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TITLE: Exploring the everyday life information needs and the sociocultural adaptation barriers of Syrian refugees in Scotland.

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Abstract

Purpose: This paper presents the research findings of the "Syrian new Scots' Information Literacy Way-finding practices" research project, funded by the Information Literacy Group (ILG) of the Chartered Institute of Library and Information Professionals (CILIP). The aim of the project was to explore the information needs of 'Syrian new Scots' (the preferred name for refugees in Scotland), their habitual and adaptive information literacy practices and the barriers and enablers they encounter within their new socio-cultural setting via their interactions with people, tools and processes.

Design/methodology/approach: Primary data was collected via interviews with three Local Authority Leads for Syrian Resettlement and focus groups with Syrian new Scots in three geographical locations in Scotland: two rural areas and one urban. Syrian research subjects were also involved in a drawing exercise that helped to contextualize the findings.

Findings: The main information needs expressed by participants revolved around the learning of English language which was linked to addressing health related information needs, well-being, and community engagement. All participants also highlighted the issue of socio-cultural differences in fulfilling everyday life information needs (such as health and housing). Information provision to Syrian new Scots requires a more structured process that acknowledges personalized information needs and it is tailored to the different stages of the adaptation process. The findings suggest that the 'ways of knowing' that Syrian refugees bring with them are converging information experiences of past and new knowledge structures gained via different socio-cultural and migration experiences.

Originality/value: The research findings of this project will be of interest to local and regional support organizations and community volunteer groups who contribute to the social wellbeing and social integration of Syrian refugees. In addition, they may be of interest to public libraries due to their role as centres for educational and cultural orientation sessions, and as places of support for newly settled Syrian refugees and the communities that embrace them.

Keywords: Syrian refugees, health literacy, community, integration, citizenship, information literacy, everyday life.

1. Introduction

Since the outbreak of the civil war in Syria in March 2011, it has been estimated that eleven million Syrians have migrated to other countries. According to the UN Refugee Agency (UNHCR, 2017), there are more than five million Syrians registered by UNHCR in Egypt, Iraq, Jordan and Lebanon, Turkey and North Africa. In Europe in the first quarter of 2016 only (Jan to Mar), there were over one hundred thousand new Syrian asylum seeker applications (Eurostat, 2016).

Although refugees have been the focus of previous research in different subject domains, understanding their information related experiences is still fragmentary. As Lloyd (2017) notes this is a relatively new area of research interest for the library and information science sector since "there have been no attempts at deeper explorations of the information aspects of this crisis" and this knowledge gap raises the need for more research on "how to best support refugees" (p. 35). Similarly, research on Syrian refugees' information needs, information seeking behaviours and information literacy during their resettlement experiences is scarce. Most of the previous research in this area has focused on exploring issues and experiences of Syrian asylum seekers who have been displaced in other neighbourhood host countries. In addition, prior work has been preoccupied with immediate issues faced by Syrian refugees in difficult living conditions experienced within camps and resettlements, mainly addressing concerns surrounding basic survival needs, human security and human rights (e.g. adequate shelter, protection, water and sanitation, education and health care) with a view to planning effective practices and mechanisms relating to the refugee crisis (BRD/I Group SAL (2013) and sustainable community development (Xu et al. 2015). For example, in an assessment of the impact of Syrian refugees in Lebanon and their employment viability, it was found that most Syrian refugees are "living in difficult socio-economic conditions with limited livelihood resources". Rented accommodation is frequently shared with other families, too small or highly priced, with the only alternative to move to Palestinian camps, abandoned buildings, or tented settlements (Masri and Srour, 2014, p.8). This raises the need for the provision of a range of income-earning opportunities from temporary public works to self-employment (p.43). In relation to healthcare issues, Masterson et al. (2014) conducted a health needs assessment in Lebanon surveying health clinics and interviewing Syrian refugee women addressing reproductive and general health, stress and help-seeking behaviours. They reported an association between stress levels and gynaecological conditions. Benage et al.

(2015) similarly examined pregnant Syrian refugees in difficult living conditions in various geographical locations in Lebanon, addressing antenatal care issues, such as access, the scope of existing antenatal care, family planning behaviours and practice.

Unlike these prior studies, the present study differs in its focus on Syrian refugees' information related experiences within a secure and safe environment during their process of adaptation, rather than their experiences within the context of a temporary transitional place. It is concerned with Syrian refugees' resettlement experiences during the process of integration into local communities where they were relocated to access services alongside their host country nationals. Within this context, there has been no previous research and little understanding of how Syrian refugees are welcomed into their new communities with the purpose of rebuilding their lives, and the role of information in achieving that goal.

2. Research Background and Questions

Both the public debate presented by mainstream media and via prior related research has highlighted the confusion related to the differences between refugees, asylum seekers and the broader category of migrants (which may also include economic migrants) as these terms are often used interchangeably. These differences between economic and other types of migrants (e.g. political migrants) as well as refugees and asylum seekers are not insignificant; they determine the experiences with which migrants arrive to the host country and the level of support that may be provided, such as different rights and entitlements for permanent residency. Therefore, for the purposes of this research which focuses on refugees specifically, the term 'refugee' is defined as a person who "owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country" (UNHCR 2010). Conversely, an asylum seeker is someone who has applied for asylum and is waiting for a decision as to whether or not they may be considered as a refugee. Thus, the status of a refugee is formally recognised only after having been given a formal refugee status by the government.

On 7 September 2015 the UK Prime Minister announced an expansion of the existing *Syrian Vulnerable Persons Relocation (VPR) Scheme*, resettling 20,000 Syrians (over five years drawn from established refugee camps). The government worked with the UN High Commissioner for Refugees to identify some of the most vulnerable displaced Syrians and bring them to the UK. By March 2016, a total of 3,456 Syrian people had already been resettled in the U.K. 1,854 of these were resettled via the Syrian VPR scheme (Home Office, 2016).

In Scotland, the Scottish Government assembled a special taskforce consisting of Scottish Government Ministers, the Scottish Refugee Council, the UK Government, local authorities and representatives from public bodies across Scotland. The first 1,000 Syrian refugees arrived in the UK in November 2015 with around 400 resettling in Scotland. Since then more Syrian refugees have arrived in stages via on-going resettlement schemes.

The New Scots refugee integration strategy was implemented from 2014 – 2017 and was developed through a partnership of the Scottish Government, COSLA (the voice of Local Government in Scotland) and the Scottish Refugee Council. The strategy was implemented by a range of stakeholders working in partnership across a number of key thematic areas, covering health, employability and welfare rights, education, communities and social connections and housing. The aim of the programme was to achieve the "smooth arrival and initial integration of large numbers of refugees in a short period of time" (Scottish Government, 2016). The Scottish Refugee Council (SRC), developed to aid in the delivery of this agenda, offered the 'refugee integration' (RIS) programme which helped vulnerable Syrian families to address their initial critical needs.

The 'New Scots: Integrating Refugees in Scotland's Communities 2014 - 2017 Final Report' highlights progress which has been made to improve support for refugees in Scotland during that period. It includes case studies and examples of specific projects and work which has taken place. It also explores the impact of the humanitarian crisis and Scotland's response. The New Scots' vision is for a Scotland in which refugees are able to build a new life from the point of arrival and to realise their full potential with the support of mainstream services. The vision emphasises aiding new Scots to become active members of Scottish communities with strong social relationships.

However, this has highlighted a number of challenges, such understanding how best to deal with the provision of effective information support at local levels, and how to centralise services designed around families' different socio-cultural experiences and individual needs:

> Scotland's response to the refugee crisis has represented both a challenge and an opportunity for the New Scots strategy. All of the partners involved in its implementation worked under extreme pressure to ensure the smooth arrival and initial integration of large numbers of refugees in a short period of time (Scottish Government, 2017).

With reference to the above context, the present study aimed to explore the nature of information provided to Syrian refugees and their emerging information needs and related barriers experienced during their initial phase of resettlement and adaptation in a new socio-cultural environment which presented different structures and ways of knowing how to effectively source, communicate and use information, as distinct from those developed in Syria. The research aimed to address the following research questions:

- What are Syrian new Scots' 'ways of knowing' (i.e., the interactions with people, tools and processes within their new socio-cultural setting) for addressing critical social inclusion needs (e.g. housing, welfare, education, benefits, employability, rights and entitlements)?
- What are the barriers (e.g. English language and socio-cultural differences) and enablers (local community support, new technologies and media) encountered by Syrian refugees in the process of addressing their key information needs?
- What are the characteristics of current information services available, and how could these be further enhanced to support Syrian new Scot refugees' social integration to their local communities?

