) or refugees' attitudes of not limiting possible prospects of paid employment to only one profession (Dominique and Lucasta). The last strategy identified among interviewed refugees, resignation, appeared only among refugee teachers (Sade, Habton and Osbert). This strategy was contemplated when other strategies were exhausted or found to be lacking success in improving refugees' chances to re-enter their professions. Thus, those refugee teachers who applied resignation strategy decided to stop pursuing their professional career and search for a paid employment outside their professions.

The identified strategies were not mutually exclusive. The strategies were distinctive in terms of their temporality. While some were typical for newly arrived refugees (ambivalence), others tended to be more common for refugees who had been living in the UK for several years (acceptance, compromise and resignation). Refugee strategies also correspond with different career stages prior to migration to the UK. Early career refugee doctors (Josef, Fabian and Okan) tended to apply more professionally-focused tactics such as undertaking diverse professionally-oriented courses to improve their chances of re-entering their profession in the UK. Meanwhile, refugee doctors with established professional careers prior to migration (Sara and Kwango) tended to compromise and lower their professional aspirations

to seek employment in junior posts of the medical profession. The findings also suggest that all refugee doctors aspired to re-enter their profession, but refugee teachers (Lucasta and Dominique) tend to perceive re-entering the teaching profession as one of their options for future employment. While refugee doctors either applied acceptance or compromise strategies, refugee teachers' responses to encountered barriers were more diverse and also included ambivalence or resignation. Different refugees' responses to encountered barriers, however, demonstrate how their professional aspirations, motivations and also personal priorities shape the process of integration into professions.

The findings also demonstrate that the interviewed refugees draw upon their social and professional capital to challenge encountered barriers and re-enter their professions after arrival in the UK. Construction of and access to different forms of social capital have already gained wide attention in academic discourse on refugee integration (Ager and Strang, 2004; 2008; Atfield *et al*., 2007; Zetter *et al*., 2005). The findings of this thesis demonstrate how refugees use their social and professional capital to improve their opportunities to re-enter their professions after arrival in the UK. While refugee doctors' co-ethnic networks (Alymar, Gaspar, Okan and Fabian) were beneficial in improving refugee doctors' social mobility by providing access to initial information about training programmes, training materials, clinical attachments, work placements and employment opportunities, refugee teachers (Dominique) indicated that the primary benefit of 'bonding' co-ethnic networks was to provide emotional support or friendship. However, refugee teachers indicated that 'bonding' networks were of little help in improving their professional career progression. In addition, the findings demonstrate that the value of co-ethnic networks varies across regions. Refugee doctors (Kwango) in Glasgow reported

limited access to refugee community organisations able to provide the type and degree of support that answered their specific needs. Consequently, when compared to refugees in Glasgow, those in London have wider access to refugee community organisations able to answer their specific needs. The findings also show that refugee doctors and teachers draw upon specialist advice, familiarisation courses and programmes, career advice, assessment of pre-migration qualifications and work placements offered by programmes organised by community and voluntary organisations (see table 16, p.310 and table 17, p.311). Despite success in assisting refugees to re-enter their professions, the findings also show that two of seven supporting programmes dedicated to refugee doctors and three of four programmes dedicated to refugee teachers had to close due to a discontinuity of funding and that available services are now becoming part of the mainstream state system (for example job centres and career services), without the capacity to address refugees' specific needs. This was especially problematic in the case of refugee teachers who remain with limited access to specialist support and advice.

Undervaluation of refugees' pre-migration skills and competences is clearly evident in previous research looking at refugees' employment experiences (Bloch, 2002, Charlaff *el al.,* 2004; Stewart, 2007; Smyth and Kum, 2010). However, the findings of this thesis indicate that, to some extent, refugee teachers and doctors' professional capital serves as a facilitator of the process of integration into professions. Refugee teachers (Olaf, Aura, Ray and Juan) provided examples of how pre-migration teaching skills and competences helped in completion of their initial teacher education or training. Refugee doctors (Sara), however, indicated that pre-migration medical knowledge and skills were crucial to passing professional examinations and re-entering the medical profession. The ways in which refugee

doctors and teachers mobilise their professional capital to advance their chances of re-entering their professions vary. Refugee doctors (Sara, Alymar) tended to highlight similarities between the skills and competences of doctors trained overseas and in the UK. Refugee teachers (Juan, Aura), however, tended to highlight additional attributions of their professional capital to advance their positions and improve their chances of re-entering their professions. Such attributions include superior language proficiency in languages other than English (Ray) and knowledge of more than one curriculum and types of pedagogical practice (Aura). Further to this, refugee teachers recognised their potentially positive roles as mentors to pupils of ethnic backgrounds (Juan) and saw this attribute as a potential asset to improve their chances to re-enter the teaching profession. The findings of this thesis therefore indicate that refugee teachers were positive about recognition of their possible roles as cross-cultural experts, perceiving them as channels for negotiating access to their profession. However, a study by Basit and Santoro (2011) indicates that the role of cultural experts for teachers of ethnic minority background might limit their career development opportunities and detract from progression in their teaching careers. All the interviewed refugee teachers were at the beginning of their professional career development and spoke very positively about the additional attributes of their teaching qualifications. However, further research is needed to investigate the career trajectories of refugee teachers to investigate the longer term effects of refugees' ethnicities, cultures and languages on their opportunities for career development.

9.4 To what extent are refugees able to change their conditions and access their chosen professions?

The discussion presented in chapter 8 looked at elaboration of social conditions [refugeeness and professional structures] to describe whether these conditions were transformed and reproduced as a consequence of refugees' diverse strategies. The findings show that refugees' understandings of the transformation of their refugee like circumstances were related to their abilities to lead and enjoy normal lives after arrival in the UK. The understandings of normality were associated with the lives of refugees prior to migration to the UK, and ability to enjoy a stable life with secure economic, social and professional status following migration to the UK. The transformation of barriers related to professional structures was understood by refugees as the ability to restore their professional statues which was satisfying to their professional aspirations. From interviews, only two (Heather and Alymar) of 39 refugees were able to re-enter their professions to the level it was satisfying for them and also were able to enjoy leading a normal life. The remaining 37 refugees experienced different levels of reproduction of their refugee-like circumstances and/or loss of their professional status.

The findings show that employment in their professions serves as a means for re-establishing the experiences of normality. As well as employment in their professions presence in professional settings serves as a facilitator of the process of transforming refugee-like experiences. Those refugees who gained work based experiences in their professions in the UK (Alymar, Fabian, Okan, Ray, Olaf, Heather, Kwango, Vasco, Isaac, Juan) spoke about expanded professional competences and networks, and tended to indicate the increase in their self-esteem

and self-worth related to feelings of being valued by their skills and knowledge. The findings also demonstrate that paid employment has also diminished the experience of refugeeness by developing refugees' economic independence (Lucasta) and restoring their feelings of being useful for their family as well as the receiving community (Hassan). Despite these positive relations, refugee doctors (Josef) also indicated that employment in the medical profession did not diminish their feelings of shame about their past refugee-like experiences. These, however, suggest that refugees' diverse experiences of loss outlined in section 5.5 had a long-lasting effect despite their employment in the profession. While refugee doctors (Okan, Fabian, Josef and Jeshua) faced continues difficulties in their career progression due to gaps in their professional practices or were employed below their pre-migration occupations (Sara), refugee teachers (Aura, Trish amd Nio) were not able to secure permanent employment or access appropriate training to re-enter their chosen profession. This suggests that employment in the profession is only one step for transforming refugee-like circumstances and experience of loss of professional status.

The findings demonstrate that the rigid professional structures of the teaching and medical professions create numerous institutional and cultural barriers which limit refugees' opportunities to re-enter their professions in a consequence of which refugees experienced little or unsatisfactory progress of their professional career, under-professionalisation and deprofessionalisation (as in Smyth and Kum, 2010). Those refugee doctors who were experiencing little or unsatisfactory progress with their professional career following migration to the UK (Fabian, Okan and Josef) spoke about experiences of lower professional status as a result of interruption of their professional practice or wasted professional opportunities due to migration to

the UK. The unsatisfactory progress with their professional career was also related to refugees' feelings of being under-valued (Fabian, Olaf and Mardi) and 'filling the gaps' of workforce shortage in their professions (Aura, John and Iga), inability to secure a permanent post in the teaching profession (Nio) or access teaching training through work base placement (Trish and Aura). Compared to the experiences of unsatisfactory progress with their professional career, under-professionalisation related to the experiences of being employed below the level of pre-migration occupations. These experiences were dominant among older refugees with many years of work experience prior to migration to the UK (Sara, Kwango, Juan, Kanes, Ali and Isaac) who recognised the barriers and limitations of transferability of their professional capital and decided to lower their professional aspirations and search for employment in a lower grade (Sara and Kwango) or alternative ways to stay in contact with their professions (Juan, Kanes, Ali and Isaac). This, however, could indicate the important role of refugees' professional aspirations on their orientation towards their professional career development following migration to the UK. While those refugees who experienced under-professionalisation or unsatisfactory progress with their professional career to some extent were able to challenge encountered barriers and re-enter their professions, those refugees who experienced deprofessionalisation (Osbert, Habton and Sade) reported the loss of their professional skills and practices as well as financial and personal struggles and remained at risk of social and economic marginalisation.

It is difficult to ascertain whether those refugees who were undertaking various education training courses (17 of 39 refugees) were able to challenge their experiences of refugeeness and barriers related to professional structures as they were still in the process of re-qualifications. However, the findings show that while

the acquisition of additional professional qualifications improved social mobility of refugee doctors, the relation between the acquisition of nation-specific qualifications and prospects for employment in the teaching profession was not straight forward in the case of refugee teachers. Despite completion of teacher training or education, refugee teachers (Nio, Olaf) spoke about numerous struggles to secure a paid employment in the teaching profession. This could suggest that refugee teachers compared to refugee doctors were less successful in transforming the loss of their professional status after migration to the UK.

9.5 Social theories and the process of refugee integration into professions

The findings of this thesis contribute to social theories of refugee integration by providing a greater understanding of the two-way process of refugee integration; and to the field of refugee studies by providing an in-depth analysis of the concept of refugeeness. The thesis also contributes to education studies by identifying how professional structures create diverse barriers that limit refugees' opportunities to re-enter their professions.

This study contributes to understanding of the process of integration into professions in three different aspects. First of all, it examines the ways in which refugees approach the process of integration into professions and therefore brings the voices of refugees and their own experiences and understandings into the debate on the integration process. This thesis places refugees' experiences at its centre. It does so by listening to refugees' own voices in order to understand their experiences of integration into their professions. As a consequence, this thesis adds

refugees' voices to the debate about constraints of the integration process, in which they are often pictured as 'passive victims' or a 'faceless and physical mass' (Rajaram, 2002, p. 247). Secondly, this thesis demonstrates the usefulness of Archer's three stages of the morphogenetic cycle in exploring the ongoing events, experiences and actions making up the process of refugee integration into professions. As such, the roles of refugeeness (**Chapter 5**) and professional structures (**Chapter 6**), alongside that of refugee agency (**Chapters 7**) were described to explore whether refugee teachers and doctors were able to challenge their conditions and re-enter their professions after arrival in the UK. This conceptualisation gives equal prominence to the role of social conditions, alongside that of refugee agency, in shaping and re-shaping the ongoing actions and experiences making up the process of integration into professions. It also serves as a useful conceptual tool to explore the dynamic and fluid character of the process of refugee integration into professions. As such, it provides a useful tool to explore ongoing actions and experiences, but also allows identification of interrelations between diverse factors impacting refugees' experiences of integration into their chosen professions. Finally, this thesis addresses Ager and Strang's (2010) call for greater research into refugee integration as a two-way process by describing its dynamics and complexity. This thesis describes dynamic interconnections between a number of factors including age, gender, parenthood, time of arrival in the UK and professional aspirations and their influence on the ongoing events, actions, and experiences making up refugee integration process. The findings of this thesis indicate that those refugees who were above age of 40 were at the greater risk of under-professionalisation and deprofessionalisation that stem from numerous difficulties to acquire necessary professional qualifications and adapt to a new professional environment following their migration to the UK. The findings also demonstrate that female refugees in this research tended to prioritise their family

needs and postpone their professional career due to difficulties in balancing their professional aspirations with childcare responsibilities. In addition to gender, parenthood in general, combined with financial hardship pushed refugees to search for alternative employment that as a consequence increased the length of time refugees stayed outside of their professional practice and created risks of the loss of professional status, under-professionalisation or deprofessionalisation. As well as the influence of refugees' socio-demographic characteristics, the findings show that the time of arrival in the UK had an impact on refugees' knowledge of professional structures and ability to make a decision about their future professional career. Finally, the findings of this thesis demonstrate the importance of refugees' professional aspirations on their orientation towards their professions and attempts to grapple with and overcome encountered barriers. While the ambivalence strategy relates to those refugees who were unable to make a definitive decision about their future career path following migration to the UK, the acceptance strategy was dominant among those refugees who expressed an attitude of conformity and acceptance to altering their professional qualifications to re-enter their professions in the UK. Compared to the ambivalence and acceptance strategies, the compromise strategy however, was dominant among those refugees who struggled to maintain the balance between their professional aspirations and perceptions of realism of regaining their professional status after arrival in the UK. The resignation strategy compared to compromise was applied among those refugee teachers who did not believe that they would return to their profession and thus stopped pursuing their professional career after arrival in the UK.

As well as contributing to the understanding of the refugee integration process, this study, by adopting refugees' perspectives, brings a more in-depth understanding of

the concept of refugeeness, describing the distinctiveness of refugee circumstances and also capturing the complexity of refugee situations and experiences. Such conceptualisation of the term refugeeness captures the diversity of refugee experiences but also signals the distinctiveness of refugees' circumstances. Consequently, it contributes to the debate on particular circumstances of refugee situations (see Turton, 2003; Castles 2003; 2007; Feller, 2005; Long 2013).

This thesis also contributes to the discussion on social justice in education studies by uncovering the exclusionary mechanisms within the professional structures of the teaching professions that limited refugees' opportunities to re-enter their professions following migration to the UK. By focusing on the role of professional structures as a factor impacting refugee integration into professions, the findings indicate that the strict institutional regulations of the teaching profession were not responsive to the diversity of refugees' qualifications and work experience and did not create supportive mechanisms that would facilitate refugee integration process. Given the increasing concern over the composition and supply of the teacher workforce in Scotland and England (Menter *et al*. 2006b) and workforce shortages in the education sector (see Appendix 1: Shortage occupation list), greater understandings of barriers to integration into professions can be usefully applied in developing policies and good practices in supporting widening access to the teaching profession to reflect the demographic profile of the community that this profession serves. While this study focused on Scotland and England, the development of policies supporting widening access to the teaching profession can also serve as an example of good practices for other countries in Europe, North America or Australia that experience the lack of diversity within the composition and supply of the teaching workforce. In addition to development of practices in supporting widening

access to the teaching profession, the findings of this thesis can be usefully applied in development of the re-qualification process of professionals who gained their professional qualification in a different national context than they now wish to work. The findings demonstrate that the presence in a professional environment not only allows refugees to use their pre-migration skills and competences but also observe, compare and contrast similarities and differences between professional practices in their home country and in Scotland and England in order to translate their existing knowledge and competences to a new professional setting. This however indicates that work placement created an important element in refugees' re-qualification process. The findings of this thesis also demonstrate that once refugee teachers and doctors were in the professional setting they were able to make use of their professional capital. This however indicates that it is only when refugee teachers and doctors are fully enabled to re-enter their professions that the benefits to the system of a more diverse workforce within those professions can be seen. While this study focused on experiences of refugee teachers and doctors in the UK, the insights into the multiple challenges faced by refugees considering re-entering their previous profession can also be helpful in explaining the experiences of lack of recognition of overseas professional qualifications of other migrants in Western countries.

9.6 Policy recommendations

The findings of this thesis lead to several policy recommendations in relation to immigration and asylum policy, professional structures and integration services offered to refugees. Recommendations for the immigration and asylum policy focus

primarily on the UK Government as immigration policy is reserved to the UK Government. The recommendations referring to professional structures provide examples of supportive mechanisms within the teaching and medical professions that could facilitate refugee integration into their chosen profession. Finally, the recommendations concerning integration services refer to general mechanisms and support programmes facilitating the refugee integration process.

9.6.1 Immigration and asylum policy

Previous research indicated that asylum and immigration policy in the UK has continued to have adverse effects on the refugee integration process (Da Lomba, 2011, Bloch and Schuster, 2007). This thesis contributes to this literature by outlining the negative impact of the asylum process on refugees' professional career prospects. All interviewed refugees saw the procedures involved in the asylum process as unjust. Their experiences of restrictions on rights, especially rights to work, during the asylum process, had knock-on effects on their abilities to re-enter their chosen professions after arrival in the UK. The findings show that, in the initial phase of arrival, refugees lose opportunities to use but also to acquire professional skills, competences and knowledge. During this time, refugees become detached from their professions and were also unable to work or enter full-time education to upgrade their professional qualifications. The findings show that the length of time refugees spent waiting for decisions on their asylum claim has a detrimental effect on their abilities to find employment in their professions once leave to remain in the UK was granted. Refugees who waited several years for a decision lived in limbo and were therefore unable to plan their lives. These experiences diminished their self-initiative and self-worth and had further negative impact on the development of

their future career in the UK. This suggests that restriction on rights attached to the legal status of asylum seekers put the integration process on hold until leave to remain in the UK is granted. This, however, calls for greater rights for asylum seekers especially in the area of employment and education. The UK Government should therefore recognise and accept that the integration process starts from the day of refugees' arrival in the UK and remove restrictions on asylum seekers' welfare and economic rights, or the issue of loss of refugees' professional skills and competences will continue and refugees will still face the numerous barriers demonstrated throughout this thesis. Given the important role of employment in the refugee integration process asylum seekers should have access to full time education and legal employment, and should receive support after arrival in the UK, not just once the leave to remain in the UK is granted. This is also linked to a call for a more humane asylum process. The findings show that the punitive character of the asylum process combined with a culture of disbelief enhanced refugees' feelings of stress and anxiety. In addition, refugees' experiences of the asylum process often resulted in their mental health problems but also numerous personal struggles to deal with multi-dimensional economic, social and professional deprivation. Given the impact of the asylum process on applicant wellbeing, the UK Boarder Agency (UKBA) should ensure that the culture of disbelief among asylum officers is challenged and consequently removed. Instead of deterring procedures that forced asylum seekers to live in limbo, this research calls for improvement in the procedures of handling of asylum claims. In this regards, UKBA's case owners[46]

[46] UKBA's case owner is the person who deals with every aspect of the asylum application. In particular UKBA's case owner is responsible for: arranging and conducting interviews with asylum seekers; making the decision on the asylum application; managing any support asylum seekers are entitled to receive and represents the UK Border Agency in a legal appeal.

should be offered access to comprehensive and up to date information on asylum seekers' countries of origin as well as diverse trainings and guidance that would include a more thorough explanation in how to best assess credibility of asylum seekers in a sensitive manner. As well as challenging the deterrence practices of the asylum process, the UK Government should also develop supporting mechanisms to assist refugees to restore their lives as full and equal members of society to prevent their multi-dimensional social and economic marginalisation. The support offered to refugees should also continue once the leave to remain in the UK is granted. The findings of this thesis stress the importance of the initial time when refugees obtain leave to remain in the UK. Continued support to meet refugees housing, health and education needs would therefore facilitate progress in re-entering their professions and would contribute to successful development of their professional careers and contribution to the host society.

9.6.2 Professional structures

Refugee teachers and doctors reported a number of institutional, cultural and personal barriers which limit their opportunities to re-enter their professions. The findings indicate that the lack of supportive mechanisms enabling integration into professions constrained refugees' chances of re-entering their professions and made the journey of re-entering the teaching and medical professions a one-sided process. This however, goes against the conceptualisation of integration as a two-way process and tends to overlook the complexity of the barriers with which refugee teachers and doctors are faced. Successful integration of refugee doctors and teachers therefore requires the institutions of the teaching and medical professions to develop supportive mechanisms to facilitate recognition of the diversity of refugee

doctors' and teachers' professional competences and thus facilitate the process of integration into their profession. While rigid professional requirements exist to ensure the quality of professional services, the lack of supportive mechanisms to assist refugees to re-enter their chosen professions is an issue. The findings suggest that refugee teachers, especially refugee teachers based in London, experienced greater barriers than refugee doctors and refugee teachers in Glasgow in accessing their profession upon arrival in the UK. Taking into consideration numerous problems experienced by refugees teachers in London with accessing and completing teaching training and re-entering the teaching profession, this research proposes that exceptional admission on a case-by-case basis as adopted by the GTCS to be also implemented by the National College for Teaching and Leadership in England. Exceptional admissions into the teaching professions on a case-by-case basis, taking into account individual circumstances and refugee teachers' pre-migration professional skills, qualifications and work experience, would facilitate the integration process and ensure that refugees' professional capital is recognised and not wasted.

Inadequate performance of professional skills and competences against the standard codes of professional practice was a common experience among refugee teachers and doctors. Refugee doctors indicated that they lacked knowledge of the operationalisation of the professional structures of the medical profession rather than of medical knowledge. For refugee teachers, work-based practice in a school environment provided opportunities to observe and familiarise themselves with their new professional environment and adjust their possessed skills and competences accordingly. Greater opportunities for work placement could provide refugee doctors and teachers with more opportunities to learn and familiarise themselves with

professional culture and adjust their skills and competences accordingly. Development of a work shadowing scheme could provide opportunities for refugees to remain in contact with the professional environment and also expand their knowledge about professional practice and environment in the UK. The de-skilling of refugees with high skills and competences could be avoided through extended work shadowing and placements in professional environments.

Rigid professional structures restrict access to professions, as a result of which refugees find it difficult to re-enter their professions after arrival in the UK. The concern here is that Scotland and England might continue to lose opportunities to culturally and linguistically enrich their professions without the contribution of a medical and teaching force with a greater diversity of experiences, perspectives and practices. More extensive inclusion of refugees with professional backgrounds would not only prevent the loss of their skills and competences but also ensure that linguistic and cultural diversity is recognised and respected within the two professional structures discussed.

