

WELCOMING SCHOOLS

HOW DO WE BEST SUPPORT ASYLUM SEEKING AND
REFUGEE BACKGROUND WHĀNAU IN EDUCATION
ENVIRONMENTS

PREPARED BY



RASNZ
Refugee health
& wellbeing

WELCOMING SCHOOLS

KARAKIA

May I come to Understand,
that blessings are everywhere,
that challenges are often gifts in disguise.

May I come to Trust
that most things can get better, with time,
that my instincts & gut feelings have value,
that a positive attitude makes things go smoother.

May I come to See
that I have many skills & talents I can use,
that I am a positive influence on many people,
that there are those around me who wish me well.

May I come to Value
that today is a blessing to be enjoyed,
that each person is unique & important,
that each moment of my life has meaning and
that my attitude will effect outcomes.



Understanding students from refugee backgrounds – why is it important?

- These students are disadvantaged in many ways.
- Often experienced trauma and severe hardship.
- Trauma induced long-term impacts and delays in development tend to take hold.
- Higher vulnerability and ongoing setbacks – mentally, physically, socially.
- Interruption or lack of schooling.
- Require higher levels of support.
- Refugee students can have a tendency to ‘slip between the cracks’.
- Families are more susceptible to poverty. Education will give students a chance to break away from cycles of poverty and disadvantage.
- Teachers and support staff need to equip themselves with knowledge and strategies when working with students from refugee backgrounds to achieve the best possible outcomes.
- STUDENTS NEED WRAP-AROUND CARE TO SUCCEED



Refugees as Survivors NZ (RASNZ): Services for Asylum Seeking and Refugee Background whanau.

RASNZ is a specialist mental health & wellbeing support service for refugees, asylum seekers, that integrates clinical and community knowledge to best support whanau.

Specialist mental health assessment, treatment and liaison on arrival at MRRC/TAMA.

A community-based clinical mental health team servicing the wider Auckland region.

A community team that runs psychosocial programmes, youth programmes, parenting programmes and computer in homes.

Ph 09 270 0870

Email - reception@rasnz.co.nz

www.rasnz.co.nz



Red Cross Refugee Services

Red Cross Refugee Services provides each family with:

- Social workers, case workers, cross cultural workers and trained refugee support volunteers who help newcomers
- Understanding New Zealand culture
- Learning to manage systems
- Finding work (Pathways to Employment)
- Social workers who work with the families to identify complex issues that may affect them, such as parenting in a new environment or addressing trauma and provide appropriate support and referrals.



NEW ZEALAND
RED CROSS
RĪPEKA WHERE AOTEAROA

Who are Refugees?



*“Any 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/her nationality and is unable, or owing to such fear, is unwilling to avail himself/herself of the protection of that country.”*

(United Nations Convention Relating to the Status of Refugees, 1951)

Who is a Mandated Refugees?



“.....UNHCR’s mandate is a core UNHCR refugee protection function. The purpose of mandate is to permit UNHCR to determine whether asylum seekers fall within the criteria for international refugee protection.The determination of refugee status has potentially profound implications for the life and security of the individuals concerned. It also defines the obligations of UNHCR towards the individuals and may also determine the obligations and the responsibilities of governments and other actors whom the UNHCR cooperates to protect refugees...”

-UNHCR, Procedural Standards for Refugee Status Determination Under UNHCR’s Mandate, 1 September 2005, Unit 1, Introduction, pp. 1-1. <http://www.unhcr.org/cgi-bin/texis/vtx/home/opensslPDFViewer.html?docid=4317223c9&query=mandate%20refugee%20status>. [Accessed 28 August 28, 2013] [Emphasis in the original.]

Who are Asylum Seekers in NZ?



Asylum seekers usually seek protection on arrival at New Zealand's borders, or when their temporary visa expires.

INZ confirms or rejects claims for refugee protection status.

Those who are successful become convention refugees and eligible to apply for permanent residence

Who are Family Reunification Members?

Refugee family sponsored migrants under the refugee family support category (RFSC) are relatives of former refugees already living in NZ.

