

Part 3 – Planning for All

Rebuilding Goals for Integration

Integration Goal One

To restore safety, control and social and economic independence by meeting basic needs, facilitating communication and fostering the understanding of the receiving society.

Integration Goal Two

To promote the capacity to rebuild a positive future in the receiving society.

Integration Goal Three

To promote the reunion of family members and restore supportive relationships within families.

Integration Goal Four

To promote connections with volunteers and professionals able to provide support

Integration Goal Five

To restore confidence in political systems and institutions and arms of government and to reinforce the concept of human rights and the rule of law.

Integration Goal Six

To promote cultural and religious integrity and to restore attachments to, and promote participation in, community, social, cultural and economic systems by valuing diversity

Integration Goal Seven

To support the development of strong, cohesive refugee communities and refugee leadership.

Integration Goal Eight

To counter racism, discrimination and xenophobia and build welcoming and hospitable communities.

Integration Goal Nine

To foster conditions that support the integration potential of all resettled refugees taking into account the impact of age, gender.

3.1 Planning for optimal mental health: Early identification, and support of newcomers with refugee related trauma

Notes to reviewers regarding promising practices

Examples from review process (to be incorporated after ATC)

- Therapy Centre, Cologne/Trauma and Torture Survivors Centre, Canada
- Men's Group (Sweden)

Still required

- None specifically required

3.1 Planning for optimal mental health: Early identification, and support of newcomers with refugee related trauma

Owing to their pre-migration and resettlement experiences, resettled refugees are at risk of developing mental health problems. As indicated in Chapter 1.3, it is important that integration programs are provided in ways that support emotional and personal rebuilding. As well as promoting the optimal well-being required to deal with the stresses and adjustments involved in resettlement, this approach can help to prevent the development of more serious mental health difficulties. This goal underlies planning of the individual components of an integration program in Part Two of this Handbook.

This chapter, however, is concerned with identifying and supporting those with more complex psychological problems. The impact of trauma and torture on physical health is addressed in Chapter 2.10.

Taking account of survivors of trauma: A checklist for planning

Integration program component (see relevant chapter in Part Two for more detailed information)	Think about
Placement in the receiving society	<ul style="list-style-type: none"> • Availability of social support, health services and specialist trauma and torture services
Settlement and social support	<ul style="list-style-type: none"> • More intensive early settlement support • Support for survivors to access family reunion provisions
Income support and establishment resources	<ul style="list-style-type: none"> • Whether existing provisions for income support for those outside of the paid labour force for reasons of disability are adequate for those affected by severe trauma
Language training programs	<ul style="list-style-type: none"> • Outreach and flexible delivery options • More intensive tuition for survivors of torture and trauma • Offering a generous 'window period' for participation, as survivors of trauma and torture may not be able to benefit from language training soon after arrival.
Housing	<ul style="list-style-type: none"> • Reviewing protocols guiding the allocation of housing on a priority or urgent basis to ensure that refugee related trauma is considered in assessment criteria
Employment and training	<ul style="list-style-type: none"> • Intensive job search support for resettled refugees affected by trauma and torture
Health care	<ul style="list-style-type: none"> • Specialist services for trauma and torture survivors. • Culturally relevant approaches to addressing trauma and torture • Professional development and awareness raising among mental health services concerning the needs of trauma and torture survivors with acute mental illness
Welcoming and hospitable communities	<ul style="list-style-type: none"> • Promoting understanding in the wider community of the effects of refugee related trauma and the role of a welcoming environment in recovery • The need to take into account the impact of trauma on refugee communities in refugee community capacity building
General	<ul style="list-style-type: none"> • Professional development, training and awareness raising activities for key personnel and professionals to enhance their capacity to identify and support survivors • Debriefing for relevant professionals

	<ul style="list-style-type: none">• Service provider networks to promote information exchange and coordinated support
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Why plan for resettled refugees with refugee related trauma?

In the course of their refugee experiences, many resettled refugees will have been exposed to traumatic events (see chapter 1.3). These may have included torture and/or trauma of a more generalised nature such as indiscriminate violence, forced displacement from their homes and communities, civil conflict and extended periods of deprivation. Studies conducted in a number of resettlement countries indicate that, as a result of these exposures, resettled refugees are at higher risk of developing psychological problems, in particular post traumatic stress disorders, depression, anxiety and grief (reference).

How common is exposure to traumatic experiences?

- It is estimated that up to 35% of the world's refugee population have been subject to severe physical torture and/or psychological violation (reference)
- Routine assessment of all resettled refugees settling in the Victorian state of Australia in 1999 indicated that seven in 10 had experienced psychological or physical violence of some kind (reference)
- A study of refugee and humanitarian entrants settling in the Australian state of New South Wales found that one in four had been subject to severe trauma and torture (reference)

This does not mean that all newcomers will develop severe mental health problems. As indicated elsewhere in this Handbook, resettled refugees generally have well developed personal survival skills and most go on to lead healthy and emotionally fulfilling lives in receiving societies.

Is refugee trauma a mental health risk factor?

Many of the effects of exposure to trauma and torture are difficult to measure and vary between refugee groups, depending on the nature and severity of their exposure and a range of individual and environmental factors. However clinical studies of refugee populations have found

- Rates of Post Traumatic Stress Disorder ranging from between 39% and 100% (compared with 1% in the general population) (reference)
- Rates of depression of between 47% and 72% (reference)

However, a small but significant proportion of resettled refugees will experience psychological symptoms sufficiently severe as to interfere with their day-to-day functioning (reference). This may be due to a number of factors including the severity of the trauma to which they were exposed, individual pre-disposing factors and/or stresses in the resettlement environment (reference). Symptoms often persist after arrival in a safe country and in some newcomers may last for some years (reference).

Are refugee children affected by trauma?

Until recently it was commonly assumed that children were psychologically resilient and hence did not suffer long term effects from exposure to trauma (reference). However, there is now a considerable body of evidence to show that children often experience a psychological reaction not dissimilar to that found in adults (reference). There may also be important and far reaching impacts on social, cognitive and neurological development, for instance affecting the early formation of the capacity for attachment, sense of self, affect modulation, learning capacities and development of the child's social framework.

Studies have shown that a significant factor influencing psychological responses to trauma and recovery from its negative effects is the quality of their environment following traumatic experiences (reference). While a supportive, stable environment can help to prevent mental health difficulties, in contrast, exposure to further stresses in the resettlement period, such as housing problems, financial difficulties or exposure to prejudice and hostility, can precipitate psychological symptoms or make them worse (reference).

While countries of resettlement clearly have very little control over conditions immediately following exposure to trauma, they can both promote optimal conditions for refugee mental health in the early resettlement period and minimise exposure to further negative impacts. Strategies for achieving this in other components of an integration program are addressed in each of the chapters in Part Two of this Handbook.

However resettlement countries can also support those with more complex psychological problems by ensuring that they are identified and offered appropriate support at an early stage when the prospects of recovery are generally better (reference). In an integration context, there are particularly compelling reasons for an early intervention approach, since psychological difficulties can serve as significant barriers to resettlement (see box below)

Common Behavioural and Psychological Responses to Trauma	May impact on resettlement tasks by:
Guilt (particularly related to inability to secure the safety of other family members)	<ul style="list-style-type: none"> • Undermining resettled refugees' capacity for self care and their belief in their worthiness of the support of others • Acting as a barrier to seeking support and to developing relationships with formal and informal support providers
Lack of trust/disrupted attachments	<ul style="list-style-type: none"> • Undermining supportive relationships within families. • Affecting the formation of supportive relationships • Affecting relationships in the work place and community • Increasing resettled refugees' vulnerability to anxiety, anger and suspicion when interacting with public officials, such as teachers, law enforcement officers, personnel in government departments
Impaired concentration, anxiety, flash backs	<ul style="list-style-type: none"> • Interfering with the process of learning new tasks, especially language acquisition • Increasing vulnerability to stress and anxiety when performing new tasks, having an impact on securing basic resettlement resources and participation in employment and education. • Increasing vulnerability to stress during medical consultation particularly if invasive procedures are involved.

Early intervention also has benefits for receiving countries helping to avoid the 'down stream' social and health care costs which would otherwise be associated with addressing mental health problems which become more complex.

Supporting psychological rebuilding is also important for future generations, with studies indicating that refugee related trauma has effects on the mental well-being of the children of trauma survivors which may persist into adulthood (reference).

“Reflecting on how I was a few years ago, I had practically lost trust and belief for anything in life, or even in myself...I knew that if I could get help, if people could understand and care for my experiences, I would start the belief again.”

Refugee resettling in Australia

Factors to consider when planning for Psychological Rebuilding

Identification through early assessment and settlement support

The processes of conducting assessment and offering early settlement support provide opportunities for early identification, either by incorporating formal psychological assessment into these processes and/or by providing refugees with information for self identification and referral. In some countries, such as Sweden, a formal psychological assessment is routinely offered. In others, identifying resettled refugees requiring more intensive psychological support, is incorporated into the role of social support providers (see chapter 2.3).

In several countries, specialist psychological support is made available to resettled refugees as part of the reception process. For example, in New Zealand, the Ministry of Health and the Refugees as Survivors (RAS) Centre offer a service at the Mangere Refugee Reception centre where all resettled refugees are accommodated in the first six weeks following their arrival. In Australia, meanwhile, all resettled refugees are eligible for trauma and torture counselling in the first twelve months following their arrival and are informed about this service as part of assessment and early settlement support (see chapter 2.3).

It is important to maximise opportunities for early intervention in the reception period. However, this is also a time when symptoms may be masked by the effects of the ‘honeymoon’ phase (see p ##); suppressed in the context of other practical pressures; or given a lower priority while resettled refugees accomplish other tasks which are fundamental to their survival. It is not uncommon for psychological difficulties to be precipitated by the stresses associated with the confrontation and adjustment phases as resettled refugees begin to face the realities for the challenges before them (see p##).

For this reason, others who have contact with resettled refugees later in their resettlement (eg doctors, child care workers, teaching professionals, teachers, volunteer social support providers) should also be supported to identify and refer those requiring more intensive support and to deal sensitively with a disclosure of pre-migration trauma.

Psychological support services will also need to be made available to resettled refugees well beyond the reception phase.

These services may also be needed by resettled refugees as they age in the receiving society. The experience of countries with a long history of refugee migration has been that resettled refugees, without a prior history of psychological problems, may be vulnerable to developing refugee related trauma symptoms as they age (reference). The reasons for this are not well understood. However they may be due to the increasing physical, social and psychological vulnerability associated with advancing age, age related adjustment stress (in particular adjustment to retirement) and the diminishing importance of other responsibilities (such as child care, career) which may serve as psychological defences in younger adults.

Treatment models and approaches

While approaches to the treatment of refugee related trauma have been the subject of considerable debate in receiving societies in recent decades, a broad consensus has developed among mental health researchers and practitioners that the optimal approach is one that combines:

- Individual, family or group therapeutic approaches;
- Support to address adverse environmental conditions which may exacerbate psychological symptoms (eg housing, lack of social support); and

- Pharmacological approaches where required

In many countries, therefore, psychological support is usually provided in the context of an integrated approach, involving assistance with resettlement concerns, and in some cases general medical care.

Typically, support is provided by a multi-disciplinary team involving counsellors, social support providers, psychiatrists, general medical practitioners and in some cases other professionals such as natural therapists, physiotherapists and massage therapists. In some countries, this support is offered by a team operating from the one premises. In others, a team approach has been fostered through strategies to build cooperative relationships between support providers in existing generalist services (eg provider networks, referral protocols).

Counselling, which focuses on the individual, may be unacceptable in some cultures where greater emphasis is placed on whole families or communities working through a problem together (reference). For some resettled refugees this may be addressed by explaining the role and purposes of conventional approaches to psychological support. However a number of countries have achieved some success with alternative interventions such as the use of music, singing or dancing, art, natural and tactile therapies or traditional healing approaches (eg engaging faith healers), often developed in consultation with refugee communities.

Psychological support may be more acceptable to some resettled refugees if it is provided in the context of other activities, such as craft or recreational groups. This may involve partnership arrangements between psychological support professionals and providers of other services.

An International Example

In Lulea Sweden municipal social workers collaborated with the local psychiatry clinic to form the Neptune Group for refugee men effected by war related trauma. Drawing on the fact that many of the men came from cultures with a strong bath house tradition, the men were invited to join the group at the local public baths for a swim and sauna followed by coffee and discussion. The group enabled the men to share experiences that others might find difficult to understand. This was important as many of the men had previously felt they were alone with their problems. By discussing common symptoms such as forgetfulness and loss of concentration, the men came to recognise and understand these symptoms as common responses to torture. The men have also developed supportive links with one another through their participation in the group

“A good friend of mine, somehow noticing that I had reached that desperate stage, persuaded me to meet a group of women. It was a good beginning...”

Refugee resettling in Australia

Enhancing access to psychological support providers

In many countries psychological support may only be available on a fee-for-service basis (at a cost which is prohibitive for many resettled refugees) or there may be long waiting times for publicly funded services.