In addition to these research questions, the study sought to propose a set of recommendations which considered: how best to aid Syrian newcomers in their social inclusion and community engagement; how to support their habitual and emerging information practices and adaptation to

local information services; and helping develop their own information literacy skills required for their new environments.

3. Literature Review and Theoretical Direction

As noted above, research in the area of information landscapes and the information environments experienced by refugees is embryonic. Quirke (2011) suggests that although "refugees' experiences of trauma and forced migration make their information and settlement needs even more crucial than those of immigrants, research on the information practices of refugees is extremely rare" (p.3). The informational challenges experienced by displaced populations during and following processes of resettlement have been acknowledged in other related contexts, for example Afghan youths in Canada (Quirke, 2011) and refugees in New York (Lingel, 2010). However, prior work in this field does not place emphasis on refugees' 'ways of knowing'.

Previous research within the domain of refugees' information literacy has examined how refugee settlers encounter new experiences within complex and challenging 'information landscapes' (Lloyd 2006, 2010, 2017; Lloyd, Kennan, Qayyum and Thompson 2013), which reflect collectively agreed, legitimised information related activities and sources (Lloyd 2017, p.39). Due to their displacement and resettlement experiences, refugees' 'information landscapes' become "fractured" and disconnected (Lloyd, 2017, p.39), and therefore require to be reconstructed via understanding of socio-cultural situated normative practices. The development of IL is conceptualised "as a way of knowing an information landscape by developing practices and skills that will enable an individual to critically analyse the source from which information is accessed, in addition to the information itself, and to recognise this practice as a catalyst for learning" (LLoyd, Kennan, Qayyum and Thompson 2013, p.124). In addition, refugees experience a diverse range of barriers regarding 'knowing an information landscape' with a lack of literacy (relating to both existing literacy levels and learning a new language post relocation) presented as one of the most significant obstacles to information access to be overcome, leading to both wider socio-economic inclusion and digital literacy.

Framed within the transitional information practices and experiences of refugees during resettlement in Sweden and with an emphasis on reshaping 'fractured information landscapes' via

a process of re-establishing 'ways of knowing', Lloyd, Pilerot and Hutlgren (2017) describe transition as a "disruptive process which can result in the loss of information-related competences". The researchers emphasise the importance of understanding the norms and values of the host society and community but also the role of information provision via social and oral information sources (for example, other refugees established in the community) which become the means to create "social, instrumental and embodied knowledges" reconciling earlier knowledge and experience with new knowledge structures required for integration and coping with the new host environment. In that way, formal and informal sources (a combination of social, instrumental and technical information) is an important aspect of refugees' social integration. The socio-cultural differences of refugees, for example their home country's 'oral culture' characteristics juxtaposed with written and digitized textual norms in their present environment, are presented as barriers to participation in the socio-material practices of their new society (Lloyd, Kennan, Qayyum and Thompson, 2013, p.139). Therefore, information literacy is understood to be closely connected to the socio-cultural contexts where meaning and "discursively produced agreements" about information were originally made (Lloyd, 2012 p. 781). In her work on the 'small world' perspective of the information seeking behaviour of lower income population, Chatman (1991) offers a similar view which may relate to refugees' immediate experiences after migration when approached from a socio-economic perspective. The information world of the economically deprived is described as "an impoverished information world…one that has a limited range of new possibilities" (p.440). Socio-economic deprivation means that the primary source of information for poor people is "the casual, interpersonal exchange between family and friends" (p. 444) rather than textual sources such as printed records. This may suggest that refugees may experience 'double-barrelled' obstacles to adaptation, created by both their previous socio-cultural experiences and the present situations they encounter.

However, when considering refugees' approaches to information from this perspective it is essential to explore previous experiences from a more holistic perspective, including both long and short term past and present experiences. Refugees not only come from different cultures and social classes but also have diverse migration experiences. These influence their 'ways of knowing', via changing situations until a long term sense of normality may again been restored. Many of the studies which examine the experiences of refugees both during migration and

resettlement, demonstrate this notion. For example, in migration, refugees rely predominantly on using ICTs (smartphones, tablets, social media, global positioning services) as essential resources for action and decision-making. Their basic needs have evolved from shelter, water and food to mobiles, SIM cards and charging stations. The "i-Refugee, the iAsylum seeker, the iMigrant" is one who uses modern technology for purposes of migration (e.g. to connect with their families, to navigate difficult migration routes on their journey to the host country, to deal with isolation from home) (Kosciejew 2015). Graham (2015) notes that "the majority of refugees are travelling with mobile phones, or at least one amongst families or groups". Price (2015) suggests that "nearly every young male refugee…has a smartphone device. The devices provide a lifeline for people to their families and friends - apps like WhatsApp, Viber, and Skype allow to avoid the prohibitively high costs of making traditional phone calls across borders". Applications like Google Maps help refugees navigate. On crossing one national border their "iPhones tell them that that is Croatia" (Gill, 2015 p. 26) one step nearer to their intended destination. di Giovanni (2013) also notes refugees' significant reliance on their mobile phones, SMS and Whatsapp as the main information channels inside host neighbourhood countries such as Lebanon, although there are connectivity barriers (e.g. phone charges are prohibited for many refugees):

> For refugees seeking to reach Europe, the digital infrastructure is as important as the physical infrastructures of roads, railways, sea crossings and the borders controlling the free movement of people. It comprises a multitude of technologies and sources: mobile apps, websites, messaging and phone calling platforms, social media, translation services, and more. The smartphone is an essential tool for refugees because it provides access to a range of news and information resources that they depend on for their survival (Gillespie et al. 2016).

Talhouk et al. (2016) similarly discusses the role of information technology in the provision of antenatal care of female Syrian refugees in informal tented settlements in Lebanon where Syrian refugees utilise frequently smartphone Apps such as WhatApp for communication purposes, highlighting the potential of designing digital platforms to improve the welfare of the Syrian refugee community.

4. Conceptual Framework

This study is viewed holistically through a supporting theoretical lens in which IL is an ongoing lifelong learning experience of knowledge construction, deconstruction and extension on both an individual and community level, throughout a person's life and across contexts and time (Martzoukou and Abdi, 2017). It places emphasis on the convergent nature of the knowledge and experiences of refugees created via different contexts, both present and past, stable and temporal (e.g. refugees' experiences in their home country within peace and within war, their migrating experiences and living within different camps in host countries) as on-going transformative knowledge processes, which involve knowledge construction, knowledge deconstruction and knowledge extension. In this way, information literacy, and thus 'ways of knowing' are perceived not only as skills around information restricted to one normative context at a given time, but may be seen as a set of interconnected transforming experiences within converging contexts that are influential upon each other. Perceived in this way, IL is not conceptualised as a state that can be accomplished after sociocultural practices are understood and communication barriers (such as literacy or language) are broken down. The implication of this approach is that it focuses on attention not only to enabling emersion through a process of adaptation but also to the positive 'disruption' and 'extension' of individual and collective information landscapes which reside within both the hosting and the recipient context, reshaping 'normative' information experiences and practices on both sides.

In order to contextualise this theoretical direction and demonstrate its relevance, it is essential to acknowledge prior research which has explored the diversity of information related experiences and practices of refugees. These consider the concept of 'refugee' less as a homogenous entity and more as a temporal state which does not necessarily express a coherent identity. Instead critical life situations may involve experiences which are distinct from the everyday life of 'ordinary' citizenship but experiences that are not similar or identical.

The concept of converging contexts has been recognised in previous studies of refugees' social integration, where key individual factors for social inclusion have included not only overcoming practical barriers for re-establishing normality (i.e. becoming competent in the language of the host country, and fostering social inclusion and well-been via developing positive relationships

with the broader host community) but also living with supportive family members, and developing feelings of ethnic and community belonging. In this sense, social integration and wellbeing is more complex than understanding the social values and activities of the host culture. Loyalty to ethnic values is equally important during the period of transition and beyond   (Correa-Velez, Ignacio and Gifford, Sandra and Barnett, Adrian G. (2010).

In a study of Syrian refugees' basic needs within a camp in Lebanon, di Giovanni (2013) found that Syrian refugees had a lack of "regular, timely, accurate and actionable information" for survival, protection and decision making via their "overwhelming reliance on word-of-mouth" and their trust of informal information sources, such as friends/family. di Giovanni suggests that this could have an impact on the accuracy and quality of received information as it isolated the refugees from key sources of humanitarian information. However, this was not just related to a predominant oral culture. Syrian refugees during the civil war had experienced a lack of trust in the media, humanitarian workers and local government officials. Instead, familiar connections via trusted information sources were considered a much more reliable means for survival.