The sponsored relatives may be refugees, but this is not a requirement of the policy

Application and travel costs are generally met by relatives, who are themselves often struggling with their resettlement costs and challenges



Quota Refugees



1000 spaces to be increased to 1500 from July 1 2020 (Covid-19 has set this date back)

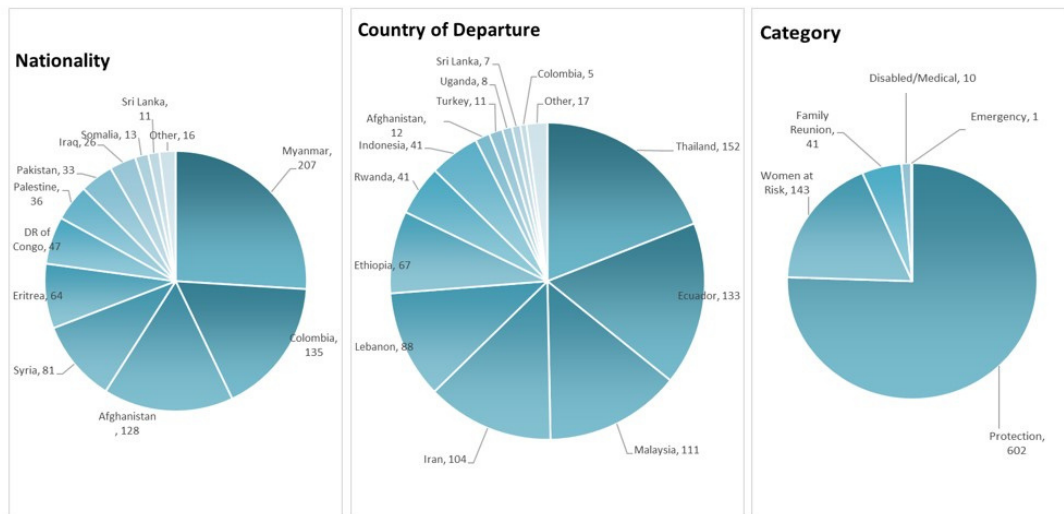
- 150 women-at-risk
- 75 medical conditions and disabilities
- 300 under the Refugee Family Support Category
- 50 under the Community Organisation Refugee Sponsorship Category (Budget 2020)

Who are Migrants?



A migrant is a person who makes a conscious choice to leave their home country to seek a better life in another country. They are free to return home at any time if things do not work out as they had hoped, if they get homesick or if they wish to visit family members and friends left behind.

Where do refugees to NZ come from? New Arrivals 1 July 2019-13 March 2020



- Financial year 1 July 2019- 30 June 2020 arrivals breakdown
- Some demography is helpful
- The journey is important. Families may have been living for years in refugee camps or as illegal immigrants in countries of asylum
- This impacts their health history, languages spoken, trauma history

We accept the following categories as part of refugee quota

- 70% Protection cases
- 10% women at risk
- 10% disabled/medical category
- 10% Family reunion

Factors Contributing to the Experience of Stress

Stressors in country of
origin

Stressors during
transition

Resettlement stressors



Post settlement stressors



Definition of Trauma

Psychological trauma is often defined as the "aftermath of overwhelming force"— either that of nature or that of other humans. Stressful/disturbing experience(s) that overwhelm the individual's sense of control, connection, and meaning; leaving them feeling unsafe, helpless, emotionally overwhelmed and unable to cope.

- Psychological trauma is different from PTSD.
- PTSD is the sequela of exposure to traumatic events; and is defined by very specific experiences of physiological and psychological symptoms.
- Not everyone who has experienced traumatic events develops PTSD

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How trauma experiences may affect learning

Traumatic experiences may affect students in a variety of ways such as:

- Anxiety, distress, memory loss, confusion and an inability to concentrate may interfere with a client's ability to 'hear' and understand questions and instructions.
- Brain damage as a result of past violence may interfere with memory and concentration.
- Confusion and major memory loss can lead to inconsistencies in the information a client provides.
- Hypervigilance, particularly in unfamiliar situations, is not uncommon. Startled reactions to sudden changes such as noise can also occur.
- Anger, hostility and mistrust, particularly of authority figures, may interfere with obtaining information