9.6.3 Integration services and support

Service providers who participated in this study indicated that refugees are lacking skills related to job searches (Lesley). Thus, further tailored career support that goes beyond career advice is required. Support into employment should include courses to assist refugees with writing CVs and job applications and developing their presentation skills. Such skills include CV preparation, presentation and interview skills and preparation of job applications. Previous studies indicated that lacking this type of competences might be misinterpreted by employers and have a negative

impact on refugees' chances of re-entering their professions (RAGU, 2007). The findings also indicated that presence in professional settings gave refugees opportunities to acquire additional professional skills, competences and networks which then contribute to the progression of their professional career. As well as improving refugees' social mobility, presence in professional settings increased refugees' feelings of self-esteem and self-worth. On these grounds, greater opportunities for work shadowing placements and mentoring schemes would provide refugees with opportunities to gain UK-based experiences and thus references to improve their chances of re-entering their chosen professions.

Existing research into refugee settlement describes the supportive role of refugee community organisations in facilitating employment integration (Stewart, 2007). While in London, access to formal and informal co-ethnic networks among refugee doctors results in direct employment opportunities, this is not the case for refugee teachers in London and Glasgow or for refugee doctors in Glasgow. However, reliance on friends and families may not be sufficient, as refugee teachers and doctors require specialist advice and professional skills assessment to plan and develop their professional careers after arrival in the UK. This thesis provides examples of programmes (table 16, p.310 and table 17, p.311) offering support to refugee teachers and doctors through specialist advice and guidance, familiarisation programmes and short courses, free assessment of skills and competences and work placements. Despite success in assisting refugees to re-enter their professions, half of the programmes have been discontinued due to cessation of funding. Discontinuity of the services offered to refugees is problematic and may result in the continued underemployment of this group. This thesis thus stresses that

development of tailored support to refugees that goes beyond ad-hoc support depends on continuity of funding from statutory and charitable sources.

The findings of this thesis also indicate that the gaps in service provision arising from discontinuity of tailored support for refugees cannot be compensated for by the mainstream state system (such as job centres or career services), which is often not familiar with the complexity of refugees' needs. Changes in service provision from community and voluntary organisation to the mainstream state system according to refugees (Malise) and service providers (Nathalie) can result in inadequate service provision. Refugees reported that they were pushed to take unskilled positions, which suggests that mainstream services were not able to fully address refugees' needs. Taking into account the diversity of the refugee population, the dedicated programmes provided by refugee-specific initiatives can be more flexible to their experiences and thus more responsive to the individual needs of refugee professionals. For this reason, this thesis proposes that voluntary and community organisations in collaboration with professional bodies, education institutions and local councils should continue providing support to refugees professionally and personally.

This thesis also indicates that marginalisation of refugee teachers and doctors is related to labels attached to refugee status. The process of labeling of refugees has already been examined in previous literature (Zetter, 1991; 2007). The findings of this thesis however, indicate that the stigma attached to the refugee label does not reflect refugees' real and everyday practices and experiences. To ensure refugees' high skills and qualifications are not wasted, more therefore needs to be done to

break down stereotypes and prejudices among service users and members of professional communities. Public bodies should therefore take further steps to promote equality in employment. For example, a policy could be implemented into the existing equality scheme (Equality Act, 2010), into the NHS, or into the education systems in England and Scotland to tackle prejudices and stereotypes attached to refugee label.

The findings indicate that misrecognition of professional capital and waste of the skills and qualifications of refugee teachers (Osbert, Habton Sade) has further negative implications on the refugee resettlement process in host communities. Integration policies should therefore further address gaps between refugees' employment and their post- and pre-migration skills, qualifications and competences. Further support should be provided in the form of interventions that equip refugees to adapt and also receiving communities to accept and welcome ethnic, linguistic and cultural diversity. Forms of support could include cultural education (for example language and cultural knowledge training), support in making social connections and also anti-discrimination awareness-raising campaigns.

9.7 Recommendations for further research

This study illustrates how refugees understand and describe their distinctive experiences. Particular attention has been given to forced migrations, restrictions of rights upon arrival, multi-dimensional experiences of marginalisation, muli-level experiences of loss and stereotypical perceptions attached to the 'refugee' label.

However, these experiences do not provide a full and explicit description of refugees' distinctive experiences. The concept of refugeeness should thus be further explored and evaluated to understand the complex realities of refugee-like circumstances. Despite differences in rights upon arrival in the UK, similar issues stemming from refugee-like circumstances were identified for refugees who received their leave to remain in the UK through the asylum process as well as via the Gateway Protection Programme. However, further research is required to investigate integration opportunities of those refugees who were resettled in the UK through the Gateway Protection Programme to explore how the channels of entering the UK have an impact on the refugee integration process. As well as differences in rights upon arrival in the UK, this thesis highlights how refugeeness interacts with other factors such as poor language skills, gender and age and creates another set of barriers with knock-on effects on refugees' abilities to re-enter their professions. Thus, further research is required to explore meanings and understandings of refugeeness across different genders, age and countries of origin, as well as interrelations between them, in particular how (and in which ways) gender, age or country of origin can enhance, transform and diminish refugeeness.

The findings of this thesis indicate that permission to remain in the UK did not reduce refugees' experiences of multi-dimensional marginalisation derived from restrictions on rights upon arrival and the punitive character of the asylum process. Instead, restriction of rights upon arrival as a cause of refugeeness is replaced by experiences of marginalisation and losses of a multi-dimensional and cumulative character. Thus, further research is required to investigate the ongoing paths of refugees' trajectories to investigate whether examples of refugeeness are replaced or enhanced (or not) by new forms of exclusion. Given that refugeeness had

negative and long-lasting effects on refugees' abilities to restore their normal life in the receiving communities, it is also pertinent to explore how refugee like experiences can be successfully addressed in order to facilitate the integration process.

This research explored the nature of the integration opportunities available to refugees across two professions. The experiences described in this thesis are specific to refugee teachers and doctors living in Glasgow and London. However, further comparative study involving urban and rural regions across the UK would provide more extensive understanding of how local context impacts the refugee integration process. Better understanding of how the process of integration operates, by increasing knowledge of refugees' experiences in different geographic areas, could provide greater information about how exclusionary and inclusionary processes operate. This, from a policy perspective, would provide greater knowledge of how best to tackle problems of the multi-dimensional exclusion of refugees.

The findings of this study indicate that employment in professions is only one step on the route to integration into the profession. Longer term research into refugees' professional trajectories is needed to investigate the opportunities and constraints of professional career development. In addition, the sampled refugees were at the beginning of their professional careers in the UK and their strategies to re-enter their professions were more about compromising and making the best of their opportunities within the professional structures. Thus, further, longer term research is required to investigate whether refugees' strategies change once access to their professions is granted - for example, whether refugees are more likely to reproduce

or transform the professional structures to make them more inclusive of other minority groups.

This thesis describes the process of refugee integration into professions as a complex two-way process. The fluidity of the meaning of the concept, understood through different refugees' experiences, has been discussed throughout this thesis. Taking into consideration the complexity of the process and the difficulties in capturing its dynamic interrelations within and across integration domains, more research is needed to provide more a conceptual investigation of the integration process. In particular, further research is needed to investigate the different meanings and understandings of the concept of integration among diverse actors, and the reasons behind those differences. Taking into consideration the complexity, fluidity and dynamics of the integration process, further research should also investigate whether the concept of integration is the most appropriate term to use or alternative concepts are more suitable for describing the complexity of the processes involved in interrelations between migrant groups and host communities.

For this thesis it was crucial to place refugees' perspectives at the centre, as refugee themselves are the agents of their experiences As such, this thesis contributes to the understandings of refugee integration as a complex two-way process by looking at particular example of refugee integration into professions, from refugees' perspectives.

Reference list:

ABELLA, M. 2006. Global competition for skilled and consequences. *In:* KUPSTCH, C. & PANG, E., F. (eds.) *Competing for Global Talent.* International Institute for Labour Studies.

AGER, A. & STRANG, A. 2004. *Indicators of Integration.* London: Home Office.

AGER, A. & STRANG, A. 2008. Understanding Integration: A Conceptual Framework. *Journal of Refugee Studies*, 21, (2), pp.166-191.

AL-RASHEED, M. 1994. The Myth of Return: Iraqi Arab and Assyrian Refugees in London. *Journal of Refugee Studies*, 7, (2/3), pp.199 - 219.

ALDERSON, P. & MORROW, V. 2004. *Ethics, social research and consulting with children and young people.* Ilford: Barnardo's.

ALDRIDGE, M. & EVETTS, J. 2003. Rethinking the concept of professionalism: the case of journalism. *The British Journal of Sociology*, 54, (4), pp.547-564.

ARCHER, M. 1982. Morphogenesis versus Structuration: On Combining Structure and Action. *The British Journal of Sociology*, 33, (4), pp.455 - 483.

ARCHER, M. 1995. *Realist Social Theory: The Morphogenetic Approach.* Cambridge: Cambridge University Press.

ARCHER, M. 1996. Social Integration and System Integration: Developing the Distinction. *Sociology*, 30, (4), pp.679-699.

ARCHER, M. 2000. For structure: its reality, properties and powers: A reply to Anthony King. *The Sociological Review*, 48, (3), pp.464-472.

ARCHER, M. 2003. *Structure, Agency and Internal Conversation.* Cambridge: Cambridge University Press.

ARCHER, M. 2007. The trajectory of the morphogenetic approach: An account in the first-person. *Sociologia, Problemas e Práticas*, 54, pp.35-47.

ATFIELD, G., BRAHMBHATT, K. & O'TOOLE, T. 2007. *Refugees' Experiences of Integration*, Birmingham: Refugee Council and University of Birmingham.

ATKINSON, P., HAMMERSLEY, M., DELAMONT, S., LOFLAND, J. & LOFLAND, L. 2008. *Handbook of Ethnography.* London: Sage.

AYSA-LASTRA, M. 2011. Integration of Internally Displaced Persons in Urban Labour Markets: A Case Study of the IDP Population in Soacha, Colombia. *Journal of Refugee Studies*, 24, (2), pp.277-303.

BASIT, T. N. & SANTORO, N. 2011. Playing the role of 'cultural expert': teachers of ethnic difference in Britain and Australia. *Oxford Review of Education*, 37, (1), pp.37-52.

BECKER, H. 1996. The Epistemology of Qualitative Research. *In:* JESSOR, R., COLBY, A. & SCHWEDER, A., R. (eds.) *Ethnography and Human Development. Context and Meaning in Social Inquiry.* Chicago: University of Chicago Press.

BENHABIB, S. 2004. *The Rights of Others: Aliens, Residents and Citizens.* Cambridge University Press.

BENNETT, K., HEATH, T. & JEFFRIES, R. 2007. *Asylum Statistics, United Kingdom 2006*, London: Home Office Statistical Bulletin.

BETT, S. 2005. Politics as usual, criminalisation of Asylum Seekers in United States. *RSC Working Paper*, 26.

BHATTI, G. 1999. *Asian children at home and at school: an ethnographic study.* London: Routledge.

BLACK, R. 2001. Fifty Years of Refugee Studies: From Theory to Policy. *International Migration Review*, 35, (1), pp.57-78.

BLINDER, S. 2013. *Briefing. Migration to the UK: Asylum*. The Migration Observatory at the University of Oxford Available: http://www.migrationobservatory.ox.ac.uk/sites/files/migobs/Briefing%20-%20Migration%20to%20the%20UK%20-%20Asylum.pdf [Accessed 03 June 2013].

BLOCH, A. 1999. Carrying Out a Survey of Refugees: Some Methodological Considerations and Guidelines. *Journal of Refugee Studies*, 12 (4), pp.368-383.

BLOCH, A. 2000a. A New Era or More of the Same? Asylum Policy in the UK. *Journal of Refugee Studies*, 13, (1), pp.29 - 42.

BLOCH, A. 2000b. Refugee settlement in Britain: The impact of policy on participation. *Journal of Ethnic and Migration Studies*, 26, (1), pp.75-88.

BLOCH, A. 2002. *Refugees' opportunities and barriers in employment and training*: Department for Work and Pension.

BLOCH, A. 2004a. *Making in work: Refugee employment in the UK*, London: Institute for Public Policy.

BLOCH, A. 2004b. Survey research with refugees. *Policy Studies*, 25, (2), pp.139-151.

BLOCH, A. 2007. Methodological Challenges for National and Multi-sited Comparative Survey Research. *Journal of Refugee Studies*, 20, (2), pp.230-247.

BLOCH , A. & ATFIELD, G. 2002. *The professional capacity of nationals from the Somali regions in Britain*: Refugee Action and IOM.

BLOCH, A. & SCHUSTER, L. 2002. Asylum and welfare: contemporary debates. *Critical Social Policy*, 22, (3), pp.393-414.

BOSSWICK, W. & HECKMANN, F. 2003. *Integration of migrants: Contribution of local and regional authorities*, European Forum for Migration Studies (EFMS) at the University of Bamberg.

BOURDIEU, P. 1986. The Forms of Capital. *In:* RICHARDSON, J. (ed.) *Handbook of Theory and Research for the Sociology of Education.* New York: Greenwood Press.

BREKKE, J. P. 2004. *While We Are Waiting: Uncertainty and Empowerment among Asylum Seekers in Sweden*, Oslo: Institute for Social Research.

BRIDGES, D. 2001. The Ethics of Outsider Researcher. *Journal of Philosophy of Education*, 35, (3), pp.371-386.

BRITISH MEDICAL ASSOCIATION. 2011. *Refugee doctors database*. Available: http://www.bma.org.uk/international/refugee_doctors/ [Accessed 10 August 2011].

BRYMAN, A. 2008. *Social Research Methods.* 3rd. Oxford, New York: Oxford University Press.

BUCHAN, J., DOVLO, D.,. 2004. *International Recruitment of Health Workers to the UK: A Report for DFID*, London: DFID Health Systems Resource Centre.

CAREY-WOOD, J., DUKE, K., KARN, V. & MARSHALL, T. 1995. *The settlement of refugees in Britain*, London: HMSO.

CASTLES, S. 1995. How nation-states respond to immigration and ethnic diversity. *New community*, 21, (3), pp.293-308.

CASTLES, S. 2003. Towards a Sociology of Forced Migration and Social Transformation. *Sociology*, 37, (1), pp.13-34.

CASTLES, S. 2007. The migration-asylum nexus and regional approaches. *In:* KNEEBONE, S. & RAWLINGS-SANAEI, F. (eds.) *New Regionalism and Asylum Seekers: Challenges Ahead.* Oxford: Berghahn Books.

CASTLES, S. 2010. Understanding Global Migration: A Social Transformation Perspective. *Journal of Ethnic and Migration Studies*, 36, (10), pp.1565-1586.

CASTLES, S., KORAC, M., VASTA, E. & VERTOVEC, S. 2002. *Integration mapping the field.* : Report of a project carried out by the Centre for Migration and Policy Research and Refugee Studies Centre. University of Oxford.

CHARLAFF, L., IBRANI, K., LOWE, M., MARSDEN, R. & TURNEY, L. 2004. *Refugees and Asylum Seekers in Scotland: A Skills and Aspirations Audit*, Edinburgh: Scottish Refugee Council and Scottish Executive.

CLARK, E. & PARAN, A. 2007. The employability of non-native-speaker teachers of EFL: A UK survey. *System*, 35, (4), pp.407-430.

COHEN, L., MANION, L. & MORRISON, K. 2007. *Research methods in education.* 6th London, New York: Routledge.

COLE, I. & ROBINSON, D. 2003. *Somali Housing Experiences in England*, Sheffield: Sheffield: CRESR/Housing Corporation.

COLIC-PEISKER, V. & TILBURY, F. 2006. Employment Niches for Recent Refugees: Segmented Labour Market in Twenty-first Century Australia. *Journal of Refugee Studies*, 19, (2), pp.203-229.

CONNOR, P. 2010. Explaining the Refugee Gap: Economic Outcomes of Refugees versus Other Immigrants. *Journal of Refugee Studies*, 23, (3), pp.377-397.

COUNCIL OF EUROPE. 1997. *Measurement and Indicators of Integration*: Strasbourg.

CRAWLEY, H. 2010. *Chance or choice? Understanding why asylum seekers come to the UK*: Swansea University and Refugee Council.

CRISP, J. 1999. *Policy challenges of the new diasporas: migrant networks and their impact on asylum flows and regimes*, Geneva: UNHCR.

DA LOMBA, S. 2010. Legal Status and Refugee Integration: a UK Perspective. *Journal of Refugee Studies*, 23, (4), pp.415-436.

DA LOMBA, S. 2011. Irregular migrants and the human right to health care: a case-study of health-care provision for irregular migrants in France and the UK. *International Journal of Law in Context*, 7, (03), pp.357-374.

DAVIS, M., BOLDING, G., HART, G., SHERR, L., ELFORD, J. 2004. Reflecting on the experience of interviewing online: perspectives from the internet and HIV study in London. *Aids Care* 16, (8), pp.1-9.

DAY, L. 2002. Putting Yourself in Other People's Shoes': The use of Forum theatre to explore refugee and homeless issues in schools. *Journal of Moral Education*, 31, (1), pp.21-34.

DE HASS, H. 2008. *Migration and development. A theoretical perspective*. *Working paper No 9* [Online], International Migration Institute - University of Oxford. Available: http://www.imi.ox.ac.uk/pdfs/imi-working-papers/WP9%20Migration%20and%20development%20theory%20HdH.pdf [Accessed 10 April 2013].

DE MONTCLOS, M., P., & KAGWANJA, P., M., 2000. Refugee Camps or Cities? The Socio-economic Dynamics of the Dadaab and Kakuma Camps in Northern Kenya. *Journal of Refugee Studies*, 13, (2), pp.206-222.

DE VAUS, D. 2001. *Research Design in Social Research.* London: Sage.

DEBORAH, P. 2006. Moving towards integration. Housing of asylum seekers and refugees in Britain. *Housing Studies*, 21, (4), pp.539-553.

DENZIN, N. K. & LINCOLN, Y. S. 2005. *Handbook of qualitative research.* 2nd*.* Thousand Oaks: Sage.

DEPARTMENT FOR EDUCATION. 2011. *Training our next generationof outstanding teachers. Implementation plan* Available: http://media.education.gov.uk/assets/files/pdf/i/itt%20implementation%20plan.pdf [Accessed 26 November 2012].

DEPARTMENT FOR EDUCTION. 2012a. *English as Additional Language (EAL) pupils in primary and secondary schools by Local Education Authority (LEA) 2004-2012* [Online]. Available: http://www.naldic.org.uk/Resources/NALDIC/Research%20and%20Information/Documents/EALpupilsbyLEA2004-2011.xls.[Accessed 30 November 2012].

DEPARTMENT FOR EDUCTION. 2012b. *Teachers standards*, Available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/208682/Teachers__Standards_2013.pdf [Accessed 20 may 2013].

DEPARTMENT FOR EDUCATION. 2013a. *Advice on employing overseas-trained teachers: for overseas teachers, school leaders, school staff, governing bodies and local authorities.* Available: http://dera.ioe.ac.uk/id/eprint/17645 [Accessed 20 May 2013].

DEPARTMENT FOR EDUCATION. 2013b. *School workforce in England: November 2012*. Available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/193090/SFR_15_2013.pdf [Accessed 2 June 2013].

DEPARTMENT OF HEALTH. 2002. *International Recruitment of Consultants and General Practitioners for the NHS in England. Current initiatives and guidance to NHS employers on an infrastructure to support international recruitment*, London.

DEY, I. 1993. *Qualitative Data Analysis: A User-Friendly Guide for Social Sciencies.* New York: Routledge.

DINGWALL, R. & LEWIS, P. S. C. 1983. *The Sociology of the professions: lawyers, doctors, and others.* Macmillan.

DUKE, K., SALES, R. & GREGORY, J. 1999. Refugee Resettlement in Europe. *In:* BLOCH, A. & LEVY, C. (eds.) *Refugees, Citizenship and Social Policy in Europe.* Basingstoke: Palgrave Macmillan.

DUMPER, H. 2002. *Missed opportunities: A skills audit of refugee women in London from the teaching, nursing and medical professions*, London: Mayor of London in association with Refugee Women's Association.

DÜVELL, F. & JORDAN, B. 2003. Immigration control and the management of economic migration in the United Kingdom: organisational culture,

implementation, enforcement and identity processes in public services. *Journal of Ethnic and Migration Studies*, 29, (2), pp.299 - 336.

EASTMOND, M. 2007. Stories as Lived Experience: Narratives in Forced Migration Research. *Journal of Refugee Studies*, 20, (2), pp.248-264.

ELLIS, J. B. & EARLY, M. A. 2006. Reciprocity and Constructions of Informed Consent: Researching with Indigenous Populations. *International Journal of Qualitative Methods*, 5, (4), pp.1-9.

EREL, U. 2010. Migrating Cultural Capital: Bourdieu in Migration Studies. *Sociology*, 44, (4), pp.642-660.

ESLAND, G. 1980. Profession and professionalism. *In:* ESLAND, G., SALOMAN, G., (ed.) *The Politics of Work and Occupations.* Milton Keynes: Open University Press.

EUROPEAN COMMISSION. 2004. *The Common Basic Principles for Immigrant Integration Policy*, Available at: http://ec.europa.eu/ewsi/en/EU_actions_integration.cfm, Accessed on 18 December 2013

EUROPEAN COMMISSION.2005. . A Common Agenda for Integration Framework for the Integration of Third-Country Nationals in the European Union. Available at: http://aei.pitt.edu/37804/1/com2005_0389en01.pdf.[Accessed on 31 January 2014]

EUROPEAN COMMISSION. 2007. *Improving the Quality of Teacher Education*, Available at: http://ec.europa.eu/education/com392_en.pdf [Accessed 15 may 2013].

EUROPEAN COMMISSION.2013. European Agenda for the Integration of Third-Country Nationals. Available at: http://ec.europa.eu/dgs/home-affairs/doc_centre/immigration/docs/agenda/1_en_act_part1_v10.pdf#zoom=100. [Accessed on 31 January 2014]

EUROPEAN COUNCIL ON REFUGEES AND EXILES (ECRE). 2002. *Position on the Integration of Refugees in Europe*. Available:

http://www.ecre.org/component/downloads/downloads/168.html [Accessed 15 May 2013].

