WORKING WITH REFUGEES

Intersectoral guidelines for working with children, young people and their families who come from refugee backgrounds

Department of Labour
TE TARI MAHI

MINISTRY OF EDUCATION
Te Tāhuhu o te Mātauranga

child, youth and family
A service of the Ministry of Social Development

Logo to come

Logo to come

This is a Multi-Entry Internal Document that is intended for ongoing review and revision

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PREFACE

It is the hope of the writers that Working with Refugees: Intersectoral Guidelines will prove to be a useful resource for agencies working with this population. This is an internal document designed to enable experienced professionals from: Mental Health; Education; Child Youth and Family; and the Department of Labour to provide coordinated, culturally sensitive services for this client group. The Working with Refugees: Intersectoral Guidelines draws on and integrates experiences gained through the demonstration pilot service of the Transcultural Care Centre (On TRACC), a review of current literature, and consultation and resource sharing of existing services involved in working with refugee children and their families.

The aim of the Working with Refugees: Intersectoral Guidelines is to provide an intersectoral framework which can be used to assist the sectors to work together and to deliver more effective, streamlined services to children, young people and their families who come from refugee backgrounds. The goal has been to produce a practical step by step working resource so that understandings of working with this population group are increased and that outcomes for children, young people and their families are enhanced. A further goal has been to provide a foundation for sectors' information and resource sharing, ongoing training and evaluation of service provision. These guidelines are also designed to enhance ways of working between agencies, particularly throughout the initial engagement, assessment and monitoring processes of service delivery.

The Working with Refugees: Intersectoral Guidelines are presented as a resource with multi entry points to facilitate a variety of users to access guidance on how to provide culturally appropriate services. The guidelines include recommended practice steps, relevant information for each sector and a recommended framework for working intersectorally. The appendix incorporates many practical resources, templates, references and a directory of contacts.

The writers' vision for this document is that it is a foundational resource which will be engaged with, and further developed, through continuing intersectoral work by others in the field; consequently it has been produced in a loose leaf format. The document is complementary to existing service parameters and protocols and is based, primarily, on new learning gathered during the On TRACC pilot service operation. It is acknowledged that further work within each sector will provide additional developments of this document; That the processes for, and information about, working with refugee families will be added to, evaluated and amended as we all continue to learn and new insights come in to view.

The writers of this document would also like to acknowledge the strengths and resilience of the refugee children and families as they begin a new life in New Zealand. It is hoped that the information, resources and recommendations contained in this document will build on and enhance these strengths.

We welcome your collaboration and wish you well in your work with children and young people from refugee backgrounds and their families.

ACKNOWLEDGEMENTS

The writers of this document would like to acknowledge the children and young people, parents, specialists, and cultural advisors from the On TRACC pilot service who contributed to the development of the Working with Refugees: Intersectoral Guidelines at so many different levels.

In particular, we would like to acknowledge the High and Complex Needs Unit (HCN) who funded the On TRACC pilot demonstration service and project management costs, as well as providing direction and guidance. The Department of Labour, Settlement Division is also gratefully acknowledged as funder of the publishing costs.

This document would not have been possible without support from:

- The Joint Overview Group (JOG) whose efforts throughout the On TRACC project ensured the smooth running of the pilot service.
- Those people from all of the sectors who gave the commitment of their time as Intersectoral Coordinators from: the Auckland District Health Board, Ministry of Education, Child Youth & Family, Department of Labour and advisory group members.
- The On TRACC team - which includes practitioners from each sector, the cultural advisors and Team leader. The significant contribution that this group made to the thinking behind, and the ultimate writing of, this document has been invaluable.

All the sectors have brought valuable knowledge and skills to the process, as well as a commitment to working collaboratively to achieve quality outcomes for children and young people through the development of this intersectoral resource.

INTRODUCTION AND BACKGROUND

The Working with Refugees; Intersectoral Guidelines compiled by the joint sector agencies of Health, Education, the Department of Child Youth and Family Service and the Department of Labour has been developed to ensure that the delivery model and lessons learned from the Transcultural Care Centre, an Intersectoral Service for Children and Young People from Refugee Backgrounds and their Families (On TRACC), are captured. The guidelines will be disseminated amongst those agencies and professional groups who work with refugee children and their families.

The On TRACC service was a demonstration pilot service that was based in Auckland and operated from October 2003 until September 2006. It was designed to provide an integrated cultural and intersectoral support service for children, young people and their families who come from refugee backgrounds with severe mental health and/or behaviour and/or care and protection needs.

A scoping project, conducted by agencies from the Auckland Strengthening Families Local Management Group, had identified a service need for these children and their families. On TRACC was originally funded by the High and Complex Needs Unit as a two year demonstration service.

The On TRACC pilot service achieved its aim of developing an intersectoral integrated service model. The pilot was concluded as planned following a review of the original demonstration pilot funding parameters, the evaluation findings, and the establishment of the new service framework for refugees and their families outlined in the New Zealand Settlement Strategy. The information drawn from the On TRACC pilot service has been of importance in building the capacity of existing services to better meet the needs of children, young people and their families who come from refugee backgrounds.

This document is primarily designed to provide guidelines for professionals from Mental Health, Education, and Child Youth and Family who work with children, young people and their families who come from refugee backgrounds. It draws together current research and recommended practice approaches for working with people from refugee backgrounds, as well as the learning derived from the intersectoral On TRACC pilot service. Other interested professionals from the community sector who work with refugee populations may also benefit from the information presented in this resource.

The first two sections provide in-depth background information to assist with implementing the intersectoral framework as outlined in section three. Section one provides an overview of the refugee client group and some common barriers refugees face when resettling into New Zealand society and culture. This section also includes some guidance on how to develop a better understanding of the cultural context of clients, and specific information on how to work respectfully with particular ethnic groups.

Section two focuses on guidelines for effective practice. This section outlines the benefits of an ecological framework for intersectoral service delivery. It promotes coordinated systems of support as the preferred assessment and intervention modality, and recommends that the wider systems and contexts surrounding the child are included in all facets of the service delivery. A further aim of this section is to ensure that culturally appropriate practices, such as planning for respectful client engagement and trust building, are embedded within the service.

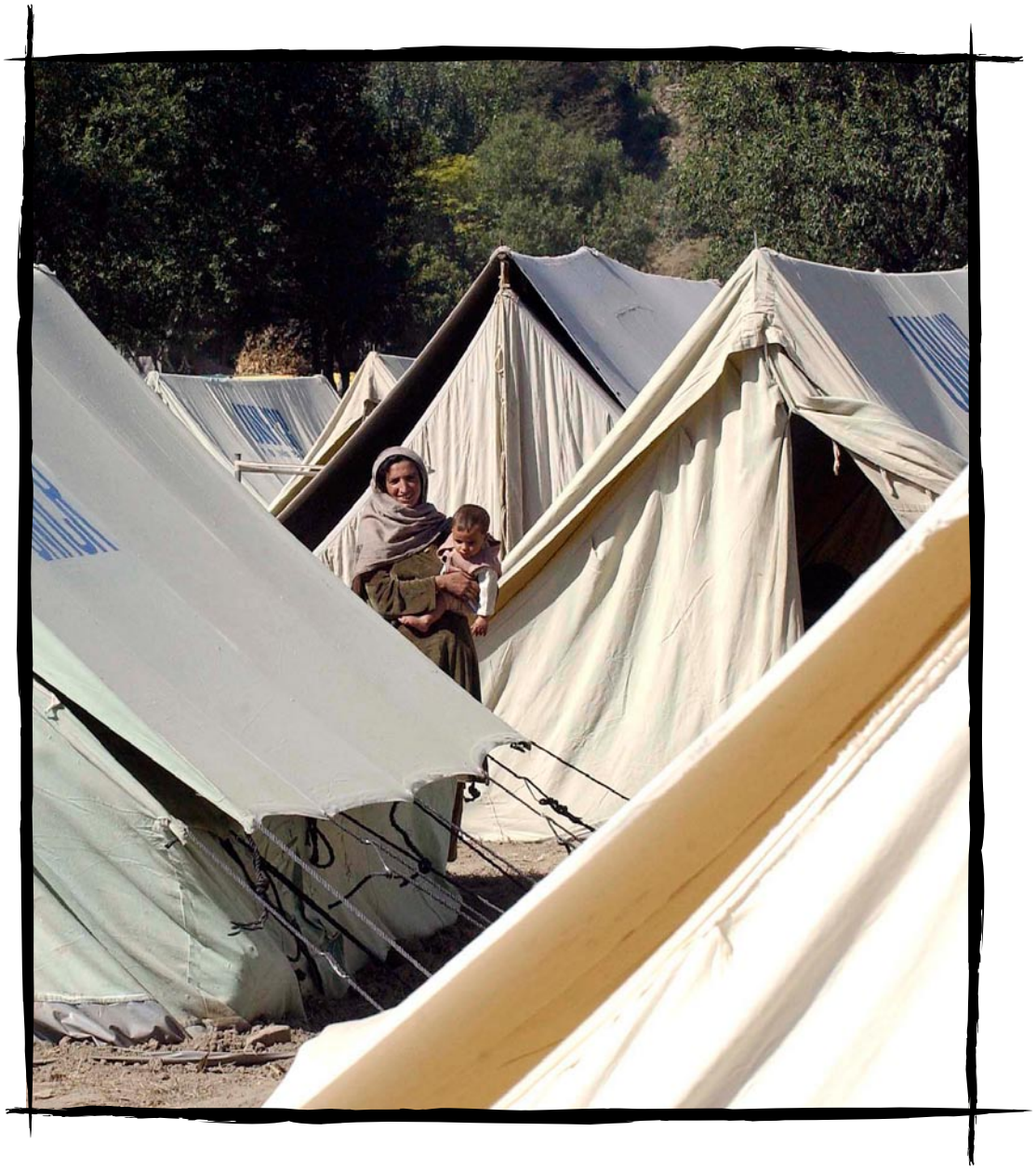
The intersectoral framework outlined in section three aims to assist staff from the different sectors to deliver effective services to children, young people and their families who come from refugee backgrounds. This section presents key phases of the intersectoral service relationships and outlines the roles and responsibilities of practitioners within each phase. It includes a service delivery flow chart and a step-by-step guide for case workers which summarises the service delivery framework.

Section four highlights the key presenting issues which may impact on service expectations and service delivery procedures. Some recommendations for case workers working with someone from a refugee population are included. This section is written from the different perspectives of the three contributing sectors: Child Youth and Family, Mental Heath, and Education.

Section five and the appendices of the Working with Refugees: Intersectoral Guidelines provide a range of practical resources, templates, references and a directory of contacts.

This document has been constructed to be used as an internal resource kit. It has been developed in the first instance by, and for, the following groups: the Grey Lynn and Royal Oak offices of Child Youth and Family; the Auckland District Health Board Kari Centre; Ministry of Education Special Education and Student Support Auckland City; and the Department of Labour, Settlement Division. All of these teams are currently working within the Auckland City district with children, young people and their families who come from refugee backgrounds. It is the vision of the writers that this document could also benefit teams on a wider geographical basis, and it is hoped that plans to use it across intersectoral teams regionally or nationally may be developed.

REFUGEES IN NEW ZEALAND - CULTURAL CONTEXTS



INTRODUCTION

Children, young people and their families who come from refugee backgrounds often experience difficulties accessing the support services they need in their new host country. Furthermore, in some circumstances those who have managed to successfully access mainstream services experience problems sustaining the service relationship. These difficulties sometimes result from service provision that is not founded upon sufficient understanding of different cultural parameters and the importance of flexibility when working with a culturally diverse client base.

Understanding the cultural context of clients from a refugee background requires case workers to develop an understanding of specific aspects of the life of the child or young person with whom they are working, in terms of their experience associated with multiple trauma and loss, with dislocation, prior to arriving in New Zealand. Other important identifying aspects such as the family's religion, level of formal education and socio-economic status in their home country need to be understood within this context. Professionals working with children, young people and their families who come from refugee backgrounds also need to consider the impact of the 'refugee experience' on the development of the child or young person. The stressors associated with resettlement into a foreign culture and society can further impact on the behaviour of all the people in the family.

This first section of the Working with Refugees: Intersectoral Guidelines aims to provide professionals who are working with children, young people and their families who come from refugee backgrounds with some guidance on how to develop a better understanding of the cultural context of these clients. The following are, therefore, included in this section:

- An overview of the various different streams refugees can come to New Zealand;
- An overview of some of the challenges refugees may face when settling into New Zealand society;
- Guidance on how to develop an effective working relationship with clients from a refugee background;
- Some guidance on cultural norms to consider when developing appropriate service provision for clients from some of the larger refugee communities in New Zealand.

The majority of the content of this chapter is based on the learning of the On TRACC pilot service. As such, it should be viewed as a guide to developing culturally appropriate service provision rather than a definitive model that should be applied in the same way to all refugee cases.

UNDERSTANDING THE CLIENT GROUP

Refugees in New Zealand

New Zealand accepts an annual quota of 750 refugees per year referred by the United Nations High Commissioner for refugees (UNHCR) in accordance with the Government's international humanitarian obligations and responsibilities. The United Nations 1951 Convention relating to the status of refugees defines a 'refugee' as a person whom:

> 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 or her nationality and is unable, or owing to such fear, is unwilling to allow themselves protection from their country.

The New Zealand Government aims to ensure the refugee quota remains targeted to refugees that are in greatest need of resettlement, while also taking into consideration wider resettlement objectives.

In addition to the 750 quota refugees, the New Zealand Government also makes determinations upon claims to refugee status lodged by asylum seekers or 'spontaneous' refugees who arrive in New Zealand of their own accord. At the end of 2005, 20.8 million people from 150 countries were considered "of concern" to the United Nations High Commissioner for Refugees (UNHCR). This number includes refugees, asylum seekers and internally displaced people.[1] Asylum seekers are only granted permanent residence in New Zealand if their claim to refugee status is accepted by the Refugee Status Branch of the Department of Labour, or by the Refugee Status Appeals Authority.

On arrival to New Zealand, quota refugees are automatically granted permanent residence. Both quota refugees and approved asylum seekers are entitled to apply for New Zealand citizenship after five years of legal residence in New Zealand. Quota refugees spend the first six weeks after their arrival in New Zealand at the Department of Labour's Mangere Refugee Resettlement Centre before being resettled into the wider community. It is here that refugees are provided with initial accommodation and also receive a six-week orientation programme to help transition them into life in New Zealand. The orientation programme is overseen by the Department of Labour but specific services are provided on-site by the following government and non-government agencies:

- Centre for Refugee Education, Auckland University of Technology (This centre is funded by government to provide on-arrival education, English language and orientation programmes.)
- RMS (Refugee Resettlement Support.)
- Ministry of Health (Health screening and referral)
- Refugees As Survivors (Mental health support and referral.)
- Housing New Zealand and WINZ (Quota refugees are generally provided with accommodation by Housing New Zealand and a benefit from WINZ at the beginning of their settlement process.)

1 http://www.unhcr.org/cgi-bin/texis/vtx/statistics

Significant refugee communities in New Zealand are from Afghanistan, Ethiopia, Iraq, Iran, Somalia, Sudan, the Republic of Congo and Myanmar (Burma). For further information about the culture, religion and language of these ethnic groups please refer to the Guidelines on Working with Particular Cultural Groupings in this section of the guidelines.

Refugee family reunification is a process which allows for refugee family members, who are not located in New Zealand, to be sponsored by quota refugees or approved asylum seekers. Although these family members may come from refugee-like backgrounds, they are not categorised as refugees in terms of benefit entitlements, targeted assistance or funding.

The differences between migrants and refugees

There are important differences between migrants and refugees which it is crucial service providers understand. Generally speaking, migrants:

- have options regarding their chosen destination
- plan their travel to a new country
- have travel documents
- can bring possessions with them
- say farewell to family and friends
- can visit their home country
- are free to return home at any time.

Whereas, refugees often:

- have no options about where they end up
- escape from their home country rather than plan their departure
- have no way to obtain travel documents
- are unable to take any possessions with them
- have no contact with family or friends in their home country
- are unlikely to be able to return home.

It is important to recognise that children, young people and their families who come from refugee backgrounds have not come straight from their home country to New Zealand, and that the very nature of the refugee experience (while not homogenous) often adds a further dimension of cultural complexity. For example, some children have been born in refugee camps and, thus, their experience of what is normal life may be day-to-day subsistence survival in a dangerous camp, and where there are a multitude of foreign cultures situated in a foreign land. This is the case in the following example of a young person's experiences.

Experiences of a 25 year old Sudanese man who was in Kakuma and Ifo refugee camps between 1993 and 2000, prior to his resettlement to New Zealand.

That Kakuma Refugees Camp (KRC) started in 1992. It's actually a desert, horrible dusty, very hot. There is no access to firewood for cooking. It is too dangerous to leave the camp. If we tried to go anywhere to get firewood the locals would target us. There is no rain, we could not help ourselves even with planting crops.

We were extremely dependent on the UN. We were provided with ration cards – for weekly food. It was not so good sometimes, maize, beans, sorghum, wheatflour, if we were lucky enough. It was rare to get vegetables. There were 100,000 of us.

To get our rations we had to go about 3 or 4 in the morning and stand in line for hours. We had to go through barriers and fenced off areas, to get our cards and names checked. It was horrible. Whatever we were given is not enough. The food always finished long before the next lot was distributed. So we had to miss eating on some days so we would not run out. And when they do a headcount we had to line up and stand there. If you missed it you could not get a ration card. It was terrifying for those who missed the headcount or came from the border without proper documents. Security in the camp was nonexistent.

At Kakuma the natives of that area, at first when the refugees came they were friendly to them. But then at the long last they feel like the refugees are being looked after better than them. So they start looting and killing to steal food or things they had built up. Some of the refugees are very educated and built up some trade or business somehow. Very simple. So the natives would target them. In 2000 and something they started targeting the refugees very much. At night people had to sleep inside their huts otherwise they would be killed – even though it was too hot to sleep inside.

In Kakuma firewood and materials for housing were provided by the UN because it was too dangerous to go out of the camp. In terms of schools there was lack of everything including skilled teachers. Books were lacking and a lot of other stuff. When I was in the camp studying for secondary school level entrance I had to line up for hours to take a look at a book. Both camps were horrible but within each there were situations that made it all much worse. Going into that camp we had to sell our clothes, we ate only once a day. We weren't registered as refugees because we were Sudanese [and] we had come from Kakuma to Ifo with the promise of getting to the US.

In Ifo camp we stayed in a fenced area which we made ourselves because of the 'Shipters'[2]

In Ifo camp the shipters were really organised, professional killers, they had cars, they moved from place to place. They were Somali rebels and they had no agenda – they are militia between Kenya and Somalia, outlaws who came at night and raided our area. They would kill people if they were in the way. One of my friends, a very big Sudanese man was killed. All his children were there and they shot him so they could take his things. The police didn't turn up till the morning. The Kenyan police was also afraid of the Shipters. We established ourselves to protect ourselves. We planted trees which grow quickly for a fence. And we had to make spears and other weapons from what we could find in the camp to protect ourselves. And the really young men strong and big, watch at night 10 by 10. Women and children were very vulnerable, the only thing was for the men to protect them. We had to stay awake every night.

2 "Shipters" is a name refugees gave to people who came and 'shipped' their food and any goods they acquired away. They would also kidnap people.

BARRIERS TO SUCCESSFUL SETTLEMENT FOR REFUGEE COMMUNITIES

The following section provides an overview of some of the most common challenges and barriers refugee communities in New Zealand face in terms of the settlement process.[3]

The challenge of settlement in New Zealand

While refugee communities in New Zealand are extremely diverse in terms of religion, culture, language, education and work experience, most refugees share at least some of the same challenges when faced with resettling into a western society. Although there is limited research on how refugee individuals and families cope with adapting to life in New Zealand, there are common problems expressed by various refugee communities. These include the acquisition of English, finding appropriate employment, ongoing separation from family members, and issues around cultural difference and maintaining their own language of origin and unique cultural identity. Such challenges have a direct impact on a refugee's ability to successfully resettle into their host community, and can also affect the psychological well-being of refugee individuals and families. Successful settlement involves moving from the immediate challenges of finding somewhere to live, getting a job and adapting to unfamiliar systems and customs, to becoming active participants in the social, civic, economic and cultural affairs of the refugee's new home.

However, it is important to note that refugee communities are not homogeneous in nature. The issues outlined below are not universally experienced by all refugees, and may also be experienced differentially between specific refugee communities. It is also important to recognise the interconnected relationship many of the challenges/barriers may have on each other.

Settlement is a two way process, by both refugees and the host community, which requires learning, adaptation, understanding, acceptance and respect.

Lack of English and ongoing language acquisition problems

A lack of English proficiency affects all aspects of a newly arrived refugee's life, and exacerbates virtually every problem he or she may face. Limited English, when combined with huge changes in the social and cultural environment between the home country and the new host society, can result in considerable social and cultural isolation. An ongoing lack of English proficiency can also mean refugees are confined to unskilled employment or welfare dependency.

Children from refugee backgrounds often appear to acquire English at a faster rate than their parents, whilst learning a new language can be particularly difficult for older refugees. As a result of this trend, it is fairly common for parents from refugee backgrounds to become dependant on their children for basic channels of communication with the host culture. Parents and grandparents with limited language ability rely on children for interpretation and translation, which in turn creates power dynamics within the home that did not traditionally exist.

3 The challenges outlined in this section are based on the learning of the OnTracc service and should not be considered as an exhaustive summary of all the problems refugee communities may encounter after their arrival to New Zealand.

Cultural differences

Cultural differences between refugees and the host community can have a significant impact on a refugee's ability to resettle into their new home. Cultural differences become more pronounced due to a lack of information about the new country on the part of the refugee, as well as a lack of cultural awareness from the host community. This can, in turn, lead to discrimination against refugee communities.

Cultural differences in New Zealand can be particularly visible in terms of:

- communication approaches
- gender issues
- respect and authority issues
- individual versus collectivist identity

Other cultural differences or misunderstandings can emerge when particular professionals from the different sectors become involved with the families because of the families special needs.

Examples of how cultural differences can affect refugee settlement:

- A lack of understanding of the education system and learning styles practiced in New Zealand schools can result in a high rate of refugee students 'dropping out' of secondary schools.
- The involvement of care and protection or mental health services is highly stigmatising for many refugee cultures. Social workers are often associated with removing children from families and in some societies which refugees come from, mental illness is seen as being "mad", and as such incurs intense shame and stigma for affected families and communities. For example, presentations such as schizophrenia or organic brain disorders are conceived by some cultures as a supernatural consequence for wrong-doing. Consequently, many refugees are reluctant to use mental health services and would delay seeking help until disturbed members become unmanageable.

On-going effect of traumatic experiences in home country

Many refugee individuals and families have suffered severe trauma prior to their arrival in New Zealand. Pre-immigration problems often continue to have adverse effects on the mental health of refugees, and such effects can be long-lasting. Mental health issues such as post traumatic stress disorder (PTSD), depression and psychosomatic problems are common amongst those that have experienced torture and trauma. These issues can constitute a significant barrier to successful resettlement.

Difficulty obtaining suitable or appropriate employment

In the process of settling into the host community, many refugees are confronted with a significant change in the role or status they enjoyed in their home country, or a loss of that position altogether. For example, it is common for refugees who were in professional jobs prior to coming to New Zealand to have experienced considerable downward occupational mobility upon arriving here. Employment barriers include a lack of recognised qualifications, little work experience that is perceived as useful to the host country, and discrimination by employers on the basis of cultural or religious stereotypes.

Miller and Rasco (2004, p.17) note the link of the stressors related to the lack of economic self-sufficiency, unemployment and the heightened risk of mental health related problems with the increased likelihood of poor adjustment. This is because unemployment is associated with loss of status and self-esteem and a restriction of social contact, as well as having a financial impact. Miller and Rasco (2004 p17) suggest that refugees experiencing real or perceived loss of status are more likely to experience personal frustration and stress within the family environment. The mental health implications of unemployment for refugees in New Zealand have, however, not been researched adequately.

Lack of awareness of, and access to, health and social services

As a consequence of their lack of English proficiency, many refugees have an inadequate knowledge and awareness of existing services in the community that may be able to assist them with settlement. Although many refugees may experience similar problems to other New Zealanders on low incomes, their difficulties with English language and/or literacy skills, further impacts on their awareness of and access to the health and social services which are available. Furthermore, where New Zealanders may be able to gain knowledge of social assistance through community networks, refugees may not have such informal networks available.

However, as noted above, even when refugees are aware of the existence of social and health services, cultural differences (in terms of different understandings of service provision, treatment and diagnosis) may prevent refugees from feeling comfortable utilising the services that are available. As such, it is vitally important for social service and health providers to incorporate cross-cultural practices into their best practice procedures when working with refugee clients. For example, in the case of physical health provision, some refugee families have reported anecdotally that they believe the only viable methods for solving their health problems are the traditional healing modalities found in their country of origin. In their mind these practices would be more effective than Western approaches to health care. Some hold the belief that they need to go back to their home country, or have a designated 'healer' from their country, in order to receive authentic and long-lasting healing. In this instance, a service provider who encounters these perspectives may find it useful with the assistance of a cultural support person to carefully explain the likely benefit that may be gained from the service providers' proposed way of working.

Loss of cultural identity

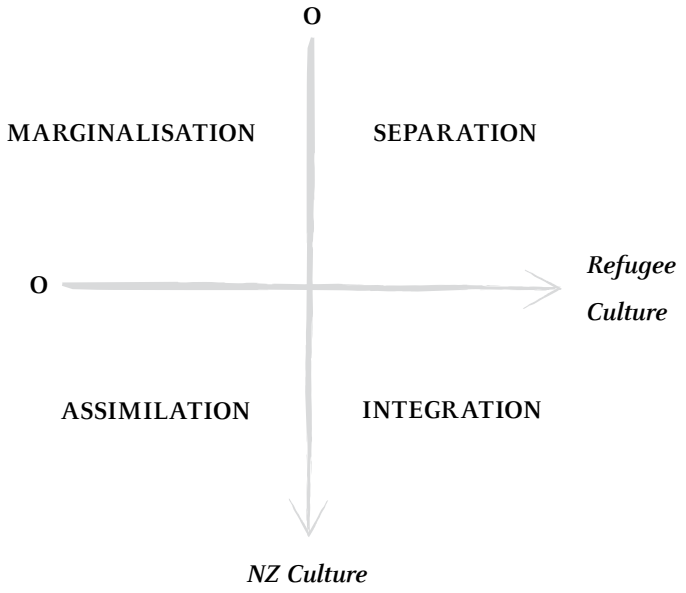
A significant challenge that refugees face when settling into a Western culture is the ability to integrate into the host society, while also maintaining their own cultural identity. When faced with this challenge, refugees may respond in a number of different ways, each of which is briefly outlined below and is significant in terms of success in resettlement outcomes.

As refugees resettle into the host society, they undergo a process of acculturation – a continuum of changes in behaviour, attitudes, values and identity that occurs when individuals from one cultural group are in continuous contact with another cultural group.

However, refugees engaged in acculturation can also continue to identify with their own cultural identity. This process is called integration and refers to newcomers taking on aspects of the host society's culture and values and contributing to the dominant society's social, economic and cultural wellbeing while retaining their own cultural identity.

On the other hand, assimilation involves adopting aspects of the host society's culture at the same time as relinquishing their own cultural identity. Assimilation is not productive in terms of successful resettlement. An alternative response, separation, describes the situation where newcomers maintain their own cultural identity, while rejecting the host culture. Furthermore, marginalisation refers to the process where refugees reject both the host culture and their own traditional culture.

The following diagram provides an example of the possible response that a refugee family may adopt. This response can change depending on various factors including duration, psychological wellbeing, interaction with host culture and family dynamics. It is important to note that it is quite possible to be engaged with a family with some members who have integrated quite successfully into New Zealand culture while other members in the same family remain disengaged or separated from the host culture.



Berry's cross-cultural model of acculturation (Adapted from Berry et al, 2002, p.354)

The above diagram of Berry's cross-cultural model of acculturation depicts the possible responses an individual may have in terms of their contact with another cultural group. Integration promotes more positive mental health among refugee as in other migrant populations. Refugees who are integrated have a higher self esteem than those who are separated or marginalised from their community and from the host community. Being marginalised is associated with the poorest mental health. Refugee populations who are poorly equipped to deal with the conflicting cultural demands of their environment are prone to marginalisation. Potocky-Tripodi (2002, p.128) notes that acculturation is a process and therefore a person's position on the various acculturation dimensions changes over time.

The process is influenced by factors such as personality, family influences, environmental influences, and socioeconomic status....the acculturation process is stressful for individuals and for families.

Integration is a two way process involving the participation and cooperation of both the newcomers and the members of the dominant receiving community.

Lack of social support networks

Refugees leave their home country out of fear, rather than by choice. As such, it is common for refugees to experience a profound sense of loss when confronted with the various challenges of resettling into the host society. This sense of loss is further compounded by the fact that many refugees are separated from their family and friends and may not have accurate information about their safety or whereabouts.

Refugees with little family support, or lacking adequate support from the wider community, are vulnerable to becoming socially isolated. Social isolation is likely to be particularly prevalent in areas where the ethnic community of the refugee is not well established. Loneliness has been sited as a common problem experienced by refugees who feel that they don't belong either in their own culture or in the New Zealand culture. Some of them feel that the stigma of being a refugee overrides their own cultural identity or their ability to fit in.

For guidance on developing effective practice when working with children, young people and their families who come from refugee backgrounds who may be experiencing some of the above settlement related issues, please see section two of this document, Guidelines on Effective Practice.

For details on the services provided by both government and non-government agencies involved in assisting refugees to settle successfully in New Zealand, please see the Directory in the appendices of this document.

For additional guidance on successful integration of resettled refugees, please see the UNHCR Integration Handbook: Refugee Resettlement – which can be downloaded from the UNHCR website - www.unhcr.org. On this website select 'resettlement' under 'quick find topics.' The handbook is at the bottom right of the resettlement home page.

DEVELOPING A CULTURAL CONTEXT FOR YOUR CLIENT

To work with refugee clients as effectively as possible, it is imperative for caseworkers to understand the cultural context and background of their clients. Greater understanding of the kinds of problems that children, young people and their families who come from refugee backgrounds may be encountering in their new host country, can emerge from an examination of who they were in their home country, and what rules and norms existed in that cultural context. This is the first step to building a relationship of trust and mutual understanding.

Potocky-Tripodi (2002, p.125) defines culture as: "...the way of life of a society and life patterns related to conduct, beliefs, traditions, values, language, art, skills and social/ interpersonal relationships ...and is transmitted from generation to generation".