To understand the impact that trauma has on schooling, it is first important to understand common responses one may have to traumatic experiences. A lack of clear negative responses does not always mean there has not been a negative impact on the student's mental health. The effects of trauma are often delayed and can manifest a number of years later. Each student's experience and reaction to that experience is different. The following list describes some of the ways children and young people may respond to their trauma:

- Repeatedly thinking about experiences of violence
- Feeling afraid
- Feeling sad
- Physical symptoms including lack of energy, lack of appetite, heart palpitations, headaches and stomach aches
- Difficulty in sleeping
- Lack of concentration and interest
- Getting angry easily
- Restlessness
- Not trusting others
- Lack of self confidence

These are all reactions to trauma that will affect the student's schooling life in a negative way as it is clear that according to Maslow's hierarchy of needs theory, some of the student's basic needs are not being met. This is a big issue as a student is unable to learn if their basic needs are not attended to.

Expectations of the learner towards their teacher...

“called me names - ugly and stupid”

“would call in the older students to make fun of me and they would all laugh at me”

“held me down and tipped cold water on me to calm me down”

“hit me in the head”



Be mindful about what the child's experience of school in their previous countries has been like

- The child may have had an interrupted exposure to school or they could have had multiple learning settings so there could be gaps in learning
- Quote - “I like school here because the teacher doesn't hit me”
- They may be fearful and distrusting of teachers and authority – do not take this personally

How can you help?

Be a safe person for a newcomer

Create a culture of acceptance and welcoming

Take time to learn about students' cultures

Ask students about themselves

Assist the student/family to navigate the NZ health and disability system

Facilitate access to services such as HNZ, FV services, WINZ, ELP, Driving instruction etc



Acculturation and intergenerational issues Protective factors

- Sources of intergenerational issues include:
- Acculturation rates
- Gender role expectations
- Parental discipline
- Relationships with grandparents



Acculturation rates

- Different acculturation rates, gender roles, parental discipline, relationships with grandparents can lead to conflict
- Acculturation refers to the degree to which a person approaches or avoids interaction with the host culture and the degree to which an individual maintains or relinquishes their own cultural values.
- The major source of intergenerational conflict is different acculturation rates: Migrant children and adolescents who learn English and New Zealand culture before their parents and grandparents acculturate faster. Children are likely to follow the norms of behaviours of their peers which may be upsetting to parents and grandparents.
- Intergenerational conflict and gender role expectations: Parents may have gender role expectations for their children that are incompatible with the behaviours the children need in order to function effectively in New Zealand society. For example, parents may expect girls to be quiet, obedient and subservient, whereas assertiveness, initiative, independence and competitiveness are needed in order to achieve in school.
- There may be different methods of maintaining discipline in different cultures, and some of these may be in conflict with New Zealand societal and legal norms.
- Relationships with grandparents: Conflicts are likely to arise between grandparents and grandchildren, and also between grandparents and parents, because grandparents may disapprove of the parent's new child rearing practices.

Assues include:

- Acculturation Children are often given adult responsibilities and placed in the role of interpreter/translator in relation to dealing with schools, health care and social support services etc. This role reversal may lead to a lack of respect by children for their parents and grandparents, and a sense of disempowerment for the parents.
- Parents may be so overwhelmed by the stressors of the refugee resettlement that they are unable to provide emotional support to their children and may turn to their children for emotional support themselves.

Intergenerational conflict and gender role expectations

- When faced with these contradictions, girls may rebel at home. Parents may place more restrictions on the behaviours of daughters than sons, leading to resentment by girls, particularly in comparing themselves to their peers.

Maintaining parental discipline

- Intergenerational role reversals may result in a loss of parental authority over children. Some parents believe that corporal punishment is a normal way to discipline their children and their right to do so. Practitioners will need to find ways to support parents to understand this shift in parenting practice in New Zealand. Children soon learn that some kinds of discipline eg corporal punishment are considered child abuse in New Zealand and some use this knowledge to threaten to report their parents to the police. Parents should be encouraged to attend parenting programmes, for example Triple P Parenting Programmes to learn new parenting practices.

