NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors

NSW GOVERNMENT NSW Refugee Health Service

AASW Australian Association of Social Workers

Working with people from refugee backgrounds

A guide for Social Workers

2nd Edition

Working with people from refugee backgrounds

A guide for Social Workers

The second edition of the Guide for Social Workers was developed by a Steering Committee comprised of Cathy Preston-Thomas (NSW Refugee Health Service), David Keegan (AASW), Jasmina Bajraktarevic-Hayward (STARTTS), Loan Bui (STARTTS), and Vivian Huynh (NSW Refugee Health Service). The first edition was written in 2006 by Robin Bowles and Cathy Preston-Thomas under the auspices of the NSW Refugee Health Service and STARTTS.

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For more information or copies of the resources visit STARTTS (www.startts.org.au), AASW (www.aasw.asn.au) or Refugee Health Service (www.refugeehealth.org.au)

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FOREWORD

We live in a world of uncertainty: economic, political, environmental and cultural. The challenges of the present are daunting, but when we consider the challenges of the coming decade it is hard to know what sort of world will emerge, both in Australia and internationally. Precarity has become normalised for increasing proportions of the population, as people confront a world of instability, threat and crisis, accompanied by a reduction in security (personal, financial, occupational and political). This is well known to social workers, who work with those affected in many contexts.

This uncertainty and precarity is magnified for refugees. For those who have had to flee their homes, communities and familiar cultures, the world is already an uncertain and threatening place, and continuing precarity and insecurity only add to their trauma. Social work with refugees is of critical importance, not only for the benefit of the individuals families and communities concerned, and also for the health of a cosmopolitan society.

Refugee numbers will surely increase in the future, with continuing political instability and environmental change driving increasing numbers of people to seek refuge beyond their home and community. Border closures and more restrictive and punitive policies towards refugees will not only fail to suppress the demand, but will also add to the trauma that refugees will experience as they seek to have their basic human rights met.

Australia, sadly, is a society where racism, ignorance and negative attitudes to refugees are widespread in the community. This adds to the pressures that refugees must face as they create new lives in a new culture. Refugees themselves can challenge these attitudes, and need support in doing so. But refugees also must survive within this culture, and this creates a real tension for refugees and for those who support and work with them.

Social work with refugees is therefore an important aspect of practice, and occurs in all fields. Every social worker will work with refugees, and so every social worker needs to understand some important principles about the refugee experience and about working with refugee individuals, families and communities. This book with a significant number of contributors being of refugee backgrounds themselves, gives important practical knowledge which will assist social workers in their practice. Here I want to mention just three important aspects of working with refugees, by way of introduction.

The first is *resilience*. Resilience is obviously important for refugees, as it is for anyone trying to cope with new challenges and changed circumstances. For a refugee to arrive in Australia they will already have shown remarkable resilience, and this is a strength to be worked with, rather than a weakness. But the common psychological understanding of individualised resilience is not enough. For refugees, the family and the community are key components of their identities, and so it is social and collective resilience that is important, as well as individual resilience. Understanding resilience as social is therefore key to social work practice with refugees.

The second is to acknowledge the *wisdom* that refugees bring. Many common narratives about refugees assume a deficit, and identify weaknesses and problems. But refugees bring a range of skills, knowledge and wisdom that Australian society frequently lacks. As an example, most refugee groups have far stronger community ties, and a much deeper and richer understanding of community, than is the norm in white Australia. To think that white Australians can teach refugees about community is naïve and arrogant; instead we must recognise that refugee groups can teach the rest of us a lot about community, and can make a significant contribution to Australian life and culture. Social workers can help to affirm and demonstrate the wisdom and experience that refugees bring.

The third is that social work with refugees must be from a *decolonising* perspective. White western culture has dispossessed the Indigenous People of Australia, stealing their land, and devaluing their identities and cultural traditions. It is perfectly capable of doing the same to refugees, motivated by the same racism and Western hubris. The relationship is different, of course, given that refugees have already lost their traditional land before they arrive in Australia, but the denial of cultural values and practices, and the assumption of White Western Patriarchal superiority, have a similarly destructive and dehumanising impact. Challenging Western colonialism, through decolonising practice, is essential in all social work, and is particularly important in working with refugees.

This book is a very important practical guide to social work with refugees, much of it written by people who have refugee experience themselves, and who also have many years of experience working with refugee individuals, families and communities. It should be absolutely required reading for all social workers in contemporary Australia. But like all such guides, it is only a starting point, a beginning set of understandings for a social worker to develop their practice knowledge, skills and wisdom, which must of course be undertaken in dialogue with refugees themselves, in a variety of forums.

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Western Sydney University
December 2020

Image source: NSW Refugee Health Service

01
WHO IS A REFUGEE?

1.1 Essential definitions

This guide will use the term 'refugee' to describe people from a refugee background, including refugees, people who were resettled as part of Australia's humanitarian program and migrants who have had refugee-like experiences before arriving in Australia. When talking about the various groups that make up this cohort, it is important to understand the following definitions.

Who is a Refugee?

The word refugee is an internationally accepted legal term defined by the 1951 Convention relating to the Status of Refugees (the Refugee Convention). This treaty defines a refugee as someone who is outside his or her country of origin and has a well-founded fear of being persecuted because of their race, religion, political opinion, nationality or membership of a particular social group. Further, they must be unable or unwilling to return to their country of origin because of this fear.

In the context of this definition:

- persecution is accepted to mean serious harm to the person (e.g. threat of execution, torture, imprisonment without trial, mistreatment and/or other serious denial of rights) and/or involve systematic and discriminatory conduct;
- social group is generally recognised to mean a group that is recognisable within a particular society and whose members share common characteristics. Common social groups include gender, age and sexual orientation.

Refugee status is granted either by the office of United Nations High Commissioner for Refugees (UNHCR) or by the government of the country in which the refugee has sought asylum.

Australia is a signatory to the Refugee Convention.

Who is a Humanitarian Entrant?

The term humanitarian entrant is used to refer to someone who has been granted a visa as part of Australia's Refugee and Humanitarian Program. This Program includes people recognised as refugees and those with refugee-like experiences. This term refers to people who have been resettled in Australia and to people who successfully sought asylum after arriving on a valid visa.

As will be discussed later, there is a group of refugees in Australia who are not officially considered to be part of the Refugee and Humanitarian Program. These are people who arrived by boat, were subsequently recognised as refugees and granted a temporary visa.

Who is a migrant with a refugee-like experience?

Some migrants enter Australia on other visas such as those linked to family reunion and skills, yet have come from a refugee situation. Visa status alone is therefore not a clear indicator of the nature of pre-migration experiences so it is important to recognise that it is not the only way to identify someone's pre-migration experience.[1]

Another term frequently used in discussions about refugees is asylum seeker.

Who is an Asylum Seeker?

An asylum seeker is someone who is outside their country of origin and is seeking protection, either in the country to which they initially fled or in a country further afield. Those who seek asylum in Australia go through a complex process to determine whether they are refugees or have other legitimate claims for protection. They must also undergo character and health checks. Not all asylum seekers will be found to be refugees but all refugees were at one time an asylum seeker.

Image source: STARTTS

1.2 What countries do refugees come from?

While people have fled persecution since the earliest recorded history, it was in the middle of the 20th Century that the international protection regime was established. In the intervening years there have been many waves of refugees as conflicts have flared and repressive regimes became entrenched. The following lists some but by no means all of the major displacements over time:

- After WWII: refugees mainly came from Germany and Eastern Europe.
- 1947: 14 million people were displaced by the partition of India and Pakistan.
- 1950s and 60s: decolonisation in Africa led to widespread displacement, in particular from Algeria, Congo and Nigeria.
- 1970s and 80s: the Cold War's proxy battles displaced millions of people from countries in many regions: Central and South America (including Chile, El Salvador, Colombia, Argentina and Uruguay), Indo-China (Vietnam, Cambodia and Laos), the Horn of Africa (Ethiopia, Eritrea and Somalia) and Asia (including Afghanistan). Large numbers were also displaced from Armenia, Azerbaijan, Georgia, Tajikistan, Sri Lanka and Iran.
- 1990s: the war in the Balkans saw refugees fleeing Bosnia-Herzegovina, Croatia, Kosovo and Serbia. The 1990s also saw major displacement from Central Africa (Rwanda, Burundi, Congo), West Africa (in particular Sierra Leone and Liberia), the Horn of Africa and Sudan. Many refugees also came from the former Soviet States and China.
- 2000s: global displacement fell to historic low levels at the beginning of the decade but started rising again as a result of various conflicts in the Middle East and Africa.
- 2010s: displacement climbed to an all time high with festering conflicts in countries such as Iraq, Iran, Syria, Afghanistan and Myanmar and few prospects for the return of those who had been displaced for long periods.

As at the end of 2020 almost 82.4 million people - 1% of the world's population – were forcibly displaced. 48 million of these were still inside their own country (referred to as internally displaced) and there were 26.4 million registered with UNHCR or UNRWA as refugees. 86% of these refugees live in developing countries, most in urban communities rather than in refugee camps. 4.2 million were still seeking refugee status as asylum seekers.

In 2020 68% of the refugees came from 5 countries: Syria, Venezuela, Afghanistan, South Sudan and Myanmar.[2]

Resettlement of refugees (i.e. planned relocation to one of 26 resentment countries including Australia) has been severely impacted since early 2020 by COVID-19 and therefore the number of refugees accessing resettlement has been very low. In 2019, 107,800 refugees were resettled.

For current statistics about global refugee movements, visit https://www.unhcr.org/en-au/figures-at-a-glance.html

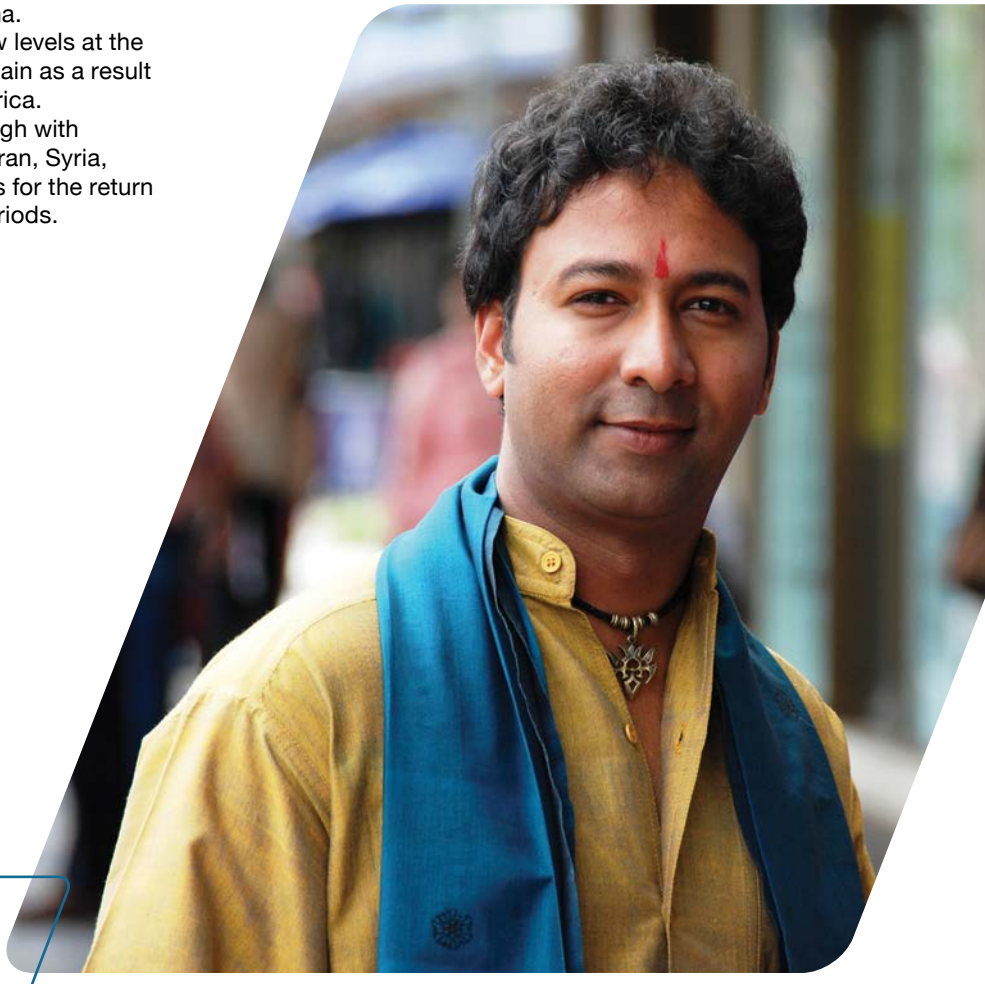


Image source: STARTTS

1.3 What have refugees experienced before arriving in Australia?

Experiences in the country of origin

The persecution from which refugees try to escape might have involved one or more of the following:

- severe harassment by authorities
- physical and psychological torture
- witnessing killing or torture of close family members, friends and associates
- exposure to war and conflict such as aerial bombings
- disappearance of close family members
- perceived or actual threats of harm
- imprisonment without trial
- deprivation of proper healthcare, security, food and shelter
- multiple losses, including that of their home, employment, future aspirations and status.

Experiences in exile

Many people take extreme risks to reach safety. Some will have left in secret or in a time of chaos and had little opportunity to say goodbye to family and friends, or even pack their belongings. Many families become separated in the process of escaping.

Before arriving in Australia, refugees may have spent many years surviving in urban slums or in refugee camps.

Life in urban environments is often very precarious as many refugees have no legal status or right to work. Access to food, education, healthcare and shelter can be restricted. Refugees in these contexts remain at high risk of arrest, exploitation and trafficking as they try to secure resettlement opportunities through UNHCR[3] or another durable solution.

Life in camps is often little better. Some camps are well managed but many are characterised by overcrowding, with poor medical care, food shortages, few educational facilities and a lack of safety. Sexual assault and other forms of abuse are endemic in many camps.

1.4 Australia's Refugee and Humanitarian Program

Australia has a long history of helping refugees and other survivors of human rights abuses. Since World War II, over 880,000 refugees have settled here under our humanitarian programs.[4]

The number of visas granted under the Refugee and Humanitarian Program is set by the Federal Government and varies from year to year. In 2012-13 and 2016-17, over 20,000 visas were granted. In 2018-19 the Program was capped at 18,750. In 2019-20, 13,171 visas were granted but approximately 4,000 of these people were unable to travel to Australia because of COVID-19. This continued in 2020-21 with very low numbers of arrivals due to COVID border restrictions with the exception of Afghan emergency evacuations in August 2021. Uncertainty remains about how soon significant numbers of refugees will be able to enter Australia and how large the program will be moving forward.

Refugees arrive in Australia in one of two ways. Most are selected from overseas by the Australian Government either after identification by UNHCR or having been proposed by a family member, friend or other person/group in Australia. This is part of Australia's commitment to protecting vulnerable people worldwide. A smaller number have come to Australia to seek protection as asylum seekers.

There are a number of different visa subclasses granted under Australia's Refugee and Humanitarian Program and to other refugees and asylum seekers. The type of visa determines an individual's legal status and entitlements to services and assistance. The following outlines the most common types of visas used however this information is subject to change and should not be solely relied upon.

Table1. Summary of Visa Types

Visa Type	Refugee and Humanitarian Program	Temporary Protection	Bridging Visas
Visa subclasses included	200, 201, 202, 203, 204, 866	SHEV 790, TPV 785, 786	010, 050, 051, 070
Target group	People referred to the Australian Government by UNHCR (200, 201) People who are refugees or in refugee like situations who have been proposed by family or friends (202) Refugees who apply for a visa after arriving legally in Australia (866) Emergency Rescue cases deemed at imminent risk (203) Women at Risk due to gender or other specific vulnerability (204)	People who arrived In Australia without a valid visa, sought asylum and were determined to be refugees. These refugees could opt of one of two time limited visas: a 3 year Temporary Protection Visa or a 5 year Safe Haven Enterprise Visa	People whose claims for asylum are yet to be finalised. Used as interim measure while refugee claim is assessed. Visa 070 is used to facilitate removal from the country if an asylum claim is rejected. Also known as Bridging Visa A, E or R Bridging Visas are also used for a wide variety of non-refugee visa applicants to provide interim legal status but these are not referred to here
Entitlements	Access to all entitlements available to Australian residents plus settlement support on arrival	Access to most basic services and income support. Check government website for current entitlements.	Access to Status Resolution Support Services (SRSS), basic income support and right to work. Access to Medicare unless the client's visa status has been finally determined. Check visa details for specific entitlements.
Support Programs	Humanitarian Settlement Program (HSP) Settlement Engagement and Transition Support (SETS) Adult Migrant English Program (AMEP) Program of Assistance for Survivors of Torture and trauma (PASTT)	Settlement Engagement and Transition Support (SETS) Limited support from Adult Migrant English Program (AMEP) Program of Assistance for Survivors of Torture and trauma (PASTT)	Some are eligible for Status Resolution Support Services (SRSS) Limited support from Adult Migrant English Program (AMEP) State Government funded services are available in some states. Supports are available in relation to health, education and community aid. Check the situation for your State.

On the next page is more information about the visa subclasses referred to in the table above.

A. Humanitarian Visas

Refugee Visas (subclass 200)

These visas are issued to refugees who have been referred to Australia by the office of the United Nations High Commissioner for Refugees (UNHCR) after having been determined to be in an especially vulnerable situation in the country in which they sought initial asylum and to be in need of resettlement in a third country.

A Refugee Visa is a permanent visa and those who hold this have the same entitlements as all permanent residents of Australia, including Centrelink, Medicare and jobactive. They also receive specialist support in their early years in Australia (see below) in recognition of their past experiences.

In Country Rescue Visas (subclass 201)

Those holding a visa subclass 201 have not been technically determined to be refugees because they had not crossed an international border when their visa was granted. Like the refugees mentioned above, UNHCR referred them to the Australian Government because of their high degree of vulnerability. They too are permanent residents and are entitled to the same services as those on a Refugee Visa.

Special Humanitarian Visas (subclass 202)

Those granted a Special Humanitarian Visa were brought to the attention of the Australian Government by someone in Australia – maybe a family member or friend. They do not need to strictly meet the refugee definition however most will have already been assessed as refugees. The Australian Government requires that recipients of this visa come from refugee-like circumstances. All have been determined to be vulnerable and in need of resettlement.

Like the previous groups, they are permanent residents and are entitled to the same services as all other permanent residents and to specialist settlement support. The main difference between this and the other groups is that there is an expectation that their proposers (sponsors) will be able to complement the work of the specialist agencies.

Emergency Rescue Visa (subclass 203)

This visa is used to faciliate emergency rescue of refugees who are referred to Australia by UNHCR because they are in imminent danger. People granted this visa are likely to have higher levels of trauma and will have had less time to prepare for resettlement. In all other respects they are the same as Refugee Visa entrants.

Women at Risk (subclass 204)

Recipients of a Women at Risk visa are women (and their immediate family members) identified by UNHCR as having been exposed to high levels of violence and/or as being at risk of violence and abuse. They are often single women or solo mothers and are likely to need more support than people arriving as part of intact family groups. The high levels of sexual and/or physical violence any have experienced mean that they are also likely to need specialised medical and psychological interventions.

Those holding a visa subclass 204 have the same entitlements as Refugee Visa (200) holders.

The Australian Government has committed to specific targets for Women at Risk under the UNHCR resettlement program.

Permanent Protection Visa (subclass 866)

Permanent Protection Visas are granted to refugees who were determined to be refugees in Australia after having initially arrived on a valid visa (usually as a tourist or student). As the name suggests, it is a permanent visa with related entitlements, but holders of this visa do not have the same breadth of initial specialist settlement support as refugees entering under the resettlement program. This is because they have usually already spent some time in Australia.

B. Temporary Projection Visas

People with a Temporary Protection Visa (TPV) or a Safe Haven Enterprise Visa (SHEV) have been recognised as refugees by the Australian Government after arriving in Australia without a valid visa (in most cases by boat). Most holders of this visa would have spent time in immigration detention.

A TPV is issued for three years and a SHEV for five years. The other difference is that a SHEV might provide a pathway to permanent protection if the visa holder spends at least two and a half years working or studying in a regional area. Refugees with either of these visas are entitled to re-apply for the visa at the end of its term, however they must undergo a new refugee status assessment to demonstrate that they are still in need of protection. If they can show this, they will only get another temporary visa. This means that they remain in a state of limbo under an ongoing threat of return to their country of origin. In addition to the lack of long term security, a key feature of this visa is that it leads to long term separation from family overseas. Refugees with this visa are not able to travel overseas to visit family without adversely impacting their claim and are barred from sponsoring their family to come to Australia.

Refugees with a TPV or SHEV have work rights, are eligible for Medicare, English classes, school education and a very limited range Centrelink benefits. They are not, however, entitled to NDIS, MyAgedCare and some settlement services and they must pay international student rates for tertiary education.

C. Bridging Visas

There are two distinct groups of asylum seekers in Australia:

- those who entered with a valid visa (for example on a visitor or student visa) and then applied for asylum in Australia. They are generally granted a Bridging Visa and permitted to live in the community while their applications are assessed;

- those who arrive without a valid visa either by boat or plane. They are detained while they undergo security assessment. In detention, they can be considered for community placement or they may remain in detention until they are approved for a visa or leave the country (voluntarily or otherwise). This may include community detention where the person and possibly their family are directed to live at a specific address in the community under supervision and with restricted movement (similar to bail conditions).

Most asylum seekers are eventually granted one of a number of various types of Bridging Visa and live in the community. Depending on the type of Bridging Visa, they might or might not be able to work and be eligible for Medicare. It is best to check the client's visa documentation for specific conditions.

The Commonwealth Government funds the Status Resolution Support Services (SRSS) program which provides limited support and financial assistance to asylum seekers experiencing financial hardship or certain vulnerabilities, however very few asylum seekers can access this support.

Asylum seekers who are not found to meet the legal definition of a refugee are required to leave Australia.[5] They will usually be granted a class 070 bridging visa to facilitate a period of time for the asylum seeker to organize this and this visa has very limited entitlements. Those who have exhausted all legal avenues regarding their protection visa claim are commonly referred to as "finally determined" or "double negatives".