Potocky-Tripodi (2002, p. 482) stresses that for professions to work effectively with refugees populations need to develop cultural competence in their practice. Cultural competence is described as the ability of service providers and facilities to deliver effective services to ethnically and culturally diverse populations. Several key components of cultural competence are personal self-awareness, cultural knowledge, the ability to perform a cultural assessment, understanding and recognition of the dynamics of differences, effective communication and cultural desire.[4]

Potocky-Tripodi (2002, p.483) sees that cultural knowledge is an integral aspect of gaining cultural competency. Cultural knowledge includes knowledge of key aspects of a person's cultural beliefs, as well as an awareness of historical perspective (the history that has shaped the individual's beliefs and attitudes) and cultural context (the cultural norms that shape their behaviours, e.g. the role of the individual/family in decision making).

Caseworkers cannot assume that they know the people they are working with based only on an observation of their ethnicity, language or country of origin. For example, refugees of the same nationality and socio-economic status may have completely different ethnicities and cultural perspectives. Similarly, a refugee from the same country as another may be from a different tribe or hold different religious beliefs and, thus, have a completely different set of culturally constructed norms and values.

When developing cultural knowledge about your client within their context consider the following:

- Do they come from a rural or city environment?
- What role do government agencies serve in their own country?
- What level of education have they had?
- What system of education have they been accustomed to?
- What are the expectations of gender in regards to education?
- What was their social standing in their country of origin?
- What was their employment in their country of origin?
- Were they in a refugee camp before coming to New Zealand and if so, for how long?

4 From Article Caring for child or young persons From Diverse Racial Ethnic and Cultural Groups).

- What happened on their journey to New Zealand and what strengths and resilience have they shown?
- What kind of difficulties have they faced in the process of resettlement in New Zealand to date?

Building Trust

The On TRACC pilot service found that building trust through cultural sensitivity and a culturally appropriate service delivery model are essential elements of effective engagement with refugee young people and their families (see the Guidelines on Effective Practice section). Many refugees may have been treated negatively by those in positions of authority in their country of origin and many may have been subjected to extensive torture and trauma. It is common for refugees to have been subjected to oppression, intimidation, threats, abuse, accusation and arrest by those in positions of authority - for no reason other than their ethnicity, religion or political opinion.

As a result of these experiences it may be difficult for some refugees to begin to trust you, or to differentiate between you and the officials from their past experiences. The following suggestions are some of the useful ways in which you can help to build this trust:

- Always clarify service delivery aims, goals and possible outcomes.
- Make sure you put into practice what you have said you will do.
- Always employ a positive and open communication style - using an interpreter, community facilitator or cultural adviser if available.
- For most refugees doing something practical and tangible - such as helping with Work & Income, Housing New Zealand or enrolment on an English course - will be seen as really helpful. This kind of assistance may provide a foundation for building a good working relationship in a very short space of time.

Providing a service in the language requested by the client is the first necessary step to gaining trust, mutual respect, acceptance and positive regard when working with refugee families.

Using an Interpreter or Cultural Adviser

When your client is not a proficient English speaker, it is essential to communicate with them using a professional interpreter or cultural adviser (if available), who is proficient in the refugee's first language and English. With so much to learn about the client, choosing the right interpreter or cultural adviser is an important consideration.

The role of an interpreter

The role of an interpreter is to provide a channel of communication. Each party speaks through the interpreter's voice. It is an important role which must be carried out with a high degree of professionalism. Interpreters are not employed to provide a cultural context to what the client is saying, or to provide any extra information that may be needed to provide a background to the client's response to questions. These extra roles may be part of the job of a cultural advisor, but this should not be confused with the role of an interpreter. Interpreters are bound by a code of conduct that requires them to:

- Maintain a high level of performance (including interpreting technique, attitude and accuracy);
- Be completely neutral and objective in their approach;
- Always maintain the client's confidentiality; and
- Declare any real or perceived conflicts of interests.

Interpreters should be selected for a particular assignment based on their linguistic competency. Given the objective nature of the interpreter's role, their religion, personal orientation, social status, or ethnic background should not be relevant to their suitability to work with a particular client. However, this may not be the perception of the client, so it would be wise to consider this before selecting an interpreter.

Some further points regarding friends or family members as interpreters:

- Although relatives, friends and neighbours can be capable interpreters, they may take on an advocacy role rather than the neutrality of a professional interpreter.
- While children and young people often have better English than their parents, try to avoid using them as interpreters where possible.

The role of a cultural adviser

In contrast to an interpreter, the role of a cultural adviser is to provide cultural context to the exchange of information between the refugee and the case worker/key worker. Some organisations such as Refugee Migrant Service (RMS) and Refugee as Survivors (RAS) have professionals from many different cultural backgrounds at their disposal that can provide cultural advice. Using a cultural adviser to help you build a relationship of trust and mutual understanding with a refugee client can be very advantageous. However, as this relationship extends beyond that of an interpreter, it is important to ensure that the refugee is comfortable with the cultural adviser's involvement.

Factors to consider when choosing a cultural adviser include:

- If the individual or family knows the cultural adviser in a social context this could result in the client having concerns about confidentiality.
- The cultural adviser's ethnic group, tribal affiliation, political opinion/activities and/or religious beliefs can have a significant impact on the relationship.

Key things to remember when engaging a cultural adviser:

- Make sure the cultural adviser is from the same ethnic group as your client.
- If possible give the client a choice of cultural advisers.
- Gather all relevant information about the family's origin and match it to the most appropriate cultural adviser.
- Be guided by the cultural adviser you are working with. They may tell you they do not feel comfortable working with a particular family and suggest someone more appropriate.

Choosing an interpreter or cultural adviser

The following example provides a cautionary tale on the potential implications of choosing the wrong cultural adviser/interpreter in a therapeutic or case work setting.

Family members of a particular religion had been tortured and imprisoned, and had had their family home shelled because of their religious beliefs. In addition, a female member of the family had been sexually assaulted when she was pregnant. Prior to us seeing them, they were seen by an interpreter who was perceived by them to be aligned to the very same group of persecutors in their home country. This raised all sorts of issues for them – fear, flashbacks, trauma, and the belief that if they said anything it may get back to authorities in their country where they still have family who could be tortured. This was indeed a setback to them getting help for their children who were experiencing some mental health difficulties. As a result, building a relationship with the mental health caseworkers was delayed until this issue was identified and resolved.

While this example demonstrates the importance of choosing the right cultural adviser/interpreter to work with your client, it is always essential to ensure that your client understands that they are professionals. As such, their personal, political or religious beliefs should not prevent them from being able to provide a professional service.

Some interpreters may also be willing, and able, to act in the role of cultural adviser, however, it is very important to ensure that the interpreter is aware of what kind of services you require from them. As noted above, professional interpreters are required by the nature of their role not to contribute cultural advice and provide context to the refugee's responses, whereas, this is one of the key responsibilities of a cultural adviser.

How to find an interpreter or cultural adviser

Most government agencies will have their own databases of interpreters. However, if you would like advice regarding where to find professional interpreters or how to recruit and train interpreters, please contact:

- Department of Labour Interpreter Coordinator at the Refugee Status Branch of Immigration New Zealand on (09) 9145999.
- Auckland District Health Board Interpreter Service – For all enquires contact (09) 630 9943 and ask to speak with Interpreting Service or e-mail **bonniey@adhb.govt.nz** or **sapnam@adhb.govt.nz**.
- Language Line, which is a Government-funded telephone service offering clients of participating government agencies free interpreting in 39 different languages. While the use of telephone interpreters is not ideal when building a relationship with a client, it may be a useful resource for brief communications with your client such as confirming appointment times. For further details see **www.languageline.govt.nz**

For advice on obtaining the assistance of a cultural adviser when working with children, young people and their families who come from refugee backgrounds, please contact the following agencies:

- Refugees as Survivors (RAS) Auckland - RAS has a team of Community Facilitators from Iran, Iraq, Sudan, Somalia, Burundi, Ethiopia, Afghanistan and Myanmar (Burma) who are available to advocate and provide advice on developing culturally appropriate service provision. For more information on utilising the RAS community facilitators to assist you in working effectively with refugee clients please, contact the Auckland RAS Community Manager on (09) 270 0870.
- RMS Refugee Resettlement has a database of cross cultural workers who work closely with refugees entering New Zealand under the annual quota programme. RMS Cross-cultural workers may be available to work on a contractual basis for government agencies dependant on the availability of each individual. Please contact your local RMS office to enquire about the availability of a cultural advisor for your specific client. Contact details are available on the RMS website: www.rms.org.nz

Recording Information

The written recording of information may be an area of uncertainty and distress for some refugee families. For example, some refugees may view with suspicion the filling in of forms or a clinician taking notes during a discussion. This may be because recording of information in their home country was associated with criminal proceedings. As such, it is important to explain how information will be stored with your client, and with whom it will be shared.

Families may worry that things they say can be accessed by the government from the country they have fled, and that this spread of information could have a negative effect on their family members still living there.

Furthermore, in some cultural contexts, receiving assistance from mental health, special education or care and protection agencies is considered to constitute a great shame on the family involved and can cause stigma within their community. The shame and fear of their community finding out about their 'problems' may mean that clients increasingly withdraw from your service, with the more confidential information they disclose. The spread of this information throughout their community could ruin a family's chance of one of their children getting married to a desirable suitor, their social status, or of them interacting with their community.

Children, young people and their families who come from refugee backgrounds need complete assurance of confidentiality in all processes. They need to know what information is being recorded and why. Assurance around confidentiality may need to be ongoing.

It is also important to recognise that sometimes your clients will not be able to provide you with the information that is easily accessible to people in a Western society. For example, they may not have official forms of identification like birth certificates and marriage certificates, exact details of family relationships, and correct biological ages.

Different cultures have a different way of recording time, birthdays, and identity. Documents and information on family structure may also have been lost through the process of displacement and relocation.

Guidelines on Working with Particular Cultural Groupings

The following general considerations around trust building and cultural norms of behaviour for the different cultural groups were developed by the cultural advisors and clients of the On TRACC service.

Please note: It is important to view these Guidelines on Working with Particular Cultural Groupings as a general guide, rather than to apply them prescriptively. Furthermore, this guide does not include cultural consideration for working with all the refugee communities represented in New Zealand. If you have any queries or questions about the appropriateness of using these protocols with your particular client, or your client is from an ethnic group unrepresented in this guide, please contact a cultural professional through the channels referred to above.

ARABIC SPEAKING MIDDLE EASTERN FAMILIES

The Arabic speaking communities in New Zealand are mainly from Iraq, Jordan, Syria and Egypt. Some are Muslims and some are Christians. There are differences among these populations in their views and their social norms, which will influence their ways of being as well as their behaviours. This is because they will have different:

- cultural upbringings
- social-economic backgrounds
- levels of religious commitment
- duration of time spent outside their country of origin (their acculturation level)
- immigration backgrounds (i.e. history of trauma, whether they are refugees or migrants, time spent and experiences in their host countries).

Historical Background - Iraq

Iraq first became an independent state in 1932. Several military coups followed, with the installation of the Baathist party as ruler from 1968 to 2003. This period was characterised by a crushing of any political opposition, using extrajudicial executions, detentions and torture. Assyrian Christians, Kurds and Shiite Muslims who opposed the regime were particularly oppressed. Two million people were forced to flee Iraq after the southern uprising was quashed in 1991 alone. The ousting of Saddam Hussein's regime by US-led forces in 2003 has since brought wide-scale conflict and instability to the region. Although sovereignty now rests with an interim Iraqi-led government, religious and ethnic fault lines continue to run through Iraqi politics and the violence against both soldiers and civilians is ongoing.[5]

Home Visits

First Contact

All of the countries in the Middle East share the same morning and evening greetings:
"sabah el kher" - good morning
"masa'a el kher" - good afternoon.
"How are you" - ishlonak (Iraqi)
"How are you"- Keffak (Jordan, Syria and Lebanon)
"How are you" - Ezzayak (Egypt)

When meeting clients from an Arabic speaking Middle Eastern culture:

- Introduce who you are, and the service you represent in a very clear and reassuring way.
- Families are very careful about keeping their affairs private and they expect full confidentiality from case workers. Generally they would not want members of their immediate community and the wider community knowing about their problems.
- Support or advice from religious leaders is not always sought; as it depends on each family's attitude to religion, or to seeking help.
- Religiously practising families may chose appointments that don't interfere with prayer times. Midday prayer on Fridays is very important for men and some families will not engage in other activities during this time.

5 www.bbc.org.uk

Ministry of Health (2001) Refugee Health Care: A Handbook for Health Professionals

Body Language
Avoiding eye contact - especially between opposite genders - is a sign of good manners, politeness and respect. When there is a significant age gap, even between people of the same gender, the younger person should not look the older person in the eye.

During a home visit you should ask if you need to take your shoes off before entering the house.

Contact between Genders
It may be acceptable for some Arab women to greet males by shaking hands, but this isn't the norm for everyone. More religiously-oriented families may not have any physical contact between genders.

Most women prefer to see only female health care providers, as they may feel shy talking about their private lives. This may also extend to male interpreters being present during consultation. Where possible a female interpreter should be used for a female client. Questions around childbirth should be asked by a female worker wherever possible.

Open conversation about sensitive issues, such as sexual matters, are highly discouraged by most families. If there is an important piece of information about a specific subject of this nature, it must be talked about by two people of the same gender in a private setting.

Family Structure/Roles
Show respect to the elders in the family by speaking with them, if possible, before talking to the younger people (even if your client is legally an adult). It is common for family members to accompany a client to an appointment and to help answer questions.

Some families may mention religious principles, and quote verses of the holy book. 'Allah' is the Arabic name of the one creator God; which is used by both Arab Muslims and Arab Christians.

Children/Parenting
Generally, the concept of family planning is unfamiliar and children are seen as a gift from God.

Building Rapport
When visiting someone at home, food and drink may be offered by clients as a sign of hospitality. It is preferable to accept some of this hospitality where possible.

Presents and gifts may be offered as a sign of appreciation. Invitations to weddings or other important celebrations might be extended to professionals as a sign of acceptance and including the professional in their community and close contacts.

Service Delivery Considerations

Gaining Consent

Introduce who you are and the type of service you work with in a clear and reassuring way.

Give out any translated brochures about the service.

Intervention Plan

It is important to understand the collective family identity in developing of the overall intervention plan and to get the family's input and opinions regarding the plan. Allow for discussion around various options with the family.

Monitoring Plan

Parents are usually keen to be continually updated about their child's case and may ask many questions, make frequent contact, and expect to be seen frequently, until sufficient trust has been built up between them and the professional.

Closing a Case

Closing the case can be the most difficult part for the family who often fear the loss of support from services. Therefore it is important to plan closure giving the family plenty of warning, with time to get used to it and to put other relevant supports in place where needed.

For further information on gaining consent, the intervention plan, monitoring and closing a case, see Section Three.

ERITREAN AND ETHIOPIAN FAMILIES

Historical Background

Eritrea was established as a country in 1993. It has a population of 3.6 million, consisting of 9 major tribes, each with its own language. The population is approximately half Christian and half Muslim. Eritrea was settled by the Italians in the late 1880s and invaded by Mussolini in 1936. From the end of WWII, it came under British administration and was granted self-government inside Ethiopia by the United Nations in 1952. A war of independence followed Ethiopia's attempt to annex the territory in 1962 and lasted 30 years. During this time, over half a million Eritreans fled the country, mainly to neighbouring Sudan. Eritrean refugees from this conflict were first resettled in New Zealand in 1994. Since independence, continued border clashes with Ethiopia have at times escalated into war and the conflict continues to this day.

Ethiopia has a population of around 55 million, including more than 80 ethnic groups. The main groups are Oromo, Amhara and Tigrayan. An estimated 40 percent of Ethiopians are Christian, 40 percent are Muslim and the rest follow traditional faiths. Although briefly occupied by the Italians during World War II, Ethiopia has never been colonised.

It was granted self-government from British administration in 1952. Emperor Haile Selassie's annexation of Eritrea in 1962 led to the longest running conflict in Africa in the twentieth century.

The Emperor was overthrown in a Marxist coup in 1974 but war and famine continued to ravage the country from 1977-1991. Over half a million people died during this period and more than one million refugees fled the country. In 1995, the first ever parliamentary elections took place in Ethiopia, confirming the leader of the rebel coalition as prime minister. However, Ethiopian and Eritrean border clashes have continued, escalating into full-scale war again in 1999. Ethiopian refugees have been resettled in New Zealand since 1993.

Home Visits

First contact

The family should be contacted by a person that can speak their own language and a brief explanation given on the phone about the service and the purpose of the visit.

After initial contact has been made, a few days may be needed before the first visit, to give the family time to prepare for visitors both physically and mentally.

A cultural professional should be present, if available, to make the introduction to the family in their first language.

It is important that the cultural professional is trusted by the family.

Body Language

Social cues need to be followed and it is important to let the family indicate whether they want to shake hands or not. Some Muslim families find shaking hands appropriate.

Sometimes female workers may be expected to kiss female parents on each cheek. This helps to gain friendship and trust.

When doing a home visit you should wait to be invited into the house and ask if you need to take your shoes off before entering.

A modest dress code is recommended.

Chewing gum is unacceptable.

When talking to the family it is good to be seated and to talk slowly and clearly in a reasonable tone with soft eyes and smiling when appropriate.

Staring or looking intensely into the eyes of people of the opposite sex is not acceptable.

Family Structure/Roles

It is important to direct all questions to the head of the family first, whether male or female. Then you can direct more specific questions to each member of the family, preferably in the presence of the head of the family.

Children and Parenting

Culturally speaking, all married couples expect to have children. In general, family planning within marriage is not practised. Unplanned births may occur outside of marriage.

Encourage discussion around parenting roles and expectations within the family's culture, and contrast it with New Zealand roles and expectations. This can be very useful in explaining to parents the various values and expectations their children may be exposed to at school, which may be different to what they experience at home.

Building Rapport

Compliments regarding the family or children, pictures on the wall etc are recommended.

A sense of humour is very acceptable.

When visiting someone at home, food and drink may be offered by clients as a sign of hospitality. It is good to accept some of this hospitality where possible. (However, the traditional coffee ceremony takes 2-3 hours - so you are not recommended to accept this during working hours, as you would need to stay until the ceremony is finished)

As the guest, the family will be focussed on you.

It is advisable to focus your attention on the family - and not on their property/possessions in the house - as this may lead to the family feeling uncomfortable.

Service Delivery Considerations

Gaining Consent

It is important to introduce the role of the service once formal introductions have been completed with the help of a cultural professional, if available, to explain clearly what the service is and to clarify the limits of the service.

If you need a consent form to be signed it is wise to do this after several visits, once some trust has been established. When the family is ready to sign the consent form it is important to have the form explained and translated via an interpreter in their own language.

Intervention Plan

It is important to understand the collective family identity in terms of the overall intervention plan and to get the family's input and opinions regarding the plan. Allow for discussion around various options with the family.

Monitoring Plan

The family may expect to be seen regularly, as they would be interested in swift solutions. Telephone communication by the cultural professional, if available, can be sufficient if it is too difficult to do home visits.

It is important to monitor whether the family are following the agreed intervention plan. If not, careful discussion with the family would be recommended using a cultural professional, if available, to discuss what might be more useful.

Closing a Case

Closing the case can be the most difficult part for the family who often fear the loss of support from services. Therefore it is important to plan closure giving the family plenty of time to get used to it and for you to get other relevant supports in place where needed.

For further information on gaining consent, the intervention plan, monitoring and closing a case, see Section Three.

SOMALI FAMILIES

Historical Background

The Somali are traditionally a nomadic people who have occupied the Horn of Africa for more than 1000 years. The clan-family system forms the basis of Somali society. There are 6 main clan-families which can be divided into many sub-clan families. Shifting allegiances within these clan-families have made it vulnerable to political manipulation and corruption. From the mid 1880s, the area was divided into British, French and Italian colonial territories. In 1960, two of these areas merged to form the independent state of Somalia. Conflict between clans ensued and a military coup took place in 1969. Clan persecutions, territorial disputes with Ethiopia, famine and civil war were to follow. Large-scale human rights abuses were a common feature of this period. The coup leader was overthrown in 1991 and Somalia was thrust into a state of chaos and confusion. Over 1.5 million people fled to neighbouring countries, including Kenya, Ethiopia and Sudan. New Zealand first accepted Somali refugees for resettlement in 1993, from refugee camps in these areas. A breakthrough in peace talks between warlords and politicians in 2004 saw the signing of a deal to establish a new parliament. Despite continued conflict, a transitional parliament met in Somalia for the first time in 2006 . Somali are predominantly Muslim and their religious beliefs have influenced many of the cultural practices and norms described below. However, religious observance will differ from family to family.

Home Visits

First contact

Somali traditional greetings:
subah wanagsan - good morning
galab wanagsan - good afternoon
haben wanagsan - good evening
Barasho wanagsan/kulan wanagsan - nice to meet you
wan ku faraxsanahay inan ku arko - nice to see you

Body Language

Take your shoes off if you are going inside the house (it has to be clean and pure to perform Salat or prayer).

When doing a home visit you should wait to be invited into the house.

A female worker should sit with her knees together and legs crossed at the ankles in front of male family members.

Contact between genders

Shaking hands with a person of the opposite sex is prohibited.

Staring or looking directly into the eyes of a person of the opposite sex is not acceptable. Female family members may avert their eyes or look down as a sign of respect.

Gender segregation is considered natural and modest rather than oppressive, and serves to promote strong families within the community. Meetings between teenagers of the opposite sex are allowed in the home if parents are present.

Islamic culture requires men and women to dress modestly. For many Somali girls, this means covering every part of their bodies except their faces, hands and feet. Trousers are considered too revealing.

Women typically do not go out to restaurants or cafes, unless accompanied by family members, because it is considered immodest.

Dating in the Western sense is prohibited. Marriages are traditionally arranged by the family, although this is changing.

Family Structure/Roles

A deep-rooted belief in the sanctity of the Somali family is grounded in the sacred text of the holy Koran. Religion is the starting point of the family structure and the centre of family organization. Religious traditions provide family members with values and promote family unity.

Loss of traditional extended family support creates increased stress for resettled family members. Family re-unification is an overriding goal for families who have been separated by war, civil strife, and subsequent migration to foreign countries. If family members are missing, members often re-configure family loyalties to broaden their base of support. For example, brothers and sisters may be related by religious affiliation as well as parental lineage. It is important to find out these affiliations. Families are large and interdependent. Aunts, uncles, grandparents, parents and children often live under one roof. Sometimes a child's biological mother may not be living in New Zealand.

Hierarchical role structure within the family is considered to be essential for family stability and strength. The father is the head of the family. Grandparents have the most respect in the family. Therefore, if the grandparents are around it is important for them to be at meetings concerning family members.

Sensitive issues, such as those around abuse and sexual matters, need to be approached with great caution. Questions about these matters need to be asked of a parent in a one-to-one situation rather than with all the family present.

Children and Parenting

Under Islamic law, a father is duty bound to support his children. In the event of divorce the children belong to both parents, but may continue living with the mother.

A two parent family structure is seen as the ideal family form for Somali families. In New Zealand there are a lot of widowed or divorced mothers who have to fulfil all responsibilities, e.g. look after the children, earn money, deal with school and health professionals, social services, and to continue to be responsible for family members who are still in refugee camps.

Because being a single mother is also highly unusual in their homeland, they can often feel stigmatised by their own community, lonely, isolated and overwhelmed. Acting differently to cultural and religious traditions is often viewed as a violation of loyalty and respect of family unity.

Parents will often view New Zealand socialization of children as very different. They may resent infringement on their parental authority to discipline their children in the way they would in their home country.

Building Rapport

When visiting someone at home food and drink may be offered by families as a sign of hospitality. It is preferable to accept some of this hospitality where possible.

Somali eat only halal foods (following Islamic protocols in the killing of animals for human consumption). For religious reasons Somali do not eat pork, pork products or foods that contain pork derivations. They also do not drink alcohol.

Appropriate greetings for the time of day in Somali would be extremely appreciated by the family (see above).

Service Delivery Considerations

Gaining Consent

If you need a consent form to be signed it is wise to do this after several visits, once some level of trust has been established. When the family is ready to sign the consent form it is important to have the form explained and translated via a cultural professional, if available, in their first language.

Intervention Plan

It is important that planned meetings or appointments are carried out. If it is unavoidable to cancel an appointment, the family must be informed.

Meeting with children at school has to be agreed to by the parents before being arranged with the school and parents should be kept informed of when you will be seeing the child at school.

Monitoring Plan

It is important to monitor that the family are following the agreed intervention plan. If not, careful discussion with the family through a cultural professional, if available, is recommended to discuss what might be more useful.

Closing a Case

Closing the case can be the most difficult part for the family who often fear the loss of support from services. Therefore it is important to plan closure giving the family plenty of time to get used to it and for you to get other relevant supports in place where needed. For further information on gaining consent, the intervention plan, monitoring and closing a case, see Section Three.

SUDANESE FAMILIES

Historical Background

Sudan is the largest country in Africa, with a population of around 35 million. This includes more then 50 ethnic groups speaking 140 different languages. Northern Sudan is made up of predominantly Arab (Muslim) peoples, while the south is populated by mainly African peoples (Bantus and Nilotics either holding Christian or animist beliefs). Civil war between these two very different groups has divided the country for decades. Sudan was jointly governed by Britain and Egypt from the end of the 19th century until it won independence in 1956. Since that time, several military coups have taken place, dominating the southern region and leading to 20 years of civil war. An estimated nearly 2 million people have been killed in the fighting, with thousands of southerners fleeing to neighbouring countries or becoming internally displaced. Sudanese refugees have been resettled in New Zealand since 1994. To date, a peace deal has been signed between the government and southern rebels and an autonomous government formed in the south. However, the Darfur Conflict is an ongoing conflict in the Darfur region of western Sudan, mainly between the Janjaweed, a militia group recruited from local Arab tribes, and the non-Arab peoples of the region. The Sudanese government, while publicly denying that it supports the Janjaweed, is providing arms and assistance and has participated in joint attacks with the group. The conflict began in February 2003.

Home Visits

First contact

Dinka:
Ci yi bak? — ('Yi' is the singular) Good morning/how are you?
Ci wa bak ('wa' is the plural) - Good morning/ How are you?
Yin acaa muoc - thank you
Arabic:
Sabakar - good morning
Shukran - thank you

Introduce yourself to the family and tell them about the organisation you represent, your role and the type of service you can provide.

In Sudan, the concept of confidentiality or privacy is unfamiliar. People believe the whole community is entitled to discuss anything that happens to one of its members. Decisions on how to resolve any issues impacting on one individual are made by elders and leaders of the community, although this is beginning to change. Sudanese in New Zealand have learned about confidentiality and privacy laws and understand their significance. As a result, more people are respecting the privacy of others, particularly if they are employed in a professional position.

Body Language

On meeting, it is appropriate to shake hands before introducing yourself.

All genders can shake hands because it is perceived as a sign of welcome.

Eye contact is acceptable with some families, but children are not allowed to look directly and frequently into the eyes of somebody who is older than them as this shows a lack of respect.

When visiting most Southern Sudanese families there is no need to take off your shoes. However, removing shoes before entering the house may be expected by some Muslim families.

Contact between genders

People of the opposite gender are allowed to meet in houses, clinical centres/hospitals, schools and other places in the presence of their parents, relatives or people they know.

Young women/girls do not go out on their own and it is very rare for them to eat/drink in public places. In contrast, boys are trained to be fearless, tough and able to endure hardship so that they can protect themselves, the family and their society when they become adults.

Western-style dating between young men and women is rare amongst Sudanese communities in New Zealand.

Family Structure/ Roles

In general, women dominate the household and men command public life. It is always a good idea to talk to the father in regard to family affairs, but if there is no father then you may need to approach the mother. It is useful to speak to a cultural professional if possible about who to approach first, since families will differ from one another if the traditional structure is not in place (which is often the case here in New Zealand).

Traditionally, it is unacceptable for Sudanese women to discuss experiencing domestic violence with anyone outside the family, as it is seen as a family issue. No one is allowed to interfere in the problem unless they are invited to, and this would only occur if the issue was seen to be a big problem.

Traditionally, in most Sudanese cultures, men are expected to take on the role of disciplinarian in families. When domestic violence occurs in Sudan, many women prefer to put up with this rather than leave, as they are reliant on men to provide for them and their children. However, this attitude is slowly changing in New Zealand because women are aware that they do not have to leave their home or lose custody of their children, and that they can receive an independent income.

In Sudan, if divorce occurs and the couple has children, the husband automatically has custody and they will remain living with his family. Divorce is seen as a last resort when problems cannot be solved.

A predominance of the Sudanese who have been resettled in New Zealand are single mothers with their children.

Sudanese are used to living in large extended families including aunts, uncles, grandparents and parents, either under one roof or near to each other.

Women do not generally choose their husbands. The male head of the household will do this and a dowry will be negotiated to be given by the groom. The process for payment of dowries has changed but it still occurs in New Zealand. Part of the dowry is paid in monetary form and part is paid in cows to relatives in the Sudan. In New Zealand, it is now acceptable for a girl to choose to marry the Sudanese man she loves, but the traditional negotiation processes of meeting with the bride's family and paying the dowry are maintained.

Children and Parenting

The head of the family and his wife are obligated to care for their nephews, nieces and cousins as their own children. Once the children become adults they are in turn responsible for caring for them.

It is the custom in some tribes for women to marry very young, sometimes as early as 12 years old. They may start having children at a very early age, before reaching physical maturity, which can jeopardize their health and even their lives.

Pregnancy is considered a gift from God and it is a sign of fertility for both men and women. It is perceived to be a big problem if a couple has been married for over a year and have not conceived.

Girls now attend school and play sport here in New Zealand, but families still consider them a source of wealth as the family will receive a dowry when they marry. As a result, they expect their daughters to be respectful and responsible, and to get married.

Building Rapport

You may be offered a drink when visiting a family in their home. If you do not want it, make sure you give an explanation (e.g. "no thanks I have just had one") otherwise refusal may be seen as an insult.

At the beginning of gathering information stage, do not ask questions about sexuality with anyone other than elders. Even then this is a taboo subject. If possible, speak to a cultural professional who will be able to help you deal with this issue in a culturally appropriate way.

Service Delivery Considerations

Gaining Consent

It is important to create a good first impression in order to be able engage with families.

Focus on building trust by being specific about the sort of help you want to offer, rather than rushing families into signing consent forms.

Try to adopt a relaxed and informal manner if possible to reduce any tension or uneasiness. This may allay any anxieties or fears that families may have over dealing with professionals from government agencies.

Ensure that the family if informed of the duration of the assistance you are offering to provide and/or that you will close their case when the situation improves.

Intervention Plan

It is important to involve the families in decisions regarding their children's daily lives.

Monitoring Plan

It is important to meet with the families frequently in the first phase of service delivery This is particularly important for the first four or five visits and during the monitoring phase so that the families feel well informed and supported.