While the demand for support may be met to some extent by specialist services (see below), most countries also recognise the importance of building the capacity of existing psychological support providers to support resettled refugees. This has been achieved by:

- Developing networks of professionals prepared to offer fee-free or affordable services to resettled refugees (eg psychiatrists, psychologists, counsellors)
- Strategies to build the capacity of professionals in publicly funded primary health care services, such as counsellors and general practitioners, to provide psychological support to resettled refugees (see box)

Effective capacity building will depend on the identification of a lead agency with appropriate professional skills. In many countries of resettlement specialist services for survivors of trauma and torture have been established for this purpose (see box)

Specialist services for survivors of trauma and torture

A number of countries have established special services for survivors of trauma and torture. Most of these services provide direct support to resettled refugees. However for reasons outlined in chapter 2.10, it is not intended that they will serve all resettled refugees requiring psychological assistance. Rather, most have the broader strategic objectives of:

- building an environment that promotes the psychological well-being of all resettled refugees;
- assisting others who have contact with resettled refugees to identify and refer those with more severe psychological problems; and
- enhancing the capacity of existing psychological support providers in receiving countries to support resettled refugees.

They do this by:

- Conducting awareness raising activities
- Providing professional development to raise awareness of the psychological consequences of the refugee and resettlement experiences and ways in which workers can contribute to psychological rebuilding
- Providing professional development and practice resources to workers who have contact with resettled refugees to assist them in identifying and referring resettled refugees requiring more intensive support
- Supporting other psychological support providers through secondary consultation, professional development and debriefing.
- Fostering partnerships with other services serving resettled refugees to enable psychological support to be provided in the context of other activities (eg craft groups) or settings (eg schools)
- Network building (see above)

Supporting resettled refugees to access psychological support services

A number of factors may influence resettled refugees' capacity to access and make use of psychological support including:

- Their perceptions of mental health services. Resettled refugees may lack familiarity with the role of mental health services in receiving societies or be fearful of contact with them. Mental health services are poorly developed in refugee source countries. Conditions in in-patient care may be harsh and treatment options limited (reference).
- Their knowledge that their confidentiality will be respected
- Their familiarity with psychological support, in particular counselling, and its benefits.
- Their acceptance of western style approaches to psychological support (see above)
- Attitudes to seeking psychological support in refugee communities. There may be a stigma attached to mental health problems in some refugee communities.
- Their trauma symptoms and the extent to which these impact on help-seeking (see Table p_)
- The availability of language assistance
- Whether psychological support is geographically and practically accessible to them.

Various strategies have been adopted in resettlement countries to address these issues including:

- Building bilingual work force capacity in key clinical and client contact positions, particularly in mental health and support services
- Deploying bilingual workers to undertake individual and community outreach and provide cultural consultancy to mental health professionals
- *Providing language assistance (see chapter 2.5). Professionally trained interpreters will be particularly important to overcome resettled refugee's fears that their privacy will not be resected.*
- Awareness raising and education in refugee communities to enhance mental health literacy, understanding of mental health issues and knowledge of the role and purpose of mental health services
- Awareness raising and professional development activities to support settlement and other workers to assist resettled refugees to better understand and access mental health services
- Models which enable psychological support to be provided in the context of other group or individual activities (see above)
- Service level strategies to support access (eg home visiting, appointment reminder calls, flexible appointment systems, assistance with child care and transport)
- Exploring alternative approaches in consultation with refugee communities (eg: spirits, faith healing, natural and tactile therapies).

Building capacity in the wider resettlement environment to support for refugees affected by trauma

As indicated above many symptoms commonly experienced by trauma survivors may interfere with important resettlement tasks and hence more intensive assistance may be required. Further, it is important that exposure to stress in the early resettlement period is prevented since this may exacerbate existing psychological symptoms.

At the same time, if services are sensitively provided this can have a powerful therapeutic effect. For example, a sensitive consultation with a health care provider can help to re-establish resettled refugees' trust in others, affirm their worthiness of care and provide reassurance to those who fear that they have been irreparably harmed by their experiences (see chapter 2.10).

Professionals and volunteers also have an important role in identifying resettled refugees requiring more intensive support and offering to assist them with a referral to a psychological support agency.

The checklist outlined on p – outlines steps that can be taken to ensure that the needs of those effected by trauma are taken into account in the planning of other components of an integration program.

Caring for Children and Young people effected by trauma and torture

Capacity building initiatives will be particularly important in those settings serving refugee children and young people, such as child care centres and schools. Early intervention offers this group the benefits of assisting both at an early stage of resettlement as well as early in their development (see chapter 3.3)

'One-to-one' therapeutic assistance may not always be possible or appropriate for refugee children and young people (see chapter 3.3). However child care and school facilities can be supported to adopt strategies to respond sensitively to affected children and young people, strengthen family support and offer an environment which offers the very best prospects for rebuilding.

The role of professional debriefing:

Caring for highly traumatised clients can evoke emotional reactions in those involved in their support which may influence the provision of appropriate support as well as leading to personal stress. Experience suggests that those working with resettled refugees are better able to deal with this stress if they have opportunities to talk with others (reference).

The need for professional debriefing will be influenced by:

- the nature and level of professionals' contact with resettled refugees. More structured arrangements will need to be made for those seeing large volumes of refugee clients or in roles which involve a high level of disclosure of trauma
- the extent of access to day-to-day peer support. Particular efforts will need to be made for sole practitioners such as general practitioners.
- whether the professional is from a refugee background themselves. Interpreters and bilingual workers may share many experiences in common with refugee clients or may have friends and relatives in unsafe circumstances in their countries of origin or refuge. This can be a source of additional stress.

Consider making arrangements for professional debriefing for the following professionals and volunteers who have extensive contact with resettled refugees

- Interpreters and translators
- Teaching professionals in adult and basic education settings
- Health care providers
- Specialist trauma and torture counsellors and other practitioners
- Child care professionals
- Social support professionals and volunteers

Established resettlement countries have adopted a number of approaches to providing professional debriefing including

- Building case discussion and review into the work practices of relevant providers
- Offering regular professional debriefing on an individual or group basis.

Take Care

Exposure to refugee related trauma may exacerbate the condition of those resettled refugees with existing mental illness, such as schizophrenia. Underlying mental illness may also serve as an additional barrier to accessing care. It is important that professional development and workforce development and awareness raising activities are also targeted to professionals providing acute mental health care in acute settings.

3.2 Engaging Refugee Women

Refugee women comprise over half of the worldwide refugee population (see p-) and are represented in similar proportions in the refugee intakes of most countries of resettlement. Given adequate support, women can also play an important role in supporting the integration of other refugee members, in particular children. For these reasons, it is vital that all aspects of integration planning take account of the concerns of women. This chapter is designed to highlight the particular needs and experiences of women that would need to be considered to achieve this aim.

While concerned with all refugee women, the chapter also has a focus on supporting women who have been selected for resettlement because they are believed to have been ‘at-risk’ in countries of refuge or who are otherwise at risk in receiving societies. Since many women selected as ‘women-at-risk’ are from traditional societies, this chapter should be read in conjunction with chapter 3.5.

Taking account of refugee women: A checklist for planning

Integration program component (see relevant chapter in Part Two for more detailed information)	Think about
Placement in the receiving society	<ul style="list-style-type: none"> • Family and ethnic community support services (especially for at-risk women) • Public transportation and child care services • Trauma and torture counselling services for ‘at-risk’ women
Early settlement and social support	<ul style="list-style-type: none"> • Assessment and settlement support programs which are effective in identifying and addressing women’s integration support needs. • Identifying, assessing and, where required, offering more intensive settlement support to ‘at risk’ women • Community support networks, especially for women not in paid employment • Culturally responsive services for women effected by family violence and FGM
Income support and establishment resources	<ul style="list-style-type: none"> • Income support for single, widowed and separated women with young children
Language training programs	<ul style="list-style-type: none"> • Strategies to foster the participation of refugee women (see p-)
Orientation programs and processes	<ul style="list-style-type: none"> • As for Language training above; and • Information about those aspects of the receiving society in the family and domestic sphere (eg child care services, child welfare issues, FGM, health services and programs for women, family violence, family relationships customs and laws) • Providing childcare to enable the participation of both parents and sole parents.
Housing	<ul style="list-style-type: none"> • Safety and security issues, especially for ‘at-risk’ women
Employment, adult education and training	<ul style="list-style-type: none"> • Intensive job search assistance for women experiencing employment disadvantage • The adequacy of existing legislative frameworks to prevent discrimination against women in the workforce (eg Muslim women) • Home based micro-economic enterprises, especially for women with child care responsibilities • Safety and security issues related to accessing employment (eg transport arrangements, working hours)

	<ul style="list-style-type: none"> • Availability of child care
Health care	<ul style="list-style-type: none"> • Support for women to access hospital based obstetric care
Welcoming and hospitable communities	<ul style="list-style-type: none"> • Providing information about the strengths, customs and practices of refugee women to receiving societies. • Fostering opportunities for refugee women’s civic and community participation • Gender sensitive community and recreation services for Muslim women (eg ‘women only’ swimming sessions)
General	<ul style="list-style-type: none"> • The availability of female service providers • Professional development, training and awareness raising activities for key personnel and professionals to enhance their capacity to support refugee women.

Why plan to support the integration of refugee women?

Refugee women’s contribution to receiving societies

Refugee women offer unique and valuable qualities to receiving societies and bring important resources to the process of integration. As well as having educational, vocational and professional skills, refugee women, like their counterparts in receiving societies, commonly assume primary responsibility in the domestic and family sphere. Hence they are a major vehicle through which refugee communities contribute unique cultural perspectives and family and community relational skills to receiving societies.

The experience of international aid organisations is that refugee women are key contributors to community and economic development initiatives in refugee and other emergency situations (reference). This involvement testifies not only to the skills and attributes of refugee women, but also to their survival skills and motivation in conditions of adversity.

In receiving societies, refugee women have demonstrated a preparedness to organise both with one another and with women in the wider community around their common experiences as partners, mothers and home makers or to address their shared vulnerability to violence and gender inequality (reference). In many countries this has been an important force for promoting mutual understanding and harmony within and between refugee communities and between them and the wider society.

Women’s contribution to the integration of refugee families

The integration of refugee women is critical to the success of a resettlement program, not only because women approximate, and in some countries exceed half of those resettled, but because they play a critical role in the integration of other family members.

There are considerable variations in gender roles within refugee families. Men are playing an increasing role in the family in some refugee source countries. Nevertheless, as is the case in many receiving societies, refugee women continue to assume primary responsibility for domestic tasks such as cleaning and food preparation; for the care of children and other dependents and for monitoring the physical and mental health of both partners and children (reference). In these roles they will be required to mediate between the family and other services and systems, such as health care providers, schools and child-care facilities, as well as to nurture relationships between their families and social networks in the wider community.

In most countries, the economic stability of refugee families, like families in the wider community, will be dependent on the wage earning capacity of women.

Receiving communities can support refugee women in these roles by creating the conditions in which they have equal access to the information and resources they will require to understand, adjust to and participate in the receiving society.

Women who struggle to integrate into receiving societies are not only vulnerable to personal and psychological problems such as social isolation, depression and anxiety (reference), but

will be less able to support other family members, in particular children. These women may also be particularly affected by the inter-generational conflict and role reversal which often result as older children learn the language and cultural norms of their new country more rapidly.

Women's poor access to integration resources (in particular language training) has been found to be a significant factor in the isolation of refugee women and subsequently in the delayed integration of some refugee communities in resettlement countries (reference).

In recent decades, many countries of resettlement have adopted strategies to support women's access to social and economic resources such as employment, education and recreation; their equal participation in civic life and their freedom from violence in both the public and private realms. Supporting the integration of refugee women helps to ensure that these goals are shared by refugee communities and that refugee women have access to the same opportunities as women born in the receiving society.

The implications of the refugee and resettlement experiences for women

There is considerable diversity among refugee women determined by:

- Their country of origin. Some refugee women originate from countries in which gender relations and the distribution of power and resources between men and women are comparable to those in many receiving societies. However, in some refugee source countries gender relations are very different to those in receiving societies and there are high levels of gender inequality and segregation. Women from these countries face particular adjustment issues and barriers to participating in integration activities.
- The nature and duration of their refugee experiences
- Family status on arrival and in the early resettlement period. Women who do not have family or partner support may have more intensive resettlement needs (see below).

Table Nine – The experience of women in selected refugee source countries

Country	Adult Literacy Rate (%)		Education gross enrolment ratio (%)		Estimated earned income (US \$)	
	Female	Male	Female	Male	Female	Male
Afghanistan	*	*	*	*	*	*
Burundi	39	55.6	16	21	472	690
Iraq	43.2	63.9	44	57	966	5,352
Sudan	44.9	68.9	31	36	308	1016
Bosnia and Herzegovina	*	*	*	*	*	*
Somalia	*	*	*	*	*	*
Angola	*	*	21	25	*	*
Sierra Leone	*	*	21	32	*	*
Eritrea	39.4	66.5	24	29	601	1164
Vietnam	91	95.4	64	69	1552	2170
Dem. Rep. of Congo	48.7	72.4	26	37	575	1031

*Data not available

Source: Human Development Report, 2001, United Nations Development Program

The particular needs of ‘Women-at-risk’

Women-at-risk are considered by the UNHCR as refugee women or women of concern to the UNHCR who have protection problems because of their gender and find themselves without the support of traditional protection mechanisms. The special needs of refugee women in these circumstances could derive from persecution as well as from particular hardships sustained in either their country of origin, during their flight or in their country of refuge (reference). The objectives of the UNHCR’s assistance to women-at risk program are to:

- Provide international protection and assistance through resettlement of refugee women who are particularly at risk in their country of refuge.
- Enhance resettlement eligibility for refugee women otherwise ineligible under the general selection criteria of resettlement countries and to obtain priority processing and accelerated departure.
- Ensure that women at risk receive specialised care, if needed, and intensive support upon arrival in their country of resettlement, with a view to achieving successful socio-economic integration and self sufficiency.