D. Community and Settlement Support Services

The Commonwealth Government funds non-government organisations to provide settlement support from the time of arrival to five years after arrival for refugees and some other vulnerable migrants. After this time it is expected that refugees will engage with mainstream service providers. There are five main programs for refugees and asylum seekers:

1. **Humanitarian Settlement Program (HSP)**: this program provides support to those granted visas while overseas for approximately 18 months after arrival. It includes community orientation, assistance with registering for key services such as Centrelink and education, housing assistance and case management to support community integration.[6]
2. **Settlement Engagement and Transition Support (SETS)**: this program delivers case management and community development services to refugees after the initial settlement period and until they have been in the country for five years. Services include a range of culturally specific activities run by local community organisations.[7]
3. **Adult Migrant English Program (AMEP)**: this program provides English language training.[8]
4. **Programme of Assistance for Survivors of Torture and Trauma (PASTT)**: this program delivers trauma counselling and community support services to refugees focussed on recovery from trauma.[9]
5. **Status Resolution Support Services (SRSS)**: this very limited program is for vulnerable asylum seekers living in the community while they await the outcome of a refugee visa application. Supports are similar to HSP but at a lesser level and strictly based on need.[10]

Some implications for Social Workers

Taking time to understand your client's visa status will help you to:

- understand their needs and anxieties, for example if your client is an asylum seeker, you can anticipate that they may have considerable anxiety and stress as they go through the refugee determination process. They may be afraid of being sent back, unable to set medium to long-term goals and lack of access to family reunion. This has been identified as a suicide risk factor. Similarly, Women at Risk entrants and those who came under the Emergency Rescue Program are likely to be especially vulnerable and have complex needs;

- determine their eligibility for services. For example, asylum seekers and refugees have access to different services based on their specific visa status.

Additional Resources:

Training materials have been developed to support two units in the National Training Framework:

- **Working with Refugees** (CHCSET001: Work Effectively with Forced Migrants) - a general overview for anyone whose work brings them into contact with refugees or other forced migrants, be they settlement workers, teachers, employment officers, nurses or a worker in any one of many other fields.

- **Bicultural Work with Refugees** (CHCSET002: Undertake Bicultural Work with Forced Migrants in Australia) - explicitly intended for people from a refugee background who are working or want to work with refugees.

These resources are available free of charge to Registered Training Organisations (RTOs) and agencies wanting to enhance the skills of their staff.

The package of training resources for each competency unit contains a comprehensive Trainer's Guide/Manual:

- CHCSET001 - Work with Forced Migrants - Trainer's Manual
- CHCSET002 - Bicultural Work with Refugees - Trainer's Manual

and a Participant's Handbook:

- CHCSET001 - Working with Forced Migrants - Participants' Handbook
- CHCSET002 - Bicultural Work with Refugees - Participant's Handbook

Image source: NSW Refugee Health Service

02
THE IMPACT OF REFUGEE EXPERIENCE

While this section describes how the experience of conflict and organised violence might affect your client, it is important to avoid only focusing on the negative effects of trauma and losses suffered by refugees. The other side of the refugee experience is a story of resilience and survival. Rather than stereotyping refugees as 'victims' or 'heroes', in fact they are ordinary people who have survived overwhelming life experiences to reach Australia.

Difficulties experienced by a person from a refugee background in Australia can be understood through the complex relationship between issues related to their refugee and settlement experiences combined with a range of protective and vulnerability factors in individuals and families. The Australian and international environments also have a significant impact on refugee settlement.

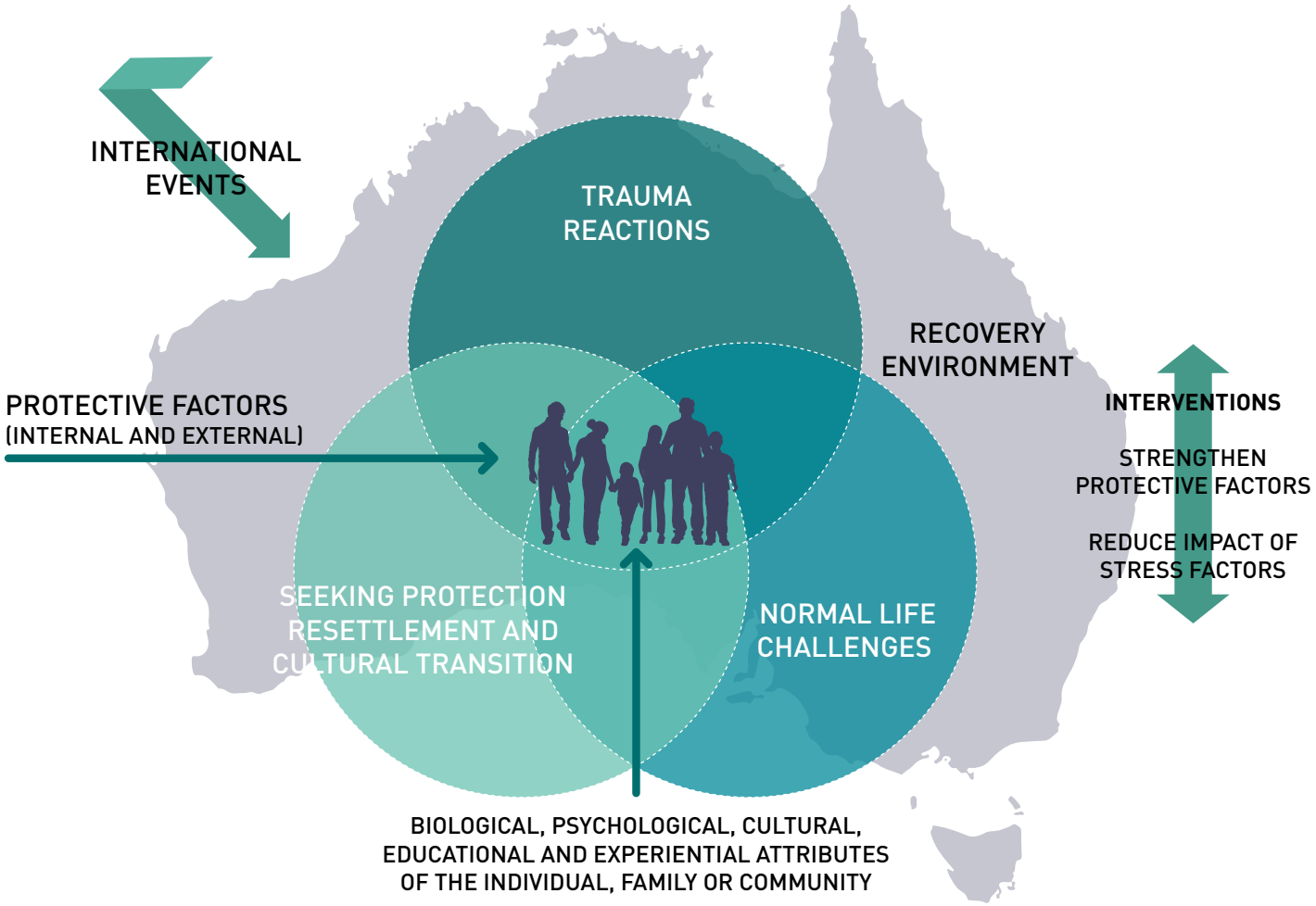


Diagram: STARTTS Service Provision Framework 1: The Complex Interaction (Aroche and Coello, 2004)

The section below outlines what this means for an individual from a refugee background settling in Australia.

Protective factors against stress

All of us have internal and external protective factors that help us cope with the stressors that we face in our lives.

Internal protective factors (Individual)
- Balanced, well-regulated brain
- Positive outlook
- High self-esteem
- Resilience
- Sense of safety
- Sense of identity
- Secure attachment
- Spiritual and religious beliefs

External protective factors (Environment)
- Supportive family
- Supportive school
- Friends
- Satisfying employment
- Safe environment
- A community/reference to belong or relate to

People from refugee backgrounds often have weakened protective factors making them more vulnerable to the complex interaction of multiple stressors while resettling or seeking asylum in Australia. For example, their brains may be dysregulated by the impact of traumatic experiences, they may not feel safe regardless of the actual attributes of their surroundings and they may feel disconnected and displaced. They may be suffering from grief and they may have difficulties in connecting with and trusting others. The lack of social support systems, a job and routines can exacerbate these issues.

Settlement stressors and cultural transition
People from refugee backgrounds, like all migrants, are dealing with the stressors of the steep learning curve of settling in a new country, for example learning English, obtaining recognition of qualifications, finding a job, searching for a house, understanding the Australian system and culture. They are also in the process of cultural transition, integrating into their new environment and at the same time experiencing cultural bereavement.

Trauma stressors

Unlike migrants, however, people from refugee backgrounds are also dealing with the traumatic impacts of their experiences in their country of origin, of fleeing persecution and of being a survivor. Sleeping problems, difficulties with memory and concentration and with trusting and relating to others can complicate their ability to regain control over themselves and their environment. Exacerbating the trauma they have experienced is loss. This is another major part of the refugee experience and grief and mourning can endure through generations.

Recovery environment stressors

The Australian environment, which includes the political system, service providers and the wider community, is the recovery environment for people from refugee backgrounds settling in Australia. Their interaction with this recovery environment can be an added source of stress if people are made to feel unwelcome, stigmatised, and discriminated against, or if services are not culturally responsive or able to meet their needs.

Normal life stressors

It is important to understand that people from refugee backgrounds also experience ordinary life issues such as stress in relationships, stressors at work, becoming a parent for the first time, managing adolescence or being diagnosed with an illness. These normal life cycle stressors are just one part of a complex interaction of multiple factors which affect people from refugee backgrounds who are settling or seeking protection in Australia.

International event stressors

International events, such as renewed or continuing conflict back home, fear and concern for loved ones left behind, and pressure to send money back home, can be another source of stress.

The complex interaction of stress factors in Australia

People from refugee backgrounds in Australia can therefore have weakened protective factors as they are coping with multiple and interacting stress factors. This can lead to people feeling overwhelmed and not coping with the demands of settlement or seeking asylum.[11]

2.1 Bio-psychosocial impact of trauma

The Bio-psychosocial Model recognises that clients from refugee backgrounds can experience multiple issues at biological, psychological and social levels.

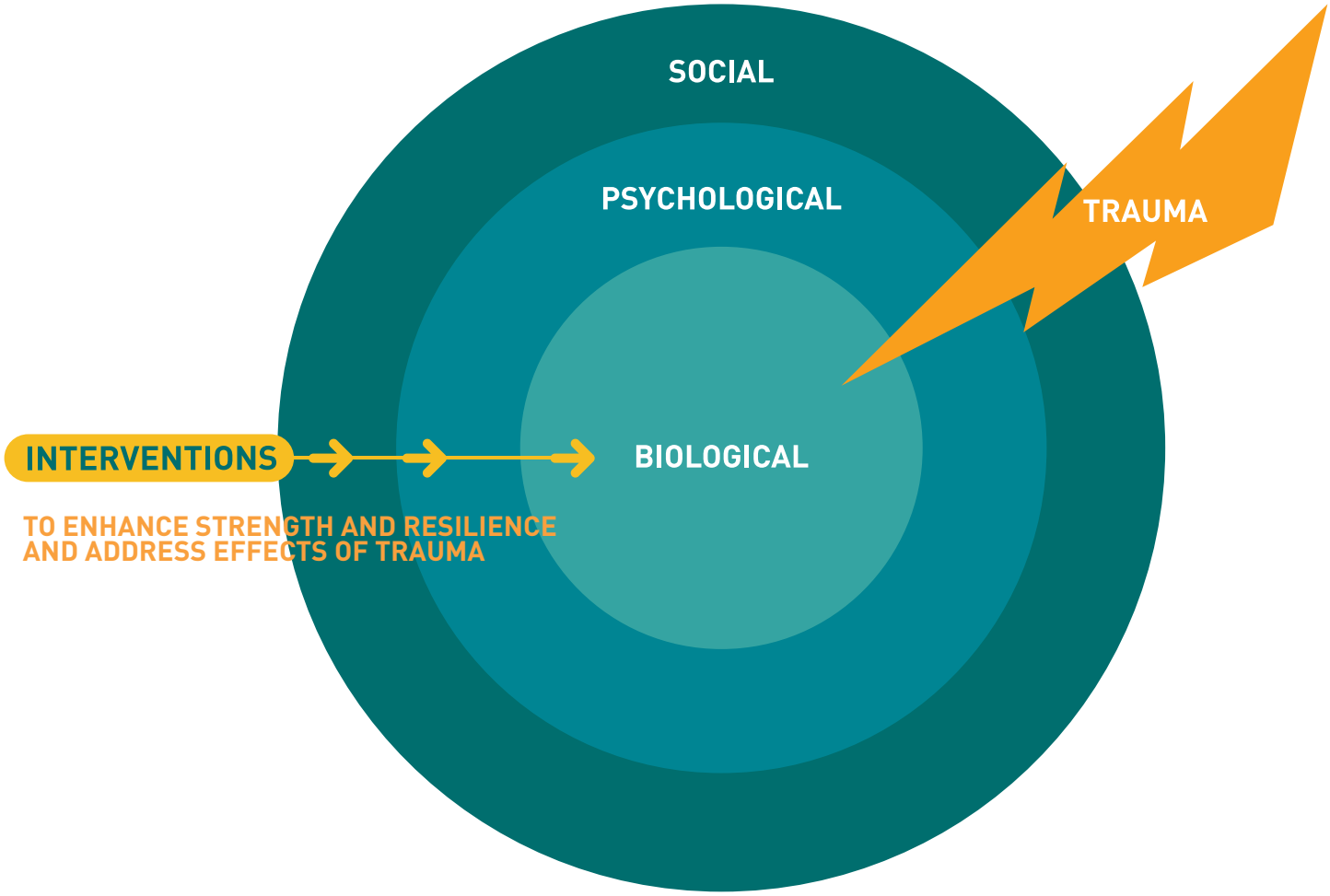


Diagram: STARTTS Service Provision Framework 2: The Biopsychosocial Approach (Aroche and Coello, 2004)

2.2 Biological level consequences of the refugee experience

Many refugees arrive with health needs exacerbated by their past experiences. Their physical health problems might include:

- injuries and disabilities such as musculoskeletal pain or deafness resulting from war or torture
- untreated chronic disease
- ongoing impacts of diseases such as tuberculosis and malaria
- undiagnosed/under-managed hypertension, diabetes and chronic pain
- delayed growth and development among children
- low levels of immunisation
- poor dental health resulting from poor nutrition, lack of fluoridated water, poor dental hygiene practices, limited dental care and torture to the mouth
- somatisation of psychological problems such as gastric dysmotility (a condition where the muscles of the gastric system do not function as they should).[12]

2.3 Psychological level consequences of the refugee experience

Refugees react and cope with trauma and loss in very different ways and not everyone will develop post-trauma symptoms and some may only experience the impact of trauma many years later, often triggered by a life event.

This being said, common trauma reactions include:

- anxiety
- panic attacks and/or startle responses
- flashbacks
- depression
- grief reactions
- dissociation or numbing
- sleeping problems; irritability or aggressiveness
- emotional stress
- eating disorders
- psycho-sexual problems
- inability to plan for the future and/or pre-occupation with the past.
- difficulties with concentration and memory
- social withdrawal, relationship difficulties and/or difficulty trusting others.

The stage of individual development when the trauma and loss began to be experienced is significant. The effect of early trauma and loss can be far more profound than adult onset trauma on psychological development, relationship issues and attachment styles.

The duration of the trauma can also be relevant. Trauma experienced over a prolonged period is likely to have a more profound impact than a brief traumatic event. This is, however, not always the case as the meaning of the events for the person is also significant so it is important not to make assumptions.

Some trauma survivors might swing from being overwhelmed by past experiences to becoming numb and withdrawn, unable to discuss the past. Severely traumatised people can be misunderstood as deliberately withholding information, being uncooperative, lying, giving inconsistent stories or being unreliable.

Other survivors try to block memories of trauma by excessive drinking, smoking, gambling, self-medication and risk-taking behaviours.[13],[14]

Some reactions can be understood as symptoms of Post-Traumatic Stress Disorder (PTSD) and/or symptoms of Complex PTSD.

Using these medical diagnoses is controversial in the field, and some argue that the medical model obscures the social and political causes of the trauma and loss. It is therefore important to try to understand the cultural and political dimensions of the experiences of your clients and to respect their perspective and priorities. The idea of a 'normal reaction to abnormal experiences' rather than pathologising the person is useful to keep in mind.

TIP: Framing trauma reactions

Using psychiatric labels can deflect attention from the broader political injustices which have made a person traumatised. It is also important to see their symptoms as 'normal responses to abnormal situations,' however categories of symptoms can be a useful framework to help people understand their reactions and to reassure them they are not 'going mad'.

2.4 Factors that can exacerbate psychological distress

Treatment on arrival

The way refugees are treated on arrival will affect their attitude to Australia and their trust in institutions and the people around them. Research has found that refugees who spend long periods in detention suffer more severe mental disturbance.

Uncertain status

If your client's permanent migration status is uncertain (for example they are an asylum seeker or a refugee with a temporary visa) they are likely to be preoccupied with the fear of being returned and have little psychological space for processing the past. Refugees with a temporary visa have been shown to have a significantly higher risk of depression, post-traumatic stress disorder and mental health-related disability.[15]

Further reading

Steel, Z., Momartin, S., Silove, D., Coello, M., Aroche, J., & Tay, K. W. (2011). Two year psychosocial and mental health outcomes for refugees subjected to restrictive or supportive immigration policies. *Social Science & Medicine*, 72(7), 1149-1156.

2.5 Social level consequences and their implications for settlement

Social level consequences refer to the impact of traumatic experiences on how we communicate and relate to others and to societal systems and structures. Traumatic events in the context of organised violence and the challenges of settlement can also affect the capacity to trust and engage with other people and society, resulting in social isolation and reduced opportunities, with consequent restricted social support. In essence, trauma and loss affect how we interact with the world around us. It can be difficult to settle in a new country after escaping persecution and organised violence. An important part of the social work role is to support refugee clients to settle successfully in Australia.

Most refugees will have concerns about:

- money
- finding employment or being underemployed
- finding secure accommodation
- education
- learning English
- maintaining their cultural practices and understanding Australian culture
- developing a social network
- experiencing discrimination and racism
- tracing friends and family still in danger
- supporting friends and family overseas through remittances or sponsorship.[16,17]

TIPS: Taking a holistic approach

Your client's settlement needs are as critical as their psychological and physical health needs. If settlement needs are unresolved, refugees are unlikely to be able to address their psychological or physical needs.

Interventions with refugees will often require you to work across a number of sectors. Developing partnerships with other organisations will help you build a coordinated response to complex needs.

2.6 Applying a recovery framework

There are primarily two complementary recovery models that have been used in Australia as basic intervention frameworks by torture and trauma services in Australia. They are the STARTTS Systemic Model and the VFST Recovery Framework.

According to the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) Systemic Model, the impact of trauma and loss and settlement stressors can affect all levels: the individual, the family, the community and mainstream society and impact on all of the structures that support these. Changes at one level of the system will have cascading effects at other levels and this principle works equally well with negative and positive changes. This model is congruent with Social Work theory (systems theory and ecological perspective) and practice and allows for Social Workers to engage with individual refugees, families and communities depending on their service setting.[18],[19],[20]

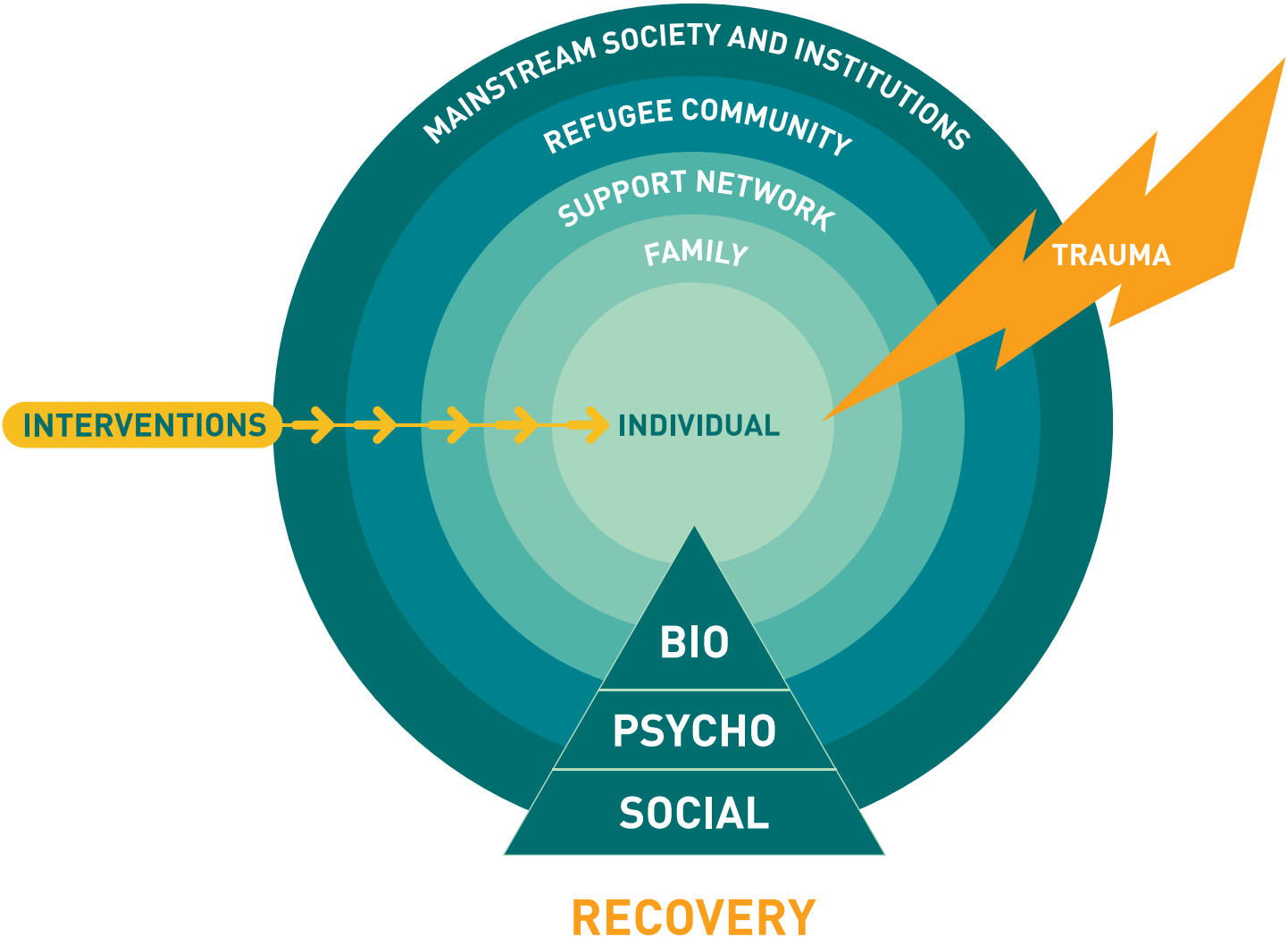


Diagram source: STARTTS Recovery Model: The Systemic Approach (Aroche and Coello, 2004)

The Victorian Foundation for Survivors of Torture's (VFST) Recovery Framework below might help you identify the skills and strategies you need to promote recovery of survivors. The framework identifies four recovery goals based on four components of the trauma reaction.