However, this does not mean that previous cultural experiences are not at play. In a study of female Syrian refugees, Talhouk et al. (2016) found that there social/cultural norms and hierarchical structures determined the mechanisms used to receive and trust health care information. Refugees were exposed to a dual network of both formal and informal health advice, trusting both older women within the community and medical professionals in relation to antenatal information and advice. In addition, the main criterion for judging the effectiveness and quality of medical professionals was based on their readiness to prescribe medication: an expectation routed to previous socio-culturally 'normative' expectations.

The transitional experiences of displaced Syrians as they migrate via other neighbourhood host countries have provided interesting insights into the socio-cultural underpinnings of their information related practices and the crucial coping and sense-making mechanisms they follow to address their communication and everyday life information needs within their new environments. Therefore, exploring Syrian refugees' prior socio-cultural experiences and how these interact with

newly gained experiences is important in understanding how to develop and provide effective information support mechanisms.

5. Methodology

This study was exploratory, following a qualitative methodological approach. Primary data was gathered via face-to-face interviews with three Local Authority Leads for Syrian Resettlement and via a series of focus groups with Syrian new Scots in three community centres situated within different geographical locations (urban/rural) in the Northeast of Scotland, where support and services were provided to Syrian refugee families who had recently arrived in the country. A number of challenges and barriers were initially encountered with sampling and recruitment of focus group participants due to the vulnerable and sensitive nature of the respondents. They had been selected on the basis of the UK Government's Vulnerable Persons Resettlement Scheme and they had only recently arrived in Scotland. However, for some of the respondents it was not the first time their views and experiences had been sought, and in some cases misrepresented via stories of refugees circulated online and via the mainstream media. A combination of these issues necessitated following a convenience, purposive sampling approach, which involved "information rich cases for an in depth study", which are "those from which one can learn a great deal about issues of central importance to the purpose of the research" (Patton 1990, p.169). Typically, groups of Syrian refugees are difficult to access, which necessitated starting with the local authority of proximity to the researchers and following a snowball approach where the initial study informant (Local Authority Lead) helped in the process of refugee family recruitment. Sulaiman-Hill1 and Thompson (2011) discuss different approaches to participant selection and strategies for sampling in refugees' studies. Limitations and lack of clarity with the sampling frame is acknowledged as a recurrent problem in previous refugee research. According to Faugier and Sargeant (1997) one of the problems for ensuring an accurate sampling frame is that adequate lists of study populations of this nature are not readily available and therefore a snowball sampling methodology may be presented as the only available feasible method. However, these sampling challenges were not a fundamental concern within this exploratory study which had a qualitative focus, and aimed to provide an in-depth contextual understanding of the individual experiences of participants rather than attempt to obtain statistically generalizable or a comparative representation of the population data. Therefore, the study data is not generalisable to all different geographical areas in Scotland

nor it represents views and opinions which could be necessarily similar to other Syrian refugee study populations. With only three replications (three local communities) it is also not possible to claim some level of 'saturation' of the opinions of the population under study as the result of this research.

5.1 Interviews with Local Authority Leads for Syrian Resettlement

The interviews with the Local Authority Leads for Syrian Resettlement were conducted in May 2016, June 2016 and April 2017 (and will be referred to in the study as LAL 1, LAL 2 and LAL 3). All three local authorities worked towards similar goals during the process of welcoming the first families of Syrian refugees in Scotland under the umbrella of *New Scots: Integrating Refugees in Scotland's Communities* (The Scottish Government, 2013).

Each interview lasted approximately forty minutes to one hour. Acknowledging the focus of the research on refugees' 'ways of knowing', the questions were semi-structured, addressing community integration plans and processes. These included: the support offered to the families addressing their everyday life needs (e.g. English language, health, housing, rights and entitlements, job seeking); the nature and type of formal and informal information provision and the means by which it was communicated (e.g. welcome information pack, online support groups); the resettlement experiences of the Syrian families; and the barriers and enablers encountered in this process (e.g. socio-cultural differences, literacy levels, community involvement, volunteers, technology and the internet). The interviews also took into consideration the pre-migration experiences of the refugee groups (e.g. counties of migration from, length of stay) which were explored in more detail with the families in the focus groups. This initial phase of the study enabled the profiling of each host community to be enriched, and increased awareness of key considerations and practical issues encountered in each community. In addition, it also functioned as a way of seeking approval from the key community leaders as gatekeepers who facilitated the identification of participants for the study. Respondents for the study were selected at regular drop-in sessions organized at the local community centre (usually once per week). These sessions attracted a range of participants for the project as they offered opportunities to socialize and to meet with other Syrian families. In addition, they provided an entry point into the communities and the opportunity to engage with a wide range of stakeholders including Syrian families,

translators and supporting organisations.

5.2.Focus Group Methodology

The focus groups were conducted with a total of thirty-eight Syrian refugees and were organised during regularly scheduled drop-in sessions. In total six focus groups were conducted in three different geographical locations. Two focus groups took place in September 2016 within a rural area (one with Syrian women and another with Syrian men). Another focus group was organised within an urban area in November 2016 (with Syrian men) and a forth one in January 2017 (with Syrian women) within the same urban location. The last two focus groups were conducted in March 2017 within a second rural area with mixed groups of Syrian men and women.

5.3. Drawing exercise

Focus group members initially participated in a drawing exercise that helped to discuss/elaborate on their main needs for information, following the *Information World Mapping (IWM)* approach (Greyson, 2013; Greyson, O'Brien, & Shoveller, J. 2017). The purpose of that exercise was to enable creative communication about the participants' information world, and their experiences around seeking, receiving and communicating information. Participants were first asked to reflect upon their primary personal and family needs experienced in their daily life. They were then asked to visualise one or two key incidents/problems they had experienced, how these had been resolved, and the barriers and enablers they encountered. This approach was informed by Dervin (1976) who developed a taxonomy of exploring information needs based on describing specific problems as a way of articulating needs (or information needs). Similarly, Wilson (1981) has placed emphasis on understanding the context within which investigations around information needs are carried out, suggesting removing the term 'information needs' altogether and instead replacing it with "information-seeking towards the satisfaction of needs" (p.8). Taylor (1991) has also advocated that information needs or needs are embedded in problems; therefore developing new knowledge offers a resolution, illuminates or alters the problem. Additional questions were asked were as follows:

- Can you draw yourself trying to resolve these needs?
- Can you draw in the people and places and things in your life that provided useful information to you?

- Can you draw those that created difficulties?

Further prompts were provided where necessary in relation to specific issues the participants wished to include in their drawings. These included:

- How and where you look for information.
- How and where you have received information.
- People you share information with, or give information to.
- Ways in which you share information or give information to.
- People, places, things or circumstances that help you understand or use information.
- People, places, things or circumstances that create difficulties for you to understand or use information.

IWM is a visual participatory, interactive drawing-based interview technique which enables a richer exploration of information behaviour in context and it is particularly useful with participants who have low literacy levels. The technique (which has been used previously to explore health information related practices and experiences of young parents) aims to elucidate critical incidents around the information world of the participants within the social environment they experience, making connections to places, people, relationships with others, and everyday life practices. In this study IWM was used as a visual communication method; as a prompt to stimulate participant engagement and interaction; and as a device to contextualise and enrich the stories shared by the participants. This provided a direct an unobtrusive means of communication between the researcher and the interviewees. Although the drawings were not aimed as a means for supplementing and triangulating information deriving from the focus group interviews they helped to bridge the communication divide created by the interpretation process during the interviews. The drawings themselves also required little interpretation as a means of a commonly understood visual accessible language by both parties, which aided understanding and illustration of issues, eliciting different perspectives, situations and experiences and views in an authentic way.

Previous information seeking research has used visual mapping techniques to augment interview and other data collection methods. For example, (Sonnenwald et al., 2001) introduced the

Information Source Horizon technique which was used to analyse quantitative information source pathways (using social network analysis). Tsai (2012) used the same method to study first-generation college students' use of diverse information sources across different coursework-related situations. Students were asked to create coursework-related information horizon maps supplementing a web-based survey and interviews. Weighted scores were calculated for each source that appeared on participants' maps. In an empirical study of twenty environmental activists, Savolainen (2007) asked participants to draw themselves and their proximity to diverse sources and channels of preference. The sources identified were positioned into concentric zones determined by their distance to the information seeker who was placed at the centre of the map.