Australia, Canada and New Zealand have special ‘women-at-risk’ programs as part of their broader refugee and humanitarian resettlement programs. Other countries, in particular the Nordic resettlement countries, resettle women at risk as part of their general refugee intake.

By virtue of their status as women at risk, women in this group are likely to have experienced a high degree of pre-migration trauma and may lack personal integration resources such as literacy, education and prior formal work experience. Most will be without family and partner support.

Specific efforts should be made to identify women in these circumstances through early assessment and to ensure that they are offered more intensive support in case-management processes and social support programs (see chapter 2.3).

Issues to consider when planning to support the integration of refugee women

The importance of supporting women’s integration in holistic terms

Integration planning should reflect and embrace women’s diverse roles as partners, carers, members of communities and as paid workers. This is particularly important in those countries where the emphasis in individual assessment and early settlement support is on early economic self-sufficiency. In these circumstances there is the risk that the needs of women who remain outside of paid work will be neglected with consequences both for their own integration and that of other family members, in particular children.

In a number of countries, efforts have been placed into bringing home based refugee women together, with the aim of reducing isolation, fostering mutual support and engaging women in addressing barriers to their integration.

An International Example...Engaging home based women in Toronto

The centre for survivors of trauma and torture in Toronto brought together a group of Somali women whose common concern was the level of social isolation they experienced in their new country. While the primary focus of the group was mutual support, it became apparent in group discussions that women often stayed at home because they did not feel safe in the streets of their new city. As it developed the group began to explore practical strategies for addressing these concerns.

There are also issues which will be of particular concern to women as a consequence of their reproductive role (eg breast and cervical screening, maternity services, female genital mutilation).

While it is important that integration planning addresses the needs of women in their own right, the whole family unit and women's place in it, will need to be taken into account. As indicated below, the adjustments in women's roles in the early resettlement period can have a significant impact on family dynamics. Equally, role status changes affecting other family members (in particular refugee children and young people) have an impact on women as their primary care givers.

Refugee and migration related trauma

Many have observed that the women in particular are hostages to grief and anxiety and almost obsessed with how relatives they left behind are faring in the camps or their native countries

Municipal resettlement workers, Sweden

Many women, in particular those entering under 'women at risk' criteria or programs, will have spent a period in the course of their refugee experiences without the 'protection' of a male partner. Studies suggest that women in these circumstances will have been particularly vulnerable to trauma and have faced additional physical hardships as refugees (reference). The incidence of rape and other forms of sexual assault perpetrated against refugee women is now well documented (reference). The grief associated with forced migration may also have a particular significance for refugee women, with the home and family and community networks being integral to their roles as homemakers and carers.

Despite this, women may face barriers to seeking assistance to dealing with refugee and resettlement related trauma and grief. They may be reluctant to disclose experiences of sexual violence owing to the level of shame engendered by them and a fear of being ostracised by their partners and communities (reference). In their roles as carers of others, women may feel unable to attend to their own psychological difficulties, particularly if their partners or children are experiencing difficulties in their resettlement.

For this reason, resettlement countries may need to invest additional thought and effort into engaging women with services and programs offering psychological and resettlement support (see chapters 3.1 and 2.3).

Safety and security

In receiving societies refugee women, in particular those who are single, separated or widowed, may feel a heightened vulnerability to threats to their personal safety. In many circumstances this fear may be objective, being due to language difficulties, hostility in the receiving community and limited access to resources such as secure housing, private transport and telecommunications. In others fear may result from past experiences or a lack of familiarity with the receiving society and may be better addressed through information provision and support.

The personal safety of refugee women will be important considerations in placement decisions; in supporting women's participation in paid employment and in planning times and venues for language training and orientation programs.

Domestic Violence and Refugee Women

Domestic violence occurs across cultural, racial and socio-economic lines and is not understood to be any more prevalent in refugee communities (reference).

While stress does not cause domestic violence (many men affected by high levels of stress are not perpetrators of violence), it may be a precipitating factor in relationships in which there is an established pattern of violence (reference). Given the stresses on refugee families in the early resettlement period, this may mean that women in violent relationships are particularly vulnerable to assault at this time.

Studies in a number of countries of resettlement suggest that the legal prohibition of domestic violence and an active law enforcement approach has a powerful deterrent effect, communicating to violent men that their behaviour is unacceptable regardless of the circumstances (reference). Some resettled refugees, however, will have originated from societies where more permissive legal approaches to family violence apply.

Refugee women who are subject to domestic violence are a particularly vulnerable group as they may:

- lack family and community support
- be unaware of laws prohibiting domestic violence in receiving societies.
- have a heightened tolerance of their partner's violent behaviour if he has been subject to trauma in the course of his refugee experience
- be unable to communicate in the language of the receiving country and have limited knowledge of the resources available to them to leave a violent relationship (eg housing, income support)
- encounter difficulties in accessing legal and social support owing to language and cultural differences
- be wary of involving the police and legal personnel in family matters given their negative experiences of law enforcement authorities in their countries of origin
- be unaware of the consequences of involving law enforcement authorities

Many refugee women come from traditional societies where there are strong cultural prohibitions against separation and divorce. The pressure on women to 'keep the family together' may also be particularly strong given the degree of trauma and dislocation to which refugee women have been subject.

Women who are experiencing psychological difficulties associated with their pre-migration experiences may also fear being alone. For some women, an unsatisfactory union may be better than having no adult relationship.

It is beyond the scope of this resource to explore broader strategies for preventing and addressing domestic violence in culturally diverse communities. However in an integration context, both refugee women and men should be provided information in orientation programs about the law as it relates to family violence and the services and supports available to affected women. Domestic violence issues of relevance to refugee communities should also be addressed in professional development activities targeted to both settlement support workers and workers in the wider community who have contact with resettled refugees, in particular the police.

Role and identity adjustment

Refugee women may face multiple role adjustments in receiving societies. In many refugee source countries, greater communal responsibility is taken for domestic tasks and the care of children, the elderly and those with disabilities. This is in stark contrast to women's experience in many receiving societies where they are likely to have limited access to family and community support, where the nuclear family is the dominant family form and where far greater emphasis is placed on individual responsibility. For these reasons, social and

community support will be particularly important to refugee women in the early resettlement period.

Further, in some refugee source countries, women's role is defined more clearly in the domestic sphere; gender inequality is more marked and societies are more highly gender segregated than is the case in many countries of resettlement (reference).

In receiving societies refugee women are likely to have access to a wider range of rights and freedoms, particularly in family and relationship matters such as property rights, divorce and marital violence. In many cases they will be expected or required to work outside of the home.

Single, separated and widowed refugee women may have to make particular adjustments since they may be assuming the role of household head for the first time. The difficulties involved in sole parenting are now well documented in studies in receiving societies (reference). For refugee women these are compounded by the stresses associated with their refugee and resettlement experiences.

Adjustment may be particularly difficult for women from certain traditional societies where women's identity is linked to their relationship with a male family member, whether a father, husband or brother.

As well as affecting refugee women, role adjustments may have an impact on dynamics within refugee families and communities. Women may face hostility and rejection by their communities as they begin to embrace the mores and practices of the receiving society. Stress may also be placed on refugee families as refugee men attempt to deal with the demands on women outside of the home and women's greater social and economic power (reference).

This suggests the importance of receiving societies adopting strategies to support the adjustment of both refugee men and women to gender role expectations, family relationships and women's rights and responsibilities in receiving societies.

In Ottawa high tech companies hire women assemblers and women were successful in finding employment before their husbands did. This meant that roles were reversed in the home. The husbands could not take the extra stress on top of everything else: being a refugee and then being a foreigner in a strange, new culture and now losing the dignity of being the provider in the family. The women would arrive late, there would be no food prepared, this would lead to a row

Pat Marshall, Resettlement Officer, UNHCR Canada, Presentation to the ICRIR

"Women in Somalia are shy and cannot do that (ask for a divorce) because of the customs and traditions."

Refugee resettling in the US

Redressing past disadvantage

As a consequence of gender inequality in refugee source countries and countries of refuge, refugee women may be less likely than their male counterparts to be literate, to be educated or to have an established work history (reference).

This may put them at some disadvantage when accessing integration resources and is a factor which will need to be taken into account when assessing the level of integration support required. Low literacy levels and lack of prior educational and work force experience will also need to be considered in the design of language training, orientation and employment placement programs. Nevertheless it should be remembered that many refugee women will have gained a wealth of experience through their informal participation in labour in refugee camps and other emergency situations. They may require assistance to recognise and evaluate the relevance of this experience for the purposes of accessing employment in the receiving society.

Engaging women on equal terms

Gender status differentials and gender segregation in some refugee communities also have implications for women’s participation in a number of integration activities in particular health care, language training and orientation programs (see box below).

In some refugee source countries women are socialised to play a role that is highly subservient to men. They may feel uncomfortable participating in a mixed gender environment or may be prohibited from doing so. Women from gender segregated societies and those who have been subject to male violence in the course of their refugee experience may feel unsafe or uncomfortable discussing issues in the presence of men, particularly those of a gender sensitive nature.

The experience of established resettlement countries has been that, as a consequence, some refugee women may be less likely to participate in language training and orientation programs, and in a mixed gender environment, may be difficult to engage in interactive learning processes. Similar issues apply in engaging women in relationships with male service delivery staff, a particular concern in the areas of health care, social support, language assistance, language training and orientation.

Owing to cultural expectations, participation in employment, language training and orientation programs may not be seen as a priority, either by women themselves, their families or refugee communities. In some cultures there may be specific religious or cultural prohibitions on women’s employment outside of the home.

“I looked after the children, nothing else. Women are allowed to go out to work here but not there.”

Refugee resettling in Sweden

Work-force development in all areas of integration planning will need to take into account the fact that many women will require or prefer a woman service provider. Similarly, gender issues will need to be addressed in professional development activities for both settlement support personnel and workers in the wider community who have contact with resettled refugees.

Supporting women’s equal participation in language training and orientation programs

Countries of resettlement have attempted to ensure that language training and orientation programs are sensitive to the needs of women by:

- Holding separate ‘women-only’ sessions or classes, where women may feel more comfortable to speak and participate
- Delivering orientation and language training on an outreach basis through established women’s support or social groups. As well as providing a focus for engagement, these programs may attract women for whom it may be culturally unacceptable to participate in a dedicated orientation or language training program
- Engaging ethno-cultural communities in planning and delivering programs. For example in Canada language instruction is contracted to community based providers, among them ethno-cultural service agencies. These agencies have been able to tailor programs to meet the specific needs of refugee communities and offer a learning environment that is more acceptable to refugee women and their communities.
- Ensuring that orientation and language training programs address issues of particular relevance to women such as sexual harassment, family violence and gender discrimination in the workplace
- Developing orientation programs on issues of particular concern to women. For example in Canada special programs are held for refugee women to inform them about their legal rights in relation to domestic violence.
- Organising programs so that they are accessible to women (eg scheduling sessions in daylight hours, offering transport and child care, offering home tutor options for women with responsibility for the care of young children)

- Taking steps to actively engage women participants in group discussion (eg; providing structured opportunities for all group members to speak, using gender inclusive language)
- Fostering awareness of gender issues in training programs for orientation and language training providers.

“My students didn’t even look up. Our gazes never met at first, and the women in particular spoke so quietly that you could hardly hear them. It was as though they didn’t dare take up a space in the room...”

Language teacher in Sweden

Economic Self Sufficiency and refugee women

Most countries recognise the advantages of supporting women’s participation in paid employment for both refugee families and for women themselves. These efforts are particularly important for the long term economic stability of female-headed refugee families. Participation in paid work can speed the process of integration for refugee women (through language acquisition and social contact) and prevent their isolation in the home.

In countries with high expectations of early economic self sufficiency, the earning potential of both parents in two parent families is formally factored into assessment and settlement support processes and both are encouraged to seek paid employment as soon as possible after their arrival. In some countries, there are high expectations that refugee sole parents will be economically self sufficient. In others, resettled refugees may have access to income support programs established for sole parent nationals.

“We Swedes feel everyone should have a job, that’s where our identity lies. But that may not be the case for all resettled refugees. A mother with six children who wants to stay in the home- let her be a housewife. Integration in her case may mean being a good mother to six children, looking after her family properly and being skilled at it. We tend to project our own frustrations onto these women precisely because a job and an income are so important to us Swedes.”

Teacher, Sweden

There are a number of factors to consider in determining expectations of participation in paid employment in both two and sole parent refugee families.