Closing a Case

Make sure that the family is consulted before closing their case. Explain your reasons for closing the case, as some families may feel that you simply no longer want to help them.

Ensure that families are aware of how to access help in future and what sort of support is available to them once you withdraw.

For further information on gaining consent, the intervention plan, monitoring and closing a case, see Section Three.

BURMESE FAMILIES

Historical Background

Myanmar (previously known as Burma) is the largest country in mainland South East Asia. Its population includes Burman, the majority ethnic group, followed by Karen and at least 20 other groups. A military coup in 1962 saw the installation of a repressive regime in power, which has resisted any return to democracy. The violent crushing of the 1988 student uprising led to the flight of thousands of mainly Karen people to the Thai-Myanmar border. Although an election was held in 1990, the regime refused to cede power to the winning Democratic Party and fighting has intensified. Around 200,000 refugees have since sought protection in neighbouring countries and many have been accepted for resettlement in New Zealand.

Home Visits

First contact

In general, the Burmese community practices 3 religions – Buddhism, Christianity and Islam. Before your first visit it would be useful to know what religion your family practices, as this can dictate behaviour during home visits and meetings.

The family should be contacted by a person that can speak their own language and a brief explanation on the phone about the service and the purpose of the visit should be given.

A few days may be needed before the first visit after initial contact is made to give the family time to prepare for visitors both physically and mentally.

If available, a cultural professional needs to be present to make the introduction to the family in their first language. It is important that the cultural professional is trusted by the family. Even then families are often concerned that an interpreter/cultural professional from their community will get to know their secrets which may mean they will be very guarded.

Families are very careful about keeping their affairs private and expect full confidentiality from case workers. Generally they would not want members of their immediate community or the wider community knowing about their business.

In general, people would not go to religious leaders such as monks, priests or imams for help with difficulties with relationships and children, as they feel they would not be able to relate to these issues.

Body Language

It is acceptable for men and women to shake hands.

It is important to give and expect returned eye contact. If you do not give eye contact the family may wonder what you have to hide.

You should ask whether you need to take off your shoes before entering the house. If it is a Christian household you usually do not need to take off your shoes.

If you notice there is a shrine in the house (Buddhist), take off your shoes immediately. The shrine will be in the living room as is it seen as the most appropriate place.

Modest dress code is recommended. Pregnant female workers are also advised to wear baggy clothes so the belly is not accentuated.

Family Structure/Roles

If the male parent is present it is important to acknowledge him first as the head of the house.

Traditionally the father will not be present as it is not perceived as his role to take part in his children's affairs. You have to make a specific appointment with the father in advance if you want him to be there.

When seeing a child, the family would expect that at least one parent is present for the first few sessions. However after this it would be acceptable to see the child in a one to one setting as long as the parent knows what you are doing and why.

Building Rapport

It is fine to decline invitations for drinks and food. It is usual for the host to ask approximately three, times but it is acceptable to say no with an excuse.

Service Delivery Considerations

Gaining Consent

If you need a consent form to be signed it is wise to do this after several visits once some trust has been established. When the family is ready to sign the consent form it is important to have the form explained and translated via a cultural professional in their first language.

Intervention Plan

It is not part of the cultural norm to analyse behaviour i.e. look at cause and effect. The term 'naughty' is mostly used for challenging behaviour in children. If a child has to see a mental health case worker it is perceived by their parents that it is because they are naughty. Causes and reasons for behaviour, which may be located in the family, need to be discussed many times and even then they may not be understood.

If their child presents with a problem, most parents regard it as individual rather than anything to do with the environment of the family. Therefore discussing parenting roles and expectations within the family's culture and contrasting it with New Zealand roles and expectations can be very useful.

It can also help to explain to parents the various values and expectations that their children may be exposed to at school which may be different to what they are experiencing at home.

Monitoring Plan

It is acceptable to see clients fortnightly. Seeing a child once a week for an extended period of time can signal that there is something very wrong with their child and may cause undue worry by family. All involvement and contacts with the child needs to be carefully explained to the family. To expect the family to come and see you weekly over a long period of time means the family have major problems and there is a likelihood that they may withdraw from the service to save face.

Closing a Case

In general closing a case will be a relief to the family as it will mean the child no longer has a problem.

For further information on gaining consent, the intervention plan, monitoring and closing a case, see Section Three.

AFGHANI FAMILIES

Historical Background

Afghanistan was a monarchy until a military coup took place in 1973. By 1979, traditionalist rebels who opposed the rapid social change of this regime controlled much of the country. The Soviet invasion later that year thrust the country into a civil war that was to last 10 years. Opposition to the Soviets was funded by the US, Saudi Arabia, Iran and China. During this period, half the population was internally displaced, forced to flee to neighbouring countries, wounded or killed. At one point, Pakistan and Iran alone sheltered six million Afghani refugees. The Soviets withdrew from the country in 1989 and a power struggle between the new government and rebel factions ensued.

The fundamentalist Taliban movement took control of most of the country from 1996, imposing Sharia law and plunging Afghanistan further into poverty. Famine, drought, repression and the conflict with the US in 2001 saw thousands more refugees flee the country. Although a new parliament and constitution have since been formed in Afghanistan, violence and poverty continue, particularly in areas outside the control of the capital, Kabul .

Afghani refugees have been resettled in New Zealand for the past 25 years. Most are Muslim, although some may be of other religious affiliations.

Home Visits

First contact

The family should be contacted by a person that can speak their own language and a brief explanation about the service and the purpose of the visit should be given.

A few days may be needed before the first visit after initial contact is made to give the family time to prepare for visitors both physically and mentally.

If available, a cultural professional needs to be present to make the introduction to the family in their first language.

Families are very careful about keeping their affairs private and expect full confidentiality from a case worker. Generally they would not want members of their immediate community or the wider community knowing about their business.

Body Language

Attitudes to eye contact depend on the individual. However, it is generally not appropriate to make eye contact with someone of the opposite sex if they are alone. If you are meeting with a couple (parents) make sure you give equal eye contact to both.

Most Afghani families would take their shoes off before entering the house, so check what you should do on arrival.

Any dress is usually fine but dress modestly during Ramadan. (Ramadan falls in the 9th month of the Islamic calendar and concludes with the sighting of the new moon of the next month. During this time adult Moslems are expected to fast and practice abstinence).

Contact between genders

In most families it is not acceptable for a male case worker to shake hands with a woman. Women can shake hands with other women, and female case workers are normally able to shake hands with male members of the family, although this may depend on the family.

A male or female case worker can meet with a male parent unaccompanied.

For male case workers, it is unacceptable to visit a female parent unless she is with another male in the house, or you are accompanied by a female. If you do go on your own and she is alone it is likely that she will not answer the door to you.

In some families if both parents are present but there is only a male case worker, the wife will not join the men in the room.

Family Structure/Roles

If you want both parents to be home this should be requested, otherwise it is likely that the father will not be there.

If both parents are present, speak to both equally. It is fine to ask separate questions to each parent. (E.g. it may be more appropriate to ask the mother one thing and the father another).

When talking about sexual matters, it is best to approach the mother first. This needs to be done by a female case worker. She will then talk to her husband about it. If the matter is very serious, both parents may need to be spoken to together and this is acceptable.

In New Zealand, the Afghani family is more akin to the Western nuclear family and other family members are not usually involved in a close capacity.

Domestic violence can be seen as a cultural norm depending on where the family come from. Some women experiencing this would talk to close friends about it but others would say nothing.

Children and Parenting

Most families want their children to grow up with a good understanding of the Afghani culture while also taking the good things from New Zealand culture. Children can sometimes experience a clash of cultures.

Neither girls nor boys are allowed out on their own at night.

Dating in the Western sense is fairly unusual and having boyfriends or girlfriends is generally not acceptable.

Building Rapport

During home visits, it is usual for clients to bring you a drink such as tea without asking if you want it or not. It is always preferable to accept even if you only have a sip. Not drinking it will be interpreted as being unfriendly.

Presenting the family with a business card can help in the building of a productive relationship. Families see it as a sign that you are ready for the job in a professional capacity, and often they will then be more ready to talk to you.

In general, Afghanis want to have a good connection with their case worker and be friendly with them.

It is very important to spend time building a relationship with the family if you want them to talk honestly to you about their difficulties.

In general parents need to take part in creating a treatment/ intervention plan for their child. It is very important to get their input and give constant feedback about what is happening in this process.

Service Delivery Considerations

Gaining Consent

Introduce yourself to the family and tell them about your organization, your work and the type of help you can provide including limits.

It is good to translate the consent form using an interpreter and then leave it with the family to think about. They can give it back to you signed on your next visit.

Intervention Plan

In general parents need to take part in creating a treatment / intervention plan for their child. It is very important to get their input and give constant feedback about what is happening in this process.

If both parents come to a meeting without your specific request that both attend, this probably means that they realise there is a problem and are ready to talk about it.

For many educated Afghani there is an understanding of the western model mental health and illness and the causes of childrens' challenging behaviours.

Monitoring Plan

The number and frequency of sessions for a child can be left up to the professional.

Closing a Case

You need to be guided by the family when closing the case. Each family will feel differently about this process and the timeframe for it happening.

For further information on gaining consent, the intervention plan, monitoring and closing a case, see Section Three.

GUIDELINES ON EFFECTIVE PRACTICE

INTRODUCTION

The intersectoral framework, as outlined in the body of this document, proposes that team members work collaboratively and that their practices are informed by appropriate cultural perspectives. This section proposes the utilisation of an ecological model as a mechanism to promote the collaborative working of intersectoral case workers. The ultimate aim of working collaboratively is that service delivery outcomes for this population will be improved.

Children, young people and their families who come from refugee backgrounds and are referred to a particular sector can present with a wide constellation of needs that may overflow into another sector's criteria. Furthermore, along with the cultural challenges the inherent perception of the refugee families' needs and their expectations of help may not always be aligned with the responses offered by the sector which was first notified. These initial differences - between the families' cultural context their perceived need, problem definition and solutions - may impinge upon a smooth collaborative interaction between the needs of the children, young people and their families on the one hand and the sector's response on the other hand.

This section, therefore, looks at some of the ways to overcome these hurdles and move towards more mutually beneficial interactions between case workers and families so that optimum outcomes can be achieved. This section also provides recommendations on improving service delivery, noting especially the importance of practices being culturally appropriate to ensure effective delivery of the Intersectoral Framework.

It is noted that this chapter is not intended to be a definitive work on effective practice with children, young people and their families who come from refugee backgrounds. This is because the development of effective practice for these groups is ongoing. Firstly, because the refugee populations entering New Zealand are subject to constant change, depending on the political climate and the outbreak of wars and civil unrest around the world at any given time. Secondly, the area of research investigating effective practice approaches for refugee populations within a Western host country like New Zealand is a burgeoning field of interest where new contributions and developments from research are ongoing.

GUIDELINES ON EFFECTIVE PRACTICE

THE ECOLOGICAL CONTEXT OF IDENTIFIED NEED

The Refugee journey

When a refugee child or young person is referred to a particular sector there can be many other underlying layers to their presenting need. The specific problem or concern which has been identified within the school, or other environments, can be typically linked to their refugee journey - both pre-immigration and post-immigration.

For example, the refugee child may be presenting with behavioural needs or suffering from anxiety, depression, grief, reduced sense of self-worth, somatic complaints, or Post Traumatic Stress Disorder (PTSD) which may be directly linked to their experiences prior to migration. However, on arrival in New Zealand the child, young person and their family are confronted with additional stressors and challenges as a result of resettlement and adjustment to a new culture. For the child in particular these may include: post-immigration trauma or cultural shock; separation from significant family members; isolation; limited school experience; language issues; learning difficulties; coping with a new peer and school culture; on-going fear and uncertainty about the future; immigration status; revenge and retaliation concerns; and difficulties accessing familiar cultural and community support. Furthermore, it is important to recognise that the clusters of complex challenges and stressors affecting the child or young person are also often reflected in the family environment.

The experiences for all family members typically include: past trauma and displacement by war or political violence; family fragmentation; and loss of cultural identity and support. In a new country these challenges can become even more compounded with further challenges of: loss of social networks; ongoing isolation and lack of social support; unemployment; discrimination from the host society; uncertainty regarding the well-being of family members; and the loss of prestige from past social roles.

The Working with Refugees: Intersectoral Guidelines therefore proposes that the development of an effective practice model that can be used across the sectors requires an integrated perspective, which is explained in this section. If positive outcomes are to be achieved then effective practice must focus on not only responding to the immediate problem behaviours and/or the psychological distress within the child or young person, but also on addressing needs that have been identified in the family context and in the general environment. This is particularly relevant for African families or families that come from collectivist cultures where the family identity, community links and supports play a vital part in their wellbeing.

Complex Issues of Accessing Help

The complex needs of children, young people and their families who come from refugee backgrounds often necessitate support from a variety of social service agencies. However, it is often extremely difficult for these families who are so in need of support to effectively access these very services. Two particular challenges facing refugees in this regard are:

1. Inexperience in accessing services - Refugee families generally have little, or no, experience in accessing services such as Mental Health, Special Education or Child Youth and Family as these are either non-existent or scarce in their country of origin. Indeed, families may have no experience of accessing social services of any description in their country of origin.

2. Services are culturally alien to refugees -New Zealand services, or indeed any Western services, are often misunderstood or underutilised because they are culturally alien for many refugee populations. They are often more familiar with their own culturally specific ways of understanding and responding to various needs. This includes how they may respond to Western defined mental health problems.

To add to these complexities, often refugee families who have been able to access a service through their child's needs ultimately see what is being offered as meaningless. For example, a school may refer a refugee child who becomes terrified, unmanageable and runs away from school every time a helicopter flies over head to a Child and Adolescent Mental Health service. To the family, the child's terror may be seen as a completely understandable, normal response given the family's past. They may feel quite bewildered by the `fuss' over this behaviour, particularly when they feel they have much more urgent and pressing concerns - such as trying to bring family members here who are still living in danger, or trying to find housing where they and their extended family can live.

The highest priority for many families may be gaining assistance for their more immediate needs such as: housing, income support or employment, access to medical help, learning English or getting assistance in family reunification processes. Many of these families go away feeling totally frustrated and disempowered from their unsatisfactory encounters with mainstream services. Their overall feelings of hopelessness, lack of self agency and their sense of having little control over their lives can become further compounded by the frustration of being unable to get their 'real needs'[12] met when dealing with agencies.

12 i.e. the needs that they have identified

THE MULTI-ELEMENT INTERSECTORAL FRAMEWORK

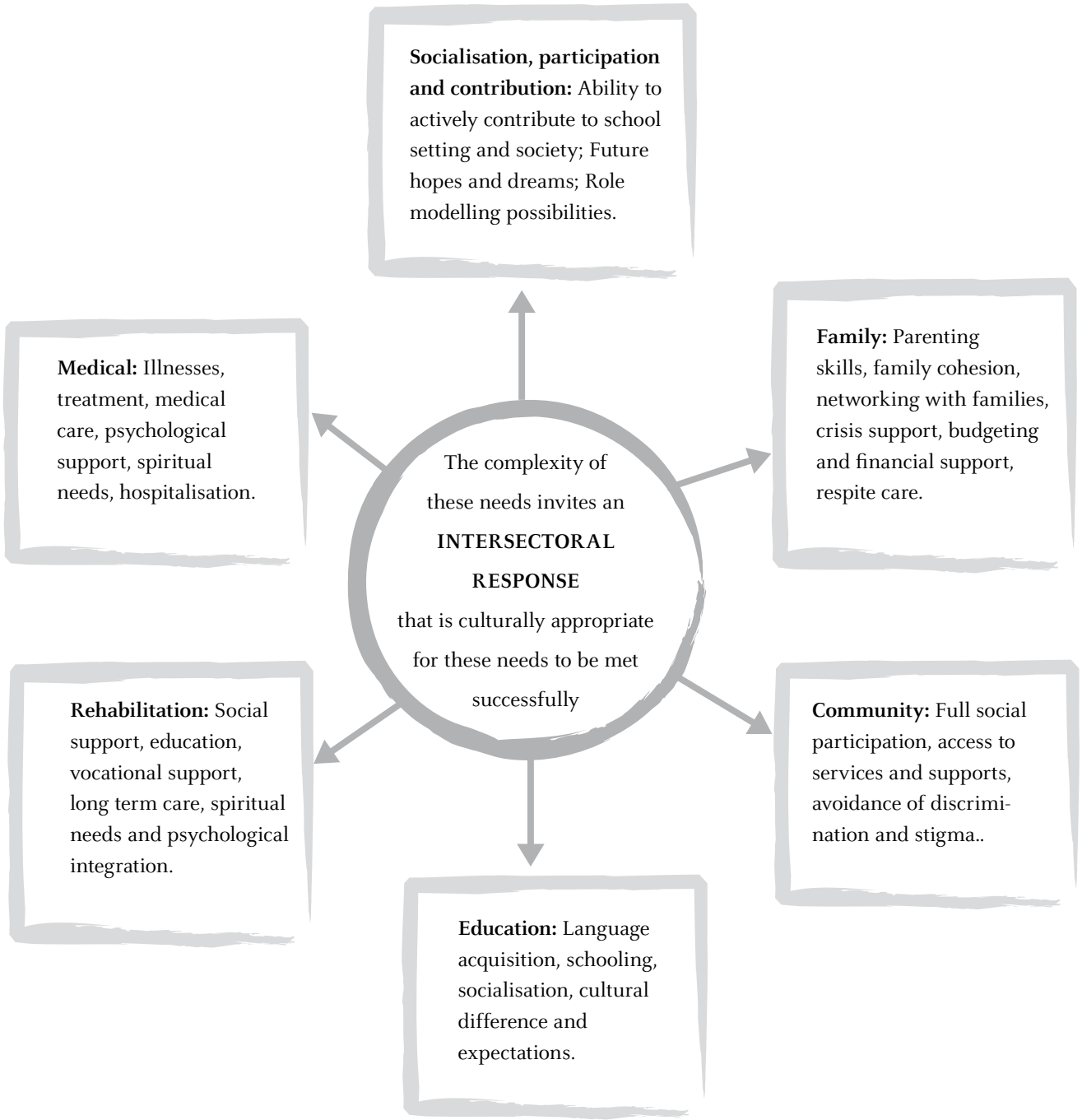
The Need for an Intersectoral Response

The healthy functioning of refugee children, young people and their families is linked to the interaction of fundamental factors such as health, social adjustment, employment and housing. These are obviously central to the refugee experience of successful settlement into a host country. An intersectoral focus in identifying and engaging with these issues has been of special importance in the work with refugee children as experienced through the On TRACC pilot service.

The following diagram shows, in general ecological dimensions, some of the complexities that can emerge from the above pre-immigration and post-immigration stressors encountered by refugees as they begin the settlement process of starting a new life. It depicts the dimensions of issues common to refugee populations. Thus, the family's challengers and stressors that impact on the child can be interrelated and present in complex ways across settings requiring the involvement of more than one sector or agency at the same time. The complexity of needs identified requires professional support that is both coordinated and culturally informed so that positive outcomes for the child and family can be achieved. The intersectoral way of working invites a consolidated system of service delivery that is distinctly different from a more typical cross sector response (where the different sectors work together informally with a general awareness of each other's activities). For the vast array of challengers and stressors that impact on the refugee child and family to be addressed effectively necessitates interagency collaboration; where service providers from diverse areas of expertise are able to work collectively together in a coordinated way for the benefit of the children and their family.

A holistic view of the complexities of needs faced by refugee families

A holistic approach that recognises a child's wellbeing cannot be understood separately from the general well-being of their family's functioning. This requires an ecological perspective of the relationship between the child, the family and the environment.



The multi-element model proposed here in Working with Refugees: Intersectoral Guidelines has been developed to best map and respond to the complexity of needs expressed by the family within the contexts of each sector's roles and responsibilities. This multi-element approach ensures:

- Assessment, using the intersectoral framework, can encompass the variety of needs identified across various service delivery criteria;
- Prioritisation of specific and strategic interventions, which derive from different disciplines and different paradigms, are encompassed in a coordinated framework.

It is proposed that this approach enables multiple theories to be drawn upon to target the needs of the child as identified through each sector within the contexts of the family, school and community – and to develop coordinated responses to these needs. Although the intersectoral framework ensures a coordinated approach to the various agreed-upon interventions, these interventions may be implemented at different times depending on the establishment and prioritisation of these needs (for an example of this model operating see case example later in this section).

The intersectoral framework reflects a major paradigm shift in the way multiple agencies have delivered services to children, young people and their families who come from refugee backgrounds. As a rule, when there are a number of different sectors involved in service provision, the application of each sectors' targeted parameters of service delivery and restricted eligibility criteria often results in a duplication of assessment procedures and fragmented outcomes for families.

In contrast, the intersectoral framework moves towards seamless boundaries between each agency's particular foci through the entire service delivery process of engagement, assessment, intervention and monitoring. It effectively draws upon a full range of complementary professional expertise that is directed at meeting the needs of the child and their family at various levels.

ENVIRONMENTAL INFLUENCES

The Context of Need

We have found in our work, for instance, that the cultural context of refugee children, as well as the immediate factors in their environment, influence the way in which they process their experiences. This affects the way the child perceives the problem, the solution and their feelings of self-efficacy and self-worth. This processing may be maximised or constrained by the external influences to which they are exposed. For example, if a male child is placed in a supportive school environment where he feels accepted and encouraged and where his cultural identity is validated he is more likely to resolve his difficulties and be successful. Alternatively, if he feels unsupported, criticised and racially discriminated against he is more likely to struggle and present with problematic behaviour.

The Implications for a Child

In our work, children that have experienced significant trauma can find various normal situations within the school environment highly stressful. They may perceive normal and every day situations as extremely threatening. Sometimes children who have experienced ongoing trauma operate in a state of constant arousal; This can affect physical, emotional, behavioural, cognitive and social functioning. Ongoing feelings of fear, for example, can colour the way the child perceives the world. The child may see danger in quite normal situations. A look or a sudden noise may be perceived as threatening to the lives and wellbeing of themselves and others.

Each child's requirements are to be understood within their own context because the contexts, experiences and resiliency levels for each child from a refugee background are unique.

The interplay of environmental factors

Adamson (2005) acknowledges the importance of recognising the interplay of environmental factors and stressors upon the trauma response: "Recognition that the environment has a crucial bearing on determining traumatisation and healing allows us to chart the path of the impact of trauma beyond the physiological and in to behavioural, social and existential realms" (Complexity and Context: An Ecological Understanding of Trauma Practice in Social Work Theories in Action p.67). These environmental factors such as unfamiliar surroundings or unsupportive people can cause considerable distress to these children and, at times, trigger a loss of control. These precipitating conditions can be understood as examples of how all these factors interrelate to bring about a contextualised stress and trauma response.

An ecological framework allows for the possibility of multiple influences - both in identifying the critical antecedents and also in identifying positive aspects of the environment that may provide a pathway to support positive outcomes.

The Context of Presenting Problem Behaviours

The suitability and efficacy of the interventions chosen by case workers will be affected by the children's environment and also their history of past trauma. It is not unusual for a refugee student, or any child who has previously been exposed to past violence and trauma, to lose control in times of conflict or extreme stress. These incidents typically occur in the school environment and are usually described as out-burst behaviours.

For example, a child's perception of good and bad can be influenced by experiences of past violence where beliefs of self preservation or revenge are easily cultivated. A belief, and acceptance, that aggression is the only strategy to respond to situations of conflict or feelings of helplessness or victimisation can emerge. It is important to remember that although the child may be adversely affected by these coping strategies, they may have no other choices available to them to gain a sense of control in these situations - unless more appropriate strategies are acquired or learnt through outside help.

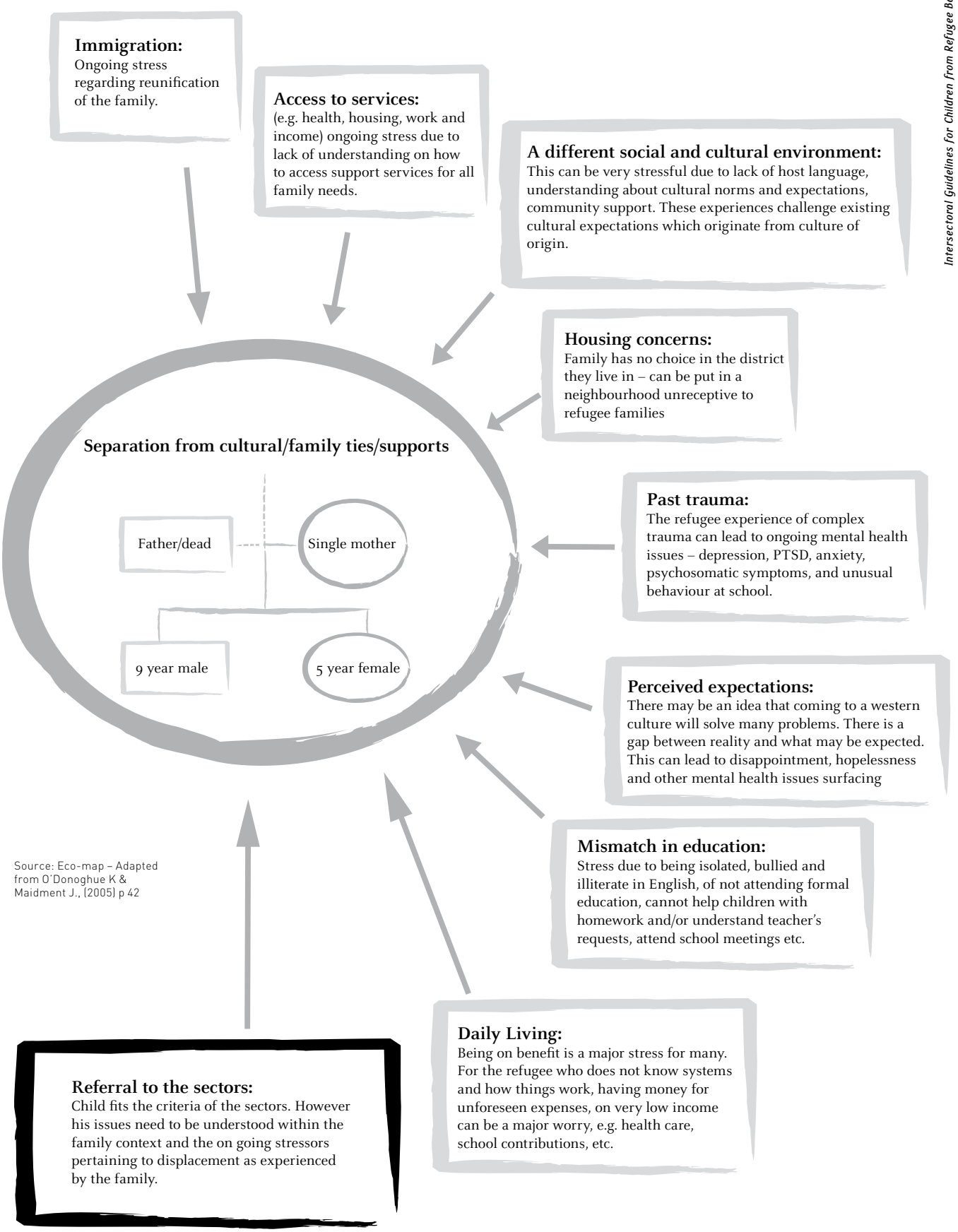
The Cumulative Affects of Stressors

The child may appear to be out of control during these out-burst behaviours, thus, resulting in a generally problematic situation for all concerned - particularly for school authorities. In these instances it is easy for the child to be labelled as difficult or a problem. However, it is important to remember that the presenting behaviours and difficulties of the refugee child have occurred in the context of their environment; It is quite conceivable that in this situation the child's store of resilience and coping strategies may already have been tested to the limit. Perhaps, the young child who has experienced an accumulation of multiple levels of trauma and stress before coming to New Zealand continues to experience new concerns and worries about trying to cope in a new school environment, culture and living situation as described in the previous example.

Being part of an inter-disciplinary team means that all the multi-layers of stressors and other factors involved in the presenting behaviours of the child can be taken into account. In times of crisis, where there can be past trauma issues, as well as the more immediate language and cultural barriers, it can be challenging for the case worker to provide remedies that are quick and effective in the short term. In these situations ecological interventions that assess the complexities of influences may be optimum and most appropriate for identifying and reducing the stressors that are causal in the outburst.

As a professional called into help in these stressful times, one needs to not only address the physiological reaction and the environmental factors, but also the continued impact that these underlying antecedents have on the young

An Ecological Model to Enhance Understanding of these Complexities



Source: Eco-map – Adapted from O'Donoghue K & Maidment J., (2005) p 42

The above Eco-map diagram represents pictorially how case workers might map the various complexities including the interconnectedness in relationships between the different influences of identified need in people's lives. O'Donoghue & Maidment (2005) recommend this model for working with families dealing with complex stressors as a way to map all the various influences, both positive and negative, affecting the individual and family system. They note "Drawing an Eco-map can be a useful way for the practitioner and client together to gain an appreciation of where the major stressors and supports exist in the client's life. It is possible to condense a great range of complex information succinctly in diagrammatic form" (p.42).

The Ecomap format seems to have applicability for refugee families given the complexities and the multi dimensional factors that impact and influence the overall healthy functioning of the child and family. Everything can be identified and mapped in relation to their influence, severity and importance. The model also seems to have particularly utility where the joint intersectoral analysis and prioritisation of need can be identified and comprehensive and coordinated plans can be developed.

Ecological Principles

Ecological principles can be a helpful framework to provide a pathway forward in addressing the complex issues associated with trauma. Miller & Rasco (2004) suggest that the following strengths based ecological principles, which are useful ways to assist refugee populations:

- Address the mismatch of the child's need and the environment. Psychological problems often reflect a mismatch between the demands of the settings in which people live and work, and the adaptive resources to which they have access. Therefore it may be necessary to either seek out alternative settings that are better suited to people's needs and capacities, or work to enhance their capacity to adapt effectively to existing settings.
- Respond to the family's concerns as soon as possible as this may provide a reduction in the family stress level which may have an effect on the child. Ecological interventions should address problems that are of concern to the family members. Intervention priorities should reflect the priorities of the family.
- Identify and remove as soon as possible situations that trigger a strong response from the child. Whenever possible prevention should be prioritised over treatment, as prevention interventions are generally more effective and more humane than a reliance on the treatment of problems once they develop.
- Cultural values and solutions if incorporated into an intervention plan can be more meaningful to the family and the child. Local values and beliefs regarding psychological well-being and distress should be incorporated into the design, implementation and evaluation phases.
- Collectivist cultures define their sense of self and wellbeing from community interactions. Whenever possible ecological interventions should be integrated into existing community settings and activities in order to enhance participation in, and long-term sustainability of, the interventions.Therefore case workers involved with

refugee children that come from collectivist cultures need to consider interventions and options that can enhance existing supports, or strengthen naturally-occurring resources within families and communities. The forging of new supports, links and relationships that are naturally occurring within the immediate context of the family concerned should not be underestimated in importance.