Relationships with grandparents

- For example, conflicts about what language should be used in the home are common. Grandparent's lack of English language ability makes them highly dependent on younger family members, adding to the increased likelihood of conflict. Collective societies place a high value on children treating parents and grandparents with a high degree of respect and of taking care of them in their old age.
- Older family members are considered wise advisors. However, this status is lost, since their life experience is seen as irrelevant to living in New Zealand, leading to a lack of respect by younger people.

What are normal child rearing practices?

How do you respond to these questions:

- Is it normal to expect girls to stay at home, while son's are allowed out late?
- Is it normal to arrange marriages for your children offshore?
- Is it normal for the male head of the house to make all the decisions for the family including healthcare/contraception etc?
- Is it normal to prohibit your adolescent girls from having male friends/boyfriends?
- Is it normal to decide your child's academic pathway choices?

What child rearing practices and beliefs might someone from another culture find unusual?



Cultural attitudes towards child rearing may differ when working with cultures different from your own.

- Think about your views on what is 'normal' for a moment.
- How you will respond to differences in expectations in the ways you or family members and friends may raise your own children ?
- How does this impact on your practice for example in areas such as promoting safer sex ?

Adolescent Consultation and the HEEADSS Assessment

Avoid a style of questioning that may be perceived as inquisitorial

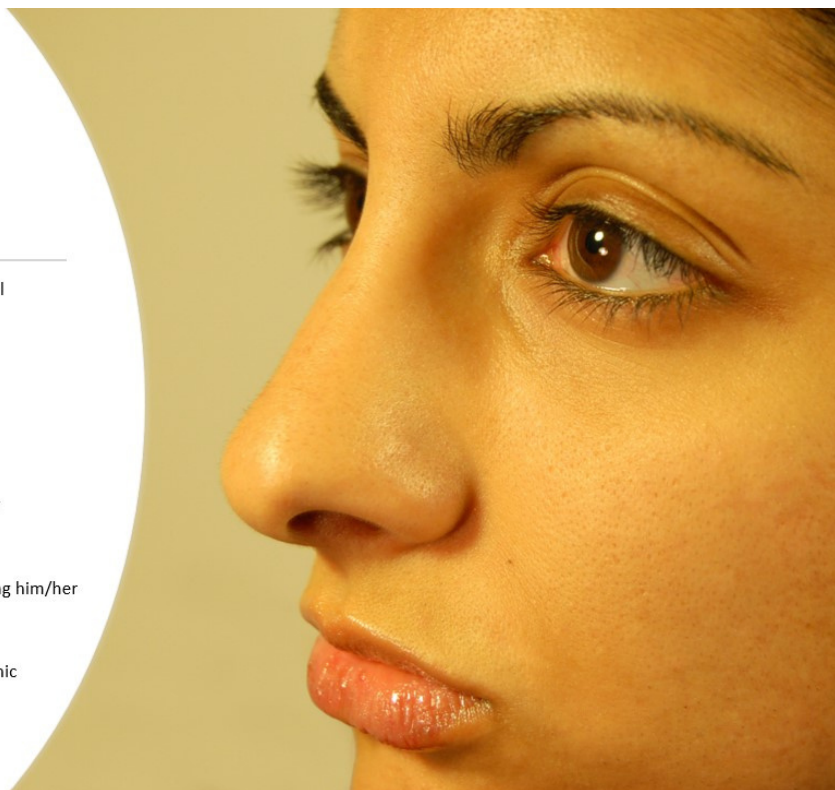
Students may not want to talk about their past experiences

How did the student arrive in NZ (quota, asylum seeker, family reunification)

Any significant health issues – sight or hearing impairment, other conditions which may affect learning

Check acculturation issues-Is the student's home situation putting him/her under any pressure?