A. Trauma reactions: Anxiety, avoidance behaviours, hypersensitivity to threat

Recovery goal: restore safety, enhance agency, control and reduce the disabling effects of fear and anxiety.

Strategies:
- Provide information about services in Australia
- Provide and advocate for access to basic needs e.g. health, welfare, education and accommodation
- Facilitate referrals to other appropriate services
- Identify and address barriers to accessing services
- Recognise signs of anxiety and accommodate the effects of anxiety
- Provide information about the trauma reaction
- Introduce relaxation exercises
- Introduce activities that help with brain regulation
- Encourage good nutrition and physical exercise.

B. Trauma reactions: damage to attachments, grief, depression, community fragmentation

Recovery goal: restore secure attachments and connections to others and enhance a sense of belonging

Strategies:
- Foster a trusting continuing connection with an available caring person
- Provide relevant group activities to reduce social isolation
- Identify and address barriers to social participation
- Link to supportive groups and agencies
- Work with clients to set up personal and professional goals
- Engage in community development and capacity building work.

C. Trauma reactions: questioning meaning, purpose and identity, sensitivity to injustice

Recovery goal: restore meaning and purpose to life, rebuild identity and promote justice.

Strategies:
- Recognise signs of disruptions in sense of identify
- Promote group programs that help to reduce isolation and enhance self esteem
- Integrate past, present and future through art, storytelling and drama
- Create opportunities to facilitate a view of the future
- Explore concepts of self, others and the community
- Validate the cultural differences in values
- Provide human rights education, explore political background to violence
- Help with employment, volunteer work, education or another activity that provides person with meaning
- Support participation in community groups
- Community acknowledgment of human rights violations and the need for redress
- Assist with access to justice.

D. Trauma reactions: guilt and shame

Recovery goal: restore dignity and value, including reducing excessive shame and guilt.

Strategies:
- Facilitate expression of guilt and shame
- Allow the telling and retelling of events and stories
- Assist with developing ways to reduce guilt
- Strive for equal worker-client relationship
- Acknowledge client's strengths and resilience[21]

For more information on the Victorian Foundation of Survivors of Torture's (VFST) Recovery Framework, please read:

Kaplan, I. (2020). *Rebuilding Shattered Lives: Integrated Trauma Recovery of People of Refugee Background* (2nd ed.).The Victorian Foundation for Survivors of Torture Inc.

Image source: STARTTS

03
SKILLS FOR WORKING WITH PEOPLE FROM REFUGEE BACKGROUNDS

This chapter will present useful skills and tips for Social Workers while working with people from refugee backgrounds. While the skills and tips are varied, many of them are grounded by the Cultural Safety Framework and Trauma-Informed Approach, in addition to the models described elsewhere in this Guide.

Cultural Safety Framework

Cultural Safety is a useful framework for Social Workers working with people from refugee backgrounds. The ultimate goal of this model is to create an environment where clients do not feel their identities are threatened or denied. This is especially important for those who had to flee from their countries because of their identities.

To achieve this, Social Workers need to be willing to challenge the inherent power that they hold and become equal partners who walk alongside the clients. In other words, they need to not only learn about clients' cultures but also reflect and challenge their own systems and values. This involves examining and understanding how their values, beliefs and pre-conceived ideas may interfere with their interactions with clients and the service they deliver. This is necessary to reduce the power imbalance in the relationship.

Some examples of actions that can help to create and maintain a culturally safe environment for clients are:

- be comfortable to drop the 'expert' hat and listen more
- be curious, open and willing learn from clients
- learn and read widely about cultures, histories, politics and human rights issues of the client groups with whom you are working
- engage with community leaders and organisations to learn about community settlement and structures in Australia
- be open to following cultural protocols when required
- see clients with strengths and resilience instead of seeing them as 'victims'
- validate their distress caused by the system
- see clients as the masters of their own life and allow them to take the lead in the treatment process
- use interpreters
- be an ally and advocate for clients where self-advocacy is not possible
- work to support a cultural safety practice and implementation in your organisations[22],[23]

The Cultural Safety Framework is congruent with Critical Theory and Reflective Practice in Social Work, which enables Social Workers to build a more equal relationship with their clients and facilitate empowerment in their service.[24]

Trauma-Informed Approach

As most people with refugee backgrounds have faced traumatic events in their past, implementing a Trauma-Informed Approach when working with this population is essential. A Trauma-Informed Approach helps Social Workers to acknowledge the impact of traumatic experience on clients' current struggles and in so doing, deliver effective care and support.
A Trauma-Informed Approach requires Social Workers to:

- understand the impact of trauma and trauma recovery pathways
- be able to recognise the symptoms of trauma in clients and their families
- avoid re-traumatising clients, for example by avoiding things (e.g. loud noise, enclosed space, etc.) that might trigger their traumatic experience
- involve clients in their treatment plan as much as possible
- support clients' self-determination by providing clear information and options for them to make informed decisions.[25]

Remember that trauma effects each person differently and refugees experience varying levels of trauma. It is important therefore to consider each situation individually and tailor supports according to need.

The Trauma-Informed Approach and the Cultural Safety Framework are similar in so much as they both require Social Workers to understand deeper contextual factors such as the impact of traumatic experience on clients or the inherent power imbalance in relationship with clients. They both aim to create an environment where clients can feel safe physically and emotionally and are essential elements of successful social work practice with clients from refugee backgrounds.

Implementing these approaches involves the following:

3.1 Identifying refugee clients

Determining whether a client is from a refugee background helps you assess their needs and to identify appropriate interventions. These pointers will help determine if your client is a refugee or comes from a refugee-like background:

- Asking "what visa did you arrive on" or "did you arrive as a refugee?" This is better than asking if they are a refugee as some people will not identify with this description. Their visa and migration status may indicate a refugee or refugee like-background, as described in section 1.4.

- Details of your client's country of origin and year of arrival might help. They are likely to have a refugee background if they have come from the countries listed at 1.3 around the periods described even if their visa does not reflect this.

3.2 Minimising re-traumatisation

It is impossible to anticipate all the circumstances that could traumatise your client but you can minimise the risk by being aware of settings or behaviour that could remind them of traumatising experiences:

Prepare for the appointment: explain to the client what they can expect when coming to an appointment, for example whether certain protocols will take place such as temperature testing. Tell them if there are security guards at your office as they could act as a trigger. Meet the client at the door with a friendly welcome and avoid making them wait for extended periods (being made to wait is often used by torturers to exacerbate fear and helplessness).

Think about your surroundings: avoid interview rooms with closed-in spaces or barred windows and if possible offer choice about where to meet (office, garden etc.) Consider allowing trusted persons to be present at the interview. Feeling more in control of the space can assist the client to stay in the present.

Make it clear that you are there to help: some refugees may fear government officials or workers. Explain confidentiality, as well as the scope and limits of your service.

Check your interview style: avoid behaviour that could be interpreted as interrogatory. Ask for permission to take notes and advise how information will be used. Let the client guide the process; many torture and trauma survivors feel helpless as a result of experiences.

Avoid asking refugees to repeat traumatic stories: make thorough case notes and, with the client's consent, inform referral services of their background so the client does not have to repeat their stories to each service or worker.

3.3 Ensuring confidentiality

The concepts of 'confidentiality' and 'privacy' are defining principles in establishing a trusting relationship between client and Social Worker. Creating an open dialogue between yourself and the client regarding these principles is especially important. This includes conveying clear messages regarding the right to privacy, the concept of confidentiality and the responsible use of acquired information obtained during service delivery.

Refugees and asylum seekers have often been exposed to situations which have taught them to mistrust authorities and presume ill-treatment in relationships. This often leads to issues of trust, and concerns about abuse of power by authorities and within hierarchies.

Remember to be clear, open and honest and to:

- address the limitations of confidentiality (for example suicidality or harm to others). Be explicitly clear about your obligations and remind the client of your ethical duty to ensure safety. When working with asylum seekers it is important to clarify whether the information that you obtain will be shared with Immigration services as this may limit information shared.
- explain the purpose for having to acquire client information, including how this information will be stored and used for service delivery
- emphasise that no information will be shared without written consent (keeping in mind the limitations as expressed above)
- seek permission from the client to take notes to address possible surveillance or 'interrogation' concerns
- address the interpreter's obligations to keep information confidential.
- explain that they can make a complaint if they feel confidentiality is breached.

3.4 Cross-cultural communication

Social Workers do not have to be cultural experts but they do need to try to understand their client and to communicate effectively with them. Following on from the section on Cultural Safety, the tips below may help you negotiate some cultural differences:

- Ask the client what their expectations are and how things were done in their country.
- Acknowledge and respect differences that may exist between your beliefs, values and ways of thinking and those of your client. Exploring similarities and differences may help build bridges and give your client a framework for understanding Australian culture.
- Make an effort. Even showing a basic knowledge and an interest in their culture can be useful to clients trying to adjust to the Australian system.
- In some cultures, communication may be more indirect than what is commonly expected in Australia and some people may feel more comfortable not making eye contact. There may be a need to move slowly and carefully when discussing culture. In some cultures the opposite may be true that clients will appear to be understanding but are responding in a polite way (eg. Smiling and agreeing to everything). It goes without saying that it is also important to pay careful attention to the nonverbal as well as the verbal process in the interview.
- Avoid generalisations about cultural groups. There is variety within each culture influenced by class, education, ethnicity, age, gender, social group, urban or rural background, family and personality.
- Get advice from community leaders, interpreters or community workers. *Confidentiality, however, must be kept at all times*.

Useful tips for communicating well with clients with low levels of English skills include:

- checking that you understand each other
- using simple sentences
- using open questions
- clarifying questions or statements
- asking questions clearly
- avoiding jargon and slang
- speaking slowly and calmly, and
- using an interpreter for all important interactions.

3.5 Working with interpreters

Communication with a client with little or no English language cannot be made without a professional interpreter. Try not to make assumptions about whether a client is confident to speak English, as speaking conversational English is very different to understanding and speaking in clinical or formal settings, or in stressful circumstances.

Family or friends should not be used as interpreters for many reasons. First of all, they are not trained interpreters and may not understand certain terminologies. Interpretation is a whole set of skills and the fact that someone is bi-lingual does not

mean they can interpret. Second, their personal relationship may influence what is said and not said, as clients may feel uncomfortable discussing sensitive issues. Further, there are policies that require workers to use professional interpreters.

If your client has not used an interpreter before, they will need guidance from you about the interpreting process. Explain that the interpreter's main task is to enable the two of you to communicate accurately and that he/she must do so with integrity, impartiality and confidentiality.

Ideally the Social Worker, interpreter and client in the triad will gradually start to develop a safe trusting connection which will provide a containing safe place for the client to do the work. In addition, each triad negotiates a suitable frame for the work which takes the culture and personality issues of the participants into account. This gradually develops over time.

When using interpreters:

- If you work for a public health service, use Health Care Interpreters. Otherwise, use the Translating and Interpreting Service (TIS): Tel. 131 450.
- Ask if the client has preferences regarding gender or dialect. If you are aware and it is possible, avoid booking an interpreter who is from an opposing ethnic, religious or political group to the client. This is not a reflection of the professional standards of the interpreter but some clients may feel very uncomfortable in this situation.
- Organise the interpreter as early as possible to allow time to find a suitable person.
- Speak to the interpreter beforehand to discuss the case. A trusting, respectful working relationship with the interpreter is important.
- Brief the interpreter on the type of interview and on how you would like the interpretation done (i.e. simultaneously or consecutively). Explain any special needs, for example, if a client has a thought disorder, the interpreter should interpret exactly, rather than trying to make sense of what is being said. If your client identified as LGBTIQA+, ensure the interpreter is aware and is using accurate pronouns.
- Explain communication skills that may be required, such as vocal tone, open-ended questions, paraphrasing, reflection of feelings and so on.
- Explain your and the interpreter's role to the client. The interpreter may ask clarifying questions for the purpose of translation, however it is your role to clarify and explore the client's contributions and lead the appointment.
- Once the session begins, speak directly to the client, using the first person.
- Use clear language and short sentences. Pay attention to non-verbal cues: is the client feeling comfortable; are they being cut off?
- Request the same interpreter for any follow up meetings if possible and appropriate.
- Avoid private conversations with the interpreter in front of the client.
- Recognise that it is important to provide information but it can be hard for the client and interpreter to 'hear' it all at first or to understand some of the new ideas.
- Recognise that interpreters are not just a 'voice box' but a third person in the counselling triad. They need support and space to process vicarious traumatic reactions arising from working with refugees.
- Offer to talk to the interpreter after the session if it is potentially distressing for them. Normalise the idea of vicarious trauma and that trauma affects everyone, including professionals.
- If you have a problem with an interpreter's conduct, complain to the relevant service.

3.6 Virtual service delivery

Virtual service delivery providers – such as telehealth – use telephone, video conferencing or internet-based applications as an alternative to face-to-face services. These technologies are not uncommon in rural and regional settings and have been widely adopted since the COVID-19 pandemic.

Virtual technologies provide you and your client options. Videoconferencing can be the preferred way to have contact with a client because both the caregiver and the client can see and hear one another. Many clients, however, say that they prefer telephone or audio sessions, finding the simple voice contact easier to manage than videoconferencing. Some survivors of extreme trauma say that the anonymity of a telephone call makes it easier to talk about sensitive private information and to express deep emotions. Some describe feeling more in control of the setting when doing telephone sessions.

The benefit of engaging technologies when delivering services is that there is a continuity of care when face-to-face delivery is not possible. Without the use of technology, individuals from refugee backgrounds may experience an exacerbation of a pre-existing condition, and they could feel increasingly isolated and disconnected.

Despite the advantages of using virtual technologies, this method of healthcare delivery may not work for some clients from refugee backgrounds. Some may not have access to the technology required, such as smart phones and webcams. Financial constraints may mean that some may not have access to ample data to enable videoconferencing. Other clients, for example older people from refugee backgrounds, may not have a good working knowledge of modern technology. Some clients may not have access to privacy in order to have private or uninterrupted discussions.

If a client does not have access to technology due to financial reasons, then use the technology which they have access to, for example the telephone (most people have a telephone). Or you could ask them if there is someone who is able to help them access the technology required, for example a child or a grandchild or a neighbour or a support worker. It is important to engage in problem solving with the client.

Establishing privacy for a digital session is connected to education about why privacy is important. It is important to discuss with the client why there is a need for privacy and to engage in problem solving with the client about the best time to call. (Examples of these convenient times could be when the children are at school or when the clients knows that they will be alone). Workers might need to be mindful of the need to possibly check in about who can hear the conversation and who is in the room at the time of contact. It might be helpful to suggest to the client that they take the phone call or video call outside, in the backyard or on the verandah or somewhere private where they know that they can talk freely and openly.

Building and maintaining connection and trust when delivering the session virtually can be challenging but not impossible. It is essential to remain transparent, consistent and predictable. Talk about the 'elephant in the room' – that is, about the idea that phone counselling or video counselling might be foreign and unfamiliar and that it is okay to feel this way. Ask the client what would make them feel more comfortable with the idea and how the sessions can be made more useful. Many clients who at first are doubtful about online or telephone sessions can become accustomed to them and even start to find them preferable to face to face sessions in some ways.

Another important consideration is the use of interpreters, and how this might impact service delivery. Service providers should ensure that interpreters continue to be used now more than ever, whether they are using telephone or videoconferencing to deliver services.

3.7 Exploring issues of torture and trauma

The complexity of refugee trauma can never be overstated. Particularly when working with those who experience complex trauma, the biological, psychological, and social aspects of trauma presentations often include a wide variety of symptoms. These may include symptoms of post-traumatic stress disorder, anxiety, depression, suicidality and grief, as well as of other psychiatric conditions. Clients may experience overwhelming distress when discussing their concerns and worries, for example they might enter a dissociative state to avoid the memories of the past, spontaneously start to open up about past experiences, become very aroused, anxious, and/or confused, or experience sudden panic or terror.

It is important to not discuss trauma unless there is a clear benefit for the client. During an assessment, allow the client to decide whether or not they feel comfortable to discuss certain topics. If the Social Worker is not in a counselling role, it is appropriate to refer the client (if they wish) to a Social Worker or professional counsellor who can provide a structure for these issues to be worked through safely.

If it is necessary to ask the client about their trauma history, they may be reluctant and/or unable to talk about these experiences because of:

- their need to avoid re-living their experiences
- mistrust of other people
- fear of reprisals to themselves or their family
- avoidance of humiliation or stigma
- believing it is inappropriate to discuss these experiences with strangers; and/or
- the impact of trauma on memory and cognition, for example traumatic experiences may come and go from consciousness, recall of experiences may not always follow a storyline and/or memories may be confused.

While some people will be unable to discuss their experiences, others may pour out their memories and emotions in a way that can be overwhelming and distressing. Depending on your role and the purpose of your meeting, it may be necessary to reassuringly/sensitively 'contain' the client by:

- gently reminding them about the purpose of the meeting
- calmly reassuring the client about your role, and also its limitations
- providing reassurance that you can make a referral to a specialised Social Worker/clinician who can guide them through these thoughts and feelings in a safe way, if they wish to be referred.

If disclosure of traumatic events is necessary and/or potentially therapeutic, here are some 'opening lines' to initiate a discussion of your client's experiences and current difficulties:

1. *"I understand that some people from your country had a lot of difficult situations before came here? Was your family affected in this way?"*
2. *"Sometimes people expect others to 'get over' bad experiences quickly. This is often impossible."*
3. *"Sometimes when people have been through war situations, the reason they can't sleep is because they have disturbing memories about what happened."*

Many survivors of torture and trauma do not realise their symptoms are common responses to extremely distressing events. Many fear they are 'going mad'. You can help by:

- explaining that their symptoms are common reactions to extreme stress
- pointing out the different ways people react to traumatic events
- explaining the link between physical and psychological effects of torture and trauma
- acknowledging the client's distress
- identifying the major issues the client may have to deal with or for which they may seek help
- helping the client build his/her confidence and recover a sense of control.

3.8 Making effective referrals

Maintain the principle of empowerment and self-determination: Remember clients are the experts in their own lives. They may be overwhelmed by the challenges of settlement and multiple appointments and they may lack confidence in managing situations and saying no in the new environments so it is important to support the clients' right to decide if and when they are ready to access a service.

Obtain consent: Ensure referral to and communication with services is made with clients' knowledge and consent, rather than just acting on their behalf. This gives a sense of control. You need their permission to share sensitive information (for example regarding their mental health and current circumstances) if it is relevant and explain why this information is needed. There are instances when consent to share information may not be required, for example within NSW Health if you are providing information to another health employee for the health care purpose, however, it is more appropriate to obtain consent at all times.

Explain what services are: Some people come from countries with no equivalent services. It can be helpful to ask if they have accessed a similar service in the past in order to gauge their understanding and past experiences and to explore

any concerns which they might have. If you make a referral for counselling, for instance, explain the purpose of counselling in simple terms and in a way that normalises the need for help with psychological and emotional issues.

Ensure the client understands:
- the type of service to which they are being referred and what to expect
- the type of intervention which they will receive, including its scope and limits
- the procedures for referral and/or eligibility
- if there are waiting lists and how and when they will be contacted.

Try to match the client to the service provider: where possible, refer them to services that share or have experience with their culture, gender, language, religion and/or political affiliation.

Refer to reputable services: because of their experiences of state oppression, it may be difficult for refugees to trust service providers and feel confident that their information will remain confidential.

Give clear instructions: write down the address, phone number of the service, and contact person. Consider NSW Multicultural Health Communication Service's online Appointment Reminder Translation Tool allows you to translate appointment details into your client's language. You may need to discuss the details of how to get there or arrange a volunteer to take your client to an appointment. Torture and trauma experiences may affect memory, making it difficult to remember details. Clients experiencing symptoms of trauma may get confused about appointments or 'forget' them.

Explain what is expected of them: explain that they need to give services notice if they need an interpreter. Let them know too that they need to contact the service if they want to cancel their appointments and explain why this is important. Encourage them to make complaints if they have problems.

Keep expectations realistic: services can only do so much and often have limited resources. Explaining what a service may or may not be able to do may avoid disappointment. If a client is referred for counselling, explain that this is unlikely to provide a 'quick fix' for problems and that healing may take time.

Remember the financial limitations: refer and advocate for links to bulk-billing specialists or public hospital clinics where possible. If you make multiple appointments, try to make them all on one day to save transport costs.

Avoid giving advice about areas you know little about – especially those related to the process of seeking asylum. Not only is it illegal to give immigration advice unless you are a registered migration agent, you can also jeopardise a client's situation or raise false hopes. Instead refer people to an appropriate legal service (see section 5.8).

3.9 Keeping up with current events

It is important that Social Workers consider the social-political environment and how this might impact on clients. Familiarising yourself with current global events, including specific events in the client's country of origin, can help you to anticipate the client's needs. If conflicts overseas escalate, your client's anxiety for family at home may increase.

It helps to be aware of:
- the political and/or social history of the client's country or region
- the reasons for conflict in the region
- the ethnic and religious make-up of the region
- the level of persecution that exists and those affected by it
- cross-cultural issues
- the effects of state terror on persecuted people.