- Capacity building rather than direct provision of services by mental health professionals. Capacity building reflects the ecological focus on helping people achieve greater control over the resources that affect their lives. (Miller, K. E., & Rasco, L. M. The Mental Health of Refugees; Ecological Approaches to Healing and Adaptation pp.35-47)

Attending to ecological dimensions and needs are more compatible with many African or collectivist cultures than approaches that are 'talk-based', which focus on the individual or family using western therapy principles.

The Intersectoral Framework within an Ecological Paradigm

One of the essential features of the ecological paradigm is that the family, school and community members collaborate by contributing their expertise. It is understood that all will play an essential role in the intervention process. This often entails thinking about chosen interventions in terms of the presenting "need", including the psychopathology, within an ecological framework. The focus is on identifying and developing individual, environmental and community strengths and resources that can promote reduction, prevention, integration, healing and adaptation.

It is recommended that intersectoral service delivery processes incorporate an ecological paradigm. This is where the child's presenting complex needs are understood within their individual and environment perspectives and are addressed through a multi-element framework that spans the sectors.

EFFECTIVE ENGAGEMENT: THE ASSESSMENT

Cultural Competence

Good effective practice cannot be achieved without culturally appropriate practice. Culturally appropriate practice in the first instance needs to establish a relationship of trust with the refugee family (See the section Guidelines on Working with Particular Cultural Groupings). Without this, no progress can be made - especially in establishing a 'common ground.'

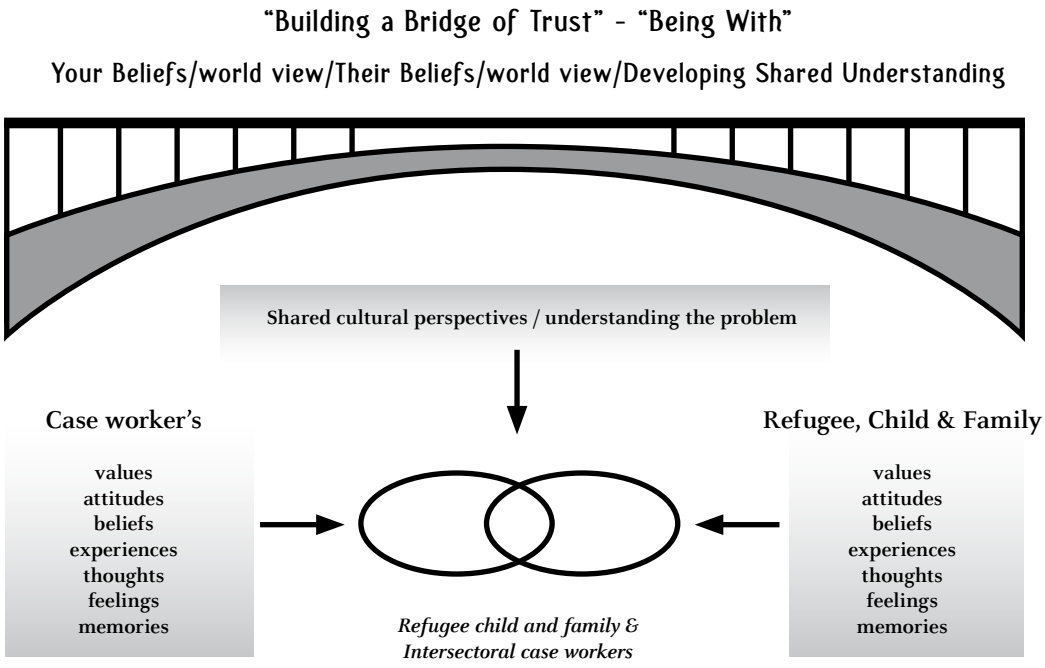
Culturally appropriate practice should be continued through the five phases of service delivery:

1. Initial referral;
2. First contact;
3. Assessment and intervention;
4. Monitoring; and
5. Closure.

Although cultural sensitivity is a prerequisite in all engagement with all sectors, this is not always provided for refugees in terms of their specific identified needs. Nor is comprehensive cultural training pertaining to refugee populations a high priority in mainstream services. Consequently, case workers are encouraged to develop their own cultural competence and to become familiar with the various traditions and cultures of the refugee families they have engaged.

Cultural competence includes obtaining the knowledge, skills and attitudes to enable practitioners to provide effective care to the diverse populations who present to their services. This means that each case worker involved in this work should reflect on the aspects of their values and their cultural reality which are different to their client group.

Well being and integration outcomes for the child are more likely to occur where the service delivery systems utilise knowledge and skills that are culturally appropriate to, and compatible with, the backgrounds of the families with whom they work.



(Adapted with permission from Pattie Randal 2000)

Knowledge Base

For case workers to begin to bridge trust they are required to develop their own cultural competency. Potocky-Tripodi (pp.138-139) recommends that cultural competency requires a case worker to develop extensive knowledge in the following areas:

- Multiple theories which include knowledge in social science, human behaviour, social work practice and critical thinking.
- Self knowledge in their own cultural heritage and biases, how oppression operates, and how communication styles can impact on minority groups.
- Characteristics and backgrounds of ethnic groups with which the case worker is in involved.
- How belonging and identifying with family, groups and organisations can influence ones behaviour.
- The cultural bias inherent in western practice approaches.
- Empirically based practice methods that provide critical evaluation information.

The Cultural Principles Employed to Engender Trust

The following recommendations are made for case workers to overcome the client's possible negative perceptions or ideas so that mutual trust can be established:

- Providing a service in the language/culture requested by the client (cultural advisors/ interpreters provide the necessary link to gain trust, mutual respect, acceptance and positive regard when working with refugee families).
- Clarifying service delivery by each sector in a culturally appropriate way through the use of cultural advisors and cultural considerations.
- A positive and open communication style, often through the use of cultural professionals.
- Using appropriate terms and words, visual cues, tones, facial expressions and cadence, as recommended by cultural advisors.
- Following culturally appropriate interactive protocols. (See Guidelines on Working with Particular Cultural Groupings section).

Underpinning these principles to bridge trust are the requirements: dignity, respect, cultural integrity and cultural competency, relevant communications, advocacy, and systematic interventions that are congruent with and appropriate to the child and family's presenting needs.

Cultural advisers/interpreters

Appropriate cultural advice or input is critical to the success of any work with refugees. The advice and support provided by a cultural advisor or community facilitator, alongside the empathetic and respectful stance of the case worker, can be instrumental in developing a trusting relationship with families. Building trust through cultural sensitivity and appropriateness is essential for effective engagement with refugee families. This bridging is made possible through the cultural understanding of caseworkers and the importance of culturally informed practice.

Cultural mediation and language interpreting is recognised as an important part of work with refugee children. However, as already outlined, this can be a complex area. There is a danger that "culture and ethnicity" are solidified into simple entities – yet the reality is very different. As highlighted in the previous section, culture is a dynamic, malleable concept; and it is seldom shared in exactly the same way by all members of a particular community (let alone those that share a country of origin).

For example, one refugee from the Sudan reported that in the place near where he was raised there was a mountain region that was home to more than 150 different tribes - each with a completely different language and customary practices.

In choosing a cultural adviser or interpreter, it is vital to consider whether they may occupy a different religious, political or economic culture from the family with whom they share their language and country of origin. At times this can seem an impossible task and can be more a matter of whom the family choose.

Another example is that of a mother of ten children who had been exiled into a number of neighbouring countries. As a result she had the mammoth challenge of learning a number of languages to communicate with her children. These languages were aligned to the various countries that her children had been re-located to, at various times in their refugee journey.

The question of culture can also have ramifications when considering the concept of children. It is important to recognise and understand that the notion of 'child' is not common across different cultures and that there are various understandings of the transition from child to adult. For example, in some cultures maturation or adulthood is judged on height, not age. In other cultures maturation occurs when you marry. In some African and Middle Eastern cultures date of birth is of little importance, hence age in Western terms can be a general estimate. This is important when carrying out 'normed" assessments. Furthermore, children may not find it easy to communicate with an adult of their own culture who is unable to appreciate their specific "child's view" on the issues at hand.

There are many complexities with choosing the right interpreter or cultural adviser, at times the simple solution can come from the family by asking them who have they used in the past and/or who would they prefer.

UNDERSTANDING FAMILY IDENTITY

The Role of the Family

The key-workers in the On TRACC service identified the importance of the differences, compared to Western families, of the roles and functioning of 'family' for refugee populations. It is important for people working with refugees to explore their clients' experiences of their family and the relationships between these experiences and their health and identity. The following aspects of family life are important considerations with regard to self esteem and integration into the host culture for people who come from refugee backgrounds:

- the family's specific responses to contact with the new society
- the level of nurturance and protection that the family can, and has, provided
- the level of the family's economic support
- the level of education of family members
- the family's sense of belonging and identity
- the family's ability to socialise in the new host country
- the family's overall ability to adapt to life in the host country

In working with refugee populations, it is important to identify cultural and family contexts. These encompass: the family culture, the priorities of parents, parenting styles, and family support systems.

Consideration of cultural and family context

Some of the complexities that existed prior to engagement with the client and their family can continue to be barriers in the engagement process, unless they are properly understood within the refugee's cultural context. Things that are crucial to understand in attempting to engage with clients and their families are:

- Community involvement should be considered in conjunction with the whole family unit rather than just one individual family member treated in isolation.
- Reunification of families is incredibly important. Often family members will not attempt to 'settle' until family reunification occurs.
- Change in geographical and physical environments can cause cultural shock, displacement stressors and confusion.
- Roles and positions in families change when family numbers decrease. This can add strain and stress to relationships. For example, a young boy taking on the role of father while his sisters take on the roles of mothers/confidantes/supporters or advisers.
- It is important to avoid using children as interpreters. The impact on families and the child interpreting are huge.
- The impact of loss of traditions can be daunting. For example, different practices around birth and death can trigger unease, culture shock and mental health concerns which may have been latent for a long time.
- It is important to encourage families to preserve their mother tongue. Remember not all languages have a written form and some people may not pay much attention to the written word – so just having things written may not be enough.

- Safety for all family members is important. The roles of parents can be greatly disrupted because they do not have the 'knowledge base' on which to make informed decisions i.e. knowledge of educational, legal and societal systems in New Zealand society.

Initial trust is established through the practitioner's empathy for, and respect of, the family's cultural belief systems, experiences and the needs that the family have identified.

Bridging Trust and Recording Information

With some families you may need to be more careful and sensitive with the way you record information or ascertain historical information. For example, there are definitely difficulties with recording information for some families; a worker filling in a form or taking notes during a discussion can be viewed as suspicious because, for many refugees, recording of information is often associated with criminal proceedings. In this regard it is important to share how information will be stored, and with whom it will be shared. It is recommended, wherever possible, to avoid taking notes in front of the family and instead recording information after your interview.

Some families may have difficulties with questions regarding identity and age, particularly when:

- Many refugee families have been displaced for a long time – sometimes for generations.
- People come to New Zealand on refugee quotas and do not have passports or have lost vital documentation in their haste to leave their country of origin.
- They have spent many years (sometimes all of their lives) outside their country of origin and have lost their mother language and or cultural practices.
- Many refugee cultures have a different way of recording time and events compared to practices we take for granted in the west, e.g. birthdays, dates of maturation and identity.

Other barriers or difficulties in obtaining information, which are a direct result from past trauma, may be experienced by case workers when interviewing parents. In some cases the "official information gathering" can stimulate memories of abusive government officials from their country of origin who have been perpetrators of unsafe or life threatening events. Hence, for various reasons, possible effects of trauma that may be observed during interviews with parents and may include:

- Anxiety, distress, memory loss, confusion, and/or inability to concentrate may interfere with a parent's ability to 'hear' and understand questions and instructions.
- Confusion and major memory loss can lead to inconsistencies in information provided during the interview.
- Hyper-vigilance, particularly in unfamiliar situations, is not uncommon. Startled reactions to sudden changes, such as noise can also occur.
- Feelings of shame may make being questioned about explicit events in the past a disturbing experience, particularly for survivors of rape, violence or torture.

- Non-compliance with suggested plans may occur. This may be due to poor memory and concentration.

Therefore, it is important to give careful explanations about your service and suggestions for the child. In many instances this seemingly non-cooperative behaviour is only indicative of their past trauma, or unfamiliarity with the host country, and not an attempt to be intentionally difficult or hide information.

Planned and Systematic Casework

It is important to plan the approach for each family. From the point of first contact all work is planned and co-ordinated with caseworkers from each agency. The assessment process - while it can be lengthy - is a single process designed to capture all the information required for each participant. This single assessment means that the family is effectively dealing with one agency (i.e. the intersectoral team and framework). The family have the benefit, thus, of having a single point of contact rather than having to deal with multiple agencies.

For the sake of clarity it may be helpful to ensure that one case worker takes key responsibility and introduces the family to other members of the intersectoral team as required. As trust may be a sensitive issue, this case worker needs to carefully consider how the different members of the intersectoral team are introduced so the family is not overwhelmed or confused by this process.

It is important for case workers to identify the responses of families in terms of the families' level of acculturation, as this will be critical in effective engagement. Although acculturation is only one factor in effective engagement, it is useful at the onset to identify how well the family has settled in the host country.

Other issues already alluded to (e.g. past trauma, ongoing settlement stressors and family concerns) are also pivotal factors to recognise at this point. Experience suggests that an in-depth understanding of cultural values can provide a vital bridge to accessing refugee families and working with them effectively.

From a cultural perspective, it is important that multi-element intervention plans for children, young people and their families who come from refugee backgrounds match the specific culture and life experiences of the families. The cultural guidance received by key workers is crucial throughout all service delivery processes and steps. This will mean allowing for an extended time in the engagement and assessment phase compared to time with families who do not come from refugee backgrounds. Some of the factors that need to be considered are linguistic and cultural differences, and the need to obtain a full history of the pre-immigration and departure, transfer and resettlement stages of the clients' lives.

Within this proposed model it is recommended that assessments are collaborative, multi-dimensional and comprehensive. They include identifying possible psychological, social and other presenting needs, as well as assessing individual, family and community strengths and functions.

Understanding the Child's Perspective

Effective practice clearly acknowledges the value of respectful collaboration and informed consent throughout the assessment and intervention processes (Informed consent is particularly relevant to the Education and Mental Health sectors). Implicit in this process are the views of the child which should also be sought. However, this perspective needs to be understood from within each child's cultural perspective; particularly if the child adheres to a collective identity where their views are subsumed in terms of the families' (or parents') perspective.

The child is often placed in the invidious position of being caught between two worlds - the world of his family's culture, and the world of school where close interaction with all the new learning and perspectives of the host country are experienced. These two worlds will often clash. For example, at home he or she may not be encouraged to have a voice or an opinion; while in the school it is both invited and valued.

Clear Communication of Expectations

Throughout all the phases of service delivery caseworkers are required to obtain a clear understanding of a client's expectations of their involvement. One of the major themes that came through from most of the families we have worked with, through the On TRACC service, was that refugees were not familiar with service delivery concepts such as mental health, education, or Child, Youth and Family. In their engagement process key-workers need to determine the kind of help that the refugee family expect and want, and then clarify these needs in terms of what we can actually contribute and provide.

In general assessments are to include clarification of the client's needs, and an explanation of the course of the engagement of the key-worker and cultural adviser to the family, in terms of the shared defined needs for the child and family. Caseworkers should consider the culture of the people they are working with throughout this process to maintain trust and acceptance of the family.

Typically, first contact with any service is during a time of crisis and personal distress. At this time it is vitally important to:

- Clarify what your service can offer, ensure effective follow up and positive treatment interventions and outcomes. As mentioned previously for many refugee families the value of what you can offer may more depend on how you can help them with housing or budgeting than offering parenting support or psychological support.

It is essential that workers within each sector make sure that the engagement process is started well at first contact. This means using the appropriate cultural processes recommended in the previous chapter.

It is also important to follow up the initial contact promptly to reassure the family you are engaged, undertaking the work, and keeping them up to date. This will help to reduce any anxiety the family may be experiencing with your involvement.

The chosen therapeutic interventions collaboratively decided upon by case workers need to be discussed and worked through with the families. It is very important to outline the course of intervention and emphasise that changes of the treatment may occur as new information or situations arise. (See section 3 for guidance from each sector).

When a child and their family become involved it is important that the case worker proceeds with the initial stage of clarifying 'the need' with appropriate cultural understanding and sensitivity. There are often major differences in the way that the families, referring stakeholders and the different sectors perceive the problem and identify the solutions.

Cultural Bridging to Build Trust

Children from refugee backgrounds often come to the attention of services with specific presenting needs, however when case workers engage with the families they discover that there are a wide array of family problems and expectations that are not always in accordance with what is on offer. Despite the fact that the family may have survived gross human rights violations and that their psychological and/or their social functioning may have been significantly impacted, if not scarred by their refugee journey pre and post arrival in New Zealand, the family may have a very different priority of concerns from those described in the referral to the sector. Many of these worries for the families can be more immediate and be associated with their process of adaptation and integration into the New Zealand culture such as housing or budgeting or for family members still living in refugee camps.

On one level some families would acknowledge that they need help but may not necessarily agree with the solutions proposed. This situation can be made even more problematic when the word 'service' is used. In many cultures this translates as `servant' meaning that the case workers who introduce themselves as a part of a service imply that they are there to be servants in all things to help the family.

In terms of initial engagement there can be three patterns of responses that families may have regarding a response when approached by case workers. They are;

1. When the family agree their child and they need help and are willing to cooperate to the best of their ability with the case workers that are made available to them.
2. Where the child is referred to a service and the family and the child have little understanding "why" as the family have not expressed any concerns for their child.
3. Where the child has been referred to a service and the case worker discovers that the family have very set solutions as to how the problem or concerns of the child can be addressed. These solutions may not be the same as the interventions that the case workers would normally consider or carry out.

It is also important to acknowledge that when the family first meets the case worker this may be the first time that they have come into contact with anyone proposing to provide assistance within a defined area. In addition, many families have normalised many of the things that the case worker may identify as problematic including mental health issues.

At the initial contact phase with the family, focussing on former traumatic events during assessment gathering or embarking upon a therapeutic conversation about the content of these events, may have little meaning for the child or the family. In many instances the family may identify for themselves other more urgent needs for a service. For example, they may have identified more immediate needs such as family reunion or house relocation.

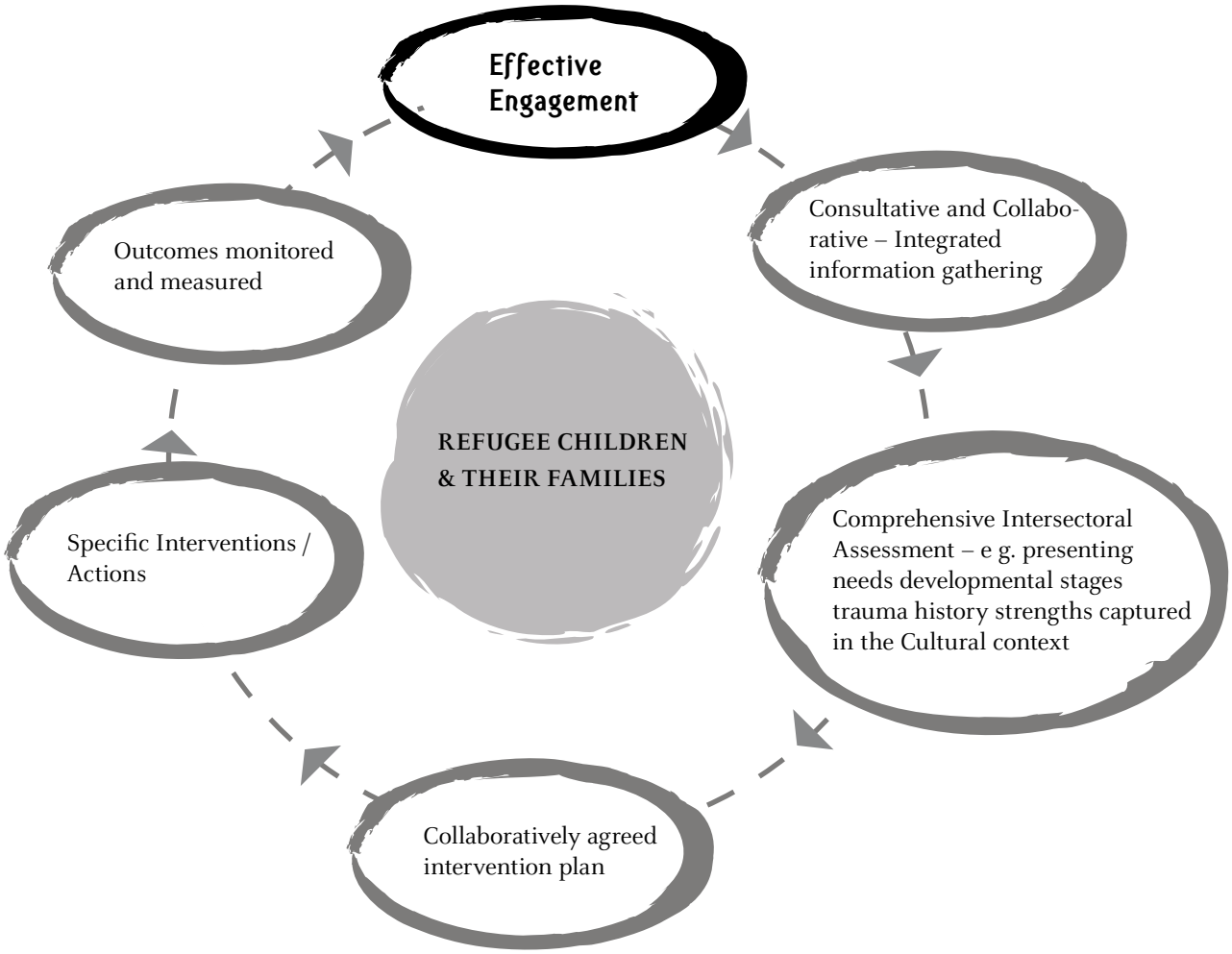
In clarifying these issues, it is important that the initial engagement with the family by the case worker be carried out sensitively with cultural knowledge, respect and empathy in conjunction with the case worker endeavour to understand the family's specific cultural interpretation and meaning they have attributed to the child's presenting issues. How the case worker responds to these presentations is both important and challenging. Negotiations and clarification about what issues can be addressed by the case worker will provide a way forward for establishing trust and cooperation from the family.

Building trust through cultural sensitivity and appropriateness is essential for effective engagement with refugee families. This bridging is made possible through the cultural understanding of caseworkers and the integration of culturally informed practice.

SERVICE DELIVERY WITHIN AN INTERSECTORAL AND CULTURAL CONTEXT

Intersectoral Service Delivery Overview

This diagram highlights each important phase of the effective service delivery process. Each stage is a progression of the previous stage where effective engagement is a vital component of successful outcomes.



An Intersectional Service Delivery provides:

a) Joint collaborative service delivery procedures
b) Efficient assessment/data collection across settings taking into account cultural context
c) Efficient time frames
d) Interventions that are collaboratively designed and implemented
e) Coordinated outcome focus

The above diagram highlights the importance of the initial phase of effective engagement as the vital beginning link of the chain for positive outcomes to be achieved. These steps include:

1. Effective engagement of children, young people and their families who come from refugee backgrounds allows the gathering of quality information through consultation and intersectoral assessment procedures.
2. The establishment of consultation and collaborative working in the service delivery steps of a comprehensive assessment, intervention and monitoring across sectors to meet the needs of these children, young people and their families in conjunction with ongoing collaborative evaluation to identify opportunities for quality improvement.
3. Once assessment is complete, this information can be then be incorporated into an intersectoral multi-element plan.
4. The multi element plan will include a variety of action steps to implement. Measuring the progress and process of the action steps over time is essential to ensure outcomes are monitored against goals.

The aim, therefore, of an intersectoral paradigm is to embrace and build an integrated service delivery framework that effectively engages with the complexity of needs presented in casework. The proposed integrated model offers a full range of interventions that may also include community-based options that are individualised and are appropriate to meet the child's and family's need. This model provides a framework for highlighting essential values related to helping families. These underlying values include:

- The child and family are the focal point of an integrated service delivery model where a strengths base approach is adopted.
- The service delivery model is culturally informed and practitioners from each sector are culturally competent in the developing appropriate intervention plans that are respectful of cultural values and traditions of refugee families.
- Effective service delivery is built on sector and case worker collaboration. This involves a case worker from each sector defining their responsibility for service provision. It also incorporates joint assessments, joint planning and common goal setting. It is envisaged that this model promotes a more consolidated system of service delivery where more formal commitment is engaged in, compared to coordinated or cooperative ventures.
- Intervention plans are developed within the context of the child and family which includes school, neighbourhood, and community environments.
- The outcomes of an integrated involvement are jointly monitored and reviewed to support the positive changes in the lives of refugee children, young people and their families.

Emphasising the Complexities of the Work

In summary, effective intersectoral practice embraces a holistic ecological paradigm. This is the foundation for intersectoral work, as it enables the various dimensions and complex presentation of children, young people and their families who come from refugee backgrounds, to be addressed more effectively. It is important to remind case workers and sector coordinators of the unique challenges of working in this field. The needs of the children are often complex, diverse and long-standing. Goals that are set need to be realistic, attainable and concrete.

More importantly, workers must to be aware of the importance of culturally appropriate practice and the potentially long-term investment required by these families. The issues and concerns that children, young people and their families bring with them as a result of their refugee experiences may require a great deal of time to achieve significant improvement

Caseworkers must to be willing to consider other intersectoral perspectives, see how they fit into the broader framework, and to collaborate in joining the various mechanisms into a cohesive, operational framework. To succeed, these mechanisms should be relatively straightforward and time-effective.

AN INTERSECTORAL EXAMPLE USING ECOLOGICAL PRINCIPLES

A Case Study

The case concerns a nine year old refugee boy who presents with severe outburst behavioural issues at school, with extended periods of concerning isolation and withdrawn behaviour. The child has poor coping mechanisms to deal with his anxiety about being away from his mother while at school. He abruptly leaves the classroom and calls his mother who collects him whenever he becomes anxious. The boy avoids school whenever possible, missing as many as 20 full days per term. While at school he is unsettled, attention seeking, aggressive with other children and unable to concentrate and to stay on task in the classroom. The boy is unable to form positive relationships with his peers. The children at his school have never seen a person with skin his colour (black) so they are constantly coming up to him touching him and pinching his skin.

The intersectoral team is activated through the sector co-ordinator from a school referral, and the respective case workers are called in after a critical incident at the school, which is the latest of an on-going series of issues the school has experienced with this child.

Identifying the need

At home, the boy is one of two children being cared for by a single parent. The other parent is living in another country and unable to join the family. The parent is trying to use parenting techniques from their country of origin that are ineffective in the New Zealand context. The boy and the other child have no routines or boundaries and discipline used to control them is ineffective. The boy and the rest of his family are experiencing a multitude of needs that are seen to be impacting on the child's behaviour and mental health. These include being housed a long way from the school with no transport, inadequate clothing and bedding and no means with which to obtain them.

The parent is likely to be experiencing depression or other mental health issues relating to traumatic refugee experiences, the current situation of the family and the father's absence. The boy's English is developing but the parent's English is poor and they are socially isolated from their community.

The Initial Engagement and Assessment

The initial engagement process of the intersectoral team with the family requires an extended period of time to ensure trust and rapport-building with the assistance of a cultural adviser or interpreter is adequately established. Informed consent is obtained to proceed with an assessment and intervention.

A full intersectoral team assessment is a dynamic process that requires willingness from case workers to collaborate and share their various findings. This involves at least two clinical workers (one from mental health and one from education) from the intersectoral team and a cultural professional. The Child, Youth and Family worker attached to the intersectoral team is consulted through the coordinator to ascertain the presence of any care and protection issues. Engagement activities include:

- Talking to school staff (including teachers and counsellors);
- Observation of the child at school and at home;
- Interviewing the boy and his mother and other members of the family;
- Establishing the presence of mental health, trauma and other issues using standardised tests that are culturally appropriate for the context as well as discussions with family members; and
- Intersectoral team planning and review meetings to discuss the case.

Analysis and Intervention Planning

In the assessment and analysis phase the following dimensions are considered for the child and the family:

- Predisposing factors e.g. past trauma
- Precipitating factors e.g. antecedents/ existing stressors
- Perpetuating factors e.g. reinforcing consequences
- Preventative factors e.g. resilience, strengths, support systems

All the information gathered through the assessment phase is mapped using an ecomap. The analysis of this information provides a framework for organizing interventions. Possible linkages between all dimensions of need are discussed and clarified which generates shared cultural/intersectoral working hypotheses by case workers. This helps them identify objective, achievable goals for the boy and family. From the gathering of information and the analysis of data, they collaboratively decide where to pitch their coordinated intervention plan.

Responding to the "Need"

It is evident that mum is not coping with the many stressors, so the social worker arranges respite care for her and arranges for the children to be placed with extended family in her community. The children are carefully monitored both at school and in their temporary environments during this period. The educational psychologist coordinates a 'managing difficult times' strategy in the school to respond to outburst behaviour. Once the mother regains wellness she returns to the home and is provided with further support from the social worker. On her return the intersectoral team decides to address some of the more immediate issues faced by the family. They begin by advocating to Housing New Zealand for the family to be re-housed closer to the school, and by obtaining warm clothing and bedding for the children.

An intervention plan to deal with the behavioural and mental health issues is then developed with the client and his family to address some of the most pressing issues first.

Clarifying and Responding

The intersectoral team is very clear at the beginning of the work that they are unable to reunify the family, but can try to assist them in dealing with some of the resulting problems. At no time does the service get involved with family reunification.

The clinical case worker introduces play therapy as a medium to help identify and deal with the boy's anxiety. Both clinical and education case workers develop a number of coping interventions for the boy to deal more effectively with his anxiety both in the school environment and at home. These include curriculum adaptation in the school, techniques of positive visualisation and arousal reduction techniques. He is also encouraged to delay contact with his parent until school break times rather than leaving the classroom mid-lesson. The boy also has a number of one-to-one counselling sessions to begin working with his past trauma and his overwhelming feelings of anxiety.

Working Across Different Ecological Context

Both at school and at home, the intersectoral team establish a behaviour modification programme to be run concurrently by the family and his teacher. In this programme, the boy is rewarded on a decreasing reinforcement regime to stay at school for an increasing number of days. Rewards include computer time in the class room and a favourite weekend activity. Work with the boy's parent involves discussions to help her understand her role in colluding with her son in his absences from school.