EUROPEAN COUNCIL ON REFUGEES AND EXILES (ECRE). 2005. *Towards the Integration of Refugees in Europe.* Available: http://www.ecre.org/component/downloads/downloads/125.html [Accessed 15 May 2013].

FAVELL, A. 2001. *Philosophies of integration: immigration and the idea of citizenship in France and Britain.* 2nd*.* New York: Palgrave in association with Centre for Research in Ethnic Relations, University of Warwick.

FELLER, E. 2005. Refugees are not Migrants. *Refugee Survey Quarterly*, 24, (4), pp.27-35.

FELLER, E. 2010. *Refugee protection: Challenges and opportunities in the Australian region and beyond*. Available: http://www.refworld.org/type,SPEECH,,,4be025422,0.html [Accessed 10 April 2013].

FIDDIAN-QASMIYEH, E. & QASMIYEH, Y. M. 2010. Muslim Asylum-Seekers and Refugees: Negotiating Identity, Politics and Religion in the UK. *Journal of Refugee Studies*, 23, (3), pp.294-314.

FIELDMAN , M. 1995. *Strategies of interpreting qualitative data.* Thousand Oaks: Sage.

FINE M., WEIS, L., S., W. & WONG, L. 2000. For Whom? Qualitative research representation, and social responsibility. *In:* DENZIN, N. K. & LINCOLN, Y. S. (eds.) *Handbook of qualitative research.* 2nd ed. Thousand Oaks: Sage.

FLASKERUD, J. H. & WINSLOW, B. J. 1998. Conceptualizing Vulnerable Populations in Health Related Research. *Nursing Research*, 47, (2), pp.69 - 78.

FRASER, N. 2001. Rethinking Recognition. *New Left Review*, 3, pp.107-121.

FREIDSON, E. 1970. *Professional Dominance: The Social Structure of Medical Care.* Chicago: Aldine Publishing Company.

FREIDSON, E. 1973. *The professions and their prospects.* London: Sage Publication.

FREIDSON, E. 2001. *Professionalism: The Third Logic.* London: Polity.

GENERAL MEDICAL COUNCIL. 2013. *Good medical practice*. Available: http://www.gmc-uk.org/static/documents/content/GMP_2013.pdf_51447599.pdf [Accessed 08 June 2013].

GENERAL TEACHING COUNCIL FOR SCOTLAND. 2006. *The standard for initial teacher education*. Available: http://www.gtcs.org.uk/web/FILES/the-standards/the-standard-for-initial-teacher-education.pdf [Accessed 8 June 2013].

GENERAL TEACHING COUNCIL FOR SCOTLAND. 2012a. *Code of Professionalism and Conduct*. Available: http://www.gtcs.org.uk/web/FILES/teacher-regulation/copac-0412.pdf [Accessed 08 June 2013].

GENERAL TEACHING COUNCIL FOR SCOTLAND. 2012b. *The Standards for Registration: mandatory requirements for Registration with the General Teaching Council for Scotland*. Available: http://www.gtcs.org.uk/web/FILES/the-standards/standards-for-registration-1212.pdf [Accessed 08 June 2013].

GILL, N. 2009. Presentational state power: Temporal and spatial influences over asylum sector decision makers. *Transactions of the Institute of British Geographers*, 34, (2), pp.215-23.

GILLIES, V. & EDWARDS R. 2005. *Secondary Analysis in Exploring Family and Social Change: Addressing the Issue of Contex*. 6. [Accessed 20 April 2011].

GLASER, B., G., & STRAUSS, A., L., 1967. *The discovery of graunded Theory: Strategies for Qualitative Research* Chicago: Aldine Publishing Company.

GLEESON, D., DAVIES, J. & WHEELER, E. 2005. On the making and taking of professionalism in the further education workplace. *British Journal of Sociology of Education*, 26, (4), pp.445-460.

GOODWIN, J. & HOROWITZ, R. 2002. Introduction: The Methodological Strengths and Dilemmas of Qualitative Sociology. *Qualitative Sociology*, 25, (1), pp.33-47.

GOWELL. 2009. *GoWell Findings: Asylum Seekers and Refugees in Glasgow's Regeneration Areas, 2006-7*. Briefing Paper 3. Available: http://www.gowellonline.com/index.php?option=com_docman&task=doc_view&gid=105 [Accessed 10 April 2012].

GREENWOOD, E. 1957. The Attributes of a Profession. *Social Work*, 2, pp.44-55.

GRÜN, S. 2009. Construction of Ethnic Belonging in the Context of Former Yugoslavia—the Case of a Migrant from Bosnia-Herzegovina. *Forum: Qualitative Social Research*, 10, (3).

GUILLEMIN, M. & GILLAM, L. 2004. Ethics, Reflexivity, and "Ethically Important Moments" in Research. *Qualitative Inquiry*, 10, (2), pp.261-280.

HADDAD, E. 2003. Refugee Protection: A Clash of Values. *The International Journal of Human Rights*, 7, (3), pp.1-26.

HARDILL, I., MACDONALD, S., 2000. Skilled international migration: the experience of nurses in the UK. *Regional Studies*, 34, (7), pp.681-682.

HARRELL-BOND, B. & VOUTIRA, E. 2007. In Search of 'Invisible' Actors: Barriers to Access in Refugee Research. *Journal of Refugee Studies*, 20, (2), pp.281-298.

HATHAWAY, J. 2007. Forced Migration Studies: Could We Agree Just to 'Date'? *Journal of Refugee Studies*, 20, (3), pp.349-369.

HAY, C. 2002. *Political Analysis. A critical Introduction.* New York: Palgrave.

HEALEY, R. L. 2006. Asylum-seekers and refugees: a structuration theory analysis of their experiences in the UK. *Population, Space and Place*, 12, (4), pp.257-271.

HECKATHORN, D. D. 1997. Respondent-Driven Sampling: A New Approach to the Study of Hidden Populations. *Social Problems*, 44, (2), pp.174 -199.

HOME OFFICE. 2002. *Secure Borders, Safe Haven: Integration with Diversity in Modern Britain*, London: Home Office.

HOME OFFICE. 2005. *Integration Matters: A National Strategy for Refugee Integration. A draft for consultation*, London: Home Office.

HOME OFFICE. 2006. *A Points-Based System: Making Migration Work for Britain*, London: Home Office.

HOME OFFICE. 2008. *Path to Citizenship: Next Steps in Reforming the Immigation System*, London: Home Office.

HOME OFFICE. 2013. *Asylum data tables Immigration Statistics January to March 2013 volume 1* [Online]. Home Office. Available:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200384/asylum1-q1-2013-tabs.ods [Accessed 20 June 2013].

HUNT, L. 2008. Women Asylum Seekers and Refugees: Opportunities, Constraints and the Role of Agency. *Social Policy and Society*, 7, (3), pp.281-292.

HURSTFIELD, J., PEARSON, R. & HOOKER, H. 2004. *Employing refugees, some organisational experiences*, Brighton: Institution for Employment Studies.

HUSSEIN, S., MANTHORPE, J. & STEVENS, M. 2010. Exploring the potential of refugees and asylum seekers for social care work in England: a qualitative study. *Health and Social Care in the Community*, 19, (5), pp.468 -475.

HUTCHINGS, M., JAMES, K., MAYLOR, U., MENTER, I., SMART, S., 2006. *The Recruitment, Deployment and Management of Supply Teachers in England*, London: Department for Education and Skills.

HYNES, T. 2003. *The issue of 'trust' or 'mistrust' in research with refugees: choices, caveats and considerations for researchers*, Geneva: UNHCR.

JACOBSEN, K. & LANDAU, L., B 2003. The Dual Imperative in Refugee Research: Some Methodological and Ethical Considerations in Social Science Research on Forced Migration. *Disasters*, 27, (3), pp.185-206.

JENKINS, R. 2002. *Pierre Bourdieu.* 2nd. London: Routledge.

JOHNSON, T., J., 1972. *Professions and Power.* London and Basingstoke: Macmillan.

JOPPKE, C. & LUKES, S. 1999. *Multicultural Question.* Oxford: Oxford University Press.

JUBANY, O. 2011. Constructing truths in a culture of disbelief: Understanding asylum screening from within. *International Sociology*, 26, (1), pp.74-94.

KAISER, K. 2009. Protecting respondent confidentiality in qualitative research. *Qualitative Health Research*, 19, (11), pp.1632-41.

KEZAR, A. 2003. Transformational Elite Interviews: Principles and Problems. *Qualitative Inquiry*, 9, (3), pp.395 - 415.

KINCHELOE, J. & MCLAREN, P. 2005. Rethinking critical theory and qualitative research. *In:* DENZIN, N. K. & LINCOLN, Y. S. (eds.) *The sage handbook of qualitative research.* Third edition: Sage Publication.

KIRK, R. 2004. *Skills audit of refugee*, London: Home Office.

KORAC, M. 2003. Integration and how we facilitate it: A Comparative Study of the Settlement Experiences of Refugees in Italy and the Netherlands. *Sociology*, 37, (1), pp.51-68.

KOSER, K. 1997. Social Networks and the Asylum Cycle: The Case of Iranians in the Netherlands. *International Migration Review*, 31, (3), pp.591-611.

KOSER, K. 2001. The Smuggling of Asylum Seekers to Western Europe: Contradictions, Conundrums and Dilemmas. *In:* KYLE, D. & KOSLOWSKI, R. (eds.) *In Global Human Smuggling: Comparative Perspectives.* Baltimore: Johns Hopkins University Press.

KOSER, K. & PINKERTON, C. 2002. *The social networks of asylum seekers and the dissemination of information about countries of asylum*, London: University College London.

KRAMSCH, C. 1998. *Language and Culture.* Oxford: Oxford University Press.

KUHLMAN, T. 1991. The Economic Integration of Refugees in Developing Countries: A Research Model. *Journal of Refugee Studies*, 4, (1), pp.1 - 20.

KUM, H. & MARLEY, C. 2010. *Refugee into Teaching Scotland Newsletter*. Issue 8. Available: http://www.strath.ac.uk/media/departments/childhoodandprimarystudies/rites/ritesresearchprojectreport/Newsletter_8_-_June_2010.doc [Accessed 01 July 2010].

KUM, H., MENTER, I. & SMYTH, G. 2010. Changing the face of the Scottish teaching profession? The experiences of refugee teachers. *Irish Educational Studies*, 29, (3), pp.321-338.

KYRIAKIDES, C. & VIRDEE, S. 2003. Migrant labour, racism and the British National Health Service. *Ethnicity and Health*, 8, (4), pp.283-305.

LAMBA, N. K. 2008. The Employment Experiences of Canadian Refugees: Measuring the Impact of Human and Social Capital on Quality of Employment. *Canadian Review of Sociology*, 40, (1), pp.45-64.

LEE, E. 1966. A Theory of Migration. *Demography*, 3, (1), pp.47-57.

LEE, M. R. 1993. *Doing Research on Sensitive Topics.* Sage.

LINCOLN, Y. S. & GUBA, E. G. 1985. *Naturalistic inquiry.* Thousand Oaks: Sage.

LINDSAY, K., GILLESPIE, M. & DOBBIE, L. 2010. *Refugees' experiences and views of poverty in Scotland*, Glasgow: The Scottish Poverty Information Unit (SPIU).

LONG, K. 2013. When refugees stopped being migrants: Movement, labour and humanitarian protection. *Migration Studies*, 1, (1), pp.4-26.

MACKENZIE, C., MCDOWELL, C. & PITTAWAY, E. 2007. Beyond 'Do No Harm': The Challenge of Constructing Ethical Relationships in Refugee Research. *Journal of Refugee Studies*, 20, (2), pp.299-319.

MALKKI, L. 1992. National Geographic: The Rooting of people and the Territorialization of National Identity among Scholars and Refugees. *Cultural Anthropology*, 7, (1), pp.24 -44.

MALKKI, L. 1995. Refugees and Exile: From "Refugee Studies" to the National Order of Things. *Annual Review of Anthropology*, 2, pp.495 - 523.

MALKKI, L. 1996. Speechless Emissaries: Refugees, Humanitarianism, and Dehistoricization. *Cultural Anthropology*, 11, (3), pp.377-404.

MALLOCH, M., S. & STANLEY, E. 2005. The Detention of Asylum Seekers in the UK: Representing Risk, Managing the Dangerous. *Punishment Society*, 7, (1), pp.24 – 44.

MANNING, K. 1997. Authenticity in Constructivist Inquiry: Methodological Considerations Without Prescription. *Qualitative Inquiry*, 3, (1), pp.93-115.

MARSH, D. & STOKER, G. 2002. *Theory and Methods in Political Science.* 2nd New York: Palgrave Macmillan.

MARX, E. 1990. The social world of refugee: a conceptual framework. *Journal of Refugee Studies*, 3, (3), pp.189-203.

MASON, J. 2002. *Qualitative Researching.* London: Sage.

MAXWELL, J. D. 2005. *Qualitative research design: an interactive approach, Applied Social Research Methods Series.* London: Sage Publication.

MCKAY, S. 2009. Recent Migrants and Employment: Challenging Barriers and Exploring Pathways *In:* MCKAY, S. (ed.) *Recent Migrants and Employment: Challenging Barriers and Exploring Pathways* New York: Routlege.

MCLAREN, P. 1998. *Life in schools: An introduction to critical pedagogy in the foundations of education* Third edition. New York: Longman Publishers.

MEDGYES, P. 1999. *The Non-native Teacher.* Max Hueber Verlag.

MENTER, I., BRISARD, E. & SMITH, I. 2006a. Making Teachers in Britain: Professional knowledge for initial teacher education in England and Scotland. *Educational Philosophy and Theory*, 38, (3), pp.269-286.

MENTER, I., HARTSHORN, B., HEXTALL, I., HOWELL, I. & SMYTH, G. 2006b. Widening access to the teaching profession: perspectives from Scotland. *European Journal of Teacher Education*, 29, (3), pp.271-285.

MENTER, I., HULME, M., ELLIOT, D., LEWIN, J., BAUMFIELD, V., BRITTON, A., CARROLL, M., LIVINGSTON, K., MCCULLOCH, M., MCQUEEN, I., PATRICK, F. & TOWNSEND, T. 2010. *Literature Review on Teacher Education in the 21st Century*: Scottish Government.

MENTER, I. & SMYTH, G. 2008. *Refugees into Teaching in Scotland Research Project*, Glasgow: Strathclyde University.

MILES, M., B. & HUBERMAN, M., A., 1994. *An Expanded Sourcebook: Qualitative Data Analysis.* 2nd. London: Sage.

MULHALL, A. 2003. In the Field: Notes on Observation in Qualitative Research. *Journal of Advanced Nursing*, 41, (3), pp.306 - 331.

MULVEY, G. 2010. When Policy Creates Politics: the Problematizing of Immigration and the Consequences for Refugee Integration in the UK. *Journal of Refugee Studies*, 23, (4), pp.437-462.

MULVEY, G. 2013. *In Search of Normality. Refugee Integration in Scotland*, Glasgow: Scottish Refugee Council.

NELSON, J. & GOULD, J. 2005. Hidden in the mirror: A reflective conversation about research with marginalised communities. *Reflective Practice*, 6, (3), pp.327 - 339.

OECD. 2012. Settling In: OECD Indicators of Immigrant Integration. OECD Publishing. Available at: http://www.oecd-ilibrary.org/social-issues-migration-health/settling-in-oecd-indicators-of-immigrant-integration-2012_9789264171534-en, [Accessed on 18 December 2013]

OECD.2014. OECD Statistics: International Migration Database. Available at: http://stats.oecd.org/.[Accessed on 31 January 2014].

OFFICE FOR NATIONAL STATISTICS. Available: http://www.statistics.gov.uk/hub/index.html.

OLESEN, V. 2003. Feminisms and qualitative research at and into the millennium. *In:* DENZIN, N. K. & LINCOLN, Y. S. (eds.) *The landscape of qualitative research: Theories and issues.* Thousand Oak: Sage.

PERRY, J. 2005. *Housing and support services for asylum seekers and refugees: a good practice guide*. Published for Joseph Rowntree Foundation by the Chartered Institute of Housing. Available: http://www.jrf.org.uk/sites/files/jrf/1905018096.pdf [Accessed 20 May 2013].

PLUMMER, K. 2001. *Documents of life. 2, An invitation to critical humanism.* London ; Thousand Oaks, California Sage Publication.

PORTES, A. & LANDOLT, P. 1996. The Downside of Social Capital. *The American Prospect*, 7, (26), pp.18-21.

POTTER J., W., M. 1994. Analysing discourses. *In:* BRUYMAN, A., BURGESS, R. (ed.) *Analysing qualitative data.* London: Routledge.

PRIME MINISTER'S OFFICE. 2010. *The Coalition: our programme for government*. Available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/78977/coalition_programme_for_government.pdf [Accessed 28 May 2013].

PUTNAM, R. 1993. The Prosperous Community: Social Capital and Public Life. *American Prospect*, 13, pp.35 -42.

PUTNAM, R. 2000. *Bowling Alone: The Collapse and Revival of American Community* New York: Simon and Schuster.

RAJARAM, P., K., 2002. Humanitarianism and representations of the refugee. *Journal of Refugee Studies*, 15, (3), pp.247-264.

REEVES, C. L. 2010. A difficult negotiation: fieldwork relations with gatekeepers. *Qualitative Research*, 10, (3), pp.315-331.

REFUGEE ASSESSMENT AND GUIDANCE UNIT. 2007. *Mapping and Analysis of Systems for Assessment and Recognition of Overseas Qualifications and*

Experience in England. Available: http://www.londonmet.ac.uk/library/c56958_3.pdf [Accessed 10 April 2012].

REFUGEE COUNCIL 2006. Safe from harm? Health and social care for vulnerable refugees and asylum seekers. *Safe from harm? Health and social care for vulnerable refugees and asylum seekers.* London, York: Refugee Council

REMENNICK, L. 2002. Survival of the Fittest: Russian Immigrant Teachers Speak about their Professional Adjustment in Israel. *International Migration*, 40, (1), pp.99-121.

RICHMOND, A. 1993. Reactive Migration: Sociological Aspects of Refugee Movements. *Journal of Refugee Studies*, 6, (1), pp.7-24.

RICHMOND, A. 2002. Globalisation: Implication for immigrants and refugees. *Ethnic and Racial Studies*, 25, (5), pp.707-727.

ROBINSON, V. 1998. Defining and Measuring Successful Refugee Integration. *Proceedings of ECRE International Conference on Integration of Refugees in Europe, Antwerp, November 1998*. Brussels: ECRE

ROBINSON, V., ANDERSSON, R. & MUSTERD, S. 2003. *Spreading the Burden? European Policies to Disperse Asylum Seekers.* Bristol: Policy Press.

ROSENTHAL, G. 2004. Biographical research. *In:* SEALE, C., GOBO, G., GUBRIUM, J. F. & SILVERMAN, D. (eds.) *Qualitative research practice.* London: Sage.

ROSENTHAL, G. 2006. The narrated life story: On the Interrelation between experience, memory and narration. *In:* MILNES K., HORROCKS, C., KELLY, N., ROBERTS, B. & ROBINSON, D. (eds.) *Narrative, memory and knowledge: Representations, aesthetics and contexts.* Huddersfield: University of Huddersfield Press.

ROYAL COLLEGE OF PHYSICIANS. 2005. *Refugee Doctors: Opportunities for offering support*: Royal College of Physicians

RUTTER, J., COLLEY, L., REYNOLDS, S. & SHELDON, R. 2007. *From Refugee to Citizen: 'Standing On My Own Two Feet'. A Research Report on Integration, 'Britishness' and Citizenship*. Refugee Support Trust and the Institute of Public Policy Research.

SALES, R. 2002. The deserving and the undeserving? Refugees, asylum seekers and welfare in Britain. *Critical Social Policy*, 22, (3), pp.456-478.

SANTORO, N. 2007. Outsiders' and 'others': 'different' teachers teaching in culturally diverse classrooms. *Teachers and Teaching: Theory and Practice*, 13,(1), pp.81-97.

SANTORO, N. & SMYTH, G. 2010. Researching ethnic 'others': conducting critical ethnographic research in Australia and Scotland. *Intercultural Education*, 21, (6), pp.493-503.

SCHAIN, M. 2008. *The politics of immigration in France, Britain and the United States. A comparative study.* Palgrave Macmillan.

SCHELLEKENS, P. 2001. *English language as a barrier to employment, education and training*: Schellekens Consultancy.

SCHMIDT, C., YOUNG, J. & MANDZUK, D. 2010. The Integration of Immigrant Teachers in Manitoba, Canada: Critical Issues and Perspectives. *Journal of International Migration and Integration / Revue de l'integration et de la migration internationale*, 11, (4), pp.439-452.

SCHUSTER, L. & SOLOMOS, J. 2004. Race, Immigration and Asylum: New Labour's Agenda and its Consequences. *Ethnicities*, 4, (2), pp.267-300.

SCOTTISH EXECUTIVE. 2006. *Housing support service to refugees: a service specification*, Edinburgh: Scottish Executive Social Research.

SCOTTISH GOVERNMENT. 2011. *Statistical Bulletin, Education Series. Summary Statistics for Schools in Scotland*. Available: http://www.scotland.gov.uk/Resource/Doc/91982/0119944.pdf [Accessed 2 June 2013].

SCOTTISH GOVERNMENT. 2012. *The Teacher Census in Scotland 2011*. Available: http://www.scotland.gov.uk/Resource/0041/00410232.pdf [Accessed 28 May 2013].

SCOTTISH REFUGEE COUNCIL. 2008. *The National Conversation. Response Submitted by Scottish Refugee Council*. Available: http://www.scotland.gov.uk/Resource/Doc/1124/0089872.pdf [Accessed 15 May 2013].

SEIDMAN - ZAGER, J. 2010. *The securitisation of asylum. Protecting UK residents*, Oxford: Refugee Studies Centre, University of Oxford.

SHIFERAW, D. & HAGOS, H. 2002. *Refugees and progression routes to employment*, London: Refugee Council and PLRTEN.

SHUTTLE, A. 1996. *Report on the Training, Guidance, and Employment Needs of Refugees in West London, Focusing on Ealing*, London: Refugee Employment Advice.

SIDORKIN, A. M. 2002. *Learning relations.* New York: Pater Lang.

SILVERMAN, D. 2004. *Doing qualitative research: a practical handbook.* 2nd London, Thousand Oaksm New Dehli: Sage.