- Adjusting to paid work may be stressful for some women at a time when they are already facing adjustments in other aspects of their role. This may be particularly the case if they have not worked outside of the home in the past. Further, studies conducted in a number of countries suggest that the burden associated with child care and domestic tasks is seldom redistributed equitably within the family when women enter paid employment (reference). Managing the ‘double day’ of paid and unpaid work may be an additional stress for refugee women in the early resettlement period.
- Domestic and childcare roles undertaken in the family have an economic value and contribute to family economic self sufficiency.
- The participation of both parents (or sole parent women) in paid employment in the early resettlement period may compromise their capacity to support children in adjusting to their new circumstances.
- The involvement of both parents in paid work may involve placing children in childcare. As discussed in chapter 2.9 this may generate some anxiety for refugee families.
- Women with limited prior formal participation in paid employment may require more intensive job placement support

Supporting refugee women and communities affected by Female Genital Mutilation

Female genital mutilation (FGM) is defined by the World Health Organisation as ‘comprising all procedures which involve partial or total removal of the external genitalia or other injury to the female genital organs whether for cultural or any other non-therapeutic reasons’ (reference). FGM is practiced in approximately 28 countries world wide and is prevalent in a number of refugee source countries (see Table Ten).

While not all women experience long term complications associated with FGM, pelvic, urinary and menstrual difficulties are not uncommon (reference). Affected women will require special care antenatally, during child birth and in the postnatal period. Some women may not associate complications of FGM with the procedure, but rather see them as a normal part of being a woman. Emotional effects may include reactions to the trauma of FGM, anxiety and depressive symptoms and effects on sexuality (reference). However there is some debate as to whether these are attributable to FGM or to migration and resettlement issues (eg the reactions of receiving communities, inter-generational issues).

FGM is supported in affected communities as a rite of passage, as a fundamental part of being a woman and in the mistaken belief that it has health benefits for women.

Some families may want their daughters to undergo FGM, even if this means undertaking the procedure outside of the receiving society. This may pose a dilemma for receiving countries who are committed to respecting the cultural practices of refugee communities while at the same time being concerned about the practice of FGM.

The World Health Organisation, the United Nations Children's Fund, and the United Nations Population Fund prepared a joint statement in 1997 confirming the universally unacceptable harm caused by female genital mutilation, or female circumcision, and calling for the unqualified elimination of this practice in all its forms. While noting that female genital mutilation continues as a deeply rooted traditional practice, the statement maintained that culture is in constant flux, capable of adapting and reforming. This statement follows a number of existing international agreements in place to support the elimination of the practice of FGM.

FGM (whether it is anticipated that it will be performed in the receiving country or elsewhere) is prohibited in a number of refugee source countries, under child welfare and/or criminal assault legislation. However some resettled refugees may not be aware of this.

The prevention of FGM in receiving societies has been a complex and sensitive issue. Affected communities may oppose this, believing that it represents a lack of respect for their cultural practices. It has also been argued that prohibitive legislation may simply drive the practice ‘underground’ where it is likely to be performed in unsafe conditions. Exponents of this view argue that positive change is more likely to be achieved through education in refugee communities. Others, however, point to the effects for women and girls and to the international commitment to eradicate the practice. Some countries have adopted a dual strategy involving both legislation and education in refugee communities in the belief that legislation communicates an important symbolic and practical message that the practice is unacceptable in receiving societies.

Factors to consider when planning integration programs:

- Intensive settlement support may be required for affected women to ensure that they have access to appropriate and sensitive health services, particularly when requiring gynaecological and obstetric care.
- Steps to be taken to prevent the practice of FGM in the receiving society.
- Affected refugee communities will require culturally sensitive information in their own languages regarding services available, the physical and emotional effects of FGM on women and girls and, where relevant any laws relating to FGM

- Some receiving societies have developed support programs for women affected by the practice of FGM.
- Bilingual and bi-cultural workers in receiving countries have played an important role in supporting affected women and in providing advice to health care providers and settlement support workers.
- Written resources and professional development will be useful for health care providers to ensure that they are aware of the issue, respond sensitively to affected women and their families, provide appropriate support and understand the legal situation and their obligations (if any) in relation to this.
- Health care providers in the wider community will require access to technical assistance on appropriate management of the physical, social and emotional implications of FGM. A lead agency should be identified to provide this (eg a specialist tertiary referral hospital for women, the relevant professional college of obstetrics and gynaecology).

It is vital that receiving countries engage affected refugee communities when developing strategies to prevent FGM and support those affected by it.

Source: Female Genital Mutilation: A Joint WHO/UNICEF/UNFPA Statement

Table Ten: Prevalence of Female Genital Mutilation

Most reliable estimates: national surveys*		
Country	Prevalence (%)	Year◆
Burkina Faso	72	1998/99
Central African Republic	43	1994/95
Côte d'Ivoire	43	1994
Egypt	97	1995
Eritrea	95	1995
Guinea	99	1999
Kenya	38	1998
Mali	94	1995/96
Niger	5	1998
Nigeria	25	1999
Somalia	96-100	1982-93
Sudan	89	1989/90
Tanzania	18	1996
Togo	12	1996
Yemen	23	1997

Source: To be inserted in final

3.3 Investing in the future: Refugee children and young people

Note to Reviewers Regarding Promising Integration practices

Currently Included

Forwarded during Review Process

- Refugee minor programs (US and Sweden)
- Technical Support agency, US
- Multicultural liaison program (Canada), school based
- Pre-school program (Canada)
- Summer camp and immersion Program (US), secondary schools based

Still required

Program supporting older teens with disrupted education in transition from school to work

3.3 Investing in the future: Refugee children and young people

Refugee children and young people share in common with their adult counterparts many of the same exposures and impacts of the refugee and resettlement experiences (see chapter 1.3). However, by virtue of their stage of development, they also have particular needs which need to be taken into account in integration planning. These are outlined in this chapter.

Support provided by refugee families will be critical to the integration of children and young people. Many of the strategies proposed in Part Two of this Handbook have the broader effect of strengthening families (eg by supporting access to employment and housing). The focus of this chapter is on measures to enhance refugee families' understanding of the impact of resettlement on children and young people and their capacity to support them in dealing with the adjustment process.

This chapter also addresses factors that need to be considered when planning language training and education programs for refugee children and young people.

While concerned with refugee children and young people as a group, information is included on supporting the integration of unaccompanied or separated refugee minors.

Taking account of children and young people: A checklist for planning

Integration program component (see relevant chapter in Part Two for more detailed information)	Think about
Placement in the receiving society	<ul style="list-style-type: none"> • Access to ethnic peer support • The availability of specialist education support
Early settlement and social support	<ul style="list-style-type: none"> • Family sensitive assessment and settlement support • Intensive settlement support and alternative care arrangements for separated and unaccompanied refugee minors • Family tracing and reunion provisions for unaccompanied minors
Income support and establishment resources	<ul style="list-style-type: none"> • Provisions for unattached and separated minors • Provisions for refugee young people approaching or over the age of majority with disrupted education.
Language assistance	<ul style="list-style-type: none"> • Availability of language assistance in key systems serving refugee families • Strategies to prevent children and young people being used to interpret on behalf of other family members.
Language training programs	<ul style="list-style-type: none"> • Culturally sensitive school based target language programs • Alternative language training programs for refugee young people approaching or over the age of majority who wish to resume basic education
Orientation programs and processes	<ul style="list-style-type: none"> • Targeted orientation programs for young people • School based orientation programs • Information on matters concerned with parenting (eg peer pressure, changing family relationships, the effects of trauma, torture and resettlement on children, drug use, bullying and racism)
Employment, adult education and training	<ul style="list-style-type: none"> • Intensive job search and career planning programs for refugee young people (see chapter 2.9)
Health care	<ul style="list-style-type: none"> • Targeting capacity building to health workers who have contact with refugee children and young people (eg child health nurses, school nurses)

Welcoming and hospitable communities	<ul style="list-style-type: none"> • Access to recreational and cultural activities. • Capacity building initiatives in school communities and child care facilities (see below)
General	<ul style="list-style-type: none"> • Fostering partnership arrangements • Arrangements for providing technical support to key professionals serving refugee children and young people and their families • Workforce development initiatives (eg bilingual and bi-cultural teaching and child care professionals, cultural advisers, aides) • Professional development, training and awareness raising activities for key professionals and personnel to enhance their capacity to support refugee children and young people.

Why plan for refugee children and young people?

Refugee children and young people bring with them a wealth of life experience and creativity and often have an extraordinarily high motivation to succeed. These are important strengths both for receiving societies and for supporting children and young people in their integration process.

As the future adult generation of both refugee and wider communities, the successful resettlement of refugee children and young people contributes to the long term success of integration in receiving societies. If accomplished in a way which promotes inter-generational understanding and harmony, it can also help to enhance the integration prospects of other family members and refugee communities.

The importance of early intervention

Childhood is a time of rapid intellectual, social, emotional and physical development and a period during which personality and identity begin to be formed. It is a time when the foundations are being laid in each of these developmental domains for adolescence and adulthood. Studies have shown that the environment children grow up in has a major influence on their mental health and well-being as adults. Children who have secure attachments to family and supportive relationships with other adults, and whose families are harmonious and well connected with their community generally fare better as adults than those without these resources (Centre for Community Child Health). In contrast, children with poor attachment, family disharmony and conflict, poor connections with community and limited access to socio-economic resources tend to be at greater risk of developing problems in adolescence and later life (Centre for Community Child Health).

Adolescence meanwhile is a time of transition from child to adulthood, from schooling to employment and from financial and emotional dependence on the family to a position of interdependence. It is also a time when young people begin to develop an adult identity involving the formation of their own values and beliefs. While most young people make this transition successfully, it may be stressful involving rapid change in physical, emotional and intellectual development and in the expectations of the family and wider society. This transition has been associated with increased vulnerability to mental health and behavioural difficulties (Bennett, 1984).

It is on the basis of this knowledge that experts in early childhood and adolescent development, governments and educationalists now emphasise the importance of ensuring that children and young people have a stable and supportive environment in which to grow and develop.

The benefits of providing integration support early in the resettlement period have been discussed elsewhere in this Handbook (see Chapter 1.3). Providing this support to children and young people, confers the dual benefits of intervening not only at an early stage of resettlement, but at an early stage of their development. A positive and supportive

resettlement environment will be particularly important for those children and young people who have been exposed to trauma in the course of their refugee experiences. Studies suggest that the quality of the environment children encounter at this time, particularly in the family and in school or child care settings, has a critical influence on their recovery from these experiences (reference).

Resettlement planning for children and young people typically has a dual emphasis, involving support for individuals and their families as well as strategies to foster a welcoming and supportive environment, particularly in schools, colleges, child care centres and health care facilities (eg through professional development, curriculum, peer support programs).

It is important that this planning takes account of the fact that children and young people will have different needs and issues at different stages of their development. A range of settings will also need to be considered including early childhood and pre-school facilities, primary and secondary level schools and employment and training programs.

The impact of the refugee and resettlement experiences on children and young people

Refugee children and young people will have been exposed to many of the same experiences as their adult counterparts (see chapter 1.3). All will have experienced some degree of dislocation, deprivation, disruption and loss (Maksoud 1999). This may have included the loss of home, place and culture, and friendships to the more profound losses of parents, siblings and significant others through either death or separation. Refugee children and young people are likely to have endured a level of change unprecedented in the lives of most of their counterparts born in receiving societies.

Like their parents, on arrival in a resettlement country, refugee children and young people will be required to adjust to a new set of cultural norms and in many cases to learn a new language. For most, resettlement will also involve the challenge of orientating to a new and unfamiliar school system (Rutter). The culture and structure of the education system in the receiving society may be very different from that in their country-of-origin. For instance in many receiving societies, teaching styles are less formal, relationships between teachers and students are less hierarchical and there is a greater emphasis on experiential learning (eg learning through play) than is the case in many refugee source countries.

Adaptation to school may be particularly taxing for those children who have had no or limited prior school experience. These children may be facing the intellectual and behavioural requirements of a structured learning environment for the first time. Some may never have been separated from their parents previously, with the result that commencing school, pre-school or child care may involve considerable anxiety.

Depending on their age, refugee young people may face multiple transitions in the early resettlement period (for example upper primary aged children will face the further transition to secondary level schooling, while older adolescents will make the transition from school to work or further study).

Despite this educational disadvantage, refugee children and young people often face high expectations from their parents that they will achieve high levels of educational and vocational success. At the same time parents may lack the language skills and knowledge of the education system to support children and young people in their education.

When seeking employment refugee young people face many of the same challenges as their adult counterparts (see chapter 2.9). However these may be compounded for those who, by virtue of their age, have had disrupted education and limited work experience prior to their arrival. In many receiving societies youth unemployment is high relative to adult unemployment and higher still for ethnic minority youth (reference).

The refugee and resettlement experiences coincide and may interfere with critical stages of the social, emotional, physical and intellectual development of refugee children and young people (Pynoos, Stienberg and Wraith 1995). While for some children and young people this

may result in the development of acute physical and emotional problems requiring intervention (see chapter 3.1), for most these experiences will have compromised, to some extent, the conditions required for healthy progress in each of the key developmental domains (reference).