The parent is taught effective ways to manage the boy's bedwetting and how to use more effective parenting methods. As a result of this, the bedwetting stops and bedtime and homework routines are established for all the children. All members of the family report that they feel more rested and less stressed as a result of this. Both the education and mental health intersectoral case workers undertake a series of family and one-to-one therapy sessions with the family to help them deal with the trauma they have previously experienced. As a result of this the family is better equipped to talk to each other about things that bother them. They report that they are starting to have conversations about real issues and are beginning to understand each other's viewpoint better.

The School Context

The school is involved by providing access to the school's counsellor when the boy feels anxious or unsettled. The intersectoral case workers also talk to school staff to help them understand the issues faced by refugee families and how these might impact at school. The education case worker develops, in collaboration with the school, a specific social programme for the boy which is built around his skills and interests to help socialisation and reduce anxiety. The intervention incorporates the introduction of a sports team where the boy plays a prominent role. This provides opportunities for him to improve his social standing with his peers as well as teaching him about team work, sharing and taking turns. The education case worker also works with the boy with some mental exercises like mnemonic skills to improve his mental functioning.

Positive Outcomes Identified

As a result, the school report that the absences have dramatically decreased to four days per term and that the child is using the strategies to deal with his anxiety. He reports that he is feeling less depressed. He is using his newly acquired academic techniques to improve his concentration at school and is more engaged with his schoolwork. Although the boy's academic results have not significantly improved, staff comment on how noticeably relaxed he now seems to be and his marked improvement in his command of English. As a result of his social programme, he excels at a sport, increases his confidence and develops better social skills. In using those skills, he makes friends as school and reports that he feels less isolated from his peers. Incidents where his behaviour is inappropriate decrease and school staff feel more positive about the boy.

The parent experiences an increased confidence to approach the school as a result of the work carried out by the intersectoral team. She also reports feeling less stressed and is motivated to attend English language classes for herself. This not only improves her language skills but also provides an opportunity for her to socialise and, as a result, she feels less isolated. There are reports that the parent is thinking about her own career choices. Her son's behaviour has improved enough for her to venture out into her own cultural community with the children without feeling embarrassed about him. She reports that this has made her feel more supported.

Summary of recommendations that Inform Guidelines on Effective Practice

- The most important phase, post planning, is the engagement with the family. A key learning is that this engagement process can take much longer than usually anticipated with New Zealand families. This is a challenge for each of the agencies involved.
- The assessment process is not a discrete piece of work. It takes time to develop the trust of the family. Assessment information gathering will often proceed while associated interventions are delivered. The full assessment and complete intervention plan is an on-going developmental process. This may require shifts in approaches derived from working under a one sector service process model where there are timeliness criteria and a need to complete assessment reports/ diagnosis processes before intervening formally.
- In recognising and understanding the complex needs of this client group, it is important to recognise that sustained change and positive outcomes can take longer to achieve. Intervention must be sustained over a long period of time in order to cement the desired changes.
- The ecological model of intervention for some of these complex presenting issues has proven to have worked well in the On TRACC service. The importance of gaining trust/engaging with the family is essential in order to gain accurate assessment data and ensure that the family stay engaged with the services so that sustained support may be achieved.
- A sustainable intersectoral model should frequently review current approaches, including continually integrating the different practice approaches and learnings that emerge from an integrated sector response.

INTERSECTORAL FRAMEWORK

INTRODUCTION

Currently the three sectors - Mental Health, Education and Child, Youth and Family - all carry out individual assessments and interventions for children from refugee backgrounds who have complex needs that are referred to their service. However once initial engagement and assessment processes have begun, the case may then decide the child's presenting needs also require further support from one of the other sectors.

Prior to the On TRACC pilot service being established, there was no agreed-upon system or process for joint referrals and case management across agencies. This resulted in significant over-lap and often duplication in assessment and intervention procedures.

There have been intermittent attempts, especially through the Strengthening Families model, to set up a coordinated level of interagency interaction with each agency to meet the needs of those children who present across sectors. However, although this initiative provides increased communication and identifies resources across sectors, there is no clear process that systematically engages the respective sectors in a cohesive way throughout the service delivery process. Often because the agreements reached through this process rely solely on each case worker involved, outcomes do not always ensure quality comprehensive service to the client group. These issues are even more critical when the needs of the child and family are not only complex and demanding, but also where there are significant cultural differences and where there is little or no familiarity or understanding of the service delivery approach employed in New Zealand.

EACH SECTOR'S FOCUS

Currently all disciplines within each of the respective sectors are working towards the ultimate "good" of the child. However, each discipline/agency is guided by slightly different theoretical perspectives and very differently-defined criteria for eligibility. For example, Special Education has a focus within the school and family environment; the Mental Health team derives their specific focus from a mental health presentation in the individual; while the CYF team works within its defined statutory obligation regarding care and protection and youth justice perspectives. Furthermore, although each perspective is defined within its own specific focus, there is a commonality when meeting the needs of the whole child. This also includes assessing and understanding the child's relationship within the family and the needs of the family system, grounded within a cultural and social context.

However, although service provision parameters for each sector are clearly defined and case workers are expected to be knowledgeable of other sector's parameters, there can be in practice a time lag before either cross-agency or coordinated efforts are initiated to involve other sectors. As a result families whose children have needs that span two or more sectors may find themselves receiving only a portion of the support they require at a given time because of, among other things, a less-than-coordinated and established communication process across sectors.

Exploring an alternative framework to remedy these gaps that present themselves in coordinated service delivery across sectors underpins this proposed intersectoral framework. The key to this framework lies in adopting strategies that promote collaborative relationships among providers, and between providers and family members, to meet the needs of the child.

Without a robust collaborative model that includes interagency agreement for complex needs and is jointly understood and implemented by each sector, the support provided by the different agencies can often occur with little coordination or in isolation. This can result in: i) fragmented delivery of services, ii) a lack of a holistic approach to providing services which is very essential for this client group, and iii) a loss of continuity and delays in delivery of services. This can have a negative impact on the child and their family. In some situations where roles are not clear or are diffused, this can also mean an appropriate service is not provided or is discontinued (i.e. the child can "fall through the cracks").

The framework proposes recommended guidelines to support this intersectoral model. For this model to work effectively there needs to be buy-in and commitment from each sector in terms of incorporating a collaborative approach within their service delivery structure.

The aim of this intersectoral framework is to embrace and build an integrated assessment structure that fits each sector's service delivery parameters, and adds to the overall service delivery for children, young people and their families who come from refugee backgrounds. For this to happen, it is essential to define exactly what an integrated assessment process entails.

This proposal reflects a major paradigm shift in the way service is currently delivered to children, young people and their families. In the past, assessment procedures were often fragmented, each with their own targeted populations with restricted eligibility criteria. In contrast, the proposed intersectoral paradigm will work towards seamless boundaries between agencies during the initial engagement, assessment, intervention and monitoring processes of service delivery. It will effectively draw on a full range of expertise from each sector, directed at meeting the child's and families' needs in a more cohesive way.

THE INTERSECTORAL FRAMEWORK: AN OVERVIEW

The population of children, young people and their families who come from refugee backgrounds who have identified intersectoral needs includes people from a wide range of countries and ethnicities. A commitment to culturally appropriate service delivery acknowledges the links between the person's culturally-identified sense of self, wellness, beliefs and 'meaning-making' within the host country, which in turn results in self sufficiency and improved outcomes.

The Intersectoral Framework provides a description of ways to wrap co-ordinated services around clients whose needs overlap into two or more sectors, and who are experiencing significant difficulties that may impact on their ability to utilise other appropriate services. The framework acts as a consultation resource for sector staff within sector teams and may be used in consultation with other service providers.

The case workers from each sector should have an understanding of the Intersectoral Framework, and have the necessary skills and cultural understanding to work effectively with clients who have cultural backgrounds different to their own.

The framework proposes:

- Integration of culturally informed service delivery and joint service delivery processes and documentation.
- An overarching ecological model that promotes a collaborative way of working where the characteristic of the individual's need is assessed within his/hers multiple environmental contexts e.g. school, home, community.
- Maintaining a culturally appropriate continuum, including engagement with families, through a multi-element plan construct (plans that address multiple issues across environments and each sectors' focus, and encompass multiple strategies) which is coordinated through the various phases of service delivery.

The service delivery framework should not only be used to understand and respond to the need of the child/young person within the context of their environment, but also be used to assess and identify supportive processes required by the child/young person and their family due to their unique circumstances.

Culturally appropriate service delivery involves identifying and understanding the significance of those cultural factors in the context of the presenting need of the child and the family, and the application of that understanding in the planning and intervention phases of service delivery. It should be noted that cultural informed service delivery is complementary to any diagnostic tool utilised within particular sectors, such as the Diagnostic and Statistical Manual of Mental Heath Disorders, Fourth Edition (DSM IV).

The aims of this proposed framework are:

1. To provide high quality, accessible and culturally sensitive services to children, young people and their families who come from refugee backgrounds. This framework operates in a range of settings including schools, Mental Health services and Child, Youth and Family services. This is achieved through direct work with young people and their families, with a joint case-managed approach to assessment and intervention.
2. To inform and support services to better meet the needs of children and young people from refugee backgrounds who have severe behaviours and/or mental health issues and/or care and protection needs.
3. To build a knowledge base about the needs of children and young people from refugee backgrounds, and to build on this knowledge base within each sector to develop more effective means for meeting their needs.

Sector Parameters of various service groups

The operational definition for the refugee experience almost always includes experience of trauma, grief, anxiety and depression which affects the whole family and can manifest in very complex forms across settings. Therefore it is expected that many of these children will experience an array of complex difficulties that manifest and present themselves in more than one way, and that spill over into more than one sector.

The following paragraphs outline the criteria, as they currently stand, for the involvement of the three different sectors:

Child and adolescent Mental Health service criteria

Presentation may include mental health issues that meet the criteria for CAMHs (Child and Adolescent Mental Health Service) Auckland District Health Board (ADHB).

- moderate to severe mental illness
- moderate to severe emotional disturbance including school refusal and self-harm
- psychosomatic disorders
- eating disorders (where they are not appropriate for the specialist service, or else in consultation with the Eating Disorder Team)
- disruptive behaviour disorders (ADHD, ODD, but not conduct disorder)
- severe and complex parenting problems (including parent with significant mental health disorder) that are impacting on the young person's mental health
- complicated grief reactions
- moderate to severe anxiety disorders
- moderate to severe PTSD (where there is not another appropriate service or where ACC will not fund private therapy)
- Autistic Spectrum Disorder with morbid moderate to severe mental health problems

Other aspects of the presenting problem which meet the criteria for the other two sectors may also need to be considered. These include care and protection or youth justice issues and education criteria.

The Special Education criteria

The criteria specified for service through the Severe and Challenging Initiative (SBI) relates to a range of behaviours that appear within the education setting or facility. Characteristics of problems and difficulties are identified in the various presentations of behaviour which include:

- Life threatening for self and/or others
- Jeopardises the physical safety of self or others
- Behaviour severely limits access to school
- Serious socio-emotional behaviours, including a recent traumatic incident

Mental health issues may also be addressed within the context of the family and school setting.

Child Youth and Family criteria
Child Youth and Family criteria for involvement are governed by the statutory legislation of the Children, Young Persons and Their Families Act (1989).

The central principle is to involve families and family groups in decisions affecting them and their children. The paramount principle is that: "In all matters relating to the care and protection of children or young people, the welfare and interests of the child or young person come first."

This provides a statutory mandate for social workers to receive and investigate notifications concerning harm to children and young people, form beliefs about whether harm has occurred or is likely to occur, and make judgements about the levels of risk.

The purpose of Child Youth and Family is to identify factors that are impacting on a young person's life and which may be contributing to or influencing his/her criminal or problem behaviour; and to assess the needs and strengths of a young person and his/her family to assist planning and decision-making.

The youth justice criteria is concerned with offending by children aged 10-13 and young persons aged 14-16 years. The present legislation ensures that young offenders are held accountable, encouraged to accept responsibility, to learn from their mistakes and to develop in a socially acceptable way (in the restorative justice model).

THE INTERSECTORAL FRAMEWORK: A SCHEMATIC VIEW

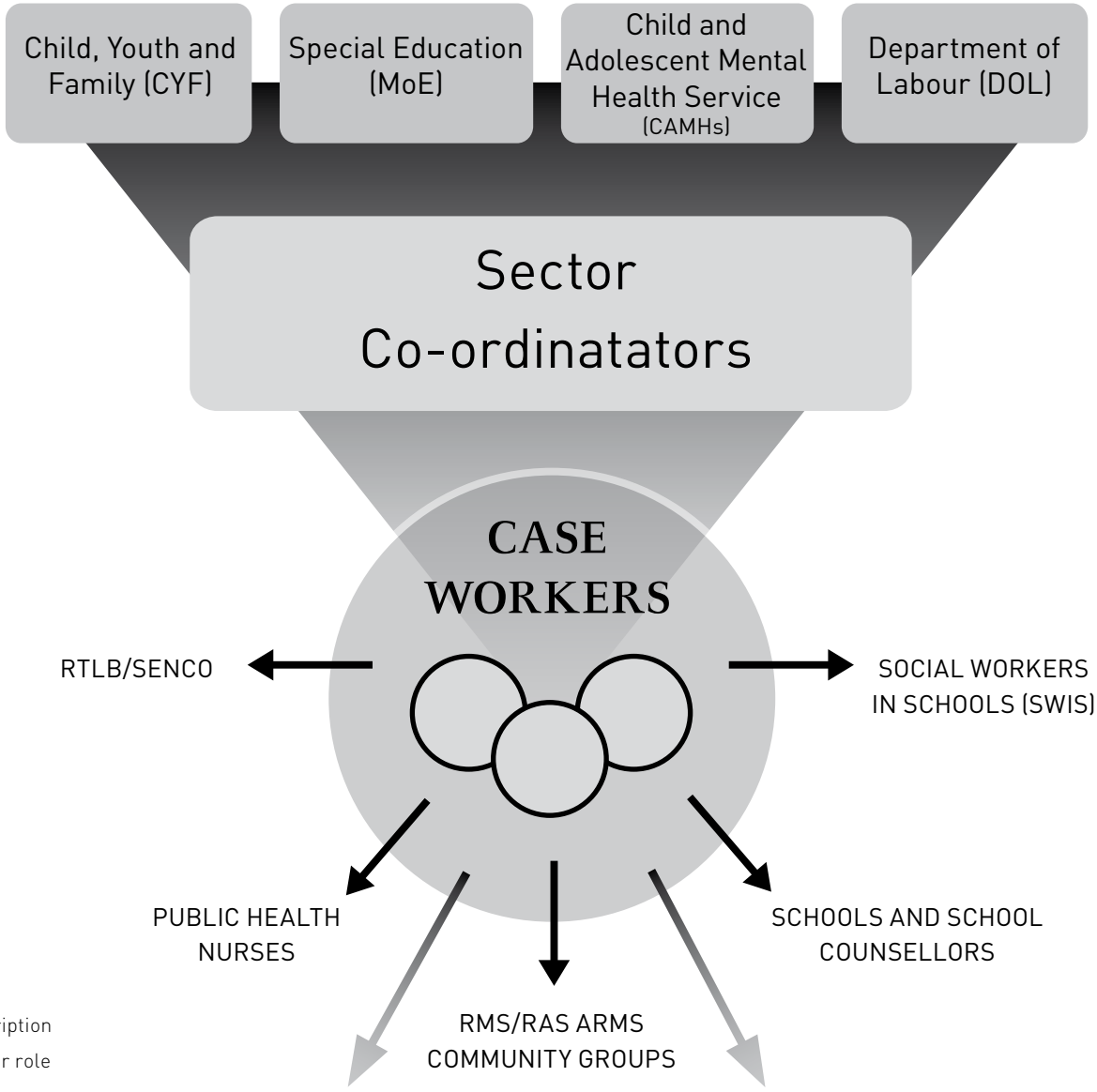
This diagram highlights the key role of responsibilities for a coordinated intersectoral service delivery response.

The first layer represents the collaborative interagency forum – comprising MOE, Mental Health, CYF and Department of Labour - to support intersectoral working at management level. This forum meets at agreed intervals to evaluate the intersectoral process and work flow.

Sector coordinators within each of the four sectors are responsible for clarifying whether the child's needs meet the intersectoral criteria. Intersectoral coordinators also facilitate the sharing of expertise and resources within their sector, and establish clear lines of communication.

Case workers are allocated cases that meet the criteria following discussions in a formal referral process. The role of these workers is crucial not only during the assessment and intervention phases following a referral, but also for the early identification of issues that may require intersectoral involvement, and in the transitioning of clients to and from the services provided by the four sectors. Case workers may also involve workers from other services or agencies, such as RMS social workers, Public Health Nurses, RTLB and School Counsellors, NGO's, as determined by need.

The key aspects of the Intersectoral Framework (A Schematic View)



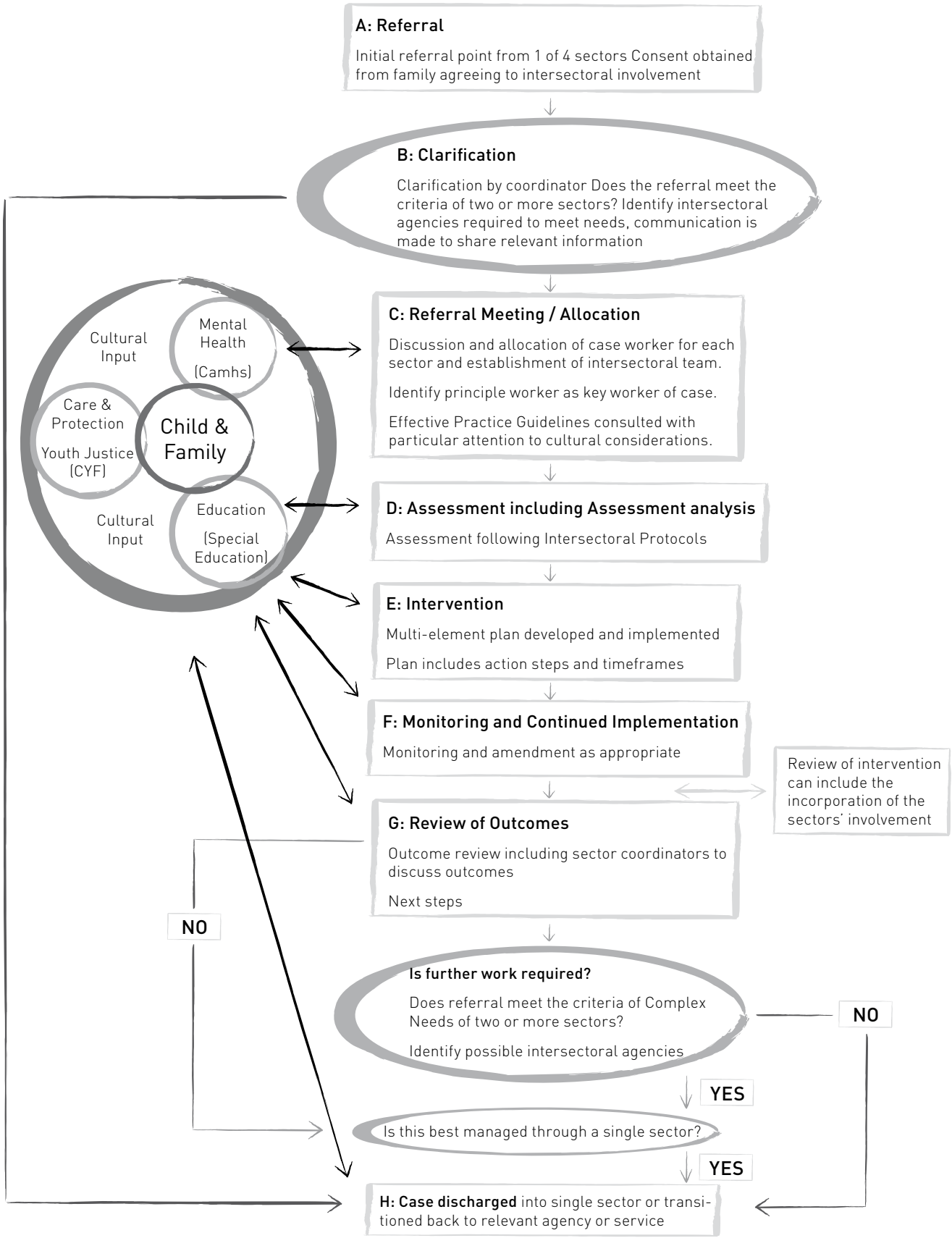
Note: for a description of the coordinator role see Appendix

Other agencies, services, community groups, NGO's etc. may also become involved with the specific need of the child at a given time and be incorporated in the overall intersectoral approach.

KEY STEPS OF INTERSECTORAL SUPPORT

The following Flow Chart illustrates the step-by-step process for the intersectoral team to follow when providing service for the refugee population. It lays the foundation of the intersectoral support approach and promotes a collaborative approach across sectors to deliver services more effectively. Each part of the intersectoral service delivery step is described briefly within the flow chart, and is outlined in more depth later in this section.

Flow Chart which describes the key steps for Intersectoral Service delivery



DESCRIPTION OF SERVICE STEPS FOR INTERSECTORAL FLOWCHART

The following section provides: i) a description of each step of the flowchart, ii) general practice guidelines for working through the steps, and iii) cultural considerations to take into account at each step.

A: Referral

Explanation:

- Initial referral or existing case opened.
- Initial referral point will be from 1 of 4 sectors. The referring sector will become the key sector that will initiate the intersectoral forum.
- Consent will be obtained from the family, agreeing to intersectoral involvement.

The referrals will come from the usual channels for each sector, and concerns of the referrers will be identified.

The usual referral clarification and referral processes will follow existing sector guidelines.

Practice Guidelines:

- Facilitate access to the service where a young person is eligible for the service.
- Children can be referred to the intersectoral network as either: i) new identified needs, or as ii) defined needs through one sector which have developed to require the service of more than two sectors.
- Follow the referral process and criteria of your organisation.
- Identify concerns of school (where applicable), parents/caregivers and other relevant agencies.
- Gain consent from family for intersectoral involvement.

Cultural Considerations:

Note the culture and ethnicity of child and family on file, as this will inform decisions about appropriate service delivery steps (See Guidelines on Working with Particular Cultural Groupings, Section One).

B: Clarification

Explanation:

- This is the entry point to discuss referral for intersectoral involvement with relevant sectors.
- Check with other intersectoral coordinators to determine that the case meets those sectors' criteria. Each coordinator should have a comprehensive understanding of the other sectors' criteria.
- Confirming the family agrees to intersectoral involvement.
- A templated email containing identified criteria information is sent by the intersectoral coordinator to the other appropriate sector(s).
- An intersectoral meeting is held to further discuss intersectoral involvement.

At this point the case may be referred back to a single sector, if other sectors' criteria are not met.

Practice Guidelines:

- Clarify the referral details to determine whether the referral meets the criteria for involvement of more than two agencies.
- Identify other agencies that may need to be involved in order to improve the range of local specialist services available for the child or young person.

Cultural Considerations:

Once the culture and ethnicity of the child and family has been established (see the Guidelines on Working with Particular Cultural Groupings in Section One) it is recommended that cultural advisors/interpreters are accessed. This is to ensure the presenting need is understood by case workers in terms of the family's general cultural perspective, values, and possible perception of their child's difficulty.

C: Referral meeting / Allocation of Key and Case Workers

Explanation:

- Meeting between intersectoral Coordinator and allocated Case Worker for each sector.
- Discussion of referral issues and allocation of case workers within each sector.
- The Working with Refugees: Intersectoral Guidelines is consulted, paying particular attention to Guidelines for Working with Some Particular Cultural Groupings and intersectoral case management process and action steps.
- Case workers from each sector are responsible for recording coordinated case work information, using each sector's existing case information recording processes.
- Intersectoral meeting between allocated case workers.
- Intersectoral team established - which includes the child, family, and education facility as required.
- Identification of the principle case worker from one sector as the key worker of case.
- Joint responsibility for the case goals and outcomes is agreed upon.

Practice Guidelines:

- Where there is more than one case worker providing service for the child and/or family at a given time, case workers will establish communication pathway so that all involved in the case work are kept up to date with current progress or situational changes.
- Case workers accept information on other agency forms to avoid duplication and prevent time delays (See example of an integrated assessment form in appendix).
- Case workers from the different agencies schedule times that are mutually agreed on with input solicited from all case workers involved to establish joint responsibility.

Engagement Process

- The engagement process begins by contact with the family and continues throughout all service delivery steps.

- It is advised that case workers plan how they will work on the case intersectorally, acknowledging that this initial phase of engagement is the most critical part of the process for the overall success of the case.

This will include cultural preparedness before meeting the family for the first time to begin the negotiation of service and assessment processes with them.

It is important to:

- Take the time to build a trusting relationship with the client.
- Maximise positive parenting skills by endeavouring to build and maintain family self confidence.
- Formulate questions according to the Working with Refugees: Intersectoral Guidelines and cultural considerations.

Cultural Considerations:

It is recommended that the family should be contacted first by a person who speaks their language. It is best to introduce the role of the service once formal introductions have been completed, with the help of a cultural advisor if possible. Explain clearly what the service is and clarify the limits of the service. Many cultures have no concept of 'service' and the term can be easily misunderstood to mean 'servant' (which can result in unrealistic expectations being placed on the case workers).

Cultural advisors/interpreters provide the necessary link to gain trust, mutual respect, acceptance and positive regard when working with refugee families. Communication with families needs to be ongoing, by telephone or by speaking to parents through a cultural adviser, as required, to keep them aware of the steps being taken.

D: Assessment and Analysis

Explanation:

- Assessment and analysis of each case follows usual professional practice for each sector, with the added enhancement of the intersectoral protocols (see appendix).
- The assessment is undertaken from an ecological perspective - which takes into account the context in which the needs are presenting and the specific parameters of those needs, including the views of the child, family, and each sector (Please refer to section two for a description of an ecological perspective).
- The analysis of these presenting issues recognises that there are underpinning factors which maintain the presence of the concerns. These underpinning factors are identified and diagnosed as appropriate.

Practice Guidelines: Assessment

- At the time when the intersectoral need is identified and the intersectoral working framework is engaged, the designated case workers meet with the child and family in the home/school as appropriate.
- A collaborative partnership is initiated at the very beginning with the family. Effective collaborative planning is maintained at all times with the family, and with the designated case workers and other stakeholders as appropriate.

- The designated case workers assess the needs of the child or young person and family - and communicate to the family and school, as appropriate, once that assessment is completed.
- If additional visits are required, the designated case workers are asked to coordinate these as required.
- Case workers meet with the teacher and other representatives from the educational facility, as appropriate, to discuss the child's educational and other psychosocial goals.
- A collaborative planning process is initiated, which includes intervention planning.
- Case workers continue to meet with other identified cultural support people to clarify roles and responsibilities.
- Where there are more than one case worker providing services at a given time, case workers communicate frequently with each other.
- A communication (e-mail) log is updated regularly with communication to parents and education facility as appropriate.

A comprehensive intersectoral assessment (See example of intersectoral assessment template in appendices) of the child and family should be undertaken where the following aspects are included:

- A thorough background history including exposure to traumatic events (Trauma needs to be understood in terms of developmental impact. These will include the nature and extent of exposure to the trauma, the age of the child at the time the maximum disruption occurred, the degree to which the family was able to stay intact and the supportive nature of the current environment).
- Family/cultural factors.
- Attachment patterns including parenting, family and community connections.
- History and current assessment of nutritional and socioeconomic resources available.
- Ecological factors - matches/mismatches.
- Developmental milestones (Health/Paediatric assessments may provide information regarding developmental steps in younger children).
- Observation of the young person behaviour in a number of settings including school and home environments.

*Other considerations may include:

- The gathering of information regarding developmental milestones needs to assess social development, as well as motor and language development.
- Undertake further intersectoral assessment based on all relevant reports and findings.
- Collect data systematically and in a non-intrusive manner (See Section One and Two).
- When health care providers or other professionals suspect a child may have mental health issues, further evaluation is recommended. Such evaluations might occur either through private consultants or other relevant agencies.

Cultural considerations: Assessment

Children typically follow a developmental sequence within an age range span. Developmental milestone achievements and delays in achievement can identify possible areas that require intervention. Taking into account cultural norms and individual situations is always important.

Practice Guidelines: Analysis

- The assessment process should follow cultural considerations. This includes assessing the problem within the client's biopysychosocial context (see Section Two). Multiple factors that impact on children, young people and their families who come from refugee backgrounds are considered, so that stressors and strengths relevant to the presenting problem are identified.
- The targeted area of analysis should include, as appropriate:
- Predisposing factors e.g. past trauma
- Precipitating factors e.g. antecedents/ existing stressors
- Perpetuating factors e.g. reinforcing consequences
- Preventative factors e.g. resilience, strengths, support systems
- The analysis of information gathered during the assessment process provides a framework for organizing interventions. It suggests possible linkages between factors, generates shared cultural/intersectoral working hypotheses and assists in identifying objective, achievable goals.
- Case workers from each sector follow through usual practices for case work analysis using each sector's existing requirements.
- Case workers need to collaboratively process this information in order to provide a coordinated plan.
- Analysis should consider the characteristics and likely influence of:
- Where to intervene
- How to intervene
- What is the magnitude of influence held by factors in relation to the presenting need?
- Which area is the most amenable place to intervene first?
- Agreed-upon interventions are typically developed into a multi-component intervention plan, which incorporates a holistic analysis of need (see Effective Practice section).
- Case workers from the different sectors prioritise interventions within their own sector's service delivery criteria and scope of practice.
- Peer review of casework, team review or supervision always takes place in relation to this analysis.

Cultural considerations:

This phase may take some time because of linguistic and cultural barriers and the need to gain the client/family's trust. Workers should not expect to gain all the information needed to make an assessment in an initial session/visit.

Social and cultural protocols should be followed when caseworkers first meet family members. (For example, it is important to let the family indicate whether they want to shake hands or not).

E: Intervention

Explanation:

- The multi-element plan is collectively developed from assessment and analysis of the prioritised needs. The plan is implemented in a coordinated manner, with particular emphasis on the input of the child/young person and family as appropriate, following statutory obligations.
- The multi-element plan, as implemented in the different environments, includes action steps and timeframes.

Practice Guidelines:

- The plan is developed within the cultural context of the child/young person and their family and, where appropriate, the school environment.
- Other relevant caregivers and stakeholders will also be a vital part of this process.
- The participation of the child/young person (as developmentally appropriate) and the family is encouraged, through the facilitation of a cultural advisor.
- The plan is comprehensive and includes targeted outcomes which are meaningful, measurable, developmentally appropriate and achievable.