SMYTH, G. & KUM, H. 2010. 'When They don't Use it They will Lose it': Professionals, Deprofessionalization and Reprofessionalization: the Case of Refugee Teachers in Scotland. *Journal of Refugee Studies*, 23, (4), pp.503-522.

SOGUK, N. 1999. *States and Strangers: Refugees and Displacements of Statecraft.* University Minesota Press.

SPICER, N. 2008. Places of Exclusion and Inclusion: Asylum-Seeker and Refugee Experiences of Neighbourhoods in the UK. *Journal of Ethnic and Migration Studies*, 34, (3), pp.491-510.

STEVENSON, J. 2010. *Refugee into Teaching (RiT) News May 2010*. Available: http://www.refugeesintoteaching.org.uk/aboutus/RiT+News [Accessed 1 June 2010].

STEWART, E. 2003. A bitter pill to swallow: obstacles facing refugee and overseas doctors in the UK. *New Issues in Refugee Research 96*, NHCR Evaluation and Policy Analysis Unit, Geneva.

STEWART, E. 2005a. Employment and integration of refugee doctors in Scotland. *Global Migration Perspectives*, 49, Global Commission for Migration, Geneva.

STEWART, E. 2005b. Exploring the vulnerability of asylum seekers in the UK. *Population, Space and Place*, 11, (6), pp.499-512.

STEWART, E. 2007. Addressing the Challenges Facing Refugee Doctors in the UK. *Local Economy*, 22, (4), pp.409-417.

STRANG, A. & AGER, A. 2010. Refugee Integration: Emerging Trends and Remaining Agendas. Journal of Refugee Studies, 23, (4), pp.589-607

STRAUSS, A., L., & CORBIN, J., L., 1998. *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory.* Thousand Oaks: Sage Publication.

TEMPLE, B. 2002. Crossed Wires: Interpreters, Translators, and Bi-lingual Workers in Cross-language Research. *Qualitative Health Research*, 12, (6), pp.844 - 854.

TEMPLE, B. & MORAN, R. 2006. *Doing research with refugees: issues and guidelines.* Bristol: Policy Press.

THE QUEEN'S SPEECH. 2013. *Her Majesty's Most Gracious Speech to both houses of Parliament*. Available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197434/Queens-Speech-2013.pdf [Accessed 08 June 2013].

THREADGOLD, T. & COURT, G. 2005. *Refugee inclusion: a literature review*, Cardiff: Cardiff School of Journalism, Media and Cultural Studies

TOMLINSON, F. & EGAN, S. 2002. Organisational Sensemaking in a Culturally Diverse Setting. *Management Learning*, 33, (1), pp.79-97.

TURNER, S., W., BOWIE, C., DUNN, G., SHAPO, L. & YULE, W. 2003. Mental health of Kosovan Albanian refugee in the UK. *British Journal of Psychiatry*, 182, pp.444-448.

TURTON, D. 2003. *Conceptualising Forced Migration*. RSC Working Paper No. 12. Available: http://www.rsc.ox.ac.uk/publications/working-papers-folder_contents/RSCworkingpaper12.pdf [Accessed 25 May 2012].

UKBA. 2009a. *Gateway Protection Programme* [Online]. UKBA,. Available: http://www.ukba.homeoffice.gov.uk/asylum/gateway/ [Accessed 20 May 2013].

UKBA. 2009b. *Leave to remain* [Online]. UKBA. Available: http://www.ukba.homeoffice.gov.uk/asylum/outcomes/successfulapplications/leavetoremain/ [Accessed 20 May 2013].

UKBA. 2013. *Tier 2 Shortage Occupation List - Government-approved - valid from 6 April 2013*. Available:

http://www.ukba.homeoffice.gov.uk/sitecontent/documents/workingintheuk/shortageoccupationlistnov11.pdf [Accessed 20 May 2013].

UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES. 2011. UNHCR Resettlement Handbook. Available: http://www.unhcr.org/40ee6fc04.html [Accessed 20 May 2013].

UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES. 2012*. UNHCR Global Trends 2012*. Available at: http://www.unhcr.org.uk/fileadmin/user_upload/pdf/UNHCR_Global_Trends_2012.pdf.[Accessed on 31 January 2014]

UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES. 2013a. *Global facts and figures*. Available at: http://www.unhcr.org.uk/fileadmin/user_upload/pdf/Displacement_Facts_and_Figures_Final.pdf, [Accessed on 31 January 2014]

UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES. 2013b. *A new beginning. Refugee integration in Europe.* Available: http://www.refworld.org/pdfid/522980604.pdf [Accessed 15 January 2014].

UNIVERSITY OF STRATHCLYDE. 2009. *Code of practice on investigations involving human beings* Available: http://www.strath.ac.uk/media/committees/ethics/Code_of_Practice_Oct_2009.pdf [Accessed 15 April 2011].

VALENTA, M. 2010. Refugees' Social Trajectories and Trajectories of the Self. *Forum: Qualitative Social Research*, 11, (2).

VALTONEN, K. 2004. From the margin to the mainstream: conceptualizing refugee settlement process. *Journal of Refugee Studies*, 17, (1), pp.70 - 96.

VERTOVEC, S. 1999. *Migration and Social Cohesion.* Cheltenham: Elgar Reference Collection.

VERTOVEC, S. 2007. Super-diversity and its implications. *Ethnic and Racial Studies*, 29, (6), pp.1024-54.

VILLEGAS, A. & LUCAS, T. 2004. Diversifying the teacher workforce: a retrospective and prospective analysis. *In:* SMYLIE, M. & MIRETZKY, D. (eds.) *Developing the teacher workforce: the 103rd yearbook of the National Society for the Study of Education.* Chicago: University of Chicago Press.

VILLEGAS, A. M. & IRVINE, J. J. 2010. Diversifying the Teaching Force: An Examination of Major Arguments. *The Urban Review*, 42, (3), pp.175-192.

VOLLMER, H., M & MILLS, D., L. 1966. *Professionalization.* Prentice-Hall.

WADDINGTON, S. 2005. *Valuing Skills and Supporting Integration*, Leicester: National Institute of Adult Continuing Education.

WATTERS, C. 2001. Emerging paradigms in the mental health care of refugees

. *Social Science and Medicine*, 52, (11), pp.1709 -1718.

WIGHT, C. 2003. The Agent-Structure Problem and Institutional Racism

. *Political Studies*, 51, pp.706-721.

WILLIAMS, A., M 2009. Employability and International Migration: Theoretical Perspective. *In:* MCKAY, S. (ed.) *Recent Migrants and Employment: Challenging Barriers and Exploring Pathways.* New York: Routledge.

WILLIAMS, J. W., JOST, M. & NILAKANTA, R. 2007. *Foundations of Qualitative research. Interpretative and Critical approaches.* Thousand Oaks, London, New Delhi: Sage.

WILLIAMS, L. 2006. Social Networks of Refugees in the United Kingdom: Tradition, Tactics and New Community Spaces. *Journal of Ethnic and Migration Studies*, 32, (5), pp.865-879.

WINCH, C. 2004. What Do Teachers Need to Know About Teaching? A Critical Examination of the Occupational Knowledge of Teachers. *British Journal of Educational Studies*, 52, (2), pp.180-196.

WREN, K. 2007. Supporting Asylum Seekers and Refugees in Glasgow: The Role of Multi-agency Networks. *Journal of Refugee Studies*, 20, (3), pp.391-413.

YIN, R. K. 2006. Mixed methods research: Are the methods genuinely integrated or merely parallel? *Research in Schools*, 13, (1), pp.41-47.

ZETTER, R. 1988. Refugees and Refugee Studies — A Label and an Agenda. *Journal of Refugee Studies*, 1, (1), pp.1-6.

ZETTER, R. 1991. Labelling Refugees: Forming and Transforming a Bureaucratic Identity. *Journal of Refugee Studies*, 4, (1), pp.40 - 62.

ZETTER, R. 2007. More Labels, Fewer Refugees: Remaking the Refugee Label in an Era of Globalization. *Journal of Refugee Studies*, 20, (2), pp.172-192.

ZETTER, R., GRIFFITHS, D., SIGONA, N. & HAUSER, M. 2002. *Survey on Policy and Practice Related to Refugee Integration*, Department of Planning, Oxford Brookes University: Commissioned by European Refugee Fund Community Actions 2001/2.

ZIMMERMANN, S. E. 2011. Reconsidering the Problem of 'Bogus' Refugees with 'Socio-economic Motivations' for Seeking Asylum. *Mobilities*, 6, (3), pp.335-352.

Appendix 1: Shortage Occupation List

Workforce shortage in medical sector	
Medical practitioners (2211)	Job titles and skill levels included on the shortage occupation list
	Consultants in the following specialities: • emergency medicine • haematology • old age psychiatry Non-consultant, non-training, medical staff post in the following specialities: • anaesthetics • general medicine specialities delivering acute care services (intensive care medicine, general internal medicine (acute), emergency medicine (including specialist doctors working in accident and emergency)) • rehabilitation • medicine psychiatry
Medical radiographers	• HPC-registered diagnostic radiographer • HPC-registered therapeutic radiographer • sonographer
Medical and dental technicians	• nuclear medicine technologist • radiotherapy technologist
Medical practitioners	ALL jobs on the UK shortage occupation list: • ST3, ST4, ST5 and ST6 level trainees in paediatrics or anaesthetics • Specialist (SAS) doctors in paediatrics or anaesthetics • consultants in paediatrics or anaesthetics • non-consultant, non-training doctors in the specialty obstetrics and gynaecology
Workforce shortage in Education sector	
Secondary education teaching professionals (2314)	• secondary education teachers in the subjects of maths or pure sciences (physics and / or chemistry)

Source: Home Office 201

Appendix 2: The main traits of the medical and teaching professions in England and Scotland

	Teacher Scotland	Teachers England	Doctors Scotland and England
Qualifications	Primary school teachers: The four year undergraduate programmes: 1. The Bachelor of Education or combined degrees 2. The one-year Professional Graduate Diploma in Education (PGDE), completed after a degree 3.Part-time PGDE course, usually done in partnership with certain local authorities Secondary School teachers: 1. The one-year Professional Graduate Diploma in Education (PGDE), which can be completed after a degree in the subject you wish to teach 2. Part-time or distant learning PGDE courses, usually done in partnership with certain local authorities 3 The four-year Bachelor of Education (BEd) degree course in subjects such as Music, Physical Education and technology or a combined degree course at a Scottish University	1.Relevant qualifications (3-4 years of undergraduate studies) 2.The one-year Professional Graduate Diploma in Education (PGDE), completed after a degree	At least four or six medical training

Code of practice	Sets out the key principles and values for registered teachers in Scotland: As a registered teacher: You should have knowledge of and maintain the key principles contained in the Professional Standards, codes and guidance issued by the Council and as they may be reviewed and reissued from time to time You must maintain appropriate professional boundaries, avoid improper contact or relationships with pupils and respect your unique position of trust as a teacher You should avoid situations both within and out with classroom which could be in breach of the criminal law or may call into question your suitability to be a teacher You must uphold standards of personal and professional conduct, honesty and integrity so that the public have confidence in you as a teacher and teaching as a profession You should always be honest and accurate when providing professional You should maintain awareness that as a	Registered teachers in England must: Set high expectations which inspire, motivate and challenge pupils Promote good progress and outcomes by pupils Demonstrate good subject and curriculum knowledge Plan and teach well-structured lessons Adapt teaching to respond to the strengths and needs of all pupils Make accurate and productive use of assessment Manage behaviour effectively to ensure a good and safe learning environment Fulfil wider professional responsibilities (DfE 2012)	The duties of a doctor registered with GMC: **Knowledge, skills and performance** Make the care of your patient your first concern. Keep your professional knowledge and skills up to date. Recognise and work within the limits of your competence. Provide a good standard of practice and care. **Safety and quality** Take prompt action if you think that patient safety, dignity or comfort is being compromised. Protect and promote the health of patients and the public. **Communication, partnership and teamwork** Treat patients as individuals and respect their dignity. Treat patients politely and considerately. Respect patients' right to confidentiality. Work in partnership with patients. Listen to, and respond to, their concerns and preferences. Give patients the information they want or need in a way they can understand. Respect patients' right to reach decisions with you about their treatment and care. Support patients in caring for themselves to improve and maintain their health. Work with colleagues in the ways that best serve patients' interests. **Maintaining trust** Be honest and open and act with integrity. Never discriminate unfairly against patients or colleagues.

	teacher you are a role model to pupils. (General Teaching Council for Scotland 2009)		Never abuse your patients' trust in you or the public's trust in the profession. (General Medical Council 2013:1)
Regulatory Body	The General Teaching Council for Scotland	The Teaching Agency., an executive of the Department for Education	General Medical Council
Requirements for full Registration	Relevant qualifications Completed probation full time one school year (190 teaching days) of Teacher Induction Scheme or part time equivalent (270 days) Payment fee Criminal record check	Relevant qualifications Completed induction program successfully Payment fee	Relevant medical qualifications Passed IELTS for at least 7 points Successfully Completed foundation year one (F1)/passed PLAB exams Completed clinical attachments Payment fee

Appendix 3: Ethical Approval

APPLICATION FORM FOR
UNIVERSITY ETHICS COMMITTEE
AND
DEPARTMENTAL ETHICS COMMITTEES

Purpose This form applies to all investigations (other than generic applications) on human subjects undertaken by staff or students of the University that fall within the scope of the University's Code of Practice on Investigations involving Human Beings. Such investigations may fall within the remit of the University Ethics Committee (see Code of Practice Section B1) or the Departmental Ethics Committees (see Code of Practice Section B2). However, this form should NOT be used for generic applications (there is a separate form for this) or any investigation involving clinical trials or the National Health Service (including staff, patients, facilities, data, tissue, blood or organ samples from the NHS). Applications for investigations involving the NHS must be made under the governance arrangements for National Health Service Research Ethics Committees (see Code of Practice Section B9) and where ethical approval is required from the NHS the form to be used is that issued by IRAS.

Language The form should be completed in language that is understandable by a lay person. Please explain any abbreviations or acronyms used in the application. Guidance on completing this application form is attached in order to assist applicants and further information is available in the **Code of Practice.**

Attachments Information sheets for volunteers and consent forms to be used in the investigation must be submitted with the application form for consideration by the Committee. Templates for the information sheets and consent forms can be found on the Ethics **web page**. The application will be judged entirely on the information provided in this form and any accompanying documentation – full grant proposals to funding bodies should NOT be attached. Applications which are not signed and/or do not include the required additional information (e.g. information sheet and consent form) will not be considered by the Ethics Committee and will be referred back to the Chief Investigator.

Completion The form is designed for completion in Word, and should in any case be typed rather than handwritten. The grey-shaded text boxes on the form will expand to allow you to enter as much information as you require. Please do not alter any of the text outside the shades areas. If you have any difficulty filling out the form in Word, please contact **ethics@strath.ac.uk**.

Please click on the  for guidance on how to complete each section of the form.

PLEASE COMPLETE THE FORM IN BOLD TYPE FACE

Checklist of enclosed Documents

Document	Enclosed	N/A
Participant information sheet(s)	x	☐
Consent form(s)	x	☐
Sample questionnaire(s)	x	☐
Sample interview format(s)	x	☐
Sample advertisement(s)	x	☐
Any other documents (please specify below)		
	☐	☐
	☐	☐
	☐	☐

1. **Chief Investigator** (Ordinance 16 member of staff only)

Name: Dr Geri Smyth

Status: Professor ☐

Reader x

Senior Lecturer ☐

Lecturer ☐

Department: School of Education

Contact Details: Telephone: 01419503744

E-mail: g.smyth@strath.ac.uk

2. Other Strathclyde Investigator(s)

Name(s): Dr Emma Stewart

Status (e.g. lecturer, post-/undergraduate): Lecturer

Department(s): School of Applied Social Sciences

If student(s), name of supervisor: Second Supervisor

Contact Details: Telephone: 01414 548 3906

E-mail: emma.s.stewart@strath.ac.uk

Details for all investigators involved in the study: Emilia Pietka
Status: Postgraduate student
Department: School of Education
Contact details: E- mail: emilia.pietka@strath.sc.uk

3. Non-Strathclyde

Name(s): N/A

Status:

collaborating investigator(s)

Department/Institution:

If student(s), name of supervisor:

Contact Details: Telephone:

E-mail:

Please provide details for all investigators involved in the study:

4. Overseas Supervisor(s)

Name(s): N/A

Status:

Department/Institution:

Contact Details: Telephone:

E-mail:

I can confirm that the local supervisor has obtained a copy of the Code of Practice: Yes ☐ No ☐

Please provide details for all supervisors involved in the study

5. Title of the Investigation:

Refugee integration and professional identity: refugee doctors and teachers in the UK

6. Where will the investigation be conducted:

The study aims to provide an analysis of the process of negotiating professional access and the preparation of refugees to become teachers and doctors in the UK. It will investigate individual experiences to uncover strategies for negotiating and shaping empowerment within two cities in the UK, Glasgow and London. The two cities were chosen to compare different refugee destination places, London as an established destination and settlement region and Glasgow as a newer destination for many refugees (Bowes et al 2009).

7. Duration of the Investigation (years/months):

(Expected) start date: 01 / 11 / 2010

(Expected) completion date: 01 / 02 / 2012

8. Sponsor (please refer to Section C and Annex 3 of the **Code of Practice):** 	Strathclyde University
9. Funding Body (if applicable) 	N/A Status of proposal – if seeking funding (please click appropriate box): In preparation ☐ Submitted ☐ Accepted ☐ Date of Submission of proposal: / / Date of start of funding: / /
10. Objectives of investigation (including the academic rationale and justification for the investigation) 	In the last fifty years there has been a shift in the UK immigration policies, starting from assimilation politics, through multicultural politics and community cohesion, towards the promotion of selected migration and hardening of attitudes towards asylum seekers. The objective of British immigration policy is to make 'migration work for Britain'(Home Office 2005). As such, migration seeks to answer the workforce shortage as well as population decline. That is, on the one hand the UK migration policy prioritises those migrant groups who are considered as making a possible contribution to the UK labour market while on the other hand, the policy towards refugees has been simultaneously centralised and made increasingly restrictive. In order to redress domestic skill shortages and demographic decline, British governments started to facilitate easier entry procedures for skilled migrants. It should be emphasized that previous research on highly skilled work force migration was particularly concerned with the notions of 'brain drain', 'brain waste', 'brain overflow' and 'brain gain' and mostly focused on migrant personal experiences and the process of skills movement from the perspective of the sending or receiving countries (Adams 1968; Baldwin 1970; Chacko 2007). Consequently, previous research has neglected to look at the experience of highly skilled refugees within the host communities. As such, in the context of UK immigration policy, the highly skilled refugees become both the group that is 'wanted' due to its skills and qualifications that are desirable for labour market, and 'unwanted' due to their refugee status. This leads to a selective and conflicting political approach towards the same group. Such a position raises the question about the

consistency of immigration policy towards refugee professionals, that is, when, and under which circumstances the same group, refugee professionals, is perceived either as a burden or a highly desirable group. Therefore, this study will investigate how political jurisdictions shape the understanding of integration process and social space available to refugees with regard to their sense of belonging. The results and discussion from this project will be particularly relevant in generating policy and practical implications for long-term refugees integration and empowerment

The conceptual basis of this thesis is to deconstruct the process of integration of refugees into the structures of professions. This study will use the structural approach, which presupposes that the individual actions are influenced and associated with a series of social structures in which the individual is embedded. The study will focus on refugee doctors and teachers in the UK who have been working in their profession in their country of origin. By looking at integration into professions, as distinct from occupations, this research will focus on the process of negotiation of access and preparation of refugees to become teachers and doctors in the host community. As such, the study will investigate how being a teacher or doctor is reconstructed in the asylum and settlement process and how refugees acquire the values, attitudes, knowledge of the group they were and now seek to be a member of in the new country. By looking at the process of refugees' integration into the structures of two prestigious and respected professional groups, doctors and teachers, this study will analyse how refugees are trying to reconstruct their profession, social status and professional identity in the host community. The two professional groups, teachers and doctors have been selected for this research to emphasise the difference in social status and attitudes assigned to individuals while talking about doctors or teachers and refugees. Examining the discrepancies between refugees' own definition of professional occupation and their experiences of employment in host communities, this study will analyse refugees' individual strategies of redressing the imbalance in refugee social status and their own perception of being the teacher and doctor in host community. As such, this research will investigate how people who lost their prestigious professional status by being forced to flee their country of origin are trying to reconstruct their social status in the host community.

This study assumes that, while social institutions have direct impact on the refugee resettlement process, the refugee's individual choices, motives and priorities have an influence on the way that they engage with host community (Valtonen, 1998, Boswick and Heckmann 2006). Therefore this study will investigate whether the individual has been able to influence or to effect change in his/her own conditions, and if so, what are their strategies for negotiating and shaping their empowerment. The study aims to answer the question of what are the structural and institutional barriers to refugees achieving professional

status, and how refugees negotiate their agency within the process. In particular, what kind of resources, assets or capabilities refugee uses to influence their access to professional community. In this context, the research will acknowledge refugees' own resources and the fact the social structures as well as agency influence their social relations. (Wahlbeck 1999). Focusing on barriers and facilitator's strategies of negotiating socio-economic stability of refugee professionals, the project would generate practical insights into ways and means to improve access to locally appropriate forms of advice, care and support. As such, the research will contribute to a greater understanding of the nature and core domains of integration of refugee professionals.
The study focuses on the process of negotiation and preparation of refugees to become teachers and doctors in the host community. Selected research methods aim to investigate changes with refugees' careers. The questions about employment that participants have undertaken since their arrival in the UK provide information about past and present experiences of accessing teacher and doctor professions in the UK. Participants are assured about the confidential nature of the information and anonymous use of data in the study. The participants will be reassured that the participation in the research is voluntary and there is no obligation to participate in the research or answer any questions that participant does not feel comfortable with.