Media coverage of events can often trigger painful memories. More specifically, social media grants instant access to the devastating news emerging from around the world. It is important to remain aware that this is not only formalised news reports but grassroots footage that has not been edited for sensitivity. As fear for family, friends and communities left-behind intensifies, people are more likely to turn to social media to find out more about the situation, usually at the severe cost of their own wellbeing.

Current events within Australia can also be triggering, especially when religious or ethnic groups are vilified by politicians and in the media. The perceived food scarcity and lockdowns due to COVID-19 were very reminiscent of people's experiences of war and organised violence.

3.10 Community development

Migrant communities play a critical role in supporting the integration of refugees and asylum seekers and provide a range of additional and informal supports. It is therefore important that social workers support these community networks and link clients with them where appropriate. Social Workers can also support broader community cohesion.

The principles of community work with refugee communities should include:

- recognition of community strengths
- an understanding of the collective impact of state terrorism and organised violence
- consideration of the systemic model
- honouring community ownership of the development process
- flexibility
- cultural safety
- an organic and multifaceted approach to community work
- a willingness to negotiate systems and processes to ensure community ownership and leadership
- a commitment building and mentoring of community leaders; and
- recognition of the mutual learning process.

Community development requires working on three levels:

Social group: the group may be formed by a refugee community and approach you or you can create a group and invite community members. Groups can be formed around many areas of interest or need. Make sure you consult to determine what the group activities will be and how the group will be structured. Use bi-cultural co-facilitators, provide interpreters and child-minders if needed, make sure the group venue is accessible and provide culturally appropriate food.

Refugee community organisation: this work is most likely to focus on supporting the community to identify internal resources and access external resources. This includes helping them to plan and run their projects or facilitating access to mainstream society and institutions.

Mainstream organisations and society: this work concentrates on building the capacity of larger systems to support refugee communities. It can happen through awareness raising, training and systemic advocacy.

When working with communities:

- Be aware of your privilege (including that derived from your race, gender, sexuality and age), as well as your values, culture and assumptions. Ensure you are respectful in all communications with community leaders. Be aware of the power imbalance and ensure refugee communities/groups/leaders have as much power and control over the engagement with you and your organisation as possible.
- Refugee communities form groups and organisations. Be open to all groups and all organisations. It is not your job to determine who is the legitimate group, organisation or leader.
- Sometimes the relationship starts slowly, for example through help with booking a hall or a bus. If you are seen as being useful, your engagement will be successful in the long run.
- Refugee communities are diverse so engage with the elected leaders but also with other groups. This includes vulnerable sub-groups, for example women or young people.
- Take your time building trust. You will be tested so remember to be flexible and patient. You may have to work after hours or on weekends. Your employer needs to be aware of this.
- The community development journey belongs to the community. You are there to provide help along the way but neither you nor your employer own that journey.
- Community development is a process, not a project. There may be many projects along the community development path. This is a long journey so try to stay engaged.
- Find out what a group/organisation wants to do and support their ideas. Help them access external resources.
- Help the group/organisation identify their strengths and assets. Find out what they can do and what they need help with.
- Refugee community organisations often need help with technical issues such as project planning, writing funding submissions, bookkeeping, web-design, acquittals, strategic planning and legal issues. They may not need help with bringing people together and running their projects. Provide the help that is needed and if you don't have the skills, link the group with someone who does.
- Whenever you can, make sure that funding for projects goes to the refugee community/group directly. When the project is funded within your organisation, make sure you include a refugee group/organisation as an equal partner.
- Ownership of projects initiated from refugee communities should rest within those communities. You and your employer are there to provide support and not to take over.
- Ask permission from the group/organisation before you include your logo on any promotional materials. Ask them where they would like your logo to be placed and how they would like your organisation to be acknowledged.
- Do not 'gate-keep'. Make sure that the refugee community/organisation/group has access to all services relevant to them. It is easy to start feeling ownership of a group when you have worked with them for a long time.

3.11 Organising and facilitating groups

The past experiences of people from a refugee background might make them fearful or suspicious. When torture and trauma survivors come together in safe groups, they are able to learn to trust again. They can make friends, support one another, learn together and share their grief. In addition, group members can benefit from the experiences and insights of other group members.

As in any other group work, when facilitating groups for refugees and asylum seekers the Social Worker has two major roles: task and maintenance. The task role is where the facilitator focuses on the purpose of the group or the actual task which the group was set up to achieve. The maintenance role is where the facilitator manages and contains trauma reactions that may arise in the group so as not to disrupt the group process. The act of seamlessly performing the two roles as facilitator is known as the Trauma-Aware Group Work Approach.

The Trauma-Aware Group Work Approach is especially important for participants from refugee backgrounds because the facilitator has to be constantly aware about the trauma-induced reactions of participants such as fractured relationships and actions or situations that may be triggers.

Some of the key issues encountered when facilitating groups include the following:

Safety issues: participants need a sense of safety to feel that they belong in the group. One of the safety issues that can arise early in the group process is the fear of the unknown. Group members are unsure of how they will be treated or what is going to happen in the group. Social Workers can address this issue by:

- ensuring the group is designed in ways that reduce the differences between the participants in terms of background, language, gender and other issues, noting however that this may be challenging in a 'mainstream' setting
- ensuring that the opening activity is dedicated to rapport building and gradual easing into the group process. Run simple icebreaker activities that set boundaries, encourage collaboration and promote a sense of safety. Examples of activities could include discussing the group agreement, the group purpose and hopes and dreams about being part of the group.

Engagement: participants take time to tune in and to be effectively engaged throughout the group process, especially in the beginning. This may be due in part due to lingering trauma issues which they bring along to the group. Participants may not be used to speaking out in a group, even amongst people of their own background or gender. This may be partly due to cultural expectations or the impact of trauma. It may take time for them to speak up in the group and to be fully engaged. They may find it difficult to respond to questions or to easily contribute to discussions. The Social Worker can address this by:

- creating a non- threatening atmosphere to encourage participants to feel free to participate. Make use of pairing and small group discussions prior to plenary discussions
- not singling out any participant to answer a question or join in the discussion unless they volunteer to do so
- starting the discussion on known and familiar topics before moving onto unfamiliar ones
- ensuring that participants are assured at the very beginning of the group session that they are encouraged to participate but that they have the option not to.

Managing expectations: participants may not necessarily understand the purpose of the group in which they are involved. As a result, there is a possibility for individual group members to bring personal goals/agendas into the group discussion which may not be related to the purpose of the group. The misalignment of purposes and/or agendas in groups can disrupt the group dynamics and process. The Social Worker can address this issue by:

- ensuring that the group purpose is clearly communicated to potential group members at the recruitment phase and at the beginning of each session
- ensuring that they link the group purposes to the group agreement/rules and refer to the group agreement when the need arises
- offering to speak to the person raising irrelevant issues out of session. This both prevents derailment of the key objectives of the group and provides an opportunity to engage respectfully with the person
- being willing to make appropriate referrals when participants raise their needs and concerns for issues which they want to have addressed. This is to be done on a case by case basis and is informed by the group context at the time.

Balancing the process and content: when running groups for people from refugee backgrounds, the focus should not only be on covering the planned content or chosen subjects. As with group work in general, the group process is as important as the content. Social Workers can balance the group process and content by:

- ensuring that when planning sessions, topics are logically sequenced to allow for 'scaffolding'. This means that one topic can provide the groundwork for another, while at the same time it can be a stand-alone topic
- focusing on building a good group atmosphere, group coherence and a safe environment which will enable participants to become fully involved with the group process
- preparing participants for the possibility of transitioning from one topic to another by sorting out the process for this when developing the group agreement at the start. They may then feel more in control of the process if it becomes necessary to ask them to move on from one topic to another.

Possible exposure to traumatic materials: group work with people from refugee backgrounds lends itself to possible exposure to traumatic stories through mutual sharing and disclosures. The cumulative impact of these stories can lead to vicarious traumatisation for both participants and facilitators. To reduce this possibility, the Social Worker can ensure that participants are:

- forewarned about the possible content of some group discussions and the potential impact on them
- aware of the role of the co-facilitator (see below) to support group members who may have reactions to the group content or process. This role is part of the trauma- aware group approach.

When running groups for refugee and asylum seekers

Use a bicultural facilitator and/or interpreter: the language barrier is a major challenge in group work with people from refugee backgrounds. Strategies to overcome this barrier include employing the services of bi-cultural facilitators to run the group or using an interpreter. It is important to ensure that the bicultural facilitator or interpreter is culturally fit, trained and appropriate for the task.

Use co-facilitators: this is especially important when dealing with sensitive of potentially distressing issues as the co-facilitators can share the responsibility of facilitating the activity and be alert for and managing trauma reactions without disrupting the group process.

Ensure access for women and carers: it is important to provide child-minding facilities in order to encourage participation of women or others with carer responsibilities.

Ensure easy access: Typically, refugee and asylum seekers participants are new arrivals and may not have access to transport to and from group venues. It therefore becomes important for practical purposes to run groups at venues closer to public transport and with easy physical access for those with impaired mobility.

Produce translated written materials: if group participants are literate in their own languages, it is important to have translated written materials for them. Therefore it is also a

good practice to consider the language issues while putting the group together.

Ensure cultural safety: as has already been discussed, safety is a very important ingredient for a successful group work with this cohort. Cultural safety is about ensuring that participants ' identity , culture and experience are acknowledged, dignified and respected throughout the session without compromising essence of the topic and facts that are backed by law. It is a good practice for example for the group facilitators to dress appropriately according to the context they running the group in and provide cultural food if possible.

3.12 Responding to domestic and family violence (DFV)

The refugee experience for young girls and women is often characterised by exposure to high levels of violence. In many cases they are targets for rape, sexual exploitation and abuse during the conflict, while fleeing and in countries of first asylum. It is important to understand the pre-arrival experience as women who have endured such experiences have an increased vulnerability to intimate partner violence and sexual abuse when settling in a new country and they face unique and particular challenges in dealing with and addressing the effects of domestic violence because to their past experiences.
In some cases, multi-perpetrator violence from members of the extended family or close community may occur and/or the family accepts or condones the violence. In multi-perpetrator violence family members can encourage or support the abuser's control and abuse of the woman or girl.
Barriers that prevent women from seeking help for domestic and family violence include:

- not wanting to shame and embarrass the family
- fear of being shunned by the community and losing family support
- desire to keep the family intact and protect the children's welfare
- fears resulting from adverse police and the criminal justice system experiences in the past
- real or perceived threats visa status and associated concerns.

There is an assumption that domestic and family violence is culturally acceptable in some refugee communities. The reality is that domestic violence is a gendered issue rooted in systems of patriarchal power relations that transcend culture, nationality and religion.

The first contact a Social Worker has with a person seeking assistance for domestic violence is critical in laying a foundation for future engagement. Minimising disclosures by clients can deter them from seeking help in the future.

Work with perpetrators of domestic violence is also crucial in addressing domestic violence as many women want to stay with their partners in relationships that are free from violence. It is important that Social Workers do not get the perpetrator offside as they are often the family's gatekeeper. Quite often the perpetrator will speak on behalf of the family or dominate the conversation and the woman's views are not heard. Social Workers need to be mindful of the source of the information and to create opportunities for the woman to be alone to elicit her views without jeopardising her safety.

It is important all refugees are provided clear information about Australian systems and laws, particularly those relating to the rights and safety of women and children. This will provide women and girls with the knowledge necessary to navigate the social and legal structures and give them skills and courage to make their situation safer.

It is also relevant to bear in mind that men's experiences of prior trauma and persecution, combined with settlement and refugee experiences can threaten traditional identities and roles and can result in an increase in violent behaviour.[26]

When working with those affected by domestic and family violence

- Recognise the multi layered trauma experienced by young refugee girls and women in addition to being affected by domestic and family violence (DFV).
- Recognise that coercive control can take many forms – psychological, financial and even reproductive (i.e. sabotaging birth control, refusing to use contraception while coercing sex, forcing a woman to continue a pregnancy or to have an abortion).
- Be honest regarding limits to confidentiality and your duty of care in maintaining the woman and children's safety and wellbeing and what that may entail (i.e. child protection notification, report to the police).
- Honour the self-determination of the woman while respecting but gently challenging the cultural factors that may impact on their ability to address violence in their lives.
- Adopt a cultural lens that seeks ongoing clarification of content and meaning from the woman. Also be mindful that men speaking on behalf of women is often culturally motivated and may not equal the presence of domestic violence.
- Use female accredited interpreters where possible.
- Be mindful of the type of intervention used as well meaning workers may expose persons and create safety risks. For instance, DV questions should not be asked over the telephone or in the presence of the woman's partner, children over 3 years of age, family members or friends, as this can be dangerous for the woman and they may not feel comfortable to disclose information.
- Make sure a risk assessment is completed prior to a home visit and you go in pairs and you advise your manager of your whereabouts to ensure your safety.
- Where relevant, encourage use of the free DFV support phone apps in various community languages that are designed to look like a period tracking app.
- Learn to sit with the discomfort of what you are told rather than jumping into 'rescuer-mode'.
- Identify risk factors and protective measures and develop a comprehensive case plan outlining short and medium term intervention and a long term plan.

- Ensure coordination of services in order for issues to be addressed in a timely manner. This involves a lead case manager being identified, case conferences being arranged, and an agreement on the actions to be taken within specified timeframes.
- Reflect on your own cultural values and beliefs and assess how these attitudes may intrude on accurately assessing the woman's situation.

3.13 Advocacy

Many factors impact on the mental health of people from refugee backgrounds and their capacity to recover from trauma. These include problems with Australia's immigration laws, capacity to obtain employment, appropriate use of interpreters, adequacy of income support payments and participation requirements, access to affordable housing, adequacy of settlement services and racism and other forms of discrimination.

These issues impact on health but are external to the health system. Social Workers tend to engage in individual advocacy particularly in the context of casework and case management.

Advocacy concerning the issues identified above is likely to assist clients in the settlement process, aid recovery and improve mental and emotional well-being. Individual advocacy can take various forms: taking up an issue on behalf of a client as a primary advocate, assisting an advocacy effort being coordinated by another agency or simply providing information and/or a professional opinion concerning a client to an outside agency to assist the client to obtain a service.

Depending on the needs of the client, individual advocacy may also need to be undertaken on a range of issues with a number of government agencies. This is highly likely when responding to the complex needs of newly arrived refugees. Some issues to keep in mind about individual advocacy with clients of refugee backgrounds include the following:

- Unless you are a registered Migration Agent, you must not give migration advice.
- Refugees might not be aware of Australian systems and processes and may be very anxious about 'making a fuss'. Ensure you explain the context of advocacy, potential outcomes and consider the impact on clients.
- Make sure you obtain consent to engage in advocacy and first consider building the client's capability to self advocate.
- Make sure you keep your client informed about your advocacy efforts on their behalf and provide regular updates. Use your advocacy as an opportunity to train your client in self advocacy.
- Make sure your client has seen, understood and approved any letters or reports which you write on their behalf.
- Help your client prepare for any appointments which they have to attend in person. This may include writing down the points which the client wants to raise, role playing and developing stress management strategies.
- You may need to support your client in person when attending appointments particularly where the potential impact is significant and the client is highly anxious. If you are present at the appointment, take notes for your client.
- Request that your client is provided an interpreter when attending meetings with other service providers/government agencies.
- Debrief your client after appointments.

There are times when Social Workers identify issues requiring systemic advocacy as a consequence of our work with clients. Issues that come up time and time again are best dealt with by removing the cause rather than simply treating the symptoms. There are many approaches for systemic advocacy and the approach you choose will depend on the issue, your role, your employer and their core business, and the expertise and the alliances which you have. Some approaches include the following:

- Providing information, including client case studies, to support advocacy being undertaken by another agency such as a peak body (for example the Refugee Council of Australia) or asking to have this body raise an issue on behalf of your agency. If you are using case studies, make sure that you protect the privacy of the client.
- Making a formal submission to a government inquiry or providing information on the impact of a particular policy/ directive on clients to support a submission by another agency.
- Writing to a government department or Minister to raise systemic issues within their portfolio which impact on clients or to raise matters associated with a program which they fund.
- Providing written comments by invitation regarding a government discussion paper or draft legislation.
- Participating in a government consultative forum or advisory committee.
- Participating in interagencies, forums and networks where it is possible to raise systemic issues impacting on clients.
- Participating in, and potentially endorsing, an NGO coordinated advocacy effort.
- Giving a conference paper or publishing an article on your work can also be a form of systemic advocacy.
- Resourcing the client or a community group to undertake advocacy using strategies such as letter writing, meeting with Members of Parliament, compiling petitions, making use of Parliamentary question-time, seeking legislative amendments and running a media campaign. Care should be taken with many of these as they can potentially backfire if not skilfully managed.

While we may be passionate about making a positive change for our clients, we have to ensure we adjust our advocacy strategy so that it has the best chance of achieving the desired outcome and ensure that we include clients directly where possible.

3.14 Worker reactions and countertransference

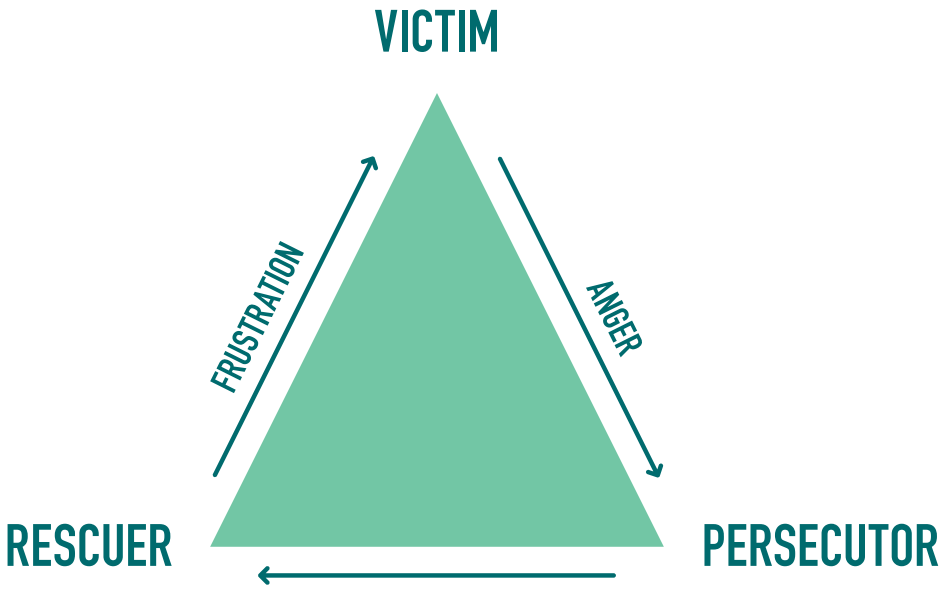
Client Helper Dynamic

Self-awareness is an important general Social Work competency. It can alert a Social Worker to their inner reactions to the experiences and stories of their clients. Such inner reactions are important sources of information for Social Workers. When unrecognised and unchecked, however, they can contribute to unhelpful dynamics with clients. Such unhelpful dynamics are more common when clients' needs are overwhelming and their experiences highly traumatic.

Just like self-awareness, empathy is an essential tool for any Social Worker, however being an empathetic helper may make you vulnerable to becoming a 'rescuer' and entering into an unhelpful dynamic with your client that is often called the Client Helper Dynamic. To understand this, it is useful to look at the Drama Triangle which is a psychological and social model of human interaction in transactional analysis and which is also used in psychotherapy and other helping relationships.[27]

The Client Helper Dynamic suggests that there are three different roles which people adopt in an interaction: rescuer, victim and persecutor. In the Drama Triangle these interact as follows:

Understanding these roles can help to protect yourself from burnout and provide a better service to your client as is understanding how these roles can change at different times in the interaction.



The Rescuer

'Rescuers' act from the position of "Let me help you".

When faced with overwhelming needs experienced by your client, at certain times you may take on high levels of responsibility. You may feel the need to do everything for your client, to try and fix everything in their life and you might become very emotionally involved. In certain crisis or urgent situations this may be appropriate, however in other circumstances taking on the role of the rescuer will serve to reinforce the client's position as the victim and it is incongruent with AASW Code of Ethics and the Principle of Self-determination.

In order for your client to start recovering from their traumatic experiences and to take control over their life, they need to feel empowered. This will be less likely to happen if a Social Worker becomes their 'rescuer'. To move from the 'rescuer' role, offer a nurturing environment that empowers, respects and utilises the capacity and resources of the client. Strength-based approaches and a focus on self-determination are useful tools to avoid taking on a 'rescuer' role.

The Victim

'Victims' act from the position of "Poor me".

Once you have placed yourself in the position of a 'rescuer' there is a risk that you could become frustrated and resent the expectations and demands that the client is placing on you. You may start to feel like a 'victim'' yourself, seeing the client as being unreasonable and ungrateful. You may find yourself complaining about the client and losing your motivation to work with them. To move from the 'victim' role, focus on problem solving and continue empowering your client to take on control over their life.

The Persecutor

'Persecutors' act from the position of "It is all your fault".

Most of us prefer not being a victim and after some time in the 'victim' role, we may become angry at the client, becoming more distant from them and placing boundaries in the relationship where none existed in the past. The client may start to perceive you as a 'persecutor'.