Strategies and interventions to achieve these outcomes may include:

- Individual or group treatment approaches that meet the specific needs of the child (e.g. Cognitive Behavioural Therapy approaches, creative therapies, arousal reduction techniques, social skills).
- Therapeutic interventions that match the cultural needs of the child, and are appropriate for their developmental level.
- Family therapy that is culturally appropriate for the family's needs and understanding.
- Prevention strategies that reduce the likelihood of unwanted behaviour and increase resiliency.
- Instructional strategies for teaching replacement skills that are functional equivalents to the challenging behaviour and that promote functional communication, development and learning. Examples include reinforcement for appropriate behaviours, diffusing difficult situations, and withdrawing consequences that maintain problem behaviour.
- Ecological strategies that include matches/mismatches between the child/young person and their environment. (Refer to Section Two for further information)

The intervention plan for the child/young person is implemented in accordance with the identified goals across settings, with the following considerations:

- Barriers to implementation and unintended consequences are identified and addressed as they arise.
- All intersectoral team members understand what is intended and know what to do.
- Professional relationships are developed, and resources required to support the child's needs are put in place.
- All intersectoral team members are involved in some aspect of intervention and monitoring.

Any changes are negotiated and all intersectoral team members are informed, including the child/young person and the family.

Cultural considerations:
In general, parents should take part in creating a treatment/intervention plan for their child. It is very important to value their input and give them constant feedback about what is happening in this process.

It is important to understand the family's collective identity which is present in many cultures. This may impact on the variance of how the family perceives the identified need and the need identified in the intervention plan. In this regard it is vitally important to work with the family's understanding of the need and to gain the family's input and opinions on the plan. Allow for discussion around various options with the family.

It is important that planned meetings or appointments are carried out. If cancelling the appointment is unavoidable, the family must be informed appropriately.

Meeting with children at school must be agreed to by the parents, before being arranged with the school. Parents should be kept informed regarding when you will be seeing the child at school.

F: Monitoring and Continued Implementation

Explanation:

- Coordinated monitoring of the intervention plan is undertaken collaboratively through regular planned meetings, which may include the family and child as appropriate.
- Agreed upon refinement and amendment of the plan may be necessary as the situation changes.

Practice Guidelines:

- Ongoing monitoring and feedback systems are implemented. These may include self recording, peer feedback and adult observations.
- Intervention plan integrity is monitored and managed to avoid drift.
- Caseworkers meet with other identified stakeholders, if required, to clarify roles and responsibilities.
- Parents are spoken to or telephoned, through a cultural advisor if required, to keep them aware of the steps being taken.

Cultural considerations:
The parents are usually keen to know about their child's needs and may expect to be seen regularly and wonder why a quick solution is not forthcoming. Until sufficient trust has been built up between them and the case workers, they may ask many questions, call many times, and expect to be seen regularly. To maintain trust and reduce anxiety it is important to keep the family well informed of the progress of the intervention plan and to continue to clarify the extent and scope of the work.

G: Review of Outcomes

Explanation:

- The Sector Coordinators meet with the intersectoral team at agreed intervals to assess outcomes and discuss next steps in terms of case management.
- These outcomes are to be recorded through each sector's usual processes.
- The review can incorporate the refinement of sector involvement as required.

Practice Guidelines:

- Together, the intersectoral team reviews the data and qualitative information and systematically refines the intervention plan. This is to reflect the requirements of the child/young person in their current environment, and to achieve positive change toward the intended outcomes. (There may be a return to the assessment and planning phases and new goals may be set.)
- Client reviews occur at least each term. The Sector Coordinator ensures that the plan, programme implementation and data are reviewed in relation to the assessment analysis and intended outcomes.
- Recommended actions, risks and time frames are recorded, dated and signed off.

Cultural considerations:

It is important to monitor whether the family are following the agreed intervention plan. If not, careful discussion with the family is required. If the difficulties seem insurmountable it is recommended that a community facilitator or cultural advisor be involved to discuss these barriers.

H: Case Closure

Explanation:

- The intersectoral team, in consultation with family, will determine when sufficient outcome goals have been achieved.
- The case can be closed or transitioned to one sector or other service provider.

Practice Guidelines:

- The closure process is appropriate to the level of service negotiated and exit criteria for each sector.
- Achievements and suggestions are provided for further support, maintenance and generalisation of gains and for possible future options.
- In situations involving a significant transition, a written plan is developed and implemented prior to closure.
- A professional record of service provision is retained in the closed file, and a client survey is undertaken.
- A client satisfaction survey is provided to intersectoral team members for completion.
- Evaluation of outcomes and reflection informs practice and service development; and identifies successes, good practice, innovations and barriers.

Cultural Considerations:
Closing the case can be the most difficult part for the family, who often fear the loss of support from services. It is important to plan closure, giving the family plenty of warning, and to get other relevant supports in place where needed.

Case workers need to be guided by the family when closing the case. Each family will feel differently about this process and the timeframe in which it happens.

KEY PRACTICES FOR THE INTERSECTORAL TEAM

This section clearly outlines the Key Practices for Intersectoral Team members. They must be well understood and agreed upon.

Roles and responsibilities:

- Case workers are familiar with the practice guidelines, service standards, and protocols, etc. of each organisation.
- Case workers are able to follow their own sectors' standards and parameters.
- The designated worker from Child Youth and Family Services is involved in the monitoring of primary statutory obligation issues, and the resolution of those issues, in conjunction with the other designated intersectoral case workers.
- The designated caseworker conducts school and family visits, audits progress, and appraises the performance of the assessment and intervention plan on a weekly basis.
- Caseworkers take part in an ongoing informed review and feedback process, which recognises achievements gained, and adjustments and additional support required.
- Caseworkers share an intersectoral knowledge base.
- Criteria and intervention approaches from each sector are made available to all case workers.
- Regular intersectoral caseworker meetings are held throughout the year to address possible professional development opportunities.

Clear service delivery expectations:

- Intersectoral objectives are pursued and outcomes expected are explicit, understood and agreed upon.
- Guidelines on Working with Particular Cultural Groupings are followed to ensure that families can clearly understand the designated parameters of service.
- There is agreement to share information with specified others.

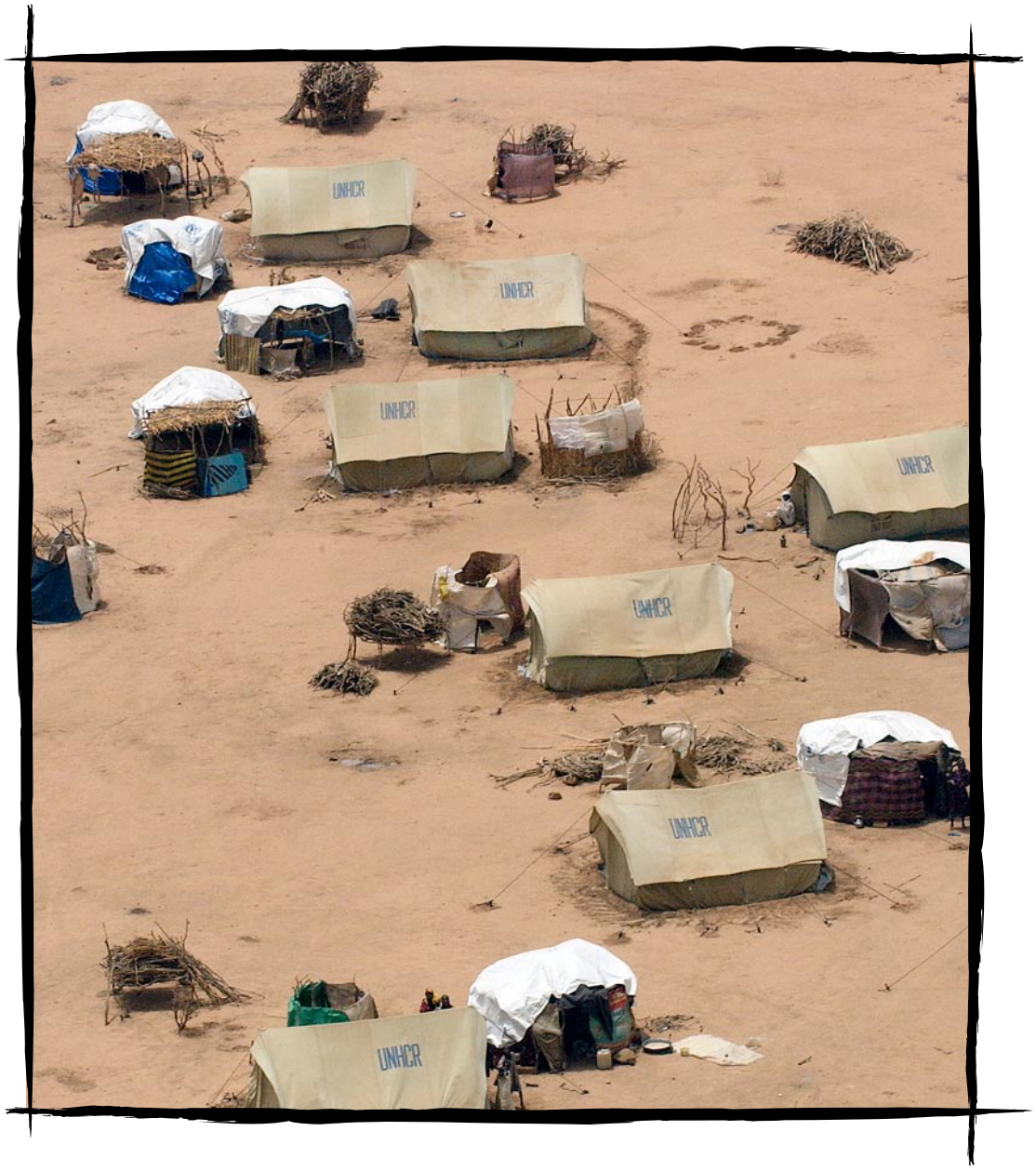
Balance expectations and capacities:

- Performance expectations must be clearly linked to and aligned with each sector's capacity to deliver.
- Periodic review meetings and a conflict resolution process are established for all caseworkers.
- Coordinators meet regularly to review expectations and assess how sectors are working together.
- Caseworkers liaise with other community services to streamline service delivery, with the consent of the child and parents.
- Caseworkers provide ongoing feedback to parents, schools and other agreed-upon services and agencies.
- Professional relationships are built with school personnel and teachers and other professionals as appropriate.

Provide credible and timely reporting:

- Provide credible reporting following full consultation with all parties, including parents as appropriate.
- Credible and timely information demonstrates what was achieved, and what was learned.
- Designated key workers visit schools and meet with principals and teachers, to provide up to date reporting feedback and address concerns as they arise.
- Caseworkers collectively audit client progress.
- Parental understanding and satisfaction is regularly monitored.
- Intersectoral reports are generated at the beginning of the intervention with accompanied plan, and at closure with identified needs meet.

SECTOR FOCUS



INTRODUCTION

The purpose of this section is to provide information for each sector (Child Youth and Family, Mental Health and Education) on the specific area of focus for refugee children from each sector's perspective. The aim is to develop cross-sector understanding and strengthen collaborative processes - as well as identifying service gaps and resulting shortfalls – so that better outcomes for children and young people with complex needs can be achieved.

The Mental Health section provides an outline of issues which are predominant among the refugee client group. These include Post Traumatic Stress Disorder (PTSD), depression and anxiety. The presentations of trauma at different developmental stages are outlined, to alert practitioners to factors which are often overlooked. Recommendations on intervention approaches are also included.

The Child Youth and Family section highlights the fact that most refugee communities have had little or no experience of a child protection agency equivalent to CYF in their home country. Therefore there is often a lack of understanding of the purpose and role of CYF in New Zealand and even a general fear of the service, as families who have had dealings with child protection authorities are often stigmatised by their communities. These matters are discussed in this section and recommendations for sound cultural practises are suggested.

The Education section highlights the complex behaviours that may become visible in the education settings, and how such behaviours can become a barrier to learning. Education facilities are often the first community resource in which refugee families engage and begin to resettle in a new country and as such are seen as a crucial phase of this process. Providing a safe environment within the educational setting is promoted in this section, as is the importance of building trusting links between the family and educational facility where these children are enrolled.

All sectors acknowledge that consulting with a cultural advisor or community facilitator will help in establishing trust with the family unit and that taking an ecological approach and working intersectorally will avoid the fragmentation of service delivery.

REFUGEES AND MENTAL HEALTH

Refugees come from very diverse cultural backgrounds and have different perspectives on mental health, education, welfare problems and resettlement needs. Many have experienced torture and trauma due to political violence before arrival to New Zealand, and almost all will encounter significant stressors in the process of resettlement in New Zealand. There is strong evidence that indicates that an increasing proportion of casualties in war are civilians. Whereas casualties identified in the past were largely confined to men

in active service, large numbers of women and children are now recorded as being killed or injured in these conflicts. The ratio of soldiers to civilians killed in armed conflicts has shifted from approximately 9:1 in early decades of 20th century to 1:9 in more recent conflicts (Garbarino et al., 1993). The implication of this shift means that many refugee families, including women and children, have experienced major trauma or lived in extreme fear associated with the terror of war.

Empirical research provides some indications of the occurrence of mental health problems in refugee populations. While the incidence of Post Traumatic Stress Disorder in average populations is about 1%, studies have shown the incidence of specific populations of trauma survivors is much higher. The prevalence of PTSD in samples of children exposed to trauma range from 20-30% within one year of the trauma (Servan-Schreiber et al., 1998; Berman et al., 1996; Breslau et al., 1991). Major Depressive Disorder (MDD) has been identified with the same prevalence amongst adolescent refugees (Servan-Schreiber et al.,1998). These findings hold across different cultural and ethnic groups (Ahmad & Mohamad, 1996; DiNicola, 1996).

In New Zealand, a 1999 study involving refugees passing through Mangere refugee Resettlement Centre found that 20 percent of refugees had suffered significant to severe physical abuse. About 14 percent reported significant psychological symptoms and about seven percent were diagnosed as having Post traumatic Stress Disorder (Ministry of Health, Refugee Health Care, 2001)

Trauma overlay and mental health issues

The profound and long lasting effects of trauma experienced early in life have now been well established in clinical research (Schrarz & Perry, 1994; Perry et al., 1995). Children from refugee backgrounds may have been exposed to a wide range of potentially traumatic experiences from witnessing or experiencing violent acts, death of a familiar person or imminent death or threats to food/water deprivation and ongoing physical hardships.

Many families have experienced years of discrimination, persecution and harassment, perhaps enforced exile or a period of hiding.

In addition to the psychological effects of trauma which has often occurred prior to migration, the migration experience itself is often a profound stressor involving disruption, loss of home, schooling and community, and separation from family members. This continuum of cumulative trauma has been summarised by the four D's: Disintegration, Dispossession, Dislocation and Disempowerment (Silove et al., 1999). This is in addition to being exposed to similar mental health struggles and life issues of any other "normal" sample of people. These pre-immigration problems continue to have adverse effects on the mental health of refugees during settlement and the effects can be long-lasting. In addition, mental health issues such as Post Traumatic Stress Disorder (PTSD), depression or various psychosomatic problems are the most common outcomes amongst those whose traumatic experience includes torture and life threatening events.

The psychological effect of pre-migration trauma coupled with loss, disruption, culture shock and the ongoing stressors associated with adaptation to a new country' can result in refugees becoming more vulnerable to mental health problems. For example, contemporary research has identified that unemployment issues heighten the risk of depression and increase the likelihood of poor adjustment. The problem of unemployment for parents is associated not only with financial strain but also with loss of status, self esteem and self respect as well as restriction of social contacts. Whilst the mental health implications of unemployment for refugees in New Zealand have never been adequately researched, overseas researchers have found that because under employment is associated with real or perceived status loss, refugees are more likely to experience personal frustration and family stress, depressed mood, and are less likely to see themselves as settled.

Mental health challenges amongst refugees

The experience of forced displacement, immigration to a new country and trying to settle in a foreign culture can create undue stress which inevitably can result in mental health problems for refugee families. Contemporary research suggests it is not the stress of the process of immigrating itself, but the context in which it occurs that ultimately determines how the experience will impact on the mental health of the refugees concerned (Potocky-Tripodi, 2002, pp. 264-265).

Factors that have been identified to increase risk of mental health problems among refugees include:

- A drop in personal socio-economic status following arrival in NZ
- An inability to speak the language of the host country
- A separation from family
- A lack of friendly reception by surrounding host population
- Isolation from people from a similar cultural background
- Dramatic experience or prolonged stress prior to immigration
- Age, such as being an adolescent or of senior age at the time of immigration.

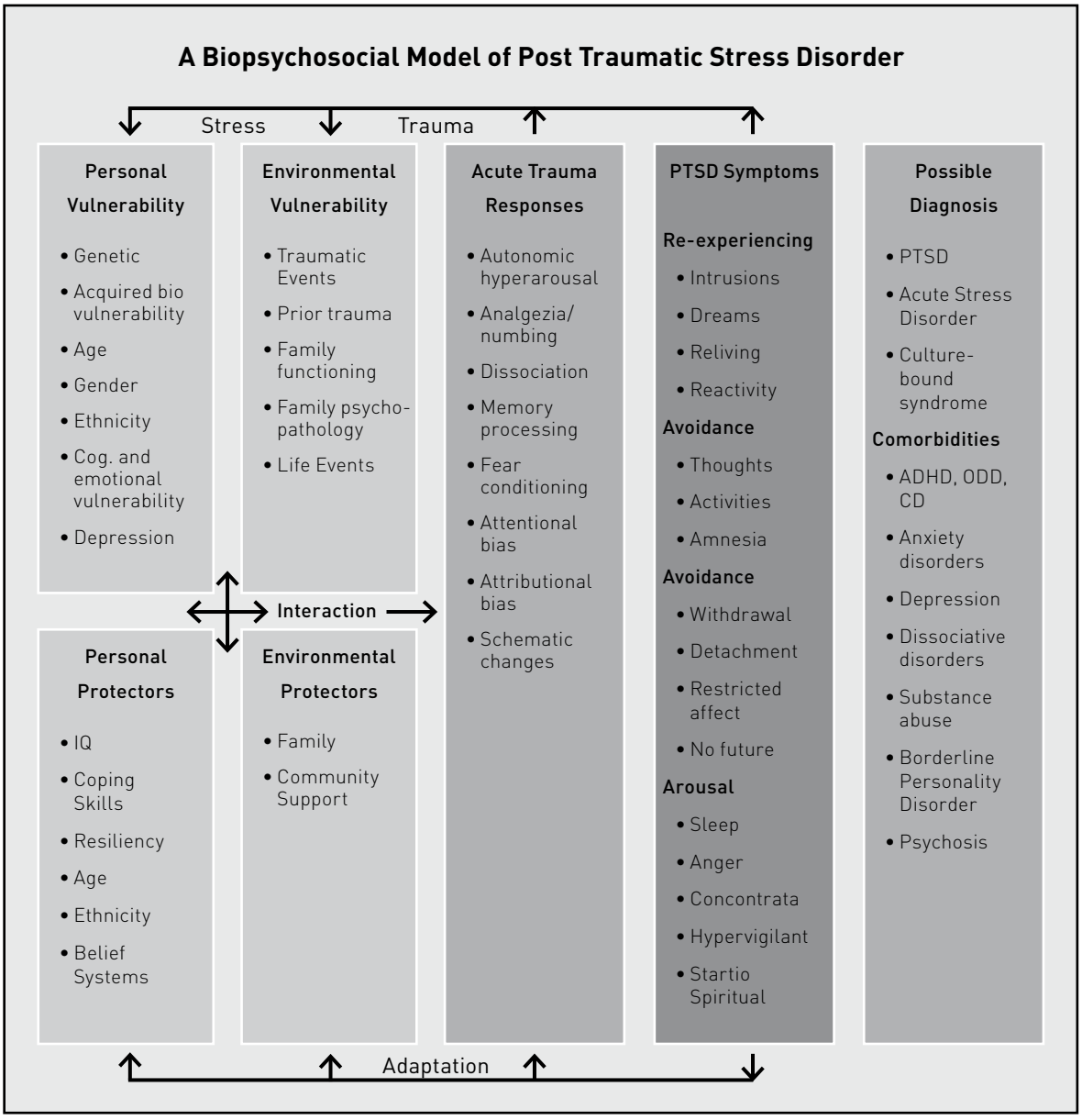
The most common mental health challenges amongst refugees reported in the literature include:

- Alienation and loneliness
- Decreased self-esteem
- Guilt
- Somatisation
- Paranoid ideation
- Depression
- Anxiety
- PTSD
- Substance abuse (Potocky-Tripodi, 2002, pp. 265-272).

Mental health problems in refugees, such as Depression or Post Traumatic Stress Disorder caused by war trauma often do not surface until their physical survival needs in the host country have been met, sometimes three or more years after resettlement (Mullins, 1990).

Accommodation to PTSD can also occur so that emotional disturbances can incubate for as long as ten years before surfacing.

Due to the multiple factors that impact on refugee families, we propose a Bio-psycho-social Model of PTSD (Dr. Bev George, 2001 unpublished used with permission) as a framework to better understand this complex area.



A Biopsychosocial model of PTSD

As the model indicates, forming social/community support is a major protective factor. Research with refugees in NZ has generally shown that social support can help newcomers cope better with the stress of immigration to reduce the risk of emotional disorders. Other factors, such as host society policy and public attitudes towards refugees, can strongly affect newcomer's success in resettlement and their mental health.

REFUGEE CHILDREN AND YOUTH

Refugee youth are a special needs group within the refugee context. International literature indicates that refugee youth experience an elevated risk of mental health issues as a result of language difficulties, identity conflicts, racism and rejection after they leave school, leading to decreased employment options. Refugee youth from smaller ethnic communities typically experience added difficulties in settling into the host community - as they have limited access to their own community support networks and are therefore subject to higher degrees of social isolation.

Common difficulties experienced by refugee children and youth:

- The effect of complex trauma occurring prior to migration. This may present as anxiety, depression, and grief, reduced sense of self worth, somatic complaints, and difficulty maintaining fulfilling relationships.
- As noted in the previous section there are often significant resettlement issues, such as separation from the family, adaptation to a new culture and country, social isolation, limited school experience, language issues and learning difficulties.
- Difficulties accessing and linking into appropriate services.

Children's mental health and adjustment can correlate with that of their parents or primary caregivers' psychological adjustment. The parents degree of healthy or unhealthy adjustment will affect children both directly and indirectly through the parent's interactions with the children. In addition, displacement stressors that are caused from political violence and civil unrest which uproots families can influence children in a wide variety of ways. Besides the above mentioned direct effects, there may be a loss of "normality" that provides another layer of trauma for children and families. For example, socio/economic problems such as: lack of running water, electricity or common services like post, banks, hospitals and food supplies in countries where formerly there was a reliance on such things, can be very unsettling and stressful for children.

Other stressors are unique for children. They often learn the new language and customs before their parents and may be placed in the role of interpreters or "cultural brokers" for the family. This role reversal can erode the respect children have for the authority of their parents. At school they are likely to develop familiarity with the dominant culture and may embrace some of its values that are in opposition to those traditionally held by their family. This can lead to conflict with parents, school adjustment problems, or identity issues.

Developmental stages and trauma

In children from refugee backgrounds, a new stage of development can present new understandings or challenges for parents and children. When discussing the child's development under the exposure to trauma we should acknowledge that the younger the child, the more likely he or she is to develop long- term mental health problems.

Pynoos Steinberg & Goenjian in Trauma and Memory Van der Kolk, B.A., McFarlane, A.., & Weisaeth, L. (1996). Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society note the critical link between traumatic stress and personality in the formation of trauma related expectations as these are expressed in the thoughts, emotions, behaviours and biology of the developing child. This notion of traumatic expectations is comorbid with psychiatric conditions including depression and separation anxiety disorder along with proximal and distal developmental disturbances, changes in life trajectory, risks to later physical health, and vulnerability to future life stressors (pp.332-333).

There is evidence from commentators such as Van der Kolk in Trauma and Memory Van der Kolk, B.A., McFarlane, A., & Weisaeth, L. (1996). Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society that the midbrain, which stores the fight or flight experiences we have from birth, can be compromised by the experiences of traumatic stress. This is referred to as 'state' memory. When young children experience trauma on an ongoing basis the mid brain is stimulated to organise, process and store these memories. The stored memories stay permanently embedded in our memory and can be triggered at any time in the child's life, causing possible ongoing physiological and psychological challenges.

When investigating childhood trauma it is therefore important to ascertain information regarding the significant dimensions of the trauma experience. These include the nature and extent of the trauma the child was exposed to, the frequency and duration of the trauma, the age/s of the child, and the nature of the family supports at the time.

Common characteristics of children and young people suffering PTSD include:
Infants and toddlers:

- General irritability and crying - often demanding attention and then when received rejecting it
- Disrupted sleep patterns and loss of appetite
- Regression
- Failure to reach developmental milestone
- Exaggerated startle response
- Anxious reactions to separation and unfamiliar situations and people
- Emotionally subdued and withdrawn

Pre-school children:
Pre-school children often suffer similar symptoms but also tend to exhibit the following behaviours:

- Repeatedly re-enacting the traumatic event through repetitive play.
- Extreme difficulty separating from attachment figures.
- Bed wetting, thumb sucking, refusal to go to sleep and waking through the night.
- Night terrors.
- Isolating and withdrawn behaviour.
- Being aggressive with children, adults or objects.
- Expressing intense emotions inappropriately.

Adolescents:
Adolescents can also present with:

- Use of self destructive behaviours to distract from sadness.
- Adopting a prematurely adult role.
- Pessimism about the future.
- Poor impulse control.
- Shame and isolation (self-sufficiency, rejecting help).
- Being aggressive with peers, adults and objects.
- Attraction to danger and risk-taking behaviours.
- Acting out e.g. truancy, rebelliousness, promiscuity, substance abuse.
- Depression and withdrawal.

Nonetheless, not all refugee children will develop PTSD or severe mental health problems. The presentation of mental health problems, as depicted in the biopsychosocial model, depends on a number of contributing factors which include: the nature of the child's trauma, available support systems and available early intervention.

It must also be noted Post Traumatic Stress Disorder (PTSD) is the diagnosis most often given in the literature to those who have experienced trauma, as many refugees may have experienced prior to their arrival in New Zealand. While the diagnostic label of PTSD is useful, there are also limits to its application to this specific population. Firstly, the diagnostic category may have limited applicability to children - particularly as symptomatic reactions amongst children are so strongly mediated by developmental issues which can make their identification less than obvious and identifiable in some environments.

Secondly PTSD applies generally to situations in which there has been a one-off exposure to an unusually significantly traumatic experience. However for many refugees, there will have been many repeated different traumas over a long period of time. This type of trauma is often referred to as complex trauma. The reaction to these multiple experiences may be somewhat different to the classic PTSD response.

Lastly, PTSD is also culturally bound, and expressions of distress may differ quite substantially among those from other parts of the world. Although it remains sensible to discuss PTSD as a possible diagnostic expression of distress, it is important to note that that this may not be the only or the most likely presentation amongst children from refugee backgrounds. As already indicated in the biopsychosocial model, refugees' signs of distress can manifest in many ways depending on many variables. These can remain unrecognised in practice if case workers are primarily focussed on signs and symptoms of PTSD.

However, at the very least the traumatic experiences associated with war, political violence, and civil unrest, with the resulting displacement, can scar children and affect them for the rest of their lives. As a consequence children from refugee backgrounds can be deprived of usual developmental opportunities and are more likely to be at risk in experiencing delays in key aspects of their developmental progress. These delays can include:

- Emotional development, as their learning of trust, attachment, intimacy, self control and interpersonal skills is interrupted or compromised.
- Physical development due to poor nutrition, water and sanitation commonly occurring in refugee camps. Physical developmental delays can also be the result of limited opportunities for play and exploration.
- Cognitive development through the effects of prolonged stress, poor hygiene and nutrition; along with decreased learning and play opportunities

Hubbard & Pearson (2004) Sierra Leonean refugees in guinea: Addressing the mental health Effectsof Massive Community Violence in Miller, K. E., & Rasco, L. M. The Mental Health of Refugees; Ecological Approaches to Healing and Adaptation. pp.95-132) have developed a model for effective interventions that applied to their work with Sierra Leon refugees. This model demonstrates the possible hierarchy of mental health concerns with a cluster of interventions programs that best met these presenting needs within this particular cultural context. They propose an overarching ecological model that targets multiple levels including individual, family and the community elements with culturally appropriate interventions. Their model invites a blend of western knowledge and understanding about trauma and recovery with local/culture customs and wisdom. In this regard they note that some clinical situations may necessitate individualised or family based intervention but overall they recommend community and group interventions as the treatment of choice for African or collectivists' cultures. They also suggest a range of recommendations for clinicians dealing with children exhibiting trauma related psychological distress. These include:

- Establishing safe and predictable environments
- Provide developmentally appropriate options for integrating their memories into a clear sense of a valued self in a hopeful world
- In small group therapy facilitate the opportunity for them to form multiple supportive relations with the therapists, and other group members
- Integration of naturally occurring mediums that are normal to the culture which can be adopted as useful therapeutic interventions. These can include the sharing of stories and talking about life. Other therapeutic mediums recommended include role playing , use of rituals and the use of social support (communal and group activities (page 111)

Hubbard & Pearson(Found in Miller and Rasco, 2004 pp.101-103) propose the following levels as possible treatment approaches

Level 1 Psychosis

- Intervention recommended includes individual and family therapy, medical treatment. The client group includes men, women and children

Level 2 Non –psychotic mental disorders associated with significant impairment or distress

- Interventions recommended include individual and family community therapy (men, women and children), small group therapy (men, women, and children), large outdoor activity group (children) and community-level events (adults).

Level 3 Traumatic stress reactions that do not rise to the level of disorder and other non-specific problems (e.g. mental fatigue, lack of trust)

- Interventions recommended include large outdoor activity group which focus on sports and play (children) and community-level events (adults).

Other recommended or often utilised trauma informed treatments for children include;

- CBT (Cognitive behavioural therapy) applications
- Psycho-educational groups
- Parenting programmes
- Art and expressive therapies (Dokter, D.1998).

Some Recommendations for Intersectoral Team Members

Understand cultural models & attitudes toward mental health.

It is important for professionals working in this area to remember that cultures may operate from different models of mental illness. As already identified in Section Two, some cultures may see mental illness as a form of punishment shame or stigma -while other cultures may deem certain manifestations as a gift from God (for example periods of psychosis as supernatural insight).

For further reading and a concise description of possible insights into cultural presentations and understanding of mental health, an excellent resource is Kate Jackson's book Fate Spirits and Curses (2006). This presents the perspective of mental health and traditional beliefs in some of the more prominent New Zealand refugee communities.

Seek a mutual understanding of the problem.