Using an emphasis on drawing as a technique to elucidate meanings has also been applied within research with refugees, as a means of illustrating the affective and psychological domain of participants who have experienced war related trauma. For example, via a psychological analysis of Syrian refugee children's drawings, Panlilio (2017) examined depression and post-traumatic stress disorder present in children. Drawings were considered a non-invasive measurement for post-traumatic stress, and were used to demonstrate symptoms of anxiety, depression, and PTSD. The drawings were collected from within the Zaatari refugee camp and from non-camp communities in Jordan. It was found that the likelihood of PTSD increases in refugee children who have been exposed to conflict. However these symptoms are mitigated by reintegration, and with more time spent in reintegration and with psychosocial interventions, the likelihood of PTSD within refugee children decreases over time. Similarly, a drawing exercise was utilized with refugee children as a means for assessing their psychological wellbeing. Wydick, Glewwe, and Rutledge (2013) asked children to draw themselves to measure the effectiveness of child sponsorship programs in increasing happiness, self-efficacy, and hopefulness. Magwaza et al (1993) asked Palestinian children and adolescents to draw their futures. Sirin and Sirin (2015) used a drawing exercise, which was described as a "non-verbal, untimed drawing" to study the trauma experienced by Syrian children living in a Turkish refugee camp, to "assess their mental health needs and explore how they expresses themselves through drawings". The children were asked to "draw a person, a whole person and not a stick figure" (p.12) without imposing any time limitations and then to draw a picture of war and a picture of peace. The drawing were used as a means of emotional responding/reactions to the situations they had experienced and as a method of

communication. The drawing represented children's self-concept, anxiety, attitude, or conflict (Koppitz, 1984) using the "*Emotional Indicator*" which describes elements in the drawings that are atypical for children (for example extremely large drawings may be indicators of feelings of anger and aggression). The results from the coding of the children's drawing showed high scores which indicated psychological trauma. In addition, in their drawings of a person, children added blood, tears, death or guns.

In this study, the families' drawings were not initiated with the intention of including them as a complementary data collection method, but as an ice-breaker activity and as a way of enabling the participants to relax to feel at ease with the task at hand. This exercise produced images which were then used as a focal point for further discussion relating to the research questions. For the purposes of the study the drawings provided a prompt, a means for elucidating and contextualizing the discussions and depicting incidents and events related to the information experiences and practices the participants narrated: a visual version of their stories. The drawings also helped to initiate the discussions, making the families feel at ease and therefore acted as a stimuli for open-ended discussion based on observed incidents having special significance for the participants.

It is important to note that although there was no initial intent to systematically analyse these drawings as a complementary data collection method, they provided not only a means for the participants to communicate directly with the researcher, but also as a way of expressing their affective domain and communicating this with the wider community. This included conveying key messages for solving problems they experienced (such as reuniting with their families, understanding their legal obligations and finding a job). Both positive and negative feelings were expressed in the drawings. Some participants used the drawings as a means to convey gratitude to the support the families had received from the community and key workers, while others represented negative emotions (for example, drawing themselves crying) linked to personal difficulties and family separation. Therefore, although the drawings were not intended to been used as a systematic method for triangulating the data, they still provided an insight into participants' emotional states, while trying to make sense of their new environments (Flanagan, 1954 p.327). Although a systematic analysis of the visual and textual information of the drawings is beyond the scope of this paper, the drawing technique presents the potential for using a useful

additional data collection approach for domains that are difficult to explore based purely on verbal accounts.

5.4. Focus group questions

Focus group questions were semi-structured and based on participants' everyday-life encounters. The focus groups addressed the following topics related to the research questions stated above:

a) *Information needs* - What do you perceive as your main information needs during resettlement in Scotland? What information do you look for during your daily activities? Which needs do you consider to be priorities, and why? Can you describe a situation in which you needed to find information? What was that situation, and how was it resolved?

b) *Barriers* - Do you encounter any difficulties or barriers in locating useful information related to your key information needs? Can you describe a situation during which you experienced difficulty in finding information? What was that, and how was it resolved?

c) *Information and socio-cultural integration* -What information have you been provided with that has helped you integrate into your community? What information has not been provided to you? Was there information that you found confusing or that required additional explanation? What information would you like to share about yourself and your culture with your community in Scotland? How would you prefer to do that?

Additional questions were asked during the focus groups on preferred information sources, on communicating and sharing of information with others and on the use of technology. These findings will be presented as part of a subsequent journal article.

All focus groups discussions lasted approximately between 48 minutes and 1 hour and 20 minutes and were conducted with the assistance of Arabic language interpreters. The interpreters also translated text on the drawings during the drawing exercise, as some of the participants insisted on writing their comments in English with the assistance of the interpreter. The interpreters had already been directly involved with the Syrian new Scots as volunteers or key workers (employed by the council) and had first-hand knowledge and experience of the families' situations. This

created rapport with the participants, and help them feel at ease during the interviewing process.

5.5. Data Analysis

The interviews and focus groups were audio-recorded and transcribed. During the focus groups the research questions and the participant answers were translated into English by the interpreters. As the research sought to explore participants' lived experiences (Yanow and Schwartz-Shea, 2006) as well as their individual and social realities, an interpretative phenomenological approach to explore "the way a person lives, creates, and relates in the world" was adopted (Conklin, 2012 p. 300). Following a 'contextual constructivist' position, the data was thematically coded and analysed paying attention to contextualizing the data and enriching understanding from differing perspectives. The data were coded using *Template Analysis* (King 2012) which followed the development of an initial coding template without a specific coding sequence but on the basis of key themes mapping the main facets of the study as presented in the above questions (e.g. information needs, sources, barriers, enablers, communication and sharing of information, information and cultural integration, technology and digital skills) and with reference to previous research (for example, highlighting the presence of language barriers and socio-cultural differences). These *a priori* first level themes determined the direction while new themes and sub-themes were organised under that initial structure. In addition to these themes, the interviews with the Local Authority Leads addressed the practical process of integration and structured information provision to the Syrian families in more detail. New second level themes were then identified via the analysis of the initial themes. For example, for theme 'socio-cultural differences' there were a number of sub-themes which derived from the analysis: 'present experiences'; 'home cultural experiences'; and 'migration experiences'. For the theme 'language barriers', subthemes included both English and Arabic language barriers (due to, inter alia, different dialects and literacy levels/abilities).

6. Discussion of Findings

6.1. Demographic characteristics

All focus group participants had refugee status with five years of humanitarian protection in the U.K. and were undertaking a formal programme of integration to their host country. They had been

chosen for resettlement to Scotland on the basis of the 'Syrian Vulnerable Person Resettlement (VPR) Programme': "The people coming to the U.K. under the Syrian VPR scheme are in desperate need of assistance and many have significant needs. It prioritises those who cannot be supported effectively in their region of origin: women and children at risk, people in severe need of medical care and survivors of torture and violence amongst others" (Home Office, 2015).

6.1.1. Demographic characteristics within the first rural area

A total of eighteen Syrian refugees (nine female and nine male) and a male volunteer from the existing Arabic speaking community took part in the rural area study in two separate focus groups, one male and one female. The purpose of this gender-based composition was to allow both genders to express their perspectives freely without the influence of gender dynamics. Participant ages ranged from 18-27 (five), 28-37 (three), 38-47 (four), 48-57 (four) and 58-64 (two). The age of the volunteer was undisclosed. Some of the participants were related to each other (i.e. members of the same family). Pseudonyms were assigned to each participant. The focus group participants in the rural area were sampled from a total of nine families who were the first to be relocated in that region of Scotland (a total of approximately 35 people). The participants interviewed came from settlements or camps bordering Syria or directly from Syria, and were already registered by the *United Nations High Commissioner for Refugees (UNHCR)*. They had been resettled from Lebanon, Jordan, Iraq and Turkey. Only the families from Iraq had come from protected camps, with the others coming from resettlements. The first families to participate had arrived in Scotland in February 2016 followed by the remaining families in April 2016. The families were housed in private sector accommodation (LAL 1). At the time of the focus group interviews, additional families were expected to arrive in September 2016.

6.1.2. Demographic characteristics within the urban area

A total of ten Syrian refugees took part in the urban area study in two separate focus groups (7 male and 3 female). The participants in this group were younger than those in the rural area, and most had their immediate members of their family (i.e. children) with them. Participant ages ranged from 18-27 (five), 28 -37 (three) and 38-47 (one). Pseudonyms were again assigned to each participant. The focus groups were once more organized into two separate focus groups, one male and one female, but an evident difference in this group was the lack of participation from women.

As most of the Syrian women had younger children, participating in the drop-in sessions was not always possible due to factors including nursing babies, taking care of young children or dropping children at school. At the time of the focus groups, one Syrian woman was in hospital as a carer for her young child, while another could not attend the sessions as she was pregnant and tired (via the interpreter).