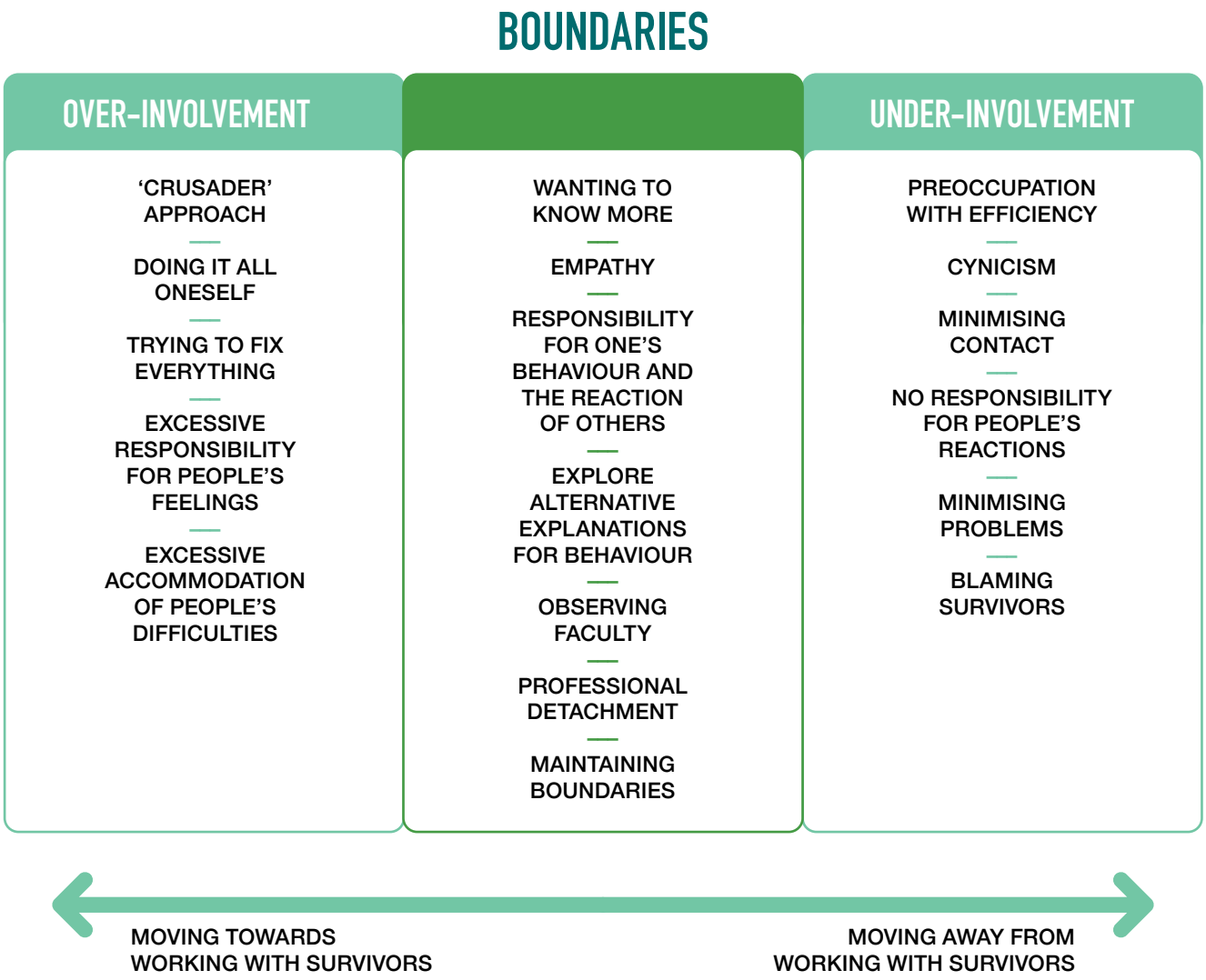
None of us, however, like to be seen as a persecutor so feeling guilty can quickly take us back to being a rescuer again, and then the cycle continues as seen in the diagram. To move from the 'persecutor' role, put in place clear boundaries and be mindful of over-involvement or under-involvement with the client and their experience.

The Over-involvement/Under-involvement Continuum

This is another model of Client Helper Dynamics that focuses on worker/client boundaries and the Continuum of Involvement with the client, their story and emotional reactions. When faced with extremely traumatic stories and potentially overwhelming emotions, helpers typically engage in one of the following processes:

- Moving Forward towards the client, their story and their emotions by opening up, expressing empathy, learning more, attempting to change unfair systems and taking on responsibility even when that is not necessary.
- Moving Away from the client and their story through detachment, avoidance of trauma stories, diminishing the impact or excessive professionalism and intellectual focus.

Both reactions are common yet problematic when taken to the extreme of the Continuum of Involvement. The 'Moving Forward' reaction can lead to over-involvement and take a Social Worker to the 'rescuer' position described above, impacting on the Social Worker's health and wellbeing while being unhelpful to the client. The 'Moving Away' reaction can lead to under-involvement demonstrated through minimising contact with the client, cynicism and denial of clients' needs, similar to the positions of 'victim' or 'perpetrator' as described above. The most useful range of emotional involvement with the client is the one based on empathy, openness and caring while maintaining an ability to observe one's own reactions and keeping some emotional distance. As above, using the strength-based approach and focusing on self-determination while maintaining self-awareness, a Social Worker can avoid unhelpful dynamics and ensure their own resilience, health and wellbeing.



Ref: VFST, Rebuilding Shattered Lives, 2020

Vicarious traumatisation and burn-out

Hearing stories of torture and trauma can produce strong reactions in helping professions. It is well documented in the literature that some form of vicarious traumatisation (VT) is likely. VT can lead to disruptions in a person's identity, world view, spirituality, affect tolerance, relationships, internal imagery, experience of body and physical presence in the world.[28]

VT is similar to the idea of countertransference, in that it incorporates a worker's affective response to a client, but unlike counter-transference, it refers to the cumulative effect of doing trauma work across clients and to the impact on the self of the worker.

Experiencing many forms of VT is a normal process and we need to keep working through how the work is affecting us. This can improve the way we do our work and help us in understanding our clients.

Some common responses when listening to traumatic stories are:

- embarrassment due to not knowing how to respond to atypical client behaviours
- feelings of inadequacy in addressing issues raised by the client
- intense emotional distress – e.g. anger, fear, grief and/or anxiety
- avoidance of the issues
- non-acceptance, disbelief and denial
- 'blaming' the client for the feelings and emotions triggered by their stories
- compassion fatigue
- physical and psychological responses – e.g. nightmares and insomnia.

Ideas for coping:

When working in a clinical setting with trauma survivors it is of critical importance to have a trusted clinical person with whom you can discuss your work, including the stressful aspects, vicarious trauma and counter-transference reactions. It is also valuable to network with colleagues and Social Workers in other agencies with expertise in refugee work for peer support.

It is important to be aware of your own needs and to listen to your body for signs of VT. You should also develop appropriate strategies for coping with feeling or reactions to client situations including self care, supervision, debriefing and work/life balance. Avoid rescuing behaviour or feelings of guilt or responsibility for the client's situation and avoid using alcohol or other substances to manage distress.

It is also important to commit to ongoing professional development and reflective practice strategies to ensure early detection and best practice.

Image source: NSW Refugee Health Service

04
WORKING WITH SPECIFIC REFUGEE POPULATIONS

4.1 Refugee communities

State terrorism and organised violence against individuals and ethnic groups seeks to attack the very essence of community - ie the relationships between individuals, families and other social groups. When relationships are affected, communities are likely to fragment, and a severe lack of trust can develop which impedes social interaction. The situation is exacerbated in communities where political, ethnic and religious complexities and divisions existed overseas and continue to be at play within the refugee communities in Australia.

Since it is impossible to 'leave behind' the impact of trauma on individuals and families, it is equally impossible to discard the effects on communities. In Australia, refugee communities may be fragmented, suspicious of government-related services, experience internal conflict and have very little formal structure. It may be challenging for a service provider to work with or tangibly identify these communities, particularly for Social Workers working within government departments.

It is important to note that such reactions might be effects of trauma and state-induced violence rather than naturally occurring cultural and religious characteristics of refugee communities. Additionally, what we may perceive as 'a community' due to shared language, ethnicity or country of birth, may not be perceived as a community by the individuals who share those characteristics.

Effects of trauma, coupled with the challenges of the settlement process, can affect how communities develop in Australia:

- Communities may be polarised and mistrustful. As a result, some people may distrust interpreters and workers from their own country. Others may withdraw from their community to avoid evoking traumatic memories. This can result in the creation of multiple community groups or organisations.
- Small and emerging refugee communities may have little in the way of resources and infrastructure. They may have few experienced leaders or the leaders they have may not speak English or understand Australian systems. Initially, leadership roles may be assumed on the basis of English ability or familiarity with the Australian system rather than leadership skills. Additionally, in many communities men assume the leadership roles and this may mean that issues of relevance for women and young people may not be adequately communicated to service providers.
- There may be significant levels of diversity within refugee communities along the lines and experiences described above.
- Lack of understanding of Australian systems and mistrust of government may result in communities not engaging in self-advocacy or engaging in ways that do not produce desired results.
- Refugees may arrive knowing no one and needing to build a social network from scratch. While this can create close-knit communities, it can also mean people are isolated with limited support, particularly in small, geographically dispersed communities.
- There may be divisions between people recently arrived from a conflict in their home country and more established refugees and migrants - even though they share the same ethnicity or country of origin.
- Tensions increase if there is pressure on the community. If renewed conflict breaks out in the home country, it can affect the whole community. If some people are having their protection claims reassessed and are at risk of being returned (for example refugees with a temporary visa), it can make the whole community anxious.

This being said, it is also important to remember that refugee communities bring significant strengths and assets with them. A recommended approach to working with refugee communities is Asset Based Community Development (ABCD)[29]. Some of those strengths/assets may be culture, elders, music, conflict resolution processes, sporting teams or dance groups. See also section 3.10 in this resource for more information about community development.

TIPS: Working with refugee communities

- Consider ways to support the development of community leadership skills, community infrastructure, and reconciliation within community. Also consider the messages being communicated by community members that may be influencing the client expectations or understandings.
- Avoid making generalisations about how much support people from refugee backgrounds receive from their ethnic community – just because a community exists does not mean support will be available for your client.
- Don't assume clients are linked to their community. Ask your client if they know about local ethnic organisations. If not, contact your local settlement service for details. If your client needs social support, link them with local community groups such as places of worship, sports clubs or volunteer programs.
- Remember that every continent and every country is made up of many communities. African refugees, for example, are not a community: each country in Africa represents numerous communities, commonly based on tribal affiliation. Similarly, viewing Arabic speakers as belonging to one community is imprecise as they are of various nationalities, cultures and religious backgrounds.

4.2 Women from refugee backgrounds

While most refugees will have experienced periods of deprivation prior to coming to Australia, refugee women and girls are more likely than men to have had their education disrupted and have been vulnerable to sexual assault, forced prostitution or early marriage. In recognition of the increased risk women and girls face in countries of first asylum, Australia accepts several hundred women each year through the Women at Risk visa category (see 1.4).

The role of motherhood can be protective: mothers tend to have a valued role within the family and play a critical role in keeping the family together. Parenting in a new country can, however, be challenging. It is hard to raise a child without family support or to assist children with their school work without English or familiarity with the school system. So too it is hard to support a family in stress and to manage changing family dynamics during settlement. While some refugee women recognise the positive aspects of living In Australia and access the support and services available, others find it hard.
This is particularly the case if women:

- are isolated and the tensions of rebuilding lives in a new country impact on relationships within the home. In some cases this can result in domestic and family violence, the impact of which is exacerbated when the victims do not know where to turn for help
- are carers and do not prioritise their own mental health needs over those of their family. Such women will not seek out – or will initially refuse - referrals to counselling or trauma services
- are caring for older relatives or adult children living with a disability. This can be overwhelming without the assistance of an extended family.

Identifying vulnerabilities such as these is key, as is linking such women to appropriate support services.

TIPS: Working with women from refugee backgrounds

- Be very sensitive in cases of suspected sexual violence. It might be more helpful to offer suspected rape survivors general trauma counselling and allow any sexual assault issues to emerge as trust develops in a confidential setting.
- Book a female interpreter.
- Provide childcare/child-minding to facilitate access to services where possible.
- Get to know women's support groups in the local areas so you can make appropriate referrals, especially for women with very young children, older refugee women and women with disabilities.
- Engage women by asking what her views or wishes are. Most have gone through 'disempowering' experiences where decisions were made *for* them not *with* them.
- Some countries do not have preventative health services and women may not be aware of those. Some women may not have had a chance to access preventative health services due to the circumstances related to their refugee experience. Make sure you explain that these services are available in Australia and facilitate access to them.

CASE STUDY: Maternity setting

Mrs Y was referred to a hospital Social Worker because she was sobbing during a prenatal consultation. No interpreter was present during that consultation even though Mrs Y needed one. Staff appeared unsure of how to book an interpreter. The Social Worker was experienced in working with interpreters and was able to book one.

History at the time of referral

At the time of referral, Mrs Y was pregnant with her first child.

Mrs Y came from a culture where women stayed at home with the extended family and were expected to obey their parents, husbands and in-laws. She was educated at home and lived a protected life before civil war broke out in her country.

Soon after her marriage, her husband was arrested, interrogated and sentenced to hard labour in a concentration camp. Soldiers came to Mrs Y's house demanding information about his political activities.

Following her husband's release, they escaped travelling in a small crowded boat to a refugee camp where they stayed for two years before being resettled to Australia. They had been in Australia for ten months and had no relatives here.

In a second interview, Mrs Y told the Social Worker that after his imprisonment, her husband had changed, becoming suspicious, controlling, nervous and violent. She said that in her culture the husband is usually the head of the family and she felt powerless and vulnerable to his changing moods and temper outbursts. She was unused to negotiating with people outside the home.

Mrs Y was constantly teary, had suppressed appetite and sleeping problems. She had nightmares about the war and their escape. She was nervous, irritable, had poor concentration and memory, and was startled by loud noises. She avoided places and people that reminded her of the past: men in uniform, large crowds, the sea. Her husband's violent behaviour made her feel that she and her baby were not safe.

Assessment

Mrs Y experienced both political and domestic violence. She had no income, was living in an unsafe situation with no family support. She felt hopeless, had post- trauma and depression symptoms but did not report thoughts of suicide or self-harm. She was socially isolated from her community, had no knowledge of support services, spoke little English and was unable to negotiate the health system.

Recovery goals:

- restore safety and enhance control and reduce the disabling effects of fear and anxiety
- restore attachment and connections to others who can offer emotional support and care, and overcoming grief and loss.

Action

The Social Worker provided ongoing support during Mrs Y's pregnancy and afterwards, ensuring that she worked with the same female healthcare interpreter in each session to provide continuity. Ms Y was referred to a FASSTT (The Forum of Australian Services for Survivors of Torture and Trauma) service counsellor to discuss her traumatic experiences and losses. Her husband was also referred to the FASSTT service for assessment and counselling but did not attend these initially.

The Social Worker liaised with and made referrals to the Refugee Health Service, Centrelink, a supported housing program, and a Maternity Liaison Officer (MLO). The Social Worker also continued to liaise with Mrs Y's GP and the antenatal clinic. A number of those referrals involved significant levels of advocacy and required the Social Worker to be able to clearly articulate Mrs Y's refugee and settlement issues. The Social Worker also provided information about Mrs Y's culture and sociopolitical issues in her country of origin.

Outcome

Soon after the baby was born, Mrs Y decided that she could no longer stay with her husband. With the help of the Social Worker and the MLO, she moved into supported housing. She was linked with a child and family health nurse and an antenatal education program in her own language. Centrelink reviewed her situation and granted her Special Benefits. She is now learning English with a home tutor and attends a group at the local health centre for single mothers who speak her language.

Her husband blamed the health services for what had happened between him and Mrs Y but was persuaded to have counselling at a FASSTT service with a male counsellor who spoke his language. He began to understand his own trauma symptoms and behaviour and hopes to be reunited with Ms Y and their child in the future.

4.3 Men from refugee backgrounds

Almost 50% of refugees who arrived in Australia in 2019-2020 were male[30] and men make up the majority of asylum seekers in Australia, particularly of those who arrived by boat.[31]

Male refugees have generally been exposed to different types of traumatic events as compared with women. Some have been involved in active conflict, some have been imprisoned and tortured, many have been at the front line of protecting their families and communities, and some experience guilt from being unable to protect their family. Numerous studies show that men present with a lower rate of PTSD and most other mental illnesses than women.[32],[33],[34] A possible explanation for this is the stigma around seeking help and being perceived as weak and therefore threatening their masculine identities[35]. As a result, many men tend to somatise emotional problems, for example men might speak of 'heat', 'tiredness' or non-specific aches and pains rather than emotions.

The most significant underreported and undiagnosed health problems for refugee men relate to physical and psychological effects of sexual torture, which research suggests is common. Other male refugee groups at particular risk of health problems include child soldiers, elderly men and men who have been separated from their families.

Of the settlement related factors affecting refugee men's mental health, the most important is loss of identity associated with resettlement. This usually involves loss of traditional male roles and exposure to a culture where women's and children's rights are different and may challenge their traditional male roles. This loss of identity is exacerbated by long-term unemployment and may be associated with chronic depression, substance abuse, domestic violence and/or family breakdown.[36]

Men who have spent long periods in detention, are on temporary visas and/or who are separated from their immediate family are also considered highly vulnerable.

Functional English, secure and meaningful employment and constructive community links are important facilitators to men's settlement.

TIPS: Working with men from refugee backgrounds

- Provide group work options focused on skill building or practical activities. Groups are often an entry point to clinical interventions.
- Access to employment support is essential for many men in regaining their sense of agency and meaning.
- Ensure there is a choice of the gender of the interpreter and Social Worker if possible.
- Support men as they go through the cultural transition around the roles of men and women in Australian society. The process takes time and while feminist practice informs Social Work theoretical framework and values, do not expect a swift change in attitudes. Allow your male clients to explore the definitions of manhood and masculinity in cultural transition. At the same time, however, it is important to inform them clearly about the legal rights of women and children in Australia and the definition and consequences of domestic and family violence and child abuse. Be mindful however to not make assumptions about male and female dynamics in other cultures. Take time to understand these dynamic and support integration of Australian values in relation to gender.

4.4 Families from refugee backgrounds

There are many ways in which the refugee experience will have an impact on families and their settlement in Australia:

- Family members may have been separated in flight or exile or killed in their country of origin. Some family members may still be missing.
- Family roles are often dramatically altered. Women may become the breadwinner. Children may assume the role of interpreters and guides for the family. Such things change the balance of power within the family.
- Refugee families may have little or no understanding of Australian parenting expectations and child protection systems, and those systems may not have had experience in working with refugee families. The concept of 'government' being involved in relationships between parents and children may be completely foreign to many refugee families.
- Traumatised parents may be less able to support their children emotionally.
- Children may be struggling at school and parents may be less able to support them due to language barriers and lack of understanding of the Australian education system.
- Children may be keen to embrace the values and lifestyle of their Australian-born peers while parents may feel that they are losing their children and that the children are betraying and abandoning their culture. This can cause stress and conflict within a family and is particularly relevant where teenage and young adult children are involved.
- Financial difficulties can cause problems in families.
- The family continues to feel traumatised if there is bad news from the home country.
- Dislocation from culture and tradition, as well as language barriers, can add enormous pressure.

- Children might be taught not to trust anyone outside the family or in the mainstream society.
- Guilt associated with leaving family members behind can disrupt the emotional recovery of the remaining family system and individual members.
- Separation from extended family can leave parents unsupported. This is particularly hard when they are facing challenges.
- Survivors might act out aspects of their experience at home, for example with their partners who they perceive to be as abusive, rejecting or betraying.
- Some survivors might also have trouble controlling affect, for example anger, and may enact physical and emotional violence on their partners and children.

These pressures can create conflict in families. People from cultures where family conflicts are traditionally dealt with by family or tribal elders need to learn new skills to resolve conflict. If not, these pressures can increase the risk of family breakdown and/or domestic and family violence.

People from refugee backgrounds may have difficulty accessing services that support parents and spouses because of language difficulties and unfamiliarity with such services. Additionally, these services are often unfamiliar with the needs of refugee families.[37,38]

TIPS: Working with families from refugee backgrounds

- Assume that refugee families have parenting knowledge and skills and that they want the best for their children. Have a conversation about this and how this knowledge and skills can be applied in Australian context.
- Help parents learn and understand the impact of trauma and settlement on their children and help them rebuild connections and attachment with their children. Early Childhood Services can support families to strengthen attachment among parents and children and help families to meet and socialise with other families through playgroups and programs such as Circle of Security[39] and Triple P (Positive Parenting Program)[40].
- Facilitate access to family support services and children's health services. Also consider engaging specialist multicultural youth services
- Explain the Australian child protection systems and the reason they exist – in many cultures the whole community has an input in how children are raised. This is similar in Australia but Government and services play the part of the community.
- If a child protection authority and/or a family support service is involved with your clients, make sure they understand impact of refugee experiences and concept of cultural safety. Work closely with those systems.

CASE STUDY: Maternity setting

The Social Worker became involved with Mrs P and her three children (who are all under 5 years of age) after disclosures of domestic violence and suicidal ideation to an early childhood nurse during a routine developmental check of her children.

The nurse also raised concerns regarding the daughters' speech delay and behavioural issues.

History at time of referral

Mrs P, a mother of three and in her 30s, arrived in Australia on a humanitarian visa with her husband. The family were persecuted in Iraq due to their ethnic and religious background. Mrs P has no social support in Australia aside from her husband's family. The husband is well respected in the local community due to his standing as a religious leader.

The husband often has flashbacks of being tortured whilst imprisoned in Iraq. He is irritable and quick to anger. Mrs P described him as cruel and occasionally physically violent. Due to his gambling addiction, the family have little money for basic essentials. The husband is also refusing to engage with a torture and trauma counsellor.

Mrs P has nobody to speak to about her problems and has thoughts of self-harm and suicidal ideation. She speaks minimal English and has no one to advocate for her and the children. She has tried reaching out to another community leader and her husband's family for help but they have accused her of either lying or trying to bring shame upon the family. Her culture highly values keeping the family together and she is likely to be shunned in her small community if she leaves.

Her husband also withholds finances and threatens to have Mrs P's visa revoked if she tries to leave him.

Assessment

Mrs P was highly anxious and fearful for the children and her safety. She was overwhelmed and physically and emotionally exhausted. She was extremely socially isolated with no links in the community and afraid of sharing her story, being scared of the repercussions.

Recovery goal: establishing safety

Action

The Social Worker conducted a risk assessment to ascertain Mrs P and the children's immediate safety and developed a safety plan. A child protection notification was made to the relevant local authority due to the presence of DV and carer concern. Mrs P was informed of support options available to her and her children including how to contact a 24 hour DV helpline. She was reassured that the interpreters used would not need to be told her name as she feared the interpreter may be from her community. Mrs P was assisted to download a multilingual domestic violence app onto her phone.

Mrs P was also referred to a legal service who could explain her rights and the laws in place in Australia to protect women and children.

Ms P was assisted to open her own bank account and apply for a crisis payment through Services Australia.