Questions around sexuality are sensitive: relationships, inter-ethnic relationships and same-sex relationships may be taboo subjects



Taking a history

- Avoid a style of questioning that may be perceived as inquisitorial.
- Background information
- Country of birth
- How did the learner arrive in NZ (quota, asylum seeker, family reunification)
- Any significant health issues – sight or hearing impairment, other conditions which may affect learning
- Emotional adjustment - How is the student feeling about him/herself?
- Is the student's home situation putting him/her under any pressure?

Discussing sensitive issues

- Family violence/abuse
- Sexuality and sexual health
- Suicidality
- Stigma around mental health



Take care when engaging interpreters around confidentiality concerns. Sometimes an interpreter from a different culture who speaks the same language may be preferred
Use phone interpreting

Family violence abuse

- Acknowledge that different cultures have different methods of disciplining or expressing anger (before explaining about NZ legal issues)
- Re-frame questions:
- In your culture, if someone is angry or disappointed in you is it usual for them to hit/ hurt each other?
- Is there anyone who you would prefer not to have around at home?
- Is there anyone in your family who has made you feel bad/guilty?
- Is there anyone who has hurt you?
- Do you sometimes wish you did not have to go home?

Sexuality issues

- Discuss these when parents are not present.
- Ask if relationships before marriage are culturally/religiously acceptable.
- Explore the acceptability of interethnic relationships.
- Reframe sexual preference by “Not interested in the opposite sex but like to be around friends of the same sex”

Suicide

- Approach with questions such as: “Not having such an interesting life? Not feeling like being around anymore? Wish you might not wake up? Lost interest in life?”
- Use psycho-education with parents for understanding underlying causes of suicide attempts or suicidal ideation
- Religious and cultural issues
- Some young people may have conflicted feelings about their religious/cultural identity. Enquire about religious and cultural beliefs and the family and child’s explanations of their problem. Find ways to incorporate these perspectives in the treatment plan, or to negotiate these issues (if conflicted) with the family.
- Be aware when working with Muslim young people of how misconceptions or prejudices surrounding Islam can have a negative impact as they will be dealing with identity issues.

Education levels, competency and achievement

- For some refugee families, education may have been disrupted by war and flight, and some children may not have had access to the same education or equivalent standards of education as western children.
- Be creative about how you provide written instructions, notes and prescriptions (eg use diagrams, pictures, access translated materials, use interpreters to translate important instructions such as medication instructions or directions).

Cultural differences in expressing stress & distress

Cultures vary in the way that they communicate distress.

Many traditional societies express distress through somatic symptoms because it is more acceptable and easier to communicate

There may not be equivalent terms for depression and anxiety in your client's first language

There are common cultural ways to express distress somatically, such as: changes in appetite, headaches, backaches, stomach aches, insomnia, fatigue, pain, lack of concentration, gastrointestinal problems, irritability

There may be culturally acceptable expressions such as 'worry', 'aching heart', 'stress', 'tired', 'sinking heart', 'upset'

Children and adolescents may be less likely to be referred for mental health support when needed