Some of the Syrian refugees who participated in the second round of focus groups had been in Scotland for ten months (e.g. Claire and Fay had arrived in Scotland around February/March 2016) whereas others had only been in Scotland for two months (e.g. James). It should be noted that the purpose of the discussions was not to make comparisons between the groups who had arrived at different dates. All participants were undergoing the basic process of integration, a programme which lasts one year.

6.1.3. Demographic characteristics within the second rural area
A total of ten Syrian refugees (5 male and 5 female) took part in the third geographical location in a mixed-gender focus group which was expressed as a preferred way of being interviewed by that group. For that reason, extra caution was exercised by the researcher to ensure that gender dynamics were not in play, and that both sides had opportunities to express their perspectives. At the time of the focus group there was a total of five Syrian refugee families at that location. Four families had arrived in February 2016 and the last family had relocated in September 2016. This meant that the four families were completing their first year of integration, while the last family had been in Scotland for a period of six months. Two of the participants were members of one of the family who were visiting them for a period of six months from another European country (Mark and Christian). Participant ages ranged from 18-27 (two), 28 -37 (six) and 48-57 (one). One participant's age was undisclosed.

6.2. Interview and Focus Group Findings
A number of key findings emerged from the study relating to the research questions which addressed the diversity of the Syrian families' sociocultural differences from mainstream Scottish society, the complexity of their information needs (e.g. everyday life health and domestic

situations) and the different types of barriers they experienced which were routed to language learning and socio-cultural differences.

6.2.1 *Information provision*

The Scottish Refugee Council had assembled a welcome pack for the families that was translated into Arabic, and was available from the day the families arrived. The welcome pack was developed by sharing good practice across the local authorities in Scotland. It addressed key information about emergency services, benefits, GPs, finance, budgeting, as well as the police and fire services (LAL 1). In addition, there was a 24-hour Arabic helpline was set up by a Mosque for emergencies so that the families were not reliant on support solely during office hours (LAL 2). There was also an in-house translation/interpretation service providing interpreters for every appointment, although it was noted that other areas of Scotland may not have benefitted from the same level of support (LAL 2).

However, information provision was not just a matter of a translation from English to Arabic language. The families had quite different and complex experiences and related needs:

> "You have a family with maybe someone with a disability or a terminal illness, they have children in another country, they come from a war zone, they possibly have been abused or neglected in the last three years in the country they have been in; they've got depression, post-traumatic stress, they've been victims of torture or violence. How do you unpick which one is more traumatic than the other?" (LAL 1).

As a result of these experiences, there were refugees who were initially in a very challenging emotional and psychological state, and thus unable to focus on the content of the welcome pack, despite how informative it was. Instead they relied on the support of the Local Council Leads, who provided a key source of stability:

> "When the families arrived we never took any images because I didn't feel comfortable with it but it was a black and white picture. It wasn't even a black and white picture, it was grey**.** It was like a grey in sepia picture. They were subdued, they were exhausted, they

were black-eyed…if you think about it, you know, psychologically, these families didn't know who or what to trust when they came here and we almost by default had to make them depended upon us in order for us to be able to turn that around and encourage and support them to be independent a little more and a little more every week" (LAL 1).

In addition, a significant problem encountered by information providers was how best to present information to acknowledge refugees' previous experiences and diverse needs in a culturally sensitive and appropriate way:

"You know, you go to a checkpoint and for no reason at all back in your country, you're detained, you're tortured…there's a very different role to the police here…Should police officers wear uniforms? Shouldn't they wear uniforms? Are we best to try and integrate them immediately by showing a positive role model of a police officer or not?" (LAL 2).

It was also clear that although the Syrian families were perceived as one homogenous group, they experienced diverse health issues, had varying levels of education and life experiences, and thus required different levels of support at various stages of their integration:

"They have health issues, they are quite poor people, they don't have a lot of money and they also lack education. They are not very worldly wise, you know. Two of the families have travelled a bit but the other three families haven't travelled at all. So in terms of life experience, if somebody was assessing them, they have very little life experience, they have multiple health issues and obviously the families that are were coming last year were deemed to be the most neediest, you know, the most vulnerable." (LAL 3).

"…not everybody had the same level of Arabic literacy…probably half of our families couldn't read Arabic so if we were doing, you know, paperwork that had both English and Arabic on it we would learn very quickly that this wasn't going to be easy for the families to learn" (LAL 3).

When levels of Arabic language literacy were low, information would be presented verbally or in

small 'chunks' in another form, for example using stickers, a diary, colour coding of doctors and hospital appointments, pictures of buildings, and special maps procured for families to show them their areas (LAL 2). However, again, "there were so many areas to cover" so the question was "How do you do that and how do you prioritise?" (LAL 1).

6.2.2   *English Language needs and barriers*

The Syrian families stressed the value of local council support officers, volunteers and friends in providing them with information, reducing the stress of the procedures in the first weeks, and in organising documentation and other requirements. However, one of the most significant barriers to communication in all three geographical areas revolved around the learning and use of the English language (Figures 1, 2 & 3).

{**Insert Figure 1**}

Figure 1. Dylan, 21, rural setting (drawing of English language barriers)

{**Insert Figure 2**}.

Figure 2. William, 32, rural setting (drawing of English language barriers presented as a wall-translation by interpreter)

{**Insert Figure 3**}

Figure 3. Kathryn, 21, rural setting (expressing the importance attached to learning English, writing by interpreter)

There were also evident differences in the pace in which the refugees developed their English language competencies and their expected ways of learning. For example, learning the English language was perceived to be particularly difficult for older participants who identified a need to be taught by someone who had experience of working with senior learners to help maximise their learning potential with the help of an interpreter. In addition, despite being in Scotland for several months, some families still lacked confidence and were reluctant to attempt to communicate in English whereas others were progressing more quickly. One Syrian couple, Alex and Marie, explained how in the second month they had started booking their own appointments and

undertaking their own journeys. They had developed a good grasp of the English language and were using it to communicate when possible. They felt that they could manage their family's matters independently:

> …a couple of the families that are here have pretty much lived in the hills, you know, very rarely they went near a city… they didn't go on any kind of public transport…living in a village…high up on a hill and they didn't see anybody else. And some of them only had two or three years education as a child. On the other hand, the family who was integrating faster had received more education in Syrian and had worked in various different countries, "they were much more well-travelled and much more well educated" (LAL 3).

Because the families had been settled from different parts of Syria, there were no guarantees that they would form social bonds between them: "They have different personalities, they have different life experiences…some come from big cities some are coming from tiny little villages, some are more educated" (LAL 3). This meant that not only did they learn and integrate at a different pace, but also that they did not always have similar points of reference (beyond experiencing the war and country of origin). Some of the participants were also eager to integrate as soon as possible whereas others were looking forward to returning to Syria when the civil war was over.

Informal peer-learning approaches where the refugees and volunteers met regularly as equals, and involvement with the local English speaking community were perceived as the most beneficial approaches for learning English although this, again, differed according to variances in literacy levels and the age of participants. For example, Helen and Tom (Location 3) preferred a structured, traditional learning approach. Tom attended a voluntary activity one day per week in which he was required to speak to local people. However he felt that the two spheres of education and work did not readily mix: "A workplace is a workplace. You have to be serious, you have to engage in your work, not in conversation" (Tom, 47, rural setting).

On the other hand, Claire (20, urban setting) and Andrew (29, urban setting) preferred to be self-taught or learn via more informal, conversational ways. A volunteer from Italy was helping Claire

to learn English and they had established an informal peer-learning approach through conversation, real-life activities and meeting regularly as peers. Andrew felt that the most efficient way to learn English was to encourage them to speak more frequently to local people. Different approaches also suited the families' individual circumstances. Claire had stopped attending the classes because of a dispute with other Syrian people from her group, so spent most time at home. Other female participants had childcare commitments which did not permit them to attend morning classes. In Location 3, the English language class which had initially addressed "grammatical English" (e.g. nouns, verbs and pronouns), had changed into a conversational English class focusing on future employment, helping them with English words for different careers, and covering necessary phrases for everyday life needs: "taking them on an outing to the beach, explaining what sand is and pebbles and feet, and water and things like that and…working with the NHS and with the DWP [Department for Work and Pensions] and going down and doing mock discussions with the doctor" (LAL 3).

Learning the English language was a significant priority for the Syrian new Scots became it was directly related to their potential for community integration, helping to reduce feelings of isolation, and providing more opportunities to engage in the community. English language was also important for securing employment opportunities and ensuring financial security. It was therefore an enabler for changing levels of support to encourage the families become "fairly independent" and "part of a local community", address proactively and independently their own information needs and solve everyday life situations (LAL 3).