Ms P was also assisted to apply for NDIS funding for her daughter and linked in with a speech therapist and behaviour support clinician.

Following another incident in the family home, Mrs P reached out to the Social Worker for assistance to contact the local police (who took her statement and issued an AVO) and to find her crisis accommodation. The family was referred to a women's refuge where they received accommodation support and intensive case management. The case manager from the refuge assisted Mrs P to obtain an immediate termination of rental lease due to DFV. The client was also referred to her local Community Mental Health Emergency Team (CoMHET) for a comprehensive mental health assessment.

Given the number of stakeholders involved with the family, the Social Worker coordinated care by facilitating case conferences and sending regular email updates to stakeholders.

Outcome

An AVO remains in place and Mrs P and the children have been placed in social housing.

Mrs P has started seeing a counsellor while the children are at childcare. She has been linked to a support group for survivors of domestic violence and has met a woman there who speaks her language that she has started to meet socially. She has also been assigned a family case manager to help navigate this transitional period.

Interacting with the police can be an intimidating process. Consider asking to speak to the Domestic Violence Liaison Officers (DVLOs) that work at the police station. DVLOs are specialist officers trained to support the victims of DFV through the process of reporting and referring to services.

4.5 Children and young people from refugee backgrounds

Over 40% of refugees granted globally are under 18[41]. Children and young people could well have witnessed or experienced violence. Some may have been tortured, forced into labour or military service, or have had family members or friends murdered.

In Australia, these experiences may continue to affect their development. If their parents are traumatised themselves, they may not have the capacity to help their children resolve these issues

It is often assumed that children are naturally resilient but this is not always true. There are many ways in which exposure to war, organised violence and the constant presence of fear impact on children, including:

- delayed development or regression
- acting older/younger than is appropriate for their age
- a variety of post-trauma related symptoms including nightmares, withdrawal, difficulties with impulse control, concentration problems, poor memory
- difficulties establishing friendships and trusting others
- anxiety in general, and separation anxiety in particular
- low self-esteem
- grief and loss issues and feelings of shame, guilt, anger and agitation, all of which can impact on a sense of belonging and personal security.

Add to this the fact that many children may have suffered from malnutrition, not had regular access to health care and have missed out on immunisation.

Arrival in Australia presents children and young people with a new set of challenges:

- Many have missed out on formal schooling, either entirely or for extended periods. Navigating an unfamiliar education system, adapting to a new country and language and bridging the knowledge gap between them and their peers is difficult at best.

- At a time when young people are forming their identities, they may be faced with conflicting value systems of their home country and of their new Australian peers. Negative stereotypes can also lead to young people experiencing racism, discrimination and bullying.

- Discrimination, language skills and a poor understanding of rights and laws result in young people being vulnerable to workplace exploitation or harassment, which in turn leads to feelings of disempowerment, hopelessness and uncertainty.

- Often young people become socialised into Australian society faster than their parents and this can create tension in families. As children pick up English faster than adults, their role in the family can change, particularly if service providers inappropriately use them as interpreters. They are also relied on by their parents to navigate systems such as healthcare, legal or social services.[42],[43],[44]

However, many young refugees do exceptionally well and this is a testament to their courage and resilience in the face of these and many more challenges.

It is relevant to note that not all children and young people arrive with parents or as part of an intact family. There are other groups of entrants who face their own particular challenges:

- ***Unaccompanied minors:*** while their numbers are small, those in this group are very vulnerable. They come under the care of the state or territory in which they are living and efforts are made to place them with a culturally appropriate family, ideally but not always with a prior link to the minor. These young people face all of the challenges of beginning life in a new country but without close family support and potentially with the burden of worrying about family members left behind or who are missing.

- ***Members of a blended family:*** there are families in which one or more of the children are not part of the immediate family or are not biologically related. Conflict and displacement mean that many children become orphans or are separated from their family and are taken in by other families. While in the vast majority of cases, they are cared for well, there are instances of the additional child/children being treated poorly, being expected to do more of the work in the house/business and missing out on education and necessary support.

- ***Young parents:*** Some young people are parents themselves. Raising a child is challenging at the best of times but doing so in a new country without extended family is much more difficult.

TIPS: Working with children and young people from refugee backgrounds

- Work with the whole family and make sure parents are involved. Australian youth work approaches will empower youth to be included in decision making which can disempower parents and lead to further conflict. It is important to help the whole family adjust.
- Make sure young people have age-appropriate control and choices over services they access and use. This may be a new concept for young people from cultures where young people do not have control and choices.
- Ensure meaningful youth input in service design, delivery and evaluation.
- Ensure access to youth health and support services.
- Deliver group-based activities and services including homework support where relevant.
- Engage and support peer-support networks for parents and children. This should include facilitating links with families that have settled and worked through similar challenges.
- Assist children, young people and their families to communicate with schools and develop mutual understanding.
- Collaborate with refugee communities, groups and organisations supporting young people from their communities.

Additional Resources:

Multicultural Youth Advocacy Network (2020, n.d.). *National Youth Settlement Framework: A guide for supporting and measuring good practice with young people from refugee and migrant backgrounds in Australia*. https://myan.org.au/wp-content/uploads/2020/06/myan0004-revised-nysf_fa_low-res.pdf

Engage Respectfully with Young People from Refugee Backgrounds: training material. https://www.ames.net.au/ames-bookshop/engage-respectfully-with-young-people-from-refugee-backgrounds

Office of the Advocate for Children and Young People (2019, n.d.).Consultations with refugee and asylum seeker children and young people. https://cdn2.hubspot.net/hubfs/522228/docs/Refugee-and-asylum-seeker-consultation-report-2019.pdf

Refugee Council of Australia (2016, November, n.d.). *SPEAKING OUT: Voices of young people from refugee & asylum seeking backgrounds. The Global Refugee Youth Consultations in Australia Report*. https://www.refugeecouncil.org.au/wp-content/uploads/2018/12/GRYC-Report_NOV2016.pdf

4.6 Older people from refugee backgrounds

The two groups of older refugees living in Australia are:

- those who arrive in Australia when they are elderly;
- those who arrived in the past as refugees and have grown old in Australia (the larger group).

The former group may find English language acquisition extremely challenging, making it hard for them to participate in the wider community and increasing their dependence on their family or sponsor. Physical frailty further limits access to the community.

The older person and their newly arrived family are likely to have limited capacity to be able to access complex service systems such as My Aged Care without support.

Older refugees who have aged in Australia face additional challenges to those of the Australian-born and migrant elderly population:

- Social isolation is common among older people, who may find it difficult to develop the trust needed to build supportive social networks, who may not have developed good English or who are consumed by the role of caring for grandchildren. Additional risks include lack of family, the small size of their community in Australia making it difficult to link with people of similar age and background, lack of bilingual workers, financial hardship and loss of English language skills if memory is disrupted.[45]
- Loss of status is a major issue. Instead of being a respected member of the community, some older refugees find their skills and opinions are not valued in Australia. This cultural change may lead to depression, anxiety or conflict with the family. This is compounded if the person is experiencing a functional decline and their family is struggling to care for them at home. Families are often faced with the moral tension/ feelings of shame and guilt of enlisting the support of a home care provider or in an aged care facility.
- Stress-related psychosomatic illnesses are not uncommon. When the refugees arrived they focused on establishing themselves and their family and put the traumas of persecution and war at the back of their mind. As they get older, these can creep into their consciousness again.

- Disruptions to memory, such as dementia, can trigger painful suppressed memories such as the time spent in concentration camps or other traumatic events. This is distressing for clients and can lead to challenging behaviour.
- Activities in aged care facilities may be confused with experiences in concentration camps or in prison, for example staff might be mistaken for guards/torturers when doing security checks at night.

TIPS: Working with older people from refugee backgrounds

- Never ignore neglect or abuse.
- Be sensitive to the traumatising impact of moving into care if the person has been imprisoned or detained for long periods previously.
- Create points of contact with their culture to minimise fear and despair.
- Provide group work opportunities to address social isolation.

CASE STUDY: Aged Care Setting

During an eye test in which bright lights were shone into her eyes, 83-year-old Mrs C hyperventilated and collapsed. She was admitted to hospital where she was assessed as having had a panic attack characterised by flashbacks and intrusive thoughts. A hospital Social Worker specialising in working with older people, referred her to a FASSTT service.

History at the Time of Referral

Before she fled to Australia, her husband and two sons were murdered by the state militia because of their political associations. Mrs C had been imprisoned on and off for four years, often kept in wet cells without clothes, beaten and kicked and had electric shocks applied to her genitals and nipples to extract information. When she fled her country in 1985, her oldest daughter was left behind.

Mrs C lives alone. Her remaining son lives on the other side of Sydney and her other daughter lives interstate with her own family. Neither can provide her with support.

Her health problems include diabetes, heart disease and osteoporosis, and she has been advised to have a hip reconstruction. She has very basic English, preferring to communicate in her own language. She has many fears, including the fear of dying alone.

Assessment

A FASSTT counsellor who speaks the same language assessed Mrs C as suffering from trauma and grief-related symptoms, interacting with physical and psychological symptoms of ageing. The counsellor provided long-term, supportive counselling in which her losses and traumas could be processed. An Aged Care Social Worker referred Mrs C to other relevant health practitioners and made sure all providers involved in Mrs. C's care understood her need for an interpreter despite having lived in Australia for many years.

Recovery goal:

- restore safety and enhance control and reduce the disabling effects of fear and anxiety

Action

The counsellor spent many sessions developing trust with Mrs C, sometimes at her home because of her physical limitations. Eventually Mrs C began talking about her prison experiences and her fear of growing old or dying in Australia with no family nearby. To help address her depression, the counsellor referred her to a FASSTT psychiatrist. Since Mrs C already trusted the counsellor, they saw the psychiatrist together. She began anti-depressant medication.

With Mrs C's consent, the Aged Care Social Worker contacted My Aged Care and went through potential in-language home care packages with Mrs C. The Social Worker supported Mrs C throughout the assessment process with My Aged Care. The Social Worker also liaised with other health professionals involved in Mrs. C's care. These partnerships involved clarifying Mrs C's issues of torture, trauma and loss, and how they could affect her

presentation at their services and her response to treatments. At Mrs C's request, the Aged Care Social Worker took her to a retirement village to see if she could go on the waiting list.

Outcome

Mrs C's symptoms improved greatly. She decided not to move to the retirement village, preferring to stay home. After going through the assessment with My Aged Care, she started to receive in-language support from eligible home care packages such as residential nursing care services, assistance with meal delivery and transport services. She also continued to receive help from her GP. She was less anxious about going to hospital because she felt the Social Workers and other hospital staff understood her situation. She still sees the FASSTT Counsellor for occasional counselling sessions and a psychiatrist for medication review.

4.7 People seeking asylum in the community

Asylum seekers living in the community have additional needs arising from their insecure immigration status and increased financial vulnerability.

The refugee determination process can take many years. During this period, asylum seekers have limited welfare support and some will be in acute financial stress and be dealing with multiple stressors. These stressors include fear of being returned to their country of origin, unemployment, limited English language skills, food insecurity and prolonged separation from family. Compounding social issues can be housing insecurity, public hostility to asylum seekers, limited or no work rights and social isolation. Asylum seekers may also be wary of using government services.

When working with asylum seekers it is important to understand what services they are eligible for.

Most asylum seekers living in the community have access to Medicare but some will not. Eligibility is linked to visa status so eligibility may change as the person moves through different phases of the refugee determination process.

To ensure asylum seekers who are Medicare ineligible are not deterred from seeking medical care because of an inability to pay fees, many state governments have a policy of offering a fee waiver for necessary health treatments at public health services to Medicare ineligible asylum seekers facing financial hardship. See the table below.

Examples of services providing primary care to asylum seekers without Medicare

NSW	Yes	NSW Health, Medicare Ineligible Asylum Seekers - Provision of Specified Public Health Services [PD2020_039]
VIC	Yes	Dept of Health & Human Services, Current Guide to asylum seeker access to health and community services in Victoria, May 2011
QLD	Yes	Queensland Health Fees for Health Care Services Health Service Directive (QH-HSD-045:2016)
ACT	Yes	via ACT Services Access Card
WA	Yes	WA Health, Patient Fees and Charges Manual 2020/21, pg 16-17
NT	No	Case by case basis negotiation with health service required
TAS	No	Case by case basis negotiation with health service required
SA	No	Case by case basis negotiation with health service required

Asylum seekers are also eligible for concessional travel on public transport via the relevant concession travel card in each State:

NSW	Opal Card
VIC	Public Transport Victoria Asylum Seeker ID
QLD	Go Card
ACT	ACT Services Access Card
SA	Transport Concession Card
TAS	Transport Concessional Entitlement card

TIPS: Working with asylum seekers living in the community:

- Ensure an interpreter is used to avoid misinterpretation when discussing technical and complex matters, even if the client has basic English.
- Clarify your role when you first contact the client. Be sure to differentiate your service from the Department of Home Affairs (Immigration) if appropriate. Explain client confidentiality.
- Do not give migration advice – only registered migration agents are legally allowed to do this. This includes not giving your opinion about the merits of their case or the likelihood of them being able to stay. You do not know this.
- Be realistic and specific when discussing what help you can offer in order to manage the client's expectations.
- Focus on establishing rapport. It may take a number of sessions to identify the real issue. Even though you may need to ask a large amount of questions to ascertain their eligibility for supports (i.e. financial aid) be mindful that this can come across as being intrusive and paternalistic.
- Don't assume you understand the client's problem – clarify it with them.
- Expect asylum seekers to be anxious, mistrusting, and afraid that seeking assistance from a government service may affect their asylum claims, particularly if revealing mental illness.
- Clients may at times take out their frustrations with the system and their visa situation on you. Try to avoid personalising it and remember to regularly debrief and engage in self-care: you are likely to be working in a context you cannot 'fix'.
- Be prepared for conflicting or fragmented information – it may be the result of trauma symptoms or lack of trust. If your client does not disclose other services with which they are in contact, this may not be a manipulative strategy but could be a sign of being overwhelmed and uncertain.
- Be sensitive to people's shame. In many cultures it is undignified to ask for help. This can be exacerbated by negative stereotypes of asylum seekers in the wider community, including within their own ethnic community.
- It may not be possible to work through trauma and losses while a person's status is uncertain. While some asylum seekers are able to work through some aspects of their trauma history, many are not as they do not feel enough safety to open it up. Supporting a person's ability to cope with anxiety may be more relevant.
- Recognise the impact of living in a prolonged state of limbo on the client's mental wellbeing and coping strategies.
- It is helpful to view the client as a survivor rather than as a victim, to avoid perpetuating learned helplessness.
- If your client faces acute financial hardship, consider referrals to agencies that might be able to help, e.g. the Status Resolution Support Services (SRSS) in each state and territory, or local charities that support asylum seekers. See the GP resource list for a list of key agencies (https://refugeehealthguide.org.au/referrals/). Explore other social networks that might help, such as churches and ethno-specific organisations. Some Local Councils will be able to provide lists of local food banks or homeless settlers, although not all shelters allow temporary residents so advocacy may be needed.

CASE STUDY: Asylum Seekers

Mr T, a man in his 20s, was referred to a community mental health service. Mr T had great difficulty talking about his trauma history, his concentration was poor and he became overwhelmed when remembering the past. He had problems sleeping and seemed agitated and depressed. He struggled with activities of daily living due to his symptoms and in particular he was destabilised when communicating with people he perceived as authorities.

History at Time of Referral

Mr T was arrested and tortured in his home country due to his involvement in a pro-democracy party. He was imprisoned for two years. His father was also arrested and died in prison. The other members of his family were in hiding.

Mr T arrived on a visitor's visa and applied for asylum. He had no work rights. He had access to a case worker and a small payment from the Status Resolution Support Service (SRSS) Program. He has no relatives in Australia.

His trauma symptoms included nightmares of torture, flashbacks of his experiences in prison and intrusive traumatic memories. Regular periods of dissociation had caused trips and falls, and almost getting run over. He tended to withdraw from company yet longed for the comfort of friends and family. He felt guilty because many friends and close relatives had been unable to escape and were in prison, in hiding, or had been killed.

He had difficulty concentrating or remembering day to day details and appointments, was irritable, had poor control of his emotions and often felt overwhelmed with terror and panic. He fantasised about avenging his father's death.

Assessment

The Social Worker assessed Mr T as suffering from trauma-related symptoms, fitting into the broad symptom categories of intrusion, avoidance, difficulties with cognition and mood, arousal and reactivity and dissociation. As a result of torture, he had backache, toothache and pain from his wounds. He was also socially isolated and struggled financially.

Recovery goals:

- restore safety and enhance control and reduce the disabling effects of fear and anxiety
- restore attachment and connections to others who can offer emotional support and care, and overcoming grief and loss.

Action

The Social Worker referred Mr T to a specialist trauma counselling service for weekly counselling treatment and the service's physiotherapist also provided bodywork and pain management. The Social Worker also helped him to obtain access to a doctor and dentist through the local Refugee Health Service. After settling into treatment, he gradually began to trust his Social Worker. His life slowly became more contained and stable. He joined a men's group for asylum seekers at a FASSTT service that included educational and self-care components. He started to build more trusting connections with others and to gain more understanding about his reactions to authority figures. He was given help with further referrals including employment programs for asylum seekers and a free trade course at TAFE.

Outcome

Mr T was eventually recognised as a refugee and granted a Protection Visa. With continued treatment, his psychological and physical symptoms have gradually subsided. He has a partner and is now working. His condition tends to deteriorate when events in his home country erupt due to concern about his family's safety but he stays in touch with his Social Worker and requests help during crises.

4.8 People from refugee backgrounds with diverse genders, sexualities and bodies

Seventy-one jurisdictions criminalise consensual adult same-sex sexual activity; in eleven jurisdictions same-sex sexual activity carries the death penalty and at least six of those (Iran, Northern Nigeria, Saudi Arabia, Somalia and Yemen) have been known to implement the death penalty. Fifteen jurisdictions criminalise gender expression and/or identity of transgender people.[45]

People with diverse sexual orientations, gender identities and expressions or sex characteristics (SOGIESC) fleeing these countries, or other countries where they are unsafe, face a complex array of challenges and threats throughout all stages of the displacement cycle. These challenges include discrimination, violence (including rape, torture and murder), difficulty in accessing basic social and economic rights and barriers to articulating their protection needs during asylum procedures.[47] They are among the most marginalised and vulnerable people world-wide. They face unique risks and require unique protections yet very often they are failed by the very same system that is supposed to protect them: their families, the police and governments.

Before beginning work with a person who identifies as lesbian, gay, bisexual, transgender, queer, intersex or asexual (LGBTIQA+), it is important to recognise:

- the diversity of experiences within LGBTIQA+ communities
- the importance of culture, race and religion in the experiences of LGBTIQA+ people with refugee and asylum seeker backgrounds
- the multiple oppressions experienced by this cohort
- the possibility that the person might have been disowned by their family and faced violence, abuse, torture and life threatening situations
- the possibility that the person might be socially isolated, disconnected and marginalised from their family, their community and the broader Australian community
- the possibility that while sexual orientation, gender identity or intersex status might have been a significant factor in some people's need to flee, others only disclose their identity after arrival in Australia
- silence around sexual orientation, gender identity and intersex status can make it difficult for LGBTIQA+ refugees and asylum seekers to feel comfortable about accessing appropriate support. This can be further complicated by internalised homophobia
- LGBTIQA+ refugees and asylum seekers might be fearful of 'being outed' as that could impact on their social supports and/or put their families overseas at risk
- local LGBTIQA+ services may have inadequate knowledge about working cross culturally and may exhibit implicit bias in working with LGBTQA+ clients who may, or may not, fit their ideas about how a person with a refugee background might express their diverse SOGIESC. This can result in people not receiving access to services, networks or appropriate support.[48]

TIPS: Working with people from refugee backgrounds with diverse genders, sexualities and bodies

- LGBTIQA+ people may require a more supportive environment and have greater difficulty articulating personal information. Discuss intimate information carefully, focus on self-reflective practice and use non-judgemental, inclusive language. Reflect carefully on the types of questions you ask your clients especially during intake but also throughout your engagement.
- Ensure you have, and do, provide resources and appropriate materials for a diversity of experiences. This includes representation of LBTIQA+ communities including inclusive signage, handouts and resource lists.
- Ensure your organisation is connected with community based, peer-led organisations. Make referrals and actively link with existing community organisations.
- Be mindful that many clients will be reluctant to link to some or all services connected with their own community.
- Collect and use data to build services that reflect clients' needs.
- Employ and train the communities you work with by supporting Rainbow projects and undertaking LGBTIQA+ cultural competency audits and accreditation.
- Ensure that all your resources, policies, language, data and representation are LGBTIQA+ inclusive.

4.9 People from refugee backgrounds living with a disability

In many countries people living with a disability face considerable stigma and limited access to specialist services. Settling in Australia can open up unimagined possibilities for accessing specialist support but it also brings many new challenges:

- Few arrive with necessary equipment (e.g. wheelchairs, incontinence pads etc.).
- Few arrive with a documented formal diagnosis as is required for disability support services through the National Disability Insurance Service (NDIS), Service Australia, housing service and schools.
- Asylum seekers and refugees on temporary visas are ineligible for the NDIS and have minimal means of paying for private services.
- Having come from countries where there are few services, many new arrivals don't expect that there will be support so don't seek it out. If they know about services, many will be unaware that they might be eligible for them or know how to access them.
- Delays may occur in accessing disability and health services, particularly when services may not take into account that the person has had little or no access to services for years prior to arrival. As a result there may be multiple referrals made but no services provided, leaving the person unsupported (and often confused) in the interim. Advocacy may be required.
- Articulating goals for NDIS planners is particularly challenging for newly arrived refugees as they have not been able to set goals for many years. They also will have very limited understanding of what is available here. Language barriers make it harder still. Without language or understanding of the system, carers' ability to advocate for services is compromised. There are usually limited translated materials available in smaller language groups.
- When an NDIS package is granted, many refugees think of this a bit like having money in the bank – if you put some aside, you will have something for a rainy day. They do not realise that NDIS does not work like this. If you do not use your full entitlements, you will get less in subsequent years.
- Carers are likely to have limited social support and be at risk of social isolation and burnout. Without the intervention of services, they may have no respite to attend to basic settlement tasks such as English classes.
- In some communities there is stigma associated with disability. Individuals and families might be reluctant to have close connections with others within their community and/or to disclose the presence of a disabled person within the family.