Refugee children and young people are likely to have experienced some degree of disruption to their intellectual development. Schools are one of the first casualties of war, often being closed or destroyed. In some conflicts, teachers have been the specific targets of violence¹. In many refugee camps poor provision is made for basic education and refugee families may have experienced limitations on their entitlements to education in their countries of refuge. Intellectual progress may be further compromised by the effects of trauma (see chapter 3.1).

The loss of or disruption to significant relationships in the family and community, meanwhile may affect attachment behaviours, in particular children and young people's capacity to trust and to form the meaningful and supportive relationships known to be critical to healthy development (see below).

The anxiety associated with exposure to traumatic events and the adjustments and change involved in resettlement can have an impact on children and young people's mastery over basic developmental tasks. Diminished competence in these tasks may in turn have an impact on their feelings of self regard and efficacy with consequences for the development of positive self esteem.

The loss of place, culture, and in many cases secure and stable relationships, means that children and young people may have a limited basis upon which to build a positive sense of identity and belonging. In the early resettlement period, they may experience difficulties in rebuilding this, being ethnic and racial minorities in the dominant culture of the receiving society. This process may be further compromised by a lack of understanding of the experiences and needs of refugee children and young people in the school and wider communities, and in some cases insensitive or racist treatment.

The process of identity formation which is part of adolescence (see above) may be a particularly complex process for refugee young people being affected by the overlay of the refugee experience, cultural adjustment and the practical demands of resettlement. Moreover, those with highly disrupted experiences prior to migration may have had limited or poor early parenting and hence may not have developed the personal and coping skills required to deal with these challenges.

For refugee young people the process of identity formation also involves the additional challenge of reconciling the competing values of their culture-of-origin with those of their peers in a new country. Inter-generational conflict may result as children question or reject the values of their parents in a bid to gain acceptance among their peers in a new country.

Issues to consider when planning integration support for Refugee Children and Young People

Strengthening family support

Families play a vital part in both supporting children with the developmental tasks of childhood and adolescence and in protecting them from the effects of adverse life events. However as indicated in Part One of this Handbook (see p-) refugee families may require some support to fulfil this role.

It is important to be aware, when developing programs for refugee families that child welfare practices and services for children and youth in receiving societies are sometimes perceived by refugee families as contributing to inter-generational division and conflict. The wishes of refugee parents and communities may not always coincide with the best interests of children and young people. However, it is important that wherever possible refugee families and communities are engaged in supporting children and young people in their resettlement since

for most, the practical reality is that the family and community will be their primary and most enduring sources of support.

Early assessment and settlement support

Early assessment and settlement support processes offer the opportunity to assess the need for and provide support to refugees in their role as parents. Early assessment and settlement support often focus on family economic sufficiency and basic practical concerns. The experience of established resettlement countries is that particular efforts are required to ensure that the needs of children and young people are not overlooked in these processes. This is particularly important as there may be a number of barriers to parents acknowledging and disclosing any difficulties experienced by their children (see p-).

In some countries, separate assessment is routinely offered to children and young people. In Sweden, for example, individual introduction plans (see p-) are developed and aim, among other things, to link children and young people with leisure and recreational pursuits.

In many countries, refugee children and young people are offered individualised assessment when they commence school to identify their particular educational and social support needs.

It is important that parental consent is gained prior to conducting separate assessment with children as this may be a source of some anxiety.

Settings and partnership approaches

Planning for refugee children and young people needs to take account of a range of issues including their physical and mental health and development, educational progress, social support and, in the case of older adolescents, employment and training opportunities.

Reflecting this, most countries of resettlement have employed partnership approaches to addressing the needs of children and young people, to ensure that the skills and resources of a range of communities, professionals and systems are engaged in delivering support. Partnerships between schools, pre-schools and child care facilities and resettlement and emotional support services are particularly important in this regard.

Why schools, pre-schools and child care facilities as settings for providing integration support?

A number of resettlement countries have focussed on school and child-care settings for delivering integration support to refugee children and young people and their families. Typically this support is delivered as a partnership between these settings and refugee families and communities, mental health and settlement support services and school communities. There are a number of advantages in this approach:

- The pre-school and school environments are a primary source of contact between refugee families and the receiving society and hence have a significant impact in determining the quality of their resettlement experience. The school environment, in particular has been identified as second only to the family in determining children and young people’s capacity to resettle successfully (ibid, Hjern and Jeppson 1998, Almquist and Broberg 1999).
- Teaching and child care professionals in many receiving societies will have had limited contact with children and families affected by war and trauma and may require support to provide an optimal environment for refugee children in the school context.
- Settings based interventions provide a focus for schools and child care facilities to explore ways in which they can create a supportive environment for refugee families.

- By facilitating access to the wider refugee population (not only those with identified difficulties), very early in the resettlement period, they enable an early intervention approach.
- Refugee families may be reluctant to access one-to-one professional support. Providing support through intervention based in schools and child care facilities offers families the opportunity to form relationships with supportive professionals in a non-stigmatising and non-threatening way.
- Schools are a natural part of the day-to-day experience of children and families, enabling interventions to be delivered in ways that normalise their otherwise disrupted lives.
- It may be difficult to deliver 'one-to-one' therapeutic interventions to children with more severe emotional or behavioural difficulties at certain stages of their development. However, there is some potential to support teachers and child care professionals to provide an optimal environment for psychological rebuilding.

Established resettlement programs have implemented a number of strategies to promote integration of refugee families through school, pre-school and child care settings including:

- Orientation programs for children and parents
- Target language programs for children and young people (see box below)
- Befriending or mentoring programs for children and young people and/or their parents and guardians (see chapter 2.3)
- Professional development programs for teaching professionals
- Developing systems and resources to enhance access by refugee families (eg translated materials, providing interpreters)
- Workforce development initiatives (eg recruiting bilingual teaching and child care personnel, bilingual aides, cultural advisers)
- Curriculum resources designed for both refugee young people and the wider school community
- Awareness raising activities aimed at valuing and affirming cultural diversity and countering racism in the wider school community. The importance of these activities has been discussed elsewhere in this handbook (see chapter 2.11). They will be particularly important in those settings serving refugee children and young people, for whom positive identity formation will be dependent on the ability to integrate the best of their old and new cultures.
- Specific cultural programs (eg arts projects, community theatre). These can provide an important vehicle for refugee young people to express themselves and for sharing their skills and perspectives with the wider community. In Sweden for example, a youth worker worked with refugee young people to make a film which described their experiences of social exclusion.
- Fostering refugee children and young people's involvement in recreational and sporting activities.
- Homework clubs

Child care and pre-school facilities tend to be of a smaller scale and are less likely to have the resources available to the school sector. For this reason, professional development and technical assistance support will be particularly important for facilities serving pre-school aged children.

Orientation

Parents will be better placed to assist children and young people in their resettlement if they have an understanding of the systems and culture of the receiving society. This understanding can also help to prevent inter-generational conflict. Accordingly, orientation programs for refugee parents should include information to support them in their roles as parents (eg peer pressure, the education system, changing family relationships, the effects of trauma and resettlement on children, drug use, child rearing practices, bullying and racism).

As indicated below, in many countries schools offer some formal means to orient refugee children, young people and their families to the education system.

A number of countries have also developed special orientation programs for refugee young people addressing such issues as peer pressure, drug use and inter-generational conflict.

Offering the best possible conditions for educational success

Most refugee children and young people will require a period of intensive and targeted support to assist them in adjusting to a new school system, learn the language of the receiving society (where necessary) and, in some circumstances to redress the effects of disrupted education and intellectual or developmental delay.

Many of the principles for delivering language training programs to adults from refugee and immigrant backgrounds (see chapter 2.6) are of equal, if not greater importance in school settings.

A range of approaches have been developed to delivering intensive support to refugee children in the early resettlement period including:

- Providing them with a period of language training and orientation via a special program to prepare them for entry into the general school system.
- ‘Pull-out’ arrangements, whereby refugee children and young people divide their time between the general class and intensive language and orientation classes prior to full time entry into general education
- Providing additional technical support to general class teachers. This is a particularly useful strategy when refugee children are geographically dispersed.
- Providing additional support to children and young people in the general classroom environment through the use of teaching, bi-cultural aides, bilingual instruction and other capacity building initiatives (see below).

These approaches are not necessarily mutually exclusive and are used in a complementary fashion in many countries.

Children and young people with particularly disrupted education may require additional intensive assistance. In some countries this is provided through a special program for refugee children and young people. In others, refugee children and young people may qualify for supplementary educational assistance through programs provided to nationals with special educational needs (eg children with disabilities).

In a number of countries special grants are made available to schools with a large enrolment of refugee children and young people to enable them to build their capacity to meet the additional needs of refugee children and young people.

The availability of specialist educational support for refugee children and young people will be an important consideration in placement decisions.

Should refugee children and young people be offered separate classes in the early resettlement period?

While most countries aim to support children’s and young people’s resettlement into the general school system as soon as practical, different approaches can be distinguished internationally.

Some countries place greater emphasis on children’s and young people’s entry into the general education system from the outset. This is supported through capacity building strategies such as deploying bilingual and bilingual teaching professionals, culturally inclusive curriculum and bilingual instruction. In others, the emphasis is on preparing children and young people for general education by providing separate programs to prepare them for entry into the wider school system.

In practice, differences between countries are a matter of emphasis, with many countries having a dual strategy involving both specialist programs and broader capacity building initiatives.

There are a number of factors to consider when planning approaches to supporting refugee children and young people in their integration into the school system:

- If a capacity building approach is adopted as sole strategy, it is important that adequate resources are invested in this task. If done well, this is not necessarily a more cost effective approach.
- Specialist programs may be necessary where children and young people are enrolling in schools with very small numbers of resettled refugee students, since capacity building approaches may not be economically viable in these environments.
- Since refugee children and young people ultimately enter the general school system, specialist programs are not a substitute for capacity building initiatives.
- A capacity building approach reflects the 'two-way' street notion of integration, enabling both refugee children and young people and the wider school system to learn from and adjust to each other.
- By separating them from their peers, specialist programs may compound perceptions held by both refugee children and young people themselves and the wider community of refugees as outsiders.
- Early interaction with the general education system provides refugee children and young people opportunities to learn the target language and about the culture of the receiving society.
- Separate programs can help to foster supportive relationships between refugee children and young people which endure following their entry into the general education system
- Separate programs can serve as a focus for delivering other specialist integration support (eg orientation programs) which may be difficult to deliver in a class environment involving both resettled refugees and nationals.
- While the aim of separate programs is to prepare refugee children and young people for entry into the wider school system and to empower them to interact within it, some newcomers may find the transition from the relatively protected environment of a specialist program to the wider system stressful. This suggests the need for this transition to be carefully managed.

Planning for children and young people in emerging resettlement countries

When establishing an integration program it will be necessary to meet with the relevant education authorities in the planning stages to identify mechanisms for assisting refugee children and young people in their enrolment, language training and integration into the classroom.

Employment

Particular planning considerations apply to refugee young people approaching or over the age of majority. In many receiving countries they will be considered too old for school and may not be eligible for income support to participate in basic education. At the same time they may not have had the opportunity to acquire the educational qualifications and experience required for paid work.

Language training programs designed for adults typically concentrate on language for day-to-day survival (see chapter 2.6). They may be inadequate for young people who wish to resume their education, since they will require more formal, technical language competence.

There may also be higher expectations on resettled refugees in this age group to make an economic contribution to their families than is the case for their counterparts born in receiving societies.

In some countries special income support and language training provision is made for this group. In circumstances where young people are required or need to work, there may be a need to explore part time language training and study options.

Technical assistance and specialised planning resources

A number of countries with large refugee and immigrant populations have established organisations providing technical assistance (eg: secondary consultation and professional development) to teaching, child care and social support agencies serving refugee children and young people and their families.

Similarly, special planning units have been established in government education and child welfare departments to ensure that broader planning processes accommodate the needs of refugee and immigrant children and young people

Language assistance

As children and young people tend to learn a second language more rapidly than adult refugees they are often called upon to interpret and liase with systems in the receiving in behalf of other family members. Steps will need to be taken to prevent this since it may have negative consequences for both refugee children and young people and their families (see p-). This suggests the importance of ensuring that adequate provision is made for both language assistance and adult language training (see chapters 2.5 and 2.6).

Training and awareness raising activities for professionals and other key personnel in the receiving society should also stress the importance of utilising professional language assistance providers

Key settings serving refugee children and young people will require access to translation services to ensure optimal communication with refugee parents.

Unaccompanied or separated refugee minors

Unaccompanied or separated refugee minors are young people under the age of majority (commonly 18 years) who arrive in the receiving country:

- without an identified parent or guardian
- with an adult or family group to whom they are not directly related by blood
- with a parent or guardian, but that relationship subsequently breaks down

(Note: To be replaced with UNHCR definition)

The following are important considerations in the integration of refugee minors:

- Intensive settlement support is usually required until such time as refugee minors reach the age of majority, or the age at which alternative care arrangements would usually cease for nationals.
- Early settlement support will need to include life skills training, basic material needs, assistance with trauma and torture issues, recreation, education and language training needs, identity formation, peer group issues and cultural adjustment.
- Assessment and ongoing monitoring of refugee minors arriving with adults who are not related by blood and non-parental family members will be important to ensure that they are provided an appropriate standard of support.
- Alternative care arrangements. A flexible range of options will be required. For example in Sweden and the US, both countries with considerable experience in resettling refugee unaccompanied minors, options include foster care, a family group model and supervised independent living. In most countries care is provided through general programs provided to nationals. However, some countries have developed special alternative care programs for children and young people from culturally diverse backgrounds
- Professionals and volunteers who have contact with refugee minors, in particular those providing alternative care, will require appropriate training and support.
- Income support and assistance with other important services which are commonly only available in a fee-for-service' basis in receiving societies (eg medical coverage, counselling, career guidance and legal assistance).