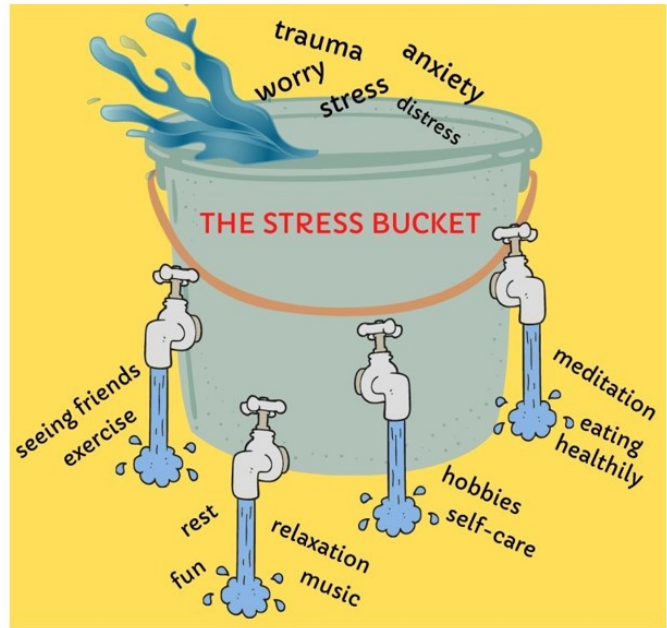
Cultural differences in communication

- There is much variation in the way different cultures express and communicate distress.
- Many express distress through somatic symptoms because they are more noticeable, or because they are more acceptable, or because they are more easily communicable.
- Some cultures have specific idioms of distress.
- Both the manifestations, as well as the meanings of emotions are culturally determined, and the language constructs used to express these differs enormously across cultures. Some cultures have no equivalent concepts or terminology for those used in another. For example, there is no word in the Chinese language to express what Westerners refer to as anxiety.
- Somatic complaints such as changes in appetite, headaches, backaches, stomach aches, insomnia, or fatigue, pain, lack of concentration, gastrointestinal problems, irritability
- Expressions such as 'worry', 'aching heart', 'stress', 'tired', 'sinking heart', 'upset'
- Because of the variance in presentation and expression CALD adolescents or children may be less likely to be referred for psychological support

How do I manage discussion of mental health issues with students from refugee backgrounds ?

- If a student has persistent symptoms that you suspect are related to trauma, assess the client's interest in a referral to counselling.
- Begin by saying what you have noticed as a problem. For example, 'I have noticed that you are very stressed and tired'.
- Avoid words like depression, anxiety, and there may be no words for these terms in first languages
- Terms such as mental health are highly stigmatised
- Ask if there is anything you can do to help.
- Affirm that it is not unusual for people to feel the way they do, particularly in light of the hardships and violence they experienced before coming to NZ.
- Advise them of specific services that help people deal with problems that have resulted from trauma. This will enable you to ascertain the client's interest in a referral.
- Be mindful that it may take time and a great deal of encouragement for a person to agree to counselling. If the client is unwilling to pursue counselling, accept their decision.
- It may be helpful to offer them information about self-referral at a later date.

The Stress
Bucket - Ways
to talk about
Stress & Distress





Assessment & Intervention

Engaging Families

Acknowledge and greet older family members first

Take care to use formal titles and to pronounce names correctly

Pay close attention to the family system and social network. Who makes decisions?

When working with youth, interventions should be framed in ways that avoid alienating family members or aggravating intergenerational conflicts

Discussing sensitive issues should be approached carefully



Developing trust and rapport

In times of difficulty, people from collective cultures usually talk to family members, community leaders or their religious leader and they may be unfamiliar with talking to a health practitioner.

To engage clients and families its best to first spend some time in small talk and hospitality

Consider every client and their family as unique individuals and explore their norms and needs before applying a 'cultural lens'.



Cross-cultural interactions

Cross-cultural interactions will be enhanced if you:

- Establish credibility: provide details about your professional role and credentials
- Identify the speaker, decision maker, and nurturer within the family.
- Demonstrate benevolence (highly important in collective cultures). There needs to be a fine balance between maintaining an authoritative role and showing real care and concern — the family expect to be 'respected'.
- Create a sense of partnership: enable collaboration without losing status and authority.




How to work with interpreters

- Check that language/dialect/gender is acceptable to client/family
- Conduct a pre-brief before the session
- Structure the session appropriately
- Be wary of using children/family as interpreters
- Reassure student/family of confidentiality
- De-brief if possible
- Phone interpreting may be acceptable for sensitive issues



Fostering Resilience





There is evidence that culturally adapted trauma-informed interventions improve engagement with students from refugee backgrounds and outcomes for clients and families. To provide an effective learning environment for students, education professionals need to understand the refugee experience, resettlement and acculturation and their impacts on children, young people and their families.

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MOVING THROUGH THE WORLD

LET ME BE WILLING TO SEE THE BIG PICTURE IN
ALL THINGS,

ACT IN ACCORDANCE WITH MY BEST, MOST
ETHICAL SELF,

AND GRANT THE BENEFIT OF THE DOUBT TO ALL
THOSE I MEET!