11. Nature of the participants:

Are any of the categories mentioned in Section B1(b) (participant considerations) applicable in this investigation? Yes ☐ No x

If 'yes' please detail:

Number: Age (range):

Please also include information on: recruitment methods (see section B4 of the Code of Practice); inclusion/exclusion criteria; and any further screening procedure to be used:

Inclusion criteria:

The study will focus only on refugee doctors and teachers. The refugee doctor will be defined as an individual who has been granted refugee status, leave to remain or humanitarian protection and possesses a qualification to work as a doctor received in their home country. Similarly, the refugee teacher will be defined as an individual who has been granted refugee status, leave to remain or humanitarian protection and who possesses a

teaching qualification or was working as a teacher before coming to the UK.

The sample with refugee doctors and teachers who have already registered with the relevant regulatory body and those who did not register, the sample will include the contact details from the database of refugee doctors and teachers that are established by organisations working with refugee professionals such as British Medical Association, London Deanery, Refugee Council and Refugees into Teaching in Scotland. There will be up to 500 surveys (sample enclosed) each for refugee teachers and refugee doctors distributed within this study.

Table 1: Refugee doctors - methods of survey distribution

Refugee doctors:
British Medical Association refugee doctors database. The initial contact has been made. It has been agreed to distribute the survey e using the contact details within the database. There are 1199 doctors registered with Refugee Doctor's database (BMA 2008). In terms of location, fifty four per cent of refugee doctors (641 doctors) in the UK live in London, comparing to 48 records of refugee doctors living in Scotland. Therefore, there will be up to 500 surveys distributed within this study, with the majority distributed in London.
London Deanery - It has been agreed to distribute the survey using the contact details within the database.
Refugee Assessment and Guidance Unit (RAGU) **London**- The initial contact has been made It has been agreed to distribute the survey using their clients contact details.
Migrant and Communities Forum (MRCF) **London** – The organisation provides support for overseas doctors.
Refugee into Jobs. Refugee Council**.** London – The programme is dedicated to refugee doctors. The initial contact has been made. The initial contact has been made It has been agreed to distribute the survey using the clients contact details.
PLAB trainer. London - The organization provides training for overseas doctors. . The initial contact has been made. The initial contact has been made. It has been agreed to distribute the survey using the clients contact details.
Bridges project. Glasgow – Provides work placement for refugee professionals. . The initial contact has been made. The initial contact has been made. It has been agreed to distribute the survey using the clients contact details.

Anniesland College. Glasgow – Provides English classes for refugee doctors. . The initial contact has been made. The initial contact has been made It has been agreed to distribute the survey using the clients contact details.
Refugee Healthcare Professionals Programme. Glasgow – provides guidances for refugee doctors. . The initial contact has been made. The initial contact has been made It has been agreed to distribute the survey using the clients contact details.

Table 2: Refugee teachers - methods of survey distribution

Refugee teachers
Refugee Teachers Network database. London- initial contact has been made. It has been agreed to distribute the survey using the contact details within the database.
Refugees into Teaching database managed by Refugee Council database. London - initial contact has been made. It has been agreed to distribute the survey using the contact details within the database.
Refugees into Teaching in Scotland database. Glasgow - initial contact has been made. It has been agreed to distribute the survey using the contact details within the database.

With reference to Refugee into Teaching in England database, in November 2010 there were over one thousand refugee teachers registered within the programme, with majority living in London. Similar, there are 380 refugee teachers registered with Employability Forum in London in November 2010. Comparing to England, Refugee into Teaching in Scotland, there were more than 300 asylum seekers and refugee teachers registered with the programme in November 2010. Therefore, there will be up to 500 surveys distributed within this study, with 400 surveys distributed in London and 100 in Glasgow.

The letter (copy enclosed) where the purpose and benefits of the study will be explained will be attached to the survey. In addition, the letter will provide information as to why and how respondents has been selected for the study and when returning of the completed survey is required. Agreement to participate in the survey will be assumed by completion of the survey. The full contact details of the researcher will be attached to the letter.

This study will use diverse methods of participants' recruitment. Refugee doctors will be contacted using the doctor's records within the British Medical Council (BMC). In addition, recruitment of participants will be arranged through a range of organisations

in London and Glasgow who are providing services for refugee doctors:

Table 3: List of organisations involved in the study:

	Refugee doctors	**Distribution of survey**
London	British Medical Association refugee doctors database	Email
	PLAB trainer. London	Email
	London Deanery	Email
	Refugee into Jobs. Refugee Council.	Email
	Migrant and Refugee Communities Forum (MRCF) - records of refugee doctors registered with programme	Email
	Refugee Assessment and Guidance Unit (RAGU)	Email
Glasgow	Refugee Healthcare Professionals Programme. Glasgow	Email
	Bridges Project - records of refugee doctors registered with programme	Email
	Black and Ethnic Minorities (BEMIS)- records of refugee doctors registered with programme	Email
	Annisland College - records of refugee doctors registered with English for Doctors programme	Email
	Refugee Teachers	**Distribution of survey**
London	Refugee into Teaching - records of refugee teachers registered with the programme	Email
	Employability Forum - records of refugee teachers registered with the programme	Email
Glasgow	Refugee into Teaching - records of refugee teachers registered with the programme	Email

The survey will be distributed by post or email. It is acknowledged that refugees' home address may change over a time, thus email contact has been selected as more efficient method of distribution of surveys. The potential participants are professionals who will have been accustomed to checking and responding to email messages.
With the agreement of organisations involved, links to the survey will be displayed on organisationss' web sites and online study groups. In addition, contact will be made during teachers and doctors' group meetings (including RITeS teachers' seminars,

doctor's English classes). This has been agreed by the organisations involved.

In terms of in-depth interviews (schedule included) the majority of interviewees will be selected in response to the survey. In addition, the snow-ball sampling technique will be used to provide further contacts if necessary. As such, the respondent will be contacted through the referrals among people who share the same networks (Atkinson and Flint 2001). A purposive selection will be undertaken in order to reflect the diversity of the population in different categories, such as gender, ethnicity, age groups, employment status, registration with regulatory council, year of coming to the UK. This will be taken to ensure that the sample of participants reflects to a reasonable extent the diversity of the refugee experiences in accessing the teaching and doctor professions.

The majority of respondents for production of the autobiographical journal will be self selected in response to the in-depth interviews. Again, purposive selection will be taken to ensure that the sample of participants reflects to a reasonable extent the diversity of the refugee experiences in accessing teaching and doctor profession. As such refugee gender, age, employment status, ethnicity, marital status will be taking into consideration.

The study will involve in-depth interviews (schedule included) with service providers. The majority of interviewees will be identified through range of organisations working with refugee professionals (see Table 3). In addition, the snow-ball sampling technique will be used to provide further contacts if necessary. A purposive selection will be undertaken in order to reflect the diversity of support offered to refugee professionals. This will be taken to ensure that the sample of participants reflects to a reasonable extent of expert working with refugees professionals.

Exclusion criteria:

The project will only focus on doctors and teachers with leave to remain and humanitarian protection or refugee status and will exclude asylum seekers due to ethical considerations. There are real issues in researching disadvantages and traumatised groups where lack of security, stability and uncertainty about the future place of staying make asylum seekers a highly vulnerable group (Temple el at 2006). In order to protect the participants from harm during the research, the study will only focus on refugees.

As this research aims to explore the process of negotiating the access to the profession of doctors and teachers by refugees, focusing only on refugee group will enable to provide greater information on how does being a teacher or doctor is

reconstructed in the asylum as well as the settlement process.

Doing research with refugees may involve certain difficulties that bias the social research. The main factors that limits the feasibility of quantitative methods is the fact that refugees themselves are perceived as hard-to-reach groups, that is, a group that is small in relation to the general population and for which no exhaustive list of population members is available (Heckathorn, 1997). The lack of a sampling frame mean that the standard probability sampling methods produce low level of response, thus its use its very limited. Therefore the study will include the contact details from the database of refugee doctors and teachers established by organisations working with refugee professionals (British Medical Association, London Deanery, Refugee Council). It should be emphasised that the service within those organisations is mainly dedicated to refugees, and it excludes the asylum seekers. As such there is limited information on professional asylum seekers, another reason for the study being restricted to refugees.

The survey, in-depth interviews and autobiographic journal will be conducted in English language. Therefore the research will be restricted to those refugees who are able to respond in English.

Investigations governed by the Code of Practice that involve any of the types of projects listed in B1(b) must be submitted to the University Ethics Committee for prior approval.

12. What consents will be sought and how?

The information sheets and consent forms to be used are attached to this form.

The participants will be carefully introduced to the project and the way they could contribute to the research. The consent forms will be used which will specify the issues of the confidential nature of the information, anonymous use of data in the study, recording and use of audio data, right to withdraw the data at any time during the interview and 6 months after the interview.

The participants will be provided with a clear, detailed account of the research and its rationale. The participants will be reassured that the participation in the survey is voluntary and there is no obligation to participate in the research. Given the possibly sensitive nature of the information provided, the participant will be ensured of full confidentiality of information provided. The anonymity of the participant will be guaranteed. In addition, the researcher will make sure that agreement will be made with the participant about confidentiality, withdrawal of the data and feedback provisions.

13. Methodology:

Are any of the categories mentioned in the Code of Practice Section B1(a) (project considerations) applicable in this investigation?	Yes ☐	No x

If 'yes' please detail:

Design: what kind of design/research method(s) is/are to be used in the investigation?

The study will use a combination of quantitative (survey) and qualitative (in-depth interviews, autobiographic journals) research methods:

Survey:
This method has been chosen to investigate long term refugee experience and to follow the changes with refugees' careers. It will provide information about past and present experiences of accessing teacher and doctor professions in the UK. The aim of the survey is to picture the refugees' process of negotiating access to the professional communities of doctors and teachers and to provide specific information for the follow up in depth interviews.

Survey has been selected as the most convenient form of contacting a large number of professional teachers and doctors over a dispersed geographical area.

In-depth interviews:
The in-depth interviews have been chosen to investigate individual experiences to uncover strategies for negotiating and shaping empowerment. Using the in depth interviews this study aims to understand the refugees' experience, opinions, perceptions, actions and practices of negotiating access to the professional groups of teachers and doctors. This includes the attributes that individuals claim for themselves and their position within the social structures and how these are being constructed and understood. As such, the study will investigate how being a refugee and a doctor or teacher in the host community is lived and negotiated.

To provide the understanding of the social context in which the refugee doctors and teachers live in, development of the research tools for this study will involve initial meetings and interviews with service providers. This will help to explore how political jurisdictions shape the institution and structures that influence refugee access into the professional group of doctors and teachers. Using the in depth interviews with service providers this study aims to understand how national philosophy of integration defines inclusion and exclusion criteria into professionals' groups (teachers and doctors) and shapes the

social space available to refugees with regard to their sense of belonging.

Autobiographic Journal:
The method has been chosen to investigate the narratives of negotiating access to the professional group of teachers and doctors. As such, it will identify refugee trajectories of becoming a teacher or doctor in the host community and the meaning that they ascribe to it. The method has been chosen to avoid possible interviewer effect and to enable participants to express their thoughts, memories and reflection freely. As such, it will provide the narrative material that relates to refugees' personal experience and reflection of becoming a doctor or teacher. That is, it provides the access to the refugees' perspectives, definitions of situations and knowledge of social processes and rules that were acquired through experience (Plummer 2001).The autobiographic journal will provide additional information about refugee self definition and participation in the narratives of refugee trajectories.

Techniques: what specific techniques will be employed and what exactly is required of participants?

Building up trust in terms of refugee research is a lengthy process that requires in depth explanation of ethical principles of informed consent, anonymity and confidentiality. Preceding the development of the research tools described below the researcher will be involved as an observer during teachers and doctors' group meetings. The process will involve up to four observations during each of the community meetings/ teachers and doctors' study group meetings both in London and Glasgow:

Refugee doctors	**Where**
ROSE Refugee Healthcare Professionals Programme- study groups for refugee doctors	London
PLAB trainer - short courses for doctors and other healthcare professionals to help reduce their barriers to registration.	London
Anniesland College - Doctors' group preparation for the formal IELTS examination	Glasgow
Glasgow University, English for Doctors Scheme - Wednesday English classes for refugee doctors.	Glasgow
Refugee teachers	
Refugee into Teaching, England - seminars for refugee Teachers	London
Employability Forum - seminars for Refugee teachers	London
Refugee into Teaching, Scotland - seminars for refugee Teachers	Glasgow

This will help to provide the understanding of the social context in which the participants live. Attendance at these meetings will develop the relations among researcher and participants. In particular, it will play an important part in building up trust between researcher and participants.
Researcher role will be to observe participants discussion and field notes wil be recorded in the research diary. This diary will help researcher to record her ongoing thought process and allow returning to and developing earlier entries (Holly 1989a). In addition, the data collected during the observation will be used to improve the design of survey and in depth interviews

Survey:

Survey will include a set of self completion questions. As the survey is dedicated to a professional group who might have little time, the length of the survey should ensure that the time necessary for survey completion is convenient for the respondents (Bloch 2007). As such, the survey will have four pages and it has been divided into five main sections: personal details, arrival in the UK, becoming a refugee doctor/teacher in the UK, my life in the UK, in this way that it presents the main points in becoming a doctor or teacher in the UK. It will comprise a combination of closed and open questions to both receive specific information and provide opportunity to express thoughts freely. The order of the questions will be chronological, starting from the information about the past towards the present.
There will be up to 500 survey surveys each for refugee teachers and refugee doctors distributed within this study.

This study will use diverse methods of participants' recruitment. Participants will be contacted by email or post. To ensure that the sample of participants reflects the group of refugee doctors and teachers, the study will recruit participants through the range of organisations providing support for refugee doctors and teachers in London and Glasgow. Potential issues with methods of survey distribution will be discussed with each organisation. The list of organisations involved in distribution of the survey will be presented to avoid sending multiple copies to individuals who might appear on more than one of the organisation's register. It is acknowledged that on some occasions potential participants may appear on more than one of the organisation's registers. However, a letter (copy enclosed) will be sent with each survey containing information as to why and how respondents has been selected to avoid confusion with receiving multiple copies of survey.

In-depth interview:

The questions for in-depth interview will be designed in a flexible open way that means that the informants will be asked a series

of questions, but that the interview guide will be open and could be changed around (Brekke, 2004). The in-depth interviews will explore basic subjects such as: experiences and memories from the country of origin, arrival to the UK, experience/opinions about becoming a doctor/teacher in the UK, professional experience as refugee doctor/teacher and personal experiences of living in the UK. The interview schedule will be adapted in response to the survey and exact content will depend on the individual being interviewed. (e.g. focus on teacher or doctor) With the permission of the respondent the interviews will be audio recorded. The study will have up to 60 in depth interviews, 30 interviews with refugee doctors living in Glasgow and London and 30 interviews with refugee teachers living in London and Glasgow.

Similarly to interviews with refugee doctors and teachers, the questions for the interviews with service providers will be designed in a flexible open way (interview schedule attached). The interview will explore the basic themes such as: background information on services provision, refugee doctors/teachers needs and barriers in accessing their profession, experiences/opinions on working with refugee professionals and future plans and worries. With the permission of the respondent the interviews will be audio recorded. The study will have up to 20 in depth interviews, 10 interviews with service provides working with refugee doctors and teachers living in London and 10 interviews with service provides working with refugee teachers and doctors living in Glasgow

Autobiographic journal:

The autobiographic journal will investigate the refugees' narratives of becoming a doctor or teacher in the host community. The refugee doctors and teachers will be asked to write a short, structured autobiographical book about their personal memories, feelings, experiences and opinions about their journey to work as teacher or doctor in the UK. it will be used to add additional value to the collected data during the survey and interviews.

The autobiography will be divided into separate chapters that will cover the main topics from the interview: introduction, practicing the medicine/teaching in home country, becoming a teacher/doctor in the UK, general view of being a doctor/teacher in the UK, general view/overall experience. The autobiography will be designed as a booklet with the blank spaces to fill in. Each participant, after the completed interview will be asked to write a short reflective narrative that will express his reflections, ideas and feelings about his journey of becoming a doctor or teacher in the UK.

The autobiography will be the last stage of data collection and it

will be used after the analysis of the survey and interviews. It will be used to add additional value to the collected data during the survey and interviews. The study will use up to 16 autobiographies of refugee teachers and doctors who have and, has not been working in their own profession in the UK.

Investigations governed by the Code of Practice that involve any of the types of projects listed in B1(a) must be submitted to the University Ethics Committee for prior approval.

Has this methodology been subject to independent scrutiny? The survey was reviewed by supervisor and the community workers who are working with refugee group.	Yes X	No

Please provide the name and contact details of the independent reviewers

Henry A Kum – Refugee into Teaching Scotland (RITeS) Co-ordinator, University Of Strathclyde

Gareth Mulvey Research Officer, Scottish Refugee Council

The survey was reviewed by independent reviewer to test and evaluate the question regarding the wording, clarity of the proposed questions, understanding of the language and the order of survey questions. As the survey does not include specialised language therefore there was no need for reviewer with medicine background to review the survey questions.

Where an independent reviewer is not used, then the UEC/ DEC reserves the right to scrutinise the methodology.

14. Data collection, storage and security: 	Explain how data are handled, specifying whether it will be fully anonymised, pseudo-anonymised, or just confidential, and whether it will be securely destroyed after use. The transcription will be carried out by the researcher to maintain the respondents' confidentiality. The researcher and academic supervisors will have access to the data. Pseudonyms will be used from the point of data collection onwards to ensure the data remains confidential. The data will be destroyed after one year of completion of PhD study. Explain how and where it will be stored, who has access to it, and how long it will be stored.

	The real names of the participants along with their pseudonyms and contact details will be kept in a secure, locked filing cabinet on the university campus, in case the researcher has to contact the participants at any further point for clarification of data collected. The data will be held on a password protected file on a University PC, stored at the University Campus. Backup copies will be held on portable devices and stored in a locked filing cabinet on the University campus
	Will anyone other than the named investigators have access to the data? If 'yes' please explain.
	N/A
15. Potential risks or hazards: 	The effects of past and present experiences of the asylum process may undermine refugees' sense of trust towards host communities (Harrell-Bond 2007). As a result, some refugees may be suspicious about the motives and independence of researchers and mistrust the information provided to them about the research (Mackenzie et al 2007). Building up trust in terms of refugee research is a lengthy process that requires in depth explanation of ethical principles of informed consent, anonymity and confidentiality. Enabling refugee participants to play a more active role in setting the research agenda that answers their needs, this project will engage refugee teacher and doctors in the process of negotiation of the terms of the project, refugees' respective roles and obligations within it (Mackenzie et al 2007). The process will involve the researcher in attendance during the community meetings/ teachers and doctors' group meetings. During this time the participant will introduce the aims and objectives of the research. The participants will be carefully introduced to the project. As such, participants are able to have some degree of control over the research process and the conditions of their involvement in it. In-depth interviews, especially revealing personal and difficult information for interviewer may produce a stressful situation for the respondent causing emotional cost and increasing the vulnerability of participants (Jacobsen and Landau, 2003). Therefore the interview questions will be designed in a flexible open way that means that the informants will be asked a series of questions, but that the interview guide will be open and could be changed around (Brekke, 2004). With the permission of the respondent the interviews will be audio recorded. All interviews will be handled sensitively and anonymity guaranteed. Prior to interview the researcher will provide a detailed account of the research and its rationale. To provide greater control of the interview to the refugees themselves the recorder will remain in

	the possession of the interviewee during the interview and they will be able to pause whenever it will be necessary or wanted. Apart from confidentiality issues in doing research with refugees there are also potential language difficulties. The interviews will be conducted in English language as it is the official language of the country where the research is taking place. It should be highlighted that English language is not the mother tongue for either researcher or respondents which might result in imperfect English of interviews. Therefore, the interviews will be restricted to those refugees who are able to respond in English. The researcher acknowledges potential risks posed by the nature of the communities in which some of the refugees might live as a part of the risk assessment. This assessment will involve consultations with neighbourhood based agencies and professionals working in the area (school managers, social workers etc.). If the risk is assessed as 'high', alternative settings will be found in the community to conduct the interview. It is possible that recounting experiences of forced migration, exclusion and racism might be a source of distress to participants. Each participant will be informed prior to interviews that participation in the research is voluntary and participants are free not to respond to questions or to put an end to the interview at any time. This will be reiterated during the interview if the participant is showing signs of distress. The interviews can be terminated and re-arranged at a later time, if respondent is showing sign of distress. It is anticipated that the interviewees will have had sight of the topics to be covered in advance of the interview.
16. Ethical issues:	The effects of past and present experiences of the asylum process may undermine refugees' sense of trust towards the research. As such there is a need for sensitivity in the research with refugees, therefore the agenda of the interview has been carefully considered and constructed. In order to make participants comfortable during the interview, the researcher will spend some time before the interview on general conversation. In addition, being sensitive towards the language difficulties the interviewees will be encouraged to take their time when talking. More potentially difficult issues will be discussed towards the end of the interview, however the respondent will not be forced to answer any of the difficult or disturbing questions.
17. Any payment to be made:	N/A

18. What debriefing, if any, will be given to participants? 	Given the potential for lack of trust and culturally different expectations of research, participants will be informed of the purposes of the study from the start. The interview transcript will be send to the participant for their consultation and consideration. The gratitude letter (copy enclosed) will be send to participants informing about opportunity to ask any questions about the study after participation. It is also anticipated that the summary of research finding will be send to the participants for information.
19. How will the outcomes of the study be disseminated? Will you seek to publish the results?	Outcomes and dissemination will take the form of: I.PhD thesis II. possible articles in academic journals III. conference/seminar presentations
20. Nominated person (and contact details) to whom participants' concerns/ questions should be directed before, during or after the investigation.	Dr Geri Smyth E- mail: g.smyth@strath.ac.uk Telephone: 0141 950 3744 Emilia Pietka E-mail: emilia.pietka@strath.ac.uk
21. Previous experience of the investigator(s) with the procedures involved. 	Geri Smyth and Emma Stewart, research supervisors, are both experienced researchers in the field of refugee studies. Dr Smyth manages the Refugees into Teaching in Scotland (RITeS) project and Dr Stewart has undertaken research with refugee doctors. Both have used both quantitative and qualitative approaches and analysis in their work with these communities. Emilia Pietka is currently a PhD student in the School of Education. Prior to that Emilia received an MPhil in Sociology from Strathclyde University and MSc in Migration in

Refugee Studies from Strathclyde University. Emilia has worked as a researcher for over 3 years, completing work on Eastern European migrants together with Colin Clark, Sociology (British Council funded study- 'Migrant Cities') and with Dr Daniela Sime (project on ethnic minority parents in Scotland and project on Eastern European migrant children's experiences of migration).