3.4 Engaging refugee elders

Notes to reviewers regarding promising integration practices

Currently included

- None

Forwarded during Review process/to be incorporated after ATC

- US example (individual and community support and capacity building in the wider network)

Still required

- Any illustrating themes in this chapter

This chapter discusses some of the factors that need to be taken into account by receiving societies to ensure that integration planning processes and programs support the integration of refugee elders.

Taking account of refugee elders: A checklist for planning

Integration program component (see relevant chapter in Part Two for more detailed information)	Think about
Placement in the receiving society	<ul style="list-style-type: none"> • Family support • Ethnic community networks • Health and social services • Neighbourhood safety and security • Public transportation
Early settlement and social support	<ul style="list-style-type: none"> • Offering separate assessments for the family and individual elder • Fostering linkages between refugee elders and community support services (eg meals services, domestic assistance) • Partnerships between aged services and refugee communities to develop culturally relevant social and recreational programs for refugee elders
Income support and establishment resources	<ul style="list-style-type: none"> • Whether refugee elders are eligible for retirement income under national retirement laws and provisions and the sustainability of current income provisions.
Language assistance	<ul style="list-style-type: none"> • The importance of assistance as elders may take longer to acquire the target language. • Target language maintenance as resettled refugees age
Language training programs	<ul style="list-style-type: none"> • Flexible language training options • Whether participation in language training/orientation programs should be obligatory for the aged (an important concern in those countries where this is the case for resettled refugees generally) • Curriculum relevant to refugee elders that emphasises socialisation and community connections.
Orientation programs and processes	<ul style="list-style-type: none"> • Information on services and supports available to elders in the receiving country, including ethno-cultural groups and services • Life skills focussed orientation • Information about target language publications (newspapers, magazines) and radio and television programs
Housing	<ul style="list-style-type: none"> • Availability of housing stock suitable for extended families • Physical accessibility of housing particularly for elders with disabilities • Culturally sensitive, long term supported accommodation options for frail refugee elders
Employment, Adult education and training	<ul style="list-style-type: none"> • Intensive job search support programs and career planning assistance for resettled refugees over the age of 45 • The adequacy of existing legislative frameworks to prevent discrimination against elders.
Health care	<ul style="list-style-type: none"> • Capacity building activities in programs serving refugee elders (eg nursing homes, hospitals)
Welcoming and hospitable communities	<ul style="list-style-type: none"> • Promoting elder involvement in ethnic community events • Whether more flexible requirements should apply for citizenship for elders

General	<ul style="list-style-type: none">• Professional development, training and awareness raising activities for key personnel and professionals to enhance their capacity to support refugee elders.
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Why plan to support the integration of Refugee Elders?

Refugee elder's contribution to receiving societies and refugee families

Many refugee elders make important economic contributions to receiving societies through their participation in both paid and voluntary work. Elders also play a role in supporting the integration of refugee families through their involvement in child-care and domestic tasks.

As holders of the cultural heritage of their communities, refugee elders transmit important cultural knowledge to both the receiving community and to younger generations. This role is particularly important for refugee children and young people since, as discussed elsewhere in this handbook, engagement with their culture-of-origin is important in the process of developing their identity in the receiving society.

In many refugee source countries, refugee elders are revered for their wisdom and life experience and are a source of advice and support to their children and grandchildren. If refugee elders are supported in their integration, they will be better equipped to play this role in receiving societies.

... regarding student motivation we have found that it is sometimes not enough to speak only with the person concerned. Several of the students belong to larger families that have preserved their home traditions including the practice of treating ones elders with particular respect. His views carry weight when the family discusses right and wrong, should and must, tradition and innovation. Both the school and the refugee officers have learned to consult with the family elder when important matters of principle are to be decided
Language training teacher, Sweden

Particular planning needs

Ageing in many receiving societies is associated with increased vulnerability to material poverty, poor health and social isolation. As resettled refugees may be at particular risk in this regard, appropriate planning is critical to ensure that both their human rights and dignity are assured in receiving societies.

For younger refugees the success of integration is usually measured in terms of their acquisition of the target language and achievement of economic self sufficiency. For elders, however, integration objectives need to be considered in the context of their physical and mental abilities. While for some elders, achieving economic self sufficiency and language acquisition may be appropriate goals, for others, success may need to be measured in other terms such as their success in achievement of independence in day to day tasks or making social connections with other elders in the refugee community.

Since refugee elders have a role in supporting the integration of other family members and in transmitting important cultural values, another important benchmark of success will be the extent to which they are respected and valued in both their own families and communities and the wider society.

Refugee elders are a small proportion of the total refugee intake in most countries of resettlement. They are a highly diverse group and may also be geographically dispersed. As a consequence, their needs can often be overlooked. This may be particularly the case in receiving societies with high expectations of early economic self sufficiency where the focus in integration planning tends to be on employable adults.

The Implications of the Refugee and Resettlement Experiences for Refugee Elders

In most societies, ageing is a life cycle stage of adjustment. It is a time of coming to terms with a gradual loss of independence, of retirement from paid employment and of looking for alternative sources of practical and emotional support. Ultimately ageing involves coming to terms with, preparing for and coping with death. Refugee elders share with their counterparts in receiving societies many common experiences and difficulties associated with ageing. Like other resettled refugees they also face challenge of coming to terms with forced displacement and resettlement in a new country. However they also face some unique challenges in the processes of both ageing and resettlement.

Elder nationals and longer term residents of the receiving society will have had the opportunity to gradually plan for advancing age and to acquire the skills and resources for dealing with it. In contrast, refugee elders are required to make these adjustments in an unfamiliar environment and with few material resources. Many will have to come to terms with very different social conditions for ageing than they may otherwise have anticipated in their countries of origin.

Unlike their younger counterparts, refugee elders have very few years available to them to rebuild their lives and regain their former status and financial position. Given the time taken to retrain or have qualifications gained elsewhere recognised, refugee elders may be forced to accept a labour force position well below that occupied in their countries-of-origin.

Some of the challenges resettled refugees face in seeking employment are discussed in Chapter 2.9. These may be compounded for refugee elders by the reluctance of some employers to hire older workers. This may be exacerbated by the higher rate of chronic and disabling conditions among resettled refugees which may make them appear older than they are.

Refugee elders may also have to adjust to very different concepts of retirement. In some refugee source countries, the retirement age is lower than that in many industrialised receiving societies and retirement from paid employment may be a more gradual process. As a consequence they may have some ambivalence about employment. While they may be conscious of the need for economic self sufficiency, they may also yearn for the peaceful and tranquil retirement they might otherwise have had in their home countries.

In refugee source countries, elders are generally valued for their wisdom and life experience and authority and status is vested in them as advisers and supporters of younger family members. In receiving societies, however, this position is likely to be reversed. Given their age and greater contact with the receiving society, children and employable age adults tend to learn the language of and adjust to the receiving society at a far more rapid rate than elders. In these circumstances, refugee elders may become dependent on children and grandchildren for the most basic of life tasks such as paying bills or reading correspondence. As well as undermining their traditional authority, this may be a cause of great humiliation and shame for refugee elders.

The traditional role of elders may be further compromised if children and young people reject their beliefs and values in their own bid to find acceptance in their new country. Also of concern are negative attitudes toward ageing in many receiving societies. These have the potential to affect the self esteem of refugee elders as well as the esteem in which they are held by other family members. Without their traditional role and authority, refugee elders may struggle to find an alternative meaning and purpose to their lives.

Refugee elders are also vulnerable to social isolation in the receiving society. Families struggling with their own integration may find it difficult to find the time to spend with elder relatives. While in established refugee communities support networks for elders are generally well developed, in small and emerging communities this may not necessarily be the case.

Studies in receiving societies suggest that refugee elders may have limited access to social and recreational programs established for elders in receiving societies (eg day centres, congregate meal services). This may be due to language difficulties; discomfort as minorities in the company of elders from the dominant culture; and the fact that these programs may not readily accommodate the dietary requirements and religious and cultural practices of refugee elders.

Social isolation and dependence of refugee elders may be further compounded by lack of access to or difficulties in using public transportation.

While age can be a period of great vitality, it is also associated with increased vulnerability to health problems and increasing dependence on others. In many refugee source countries, frail and sick elders are cared for in the home in the context of the extended family. Refugee families in receiving societies may struggle to provide this support, owing to their own integration pressures.

At the same time, both families and refugee elders themselves may be reluctant to access support services established for the support of the elderly in the receiving society. This may be due to a fear and distrust of outsiders, in particular government agencies and/or a strong cultural belief that responsibility for the support of the elderly lies with the family.

Preparing for death may also involve particular challenges for refugee elders. For religious and cultural groups with strong links to ancestry, burial in one's homeland may be important. Refugee elders from these groups may fear what will happen to their souls if they are buried in their country of resettlement (reference). In others, particular procedures and rites may need to be observed in order to ensure appropriate burial and resting. For example burial may need to take place within a prescribed time or the deceased (as is the case for practicing Muslims) may need to be placed in a certain direction. In some cultures there are specific taboos on talking with the sick and elderly about impending death, making it difficult for them to discuss their fears with family members and ensure that practical preparations are made.

In many refugee source countries the dying remain in the home surrounded by relatives, friends and in some cases religious leaders. In contrast in receiving societies elders commonly spend their last days in a hospital where the involvement of family and friends may be curtailed by their lack of familiarity and comfort with an institutional environment; visiting requirements and invasive medical management of the elder relative.

Issues to consider when planning to support the integration of refugee elders

Service and program responsiveness

The small, diverse and geographically dispersed nature of the refugee elder community presents particular challenges for integration planners, with resource constraints work against establishing special programs for them. Accordingly, a highly targeted approach to planning is required.

A number of approaches have been adopted to improve the responsiveness of services and programs to refugee elders including:

- Securing the cooperation of services providing programs for national elders to offer programs in refugee community venues such as community centres or places of worship
- Ethno-cultural agencies working with established service providers to develop programs for refugee elders in existing facilities for national elders
- Providing support to established services to enhance their capacity to provide culturally and linguistically sensitive programs to refugee elders (bilingual and bi-cultural staff, technical support)

The success of these approaches is highly dependent on effective partnerships between refugee agencies, refugee communities and established services and programs for elders in the receiving society.

Effective models of service delivery for refugee elders have also tended to be multi-faceted, addressing a range of resettlement objectives in an integrated way. For example, in the US some success has been achieved by combining language training, orientation and social support (see below)

The experience of receiving societies is that refugee elders do require more intensive integration support (reference) and that this needs to be recognised in funding and contractual arrangements, particularly for services providing early assessment and settlement support (see chapter 2.3).

Refugee community support and capacity building in refugee communities

Chapter 2.11 discusses strategies to strengthen refugee communities and to build their capacity to support resettled refugees. These efforts will be particularly important for refugee elders as:

- In the face of the dislocation associated with their refugee experience and the stresses of resettlement, connection with their traditional culture can provide a source of continuity and comfort.
- Strong ethno-cultural communities provide access to religious institutions (such as mosques, churches). The ability to practice their faith may be particularly important for refugees elders
- For those struggling to acquire the language of the receiving country, contact with their own community may be their only opportunity outside of the family, to communicate in a meaningful way with others.
- Refugee communities play an important role in supporting the development of special services for refugee elders (see above) and in providing advice and support to general services to assist them in providing culturally and linguistically relevant services. They are also an important source for recruiting bilingual and bi-cultural workers to programs for refugee elders.

Language assistance

Refugee elders are less likely to speak the language of the receiving society on arrival and may be slower to acquire a new language (reference). Accordingly, language assistance will be critical for this group, particularly in key services and systems (eg income support, health care) and specialist services for elders.

Evidence suggests that refugees and immigrants begin to lose the capacity to speak their second language as they age, indicating the need for target language maintenance programs

While elders may be unable themselves to comprehend written information in either their own language or that of the receiving society, many will depend on others to explain or affirm information provided orally. For this reason information provided directly to elders should wherever possible be supplemented with written materials.

Health

Care will need to be taken when offering post arrival health assessment to refugee elders. They may be particularly reluctant to disclose information about their health prior to or following resettlement for fear that this may prejudice their application for resettlement or their migration status. Alternatively they may not wish to worry or burden other family members.

Elders may be particularly receptive to traditional models of health care and these have been utilised by health services serving refugee elders in a number of countries.

In those receiving societies in which health care is funded through work related or private health insurance, consideration will need to be given to ensuring that refugee elders who are beyond employment age have access to an appropriate and affordable standard of health care.

Health care providers and refugee advocates will need to familiarise themselves with relevant religious and cultural observances relating to the process of dying; treatment of the deceased, and where necessary the processes for sending deceased persons back to their homelands (where this is possible) for burial.