6.2.3. Barriers in Addressing Health and Domestic Issues
The participants encountered a number of barriers to addressing their everyday basic information needs related to accessing required health services and understanding basic domestic management issues due to their lack of English language competence and their different socio-cultural expectations. The following section describes incidents which highlight the complexity of some of these barriers.

Health Information Needs and Barriers
The Syrian families were predominantly concerned with communicating with others in daily life

encounters and activities, especially those which related to addressing their health information needs as they had to attend frequent hospital appointments. Jane (51, rural setting) described an incident in which she needed to take the bus to the hospital but she was unable to explain to the driver where she was going, nor understand the distance or how much to pay for her ticket. As a result, she had to get off the bus and miss her appointment which resulted to waiting for another month. She drew the hospital building and the bus and wrote with the help of the interpreter: "I want money - metal cutting [referring to the noise of the bus suddenly stopping]. Get off the bus" (Figure 4).

{Insert Figure 4}

Figure 4. Jane's drawing of bus/hospital incident

Similarly, Fay had visited a hospital's accident and emergency department. She had a blood sample taken because she was suddenly gaining too much weight, and was unsure what was happening to her health. During this visit, she had to wait for three and a half hours. When she asked a nurse for information using the help of a volunteer interpreter, she was told to wait for another three hours or leave. Since then she refused to visit the hospital again: "they never told me what the problem with me is" (Fay, 26, urban setting). Neil (27, urban setting), similarly, had to spend six or seven hours at the hospital and described how he was only was given paracetamol; the doctor was busy due to the number of other patients. Another story included Ivan (23, urban setting), a young father of two small children. One of his daughters was ill and he was unsure how to ask for help so he had turned to the volunteers:

"I took her to the hospital. Cause he didn't know what to do, what to call, he didn't know how to call the ambulance, the NHS 24, so I was the easiest one. I'm Arabic, my daughter is six so I could deal with it" (Interpreter).

In all of these cases, the hospital was considered as a route to see a doctor rather than an emergency service. The refugees' expectations differed because they were unclear about what to do and how NHS Scotland works. Oscar, formerly a teacher of Arabic in Syria, and one of the few participants who spoke basic English, described his experiences in trying to understand the health system in

the U.K., and the process of meeting with a GP for an ongoing health issue that, in his opinion, required specialised healthcare:

> I had an accident six years ago. When I go to the GP doctor, the doctor said 'what's the problem'? I said 'I have iron in my leg'... He thought I was lying or I wasn't saying the truth so I said 'can you send me for an x ray'? He said no, no you don't need X-ray, you are okay… in this system, you must not do direct X-ray, you must go to the physio (Oscar, 31, urban setting).

Oscar was asked to provide the job centre with evidence regarding the health issue he was experiencing. He explained that it is a different system in Syria and more difficult to make progress: the process for him "takes longer, it is too slow". He also found the system confusing and he developed a sense of mistrust that resulted from a lack of clear communication around the requirements of the job centre and from different expectations in relation to the standard health screening processes in his new environment. At the time of the interview, Oscar had finally received his health assessment, however he was still referring to the need for an X-ray examination. He characteristically said: "But I need X-ray. I want to show them. I want to show them that I don't lie" and he further explained writing on the drawing: "healthy problem. I have problem with my leg, but job centre it doesn't understand. Send me many letter. Paper to work. I gave them sick line. I want xray but doctor he doesn't understand. He said me you are ok and I don't want x-ray for you" (Figure 5).

{Insert Figure 5}

Figure 5. Oscar's drawing of hospital incident (written in English by Oscar)

Another participant, Andrew (29, urban setting), emphasised the hospital and doctors as "the most important problem he was facing". When he came to the U.K. he expected "professional doctors and a very fast service" but this expectation did not match his experience. He described an incident in which his son (who has a disability) was admitted to hospital with a chest infection. Andrew wanted to read the medicine's information leaflet but could not read English. When his friend saw the leaflet, it appeared that the medication given to his son was linked to side effects which were

affecting his child. He returned to the hospital and spent three days trying to speak with a doctor but was only able to speak to trainee doctors. He had also tried to arrange an appointment with a specialist via his GP "but there is a long queue". He characteristically said:

> "I don't want to speak with a trainee doctor. I want to speak with a professional doctor. Because my son has a disability it has to be special treatment" (Andrew, 29, urban setting, interpreter's translation).

It was clear that there was a communication barrier between the patient's carer and medical professionals in these incidents, and it was important to develop a better understanding of the translation process during appointments. Ideally, volunteers who spoke Arabic would be the main communication vehicle for the Syrian refugees in cases like the above. However, they would not always be available or could be busy:

> "At the end of the day there is no one there to help them... Sometimes people call me, but I'm just a volunteer. They call me to translate" (Interpreter).

As interpreters were not always available, the Local Authority Lead had decided to produce credit card size ('flash cards'). These incorporated the most common questions asked at GP practices in Arabic in one side, and with English translations on the other. However, this translation process was not sufficient to address the contextual needs of the patients who arrived with complex medical histories or were illiterate: "they do not know how to write or read in Arabic and in those cases the need of an interpreter is a necessity" (LAL 2).

In addition, instances of post-traumatic stress disorder, depression and anxiety were not unusual in Syrian refugees as many had experienced violence during the war. One of the Local Authority Leads described how one young child was showing "extreme signs of trauma" and was being assessed by clinical psychologists (LAL 1). Another young Syrian had become upset and had started sharing disturbing pictures of Aleppo:

> One of the volunteer interpreters phoned up and said 'look are you okay?' And he's not

okay. The guy has been traumatised. He has been tortured and lots of horrible things have happened. And he said, 'I don't know why I did that' and he did it because he is not thinking and he has been traumatised (LAL 1).

A number of the Local Authority leads had undertaken training to deal with victims of torture and were "trying to build up capacities of knowledge and understanding… working with NHS as well". However, there was more need for support, and for joint funding applications with other parts of Scotland as there were many unmet needs " (LAL 2).

Domestic Information Needs and Barriers

Additional problems were situated within the participants' everyday life experiences which required understanding of routine processes and ways of operating within a different society. Participants described a number of unaddressed information needs concerning domestic issues via incidents during which they were unable to communicate with others, express their information needs and share information in daily life encounters and activities, such as someone speaking to them or visiting them at home (e.g. to read the electricity meter).

Housing information barriers were highlighted as a significant issue for everyday life wellbeing and, in some cases, housing conditions and everyday life 'routine' building maintenance tasks were even considered to be linked with health problems. Ivan (23, urban setting) was very concerned about a "big barrier" he had to deal with every day. This included the accumulation of household waste from other apartments in his building within a shared refuse bin at the front of his house. As he explained, he lived in a "building of four floors with only one, two bins" and was concerned that the council had not collected them. As a result, the pavement outside his door was never clear of rubbish. When the council had come to collect the waste, they had explained that there was a recycling process. Although they had "a black and a blue bin for recycling different material" the family were "not sure how to recycle". Ivan was also worried about his house being very cold and small. When cooking, the smell diffused throughout the property. He believed that this was linked to the health problems experienced by his three-year-old daughter who was currently in hospital (Figure 6).

{Insert Figure 6}

Figure 6. Ivan's drawing of household related problems

James (age undisclosed, urban setting), another participant with two young and two teenage children, told a similar story. He felt his house was inappropriate and too small. The maintenance of the house was a problem because "it always breaks down…The doors are not good…The wood is breaking…it's leaking and flooding." James (who had only arrived to Scotland a couple of months earlier) drew himself in desperation, worrying about too many problems and crying (Figure 7).

{Insert Figure 7}

Figure 7. James drawing his emotional state

Similarly, Andrew (29, urban setting) and Fay (29, urban setting) were experiencing problems with accessibility issues for their disabled son who was in a wheelchair. On arrival, he was placed in a house that his GP had advised was unsuitable. However, the new apartment they had moved into was on the eleventh floor of a tower block. It had a lift but there were still thirteen steps that their son was unable to climb. For nine months they had "fought" to relocate and they had even written a report to the Lord Provost. In her drawing, Fay captured her two main concerns, the stairs in the property and her son's hospitalisation (Figure 8). In addition, Fay described an incident in which her son had almost been burned by cooking oil because the kitchen and the sitting room were connected via an open plan design.