Some of the literature also highlights the helpfulness of ritual in addressing the problems associated with war trauma. As rituals are culturally bound, it is important, if possible, to find out from the family you are working with (or cultural professional) how they understand the problem and its manifestation and what is the usual remedy for this difficulty in their country of origin.

Explain your perception of the problem and your strategy for responding to it, then acknowledge and discuss the differences and similarities between these perceptions. Discuss your intervention plan cognisant of the child's/parent's cultural parameters, and negotiate agreement. It is important to understand their explanatory model so that your intervention can have meaning in their cultural framework.

Take a holistic view of other considerations

Social, cultural and economic conditions have a significant effect on mental health presentation and prevention. Mental health problems, whether acute or chronic, can be exacerbated by the stressors associated with poor support networks. Mental health presentations frequently disrupt personal and family equilibrium and coping abilities. The importance of culturally appropriate engagement and trust building in the initial stages of working with the child and their family cannot be overstated.

Child Youth and Family Service

General Issues for Refugee Communities

All refugee families in New Zealand will be coping, to some extent, with the past trauma, grief and displacement. As well as this, they may also be dealing with specific resettlement issues such as:

- lack of family / community support leading to social isolation
- new language, culture, lifestyle
- financial pressure, including pressure to support family outside NZ
- lack of understanding of NZ systems and services and difficulties accessing these
- family stress, changing power dynamics, family violence
- high expectations before coming to NZ with limited satisfaction
- ongoing health and mental health issues
- prejudice, discrimination and/or hostility from the host society
- family reunification issues
- loss of valued social roles and role related activity

Child Protection Issues for Refugee Communities

Pre-arrival:

Most refugee communities have had no experience of a child protection agency equivalent to CYF in their home country. This means there is often a lack of understanding of the purpose and role of CYF in New Zealand.

Physical discipline may have been an accepted part of child rearing in some countries, and some cultures do sanction child discipline practices that are considered abusive in countries such as New Zealand (Potocky-Tripodi, 2002, p320), although attitudes towards this will vary considerably between families.

Social workers must keep in mind that it is never acceptable to use culture as an excuse for violence. All cultures value children and see parental discipline of children as necessary for their development into responsible adults. It has been noted by cultural advisors working in this area that the kind of issues seen as requiring discipline can differ between cultures.

The Refugee Journey:

During the process of fleeing from their country of origin to their final resettlement destination, children are especially vulnerable to physical, psychological, emotional and sexual abuse. Family members may become separated during flight and most will face high levels of prolonged stress. It has been reported that caregivers may use physical discipline at this time as a matter of life and death, to protect children from real physical danger.

The literature in this area shows that the stressors of the migration process place refugee children at increased risk of child abuse and that the past victimisation of both men and women in their country of origin may be a risk factor for subsequent domestic violence (Potocky-Tripodi, 2002, p. 314, 320). It must also be noted that Post Traumatic Stress Disorder can be a trans-generational phenomena, so even children who have not experienced direct trauma during the refugee journey may experience post-traumatic stress symptoms at some time (Potocky-Tripodi, 2002, p. 322).

Post-arrival:
Literature discussing family dynamics issues for refugee families states that migration is 'one of the most obvious instances of complete disorganisation in an individual's role system'. It is not surprising then that 'marital and intergenerational conflict have been extensively reported in immigrant and refugee families' (Potocky- Tripodi, 2002, p. 310).

Refugees arriving in New Zealand as part of the annual quota are given information about New Zealand law in relation to child abuse during their six week orientation course. There is little or no follow up to support families in the use of non-physical methods of discipline, or to equip them to face the challenges of parenting in a culture very different from their own. It must also be noted that families who arrive in New Zealand as asylum seekers or through family reunification channels do not go through this orientation programme, and may not have social work support of any kind after arrival.

Parents from refugee backgrounds are often struggling to raise children in a new cultural environment with few social supports. Previously established methods of conflict resolution between family members may not be effective in the new situation, and children are growing up with competing demands from the two worlds which they are forced to inhabit (Potocky-Tripodi, 2002, p. 313, 325).

Intergenerational conflicts may arise as a result of the traumatic experiences of family members (Potocky-Tripodi, 2002, p. 319). This may lead to a kind of parent-child role reversal, where children become the 'cultural brokers' for their parents and are expected to support their parents both emotionally and practically. Children may lose respect for parents as authority figures in their lives and power relations within families may shift dramatically. Children have even been known to use knowledge of what is considered abusive discipline in the host country against their parents, as a means of controlling them (Potocky-Tripodi, 2002, p. 319, 320).

Some over-protectiveness has been observed in families that have had traumatic experiences - where parents act towards their children in rigid, stereotypical roles. Some parents may place cultural restrictions on their children that are outdated in their own culture, as they are remembering it as it was when they left many years ago. It is also important to be aware that great expectations may be placed on children by parents who have experienced trauma, with the idea that their achievements will redeem the family's suffering (Potocky-Tripodi, 2002, p. 320, 322).

Although no empirical research has been conducted on the perceptions of CYF among refugee communities in New Zealand, it is apparent from anecdotal evidence that there is a general fear of the service and families who have had dealings with child protection authorities are often stigmatised by their communities. The following recommendations are included as an attempt to bridge this perceived divide between CYF and the refugee communities.

Some Recommendations for CYF Workers

Although there are no reports in the literature on child protection interventions specifically for refugee populations, Potocky-Tripodi (2002) suggests that the most promising interventions are behavioural and cognitive (e.g. relaxation training, cognitive restructuring, problem-solving skills training, training in effective discipline methods) and family preservation approaches. These approaches include those where:

- out-of-home placements are prevented
- success is based on services being delivered in home and community settings
- family members are viewed as colleagues in defining a service plan
- back-up services are available 24 hours a day
- skills are built according to the needs of family members
- marital and family interventions are offered
- community services are efficiently coordinated
- assistance with basic needs such as housing, food and clothing is given

(Potocky-Tripodi, 2002, p. 347)

In addition to these recommendations, it is generally suggested that CYF workers:

- Learn about the family's cultural and religious values and practices and how different family members view their cultural identity.
- Learn about the broad historical and political features of a family's country of origin that may be impacting on them and which have forced them to become refugees from that country.
- Find out about the composition of the family, particularly how power and roles are divided between family members. Genograms and eco-maps may be useful tools in this depending on the cultural background of the family (Potocky-Tripodi, 2002, p. 336).
- Consult with a cultural advisor prior to and during your involvement with a family, and use an interpreter who speaks the family's first language if possible and if the family agrees to this. It is important to bear in mind the politically fractured nature of many of the refugee communities in New Zealand and to be aware of how this may constrain your choice of advisor/interpreter.
- Take time to build trust with a family. Be aware of the fear and distrust refugee families may have of government agencies, based on experiences in their own countries. Trust may be enhanced through the acknowledgement of traditional family hierarchies and by being mindful of how your own age and gender may be viewed by the family. Listening and conveying genuine acknowledgement of difficulties may also help gain trust, as well as providing some assistance with the practical needs prioritised by the family.
- Use an ecological approach which takes account of the complexity of issues facing a particular family, and work intersectorally wherever possible to avoid the fragmentation of service delivery which often occurs for refugee families.
- As a service, it is recommended that effort be put into developing relationships with refugee communities and raising awareness of the services provided by CYF and the role it plays in the protection of children and strengthening of families. A focus on education and abuse prevention work within communities is strongly recommended in the literature in this area. The training and resourcing of caregivers within refugee

communities is also recommended (Potocky-Tripodi, 2002, p. 330), to minimise the trauma for refugee children needing to be placed outside their own families.

- Recognise and reinforce existing strengths within families and communities. Refugee families and communities have survived tremendous hardship and suffering - both in their countries of origin, during flight and as part of the ongoing nature of resettlement. Many will have developed personal and collective skills and resources that can be uncovered and utilised by workers in the intervention process.

EDUCATION

Meeting the needs of students

Children from refugee backgrounds in New Zealand are an identifiable and increasingly significant group in education facilities.

The overall refugee population data trends forecast an immediate and ongoing demand for services to meet the high and complex behavioural and educational needs of students from refugee backgrounds.

Although referrals for this client group are lower than expected, schools and early childhood facilities are the primary referral source for support from the Ministry of Education's Special Education service. This support ranges from meeting individual needs, to providing systemic support to build capability within the educational facility.

Current provision for students with mild to moderate needs

At the Mangere Refugee Reception Centre, several agencies work together to provide a comprehensive orientation programme for refugees arriving under the quota system. Alongside health care and a basic induction to New Zealand life, they receive English lessons and schooling before they start their new lives in towns and centres throughout the country.

Quota refugees can continue to access a number of education services after leaving the Mangere Education Centre. Primary and secondary schools will provide ESOL tuition as part of the regular school programme, and early childhood programmes are available for children under 5 years.

If particular special needs are identified, the education facility can provide individual educational planning and support from their Special Needs Coordinator within the education facility. If the matter is more difficult, then a referral to the Resource Teacher of learning and behaviours may be appropriate.

It is acknowledged, however, that although many schools and specific individuals within schools have worked hard to meet the needs of refugee students and their families, the current education system does not always have a comprehensive refugee support system in place to assist schools with the presenting needs of this group.

Special Education services for students with high-level needs

Within the Ministry of Education, the Special Education team is available to provide advice and specialist support for children who are experiencing severe difficulties with the education setting.

A collaborative ecological approach which involves working with the family and educational facility is used to gain assessment data, plan interventions and monitor progress. Systemic whole school support, training and parent/family support may also be provided.

Special Education can provide support for;

- high/very high ongoing needs requiring support throughout schooling through the Ongoing Reviewable Resourcing Scheme (ORRS);
- high needs for speech language therapy; and
- severe and challenging behaviour of such intensity and frequency that it risks physical safety of the student and others and causes significant damage to property and interferes with social acceptance, well-being, educational performance and school attendance.

It is important to note that children from refugee backgrounds do generally adjust satisfactorily to the new settings in which they are placed (Ahearn & Athey, 1991). Despite this finding, other research on children and young people from refugee backgrounds (Kinzie, Sack, Angell, Manson, & Rath, 1986; Rousseau, Drapeau, & Corin, 1998) has shown that a significant number of children from refugee backgrounds who have experienced loss and trauma will exhibit emotional problems on resettlement. These differences in research findings reflect that refugees are not a uniform group and that each individual will respond to resettlement differently depending on variables which include cultural, social, economic, individual strengths and resilience, and developmental differences, and differences in the degree of loss and trauma experienced (See Biopsycho-social in the mental health section).

Challenging and complex behaviours are often identified in the education setting first. Individual behaviour problems and other related deeper psychological disorders/needs (such as post traumatic stress disorder) may first present as task avoidance, non compliance, underdeveloped self esteem, lack of confidence stress, anger, anxiety, grief, loss, emotional fragility and lack of friendships. Academic delay can often be masked by complex behaviours and may be overlooked as an underlying concern. Comprehensive, ecological assessment is therefore recommended for early detection and well pitched interventions.

Education pre-migration: the refugee families' view.

It is valuable to consider the limited formal education opportunities available to some children as they have made their journey from their home country through refugee camps to New Zealand.

Although many communities have indigenous forms of education such as schooling within a religious framework, access to formal schooling may not have been available - especially within the refugee camps where resources such as books and writing materials may have be scarce.

Where schooling has been available, however, different experiences in discipline, school culture and processes of learning may place additional pressure on a child who has already experienced multiple changes, trauma and loss.

Education post-migration: the refugee families' view.
The following aspects of New Zealand education may present dilemmas for refugee families as they strive to support their children exposed to the New Zealand education system. These points have been included in the Working with Refugees: Intersectoral Guidelines to alert educators and others to certain specific educational needs of children and young people who come from refugee backgrounds.

Bridging the gap between home and school

The school is often the first community resource the refugee family experiences in their new country - so it therefore has an important role to play in welcoming and nurturing the family through building trust and providing a welcoming environment. Engaging refugee families and refugee communities in dialogue with schools helps develop mutual understandings about needs. This is an important first step toward providing positive education for children from refugee backgrounds, as well as building the capacity of teaching staff in ways to work with their families. Cushner (1998a) notes that a large gap often exists between the culture of the home and the culture of the school. A gap that is sometimes too great for many students to bridge – meaning they are often left to struggle and mediate the dichotomy between the two. However the effective school recognises this issue, and helps the child and family understand that links between home and school can be developed. (Cushner, 1998a, cited in Rogoff 2003 The Cultural Nature of Human Development).

Conflict among cultural groups

Although contact among cultural communities is usually a positive resource, it can also be a source of conflict, as many community groups are fragmented. For many refugee populations hostilities are much greater with groups that have a long history of competition for resources or poor treatment of one another. It is common for some children from refugee backgrounds of different sub-groups to choose to be separated from other children with the same origin, in schools and across other settings as learned from their parents (Rogoff 2003).

Education facilities need to be knowledgeable of these potential issues, and provide safe environments for children as they interact with a wide range of cultural groups who populate New Zealand schools.

Children as translators

As mentioned in other sections, children are often asked to act as translators and to be the cultural interface in dealing with their new country's bureaucracy. Children who play this role are central participants in the life of their communities (Orellana, 2001, pp.505-524).

In becoming guides in the new country, the young attain an authority in the family which disrupts the traditional form of family life. Educators should be aware of the negative factors in using children as translators for parent-teacher interactions and interpreting school reports.

Ways of learning

Refugee families can encounter differences in the type of behaviours expected and encouraged in New Zealand schools. For example, the kind of thinking valued here in which children are encouraged to question and debate can be in opposition to their traditional values of respect. In many of the traditional refugee cultures, children are expected to listen and stay quiet and participate in conversation with adults only when solicited (Rogoff, 2003). Children who raise questions could be seen as rebellious or showing disrespect.

New Zealand family culture can in many instances have a more conversational character, inviting more of children's opinions and thoughts than in refugee families (Rogoff, 2003). This can be very confusing for refugee children who observe other children's interaction with their parents. Non-verbal communication can have a special importance in many refugee communities; where gaze, posture and timing actions are used very successfully as a means of teaching and modelling. (Rogoff 2003, p314)

Issues in the new school environment

Due to their past experiences and the hope they have for a better life, refugee families may place undue pressure on their young people to achieve to high levels (such as gaining medical and law degrees), without regard or understanding of their child's academic achievement levels.

Another difference is that in some communities, praising desired behaviour is rarely seen. In New Zealand schools it is common to offer inducements to children to motivate their cooperation with lessons e.g gold stars etc or a show of excitement by the parent. These enticements may not be understood by refugee families who are not familiar with this concept. Refugee parents may see it as more appropriate to show approval by assigning more difficult work under less supervision.

The way teachers are regarded can also lead to confusion for the children, young people and their families. Teachers are highly respected in many refugee cultures, which may contrast with lack of respect and honour shown by some New Zealand students toward their teachers.

SOME RECOMMENDATIONS FOR PROMOTING SUCCESSFUL EDUCATIONAL OUTCOMES

Culturally Capable Services/Teacher Training

Cultural origins need to be considered when interpreting the behaviours of students from refugee backgrounds, and contextual factors both pre- and post-migration need to be carefully identified.

Support should be given for teachers to participate in appropriate training, particularly in the effects of trauma and how such effects can be supportively managed within the classroom, playground and wider school environment. This will lead to a clearer understanding of the child's needs and more appropriate referrals to specialist agencies.

Developing Welcoming and Safe Education Facilities

Refugee students flourish in education facilities which are welcoming and supportive of cultural difference. Education facilities which have policies and procedures to provide a culturally safe and welcoming environment will help children and young people and their families from refugee backgrounds feel supported and understood.

How schools are organised, their relationships with parents and the community and how teachers interact with students are all factors that will dramatically affect the success of children and young people from refugee backgrounds. It will also maximise their opportunities to develop social skills and supportive networks.

Nurturing Social Identity

Many students from refugee backgrounds experience a loss of identity in their new home country. Having to learn English as a second language may compound a sense of loss of identity and impact on learning outcomes.

Social identity can affect the way children acquire English as a second language, because it can affect the amount and nature of the exposure to the language.

Evidence also suggests that maintaining the rituals and language of the home country - as well as participating in the rituals of the new country - helps those from refugee backgrounds to build social networks in their new country. Schools and early childhood facilities can play an important role in this - by not only helping refugee students to understand their new country, but also helping New Zealand children to understand the context and background of the new residents, and be more accepting of them.

Parental Involvement in Schools

It is important to encourage parents to understand and become more involved with the New Zealand education system, and to help them feel their involvement is welcome.

This will increase the families' knowledge of and comfort with the school and its procedures. It also helps the school to gain valuable information about the interests and experiences of the families and children.

Parents who have entered NZ from refugee backgrounds are more likely to become involved with schools where clear communication channels have been opened - and where explicit, warm and friendly induction procedures have been implemented. Reaching out to parents and sharing understandings about their perceptions, expectations and needs for their child's education is an important first step toward a collaborative community education setting.

Creating a Safe and Supportive Environment

Restoring a sense of safety is a top priority for those from refugee backgrounds.

Accordingly the school needs to create a safe environment within the wider school setting, playground and the individual classroom. Children from refugee backgrounds can be more prone to experience bullying. This needs to be closely monitored within the school setting and addressed immediately before any escalation occurs.

Implementing or strengthening cross-cultural curricular topics and projects within schools could also help increase levels of understanding, acceptance and mutual respect.

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APPENDICES

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Appendix Three: Terms of Reference for Sector Coordinators

The terms of reference provide an outline of requirements for the person filling this role as well as the role of the interagency collaboration group who may evaluate this role in the future.

Appendix Four: Intersectoral Procedural Check List

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Appendix Nine: A Selection of Traditional Wisdom Sayings

This section gathers together resources for case workers, including aids to assessment in the form of templates and check lists. A small selection of wisdom sayings have been suggested by our Cultural Advisory team as a potential tool for building conversational links.

Appendix Ten: Directory of Contact Details for Refugee Support Agencies (The directory has an Auckland City focus and it is not an exhaustive list of contacts but simply some starting points of enquiry for professionals who are working with refugee families. It is intended that this list will be updated by sectors using this document)

Government Agencies

Non–Government Organisations

APPENDIX ONE: ABBREVIATIONS

ACC	Accident Compensation Corporation
ADHB	Auckland District Health Board
ADHD	attention deficit-hyperactivity disorder
ARMS	Auckland Regional Migrant Service
CAMH	Child and Adolescent Mental Health Service
CYF	Child Youth and Family service
JOG	Joint Overview Group (of the On TRACC service)
MOE	Ministry of Education
MS	Multi Systemic
NGO	non-Governmental organisation
ODD	Oppositional Defiant Disorder
On TRACC	was the Transcultural Care Centre, an intersectoral service designed to provide support for children, young people and their families from refugee backgrounds who have severe mental health and/or behaviour problems
PTSD	post-traumatic stress disorder
RAS	Refugee as Survivors
RMS	Refugee Migrant Service
RTLB	Resource Teachers; Learning and Behaviour
SENCO	Special Education needs coordinator/committee
UNHCR	the United Nations High Commissioner for Refugees
WINZ	Work and Income New Zealand

APPENDIX TWO: GLOSSARY

Acculturation – The process of exchange of cultural features when groups come into continuous first hand contact

Analysis – involves the critical examination of information to lead to understanding and insight (see synthesis.)

Arousal reduction techniques – Techniques are desired to reduce responses to stimuli that typically generate feelings of anxiety anger or discomfort

Assessment – is the process of obtaining and interpreting information on children's learning and development by probing, observing, recording, and documenting what children do and how they do it. It includes evaluation of the cultural, social and physical contexts within which learning and development occur. Assessment is cumulative and involves multiple sources of information. Assessment methods should have ecological validity.

Assimilation – the process of absorbing one cultural group into harmony with another

Autistic Spectrum Disorder – A developmental and behaviour syndrome. Results in certain behavioural characteristic traits.

Capacity building – An ecology process of building or enhancing individual, community or organisational ability's to meet core needs

Closure – occurs for the specialist service provider when the key outcomes of the intervention for the child or young person have been achieved, or when there is a transition from one learning environment or team to another. This step of the service pathway involves discussion with the team that supports the child or young person, and for any significant transitions, the new team that will be involved. For transitions (e.g. from an early childhood education service to school) a plan is developed, written and implemented prior to service closure.

Collaboration – involves working with another or others on a joint activity or project, sharing information and expertise to create new ways of problem-solving, planning and decision-making. Collaboration involves the development of positive, respectful, egalitarian relationships.

Collectivist Family Cultures – includes the concept of whanau and aiga (Samoan extended family and its support network) as well as similar concepts used by other cultures particularly African cultures. In the case of Maori, Pasifika and African families, specialists may work with grandparents, aunts, uncles, caregivers or brothers and sisters as well as with the child's parents.

Complex needs – Complex needs describe needs that span more than two sectors. For example a child that presents with both high levels of anxiety severe and challenging behaviour in the classroom and is referred to both Special Education and Child and Adolescnt Mental Health Service.

Conduct disorder – Disruptive behavior in children marked by repetitive and persistent violation of the rights of others or of age appropriate social norms or rules. For example, children with conduct disorder are more likely to bully others, disregard parent curfews, and use alcohol and other substances.

Coping interventions – Strategies that are adopted to deal with adversive stimuli

Criteria – are documented sets of requirements for accessing a service, for example, the Ongoing and Reviewable Resourcing Schemes (ORRS) have a published set of criteria.

Culture – is a shared system of relationships among people from which they assign meaning to their actions. Metge (1990) describes culture as a system of symbols and meanings, in terms of which a particular group of people make sense of their worlds, communicate with each other, and plan and live their lives. Different cultures have different child-rearing patterns, beliefs, and traditions, and may place value on different knowledge, skills and attitudes.

Culturally appropriate practices – are ways of relating to people that promote respect for cultural diversity. Culturally appropriate practice supports a child or young person and their family, and whanau place and potential, within their cultural context. Cultural diversity is not limited to people from other ethnic backgrounds and includes, for example, the deaf culture.

Curriculum adaptation – Structuring or managing of curriculum differientiating instruction so that learning objectives can be presented in manageable segments for the child

Decreasing reinforcement regime – A schedule of reinforcement where the reinforcement is develivered on an decreased intensity for presentation of desired behaviour.

Disability – is a concept that may be socially constructed in language, attitudes and ideas, and socially created in policy and practices, in ways that either oppress and segregate, or support and include individuals for whom there are barriers to participation.

Early intervention – refers in this document to specialist education services in the early years from birth until a child starts school. It is based on the premise that intervention that begins as early as possible after a need has been identified have the greatest benefits for the child or young person.

Ecological framework – Treat factors at different levels including the interaction between the individual, the relationship, the community and the society

Ecological approach – an approach to assessment which recognises that context - which includes complex social systems and surroundings - impacts on abilities and needs.

Ecological assessment – includes the study of a child or young person's physical environment and their interactions with the people in close contact with them, and recognises that interventions involve changes in the entire social system. Ecological approaches emphasise relationships between family, educational and specialist settings. Assessing children in naturally occurring environments, rather than clinical settings, reflects ecological principles.

Emerging skills – are those skills that a child or young person is able to complete partially when they have not yet mastered the whole of the skill. Recognition of emerging skills, during assessment of a child or young person, is useful when planning the next steps to be learned.

Whakamana – is one of the four broad principles around which Te Whariki aims and goals are woven. Empowerment/Whakamana contributes towards children and young people, families and Whanau becoming independent and able to direct their own lives.

Evaluation – is the process of using assessment information and other data to form a judgement about the quality and effectiveness of an individual programme to make decisions about change. It focuses on a child or young person's progress rather than comparisons with other children or the use of checklists or inventories.

Evidence-based approach – incorporates professional knowledge and judgement, children and young people and their families or whanau's participation, and relevant and current research.

Family-focused services – see the child or young person as inseparable from their family. They emphasise empowerment, focusing on family members and the strength of their experiences, to encourage and support the progress of the child or young person.

Holistic – is the concept of a child as an integrated being, with all dimensions of their learning and development interconnected and interrelated.

Hypothesis – a set of assumptions regarding the nature of a problem which serves as a tentative explanation.

Inclusion – in education is about valuing all students and staff. It involves supporting all children and young people to participate in the cultures, curricula and communities of their local school. Barriers to learning and participation for all children, irrespective of their ethnicity, culture, disability or any other factor are actively reduced, so children feel a sense of belonging and community in their educational context.

Individualised plan – a plan that is developed and written by a team which will include the child or young person wherever appropriate, their family and Whanau, teachers and relevant specialists. It includes short and long-term goals that reflect and accommodate the assessed needs and abilities of the child or young person, and expected learning outcomes.

Individualised programme – a programme which includes strategies for fully including the child or young person or their regular programme, and the specialist services, adapted materials and instructional or assessment methods, required to meet the learning outcomes established in the individualised plan.

Imam – Leader of prayer in Muslim worship

Informed consent – is an ongoing process in which a person is able to provide consent for specialist activities. Informed consent implies: having enough information to make a decision, the information is understood, the person is able to make a choice and is competent to decide, and is not forced or pushed into deciding (coercion or pressure). A person needs to know what the choices are, when/how the action is going to happen and what the anticipated outcomes are.

Integration – refers to the process through which newcomers contribute to the dominant society's social and economic well-being while retaining their own cultural identity.

Koran (Qur'an) – The Muslim Holy Book containing the divine revelation to Muhammad.

Learning dispositions – are behaviours that are identified by researches as central to children becoming competent and confident learners and communicators. Learning dispositions acknowledge the significance of children's beliefs about themselves and their disposition to learn, and the skills and knowledge associated with that. Dispositions associated with Te Whariki, and used in assessment, include: curiosity, trust, perseverance, confidence, and responsibility for fairness. Dispositions integrate and reflect the whole child.

Legal guardian – the person with the legal right and responsibility to provide for and make decisions about the care (including education and health) of a child or young person. This definition includes the child or young person's biological or adoptive parents, testamentary guardian, or court-appointed guardian.

Mental health problems – refer to significant symptoms of sufficient intensity or duration to meet the criteria for any mental disorder.

Mental illness – refers collectively to all mental disorders which are health conditions characterised by alterations in thinking, mood or behaviour (or some combination thereof) associated with distress and/or impaired functioning.

The New Zealand curriculum – sets out the Essential Learning Areas and Essential Skills that underpin the curriculum for children and young people in the school sector. It is the official policy for teaching, learning and assessment in New Zealand schools.

Non-aversive interventions – usually positively reinforce desired behaviours. Non-aversive interventions do not use real or imagined painful or aversive consequences following behaviour.

Professional development – describes training courses, readings, and other sources of information that specialists, managers and teachers access to improve their performance or the operation of their service.

Resilience – is defined as the inner human capacity to endure significant periods of challenge, stress and change and to come out relatively unscathed.

The service pathway – the steps or stages of specialist service provision. Progress though the Service Pathway is not necessarily a linear, sequential, or cumulative process. A child or young person, and their family and Whanau, may be involved at different times and in different times and in different ways with specialist teams.

Specialist services – are those specialist services funded by the Ministry of Education.

Strengths-based assessment and programme planning – focuses on the positive foundations which can be built upon to support and maintain change.

Synthesis – follows analysis and is the process of drawing together the discrete threads of assessment to form a coherent whole. Analysing and synthesising assessment information identifies current skills, key strengths and leads to a shared working hypothesis and identifiable and achievable goals for the child or young person's learning.

Teams – are made up of parents (or caregivers in the parental role), families and Whanau, educators and others whose knowledge, expertise, experience and training are required to effectively plan for and support a particular child or young person. Teams may include professionals from other sectors, such as health.

Timely/timeframes – Different services may have different timeframes. However, there are good practices that determine when things should happen e.g. referrals should be acknowledged promptly. An initial assessment timeframe should be negotiated, and monitoring and reviewing of progress should happen regularly.

Transitions – occur when the child or young person moves from one setting to another - such as the change from home to an early childhood education service, or from school to vocational and support service. For many children changes of teacher or classroom may also require careful planning and support.

APPENDIX THREE: TERMS OF REFERENCE FOR SECTOR COORDINATOR

Working with refugee children and young people and their families.

Objective

The primary objective of the Sector Coordinator role is to facilitate the development and implementation of the appropriate parts of the intersectoral protocols in their own sector.- by taking part in the intersectoral service delivery process and acting as the sector resource for working intersectorally.

Functions

- Providing the key communication link between the sectors, including the sector community links, and the intersectoral managers.
- Regularly updating the Intersectoral Managers about process developments within the sector.
- Providing the key two-way communication link within the sector and across the sector about the needs of children with severe and challenging behaviours and mental health needs.
- Becoming familiar with next action steps and/or readings prior to key meeting dates/ times.
- Communicating positively and effectively within their own service about the process of the intersectoral service delivery, and providing information about the Working with Refugees: Intersectoral Guidelines.
- Consulting where necessary and appropriate with colleagues and others about the intersectoral service delivery framework.
- Informing the Intersectoral Managers as soon as possible about any issues arising in their sector that may impact negatively on the children provided with service through this intersectoral process.

Membership

The sectors will identify the Sector Coordinator and will ensure he/she has adequate time to carry out the role effectively.

Information Sharing

- The process for sharing intersectoral information with colleagues, networks and other interested parties should be in accordance with agreed internal and external communication plans.
- Requests for confidentiality will be respected by all involved.

Review

The Sector Coordinator's role may be subject to review by the Intersectoral collaboration group to determine:

- That the terms of reference are appropriate.
- The achievements against the terms of reference.
- That the skills, backgrounds and perspectives offered by the sector coordinators align with the expectations established in the terms of reference.
- Whether the Sector Coordinator's role should continue to exist or be modified in any way.

APPENDIX FOUR: INTERSECTORAL PROCEDURAL CHECK LIST

For use across sectors in tracking assessment steps.

Section	Who	Date Completed	Comments
Cultural/Interpreting Support			
Background Information			
Child and family's demographics			
Child and family's past history			
Intersectoral Meeting to Discuss Referrals.			
Assessment Time Frames Negotiated			
Collaboratively agreed intersectoral assessment steps			
Developmental Assessment (Including natural/cultural setting)			
Ecological factors			
Communication strengths			
Social inclusiveness			
Parenting Style			
Family's current history in New Zealand and living arrangements, including ecological analysis (ecol-gram)			
School placement and history – Early Childhood Centre/School Facility			

Section	Who	Date Completed	Comments
Assessments			
Health Specific			
Mental Health Specific			
Education Specific			
Care and Protection Specific			
Youth Justice Specific			
Intervention History			
Analysis of Concerns			
Description of Concerns			
History of the Concern			
Risk Assessment			
Family Context			
Impact on Family			
Analysis of Assessment Data			
Professional Meeting			
Family Feedback			
Intervention Meeting (IP)			
Intersectoral Support Systems			
Suggested Programming for the Child			
Other			

APPENDIX FIVE: CULTURAL QUESTIONING

Some recommended questioning approaches that incorporate a cultural perspective Miller & Rasco (2004).