As indicated in Chapter 3.1 resettled refugees may be particularly vulnerable to developing refugee related psychological problems as they age in the receiving society. This will need to be taken into account in professional development and other capacity building initiatives targeted to health and social support workers serving elders.

Language training

The importance and benefits of language training for resettled refugees are discussed in chapter 2.6 of this Handbook and apply equally to refugee elders. In addition, language programs can provide elders a focus for re-establishing routine, for socialising with others and for learning about the receiving society.

Some countries offer dedicated language training programs for refugee elders and have developed specialist curriculum. In many cases these are delivered in services for the elderly, often in the context of a broader social and recreational program or as part of a congregated meal program.

Factors to consider in planning language training programs for refugee elders.

- Learning a new language becomes increasingly difficult with advancing age. Refugee elders may require more intensive language support or learning objectives may need to be set in accordance with their aspirations and abilities.
- Refugee elders may experience some embarrassment participating in a class with younger people, particularly if they are struggling to learn. For this reason elder specific classes, if possible taught by older teachers, may be more acceptable to refugee elders.
- As indicated in chapter 2.6 if adult language learning is to be effective, it is important that it is related to the day-to-day needs and concerns of adult learners. Since these will be very different for refugee elders than for employable age adults, tailored curriculum will be of benefit.
- Past negative experiences of education and negative images of ageing in the receiving society can effect elders' self esteem and self worth and act as barriers to learning. Curriculum can help to address this by reflecting positive images of ageing.
- Refugee elders may face additional health barriers to language learning (dementia, hearing loss, dental problems, depression, vision impairment and arthritis). Awareness of these among program providers and sound referral links between language training programs and health services will therefore be important.

Social support

When adult care-givers are secure in their housing, health, employment, education and literacy, there is ample time and energy to see that the most vulnerable, elders and children, are well attended.

Chenoweth and Burdick (source to be cited)

The particular needs of refugee elders will need to be considered in early assessment and settlement support (see chapter 2.3). In circumstances where refugee elders are dependent on family support, it is important that the whole family is involved in assessment and that social support interventions are developed to strengthen the functioning of the family and thereby its capacity to support refugee elders. Families will also need to be informed about

the services and supports available to them in the event of the refugee elder experiencing a health crisis at a later time.

Nevertheless there is the risk in focusing on employable adults, that the needs of refugee elders will be neglected. For this reason social support providers in some resettlement countries conduct interviews both with the whole family and separately with refugee elders.

Through early settlement support refugee elders can be offered information and support to make linkages with their ethno-cultural communities (see above); and with social and recreational programs in both the refugee and wider communities.

Health care and social support providers may also need to be aware of the possibility of elder abuse which while occurring across cultures, may be a particular concern as refugee families struggle with the economic, social and personal stresses of adjusting to a new country. While in some cases this may take the form of physical abuse, in others elders may suffer exploitation, being expected to take undue responsibility for domestic and child care tasks, or may be confined to the home.

Employment

Refugee elders who are approaching but have not reached retirement age or who wish or need to work beyond this age may require more intensive employment counselling and job placement support. For planning purposes this group is generally understood to include those aged 45 years and over.

In the US, some economic self sufficiency initiatives targeted to elder refugees have built on and affirmed their roles as advisers and supporters of children and grandchildren. These have included working with refugee elders to establish child care co-operatives and offering them training to work as bi-cultural assistants in social support agencies. Through their participation in these programs, participants are also able to build their understanding of the receiving society and thereby bridge the gap between them and younger generations. Some countries have achieved particular successes with mentoring programs for refugee elders.

Income support

In some receiving societies, eligibility for retirement income may be dependent on a history of participation in the labour force or being a citizen of the receiving country. In these circumstances, there may be a need to review income support provisions or to support refugee elders to meet prevailing eligibility requirements.

Orientation

Orientation programs and processes are important vehicles for providing assurance to refugee elders that they and their families are safe in the receiving society and for providing information about the supports and services available to them. By helping elders to establish a sense of control they can reduce their dependency on other family members. Orientation programs can also help refugee elders to better understand the lifestyle, practices, values and beliefs of the receiving society, thereby assisting them to retain their advice giving roles in refugee families. This in turn can help to reduce the potential for inter-generational conflict.

As indicated above, orientation is more likely to be effective if provided as part of an integrated program of social support and/or language training. Many refugee elders will benefit from 'hands-on' orientation aimed at supporting them to learn basic survival skills such as dialling telephone numbers and using public transport.

Housing

While refugee elders and their families may prefer to be housed together, in many receiving societies, there is limited housing for extended families. Where appropriate housing is not available, consideration may need to be given to housing elders close to family members and other community supports.

Placement

The following will be important factors to consider in the placement of refugee elders:

- Personal safety and security. The experience of resettlement countries is that refugee elders may feel particularly vulnerable to threats to their personal safety in receiving societies, contributing to anxiety and social isolation.
- Ethno-cultural community and family support (see above)
- Health and support services, in particular services established for elders
- Public transport. Refugee elders are less likely to own a motor vehicle owing to financial and language difficulties and health issues (eg visual impairment). Access to public transportation reduces elders' dependence on others and enables them to participate in social activities. Studies in receiving societies indicate that elders who have access to public transport have a better quality of life than those who do not (reference)

Citizenship Requirements

In some countries of resettlement a relatively high level of language proficiency is required to qualify as a citizen. Recognising that elders may find it difficult to learn a new language some countries have more flexible criteria for them (eg: participating in citizenship processes in their first language). Efforts to support elders to qualify for citizenship will be particularly important in resettlement countries where citizenship is a condition of eligibility for government provided retirement income.

“It is difficult to find the society where I really fit in because I’m old and not the same race as others”

Refugee resettling in Canada

3.5 Supporting resettled refugees making the transition from traditional and developing communities

Notes to reviewers regarding promising integration practices

Currently included

- Australian and New Zealand examples for resettled refugees with intensive language needs

Forwarded during Review process/to be incorporated after ATC

- Service providing cultural consultants (small language groups) on a contractual basis to child care facilities (Australia)

Still required

Any illustrating themes in this chapter

3.5 Supporting resettled refugees making the transition from traditional and developing communities

This chapter is concerned with the planning issues that need to be considered to support the integration of resettled refugees who are making the transition from a traditional or developing community to a highly industrialised and urbanised receiving society.

Taking account of refugees from developing and traditional communities: A checklist for planning

Integration program component (see relevant chapter in Part Two for more detailed information)	Think about
Placement in the receiving society	<ul style="list-style-type: none"> • Ethno-cultural community support • Rural communities (taking account of the need for careful selection and advance preparation of placement communities)
Early settlement and social support	<ul style="list-style-type: none"> • More intensive early settlement support • Capacity building within small and emerging refugee communities. • Pro-active strategies to recruit and train bi-cultural/bilingual workers
Income support and establishment resources	<ul style="list-style-type: none"> • Provision to enable participation in longer and more intensive language training and orientation
Language assistance	<ul style="list-style-type: none"> • Pro-active efforts to recruit and train appropriately qualified interpreters
Language training programs	<ul style="list-style-type: none"> • Outreach and flexible delivery options • Longer or more intensive language training programs • Adult and culturally inclusive learning approaches • Specialist teacher training
Orientation programs and processes	<ul style="list-style-type: none"> • Intensive survival orientated orientation • Models of orientation that do not depend on literacy • Bilingual/bi-cultural involvement in orientation programs
Housing	<ul style="list-style-type: none"> • Availability of housing stock for larger and extended families
Employment, adult education and training	<ul style="list-style-type: none"> • Support for micro-economic enterprises • Intensive job placement support and on the job training programs to ensure progression to higher paid positions
Health care	<ul style="list-style-type: none"> • More intensive support to access hospital based birthing services <p>See also sections on FGM (p -) and communicable disease (p-)</p>
Welcoming and hospitable communities	<ul style="list-style-type: none"> • Measures to counter racism and xenophobia • Measures to enhance receiving communities' understanding of the strengths, background and traditions of refugees from traditional and developing communities
General	<ul style="list-style-type: none"> • National planning and program development to meet the needs of small communities • Service provider networks to facilitate information and resource exchange • Centralised services providing cultural consultancy/bilingual support at the local level • Professional development, training and awareness raising activities for key personnel and professionals to enhance their understanding of resettled refugees from traditional and developing societies. • Workforce development initiatives to enhance access to bi-cultural professionals and personnel

Why plan to support the integration of refugees from traditional and developing societies?

A growing proportion of refugees offered resettlement are from countries with developing economies. Some of these entrants will have been relatively affluent and well educated in their countries of origin and have originated from large urban centres. Their way-of-life may have been very similar to that in the cities of many industrialised receiving societies. Others, meanwhile, may have come from hill, rural or pastoral communities where they are likely to have lived a very traditional way of life and have had limited exposure to technology and the effects of industrialisation and urbanisation. There may be marked cultural and life style differences between these communities and those in economically developed receiving societies (see box). In some of these communities, there may be no or limited written language. Rather values and skills are passed down from generation to generation. These societies are commonly described as 'pre-literate societies' or 'societies with oral traditions'.

Resettled refugee groups from traditional and developing societies ... have similar needs, desires and wants as other groups in any given society. Their basic needs are not that different: they sleep, eat, laugh, work, marry, raise children, pray, wish and dream like everyone else... Care should be taken not to over-emphasise the differences over the commonalities different groups have as part of the broader human community.
(ICRIRR Conference)

These resettled refugees, herein referred to as refugees from traditional and developing communities, have a lot to teach receiving societies, particularly in terms of relational skills that contribute to social and family cohesion and the importance of collective and community action.

They also make vital economic contributions to receiving societies. Many bring specific skills which provide the basis for the development of micro-economic enterprises. In some countries resettled refugees from traditional and developing countries have been responsible for forging whole new markets. For example, in the US and Australia, Indo-Chinese refugees have established market gardens cultivating fruit and vegetable varieties not hitherto available in those countries.

Resettled refugees from traditional and developing communities may have particular issues which need to be taken into account in integration planning stemming from the facts that:

- There is likely to be a significant gulf between the culture and way of life in their countries of origin and resettlement. This creates particular adaptation challenges both for receiving societies and for resettled refugees themselves (see box).
- They may be pre-literate, non-literate or semi literate.
- They may have been particularly vulnerable to the effects of structural poverty, such as limited access to education and health care (see chapter 1.3).

Resettled refugees from traditional and developing communities comprise a very small proportion of entrants in many countries and there is significant diversity both within and between communities. In some receiving societies, they are also geographically dispersed. As a result of these factors their particular needs can often be overlooked.

Despite their small size, a number of resettlement countries have made a conscious choice to give priority to refugee groups from traditional and developing societies for funding and support, recognising the particular challenges they face in the integration process and the unique contributions they make to receiving societies.

The challenge for integration: Bridging the gulf

Cultural adaptation may be a more complex process for resettled refugees from developing and traditional societies owing to the large differences between their culture and country of origin and the receiving society. At a practical level, many will need to learn for the first time how to use technology such as domestic appliances, automated banking and public transportation. Literacy issues may add to the complexity of these tasks, with many of them requiring a grasp of basic literacy and numeracy concepts.

As well as these practical challenges, there are also likely to be large differences in cultural practices, values and lifestyle (see box). Many of the coping skills which served resettled refugees well in a more traditional setting may have limited application in a developed, urban community. Poor command of the basic skills required to survive in the receiving community may lead to feelings of personal incompetence. Studies suggest that this group is particularly vulnerable to anxiety and depression (reference).

Services in receiving societies will have developed from a western frame of reference and in response to the predominant concerns and issues of an industrialised society. Service providers and volunteers may have a limited understanding of the culture, values and experiences of resettled refugees from traditional and developing societies.

As is the case with other refugee groups, the challenge in integration planning is to bridge this gulf, both by taking steps to understand and accommodate the needs of resettled refugees from traditional and developing communities and supporting them to adapt to the receiving society.

Factors to be aware of when planning for resettled refugees from traditional and developing societies

There may be significant differences between industrialised receiving societies and traditional and developing communities in the following areas. The extent to which these differences affect individual resettled refugees will depend on individual factors, their country of origin and their prior exposure to industrialisation and urbanisation.

Gender Roles	<ul style="list-style-type: none"> • Gender roles may be more clearly defined and differentiated.
Family relationships	<ul style="list-style-type: none"> • The extended family may be the predominant family form • There may be a broader concept of what constitutes family (ie in some cultures nephews, nieces and cousins may be considered part of the immediate family) • Respect and authority tends to be vested on the basis of age (eg elders are revered) • Family size may be larger as traditional and developing societies depend on large families for their economic survival and may be effected by high infant and early mortality
Individualism/collectivism	<ul style="list-style-type: none"> • Greater emphasis tends to be placed on communal and collective responsibility and on conformity to community values and culture (compared with individual responsibility and self fulfilment in receiving societies)
Pace and way of life	<ul style="list-style-type: none"> • The pace of life is slower and less dictated by external forces, in particular paid employment, than is the case in many receiving societies • Life is commonly village or community based with schools, markets and workplaces being situated within walking distance providing greater opportunities for incidental social interaction and exercise. • The division between work and home tends to be less sharply defined • Conflict notwithstanding, there may have been a greater sense of public safety in small communities and villages.