References:

Adams, W., (1968), *The brain drain*, Macmillan, London, New York

Atkinson, R. and Flint, J., (2001), Accessing Hidden and Hard-to-reach Populations: Snowball Research Strategies', *Social Research Update 33*, University of Surrey, Available at: http:// www.soc.surrey.ac.uk/sru/SRU33.html

Balwin, G., B., (1970), Brain drain or overflow?, *Foreign Affairs*, Vol. 18, Issue 2, pp. 358-372

Bloch , A., (2007), Methodological Challenges for National and Multi-sited Comparative Survey *Research, Journal of Refugee Studies,* Vol. 20, No. 2, pp. 230 – 247

Bosswick, W., Heckmann F., (2006), *Integration of migrants: Contribution of local and regional authorities*, CLIP Network, European Foundation for Improvement of Living and Working Conditions

Bowes, A., Ferguson, I. and Sim, D., (2009), Asylum policy and asylum experiences: interactions in a Scottish context', *Ethnic and Racial Studies*, Vol. 32, No 1, pp. 23 — 43

Brekke, J.P. (2004), *While We Are Waiting: Uncertainty and Empowerment among Asylum Seekers in Sweden*, Oslo: Institute for Social Research

Chacko, E., (2007), From brain drain to grain gain: reverse migration to Bangalore and Hyderabad, India's globalising high tech cities, *GeoJournal,* Vol. 68, pp. 131 - 140

Harrell-Bond B. (2007), In Search of 'Invisible' Actors: Barriers to Access in Refugee Research, *Journal of Refugee Studies*, Vol. 20, No. 2, pp. 281- 298

Heckathorn, D., (1997), Respondent-Driven Sampling: A New Approach to the Study of Hidden Populations, *Social Problems*, Vol. 44, No 2, pp 174 - 199

Home Office, (2005*), Controlling our Borders: Making Migration Work for Britain*, Cm 6472, London, HMSO.

Jacobsen, K. and Landau, L. (2003), Researching Refugees: Some Methodological and Ethical Considerations in Social Science and Forced Migration, *Working Paper 90,* Geneva*:* UNHCR.

Mackenzie, C., McDowell, C., and Pittaway E., (2007), Beyond 'Do No Harm': The Challenge of Constructing Ethical Relationships in Refugee Research, *Journal of Refugee Studies*, Vol. 20, No 2, pp 299-319

Plummer, K. (2001), *Documents of life. 2, An invitation to critical humanism*, London ; Thousand Oaks, California : SAGE

Temple, B. (2002) 'Crossed Wires: Interpreters, Translators, and Bi-lingual Workers in Cross-language Research'*, Qualitative Health Research*, Vol. 12, No 6, pp. 844–854

Wahlbeck, Osten, (1999), *Kurdish Diaspora, A Comparative Study of Kurdish Refugee Communities*, Centre for research in ethnic relations, University of Warwick

Valtonen, K., (1998) Resettlement of Middle Eastern Refugees in Finland: The Elusiveness of Integration, *Journal of Refugee Studies,* Vol. 11, No 1, pp. 38 - 60

From: Helen Marwick
Sent: Thursday, December 09, 2010 11:00 AM
To: Geraldine Smyth
Subject: RE: Emilia Pietka's ethical approval

Dear Geri,

I am pleased to confirm ethical approval from the School of Education SEC in relation to the application of Emilia Pietka. The application has now been progressed to RaKET for sponsorshipand final approval.

kind regards

Helen
Dr. Helen Marwick
Postgraduate Research Coordinator
Ethics Convener
School of Education
Faculty of Humanities and Social Sciences
University of Strathclyde
76, Southbrae Drive
Glasgow G13 1PP
T. +44 (0)141 950 3592

From: HaSS Research and Knowledge Exchange
Sent: Friday, April 08, 2011 10:32 AM
To: Helen Marwick; Geraldine Smyth
Subject: FW: Ethics - Geri Smyth and PhD student Emilia Pietka - application to extend method

Good Morning Helen and Geri

Vice Dean Joanna McPake has given full sponsorship approval for the extension to the project " Refugee integration and professional identity: refugee doctors and teachers in the UK"

Kind regards

Jill Coleman
Research and Knowledge Exchange Team (RaKET) Faculty of Humanities and Social Sciences LT418, Livingstone Tower University of Strathclyde
26 Richmond Street
Glasgow G1 1XH

Tel: 0141 548 3910
Fax: 0141 548 4757

Appendix 4: Initial database of organisations working with refugee professionals.

Refugee Teachers	
Organisation based in Glasgow	Organisation based in London
Refugees into Teaching in Scotland, Purpose: Strathclyde University- project dedicated to teachers by profession of refugee background. The project aims to assist refugee teachers to return to the teaching profession	Employability Forum - organisation that promotes the employment of refugees in the UK.
Scottish Refugee Council - the organisation provides diverse support to asylum seekers and refugees across Scotland	Refugee into Teaching, Refugee Council – project aims to assist refugee teachers to return to their profession
Anniesland College - serves a diverse range of courses including preparation course for IELTS exam	Refugee Assessment and Guidance Unit, Metropolitan University (RAGU) - the organisation that aims to improve the employment prospects of refugees and asylum-seekers with higher level education or professional qualifications.
Bridges Project - provides work shadowing and work experience placement for asylum seekers and refugees.	
Refugee Doctors	
British Medical Association - leading trade union and professional association for doctors in the UK.	British Medical Association - leading trade union and professional association for doctors in the UK
Bridges Programme	London Deanery operates paid work placement for refugee doctors who completed their professional exams
Glasgow Overseas Professionals into Practice (GOPiP) – Project aim was to identify and develop necessary structures to support overseas qualified nurses. The project finished in September 2010	Refugee Healthcare Professionals Programme – project provided by NHS Employer supporting refugee doctors to return to their profession. Project finished in April 2010
Scottish Refugee Council	Refugee Assessment and Guidance Unit
Anniesland College	Refugee Health Network- online network that aims to share information and best practice amongst those working to improve health and access to services for refugees and asylum seekers.
NHS Education for Scotland operates the Refugee Doctors' Programme which assist returning refugee doctors into employment in the UK	Migrant and Refugee Communities Forum (MRCF) - the organisation working on promotes the rights of migrants and refugees in London
English for Doctors, Glasgow University - project was held due to lack of volunteers in the English for Doctors scheme	Praxis Community project – The project provides career guidance and assessment to refugee doctors. The project finished in September 2010

Black and Ethnic Minority (BEMIS) - a network of ethnic minority organisations which aims to address the gap that exists in support for the ethnic minority voluntary sector in Scotland.	Transition programme - organisation supporting equitable employment for refugee professionals.
	Refugee and Overseas Qualified Doctors' Programme – The programme provided by Barts and the London School of Medicine and Dentistry, finished in December 2010.
	PLAB Trainer - organisation providing preparation courses for the PLAB exams.

Appendix 5: Consent form for service providers

Researcher:
Emilia Pietka
emilia.pietka@strath.ac.uk
PhD student
Strathclyde University

CONSENT FORM

Project title: Refugee integration into the profession: refugee doctors and teachers

I agree to participate in an interview as part of this research project

I understand that opinions I express during the interview may be cited in reports and academic publications or public presentations, but that my identity will be protected by a pseudonym or a general job descriptor.

I am satisfied with the arrangements for the protection of my anonymity and understand that I will not be identified in the report resulting from this study.

I have read and understood the Information for Participants sheet and have been offered the opportunity to ask questions.

I also understand that I have the right to withdraw my participation at any time before, during or after the interview.
.

SIGNATURE: ……..

PRINTED NAME: ……

DATE: ……
Respondent code

Appendix 6: Interview schedule for service provider

Interview schedule

This is a guide for the in-depth interview. It only highlights the topics and issues that will be discussed during the interview

Introduce the project, explain its aims and objectives. Explain the confidentiality of recording and use of data (informant will sign consent in advance)

Background of informant:
Tell me a bit about your organisation. What kind of service you provide for refugee doctors/teachers?
How long does your organisations work with refugee doctors/teachers? Does the service provision change over the time? How? Why?
What do you think are the main issues in working with refugee doctors/teachers? Does it change over a time? Why?
Service provision, needs of refugee doctors/teachers:
Tell me a bit about the refugee doctors/teachers who you work with/ who use your service.
What are your biggest worries in terms of service provision for refugee doctors/teachers?
What do you think that refugee doctors/teacher expect from your service?
What do you see as the main issues in refugee doctors/teachers as service users?
Becoming a doctor/teacher in the UK:
In average, how long does it take to re-qualify refugee doctor/teacher?
Can you please describe the certain steps that refugee doctor/teacher need to follow to work as doctor/teacher in the UK?
Can you give some examples of success/resignation?
Barriers in accessing the profession:
What do you think are the main barriers for refugee doctors/teachers in accessing their profession? Does it change over a time?
How your organisation is supporting refugee doctors/teachers to overcome those barriers? with what result? What are the factors that contribute to this limited success?
Good practices:
Can you identify some examples of good practice from your organisation in terms of supporting refugee doctors/teachers?
Inter-agency work:
Are there any other agencies involved in service provision for refugee doctors/teacher? Can you provide the details?
Plans for future initiatives:
Are there any plans in your organisation for future initiatives in terms of supporting the refugee doctors/teachers?
Other:
Is there anything else about integration of refugee doctors/teachers in general or in relation to your organisation that you would like to mention?

Appendix 7: Covering letter to online survey (Refugee Teachers)

Refugee integration and professional identity: refugee doctors and teachers in the UK.

Who I am?
My name is Emilia Pietka and I am a PhD student at University of Strathclyde in Scotland.
Why you are being contacted?
You are being contacted as part of an academic research project. The aim of the project is to investigate the experiences of doctors and teachers who arrived in the UK as refugees or asylum seekers . I will be investigating your experiences of accessing the profession of doctor in the UK. I would like to understand more about your experiences and views about how you have regained your profession in the UK as well as what might make things easier or better.
Why I have been selected?
You have been selected as one of representatives of doctors who arrived in the UK as refugees or asylum seekers
Why you should participate?

1. A group remains one the most unemployed groups in the UK.

2. Gathering evidence about the experiences and possible barriers for refugee doctors and teachers might initiate political debate to improve recognition of the qualifications of refugee professionals.

How you can participate?

By completing the online survey on: https://www.surveymonkey.com/s/refugee_teachers

All you need to do is click on provided link :
https://www.surveymonkey.com/s/refugee_teachers and complete the survey

Please note:
The information which you provide will be treated in STRICT CONFIDENCE and will be used only for the purpose of this study. Your name will not be used in any reporting of results. It should take no more than 15 minutes to complete.
You do not have to answer any questions you feel uncomfortable with, or are uncertain about, simply leave it and move on to the next question. Your help is highly appreciated.

If you require any further questions please do not hesitate to contact me:
Emilia Pietka
PhD Student
University of Strathclyde
emilia.pietka@strath.ac.uk
07972182190
Or you may contact my supervisor Dr Geri Smyth, g.smyth@strath.ac.uk
THANK YOU!

Appendix 8: Covering letter to online survey (Refugee Doctors)

Refugee integration and professional identity: refugee doctors and teachers in the UK.

Who I am?
My name is Emilia Pietka and I am a PhD student at University of Strathclyde in Scotland.
Why you are being contacted?
You are being contacted as part of an academic research project. The aim of the project is to investigate the experiences of doctors and teachers who arrived in the UK as refugees or asylum seekers . I will be investigating your experiences of accessing the profession of doctor in the UK. I would like to understand more about your experiences and views about how you have regained your profession in the UK as well as what might make things easier or better.
Why I have been selected?
You have been selected as one of representatives of doctors who arrived in the UK as refugees or asylum seekers
Why you should participate?

1. The refugee group remains one the most unemployed groups in the UK.

2. Gathering evidence about the experiences and possible barriers for refugee doctors and teachers might initiate political debate to improve recognition of the qualifications of refugee professionals.

How you can participate?

By completing the online survey on: https://www.surveymonkey.com/s/refugee_doctors

All you need to do is click on provided link :
https://www.surveymonkey.com/s/refugee_doctors and complete the survey

Please note:
The information which you provide will be treated in STRICT CONFIDENCE and will be used only for the purpose of this study. Your name will not be used in any reporting of results. It should take no more than 15 minutes to complete.
You do not have to answer any questions you feel uncomfortable with, or are uncertain about, simply leave it and move on to the next question. Your help is highly appreciated.

If you require any further questions please do not hesitate to contact me:
Emilia Pietka
PhD Student
University of Strathclyde
emilia.pietka@strath.ac.uk
07972182190
Or you may contact my supervisor Dr Geri Smyth, g.smyth@strath.ac.uk
THANK YOU!

Appendix 9: Online survey

Completion of this survey is taken to mean the respondent agrees to participate in the research. Should you wish to withdraw your response in the future please contact the researcher,

Emilia Pietka: emilia.pietka@strath.ac.uk
07972182190

2. GENERAL DETAILS

The first part of the survey aims to provide some general information about yourself. Please choose the response that suits you the best

1. Gender

Male □ Female □ Prefer not to say □

2. Age (please choose one answer)

16-20 □ 21-30 □ 31-40 □ 41-50 □ 51-60 □ 61+ □ Prefer not to say □

3. City

Glasgow □ London □

4. Country of origin:
…….....

MY PROFESSIONAL LIFE BEFORE COMING TO the UK

This section aims to provide some information about your working career in your country of origin

5. What was your occupation in your country of origin?

.....
6. How long did you work in this occupation?

.....

7. Please specify the qualification (diploma) you have

.....
8. Where did you obtain your qualification (Please tick one answer)

□ in school □ in college □ in university □ other (please specify).....

ARRIVING IN the UK

9. When did you arrive in the UK?

.....

10. What is your current status:

Refugee □ Leave to remain □

Humanitarian Protection □ UK citizenship □

11. How long did it take for you to gain your status?

.....

BECOMING REFUGEE DOCTOR/TEACHER IN the UK

This section provide information about your journey to become doctor/teacher in the UK

12. Did you take English language courses since coming to the UK?

Yes □ No □ (move to question 15)

13. Please give details (names and dates) of all English language courses (any taught classes/study groups) you have taken since coming to the UK

.....

14. Please provide example of Skills/Qualifications/Things that You Have Learned during the trainings

.....

.....

15. Did you participate in University/College based training since coming to the UK?

Yes □ No □ (move to question 18)

16. Please give details (names and dates) of all educational courses (any taught classes/study groups) you have taken since coming to the UK

.....

.....

17. Please provide example of Skills/Qualifications/Things that You Have Learned during the trainings

.....

.....

18. Did you participate in any trainings dedicated to refugee doctors since coming to the UK?

Yes □ No □ (move to question 21)

19. Please give details (names and dates) of all trainings dedicated for refugee doctors (any taught classes/study groups) you have taken since coming to the UK

.....

.....

20. Please provide example of Skills/Qualifications/Things that You Have Learned during the trainings

.....

.....

21. Did you participate in any additional trainings not mentioned previously?

Yes □ No □ (move to question 25)

22. Please give details (names and dates) of all additional trainings that you did not mentioned and you have taken since coming to the UK

.....

.....

1. Please provide example of Skills/Qualifications/Things that You Have Learned during the trainings

.....

.....

2. Do you have any working experience (including voluntary work) in the UK

Yes □ No □ (move to question 26)

25. Please give details of all your job titles (including volunteer job) since coming to the UK

.....

.....

MY LIFE IN THE UK

26. Which of the following best describes your occupation status?

Working Full Time □ Working Part Time □

In Education (college or university) □ Doing voluntary work □

In Education (college or university) □ In Training □

Other (please specify):..... □

27. Are you curently working?

Yes □ No □ (move to question 31)

28. Please give your current job title:
.....

29 . How long you have been working there?.....
.....

30. Your work satisfaction (please choose the most suitable answer):

	Very Satisfied	Satisfied	Neither satisfied nor dissatisfied,	Dissatisfied	Very dissatisfied
The job overall	□	□	□	□	□

31. What do you think is the most difficult part of becoming teacher/doctor in the UK. Please give three examples:

1)……

2)…….

3)……..

32. Do you have any other comments to make about being doctor/teacher in the UK?

……
……
…….....

The details on this page will be kept separate from your response to the survey. I would also like to do some follow up interviews to discuss some of these issues a little more. If you would be prepared to speak with us about your life in UK please tick this box and complete your contact details below. □

We are very grateful for your help with this research.

Name
_____

Telephone Number – Mobile _____

Home _____

Email Address_____

Thank you

Appendix 10: Interview schedule for refugee doctor/teacher

This is a guide for the in-depth interview. It only highlights the topics and issues that will be discussed during the interview. The interview schedule will be revised after analysis of the survey. The interview schedule will be adapted from one interview to another depending on the individual being interviewed.

Introduce rationale, aims and objective. Explain ethical issues

Teaching/ Practicing medicine in home country:

1. Details of the profession: What was your job title in your home country? How long did you work as ..., in your home country? What was the best thing about it? How do people perceive teacher/doctor in your country? Is it a prestigious job?
2. Qualifications details: Do you have a degree?/What is your professional qualification?

Moving/Coming to the UK:
When did you come to the UK?

Becoming a doctor/teacher in the UK:
1. Overall thoughts/knowledge about teaching/doctor profession: How do you perceive the teacher/doctor profession in the UK? What is different in your home country? Can you give example?
2. First job : What was your first job in the UK? What did you do? How long have you been working there? What was your experience?
3. First contact with the profession: After you arrived in the UK, when was the first time you have a contact with your profession? In what circumstances was it? What were your first thoughts/experiences?
4. Gaining additional qualifications: Did you take any training: language, teaching/medicine training? Could you tell me what kinds of support you have received that help you to regain your qualifications? (Can you give an example?)

What was your experience?

5. Registration with regulatory institution: How long it takes to you register with British Medical Council/ Scottish Teaching Council/Teaching Council for England? What was the most difficult part?
6. Structural/Institutional barriers to accessing the doctor/teacher profession : What kind of difficulties did you experience to work as doctor/teacher? Can you give some examples? What was the most difficult part? did you ever feel that you will never practice medicine/work in school? when was that? Did you ever have a problem/feel uncomfortable in your current work place (because of your status?)
7. Positive or facilitative experiences of becoming a teacher/doctor: what good practices or methods have you encountered accessing your profession as a doctor/teacher?

Being professional in the UK - Current position

1. Current position: What is your current job title? What do you do? Tell me something about it? Do you like it? (positive/negative)
2. Future plans: Is there anything you would like to change in your job? What would it be? Where, in which job do you see yourself within the next 5 years?

Overall experience:

How do you feel in the place where you are now?
Are you planning to stay in Glasgow/London? or return home/go abroad? why?

Appendix 11: Consent form for refugee doctor/teacher

Researcher:
Emilia Pietka
emilia.pietka@strath.ac.uk
PhD student
Strathclyde University

CONSENT FORM

Project title: Refugee integration into the profession: refugee doctors and teachers

I agree to participate in an interview as part of this research project

I understand that opinions I express during the interview may be cited in reports and academic publications or public presentations, but that my identity will be protected by a pseudonym or a general job descriptor.

I am satisfied with the arrangements for the protection of my anonymity and understand that I will not be identified in the report resulting from this study.

I have read and understood the Information for Participants sheet and have been offered the opportunity to ask questions.

I also understand that I have the right to withdraw my participation at any time before, during or after the interview.
.

SIGNATURE: ……..

PRINTED NAME: ……

DATE: ……
Respondent co

Appendix 12: List of codes for survey questions

Closed-ended questions (Quantitative analysis)	Open-ended questions (Qualitative analysis)
Q1 - Gender	Q13- Details of undertaken English language courses
Q2 - Age	Q14 -Skills gained on English language courses
Q3 - City	Q16- Details of undertaken University/College courses
Q4 - Country of origin	Q17- Skills gained on University/College courses
Q5 - Occupation	Q19- Details of undertaken training dedicated to refugee doctors or teacher
Q6 - Work experience (in years)	Q20 - Skills gained on training dedicated to refugee doctors or teacher
Q7 - Qualification	Q25- Details of work experience (job titles) in the UK
Q8 - Institution providing qualification	Q31 and 32 - Main barriers in accessing doctors and teachers profession
Q9 - Time of arival	
Q10- Status	
Q11 - Time waiting for status	
Q12 - Participation in English language course	
Q15- Participation in University/College courses	
Q18- Participation in training dedicated to refugee doctors or teachers	
Q24- Work experience in the UK	
Q26- Occupation status	
Q27- Employment	
Q28 - Current job title	
Q29 - Work experience in current post	
Q30 - Job satisfaction	

Appendix 13: Background profiles of interviewed refugees

REFUGEE DOCTORS IN LONDON

RESPONDENT 01 Heather

Survey data:
Female
Age 41-50
Zimbabwe
Arrived in 2007,
Status: British citizen
Current employment: Development officer in the Somali Welfare and Development Centre.
Works part time - very satisfy

Interview:
During the interview Heather spoke about her numerous negative experiences of being an asylum seeker in UK. Heather indicated that she waited eight years for leave to remain in the UK.

While Heather had been waiting for the decision of her asylum claim, she tried to stay engaged with her profession and did participate in diverse preparatory courses, workshops and study groups dedicated to refugee doctors.

At the point of the interview Heather was working in the medical profession. She spoke very positively about her current employment.

RESPONDENT 02 Tahur

Survey data
Male
Age 41-50
Turkey
Arrived in 2008
15 years of work experience as surgeon
Passed the IELTS exams
Status: refugee
Current employment status: In education

Interview data:
During the interview Tahur spoke about his live prior to migration to the UK and explained why he didn't want to come to the UK. He explained that because he didn't want to come and stay in the UK, in the initial period after arrival in the UK, he was not interested in re-entering the medical profession.

The interview provides a good comparison of Tahur's life prior to migration to the UK when he had everything, and his life in the UK, when he had nothing.

At the point of the interview he applied for course at the London School of Economics and was about to start it in September. After that, Tahur was planning to take the PLAB exams.

RESPONDENT 03 Abraham

Survey data:
Male
Age 41-50
Pakistan
Arrived in 2006
15 years of work experience
Status: British citizen
Current employment status: unemployed

Interview data:
The interview predominately focuses on Abraham's struggles to pass the IELTS exam.