Prilleltensky's Questions

1. What is the meaning of well-being for you?
2. What contributes to it?
3. What interferes with its attainment?
4. How can it be maintained?
5. How can it be restored when it is absent?

Kleinman's Eight Questions

1. What do you call the problem?
2. What do you think has caused the problem?
3. Why do you think it started when it did?
4. What do you think the sickness does? How does it work?
5. How severe is the sickness? Includes action steps and timeframes
6. What kind of treatment do you think the patient should receive? What are the most important results you hope he/she receives from this treatment?
7. What are the chief problems the sickness has caused?
8. What do you fear most about the sickness?

APPENDIX SIX: CHILD PROFILE

A template for gathering family information

Personal name Pronunciation/meaning	
Cultural origin	
First language of child	
First language of parents	
Language(s) spoken at home	
Position in Family	
Play experience	
School Experience Learning problems	
Experiences of stories	
Travel experience	
Likes and dislikes	
Health/medical Dietary special needs	

APPENDIX SEVEN: INITIAL INTERVIEW ASSESSMENT SHEET

A detailed template for recording assessment data

In the Initial Interview the following items/headings need to be noted for comprehensive data capture.

NAME:	DATE:
REFERRER:	
REFERRAL PROBLEMS:	
PRESENT AT INTERVIEW: (family, Clinicians, others)	
PARENT/CAREGIVER OBJECTIVES FOR ASSESSMENT:	
CHILD/ADOLESCENT OBJECTIVES FOR ASSESSMENT:	

INTERVIEW OBSERVATIONS: (Include a brief physical description, how does young person appear; mood, affect, ability to focus. How are the family interacting?)
PRESENTING PROBLEMS: (Include descriptions of problem behaviours including topography, course, strength and rate)

HISTORY OF PRESENTING PROBLEMS:

(Note onset, duration and any recent changes in problems, as well as events which may have contributed to the changes. Include any previous diagnostic considerations e.g ADHD, physical/sensory disabilities)

FUNCTIONAL ANALYSIS:

(Ecological analysis, analysis of behaviour including antecedents and consequences of behaviour)

FAMILY HISTORY:

(Genogram, history in country of origin and details around migration to NZ)

FAMILY RELATIONSHIPS/ISSUES:

(Include any information around family members with mental health issues)

BIRTH HISTORY:

(Including was pregnancy planned/unplanned, feelings during pregnancy, health during pregnancy. Where was baby born? How would you describe labour and birth? How did you feel about sex of baby? Mother and baby's health following birth e.g. any prolonged stay in hospital. Any postnatal depression/attachment issues)

DEVELOPMENTAL HISTORY:

(Including developmental milestones and deviation from norm, attachment relationships, speech development)

EDUCATIONAL HISTORY:

(Include school learning history and current academic skills, ESOL issues. Identify areas of strength and weaknesses across the main academic areas)

RELEVANT MEDICAL HISTORY: psychiatric/medical

(Include history in country of origin and current general health)

ABUSE: (circle) YES NO

Physical:

Sexual:

Emotional:

Substance Abuse:

STRENGTH AND RESILIENCE FACTORS:

(Include barriers/facilitation to adaptation for change, distinction between cultures, personality characteristics, level of education)

POTENTIAL RISK BEHAVIOURS:

SUPPORTS AVAILABLE:

(Include current linkage to own ethnic communities)

DIAGNOSTIC CONSIDERATIONS:

(Consider cultural issues and possible mismatches between cultural identity and environment.)

OTHER:

INITIAL SUMMARY:

PLAN:

ITEMS (Circle)		YES √	NO X	NA √	DATE
CARE PLAN DEVELOPED WITH CLIENT - Parent Adolescent Child					
INFORMATION GIVEN ON PRIVACY					
CONSENT FORM COMPLETED					
CLIENT INFORMATION ENTERED IN CHAMPS DATABASE:	Details				
	Contact				
	Diagnosis				
	Hazard Form				
	Interview Form				
	Objectives				
	Intervention				
	Other				
LETTER TO REFERRER:					
PRESENTED AT TEAM MEETING:	Review form file Review in CHAMPS				
CLINICAL NOTES ENTERED IN CHAMPS					

PLACE IN FRONT OF CLINICAL NOTE SECTION OF FILE

APPENDIX EIGHT

The Refugee Monitoring Tool

This outcome-based monitoring tool may be useful in assessing the needs and outcomes of children and young people from refugee backgrounds. It was developed using a modified version of the Well Being Assessment used by CYF social workers for young people at risk of adverse outcomes and items from the Social Workers in Schools Records System. The tool was adapted for the On TRACC pilot service to incorporate items relevant to the refugee experience, including resettlement items.

Client / worker details

Name of child / young person or family to whom this monitoring applies	
Is this a pre, during, or, post Intersectoral intervention monitoring assessment?	Tick the box: Pre- ☐ During- ☐ Post- ☐
Date of assessment period or date on which case is reviewed	From: _ _ / _ _ / _ _ To _ _ / _ _ / _ _

Name of worker(s) completing this form	
What has been the worker(s) involvement in this case? (length of time, role of worker)	

Family Environment

Strength	Satisfactory	Need	Notes, if needed
Strong family attachment	Family attachment is satisfactory	Lack of attachment with parent(s) or other adult(s) in the family / household	
Child / young person accepts boundaries and operates within them	No major difficulties in controlling behaviour	Child/young person is out of control / parents have difficulty controlling him/her	
Co-operative atmosphere exists in the home	Disciplining of child / young person is non-violent and reasonable	Non-existent or violent, excessive or abusive disciplining of the young person	
	No history of abuse within the family	History of abuse and neglect within the family	
	No history, nor indications of abuse of the child / young person	History of abuse of the child / young person	
	No current parental substance abuse problem	Parents currently abuse substances	
No tolerance of criminal activities within the family	No history, or recent cases, of criminal activity in the family	Members of immediate family are engaged in or tolerate criminal activities	
Strong bond between members of the family	Bond between members of the family is satisfactory	Bond between member of the family is weak or non existent	
Parents / caregivers take steps to ensure the safety of the child / young person	Parents / caregivers generally aware of whereabouts or activities	Child / young person left unattended or parents / caregivers unaware of whereabouts or activities	
Parents / caregivers fully understand the child / young person's needs and points of view	Parents / caregivers have some understanding of the child / young person's needs and points of view	Parents / caregivers need help to understand the child / young person's needs and points of view	
Family has appropriate parenting strategies to enhance the well-being of the child / young person	Family has appropriate parenting strategies to maintain the well-being of the child / young person	Family does not have appropriate parenting strategies to maintain the well-being of the child / young person	

Family environment overview score

Description: Good quality parenting / caregiving environment (pro-social, nurturing and boundaries)

A	B	C
The family environment enhances the well-being of the child / young person	The family environment maintains the well-being of the child / young person	The family environment is detrimental to the well-being of the child / young person

For post-intervention assessment only:

Have interventions been applied to family environment issues with the child / young person / or family during your Intersectoral involvement?

Yes	No	Comments

Education / Employment

Strength	Satisfactory	Need	Notes, if needed
Child / young person is actively involved in, or enjoys school or other educational activities (e.g. cultural group, training, or employment)	Child / young person is attending school or other educational activities	Child / young person is not attending school or other educational activities	
Child / young person has a positive input at school or other educational activity	Child / young person has few, or no problems at school or other educational activity	Child / young person is consistently disruptive at school or other educational activities	
The child / young person is excelling in academic and other areas of learning	The child / young person is progressing satisfactorily in academic and other areas of learning	The child / young person is not progressing in academic and other areas of learning	
Child / young person has strong relations with groups of friends at school or other educational activity	Child / young person has relations with classmates that are not causing a problem	Child / young person has no or difficult relations with peers. Socially isolated at school or other educational activity	
Young person experiences work or training as positive and demonstrates on-going commitment	Young person is employed or in training for employment	Young person has left school and is in neither employment nor training	
Child / young person has positive relations with adults at school or other educational activities	Child / young person has adequate relations with adults at school or other educational activities	Child / young person has poor / difficult relations with adults at school or other educational activities	
The child / young person has good problem-solving skills to cope with everyday difficulties	The child / young person has adequate problem-solving skills to cope with everyday difficulties	The child / young person has poor problem-solving skills to cope with everyday difficulties	
Parents / caregivers have strong links to the school of the child/ young person	Parents / caregivers have satisfactory links to the school of the child/ young person	Parents / caregivers have no links or weak links to the school of the child/ young person	

Education/ employment overview score

Description: Skills to negotiate their path in the world (skills in communication / education)

A	B	C
The child / young person has appropriate skills to take positive advantage of opportunities in the world.	The child / young person is developing appropriate skills to take positive advantage of opportunities in the world.	The child / young person needs intervention to develop appropriate skills to take positive advantage of opportunities in the world.

For post-intervention assessment only:

Have intervention(s) been applied to education / employment issues with the child / young person/ or family during your Intersectoral involvement?

Yes	No	Comments

Physical Well-Being

Strength	Satisfactory	Need	Notes, if needed
Child / young person has stable and safe accommodation	Child / young person has safe accommodation	Child / young person has inappropriate / unsafe accommodation (e.g. living on streets)	
Family or young person manages financial situation	Family or young person's financial situation is not causing stress	Family or young person's financial situation is causing stress	
Child / young person has a positive and responsible attitude towards physical safety	Child / young person has satisfactory attitudes towards physical safety	Child / young person engages in unsafe physical activities	
Child / young person is functioning well physically	Child / young person has no major physical problems and any disability needs are being managed.	Child / young person has physical condition or disability which impairs functioning and must be managed	
The child / young person is not missing meals, regularly has lunch or has an adequate diet	The child / young person rarely misses meals, usually has lunch or has a mostly adequate diet	The child / young person is missing meals, regularly does not have lunch or has an inadequate diet	
Housing is not overcrowded	House has a lot of people living in it – but is not necessarily overcrowded – child/ young person has their own space	Housing is overcrowded	
The child / young person is adequately clothed	The child / young person has enough clothes which are mostly adequate	The child / young person is inadequately clothed	

Physical well-being overview score

Description: Adequacy of material resources to meet basic physical and disability needs (health, food, shelter, and clothing)

A	B	C
The physical well-being of the child / young person is being enhanced.	The physical well-being of the child / young person is being maintained.	The physical well-being of the child / young person is not being maintained or is being neglected.

For post-intervention assessment only:

Have intervention(s) been applied to address physical well-being issues with the child / young person / or family during your Intersectoral involvement?

Yes	No	Comments

Emotional/Psychological Well-Being

Strength	Satisfactory	Need	Notes, if needed
Child / young person is happy in themselves	Child / young person has some indications of depression but is coping satisfactorily with them	Child / young person has signs of clinical depression	
Child / young person has no signs of anxiety or is not affected by anxiety	Child / young person has some indications of anxiety but is coping satisfactorily with them	Child / young person has high level of anxiety	
Child / young person has no signs of Post Traumatic Stress Disorder (PTSD)	Child / young person has experienced trauma, has indicators of PTSD and these are managed.	Child / young person has been diagnosed with PTSD	
	Absence of hallucinations and / or delusions or DSM Axis 1V Diagnoses.	Presence of hallucinations and / or delusions or other DSM Axis 1V Diagnose(s)	
Child / young person has a positive outlook on life and the future	The risk of suicide for this child / young person is not a concern or is low and being managed.	Child/ young person has a marked risk of suicide	
Child / young person does not use susbstances (alcohol or drugs)	Child / young person has no issues with substance use	Child / young person abuses substances	
Child / young person defuses angry and aggressive situations non-violently and responsibly	The child / young person's management of anger and aggression is non-violent	Child / young person is physically aggressive / often in fights	
The child / young person's self esteem is positive and realistic	The self esteem of the child / young person is satisfactory	Child / young person has low self esteem	

Emotional / psychological well-being overview score

Description: The child / young person has the emotional / psychological resilience to meet the challenges of their lives.

A	B	C
The emotional / psychological well-being of the child / young person is being enhanced.	The emotional / psychological well-being of the child / young person is being maintained.	The child / young person needs intervention to develop emotional / psychological well-being.

For post-intervention assessment only:

Have interventions been applied to address emotional / psychological well-being issues with the child / young person / or family during your Intersectoral involvement?

Yes	No	Comments

Attitudes In Relation To Others

Strength	Satisfactory	Need	Notes, if needed
Child / young person has positive relationship(s) with authority figures	Child / young person accepts authority	Child / young person defies authority	
Child / young person has pro-social attitudes to crime	Child / young person has a neutral attitude to crime	Child/ young person has pro-criminal attitudes e.g. supports or is tolerant of, criminal activities or engages in drug use	
Child / young person accepts responsibility for actions / behaviours and wants to change	Child/ young person accepts responsibility for actions / behaviours	Child/ young person denies responsibility for offending or problem behaviours / blames others	

Attitudes overview score

Description: The child/ young person has the social attitudes needed to be a positive member of their community.

A	B	C
The child / young person has attitudes which enhance their capacity to be a positive member of their community.	The child / young person is developing attitudes which increase their capacity to be a positive member of their community.	The child / young person needs intervention to develop attitudes which increase their capacity to be a positive member of their community.

For post-intervention assessment only:

Have interventions been applied to address 'attitudes in relation to others' issues with the child / young person / or family during your Intersectoral involvement?

Yes	No	Comments

Social Interactions and Peer Relationships

Strength	Satisfactory	Need	Notes, if needed
Child / young person associates with positive group of friends	Child / young person associates with a mix of peers	Child / young person associates with peers with similar or worse problems e.g. other offenders	
Child / young person is able to make friends easily and is comfortable in social settings	Child / young person's relationships with peers is not of concern	Child / young person has poor social interactions / difficulty in making and holding relationships	
Child / young person is actively involved in / enjoys organised activity	Child / young person takes part in some organised activity	Child / young person is not involved in organised activities nor shows any interest	

Social overview score

Description: The child/ young person has the social skills to deal effectively with family, teachers, peers and adult others.

A	B	C
The child / young person has sufficient social skills to allow them to engage effectively with those around him / her	The child/ young person is developing social skills to allow them to engage effectively with those around him/ her	The child / young person needs intervention to develop the social skills needed for them to engage effectively with those around him / her

For post-intervention assessment only:

Have interventions been applied to social issues with the child / young person / or family during Intersectoral involvement?

Yes	No	Comments

Spiritual/ Cultural Identity

Strength	Satisfactory	Need	Notes, if needed
Child or young person is positively aware of, and draws strength from their family's culture	Child or young person is aware of their family's cultural identity	Child or young person has a lack of their family's cultural identity or negative about their culture	
Child or young person has strong, positive personal and spiritual beliefs	Child or young person has cultural connection and spirituality is satisfactory	Child or young person has feelings of alienation, lack of purpose, spiritual connection absent or negative	
Child or young person has involvement and is supported in church or cultural community group	Child or young person has no significant alienation from church or cultural community group	Child or young person experiences a negative influence or is isolated from church or cultural community group	

Spiritual / cultural identity overview score

Description: The child / young person has a sense of cultural, familial and spiritual identity.

A	B	C
The child / young person has a positive sense of their own identity (within their family / culture)	The child / young person has a developing sense of their own identity (within their family / culture)	The child / young person has a negative or no sense of their own identity (within their family / culture)

For post-intervention assessment only:

Have interventions been applied to spiritual / cultural identity issues with the child / young person / or family during Intersectoral involvement?

Yes	No	Comments

Family Settlement

Please note that references to family include instances where young adults are living alone.

Strength	Satisfactory	Need	Notes, if needed
Family has a good income	Family has satisfactory / sufficient income to meet basic needs	Family has insufficient income to meet basic needs	
Parents / caregivers have good employment or training	Parents / caregivers have satisfactory employment or training	Parents / caregivers have insufficient or no employment or training	
Family are well housed	Family are adequately housed	Family are poorly housed	
Family has good grasp of English to operate effectively in NZ	Family has satisfactory grasp of English to operate effectively in NZ	Family has insufficient grasp of English to operate effectively in NZ	
Family has good access to appropriate health care	Family has satisfactory access to appropriate health care	Family has insufficient access to appropriate health care	
Household members have good access to appropriate education	Household members have satisfactory access to appropriate education	Household members have insufficient access to appropriate education	
Family has understanding of NZ laws	Family is developing an understanding of NZ laws	Family has insufficient understanding of NZ laws	
Family understands the role of core government agencies in NZ	Family is developing an understanding of the role of core government agencies in NZ	Family has very little or no understanding of the role of core government agencies in NZ	
Family understands NZ systems, rules and customs	Family is developing an understanding of NZ systems, rules and customs	Family has insufficient understanding of NZ systems, rules and customs	
Family understands the practicalities of everyday life in NZ	Family is developing an understanding of the practicalities of everyday life in NZ	Family has insufficient understanding of the practicalities of everyday life in NZ	
Family is linked into their ethnic / cultural communities of origin	Family is developing links into their ethnic / cultural communities of origin	Family is poorly linked into their ethnic / cultural communities of origin	
Family reunification issues have been resolved for this family	Family reunification issues are being resolved for this family	Family reunification issues have been poorly resolved for this family	

Family settlement overview score

Description: The extent to which the family / young adult is settling in NZ

A	B	C
This family is settled in NZ	This family is developing their knowledge and skills to settle in NZ	This family is experiencing ongoing settlement difficulties and need intervention to settle in NZ

For post-intervention assessment only:

Have interventions been applied to family settlement issues with the child / young person / or family during Intersectoral involvement?

Yes	No	Comments

APPENDIX NINE: A SELECTION OF TRADITIONAL WISDOM SAYINGS

These wisdom sayings may be useful in a therapeutic context to help case workers understand and bridge other ethnic perspectives.

Arabic sayings

(These translate in common Arabic wisdom sayings)

- The soft answer turneth away worse
- If the blind lead the blind, both shall fall into the ditch
- Do as you would be done by
- It is no use crying over spilt milk
- Half of the loaf is better than no bread.
- Grasp all, lose all.
- The life is not all beer and skittles.
- Laugh and the world laughs with you. Weep and you weep alone.
- It is better to be safe than sorry
- Money gets money

Muslim sayings

- Two men from my tribe and I entered upon the Prophet. One of the two men said to the Prophet, 'O Allah's Apistle! Appoint me as a governor,' and so did the second. The Prophet said, 'We do not assign the authority of ruling to those who ask for it, not to those who are keen to have it.' (Bukhaari, Volume 9, Book 89, Number 263)
- And remember Allah took a covenant from the people of the Book to make it known and clear to mankind, and not hide it, but they threw it away behind their backs, and purchased with it some miserable gain! And vile was the bargain they made. (Al-Imran 186)
- What cannot be settled by dialogue, cannot be settles by the use of spears. (Somalitalk)
- Life without religion is a lame. (Imam of Islamic Centre of Southwest Ontario)
- Forgive me if I misbehave or speak rudely for I am simple human being who daily makes a mistake, for we are not perfect. (Somali Student's Network)
- Allah's Apostle said, 'Do not wish to be like anyone, except in two cases:
    - » A man who Allah has given wealth and he spends it righteously;
    - » A man who Allah has given wisdom (knowledge of the Quran and the Hadith) and he acts according to it and teaches it to others.' (Sahih Bukhari)

APPENDIX TEN: DIRECTORY OF CONTACT DETAILS FOR REFUGEE SUPPORT AGENCIES

Government Agencies

Department of Labour - Immigration New Zealand
The Refugee Status Branch (RQB) of DoL accepts and decides on applications for refuge (asylum) in New Zealand. It provides information about the application process and on applicants' rights and responsibilities. The Refugee Quota Branch undertakes selection of refugees in accordance with the annual refugee quota programme. The RQB also manages the Mangere Refugee Reception Centre which accommodates both quota refugees and asylum seekers.

Refugee Status Branch
280 Queen St, Auckland
Ph: 914 5999

Refugee Quota Branch
251 Massey Rd, Mangere
Ph: 276 6502

Department of Labour – Settlement Division
The provision of information that supports the settlement of refugees and migrants is a key focus of the Department's Settlement Division. The DoL Settlement Support New Zealand initiative in 19 areas throughout New Zealand provides a clear point of contact for refugees beyond their arrival phase to find out where they can get settlement support.

- In each region, the initiative's local lead agency appoints a Settlement Support Co-ordinator and establishes a Settlement Network of agencies and organisations to work together to plan for local settlement needs.
- The initiative aims to establish a clear point of contact in each local area to enable migrants, refugees and their families to access appropriate information and responsive services available in the wider community.

To find out about Settlement Support New Zealand in your region contact:
Ismail Ibrahim
Manager Settlement Support

ismail.ibrahim@dol.govt.nz
Phone: +64 4 915 4711
Mobile: +64 27 222 7033

Work and Income
Work and Income, a service of the Ministry of Social Development, provides each refugee family with a resettlement grant of up to $1200 and income support in the form of a benefit payment direct to their bank account. These entitlements are arranged while refugees are at the Mangere Refugee Centre. After transition into the community, refugees will be linked with a case manager in their settlement location to discuss their Re-establishment Grant needs, opportunities for ESOL assistance and, if they are receiving an Unemployment Benefit, their work skills and job preferences. Work and Income provides support for refugees who require work search support, income support and in work support.

Asylum seekers who have been recognised as refugees in New Zealand are eligible to apply for New Zealand permanent residence and, once residence is obtained, they can also access the settlement support services they require.

Work and Income operates a multi-lingual Contact Centre that has a number of refugee languages.

For more information: www.workandincome.govt.nz

Housing New Zealand Corporation
Refugees coming into New Zealand under the Quota Refugee Programme are automatically eligible for Housing New Zealand accommodation. Housing New Zealand has a team of people who help refugees from the Mangere Refugee Resettlement Centre into homes. HNZC liaises with RMS Refugee Resettlement to determine appropriate resettlement destinations for quota refugees. Once suitable accommodation is found for refugees, if they move house or move cities, they must join the Housing New Zealand waiting list, along with other New Zealanders.

For more information: www.hnzc.co.nz

Ministry of Health
The Ministry of Health provides funds for the 21 District Health Boards throughout New Zealand and sets national priorities for health in New Zealand. The District Health Boards, in areas where refugees are resettled, recognise that the pre-arrival experiences of refugees have implications for their healthcare. They ensure the following services are available for refugees:

- health assessments and funding the health service needs of refugees
- health screening, referral and follow up for refugees
- public health follow up where refugees resettle
- health promotion programmes for refugees
- Coordination of the development of health services for refugees.

In Auckland, the Refugee Health Service (Part of the Auckland Regional Public Health Service (ARPHS), which covers the greater Auckland region) provides information, education, advocacy, communicable diseases control, health prevention, health promotion and health interpreting services. The Refugee Health Service works in partnership with many health providers and communities to provide culturally appropriate and acceptable care.

The ARPHS also run the National Refugee Health Screening Centre at the Mangere Refugee Reception Centre. This service is available for Quota refugees and Asylum Seekers. For more information contact (09) 276 6719.

In Central Auckland, the Community Child Health & Disability Service has child development, disability, and health promotion services for pre-school and school age children and their families. Paediatric Disability support services are provided. The service has an open referral system. The service has a Refugee Community Health Worker Team which provides assistance to families from predominantly Middle Eastern or African refugee backgrounds (including asylum seekers) in the Auckland region. For more information contact (09) 639 0200.

Mental Health Services
Central Auckland - St Lukes Community Mental Health Centre provides a consultant psychiatrist for clients from refugee backgrounds. For more information contact: (09) 8450940.

West Auckland - Community Mental Health Service - Waitakere Hospital. A Mental Health Clinician works with clients from refugee backgrounds who are referred to the Henderson Community Mental Health Centre For more information on Mental Health services for refugees contact (09) 837 8837 x 6347.

For more information on physical and mental health services for refugees see:
www.moh.govt.nz
www.refugeehealth.govt.nz

Tertiary Education Commission
The Tertiary Education Commission (TEC) provides funding for a wide range of adult ESOL programmes, from tertiary education institutions to community-based providers. The TEC also funds:

- 250 refugee study grants per year to cover the costs of fees for ESOL courses in tertiary education institutions
- study grants for bilingual ESOL tutors
- ESOL Advisors in local areas who can guide refugees to an appropriate English course

For more information: www.tec.govt.nz

The Ministry of Education

The Ministry of Education provides funding for:

- up to five years of ESOL support for refugee students in schools
- after-school Homework Centres for refugee students
- summer school catch-up and academic support programmes
- bilingual liaison support for schools to link with refugee families
- bilingual tutor in-class support for teachers
- careers guidance programmes for secondary school refugee children
- free computers for refugee families, with centre-based training for parents and in-home computer support for 12 months, for up to 80 families annually

The Ministry of Education employs specialist Refugee Education Coordinators who work to:

- coordinate the above programmes
- facilitate the enrolment and placement of newly arrived refugee children
- support refugee families' engagement in their children's learning
- support schools to be responsive to refugee children's learning needs.

For more information and contact details of your local Refugee Education Coordinator see: www.minedu.govt.nz

NZQA

The New Zealand Qualifications Authority (NZQA) provides free evaluation of overseas qualifications for quota refugees. The overseas qualifications that a refugee brings to New Zealand is bench-marked against a comparable New Zealand equivalent qualifications on the New Zealand Register of Quality Assured Qualifications.

For more information: www.nzqa.govt.nz

Career Services

Career Services can assist refugees to become work–ready by providing:

- assistance with career planning
- one–on–one advice to refugees on courses and training options
- information about the NZ labour market and the workplace.

For more information: www.careers.govt.nz

Office of Ethnic Affairs

The Office of Ethnic Affairs supports refugee resettlement by providing a referral and information service for ethnic communities, including resettled refugee communities, and policy advice to government. The Office also operates Language Line, a telephone interpreting service with 37 languages that is free to clients.

For more information: www.ethnicaffairs.govt.nz

Ministry of Social Development
'Settling In' is a programme that works directly with refugee and migrant communities to develop and deliver social services identified by the communities themselves. The 'Settling In' team is part of the Ministry of Social Development's Family and Community Services (FACS). They provide social services and assist refugee and migrant communities to build their knowledge and capacity. They also link and work across the government, NGO and community sectors which assist refugees and migrants to settle well in New Zealand.

For more information: www.familyservices.govt.nz/our-work/community-development

Non-Government Organisations

RMS Refugee Resettlement
RMS Refugee Resettlement is the lead non-government organisation that supports refugee resettlement. RMS provides initial support from the time of refugees' arrival through to the first 12 months of their resettlement within local communities throughout New Zealand. As such, RMS is the key specialist agency for supporting refugees and for working with other government and non-government service providers that support refugee resettlement. RMS provides 'On-Arrival' services from their office at the Mangere Refugee Reception Centre, ensuring all quota refugees receive initial arrival services and assessments.

RMS participates in decisions about where refugees are resettled throughout New Zealand, and provides local volunteer support workers who are trained to support new refugees, both individuals and families, for their first six months in the community. Volunteers are responsible for the setting up of homes and orientation of refugees to their local community. This includes linking families/ individuals with the services they require, including schools, ESOL courses, doctors, Work and Income, HNZC etc. RMS monitors the resettlement progress of quota refugees through home visits by its trained social workers and bicultural workers. Social and cross-cultural workers supervise the work of volunteers and provide information, advice, advocacy, home based support and crisis intervention services as required.

For more information and contact details of regional RMS offices see: www.rms.org.nz

Refugees as Survivors
Two community-based agencies, Refugees as Survivors in Auckland and in Wellington, support refugees who have experienced torture and trauma to access appropriate mental health services. RAS aims to provide culturally appropriate initial assessment, treatment and mental health support to assist refugees in their resettlement in New Zealand. Their aim is to empower refugees through knowledge and capacity building activities, to advocate and advise on culturally appropriate mental health treatment and support, and to assist refugees in overcoming resettlement stress and trauma by providing a safe place to discuss feelings and needs. Both agencies receive government funding from the Publicly-Funded Health Sector portfolio.

For more information: www.aucklandras.org.nz
www.wellington-ras.org.nz

ESOL Home tutors
The ESOL Home Tutors is a community-based education provider that prioritises refugees for its ESOL tuition service. The organisation offers the following tuition options to adult refugees:

- one-to-one home-based tuition with a trained volunteer tutor
- social English classes in local communities
- bilingual literacy classes for learners with little prior learning experience
- training for refugee community organisations on how to participate on a committee.

The organisation also publishes a wide range of teaching resources and research studies that focus on adult refugee language learning.

For more information: www.esolht.org.nz

Auckland Regional Migrant Resource Centre (ARMS)
The Auckland Regional Migrant Services Charitable Trust (ARMS) is a non-profit organisation which supports migrants and refugees to settle successfully in the Auckland Region. Their services are free and they work with a wide range of service providers and have programmes to assist new settlers in Auckland. Services provided to both refugees and migrants include English language assessment and learning support, help with employment, assistance with approaching other services and a multi-lingual information and referral service.

For more information: www.arms-mrc.org.nz

New Zealand Red Cross
The New Zealand Red Cross (NZRC) works with a worldwide network to re-establish severed family links and trace missing persons. When normal means of communication are severed during war, conflict or disaster, families can utilise the Red Cross Message service to exchange news. Where families have re-established contact via Red Cross channels, NZRC may assist with the process of sponsoring the offshore relative to New Zealand under the Government's immigration policy.

For more information: www.redcross.org.nz

Auckland Refugee Council
The Auckland Refugee Council is a service provider to asylum seekers. It facilitates the links with government agencies and humanitarian organisations that aid successful resettlement in New Zealand. The Auckland Refuge Council also lobbies government and advocates on behalf of asylum seekers. For more information contact: (09)378 7434

Reunity Trust
A support group for asylum seekers, providing assistance with accommodation and employment in the Auckland region. For more information contact (09) 376 4768

Home and Family Counselling Services
Provides counselling, support and therapeutic group work for women from refugee backgrounds in the Auckland region For more information contact (09) 630 8961.

Shakti Community Council
Shakti Community Council is a community organisation established by ethnic women for ethnic women, to support them to overcome the barriers that come with migration to a new society. Shakti projects and programmes span more than 40 different ethnic communities and focus on educating women in Life Skills and self-reliance.

For more information: www.shakti.org.nz

Friends of Refugees Trust
A voluntary group, working mainly with refugees from Burma to help refugees within NZ to meet their "educational, economic and social welfare needs".

For more information: www.friends-of-refugees.org.nz

For up to date and detailed information on both government and non-government refugee settlement support agencies in your region contact:

- Your local RMS office

contact details from: www.rms.org.nz

- Your local Settlement Support New Zealand Coordinator

contact Ismail Ibrahim, Manager Settlement Support: ismail.ibrahim@dol.govt.nz