The impact of not meeting needs is high: delays impact on the individual, services and carers. Enrolment at school can be delayed, critical developmental stages can be missed, carers can be placed under increased pressure, and they may not be able to leave their home without transport support.[49]

TIPS: Working with people living with a disability

- Link the person to case management: the Humanitarian Settlement Program (HSP) will be responsible for case management in the initial months of arrival, often with the support of a refugee health nurse. If the person has multiple complex needs, refer to HSP's Specialised and Intensive Services (SIS).
- Identify disability services that provide advocacy, particularly those with a multicultural focus.
- When making referrals, explain these carefully, especially if the person has never had access to disability services. This will help the service to triage appropriately.
- Provide opportunistic education on disability services regularly and repeatedly; NDIS is complex.

05
WORKING WITH PEOPLE FROM REFUGEE BACKGROUNDS IN DIFFERENT SETTINGS

5.1 Settlement services

Settlement Services play a significant role in the refugee settlement process. These services collaborate with various services including hospitals, community health centers, general practitioners, mental health and child protection services, legal services and other community organisations in order to ensure that refugees and humanitarian entrants' integration needs are adequately met.

The Department of Home Affairs funds the Humanitarian Settlement Program (HSP) which provides initial settlement services to newly arrived refugees and humanitarian entrants. Social Workers working in the HSP are involved in providing case management support to refugees and humanitarian entrants and they are transitioned into longer term services such as Settlement Engagement and Transition Support (SETS) funded services at the point of exit from HSP.

The HSP service includes coordination and delivery of pre-arrival and post-arrival immediate services to refugees and humanitarian entrants. In addition, orientation and on-going holistic client-centered case management support is provided to refugees in order to achieve outcomes in foundation areas of their settlement. These areas include:

- physical and mental health wellbeing
- family functioning and social support
- housing
- managing money
- community participation and networking
- legal services
- education and training
- employment
- language services.

Not all refugees and humanitarian entrants have a smooth settlement journey. Some come across various settlement barriers in the form of:

- severe or critical health issues
- protracted and/or unmanaged mental health issues
- homelessness or housing instability
- domestic and family violence
- child and youth welfare concerns
- family and/or relationship breakdown
- social isolation
- disability
- financial hardship
- legal issues[50]

Clients who experience such complex needs and multiple barriers may be eligible for Specialised and Intensive Services (SIS). Given the complexities of client needs and issues it is a requirement that case managers providing Specialised and Intensive Services be qualified Social Workers.[51]

Settlement Services include case managers who operate as a central point of contact for refugees with settlement services. Their role involves collaborative work and service coordination with various agencies, community organisations and professionals across different sectors to address the needs and aspirations of refugees. Social Workers will find themselves in the role of advocates, mentors, educators and guides throughout the clients' initial settlement journey and will specialize in psychosocial supports. They are constantly working on identifying relevant resources and linking clients with appropriate services. A focus of the work is building client capacity to understand and navigate the Australian system independently as well as facilitating development of their skills, socio-economic participation and integration into Australian life.

TIPS: Working in Settlement Services

Take time to

- Understand the client group, culture, values and background
- Understand the refugee experience and associated impacts (pre and post settlement)
- Learn and develop trauma-informed practice and cultural safety
- Understand the psychological and family issues in settlement transitions such as shifting roles, family dynamics, loss and grief, guilt and inter-generational conflicts
- Understand family dynamics, support networks and community connections or lack of it
- Build trust, safety and respect
- Respect and understand clients' pace.
- Incorporate a Strengths-Based Approach. This involves identifying the clients' strengths and referencing these to build confidence, self-esteem and independence.
- Respect the client's choice and facilitating informed decision making.
- Respect and maintaining client confidentiality and ensure your clients know that you will not disclose anything without their permission, including to family and community members.
- Facilitate integration of 'new' and 'old' cultures

Service & systems

- Stay informed and up to date regarding the situation in the clients' home country.
- Set clear expectations and boundaries and be mindful of misinformation from alternate sources.
- Being aware of any lack of resources and trying to locate new resources for the client.
- Understanding and identifying the gaps in the services.
- Resourcing clients to self navigate challenges in a proactive manner

Additional Resources

Working with Refugees (CHCSET001: Work Effectively with Forced Migrants)

CHCSET001 – Work with Forced Migrants – Trainer's Manual

CHCSET001 – Working with Forced Migrants – Participants' Handbook

5.2 Community health

Social Workers engaging in any area of community health may encounter individuals, families and communities of people from refugee backgrounds. The social work role in this context can be broadly understood as focusing on the social and emotional functioning of a person, as well as working in the context of a person's relationships and social interactions. The Social Worker is part of a multidisciplinary team which includes medical staff.

It is useful to remember that refugees may not have had access to reliable health services in some countries. Many refugee source countries do not have Medicare or community health services. However, in some cases refugees will have experienced these services. Accessibility and clear information are therefore critical in supporting engagement with health services.

TIPS: Working in Community Health Setting

- Ensure your workplace is able to identify people of refugee backgrounds on referral.
- Familiarise yourself with the community and its demographics and also with the services available in your area that have experience working with people from refugee backgrounds. This should enable you to identify this cohort, apply relevant skills and make appropriate referrals.
- Recognise that there is stigma amongst some refugee communities regarding mental health and it can take time to build the trust and rapport that will enable you to make appropriate referrals.
- Collaboration with local communities, community gatekeepers such as elders and religious leaders will help to facilitate access to community members/clients to engage with your service and other linked services.
- If you are working in health promotion, ensure you engage groups, organisations and individuals from various refugee communities early on. Find out about their communities, their culturally-specific causal explanations of health and illness, their patterns of information gathering and their attitudes to health seeking.
- The choice of language used in both health promotion and treatment is powerful: use words such as mental health and stress rather than mental illness and depression.
- Make sure all health promotion initiatives arise from a genuine co-design process. Refugee led groups and organisations may be able to partner with you to run health promotion projects with their communities. Remunerate people with lived experience for sharing their cultural knowledge and expertise. That knowledge is as valuable as is your professional knowledge.

- If you are running groups, make sure you engage interpreters and advocate for employment of people with lived refugee experience as co-facilitators. Generic groups run in English and focused on topics not identified by the local groups or organisations from refugee backgrounds are unlikely to attract the right people. You may need to run language-specific groups and find culturally safe ways of communicating particular health topics.
- Find out what images, words or concepts may be triggers for local refugee communities and ensure those are not used in meetings and promotional materials.
- While translations of health information are important, keep in mind that direct translation may not be meaningful in many languages. There are concepts in English language that are not easily translated. The best multi-lingual resources are co-created with the local community and are specific to that community. Any translated health materials should be checked, back translated and tested prior to wide distribution.
- Keep in mind that many people are illiterate in their first language and that you may need to use other forms of information sharing e.g. ethnic media, audio-visual materials, social media and community leaders and influencers.
- If you have built a strong, trusting and respectful relationship with the community you work with, you will find it easier to have health-related conversations even about challenging topics such as mental health. Respectful empathic relationships/partnerships with community leaders and clients are the building blocks of community health work.

5.3 Hospital

For any individual, having to attend the local hospital for treatment or surgery can be daunting and confusing. For an asylum seeker or refugee with a history of trauma, an added layer of complexity must be considered.

Whether working in a paediatric or an adult hospital, is it important to assess the patient and their family's reaction to being in hospital and to look carefully for signs that they might be experiencing heightened anxiety as result of previous trauma. Areas such as the Emergency Department can be stark and confrontational, especially to those who may have had exposure to war, injury and/or death in their home country.

Given the fast pace of many hospital departments, communication is key. It is essential to establish the client's grasp and understanding of English as soon as a possible and make arrangements for an interpreter, even if they have basic conversational English. Medical terminology is often abbreviated and complicated and it is imperative that the client and their family are aware of the treatment plan so that they are in a position to make an informed decision if necessary. The use of a professional interpreter is crucial. Family members, especially children or young people, should never be used to interpret in a hospital setting. This places a large responsibility on them to translate effectively and may also unnecessarily expose them to further trauma. In NSW, Health staff are required to use professional interpreters[52]. Check the requirements of the individual States and Territories of your residence.

Hospitals in remote or rural locations may not be as familiar with cases involving people on temporary visas and the restrictions this can have on an individual's access to mainstream services. Depending on the client's visa subclass and Medicare eligibility, they may need assistance liaising with the hospital Finance Department regarding invoices and payment plans (see more information under 'Role of the Social Worker').

Essential Considerations

Communication – Appointment letters are often sent in English, with the occasional phone call to confirm appointments. Some clients have a limited understanding of English and as result, may miss the scheduled appointment. Where possible, encourage departments to access the Appointment Reminder Translation Tool through the NSW Refugee Health Service when sending appointment letters: https://www.mhcs.health.nsw.gov.au/publications/appointment-reminder-translation-tool/create_an_appointment.

Inpatient stay – for those who require an inpatient admission, this may create heightened anxiety, particularly for parents whose children are being hospitalised. This can trigger fears of separation due to past trauma. Discuss this with the family and how the parent/child might cope with the situation. It may be necessary to explore whether a family member can remain bedside with the child, or access accommodation in a Parent's Hostel or a parents' room in the ward.

Virtual appointments – in the wake of COVID-19, many health services introduced virtual appointments as opposed to traditional face to face appointments. Some asylum seekers and refugees do not have access to the technology required to facilitate these appointments and may have difficulty in understanding how to set up their devices to engage in virtual sessions. It is important to explore all feasible options with clients to ensure they are not missing out on necessary medical care due to their lack of resources.

Role of the Social Worker

Assessment: A thorough psychosocial assessment is crucial in understanding the client's situation, particularly pertaining to their social, health, financial, and family situation and the impact this may have on their presentation to hospital and their access to care. While it is not necessary to know all

of the details of the client's history, having an understanding of the impact of past trauma may explain any inconsistencies with engagement or impact on mental health and functioning. This assessment will also help determine whether a client and/or family are in need of financial support throughout their treatment (e.g. provision of meal tickets, access to food vouchers, Samaritan Fund, etc.).

Education: Not all clients will be familiar with the Australian healthcare system. For those who are newly arrived, they may need assistance to understand what services they may be eligible for under Medicare (if eligible) and what may need to be paid out of pocket. The Social Worker may be able to assist in liaising with the Finance Department regarding any possible waiver of fees or the development of a payment plan in accordance with the client's financial situation (*3.7.1 Medicare eligibility and asylum seekers*). The Social Worker may also need to provide information to other healthcare staff regarding the restrictions to services affecting those on temporary visas and may need to engage in collaborative work to explore other options available.

Advocacy and Support: This may be within the hospital system or with external services. Some clients may need support from the Social Worker to explain or translate into layman's terms the treatment that is required, particularly if the client is overwhelmed by the involvement of numerous medical professionals. The Social Worker can act as an advocate to other health professionals for the clients needs as well as supporting the client to understand their rights and what is involved moving forward.

TIPS: Working in a hospital

- Always ask the client what they need rather than assuming that you know. For example, ask them whether they would like an interpreter or a support person or to be accompanied to an appointment. This provides the client with opportunities to make their own decisions.
- Know your role. If you are doing a general assessment for example, there may be no need to 'unpack' the details of the trauma history. In fact, this is better avoided in this situation in order to cause least distress to the client.
- Allow for time out or breaks. Hospitals are confronting and busy. Most hospitals offer a Chaplain service and have a 'Quiet Room' on site to allow for prayers and religious services. Let the client know they can access a religious leader if needed.
- Be mindful that refugees may feel uncomfortable questioning Doctors or other people in authority and may struggle to trust. Be attentive to non verbal body language and other cues that may indicate further exploration or additional assistance. Consider engaging cultural or bilingual advisors where available.

5.4 Incarceration/Detention

i. Immigration Detention Centres

People from refugee backgrounds can be in immigration detention for one of two reasons:

- they arrived in Australia without a visa and have yet to have their claim for protection finalised; or
- their visa was cancelled, usually on character grounds.

There is no limit regarding the amount of time that someone can be held in immigration detention and this is clearly a source of distress for many detained refugees. Further, they are often unclear about the legal processes in which they are subject to and information can be limited or confusing.

Those in immigration detention are entitled to basic medical care and welfare support. In some cases legal assistance is provided but often this is accessed through pro bono or not for profit legal services.

There are different types of immigration detention. The range of situations extends from gaol-like 'held' detention to community detention which resembles bail conditions, with a direction to reside in a specific location (often with restrictions on movement).

Community detention is the preferred option for families with children, unaccompanied minors and people with specialised medical needs. Community detention cannot be accessed until the person has passed security and health checks that ensure they are not a risk to the Australian population.

Australian immigration detention facilities are subject to mandatory detention monitoring to ensure that detainees have a right to complain. These services are provided by the Australian Red Cross, the Commonwealth Ombudsman and the Australian Human Rights Commission.

ii. Correctional Centres

Migrants and refugees who break the law can be subject to incarceration in the normal prison system like any other resident.

If they are a permanent resident or hold a temporary visa, it is probable that their visa will be cancelled once they have served their sentence and they will be transferred to an immigration detention centre. If they are a citizen, this does not occur unless they have committed an extremely grave crime that warrants the revocation of their citizenship.

The theory is that people whose visas have been cancelled will be detained until it can be arranged that they are returned

to their country of origin. In the case of people who have been determined to be refugees, however, involuntary return would be in breach of the principle of non-refoulement, i.e. not sending someone back to a country where they would face persecution. This is an obligation embedded in international treaties Australia has signed and in customary law. As Australian law stands at present, such people are therefore destined to indefinite detention.

Critical Considerations

Refugees who have been subjected to trauma or have been held in detention without justice will find immigration detention centres very challenging and potentially re-traumatising. The effect of incarceration is to take away self-agency and to dehumanise the inmate. Detention environments can be very dehumanising with detainees being referred to by a number and being made to wear generic clothing.

There is substantial evidence that the longer people spend in immigration detention the higher their risk of mental disorders and general distress. This can make the transition to community more difficult and may impact on their ability to engage with support services.[53]

Social Workers should be aware that, as a result of the dehumanising and stripping of individual power or self-agency, power is often accessed through resistance. Acts of violence or aggression can secure attention and can be used to achieve results. There can also be signs of distress and an inability to express emotions and thoughts in a constructive way. Behaviours can include self-harm, self-deprivation of food or other needs, direct aggression or threats towards others and refusal to cooperate. These behaviours are most often directed at people in positions of power and thus can include Social Workers. Social Workers should therefore take a trauma-informed approach to building safe spaces for emotional expression and communication with refugees in detention. This might require persistence and patience and an understanding that it takes time to build trust.

Social Workers play a key role in ensuring that refugees in detention or gaol are provided with appropriate and language-specific information about their rights and obligations. They also play a critical role in supporting access to services both inside and outside of incarceration. This includes helping to facilitate social and emotional connections with family and friends.

Social Work Roles in Incarceration Settings

Social Workers will generally be involved in incarceration settings as welfare officers or mental health counsellors. Many detention operators will have a welfare component to their service contract and this is particularly the case in immigration detention. Social Workers may also be supporting individuals in detention via NGO/community visiting schemes that help maintain social and emotional connections. They may also be engaged by detention monitoring services such as those of the Australian Red Cross, the Commonwealth Ombudsman and the Australian Human Rights Commission who visit detention facilities to ensure that people are being treated fairly and within the bounds of the law.

Ethical Challenges

Social workers operating in a detention environment or with detainees may find themselves facing significant ethical challenges in relation to the deprivation of freedom and the potential for social work to become complicit in this act. Social Workers in these settings will generally have a role in maintaining mental health and general wellbeing and therefore play an important role in assisting detainees to cope. However, social workers will face dilemmas in seeking to work with people who remain in oppressive settings of which they may be a part.

Social Workers must therefore be mindful of self-care and regularly monitor their own wellbeing and ethical position. Working in these settings will not be suitable for all Social Workers.

The AASW publishes a Code of Ethics that sets out an ethical framework for social work in Australia and is an essential resource for social workers to use in working through ethical issues. The AASW also has an ethics hotline available to members which provides assistance in working through specific ethical challenges in the practice of social work.

TIPS: Working in a detention setting

- Ensure you take time to consider the ethics and the purpose of your role including any limitations or statutory responsibilities, before you commence the work and review this regularly
- Ensure self-care and avoid taking responsibility for the freedom of the client
- Access support from colleagues, an external supervisor or the AASW as required
- Establish networks with legal services that can assist with access to legal information
- Avoid providing advice to clients that could mistaken for legal advice
- Establish working relationships with detention staff to facilitate access to wellbeing and to support advocacy when needed

5.5 Child protection

Child Protection concerns can arise in a range of different ways. The most common situations of risk for children include physical/emotional abuse, neglect, sexual abuse and domestic and family violence. Reports to child protection authorities can be made by mandatory reporters (police, education, health care professionals, NGOs, etc.) and by members of the public (including friends, family and neighbours).

When working with families from refugee backgrounds, it is essential for the Social Worker to be transparent regarding their role as a mandatory reporter if there is a need to report any concerns of child abuse or mistreatment. There are many families who may be unfamiliar with the concept of 'child protection' and what this may entail. The Social Worker might need to engage in discussion with parents regarding appropriate forms of parenting and discipline within Australian society. Many families who have had negative experiences with government departments may be fearful of child protection authorities, particularly regarding concerns that the children may be taken away. It is important to engage in open communication with parents regarding these fears and to emphasise that the child's safety and wellbeing is of paramount importance.

While most families who come to the attention of child protection authorities are experiencing a number of stressors, consideration will need to be given to the following factors, and how they may impact on refugee families:

Trauma history – people from refugee backgrounds who have significant trauma histories may experience difficulties regulating their own behaviour, reactions and ways of coping. This may also affect the parents' ability to support their children and to ecognize and or manage their own trauma.

Mental health – exposure to trauma will often have an impact on mental health and functioning. This may also impact on the individual's parenting capacity and ability to provide care.

Employment and finances – those on temporary visas or without work rights may be experiencing financial hardship and are more at risk of experiencing rental arrears, homelessness and food insecurity.

Support – some refugee families have limited or no family or social support to rely on within the community. This places further strain on parents who may be experiencing reduced capacity or mental health impairment.

Process of Cultural Transition – as discussed in the section on Families, families are going through a process of significant transition and what is considered 'appropriate parenting' in Australian culture may differ from expectations in other cultures. Families you are working with may feel confused about Australian expectations of parents and parenting. This may include expectations around leaving children unattended or with regards to modes of discipline.

Cultural bias – be aware of your own culture-bound assumptions and expectations of parents, children and parenting and how those influence your interactions with families from refugee backgrounds.
There are occasions where cultural practices may be misinterpreted as abuse. It is essential to explore this in detail when undertaking an assessment to get a clear understanding of the intention of the act. There are many cultural practices that seem strange or abusive to outsiders:

Use of physical discipline/chastisement – many cultures ecogni physical chastisement as a form of discipline. Some families may not be aware that this is considered physical or emotional abuse so discussion regarding other forms of parenting and discipline may be necessary to ensure the safety of the child. Further exploration into the parents' own experience of discipline and parenting may also be warranted to understand their own lived experiences and capacity for change.

Cupping / Coining – Although cupping/coining is more widely ecognized now as a form of therapeutic treatment or deep tissue massage, the physical marks left on the skin may bear resemblance to physical injury. Some families may continue to practice this as a form of healing. Consideration must be given when a child presents with such markings as to whether the marks are a sign of cupping or reflect physical abuse.

Sibling supervision – in many cultures it is considered appropriate for an older sibling to provide primary care for a young child while the parent works. Families will need to be informed that this is considered inadequate supervision within Australian society depending on the age of the sibling.
It is the role of the Social Worker to conduct a thorough assessment of the child's situation within the home and family unit and ascertain whether the child continues to be at risk of harm. The Social Worker may need to engage culturally appropriate services to support the family and work alongside other agencies to ensure the child's safety and wellbeing is maintained.

TIPS: Working in a child protection setting

- Be mindful of cultural bias and interpretation when assessing child protection risk. Take time to listen to and understand the motivations and interpretations behind certain behaviours.
- Use interpreters and bilingual/cultural advisors to avoid cultural misunderstanding and to ensure clear communication
- Engage with settlement workers and/or community members to support appropriate adjustment to Australian expectations of parenting and discipline
- Identify culturally appropriate supports and be mindful of stigma and shame when engaging community members
- Always ensure that the rights and safety of the child are protected including giving age appropriate voice to the wishes of children and young people

5.6 Mental health

Most of your clients from refugee backgrounds will have suffered extensive trauma and loss in their home countries and while escaping, and then lived through a period (often years) of uncertainty prior to their arrival in Australia. They may also be experiencing significant amounts of stress during the early stages of settling in Australia during the first 12 months. For some, this may result in mental illness or distress that may require the need for mental health interventions. Others may have already been experiencing mental health problems prior to or during displacement that may or may not be diagnosed. Social Workers can be called upon to support clients in emergency departments and/or once they are admitted to a mental health unit of a hospital. Clients are mostly brought in by ambulance, police and/or their families as a result of a crisis or breakdown. A few come in on their own but many do not immediately identify with mental health problems due to significant stigma and a lack of mental health literacy among non-western cultures. Social Workers often work within in a multidisciplinary team consisting of psychiatrists, psychologists, occupational therapists, ward managers, nurses and junior medical officers (JMO), etc. to provide the best support for clients. The role of social workers is generally focused on psycho-social supports and maintaining wellness.

Common issues that trigger the need for refugees and asylum seekers to seek mental health support include:

- self-harm behaviors and suicidal ideation
- substance misuse
- panic attacks
- bi-polar disorder, personality disorder, manic phases or schizophrenia
- needing support to cope with their medication
- symptoms of post-traumatic stress disorder
- difficulties securing employment
- financial insecurity
- homelessness or insecure housing
- uncertainty concerning the future of their visa
- discrepancy between their expectations prior to arrival and after arrival in Australia
- living between their own culture and the Australian culture
- fear of their personal information being used to their disadvantage
- feeling that they are losing their own culture
- feeling shame about their past experiences and about having mental health issues.