Abraham spoke about his financial difficulties due to unemployment and inability to return to the medical profession. Since he came to the UK, he had applied for many jobs below his qualifications but with no positive outcome. Abraham also spoke about his experiences of mental health problems due to trauma and social isolation following migration to the UK.

During the interview Abraham spoke about his future plans on moving to Ireland to work in the medical profession.

Many times during the interview Abraham referred to his negative experiences of being a refugee.

RESPONDENT 04 Madoc

Survey data:
Male
Age 31- 40
Zimbabwe
Arrived in 2003
Receive status in 2008
Status: refugee
Current employment: doing volunteering work in social care
Passed PLAB I and II, ready to register with GMC

Interview data
Madoc spoke about his experiences of re-qualification process. It took him two years to pass the PLAB exams. Madoc considered professional exams as a fair method of examination of medical competences. Madoc accepted the need to re-qualify but also indicated that the structures of medical profession should be more supportive and provide greater assistance to refugee doctors to return to the medical profession.

Because Madoc was from Zimbabwe and thus knew English very well, it wasn't a problem for him to pass the IELTS exam.

Madoc waited for refugee status for five years, in a consequence he suffered from depression.

Very motivated with clear aims and objectives.

RESPONDENT 05 Flavia

Survey data
Female
Age 31-40
Afghanistan
Arrived in 2001
Status: British citizen
Current employment status: in training

Interview data:
The interview predominately focuses on Flavia's numerous struggles to pass the IELTS exam. Despite that Flavia completed the postgraduate course in a public health and did all assignment in English language, she was unable to pass the IELTS exam.

Flavia is a single mum looking after two children. She divorced her husband because he physically abused her. Because of her marital status she struggles financially and she is unable to pay for additional English language classes.

Flavia spoke very enthusiastically about her profession. She would be happy to start her professional education from the beginning, but instead, she is required to pass the IELTS and PLAB exams.

RESPONDENT 06 Nichola

Survey data:
Female
Age 31-40
Afghanistan
British citizen
Status: British citizen
Current employment status: in training

Interviews data:
The interview predominately focuses on Nichola's struggles to learn English language and pass the IELTS exam. Long gap in Nichola's employment is mainly due to a long process of learning English language. She would love to work in the medical profession, even on the entry level post.

Nichola considered volunteering as a very helpful and useful way of staying in contact with her profession.

RESPONDENT 07 Malise

Survey data:
Female
Age: 31-40
Iraq
Arrived in 2006
Status: British citizen
Current employment status: In training

Interview data:
The interview predominately focuses on Malise's numerous struggles to pass the IELTS exam. Despite Malise graduated with a Master degree from University of Sheffield, she was unable to pass the IELTS exam.

As a single mum, Malise has limited time for exam preparation and studies.

RESPONDENT 08 Fabian

Survey data:
Male
Age : 31-40
Afganistan
Came to the UK as newly graduated student in 2000
Status: British citizen
Current employment status: employed in the profession

Interview data:
Fabian is a member of the Afghan Doctor's Community. The organisation gathers 40 members from Afghan community and aims to support doctors coming from Afghanistan.

Fabian came to the UK as a newly graduated doctor. Fabian spoke about feelings of being depressed and confused after his arrival in the UK. After several months of living in the UK he decided to try to return to his profession. The main issue for Fabian, after passing necessary exams was finding the clinical attachment. He sent many application letters and only one practice decided to accept him on placement.

Fabian expressed his desires to work as neurologist. However, due to a gap in his professional practice he had experienced numerous problems in finding suitable medical practice which would accept his job application. In order to acquire more medical skills and competences, at the point of the interview Fabian was doing MSc in Neurology.

He would love to be a neurologist, but he thinks that for people like him (refugees), it is not possible. According to Fabian, most of refugee doctors are working as GPs.

RESPONDENT 09 Sara

Survey data:
Female
Age: 41-50

Iraq
Status: refugee
Employment status: in education

Interview data:
During the interview Sara spoke about her experiences of re-qualification process While Sara considered the IELTS exam as difficult; she found PLAB exams rather easy.

During the interview Sara gave several examples of differences between the medical profession in the UK and in her home country.

Sara expressed strong professional aspirations. Despite this, she was also aware that as a mother of three children she is not able to focus only on her individual needs. In order to find a job in the medical profession she was willing to work on the entry level post.

She considered her age as the biggest barrier to re-enter the medical profession.

RESPONDENT 10 Samuel

Survey data:
Male
Age: 31-40
Nigeria
Arrived in 2002
Status: refugee
Current status: in education

Interview data:
During the interview Samuel referred several times to his negative experiences following migration to the UK. These include social isolation and marginalisation.

Between 2003 -07 Samuel was learning English language. Samuel managed to pass the IETLS and PLAB exams. At the point of the interview he was about to start paid work placements.

For Samuel the biggest challenge to re-enter the medical profession was lack of emotional stability after arrival in the UK. Samuel was living in the UK for 10 years but because numerous emotional struggles, he couldn't move forward and re-enter the medical profession sooner.

RESPONDENT 11 Okan

Survey data:
Male
Age: 31-40
Turkey
Arrived in 2004
Current status: British citizenship
Currently works full time as GP for last 2 months,

Interview data:
The interview predominately focuses on Okan's struggles to find employment in the medical profession. For Okan, finding a job in the medical profession was the biggest obstacle to re-enter his profession. Despite completion of necessary professional exams, Okan was unable to find employment in his profession for several months. That is why he decided to apply for the GP selection process to advance his chances to find a job in the medical profession.

In addition, Okan spoke about numerous difficulties in completing re-qualification process. Due to financial struggles, he was unable to commit to the full time volunteering and thus he struggled to complete clinical attachment.

Okan reported experience of prison and torture back home. He indicated that after arrival in the UK, in first instance, he needed to learn how to deal with his past experiences of trauma but also exclusion and isolation, to be able to concentrate on studding for professional exams.

REFUGEE DOCTORS IN GLASGOW

RESPONDENT 12 Alymar

Survey data:
Male
Age: 31-40
Iraq
Arrived 2002
British citizen
Current employment status: employed in the profession

Interview data:
For Alymar the main problem to re-enter the medical profession was to receive leave to remain in the UK. While he was waiting for his status, he tried to do as much trainings as possible. It was also his coping mechanism.

Studding for the ILETS exam was most frustrating part of the re-qualification process but Alymar understood the necessity of the exam.

Alymar indicated that the health system in Iraq is modelled on the UK system thus he didn't have problems with adjusting to a new professional environment in the UK.

Alymar spoke very enthusiastically about his profession.

At the point of the interview Alymar was working in his profession. He was pleased with what he had achieved. He felt settled and happy in Scotland.

RESPONDENT 13 Gaspar

Survey data:
Male
Age: 31-40
Iraq

Arrived 2010
Status: leave to remain
Current employment status: in training

Interview data:
Gaspar arrived in 2010 and since then he was studying for IELTS. He found the IELTS exam very problematic. However, he felt that his English had improved since he arrived.

Gaspar was working as a doctor in many Arabic countries prior to migration to the UK.

After passing IELTS Gaspar's' plans were to take the PLAB exams.

During the interview Gaspar spoke about numerous, negative experiences of being asylum seeker.

RESPONDENT 14 Jabez

Survey data:
Male
Age: 31 - 40
Iraq
Came though gateway programme
Arrived in 2010
Status: refugee
Current employment: In training

Interview data:
At the point of the interview Jabez was doing language course but he didn't find it useful and was thinking about resigning. He considered the IELTS exam as a key to finding a job in the UK. During the interview he gave examples of other doctors who give up because of difficulties in passing the IELTS exam.

Jabez plans were to try only three times to pass the IELTS exam. If he failed he would need to find different profession. Jabez spoke about being unable to focus all his effort and savings on re-qualification process. For him, the priority was to find a job in general, to be able to look after his family.

Jabez spoke about several negative experiences following migration to the UK. He spoke about experiences of harassment and discrimination. These experiences had knock-on effect on his ability to concentrate on his professional career.

RESPONDENT 15 Josef

Survey data:
Male
Age: 31-40
Palestine
Arrived in 2007
Status: refugee
Current employment: employed in the profession

Interview data:
The interview predominately focuses on Josef's numerous struggles and negative experiences relating to the asylum process. The interview provides detailed description of Josef's' experiences of asylum process, from the screening interview to receiving leave to remain in the UK.

At the point of the interview Josef was working in the profession and was gradually gaining more confidence and experiences in his profession.

Josef understood why he needed to take professional exams, but he didn't understand why he was forced to move from his home country. He kept his asylum card to remind himself about his past experiences.

RESPONDENT 16 Mardi

Survey data:
Female
Age 41-50
Arrived in 2001
Burundi
Status: British citizen
Current employment status: employed in the profession, on part-time basis

Interview data:
Mardi specialised in infection diseases prior to migration to the UK. Despite this, she decided to re-qualify and become a GP after migration to the UK.

It took her 9 months to pass IELTS, and then PLAB exams. She started working in 2004. She considered learning English language and the IELTS exam as the most difficult exam in the whole re-qualification process.

NHS Education assisted Mardi to re-turn to her profession in terms of exam fees and exam preparation.

Mardi emphasised the important role of social networks in accessing the medical profession in the UK.

Mardi spoke about her feelings of being undermined by her work colleagues because of her status.

She wanted to do medicine since she was 11 years old.

RESPONDENT 17 Kwango

Survey data:
Male
Age: 41 -50
Iraq
Arrived in 2008
Status: refugee
Employment status: in education

Interview data:
At the beginning of the interview, Kwango spoke about numerous negative experiences relating to the asylum process.

Kwago spoke about his attempts to access voluntary work in his profession and how he was unsuccessful in finding one.

At the point of the interview, he did applied for the PLAB 1 exam and was doing MRes in public health to improve his chances to re-enter the medical profession

From interview it seems that Kwango had detailed plan how to return to his profession.

RESPONDENT 18 Jeshua

Survey data:
Male
Age: 31- 40
Iraq
Arrived in 2009
Status: refugee
Employment status: in education

Interview data:
Jeshua received support in terms of training materials and exam fees though programme dedicated to refugee doctors. The programme is coordinated by NHS Education.

He didn't have problems in passing the IELTS exams. With support and encouragement from his mentor, he managed to pass the PLAB exams within one year.

He understood rationales behind the re-qualification process and the need to familiarise himself with different ways of practicing medicine in the UK. During the interview he gave some examples of differences in practicing medicine in the UK and his home country.

At the point of the interview Jeshua was 35. Because of his age he was thinking about re-qualifying and work as a GP in the UK.

REFUGEE TEACHERS IN LONDON

RESPONDENT 19 Aura

Survey data:
Female
Age: 51-60
Zimbabwe
Arrived in 2002.

Status: British citizen
Current employment status: working as a supply teacher

Interview data:
Aura came to the UK with her husband, who died in car accident one year after they arrival in the UK.

For last three years she had been working as a supply teacher but she did not enjoy it at all.

Even though Aura had 20 years experiences in teaching in Zimbabwe and she was motivated and committed to teach, she was facing numerous institutional barriers that prevent her from accessing the teaching profession. She described herself as adult learner, very motivated but with no prospect to teach in the UK.

Aura spoke about her experiences of discrimination because of her skin colour and accent.

Aura found it paradoxical that she was eligible to do supply teaching, but she was not eligible to access appropriate teacher training.

Aura expressed her feelings of confusion about her future career plans. On the one hand she would love to be a teacher, on the other hand, because of her age, she was unable to commit to long re-qualification process.

RESPONDENT 20 Dominique

Survey data
Male
Age: 31-40
Eritrea
Arrived in 2009
Status: refugee
Current status: in training

Interview data:
Dominique academic qualifications were in mathematics and geography.
Since coming to the UK, the only practical experience in teaching Dominique had, was in a private tutoring, teaching adults in refugee centre and 2 weeks of work placement in state school.

Dominique completed many vocational courses including: familiarisation courses for teaching profession, ITC, communication courses to increase his chances to find employment in the UK.

Despite Dominique would like to work in the teaching profession, for him finding a job in general was more important. Dominique believed that employment would bring him economical independency as well improves his English language.

Dominique was advised to start his teaching career as teaching assistant and then start work base training or PGCE. However, either of those options were not accessible for him at the point of interview.

RESPONDENT 21Juan

Survey data:
Male
Age: 31-40
Somalia
Arrived in 2002
Status: British citizen
Current employment status: self-employed (chairmen of community organisation)

Interview data:
Juan is a chairman of the community organisation which aims to assist children of ethnic minority background. The school provides classes of English and Mathematics. In addition, the school is advocating for greater involvement of ethnic minority parents in school education.

Juan has Bed from one of the universities in the UK (prior to that he did GTC in Mathematics and English).

In 2004 Juan tried to apply for PGCE, but was not successful. In 2007, Juan graduated with MA in education and adult learning. As Juan was unable to find a job as a teaching assistant he decided to establish the organisation which would support children and parents from Somali community.

During the interview he spoke a lot about positive impact of ethnic minority teachers on children of ethnic minority background learning outcomes.

RESPONDENT 22 Chantal

Survey data
Female
Age: 31-40
Eritrea
Arrived in 2002
Status: refugee
Current employment status: doing voluntary work

Interview data:
At the point of the interview Chantal was waiting for the decision on her PGCE application and was doing work placement in one of state schools in London.

Chantal had been living in the UK for last 10 years, however during the first four years she couldn't do anything. Arrival in the UK was a huge shock for her and it took her four years to overcome the trauma related to experiences of migration to the UK. She referred to this period as a gap and a hole in her life.

Chantal during the interview spoke a lot about the English education system being different comparing to the education system in her home country.

Chantal described her attitudinal change from being resistant to the imposed need of re-qualification process, to accepting the necessity of teacher training. She

perceived re-qualification process as the only method to re-turn to the teaching profession.

RESPONDENT 23 Sade

Survey data:
Female
Age: 41-50
Zimbabwe
Arrived in 2002
Status: leave to remain
Current employment status: doing voluntary work

Interview data:
Sade was a teacher in secondary school and then tough in University for 20 years prior to coming for the UK. In the UK she did work placement in a state school for 9 months.

Sade resigned from pursuing her career in teaching because she couldn't find a job in her profession. She wanted to work as a teacher, or teaching assistant, but she was unsuccessful in finding a job in any of those occupations. In addition,
Sade spoke about her worriers of not being able to handle pupils' behaviour in classroom and adjust to new professional environment. Therefore, she decided to work in different profession.

Sade applied for MA in public health, but due to financial straggles she might not be able to cover the fees of this course.

At the point of the interview, Sade was working in community organisation helping refugee women.

Her plans were to complete a degree in a public health and find a job in administration.

RESPONDENT 24 Hassan

Survey data:
Male
From Iran,
Arrived 2006
Age: 41-50
Status: Refugee
Current employment status: Employed (sales assistant in Tesco)

Interview data:
Hassan academic qualifications were in Physic and Mathematics. At the point of the interview Hassan was working in part-time job in TESCO. Despite Hassan was not working in the teaching profession he indicated the importance of having the job in general.

Hassan considered language as the biggest barrier to re-enter the teaching profession.

Hassan spoke a lot about his personal struggle relating to the fact of being refugee.

Hassan spoke about missed opportunities due to lack of appropriate career advice and guidance.

Hassan plans were to apply for PGCE.

RESPONDENT 25 Trish

Survey data
Female
Age: 31-40
Zimbabwe
Arrived in 2001
Status: Leave to remain
Current employment status: supply teacher

Interview data:
Trish came to the UK on work visa permit, however, when her visa expired she couldn't return to her home and applied for asylum. She waited six years to receive leave to remain in the UK.

At the point of the interview, she was working as a volunteer and as a supply teacher on temporary basis. For many years, while she was waiting for the decision on her asylum claim, she had been working as volunteer supporting children with special needs. Since she received her status she had been trying to find a job as a teaching assistant to return to the teaching profession.

During the interview Trish spoke about negative impact of asylum process on her professional career in the UK.

RESPONDENT 26 Lucasta

Survey data:
Male
Age: 41-50
Iraq
Arrived in 2009
Status: refugee
Current employment status: doing voluntary work

Interview data:
Many times during the interview Lucasta indicated that he didn't want to come to the UK to seek asylum.

At the point of the interview Lucasta main plan was to find a job. He would love to return to the teaching profession, however employment in different occupation would also satisfy him. Lucasta indicated several time during the interview that being unemployed is against his nature.

Lucasta indicated that he considers teaching as not the only option for future employment in the UK. In order to improve his chances to return to employment Lucasta participated in a numerous vocational trainings and workshops. He indicated that he would like to keep his options open, and not to limit himself to one profession.

At the point of the interview Lucasta present himself as a highly motivated person. However, as he explained, it took him a long time to be able to regain his self-esteem. Lucasta spoke about his negative experiences following migration to the UK.

Lucasta future plans were to find a job and travel.

RESPONDENT 27 Laban

Survey data:
Male
Age: 41-50
From Nigeria
Arrived: 2002
Status: British citizen
Current employment status: Unemployed

Interview data:
Laban spoke about re-qualification and re-education processes being very long and time consuming. Despite Laban completed all necessary courses, he was unable to find a work placement to complete his ITT.

In addition, Laban spoke about numerous personal problems relating to being a refugee. Laban waited eight years to receive leave to remain in the UK. When he finally received his status his wife was diagnosed with serious metal health illness and thus he needed to take main carer responsibilities for his family and in a consequence was unable to commit to full-time.

Even though Laban couldn't find a job as a teacher, he expressed his appreciation of being able to study in the UK.

During the interview Laban argued many times that schools were not interested in reasons why he was unable to complete his teaching qualification and because of that he was unable to secure employment in the teaching profession.

RESPONDENT 28 Ray

Survey data:
Male
Age: 31-40
Kongo
Arrived in 2003
Status: British citizen

Current employment status: in education

Interview data:
Arrived 2003, waited for status until 2005. During this time he was learning the English language and was working as a volunteer in different community organisations.

In 2005, Ray applied for British citizenship.

In 2006, Ray started thinking about returning to the teaching profession. Before he decided to return to teaching Ray was working in administration but he decided to give it up. He sought advice through the RITeS project and applied for ITE in 2007.

Ray considered the PGDE course as very beneficial experience. Ray believed that going through the re-qualification process was useful experience which made him a better teacher.

RESPONDENT 29 Olaf

Survey data:
Male
Age: 31-40
Burundi
Arrived in 2007
Status: British citizen
Current employment status: supply teacher

Interview data:
Olaf is a fully qualified teacher in Scotland and at the point of interview; he had been working as a supply teacher for the last three years.

Olaf spoke about his experience of re-entering the teaching profession in Scotland.

Olaf completed PGDE because it was the only way for him to return to the teaching profession. He found the course very useful and helpful. He received a lot of support from RITeS programme during the course and after it.

During the interview Olaf spoke very enthusiastically about teaching.

RESPONDENT 30 Isaac

Survey data:
Male
Age: 51-50
Arrived in 2007
Senegal
Status: leave to remain
Current employment status: doing voluntary work

Interview data:

Issac is a former teacher of chemistry and physic. Isaac had more than 25 years of work experience in teaching in many African countries.

At the point of the interview Isaac held provisional registration with GTCS.

Isaac spoke about his teaching experience in Glasgow. Isaac found teaching in Scotland very different than in Africa, especially in terms of pupils' behaviour in the classroom. Despite those differences he spoke very enthusiastically about his experiences of teaching in Scotland.

Isaac future plans were to find a job in the teaching profession.

At the point of the interview Isaac was waiting to start another work placement in one of state schools in Glasgow.

RESPONDENT 31 - Osbert

Survey data:
Male
Age: 41-50
Ethiopia
Arrived in 2003.
Status: leave to remain
Current employment status: in training

Interview data:
At the point of the interview Osbert was undertaking the course for driving licence. Osbert was a teacher of English language in Ethiopia for 10 years.

The interview predominately focuses on Osbert's numerous challenges and negative experiences following migration to the UK. Because of those experiences Osbert felt that his life was wasted.

At the point of the interview Osbert was looking for a job outside of the teaching profession. Osbert decided to resign from pursuing his professional aspirations as he considered re-entering the teaching profession as unrealistic for him. At the point of the interview a priority for him was to find a job.

RESPONDENT 32 Cicely

Survey data:
Female
Age: 41-50
Iran.
Arrived in 2007
Status: refugee
Current employment status: in training

Interview data:
Cicely spoke about the teaching profession and her attitude to teaching in general. Cicely wrote three books describing the nature of the teaching profession.

Prior to migration Cicely was working as a lecturer in psychology. During the interview she expressed her attitude of acceptance and the necessity of adapting to the regulations and norms of her new professional environment.

At the point of the interview Cicely did not consider herself as job ready and was aware that she would need to familiarise herself with a new professional environment and acquire additional skills to be able to work in her profession in the UK.

Because Cicely's husband was a doctor by profession, they both decided that that he would try to return to his profession as first.

Cicely spoke about numerous struggles but also different coping mechanisms related to adjusting to a new cultural and social environment.

RESPONDENT 33 Habtom

Survey data:
Male
Age: 31-40
Male,
Iraq
Arrived in 2009
Current employment status: in training

Interview data:
Habtom completed one year teaching assistant course and then worked for one year as teaching assistant.

Habtom was accepted for undergraduate course in education but resigned from it because he felt that he didn't learn anything new. In addition, as a mature student he felt isolated and couldn't communicate with younger students. Habtom spoke about his feelings of regrets that he had resigned from teaching assistant post to start university course.

Habton future plans were top up his qualification and apply for PGDE. However, the main priority for him was to find a job in general.

RESPONDENT 34 Nio

Survey data:
Male
Age: 31-40
Burundi
Arrived in 2005
Status: refugee
Current employment status: supply teacher

Interview data:
Nio is a fully qualified teacher in Scotland and at the point of interview he was working as a supply teacher.

Nio spoke very enthusiastically about teaching during the interview. Teaching was not only his job but also his passion.

The first teaching experience in Scotland was a shock for him because it was something totally different than teaching in his home country. Nio expressed his attitude of acceptance of necessity of re-qualification and re-education processes to be able to teach in Scotland.