{Insert Figure 8}

Figure 8. Fay's and Andrew's drawings both depicting their concern around the accessibility of the house and their son being at hospital

Another participant, Oscar, described a problem with his neighbour which demonstrated a clear difference in perspectives around child safety in his neighbourhood:

I have a problem with my neighbour. I play with my son…all the time he needs to play outside or with many things, toys…or…when I play outside with him she, woman, neighbour said me, he run and I stopped. She said to me it is danger for an accident in the road. I said no, it is far from the road…The council support came. And said to me what's the problem with your neighbour? I said, I think this is it. I play with my child! …I'm afraid for my child not she! This is my child! (Oscar, 31, urban setting).

As the above story demonstrates, Oscar identified his neighbourhood street as a safe place that afforded his son an opportunity for outdoor play. In this incident, however, his perception of safety was not in agreement with that of his neighbour. Without being in a position to estimate the amount of 'danger' involved in this incident, it is clear that at the local community level, Oscar had oriented his behaviour according to a specific behaviour that was considered to be 'natural' or 'normative' based on his previous experiences and cultural values. His notion of 'outdoor play' was therefore influenced by different social norms and previous experiences which determined what was perceived as 'safe' and 'unsafe'. This different perception was perceived as a barrier which could be further intensified by other communication problems.

The above comments from the Syrian participants could be easily considered as criticisms of the services and care offered to them in their new country. The families had arrived in Scotland from camps where living conditions were very harsh and the council housing services could only operate on the basis of available resources. How could these conditions be more difficult than the ones they had encountered before? Was it therefore legitimate to complain? However, as the interpreter explained, experiencing the atrocities of war and spending years in difficult conditions meant that the families were more anxious than ever to regain a sense of 'normality' within their everyday lives, and a standard of everyday living that would allow them to rebuild their lives with their extended families. This may be achievable by enabling them to contribute and actively engage in community life within their new society. However, without English language skills this would be difficult to achieve. This explained why all the Syrian refugees thought that English language was the most significant barrier to becoming more independent, rebuilding a sense of citizenship and gradually trying to regain what had been lost.

In addition to the English language barrier, it was clear that a different information provision approach was necessary; one that did not solely rely on giving out written information but that actively involved the Syrian families and helped them to understand how to deal with practical everyday life issues:

> So we were then thinking about, are we better to do some kind of presentation or training in the first couple of days...and should we actually cut it right down to the essentials, because the things we noticed that were important in the first couple of days were emergency doctor appointments...fixing heaters, boilers, that kind of stuff (LAL 2).

The Syrian refugees also made clear that these difficulties were related to the systems in place and not to the way in which the local community had responded to their needs. They wanted to express that were grateful for the ways in which their Scottish local community had embraced them and welcomed them to the neighbourhood. This had made them feel part of their new society and had eased their process of integration.

{Insert Figure 9}

Figure 9. John, 30s, rural area expressing gratitude (interpreter's translation)

7. Discussion and Conclusion

At the time of the focus group interviews, the general integration plans and the welcome information packs were undergoing evaluation. The Scottish Government was seeking to introduce a national welcome pack to ensure that consistency across local authorities. However, as this study has demonstrated, facilitating written material, on its own, is insufficient to address the refugees' information needs effectively. Information provision to the Syrian families required a step-by-step process that acknowledges the particular circumstances and needs of the families at different points, starting with a basic initial introduction to their new country, to offering more specific and

detailed information when basic information needs (such as finance, housing and health) had been addressed. One of the challenges noted by one of the local authority leads was that, at the beginning of the resettlement process, most of the services and information had to be highly tailored to individual circumstances. This was due to the refugees' previous experiences from the resettlement camps from which they had arrived, their levels of literacy and health problems and these factors were naturally not the same for everyone. There were different targets for each family's integration plan depending on their individual everyday life needs which were determined on the basis of their existing health conditions, their progress with learning English, and how quickly each family member was becoming culturally and socially orientated. This meant that the information and support needs of the families had to be reviewed at regular intervals, and that the ways in which the Council Local Leads addressed this had to vary from one family to the other. In addition, needs, priorities and resources were set differently depending on local variables (for example different needs in rural and urban settings). This individual needs-based rather than a universal approach created many difficulties.

Therefore setting basic priorities and planning could be a synergistic effort but the issues had to be approached differently depending on the different stages of the process, as well as local and individual family needs. Exchanging examples of good practice and communication across the different local authority areas was very important for increasing awareness of the issues and understanding what makes a successful integration. Contextual differences could be related to the particular locality so that it was not always possible to generalise, but learning from different approaches could be extremely beneficial.

It was clear that the Syrian families required more support to develop everyday life information literacy within the different socio-cultural contexts of their new country as there were important unmet information needs. For example, experiencing a health problem meant going to the hospital instead of making an appointment with the GP. Addressing issues surrounding house maintenance required understanding of the local recycling system. There was a clear communication barrier and different expectations the families had regarding their modus operandi within their everyday environments based on their previous experiences from their home country. It was important to support the families to become more independent, to be more proactively involved with the

community, help them increase their confidence in navigating their new information environments and promote communication and interaction with other members of the local community. However, it became clear that this could be achieved more effectively with the recruitment of committed bilingual people, either from the local community or from within the refugee community itself, to help achieve trust and bridge the communication barriers in a more direct and purposeful way. Organizing social activities and helping Syrian families build social and emotional bonds with other local Scottish families was very important. When these activities took place, they were well received and successful but the ongoing commitment of volunteering support was difficult to maintain.

An important element in the integration of Syrian new Scot families was to develop an initial idea of what life in their new country would be like. As Lloyd et al. (2013) posits, "A prerequisite for social inclusion is knowledge about the social, economic and community dimensions through which any society is constituted…" (p.122) and "social exclusion is therefore conceptualized as an information disjuncture, where individuals new to the information landscapes of a new society…find that their previous information practices may no longer be adequate or appropriate in their new settings" (Lloyd et al. 2013, p. 122). Similarly, to this positioning of the direct relationship between social inclusion and knowledge of the socio-economic and community information related constructs, this study found that there were fundamental gaps in Syrian Scots' knowledge domains in relation to everyday life matters, which would be considered as 'routine' knowledge in mainstream Scottish society and beyond. In addition, in par with previous research and practice focusing on refugees and asylum (Aspinall and Watters 2010), the present research found that English language proficiency was the first important barrier to overcome before fully engaging with information and developing new 'ways of knowing'. Adjusting to new cultural norms and values which could be contradictory to pre-existing knowledge and established cultural practices was challenging especially when refugees encountered critical everyday life incidents (e.g. addressing a serious health issue) and had no accessibly means to fully understand the messages communicated. With the exception of the second rural location, the primary method for refugees to learn English language was via classes for English for Speakers of Other Languages (ESOL). This was not always suitable for addressing direct information needs and considering that the classes were less accessible for some of the refugees (e.g. women with young children, older

or illiterate people) they helped little in supporting refugees to make independent everyday life decisions.

The data from this study highlights the importance of ensuring a gradual and socio-culturally sensitive provision of information that, in turn facilitates the Syrian refugees' gradual societal integration. Syrian refugees experience an unexpected exposure to new and overwhelming information that requires to be collected, understood and critically evaluated. In addition, a significant transformation in their everyday life generates a process of disorganization and an increasing need to make sense of the information surrounding them. This can create not only a sense of uncertainty and confusion, but also significant risks to their everyday lives (e.g. lack of health, lack of employment and financial wellbeing) which act to alienate and divide them from mainstream societal practices. Added to this is the importance of addressing mental health issues. This has been highlighted in previous research which considers the issues affecting refugees and asylum seekers in general: "mental health problems including post-traumatic stress disorder, depression and anxiety are prevalent among asylum seekers and refugees, and the provision of mental health services for survivors of torture and organised violence is widely regarded as inadequate" (Aspinall and Watters 2010). Therefore, the difficulty that the refugees must face is that the society that surrounds them calls for their speedy adaptation and change, whereas the refugees themselves require a slow and gradual integration. Daily life creates both a "complex, multimodal information landscape" (Lloyd et al. 2013) for Syrian refugees and also, more importantly, a number of unexpected risks. Ensuring safety and security within their everyday life (both physical and psychological), in order to mitigate these risks requires systematic information-related support in ways that acknowledge and respect their different stages of integration, their experiences, their current psychological situations and their sociocultural differences (e.g. supporting health and domestic/household information needs, building more support and mental health training in community based services for survivors of trauma). This gradual and culturally sensitive information provision may become an essential tool for bridging the gap between the marginalised everyday life experiences of these people, and what we perceive as ordinary citizenship (Martzoukou and Sayyad 2017). Chatman (1996) in her research dealing with groups of marginalized people (who were not a member of a particular social group), highlighted the implications of experiencing 'information poverty in the context of the 'insider' versus the

