

–CASE STUDY 1: REFUGEE ISSUES–

★ *POWERPOINT SLIDES*

★ *LONGING TO BELONG: SOCIAL INCLUSION AND WELLBEING AMONG YOUTH W REFUGEE*

BACKGROUNDS IN THEIR FIRST 3 YEARS IN MELB, AUSTRALIA Correa-Velez, Gifford & Barnett 2010

- refugee context = violence and uncertainty, trauma and loss, creating future in uncertain world
- establishing sense of belonging in early resettlement = foundational for wellbeing (Beirens et al. 2007)

○ **YOUTH REFUGEES**

- 1.6 million aged 12-17 globally (UNHCR 2009)
- Australia’s approach to settlement aims to achieve social, economic and civic participation, psychosocial wellbeing (DIMIA 2003)
- resettlement policies and programs for refugee youth fail to recognise and build on resources youth bring
- influenced by harsh asylum and immigration detention policies, racism and discrimination (Garvey 2001)
- post-traumatic stress disorder = 7%-17% (Fazel, Wheeler, Danesh 2005)
- elevated rates of substance abuse and aggressive behaviours Arroyo & Etc 1985)
- acculturation stress — family says to stay loyal while host culture taught in school & social activities
- factors: parents’ wellbeing and their ability to cope, paternal employment, social support from peers, won ethnic community and broad host community, longer stay in country of resettlement

○ **RESETTLEMENT**

- becoming established can be conceptualised as a process of growth (personal & social development (Brough et al. 2003)
- establishment both hindered and facilitated by structural experience, individual factors, social capital

Structural Factors/ Experiences	social climate of host community, resources for achieving cultural and linguistic competency of host country, opportunities to study, supportive school environment, being settled with other family members, choice and security of housing, living near to members of one’s ethnic community, peace and security of local area, income from employment
Individual Factors	rapidity with which they become competent with host country’s language, experience in educational success in school, living with family members, feelings of belonging to one’s ethnic community, being able to develop positive relationships with host community
Social Capital	the networks of relationships among people who live and work in a particular society, enabling that society to function effectively
Psychosocial Factors	parents at home, feelings about home, school/friends, status at school, school performance, school support, peer attachment, status in ethnic community, ethnic identity, status in broader community

○ **WELLBEING**

- examined in relation to the past trauma of the refugee experience
- focus pathologists people from refugee backgrounds (Lustig et al 2004) = fails to acknowledge the wholeness of an individual’s life, casts individuals as victims of their past and does not recognise future possibilities

○ WELLBEING & RESETTLEMENT IN MELBOURNE: THE GOOD STARTS STUDY

- longitudinal study of settlement and wellbeing among refugee youth - acknowledge change over time
- identify the psychosocial factors that assist refugee youth in future
- methodology: anthropology and social epidemiology
- quantitative measures used to examine
- focus on wellbeing outcomes as both resource and outcome of successful settlement among refugee youth (Ager & Strang 2008)
- 21% young people living in families with no parent in the household, 29% only one parent, 23% single mother, 1:5 bullied, 1:5 experienced discrimination because race, girls scored better in psychosocial factors but worse in health and wellbeing outcomes

★ BEST PRACTICES FOR SOCIAL WORK WITH REFUGEES AND IMMIGRANTS (Tripodi 2002)

○ OVERVIEW OF REFUGEES AND IMMIGRANTS

- effective service begins by understanding distinct categories of foreign-born people: causes of migration, process of migration, demographic and socioeconomic characteristics and service utilisation patterns of refugees and immigrants
- process: (1) remigration and departure (2) transit (3) resettlement
- need to be familiar with the definitions refugee categories based on law, social science or self-definitions
- definitions have implications for psychosocial experience, eligibility for social service assistance and help-seeking behaviour

Macro/ Structural	political, economic, cultural and geographic forces in the international area, country of origin, country of destination
Meso/ Relational	relationships between potential movers and stayers of both the country of origin and country of destination
Micro/ Individual	personal characteristics of the individual's freedom to make autonomous decision about moving or staying

○ IMMIGRATION AND REFUGEE POLICIES

- their lives are influenced by international and national laws

International Laws	fundamental rights of all immigrant and refugees — branches to international human rights law, international humanitarian law, international refugee law, international migrant worker law
National Laws	address admissions and assistance to immigrant and refugees within a particular country

○ FAMILY DYNAMICS

- migration stress = domestic violence, marital conflict, intergenerational conflict (child abuse, elder abuse)

Meso	enhancing agencies/systems' effectiveness in serving refugee populations (empower women)
Micro	assessment techniques, behavioural, cognitive and structural marital therapies, DV interventions, family therapy, life cycles of children/adolescence, cognitive behavioural therapy

○ SERVICE DELIVERY SYSTEM (HUMAN SERVICES FOR REFUGEES)

International Level	<ul style="list-style-type: none"> - International Organisation for Migration = provides assistance with migration process, encourages social and economic development - United Nations High Commissioner for Refugees = protect refugees and seek durable solutions for refugee problems
National Level	<ul style="list-style-type: none"> - government agencies concerned with admissions, border control, deportation and resettlement - private organisations = resettlement assistance and advocacy
Local Level	<ul style="list-style-type: none"> - mainstream agencies (hospitals, medical clinics, mental health centers, schools, child welfare) - provide one or more services to specific ethnic groups - strategies include: information and referral, case advocacy, case management, networking, counselling, health services, substance abuse services, protective services, vocational rehabilitation, youth services, planning, coordination and advocacy

○ CULTURALLY COMPETENT SOCIAL WORK PRACTICES

- culturally competent practice = set of attitudes/beliefs, knowledge and skills that a social worker must possess in order to work effectively with clients who are from a different culture
- requires understanding of concepts ie. race, culture, ethnicity, identity, psychological, behavioural, and structural acculturation; prejudice; stereotyping; xenophobia; racism; and discrimination
- attitudes and beliefs include (1) awareness of how one’s background and biases influence practice (2) respect and value for client differences in race, ethnicity, culture, beliefs and religion (3) non-judgementalness (4) commitment to social justice (5) valuing importance of empirically based practice
- understanding of phases of process: (1) engagement (2) problem identification and assessment (3) goal setting and contracting (4) intervention implementation and monitoring (5) termination and evaluation (6) follow up

○ HEALTH

- vulnerable population w high risk for poor health
- major influencers: health care access issues, differential health status, health beliefs, health practices, psychosocial issues, unique health issues
- inadequate health care caused by structural, financial, personal and cultural barriers

Macro	community needs assessment, policy, program advocacy, community consultation, policy and program planning & community health education
Meso	interdisciplinary collaboration/organisational development to enhance effectiveness of organisations and health care providers serving refugees and immigrants
Micro	appropriate case identification, assessment of health beliefs, expectations of treatment, case management, health education, counselling, psychosocial treatment

- most common mental health issues: grief, alienation, loneliness, decreased self-esteem, depression, anxiety, paranoia, guilt, substance abuse, PTSD