Religion	<ul style="list-style-type: none"> • Greater authority and meaning tends to be vested in religion • Religious leaders may play a greater role in providing support and guidance
Health	<ul style="list-style-type: none"> • Traditional cultural views of health and healing may take precedence over or co-exist with bio-medical approaches
Child rearing practices	<ul style="list-style-type: none"> • Child care and supervision tends to be shared within the extended family and community • Child rearing practices may be very different than those in receiving societies.

Sources: (to be cited)

Issues to consider when planning to support the integration of resettled refugees from traditional and developing societies

The importance of refugee community support and of involving refugee communities

The benefits of engaging refugee communities as integration partners and of capacity building initiatives in refugee communities have been discussed in chapter 2.3. These efforts are particularly important for refugee groups from developing and traditional communities as:

- ❑ In many receiving societies they are relatively small and emerging communities and may require some support to deliver the range of benefits offered by established ethno-cultural communities (eg places of worship, ethnic media, and social support services).
- ❑ Ethno-cultural community support will be an important factor in dealing with the marked adjustment involved in resettlement for this group. Indeed in some countries, the successful integration of resettled refugees from traditional and developing communities is defined in the first instance in terms of their integration into ethno-cultural communities (reference).
- ❑ Strong ethno-cultural communities provide the basis for collective and community action, enabling small communities to interact on a more equal footing with the receiving society.
- ❑ Given the marked differences between these communities and the receiving society, refugee community involvement in planning and implementation will be critical to ensure that services are relevant and responsive.
- ❑ Strong ethno-cultural communities provide a source for recruiting bilingual and bi-cultural professionals and volunteers.

Refugee community support can also be fostered through placement policies which support those from traditional and developing communities to settle in particular placement communities (see chapter 2.1). Nevertheless, a number of receiving societies have experienced some success by offering placement opportunities to this group in rural locations where the pace of life more closely resembles that in the country of origin. For reasons discussed in chapter 2.1, however, due regard will need to be given to the selection and advance preparation of sites and to facilitating placement choice.

Take care: Respecting and building on diversity

Some receiving countries have offered resettlement to refugees from a number of countries within the same continent or global region (eg Africa, the Middle East). Refugees sharing a common regional origin have many similar experiences and issues. However as is the case in other world regions there are also significant differences between them. While in some areas resettled refugees will see benefits in a pan-community approach, in others separate responses will be more appropriate. Some, though certainly not all refugee groups from developing and traditional communities, may also be characterised by diversity in religious, political, ethnic and clan affiliations. These will be important factors to consider in integration planning.

Service and program responsiveness

As noted above (see box) programs and services in the receiving society may have limited relevance for those from traditional and developing communities. For example, counselling,

a common approach to offering emotional support in receiving societies, focuses on the individual. It may be unacceptable in those cultures where greater emphasis is placed on collective and community problem solving. Similar issues apply in the areas of education and language training (see below).

Given that those from traditional and developing communities are a relatively small proportion of the clientele of many programs and services in receiving societies, it may take some time for services to develop an understanding of their needs and to tailor approaches and programs. Ethno-cultural services for these communities are not likely to be well developed and the pool of appropriately trained bi-lingual and bi-cultural personnel may be small. Further, at the local level, the resource demands of developing linguistically and culturally relevant services and programs for very small communities can be prohibitive.

Established countries of resettlement have adopted a number of approaches to addressing these issues including:

- Fostering National planning processes and program development activities, to avoid duplication of effort at the local level (eg specialist teacher training programs)
- Placing concerted efforts into involving refugee communities in planning and implementation processes
- Ensuring that resources developed in the context of small locally based projects are disseminated to other relevant service provider and community networks
- Establishing 'bank' style systems for providing language assistance and cultural consultancy to both integration and general services. For example in the Australian state of Victoria, the Free Kindergarten Association – Multicultural Resource Centre has recruited and trained a team of bi-lingual workers who are available to pre-school centres to assist them in supporting children and families from small refugee communities.
- The establishment of service provider networks to facilitate information exchange and resource sharing.
- Workforce development initiatives to accelerate recruitment and training of bilingual and bi-cultural workers

Language Assistance

Language assistance will be particularly critical for resettled refugees from traditional and developing communities since the potential for mis-communication is compounded by the cultural gap between these communities and the receiving society. Confidentiality is a particular concern when using untrained personnel in small, close knit communities.

Social support and orientation

Resettled refugees from traditional and developing communities may require more intensive social support to undertake the practical tasks of resettlement and to deal with the process of cultural adaptation, a factor that will need to be taken into account in assessment and settlement support (see chapter 2.3).

Given the volume of information to be absorbed by this group, the level of adaptation required and literacy issues, orientation programs should be 'hands-on' and practical. Content should be confined to the bare essentials required for survival at the stage of resettlement concerned.

Wherever possible orientation and early settlement support should be provided by people from the person's own community. The use of symbols and signs should be avoided wherever possible. While these have meaning in a western industrialised tradition they may be incompatible with the frame of reference of resettled refugees from traditional and developing societies, in particular those with oral traditions.

When developing reception programs (see chapter 2.2) consideration will need to be given to basic household orientation (eg: the use of appliances).

Language Training

The experience of resettlement countries has been that refugees from traditional and developing societies have lower levels of participation in, and higher rates of attrition from, language training programs. This would appear to be due to the greater adjustment involved in resettlement for this group and its associated stresses. Further, in most receiving societies education systems are well established, highly developed and oriented to the needs of nationals with a continuous educational history. As a result schools and other educational facilities may be ill equipped to address the needs of pre-literate, non-literate and semi literate learners.

These learners also take longer to become functional in a second language (reference), a process which may be further prolonged by the effects of resettlement and adjustment. As indicated in chapter 3.2, these issues are of particular concern to women from traditional and developing societies owing to cultural role expectations, safety issues and their role as primary care givers of children and other dependents.

Strategies to support resettled refugees from traditional and developing communities to learn the target language:

Established resettlement countries have sought to address these issues by:

- Integrating emotional and resettlement support with language training. In some countries partnerships have been formed between language training program and settlement support providers so that resettlement issues can be addressed along side language training (see box)
- Delivering language training in contexts which may be more acceptable to resettled refugees than a traditional classroom environment (for example as part of recreational or social activities)
- Ensuring that a flexible range of language training options is available
- Providing practical assistance to access language training (eg child care, transportation)
- Providing specialist professional development or qualifications for teaching professionals teaching a second language to pre-literate, non-literate and semi-literate learners, since this task requires different skills and approaches. In Sweden, for example, a special data bank of literature and research has been established at the Stockholm Institute of Education. The centre also supports a network of teachers involved in supporting learners with literacy problems.
- Offering pre-literate, non-literate and semi-literate learners a longer and/or more intensive period of language instruction (see box)
- Developing opportunities for bilingual instruction. These will be particularly important for pre-literate, non-literate and semi-literate learners, as many concepts cannot be taught in a second language until they are grasped in the first.
- Taking particular steps to support the involvement of refugee women (see chapter 3.2).
- Engaging ethno cultural communities in planning language programs
- Contracting ethno-cultural groups and services as language training program providers (see chapter 2.6)

The adult learning principles and good practice features described on p## of this handbook will be particularly important in language training programs involving resettled refugees from developing and traditional societies.

An International Example: Learning by sewing

In Sweden, language training teachers collaborated with a textile craft teacher to establish a sewing workshop for resettled refugees with limited literacy in their first language. As well as learning conversational Swedish in the course of the group, instructions for operating sewing machines and making garments were used as a focus for language learning exercises.

Fostering Inter-generational Harmony and support

The importance of promoting inter-generational harmony and understanding in refugee families and communities has been discussed in chapter 3.3. These efforts will be particularly important for refugees from traditional and developing societies where the potential for conflict may be greater owing to the magnitude of the gap between the cultures of refugee source and resettlement countries. This will be an important factor to consider in orientation programs and in developing services for children and young people (see chapter 3.3). Particular efforts will need to be placed into developing links between refugee parents and schools so that they are well equipped to support their children's resettlement.

Racism and Xenophobia

Consideration will need to be given to the needs of resettled refugees from traditional and developing societies when planning strategies to address discrimination, racism and xenophobia (see chapter 2.11). Refugees from these societies may be more likely to have racial features and religious and cultural practices that distinguish them from the dominant society. At the same time, they may also lack the language and literacy skills and knowledge of the receiving society to act as self advocates or to seek formal redress in instances of discrimination.

Refugee women from traditional and developing societies

Owing to more clearly defined gender roles in traditional and developing societies, women are likely to play a primary role in the care of children and young people. These same cultural role expectations may also serve as a barrier to their participation in integration activities to support them in their roles as parents such as language training, employment and orientation (see chapter 3.2). A large number of women settled in receiving societies through 'women-at-risk' programs are from traditional and developing communities.

Table Eleven- Basic economic and social indicators for selected refugee source countries with developing economies

Country	Life expectancy at birth (years)	GDP per capita (US \$)	Physicians (per 100,000 people)	Percentage with access to adequate sanitation facilities
Low Human Development Index (HDI) rank and refugee source country (a)				
Burundi (160)	40.6	578	*	*
Congo – Dem. Rep (142)	51	801	7	20
Sudan (138)	55.6	664	9	62
Angola (146)	45	3,179	8	44
Sierra Leone (162)	38.3	448	7	28
Eritrea (148)	51.8	880	3	13
High HDI rank and refugee receiving country(b)				
Norway (1)	78.4	28,433	413	*
Australia (2)	78.8	24,574	240	100
Canada (3)	78.7	26,251	229	100
Sweden (4)	79.6	22,636	311	100
Belgium (5)	78.2	25,443	395	*
United States (6)	76.8	31,872	279	100

(a)The Human Development Index (HDI), developed by the United Nations Human Development Program, measures the average achievements of a country on three basic dimensions of human development – a long and healthy life, knowledge and a decent standard of living. Indices have been developed for 169 countries with a figure of 1 indicating high levels of human development.

(b) Figures for refugee receiving countries presented as a basis for comparison

*Figures not available

Source: to be inserted here

An International Example...Hastening learning through first language instruction

80% of adult refugees arriving in New Zealand since 1995 have never completed a primary school education. A study completed by Jeannie Martin Blaker from the West Auckland ESOL Home Tutor Service found that after 5 years none of the refugees and migrants would meet the accepted definition of a literate person. An Australian study completed in 1992 found that low level literacy learners need around 18-24 months of full-time tuition to reach survival English.

In New Zealand resettled refugees commonly receive about three hours of language tuition per week through the home tutor scheme. A small number may secure a place in a government sponsored course. Access to more comprehensive language training however is more commonly on a fee-for-service basis. Fees for courses are usually beyond an affordable level for resettled refugees.

In response to these studies and the recognition of the need for refugees to be able to assimilate and integrate more speedily into New Zealand society, a new model was developed and piloted by the national ESOL Home Tutor Service. The program was developed in the belief that resettled refugees, in particular those with low literacy levels in their first language would learn more rapidly if their tutor was bilingual and they were offered more extensive language training.

A proposal was submitted for employment training of skilled refugees as tutors and bi-lingual African refugees were identified who could teach literacy to other people speaking their language. WINZ (the government employment agency) funded a training course for 10 bi-lingual tutors. Potential tutors needed to have a good standard of English and have at least a secondary education. Identifying and recruiting women from the target communities who met this criteria proved challenging. The course started with 2 Somali women and 8 males - 5 of whom had a teaching background prior to arrival in New Zealand.

With tuition hours secured from the government's Adult Literacy Strategy, the trained bilingual tutors offered classes for learners with low levels of literacy, for between two and twelve hours duration, for Amharic, Somali and Oromo speaking resettled refugees. 118 learners in total attended the classes.

Student evaluation of the new tutors was very positive, the most consistent comment being that the tutors could explain concepts to them in their own language.

A concurrent research study on developing measures of literacy gain was undertaken by a collaborative research team from a local polytechnic and university, which examined the bilingual tutors' classes and other literacy classes for refugee learners taught by native English speaking tutors. The research project was completed in March 2002, (refer www.esolht.org.nz). Due to the success of the programme there are plans to replicate the model in other major resettlement centres in Aotearoa/New Zealand.

An International example: The Special Preparatory Program

The Australian government offers 510 hours of free English language instruction to all resettled refugees as part of its Adult Migrant English program (AMEP). However, a small but significant minority of refugees settling in Australia either do not take advantage of this program or withdraw prior to completing it. In exploring the reasons for this it became apparent that resettled refugees with low participation and high attrition rates tended to be those who had limited literacy in their own language, were from developing countries and/or were experiencing severe refugee related trauma. Struggling with settlement issues, they were finding it difficult to learn or to prioritise language training over other pressing concerns.

In 1997 the Australian Government provided funds for the establishment of the Special Preparatory Program (SPP). This program offers resettled refugees with complex psycho-social issues up to an additional 100 hours of free language instruction to prepare them for their entry into the Adult Migrant English Program (AMEP). It builds in extra supports such as bilingual information and instruction and home tutor support and is offered in close cooperation with other resettlement services so that participants can secure the assistance they require to address any emotional or resettlement issues. Language learning is tailored to the needs of individual resettled refugees and is focussed on addressing issues in the resettlement process.