'outsider' dichotomy. Insiders' lived-experiences are "shaped by the fact that they share a common cultural, social, religious, etc., perspective" whereas outsiders' lived experiences suggest minimal association with members of specific communities. This may be a barrier to building trust because outsiders of a social group may be the least enriched by information and mostly socially alienated from formal and interpersonal information sources in their everyday worlds (i.e. experiencing information poverty). In addition, outsiders may hide their "true crisis in an effort to appear normal and to exhibit acceptable coping behaviors" (Chatman 1996, p.117). In our research, Syrian refugees' lack of trust towards the health system presented itself as a barrier to seeking health services. The refugees' 'fractured' understanding (Lloyd 2017; Lloyd, Pilerot and Hutlgren 2017) of the health system and how it operates was a one of the reasons for this mistrust. Chatman quotes Wilson's work to illustrate this issue: "a single unhappy experience with a lawyer or plumber may cause us to distrust all lawyers and all plumbers, and a single shocking story told by a friend may have the same effect" Wilson (1983, p. 141). However, that mistrust was built upon experiences with information which were already present with the Syrian refugees; some of them were culturally related and stable (e.g. the expectation that a visit to the hospital is not for emergency purposes only) and others were created via their migration experiences (e.g. that official procedures cannot be trusted).

This research supports previous findings in refugee related research which emphasizes the difficulty around gaining language skills as a gateway to regaining a 'normal' life, and as the means for communication, education and work. This poses challenges for Syrian refugees especially those who are older and are not expected to return to formal education. Addressing the quality and frequency of language teaching via refugee integration programmers is a key issue. However, in this study, it became clear that it was not simply the lack of English language competence which alienated people from using mainstream information services (for health related-issues for example). Participants already had their own preconceptions and expectations (established categories of knowledge) about how health services operated. In these initial encounters, the blending of previous experiences with newly gained knowledge was not successful as there were significant socio-cultural gaps to be bridged even when health information was translated. Focusing on the problematic situations the Syrian families experienced when they encountered health-related issues revealed that resolving these discrepancies between old and new knowledge

was not successful and could lead to information avoidance. Public services interventions should therefore aim to help Syrian refugees to integrate successfully by initially offering the means to help them overcome first layer barriers (e.g. English language, health literacy) which have implications for their wellbeing and quality of life. However, offering support at this level will not necessarily mean that they will develop into actively engaged, information literate and independent citizens who share similar values, proactively engage in community development, find their own solutions to their everyday life information complex problems and become members of what we perceive as 'ordinary' citizenship. Participants who have lived in an "impoverished information world (Chatman 1991) will find it more difficult to socialise into a new society's normative system which differs from a system that is already known, but also one that no longer carries the same trust. This study suggests that this is going to be most effectively achieved as a slow, gradual and more focused information provision and socio-cultural integration process, utilizing everyday life meaningful activity based training and community involvement which can contribute towards rebuilding this sense of trust.

However, once the initial barriers have been overcome, a more fundamental level of gradual assimilation is required which is receptive of socio-cultural differences and enables on-going social convergence. By that means the sociocultural values and ways of knowing that refugees bring with them are considered less from a point of view of conflicting with an unfamiliar context, but rather as converging information experiences of past and new knowledge structures which may contribute to that context. This may suggest that practical interventions such as early resettlement programmes and building mechanisms to help people cope with their changing environment may not be adequate if people are not given opportunities to empower themselves via reciprocal contributions to their host country on the basis of their already existing knowledge and skills and with the purpose of regaining normality.

The conceptual direction of this study therefore posits that the refugee experience is not a collective/homogenous experience but it is characterised by individual and contextual diversity. With change being the key characteristic of the refugee information related experiences, focus should be placed on the totality of past and future experiences of refugees. This study proposes that the sociocultural values and ways of knowing that refugees bring with them should not

necessarily be perceived as being in conflict with an unfamiliar context, but as converging information experiences of past and new knowledge structures which contribute to that new socio-cultural context to which they are becoming a part.

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No English

reading and writing

someone speaks English

I want to learn English quickly.

I fear if something happens to me I do not know to speak English with the one I want to learn quickly.

hospital

col

I want ~~money~~ money
metal cutting
Get off The bus

'nelfhy - problem

I have problem with my leg, but

job center it doesn't understand
send me many letter, paper to

worke - I gave them sick line. I want xray
but doctor he doesn't understand, He said me
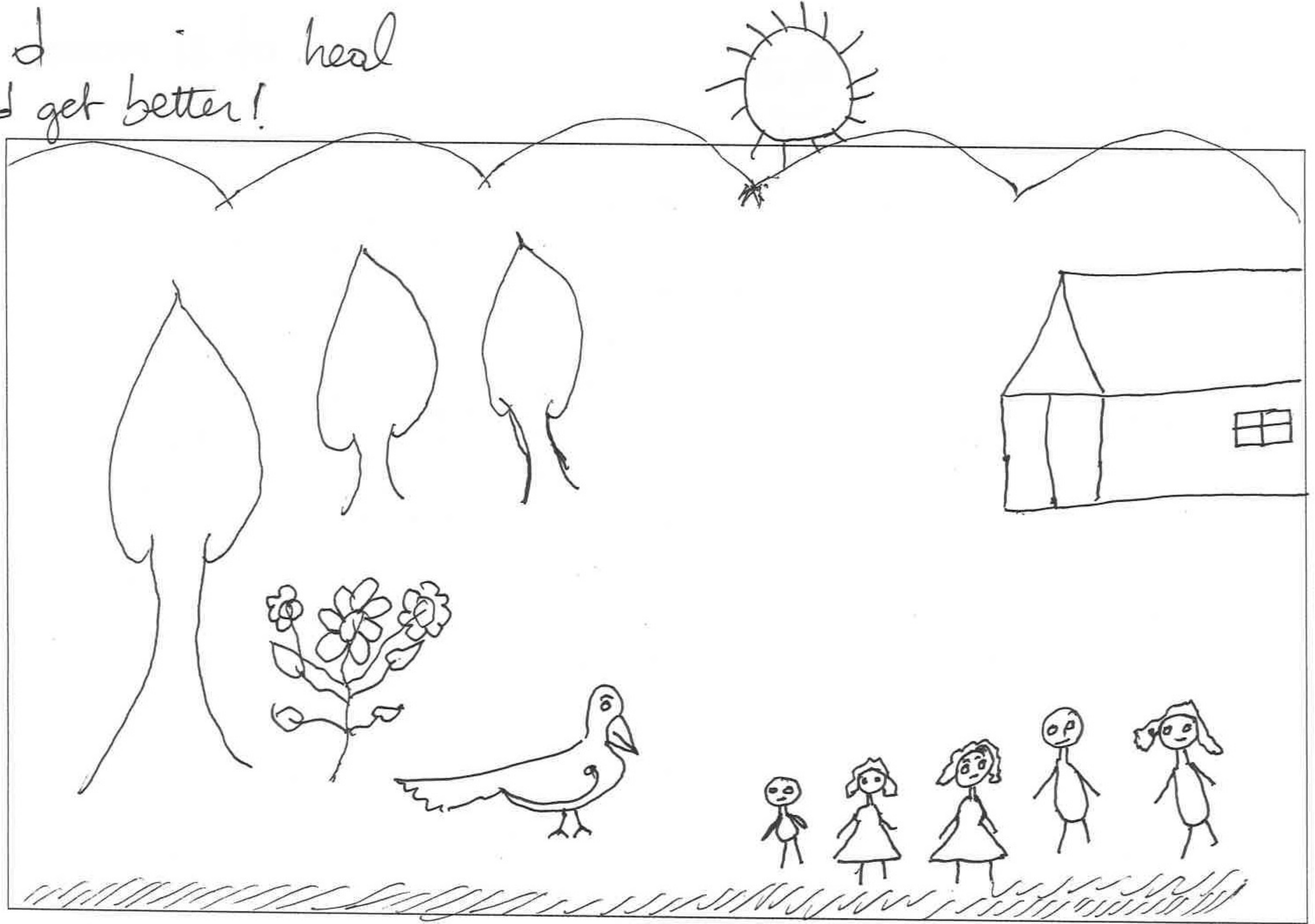you are ok and I don't want xray for you

Too much rubish

Heating

Learing english
is very hard

not happy

Home sick

عدم إستوعاب اللغة
عدم رياحت النفس
يشعر في الغربة

My d_____ heal
and get better!

I wish peace to the whole world and
wishes to the kind scottis people