Even though he did PGDE course he still didn't feel confident to teach in Scotland.

Nio future plans were to find a full time post in the teaching profession.

RESPONDENT 35 Vasco

Survey data:
Male
Age: 41-50
Kongo
Arrived in 2003
Status: British citizen
Current employment status: in education

Interview data:
At the point of the interview Vasco was studding Law and English literature.
After applying for PGDE, he was advised that it would be better for him to complete undergraduate course prior to applying for the PGDE.

Before he decided to study he was working full time in warehouse but he felt very unhappy and depressed.

Vasco spoke very enthusiastically about teaching during the interview. It was hard for him to return to studying because of his age, but he was aware that after completing university course he would had more options for finding better job.

RESPONDENT 36 Kanes

Survey data:
Male
Age: 51-60
Afganistan.
Arrived in 2001
Status: Brisih Citizen
Current employment status: doing voluntary work

Interview data:
Kanes holds PhD from University of Aberdeen and 15 years of teaching experience.

The interview focuses on numerous struggles encountered by Kanes to re-enter the teaching profession. Despite Kanes high academic qualifications, he was not able to meet the entry requirements for the PGDE course. These experiences cause him a lot of frustration and disappointment.

Kanes refused to accept necessity to re-qualify and instead he decided to focus on writing a book. In addition, Kanes worked from time to time as a private tutor.

Even though he was very disappointed that he was not able to be a teacher in the UK, at least he was happy that his children were safe and were able to finish their education in the UK.

RESPONDENT 37 - Elma

Survey data:
Female
Age: 31-40
From Iraq
Arrived in 2006
Current employment status: in education

Interview data:
At the point of the interview Elma was doing postgraduate degree in biostatistics. Elma spoke about her dilemmas related to her future career path. She was accepted for PGDE course, but also she was thinking about doing PhD in biostatistics. She would like to be a teacher, however she was aware that after completing PGDE she might struggle to find a job in the teaching profession. As a mother of two children she emphasised that she needed to consider the needs of her whole family and their financial stability. Thus, finding employment was crucial for her.

Elma also spoke about difficulties in adjusting to a new cultural and social environment after arrival in the UK.

Appendix 14: Sample of interview transcript with refugee doctor

EP-N: Can you tell me a little bit about your professional background?

H: I was working as medical doctor in my country

EP-N: When you came here, you were required to re-qualify

H: Yes, I needed to do PLAB 1 and 2

EP-N: And how did it go?

H: I passed them

EP-N: How long it took you to pass those exams?

H: IETLS was not a problem for me because I'm from Zimbabwe and I knew English language already. Preparations for PLAB1 exam took me around one year

EP-N: Did you participate in any training to prepare for this exam?

H: Yes, I did PLAB 1 training. It was provided by Refugee Council. Apart of this training they offer IELTS classes and trainings for PLAB 2. In addition, they offer access to training materials and mannequins which you can use for practice. They helped me to go through all the stages of re-qualification process and they prepared me to work in NHS

EP-N: Was it difficult for you to pass PLAB exams?

H: It was quite difficult for me. The structure of the exam is quite difficult. For example, PLAB 1 is a test with multiple answers. I needed to learn the technique of elimination. You need to do it quickly. There are 200 questions which you need to answer to within two hours, so you need to be fast and precise. PLAB 1 checks your knowledge, medical knowledge. PLAB 2 is more about communication skills and how you perform your profession

EP-N: I see

H: You need to show how you do some procedures and how you communicate with patients

EP-N: Did you find it difficult?

H: Not at all, because English language it is my first language. However, by the time I did my PLAB exams, I was out of practice for eight years

EP-N: It was a long break

H: Yes, it was eight years and that is why it was very difficult for me to get back to work. I waited nearly eight years for my status. It was a long time.

EP-N: Indeed, it is a long time

H: I have colleagues who did PLAB exams while they were waiting for the decisions on their asylum claims. By the time they received their decisions, PLAB exams expired and they needed to do it again

EP-N: Your leave to remain in the UK was granted to you after eight years you initially had applied for it , it is long time

H: It was not easy, it was eight years, but I went through it. When you are waiting for the Home Office's decision and you sit there, and you wait and wait, you feel frustrated. After a while I thought, OK, I need to do something. Initially I was not able to do anything. After four years, I started preparing for PLAB 1 and then for PLAB 2. I waited many years to get leave to remain in the UK. But there were other people who were in that same situation as me, so we encouraged each other.

EP-N: I see

H: There were other people who were in that same situation as me, but as well you meet people who received their status, did their exams and went away. I remember when I met a guy from Syria. He was doing preparatory course for PLAB and he asked me if I'm this famous Heather. I was surprised and I asked him, what he meant. He explained to me that he heard my story and this encouraged him to study for PLAB. I was thought by his story and that I could inspire someone else, it was really nice

EP-N: Wow, this is very nice. But how did you manage for all those years?

H: I don't know. I think I received a lot of support from other people. Life of asylum seeker is something that you wouldn't choose. I remember when I was moved to one accommodation. I was sharing it with five other people. We were living above a pub. Every night we witnessed people fighting or parting, it was very loud place. I was really stressed and horrified at that time. So, a friend of mine offered me a room in her home to be away from this constant noise and fights. As I said, I received a lot of support from colleagues, friends and family. All of them helped me a lot

EP-N: So you didn't feel alone

H: No

EP-N: After you have passed your exams, how long it took you to find a first job?

H: Everything took me a long time, everything was a problem. It took me eight years in total. I didn't receive refugee status but discretionary leave to remain in the UK. It was really difficult to get all documentations that they were asking for. The Home Office are doing whatever they like with your life, and you have no influence on this. The problem is that you feel that you are stuck. You cannot travel, you cannot do anything, you are stuck, and even if you would like to move forward, you cannot

EP-N: I see

H: You are stuck here and you need to stay here but you don't want to. There is no other option than stay and wait

EP-N: Yes

H: You need to wait and that is it

EP-N: But you managed to do it

H: Yes, and sometimes I asked myself how I did this.

EP-N: Did you ever think that you will not be able to stay in the UK and re-enter your profession?

H: Yes, especially when you see other people who had received their leave to remain and they moved on with their career, and you are still in the same position. You are able to compare and see what you could do during this time. I tried to do some exams, and focus on learning but I couldn't. I was receiving stressful letters from the Home Office. Every time I was about to open an envelope I thought that my heart would jump out of my chest. It was a very, very stressful experience. The language that they used was threatening, and I felt that they were threatening me. It was a very bad experience. I kept asking myself why they were doing this to me and other refugees. I remember how I felt when I received the letter informing me that I must leave the place I was staying. By the time I had received this letter, I had one or two days to move out. These are very difficult circumstances in which you can't focus. If you can be homeless, you can't plan anything, you don't think about your career.

EP-N: Yes, definitely

H: Now because of the asylum process, I have this gap in my professional practice. To stay in contact with my profession while I was waiting for my decision I did different clinical attachments

EP-N: Did you find them useful?

H: I did a lot of clinical attachments where you mainly observe and follow people. This experience gave me the opportunity to observe and understand how the system works here

EP-N: Yes

H: I did clinical attachment in various places and after a while a job came out in one of places I was working. I applied for it and I got the job. I started in January

EP-N: This is great

H: Yes. Once they see you working, there can see your commitment and your skills

EP-N: Yes, definitely

H: I do have a lot of skills. I can deal with stressful situations I don't fall apart under a pressure. I learned though my experience to be a strong person and to stay strong, when there is a problem

EP-N: You said that you had received a lot of support from other people and organisations, do you think that without their support you will be in the same position that you are at the moment?

H: It would be very difficult. Those organisations, they liaise with different hospitals and make the arrangements on refugees' behalf. So we are able to do clinical attachments. When we [refugees] start clinical attachment, a hospital is already informed about our background. It is very difficult to find a placement for clinical attachment on your own because it is difficult to explain why you have been out of practice for such a long time. People don't know that when you are refugee, there are so many things that are out of your control. People don't know that first of all you need to survive, so they ask why you didn't do this or that. People don't know that we [refugees] are living on minimum. They don't know that you have no money or you can be homeless anytime or you have no permission to work. So those organisations inform hospitals about our background

EP-N: Yes

H: I was doing as much I was able to do. I was participating in different courses for refugee doctors. I had the opportunity to meet other refugee doctors, study with them, exchange medical knowledge and experiences. Sometimes, it felt I had my medical life back. It was not exactly the same, but it was something.

EP-N: Definitely, how many years of work experience as a doctor you had before you came to the UK?

H: Around 10 years

EP-N: Do you find a lot of differences in medical practice in the UK?

H: There are differences in terms of resources or the way you approach patients. Here you have more resources and patients are included in process of decision making

EP-N: Was it difficult for you to adapt to this system?

H: In general, I think I'm very adaptable. I was working in many different places in Africa, I can fit in anywhere. I could even work in Russia and I would fit it

EP-N: I see. Do you have any plans for future?

H: All this time I was waiting for a normal life. I was waiting for opportunity where I will be able to work in the place I was trained for. I was waiting to have place, a secure place where I could live. I become very adaptive I don't get attached to material things, if I have to move I would move tomorrow, I'm very flexible

EP-N: Where do you see yourself within 5 years?

H: I need to do more training. Initially my plan was to return to work, and see how I would manage. Now the worst is over, I can move on with my life and do normal

things. Maybe I will go for a holiday. It was just a thought, but it makes me happy that I can do normal things now, maybe I will just go away for a weekend, I will see. I'm happy to work in my profession; still I need to do more training and get into my specialisation. However, I have my life back, I can live and work here, I'm more stable. I'm grateful that I can work in a hospital, very grateful.

EP-N: I see, how long have you been working?

H: I started in January, so it will be two months

EP-N: And how does it feel like?

H: I feel wonderful, but also a little bit stressed because I hadn't been working for ten years and thus I forgot some things. My confidence is growing now. I wake up and I want to go to work. I really enjoy it

EP-N: Really?

H: Yes, my self-esteem had been damaged so much, and I want to rebuild it, I would like to do my best, now I can prove myself that I'm good at being a doctor. I was stuck in the system for eight years. It was very difficult time, they are messing up with people brains. I remember when I received my decision, I though it is not real, that this is not happening and I'm dreaming. Then I though, I survived, I survived. After all those years I can relax. The most difficult part was not passing the professional exams but going through the asylum process. The most difficult part was not proving my professional qualifications but proving my right to be here, that I had a right to flee from a country where I didn't feel safe and that I have the right to be safe and to feel secure.

EP-N: Yes, definitely. I think that will be all I wanted ask you, would you like to add anything?

H: I was waiting eight years for permission to live in this country. When you are asylum seekers you can't practice your profession at all. After six months I could apply for permission to work but the only jobs I could get was to clean toilets, but not as a doctor. If I had been able to start working from 2007, when I arrived here, even without being paid but in medical profession, I would be in the different position now. If they allowed me to work one or two days in a hospital, I would gain additional skills and meet other people. That could be a win-win situation. Instead, everything was organised for me. The accommodation I was staying was paid, council tax was paid, I also received benefits, and I wanted to repay it by working in a hospital, but I was not allowed to do so. Asylum system damages you on many levels that is why I have been advocating for asylum seekers and I'm involved in refugee council work.

EP-N: It does, you are right

H: I went through hell and I need to say my story to other people

EP-N: Definitely, thank you for sharing your experience with me.

H: You are welcome

Appendix 15: Sample of interview transcript with refugee teacher

EP-N: Can you tell me a little bit about your profession?

L: Back in my country education is not that common as it is here. There are two types of schools: private and public. If you want to go to private schools, you need to spend fortune to get a good education, and if you go to public schools, they are just rubbish. In my country, there was a scheme that federal government started. If you manage to organise at least 30 students and teach them, the government will pay money for teachers' wages and other expenses. As community leader I managed to organise 18 schools. I was teaching and managing those schools.

EP-N: Fourteen schools, wow it is a lot

L: In total there were more than 3000 people. I'm coming from a family where we all were very interested in education. Could you believe that I'm the least educated person in my family? I have eight siblings, and only I have BSc degree. My brothers and sisters instead have master or PhD degrees.

EP-N: Wow

L: My younger sister is doing her PhD in chemistry, here in London. She is in her final year

EP: So at least you have a family here.

L: Yes

EP-N: So what is your subject area?

L: Computer science. I sent papers to NARIC, and then I did level 2 for English and Math which are equivalent to o GCSE, and now I can work as a teaching assistant. In my country education system is different. You have primary, middle and higher education, then you have intermediate education and after that you can go to University

EP-N: I see. So you are looking for teaching assistant post at the moment

L: Yes

EP-N: Are you required to do additional training or work placement?

L: Yes, they told me that I need to do 16 hours, all together

EP-N: I see

L: It is good. Every job is good, at least I'm working, but I don't want to get stack in one particular job when I know that I could do better. I hope to do some training and working. I apply for a job in royal mail and as well for a teaching assistant post. They will call me next week. I will see. If I got teaching assistant post, I would not go for royal mail job. Maybe I will only do it part-time, I will see

EP-N: I see

L: I may only work on Saturdays and Sundays for royal mail. At least I could get some money. I'm new to this society so I need to learn more and more and more.

EP-N: You are well organised and you are doing many things at the same time

L: I was always active, doing things. I grew up in a society where you must work, it is your obligation to contribute. This is my motto that is why I have never missed any opportunity to do things and have learned new things. I have a lot of experience that I would like to use and contribute to this community. I do a lot of things. If you look at my CV you will notice that I'm doing many things, I've been here for around two and a half years and managed to complete many courses and have received around 18 diplomas.

EP-N: Oh, wow, what kind of diplomas?

L: Different, starting from IT courses, interpreting courses, health and safety, first aid, anything which would improve my chances of getting a job, employment, course, anything, I even did a course to work as a security worker, and I'm in the process of getting a driving licence. I never lost my hopes, even though I'm struggling. Whatever education courses, skills I could get, I tried to participate.

EP-N: This is good

L: I had everything: good job in local school, house, family and friends. People in my community respected me. So, I didn't ask and I didn't want to claim asylum in this country, I didn't want to leave my country, but sometimes life changes so rapidly that you have almost no choice. But I never lost my hopes, even though I was struggling. Whatever education courses I could get, I tried to get them, and I got them. As soon as I got my permission to work I started to look for a job. My first job in this country was with the population census. I received my permission to work in December 2010. Despite this, I'm still facing a lot of problems. If you want to get a job in this country you need to have work experience from this country and you need to have ID, but as a refugee you do not have standard proof of identification.

EP-N: You do have it, but different one

L: In most of cases they don't accept this and they don't want to accept it. Yesterday, it took me more than an hour to explain why I have different proof of identification, and guy even called his manager to ask whether he can accept it or not. That is the thing, it is not easy

EP-N: Sometimes, simple things like your ID is a problem

L: Yes, sometimes I have this feeling that I'm teaching people who are living here.

EP-N: I see. How long you are living in the UK?

L: I arrived on 1.02.2009. So it will be 2 years and 4 moths

EP-N: And you managed to do all those courses with this time? You must be very busy

L: I was always a busy man. If you want success in your life you need to be active, that is why I was interested in all those courses. Prior to coming here, I was a respected and well-known person in my area, always busy. Now everything has changed, my position, my life, everything.

EP-N: So why teaching?

L: Teaching was always my thing. When I was student, I was inspired by my teacher. As I told you I was the oldest child in my family and that is why I was responsible for my family. It is not like in Europe, the oldest son needs to look after his family. You have to help your parents. So I started my own schools, and I was successful in this. I was in touch with different education organisations, I was helping them if they need something. I was helping getting things, buying things, I was always there. Teaching was my passion, and I was coordinating 18 schools, I managed them. In total there were 3000 teachers and students learning there. When I came here I decided to top up my degree to work as a teacher. While I was doing those courses I realised that I'm not bad in studying as well. I always complete my tasks before everyone finished and then I was helping others. My lecture offered me a placement. I'm still in touch with them, whenever I have a time I go there. But lately I was very busy, and I couldn't go.

EP-N: What did you do?

L: They were running a basic IT and ESOL classes. I was teaching and I was doing some administrative tasks. It keeps me busy, and when you are teaching you learn more

EP-N: You were teaching adults?

L: Yes, but also I teach younger people. This organisation I have been working with, also provides special classes for students during summer or holiday breaks. I was teaching them as well

EP-N: It is a lot

L: Yes, it is. I don't like sitting and doing nothing. That is why I was going there for 5 days during a week. It was like a full-time job. I was doing it without being paid. I was there to learn something as well

EP-N: Would you prefer to work with adults or children?

L: I don't mind, I don't have preferences, because children are the most beautiful creatures in the world. If you are interested in them, they are interested in you. To be honest I would prefer to teach in a primary schools or adults, not in secondary schools. Young children here are horrible, you cannot do anything with them. They can't behave properly

EP-N: Do you have a lot of experience with high school pupils

L: Yes, I was teaching them computer science during summer breaks. They were not interested in anything, they were playing with phones or with each other, so that is why I would prefer to work in a primary sector.

EP-N: I see

L: I think that they don't know why they should learn, they are not interested in learning, it may be different in different schools but this is my experience. What I learned here is that if a teacher is well prepared it is not a problem. But if you are not well prepared children will find many occasions to disturb your class. So you need to be prepared

EP-N: Do you think that coming from different country you are lacking some knowledge?

L: Yes, I do. Learning is ongoing process, and it never ends, so I think yes, it is a process and everyone needs to continue it, and learn more and more. Unfortunately if you are refugee teacher, you need to prove that you are qualified teacher over and over again, not only in front of the classroom but as well other members of staff. They are quite reluctant. They don't believe that you have enough skills to teach the whole class. Yes, teaching in this country is different. Language is different and curriculum is different, and you need to learn it. But the only way to do this is by practicing. To be a better teacher you need to practice more and more.

EP-N: yes, that is true

L: I'm totally new to this environment, I don't have anyone there, my sister is doing PhD here but she is busy. I didn't have a chance to talk to her in weeks. No one is here to help me, or to try to help me. I managed to find the way out from this situation. I decided to do all those courses I was referring to. I did them to meet people and to learn about this country. As a teacher you need to look at all your students and they are coming from different backgrounds including different races, religions and abilities. On the last seminar at Refugee Council we discussed this. Students here are different, but there are certain types of students who always get a lot of attention. These are the top students or students who have learning difficulties, but what about other students? No one is looking at average students? This is the quality of a teacher to look at every child and to look after everyone.

EP-N: Yes, you are right

L: I'm always eager to learn new things and get some experience and knowledge

EP-N: Do you consider yourself as 'job ready', or you would prefer to go for a course to improve your skills?

L: In England you cannot teach until you receive QTS. In my case I will go for any work placement to be a teaching assistant and then learn, learn and learn. In my case, I prefer to learn more, to get qualifications, to get more qualifications and it will give me more confidence

EP-N: Yes, indeed

L: Off course, confidence is crucial

EP-N: Exactly

L: Confidence is a key

EP-N: And your subject is computing science?

L: Yes, it is. I have degree in computer science and diploma in Microsoft software, so I would like to work as a teaching assistant. I really enjoy and I would be more than happy to be teacher. Also I'm practical person, this life is not my way of life, and I didn't choose it. I would like to work but instead I'm getting job seeker allowance, it is not me. I want to do things, not setting and do nothing

EP-N: Are you saying that the system discourage people to do things for themselves?

L: It is rubbish to live on social benefits all the time. I want to be active, I have skills and competences which I could use and contribute to the community. I want to show that refugees do not come here to steal jobs. I want to use my skills in this country and prove that we refugees have something to offer and contribute to the community. I remember when I was collecting the census surveys, I told my supervisor that I would like to work more. My supervisor explained me that in EU you cannot work for more than 48 hours. He suggested that I could work two weeks for 48 hours and then 40 hours. I was the first person who reaches the target and then I was helping other. He gave me his email and phone number and said that if I need references he will be more than happy to give me one. I was working 48h per week. This type of work was not easy. I was paid £400 and I was receiving £280, the rest of my wages was tax. But if you are not working you can get this same standard of life. You don't need to worry about anything, everything is ready for you. I think that the system encourages people to stay on benefits, but it is against me, my culture. I grew up in a society where you must work. It is your obligation to contribute to the community you live in. The life of an asylum seeker is different. Your everyday tasks are limited to eating and drinking, that is all. I didn't want it. It was not me. I wanted to do things, not sitting and did nothing. I want to do things. This is my motto, that is why I never missed any opportunity to do things and learned new things. That is why I did all those trainings including teaching, admin job, security training, driving license, first aid and many, many things. I have a lot of experience that I would like to use.

E P-N: Yes

L: I was not asking for asylum in this country, I didn't want to leave my country, I think no one wants to leave the place where he was born

E P-N: Yes

L: I had everything: good job in local school, house, family and friends. People in my community respected me. So, I didn't ask and I didn't want to claim asylum in this country, I didn't want to leave my country, but sometimes life changes so rapidly that you have almost no choice

E P-N: Yes

L: I should not be blamed for the fact that I'm here, I didn't want this. I needed to save my life. I didn't want this but my life was in danger. There were two attempts on my life as a result of which one person was killed. He was protecting me, he died in my hands.I was good with people, and they were good with me, I was saved. This is my experience, I have been living in this country for 2 years but it seems like it has been yesterday. Time passes so quickly. I feel more confidence with what I'm doing now, comparing to my beginnings. During the first 6 months I learned simple things, how to live in this country, simple things like doing groceries, traveling by public transport, , normal things, You need to find your own place in a new place, you need to sort it out to go further. It takes you a time to organise your life, for example to find courses, organisations or getting appropriate information, it takes a time.

E P-N: You need to be patient

L: Yes, exactly, life is not easy, if you don't have a job, your life is not easy. When I will have my travel document I may go to Australia, my brother is a doctor in Sydney, so I may visit him, he invited me many times. I would like to visit him. I'm thinking as well about traveling and visiting other places. For example, last weekend I was at my friend's wedding, would you like to see the pictures from the wedding?

E P-N: Yes, please
[Lucasta is showing pictures from the wedding]

E P-N: I would like to thank you for sharing your experiences with me. Would you like to add or say anything else?

L: No problem, it was a pleasure. There is only one more thing I would like to emphasise, refugees should not be blamed for coming to this country, this is not their fault. There are good people who want to contribute to this country