Refugees who enter hospitals due to mental ill health are likely to face a range of other problems. It is also common that these clients are already linked with a HSP provider and Torture and Trauma service (FASSTT member), or Community Mental Health Services (varied across different states – for NSW- see MH- CLSR Program). It is important to liaise with these services where available.

The Social Workers' role is to focus on providing social and practical support for the clients through the following:

- Checking in with clients regularly to ensure emotional wellbeing and motivation.
- Accessing and building on the clients' existing support networks, both informal support networks such as family and friends and formal support through agencies such as those listed above.
- Looking for resources that are available for clients including information and support resources.
- Advocating for clients to access their entitlements such as NDIS funding and Medicare.
- Assisting with accommodation issues and supporting clients by making referrals and, if required, help with paperwork for relevant housing departments or services.
- Arranging necessary support for clients after they have been discharged from hospital.
- Being a link between clients and services.
- Providing emotional support to clients and sometimes their families by listening to their needs.

TIPS: Working in a mental health setting

Below are some things to bear in mind when supporting people from refugee backgrounds in the mental health setting:

Ensuring use of a trauma-informed approach

Refugee clients frequently experience fear and distrust of services due to their experiences with authorities in the country of origin. It is therefore important for Social Workers to be transparent and clear about their roles. Many clients could also be worried about their information being leaked to government and they fear that this could have implications for their visa status. If possible, Social Workers should arrange a location which has space and privacy when meeting clients to ensure their privacy and confidentiality. Additionally, Social Workers should understand and know how to deal with trauma triggers, be aware of how the experience of minimization may act as a trigger and understand the relevant cultural interpretation of mental health and illness.

Overcoming language barriers

Most refugee clients do not speak English as their first language which impedes the ability of clients and Social Workers to communicate effectively. While it can be workable to have simple check-in conversations with clients in English, Social Workers need to use interpreters for important conversations to ensure that clients and their families receive accurate and clear information.

Addressing difficulties in understanding the system

Many clients have difficulties in understanding how the Australian system and services work. It is essential that Social Workers are patient, simple, clear, concise and respectful when providing information to clients. Jargon should be avoided when possible to minimize any unnecessary confusion. This may include avoiding stigmatizing language about mental illness and instead focusing on wellness.

Ensuring boundary setting

Clients may feel comfortable with Social Workers and may share their stories and trauma with them. Depending on the situation, Social Workers should always convey empathy, validation and be an active listener. The hospital Social Worker, however, needs to be clear with the client about their role and about with whom they will share information – always with the client's permission. So too the Social Worker needs to be mindful that they should stay within the bounds of what they need to know. Asking a client to recount painful past experiences when this is not relevant to their care is can cause unnecessary distress.

Remembering the importance of self-care

Social Workers are exposed to a high level of trauma and tragedy working with refugees in this setting. It is natural to feel overwhelmed at times. Social Workers are encouraged to access supervision and support from the team and from their personal network. Everyone has to find their own way to cope and to care for themselves in this field of practice, in order to mitigate the effects of vicarious trauma. There is no one solution which suits everyone (See section 5.13).

CASE STUDY: Mental Health Setting

Mr R was persecuted in Afghanistan due to his ethnic and religious background. His brother was murdered and his body was delivered to his family's home as an example to the village. Mr R was regularly harassed by police, then arrested without charge and tortured. Thinking he was dead, his family fled the country. When he was released from gaol his community organised for him to be smuggled to a safe country. It took him three months to travel to Australia.

History at Time of Referral

Because he arrived by boat without a visa, Mr R was taken to an immigration detention centre on Christmas Island where he was held for five months. It was hot, over-crowded and frightening. Many people were highly distressed and he witnessed two suicide attempts. He became depressed and started to experience panic attacks. Mr R twice engaged in self-harm and attempted to commit suicide before being transferred to Australia.

His Bridging Visa allowed him to live in the community but not study or work. The days were long. His poor mental health made it difficult to connect with other members of his community and he became further isolated. He began to experience paranoia.

Mr R began having reoccurring flashbacks, nightmares, intrusive thoughts and more frequent panic attacks. As his mental health deteriorated, Mr R was invited to attend his immigration interview to determine whether he would be granted a Protection Visa. The pressure of trying to prepare for his interview intensified his symptoms. Commanding auditory hallucinations were telling Mr R to kill himself. He tried to block out the voices by listening to loud music which in turn caused tension in his shared household.

Two weeks before Mr R's interview he attempted to take his own life. He was taken to his local hospital and scheduled under the Mental Health Act and underwent further psychiatric assessment and review. Mr R remained in the mental health unit for two months and was administered Clozapine (anti-psychotic medication). While the experience in the unit triggered his experiences in prison and detention, his symptoms reduced over time. He was discharged with a referral to his GP and to a Mental Health community living support program for refugees to provide case management support.

The Social Worker employed at this service undertook a psychosocial assessment prior to discharge.

Assessment

Mr R was highly anxious about his future, felt helplessness and like he had little control of his life due to his uncertain status as an asylum seeker. He was extremely socially isolated, had little contact with family and had no connections with his community or religion. He felt his life had no meaning and that he could not trust others.

Recovery goals:
- restore safety and enhance control and reduce the disabling effects of fear and anxiety
- restore attachment and connections to others who can offer emotional support and care, and overcoming grief and loss.
- restore meaning and purpose to life.

Action

The Social Worker helped Mr R develop methods to manage his anxiety through relaxation exercises. Webster packs were arranged at his local pharmacy which made it easier for Mr R to manage his medication schedule. Preparing for known triggers such as his immigration interview helped him maintain more control.

Mr R was linked into a local men's group to support his goal of meeting others and making new friends. He was able to meet people from all backgrounds and enjoyed practising his English skills.

Mr R expressed his interest in gardening and with the guidance of his support worker he was able to participate in his local community garden on a weekly basis.

Outcome

Mr R was supported by his Social Worker to attend his immigration interview and was eventually granted a Temporary Protection Visa. He continues to receive psycho-social supports from the community mental health program which continues to build his confidence and determination to care for his well-being. He is also now able to identify signs of becoming unwell. Occasionally he needs reminders to take his medication otherwise he may be at risk of ceasing his medication abruptly. Mr R now has a small group of close friends who have been of great support to him and in turn he offers them support and friendship. He hopes to continue volunteering at the community garden but his long term goal is to complete a course at TAFE which will assist him in gaining a paid position as a gardener.

5.7 Regional and rural areas

In regional and rural areas most refugees are likely to have either been resettled directly into a regional area or have moved there after setting elsewhere. However, it is possible that you might encounter asylum seekers who have moved to the region in search of work or who were living there when they lodged a claim for protection. The latter group includes international students whose status within their country of origin changes because of a political coup, the outbreak or escalation of unrest or some other relevant reason.

While regional areas can provide safe and welcoming environments for refugees, especially those from a rural background, there are also some challenges to overcome.

Lack of resources

Services in some regional areas are non-existent or overstretched. Extensive waiting times for some services create a need for informal support, especially for individuals and families with specific vulnerabilities such as complex health needs. Some services, for example specialist health assessments, may need to be sourced in major cities. Social Workers may also need to advocate for transport and accommodation assistance so that refugees can access services out of area.

Social Workers can liaise with the regional HSP or SETS provider to arrange government funding for the services needed and if required, Social Workers can advocate for SIS support to have the federal government fund an OT assessment or intellectual assessment for clients.

In some regional and rural areas there is not a strong presence of the HSP provider or even a Refugee Health team and in those cases Social Workers need to be resourceful in accessing telehealth or remote services to assist clients.

Finding suitable accommodation

A critical issue for refugees settling in some regional and rural areas is the scarcity of safe, clean and affordable accommodation. Single people in particular face accommodation challenges. Social Workers can play an important advocacy role for clients who may have no rental history in Australia to enable them to be considered for suitable housing by a real estate agency or humanitarian provider.

Anonymity and boundary setting in smaller communities

With smaller communities in regional areas, community members may be known to each other. As a result, it is difficult to keep secrets. For example, when working in a group setting and telling a cautionary tale about a scenario, other members of the community would be well aware of the situation as they would know the people affected. Even de-identifying a story does not guarantee anonymity. It is best with smaller communities to avoid talking about scenarios you have worked through when you are with people from the same community.

Privacy and confidentiality are difficult to maintain in smaller communities, however these are important dimensions of establishing trust between the client and the Social Worker. This is of course increasingly difficult because of the role social

media plays in modern society. Only providing clients with the Social Worker's work telephone number (rather than a personal phone number) and avoiding connecting with clients through social media helps to maintain boundaries.

Additionally, face to face interpreters in regional areas are likely to be from the same community as the person for whom they are interpreting. They may attend community gatherings or know each other intimately so in order to maintain boundaries it may be more appropriate to use telephone interpreters.

Social Workers in rural and regional settings might also encounter their clients in various settings external to their Social Work role. This further mphasizes the importance of good boundaries and clarity about the Social Worker's role.

Accessing and advocating for services to be culturally safe

Accessing culturally safe services such as counselling in small community settings can also be difficult, especially when clients have added traumas in their new country such as domestic violence (DV) or mental health concerns. When this occurs accessing a service that understands the cultural context in which this person has lived can be increasingly difficult. Social Workers need to advocate with service providers about cultural safety and for the use of qualified interpreters. They might also need to provide insights into the cultural perspectives of the client.

Use of interpreters

Advocating for the systematic use of interpreters is a significant part of the role of Social Workers in regional areas. Because it can be difficult to access face to face interpreters for some languages in the regions, this often means promoting the use of telephone interpreters. Some service providers and clinicians in rural/regional areas feel it is too much work to utilise interpreter services. The thought of having to call the interpreting and translating line can seem overwhelming for clinicians.There is a fear that working with an interpreter is too difficult and the worker may lack experience and confidence to try it. They also may not have the ability or funds to utilise language services. Social Workers have an important role in encouraging and educating about the use of interpreters in order to promote culturally safe services for refugee clients.

TIPS: Working in rural and regional settings

- Be mindful of additional access and equity challenges arising from limited services and limited exposure to diverse culture.
- Support services to utilise interpreter services appropriately
- Be mindful of social isolation for clients
- Keep good professional boundaries
- Consider visa motivations for living and working in regional communities

5.8 Legal service

When starting as a Social Worker in a legal setting it is important to take some time to understand the types of legal assistance available to refugees and asylum seekers because some will face complex legal issues. Asylum seekers are, by definition, going through the long, strenuous and often traumatic process of proving their legal right to protection in Australia. Even after a refugee has been granted a permanent visa, they may face ongoing migration matters around citizenship and family reunification, as well as issues in other areas of law.

Further, refugees and asylum seekers might have a limited understanding of the legal frameworks and processes in Australia. This can make them vulnerable to exploitation and can also mean that minor legal issues, for example driving infringements, can become larger issues if not addressed in a timely manner.

Some challenges that asylum seeker and refugee clients may face when navigating the legal system include:

- lack of awareness of Australian laws
- lack of financial resources to pay for legal representation
- limited government-funded legal support, especially for migration matters
- distrust of police, government and/or the legal system due to experiences of persecution and corruption in the home country
- difficulty engaging with legal issues and/or keeping appointments due to physical and mental health issues
- language barriers and other settlement challenges
- fear of reporting matters that could be perceived to negatively impact a visa application or cause a visa to be cancelled.

Legal problems can have a significant impact on wellbeing. Without secure visa status, it is difficult to achieve a sense of safety which is in turn one of the first steps to trauma recovery. The emotional burden of ongoing legal issues, along with associated financial hardship and loss of time, can all be barriers to recovering from trauma and can lead to deterioration of mental health.

On the other hand, understanding legal processes clearly and feeling able to take action can reduce the sense of disempowerment and overcoming legal issues and gaining access to justice can have a positive impact on mental health. Social Workers can assist this process by advocating for trauma-informed legal support which meets the individual needs of the client and supports the client's understanding of the process and of their rights.

When working in a legal setting it is critical that you do not provide legal advice, or make comments about expected outcomes of any legal process, as doing so could place you at risk of litigation. These discussions should occur with trained and accredited legal professionals. It is the role of the Social Workers to help clients understand their rights and how to navigate the legal system and to refer them to the supports that are available.

When working with refugees and asylum seekers, the roles of lawyers and Social Workers should be interlinked and complementary. Social Workers benefit from having a good understanding of a client's legal issues and visa conditions, for example legal restrictions on work or study. This may guide what other support the client needs or is eligible for. Meanwhile the lawyers assisting these clients will benefit from the Social Workers' role in practical support with legal tasks, mental health awareness and holistic coordination of services. From the initial referral stage, working in partnership can result in the client having a more efficient and trauma-informed experience of the legal system.

In other words, Social Workers can play an important role in assisting asylum seekers and refugees to navigate the legal system successfully and in a more trauma-informed way by:

- helping them to identify legal issues in their early stages, and to seek timely and affordable/free legal advice
- providing information about the legal system and services available to support them
- checking their understanding of legal advice and legal options
- ensuring interpreters are used for legal meetings and when addressing legal issues
- advocating for clients, including providing support letters or reports for legal matters
- empowering clients to advocate for themselves by providing rights education
- safety planning and debriefing for stressful and/or triggering legal events, for example immigration interviews, police interviews or court attendance.

Social Workers in a settlement service or multicultural service will also typically find themselves supporting refugee clients with legal matters in their role as case managers. The same framework applies as set out above.

When working with clients, particularly asylum seekers, Social Workers are likely to find that some of the most frustrating and disappointing parts of the work are caused by seemingly punitive and arbitrary government policies and legal processes. While it is challenging having to work within flawed systems, Social Workers play an important role in advocating for their improvement, as well as assisting clients to have a better experience of these systems.

*Note: Clients experiencing financial hardship may be able to resolve their penalty notice, court fine or a victim's restitution order through a work and development order (WDO). Each state across Australia has a similar program in place (additional information is available online).

TIPS: Working in a legal service

- If looking for legal advice, a good place to start is the local Legal Aid or Public Interest Law NGO. For some issues such as Domestic Violence there are specialist services to support victims and in some cities, there are migrant specific services. It is also a good idea to identify the local multicultural service providers in your area as they may be able to assist with legal information for ethnic communities and cultural advice around specific matters.
- Many people from refugee backgrounds are primarily concerned with immigration law either for their own status or for supporting family members and friends to migrate to Australia or to secure refugee status. In most states there are not-for-profit legal services who specialise in supporting immigration matters in each state.
- Migration Agents also specialise in immigration visa applications. It is important to encourage clients to check the MARA website (https://www.mara.gov.au/search-the-register-of-migration-agents/) to ensure that a migration agent is registered and authorised to practice. Fees and quality can vary widely.

5.9 Working with your own community and maintaining boundaries

Working with a community with which you identify is often an advantage but there are specific challenges about which to be mindful. The following are some important principles to guide the work of anyone working within their own community:

Self-reflect often: Be clear about your role, goals and objectives in every situation. Regularly reflect on your behaviour and boundaries and whether you are on track with your initial set goals and objectives.

Keep your personal issues to yourself: Be very mindful about self-disclosure and giving out too much personal information. Always remember to separate your personal life from your work. This may be harder if your community is small and if your family members are also a part of the community.

Do not visit clients outside of work hours: It is inappropriate to socialise with your client(s) outside of work hours. This may be challenging, however, if your friends are from the same community and you may encounter your clients in their homes or in other contexts outside of working hours. In such cases it is useful to take guidance from an experienced Social Worker about how to manage boundaries and to at a minimum avoid talking about work related matters in a non work context.

Do not request or accept gifts or money from community members or clients: In some cultures, it is customary to give gifts to health care workers or others in the position of authority believing this will result in favourable treatment. Be gentle and clear when explaining the rules of Australian workplace to your client. The Social Work Code of Ethics deals with this issue in a sensitive nuanced fashion and is recommended reading.

Respect privacy and confidentiality: Do not seek information that is not relevant to the performance of your duties and be especially careful to maintain confidentiality. Be very clear about confidentiality and privacy with all of your clients and community members. There is likely to be pressure on you in this area. As with other service contexts it is important to also avoid discussing client details with family or community members.

Maintain the Social Work Code of Ethics at all times: The Code of Ethics is an important guide in situations where boundaries can be blurred. The Code of Ethics is very useful for those working in their own community. It can be used to explain to clients why certain this can and cannot be done.

TIPS: Working in your own community

- **Be clear about your role from the outset:** Community members first see you as a community member and your professional role usually comes second. Clearly communicate at the outset what role you are in to eliminate any confusion around your identity (community member or professional role), expectations, and boundaries.
- **Be friendly but do not seek a personal friendship:** Your role as a professional is quite different to the role of a friend. This may put you in a conflicting situation when doing your job as there will be a pressure on you to engage in friendships by people from your own community. If you don't feel you can maintain this boundary you should declare a conflict of interest and seek to refer the client to a colleague.
- **Do not allow your political views to cross over into your professional life:** Political events in your country of origin will impact the community. Don't allow your political leanings and ideologies to determine how you work with your communities, especially with groups or members in the community who may hold political views different to yours.
- **Stay away/above from community conflict:** Most refugee communities experience conflict and fragmentation. It is always wise to make a conscious effort to not become involved in those conflicts as any attempt to do so will jeopardise your standing, your work and organisation. Your support should be offered equally to all groups and organisations in your community and this needs to be clearly articulated. Being transparent about working with all sides will help reduce or eliminate any suspicion of bias.
- **Earn their trust:** Building trust takes time and it is impacted by the experience of trauma and organised violence. Be prepared for a long term relationship and carry yourself with respect and integrity to earn trust. Be consistent and have the ability to always follow through. You will be tested.
- **Do not engage in gossip:** There are times when some community members will try to talk to you about other community members. Participation in community gossip has the potential to undermine your standing in the community and subsequently your work.

- **Always be on time, don't arrive late to meetings or events:** As a professional and a community member, community members' expectations of you can be high. You model behaviour so lead by example and set the standard.
- **Always declare any conflict of interest:** Conflicts of interest easily arise when working with your own community. Always declare conflicts and if possible stay away from participating in any decision making processes in those circumstances.

Additional Resources

CHCSET002 – Bicultural Work with Refugees – Trainer's Manual
CHCSET002 – Bicultural Work with Refugees – Participant's Handbook

5.10 Education

Social Workers may find themselves in various roles in the education domain including being employed by a school or service providers working with schools. In all cases complementarity is key. They need to be able to work effectively with school staff and parents and to do this they need to be able to understand both perspectives, not least because in many cases their role will involve bridging the gap between the two. Social Workers in educational settings also perform a range of other important functions including linking the school to the wider community and to local support services and supporting parents and young people to access relevant supports. In some cases social workers will also be school counsellors.

The Whole-School Approach[54],[55],[56] is a framework which encompasses five areas:

(i) school policies and practices
(ii) school organisation, ethos and environment
(iii) curriculum, teaching and learning
(iv) partnerships with parents and carers; and
(v) partnerships with communities and agencies.25

Specific ways in which Social Workers may enhance this approach are listed below.

Services for families and carers

Supporting programs for parents and carers on school grounds. Examples might include the coordination of community development activities such as community gardens, enterprise facilitation and Parents' Cafes, parenting groups and other specific group programming targeting families from refugee backgrounds.

Liaising between families and the school, or between the school and community and specialist organisations.

Services at the community level

Facilitating ongoing consultation with refugee communities and key school stakeholders. This is central to delivering the Whole School Approach. Social Workers are well equipped to facilitate the consultation process and to ensure the inclusion of internal and external stakeholders, not least young people and their families. This process is particularly important when working with students from particularly vulnerable minority groups.

Support for Students

Providing individual and group counselling within school settings, tailored trauma-informed psychotherapeutic interventions to the student's age and presenting issues is a role for accredited and specialist clinical Social Workers.

Overseeing a wide variety of child and adolescent group and holiday recreation programs that utilise therapeutic, psychosocial and community development approaches.

Referring to outside specialist services.

Engaging school support staff in interventions.

Support for School Staff

Providing ad hoc advice to school personnel about how trauma and settlement impact young people and how this manifests in the classroom.

Delivering formal professional development training sessions that meet the specific needs of school staff and are relevant to their context and environment. Topics may include understanding trauma and its consequences, working cross culturally with diverse refugee communities and trauma presentations specific to the particular emergencies and their implication in classroom. Such training can also include practical tools for incidental counselling for non-clinicians.

Offering formal clinical consultation and debriefing to teachers and support staff can mitigate the impact of vicarious trauma and the secondary impact of working with learners from a refugee background. This can also enhance the provision of effective and culturally safe services to these students.

Common challenges that Social Workers face when working in the school or educational settings include encountering:

- a lack of understanding of the role of Social Workers and the reticence of educational systems to engage more with professional Social Workers
- difficulties advocating on a student's behalf due to the highly structured environment common to educational settings.
- Working in such settings therefore requires diplomacy and the need for relationship building, together with the ability to ascertain where structural barriers lie.

TIPS: Working in an educational setting

- Ensure you develop understanding of school systems and strong relationships with relevant school staff.
- Use the above ideas and the Whole-School Approach to inform your work

Additional Resources

Foundation House (2015, n.d.) Schools and Families in Partnership: A desktop guide to engaging families from refugee backgrounds in their children's learning. http://www.foundationhouse.org.au/wp-content/uploads/2019/12/SCHOOLS_FAMILIES_PARTNERSHIP_DESKTOP-GUIDE_WEB_cr.pdf

Image source: NSW Refugee Health Service

06
ADDITIONAL RESOURCES

6.1 Referral list

The Australian Refugee Health Practice Guide can be used by doctors, nurses and other primary care providers to inform on-arrival and ongoing health care for people from refugee backgrounds, including people seeking asylum.
https://refugeehealthguide.org.au/referrals/

6.2 Refugee Interagency Networks

The following link to the Refugee Council of Australia website contains useful information about interagency networks that focus on refugee and asylum seeker issues.
https://www.refugeecouncil.org.au/interagency-networks/

6.3 Additional Recommended readings

Australian Association of Social Workers (AASW). (n.d). *AASW's Policy Position on People Seeking Asylum and Refugees*. https://www.aasw.asn.au/social-policy-advocacy/policy-positions/aasws-policy-position-on-people-seeking-asylum-and-refugees

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