



The story so far

Peter Shaw, Kathy Fielding and Jessie Henderson outline the development of the On TRACC service

Introduction

The refugee population is a relatively new group in New Zealand immigration history. The United Nations High Commission for Refugees defines a refugee as someone who 'owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his/her nationality and is unable, or, owing to such a fear, is unwilling to avail him/herself of the protection of that country'. New Zealand is one of 10 western countries that accept an annual quota of United Nations mandated refugees for permanent resettlement. This country's quota is 750 and the refugees fall into three formally specified categories:

1. Seventy-five refugees are women at risk.
2. Another 75 are identified as disabled or having medical needs.
3. The remaining 600 come under the broad category of those needing protection.

All refugees have a six-week orientation at the Mangere Reception Centre, but any further assistance comes from a variety of sources. The Refugee and Migrant Service has branches throughout the country and the Refugees as Survivors Centre offers services focusing on

initial resettlement. Additional assistance is provided by community sponsors and referrals can be made to government departments and social service agencies.

Typical experiences for refugee children and their families in New Zealand may include trauma, separation from family members and ongoing adjustment difficulties.

The effects of trauma that may occur prior to migration include anxiety, depression, grief, a reduced sense of self worth, somatic complaints, difficulty maintaining fulfilling relationships. In New Zealand there can be difficulties in accessing and linking into appropriate cultural and community support. Other significant resettlement issues include:

- disruption
- separation
- adaptation to a new culture and country
- isolation
- limited schooling
- language issues
- learning difficulties.

Given these experiences, families from a refugee background have increased vulnerabilities

and are at greater risk of developing needs requiring specialist health, education, and care and protection intervention. The challenge for workers in the various sectors is that the refugee population typically does not fit neatly into one focus and their needs spread across a number of services. This can be both challenging for the workers and confusing for the refugees, who have often come from cultures where there is no “service” offering a selective focus of help.

In 2001 the Auckland City Strengthening Families Management Group recognised that the complex needs of children and families from refugee backgrounds were not being adequately met by the core agencies. It was clear that the process traditionally used with high needs clients was not the most effective and a different response was required.

Designing On TRACC

Earlier, in December 2000, the Ministers of Health, Education, Social Services and Employment agreed to the Intersectoral Strategy for Children and Young People with High and Complex Needs to address serious service gaps and shortfalls, and enhance collaboration across sectors. In 2002 Auckland agency representatives from the Auckland District Health Board (ADHB), the Ministry of Education, the Grey Lynn office of Child, Youth and Family and the Auckland Regional Health Service worked together with refugee communities to develop a new service. Funding and support were provided by the high and complex needs (HCN) unit in Wellington. This unit is funded by Child, Youth and Family and the Ministries of Health and Education. A change of use for the HCN development funds was agreed to implement a demonstration service for a two-year period.

After considering various service options to best meet the needs of this client group, an intersectoral model was chosen with the practice imperatives and protocols from each agency shaping the service delivery model. During the developmental phase, we ensured the needs of each sector were represented and addressed.

Since November 2003 the Transcultural Care Centre and Intersectoral Service for Children and Young People from Refugee Backgrounds and Their Families, better known as On TRACC, has been operating with a mix of full- and part-time staff. The team includes a clinical services manager, educational and clinical psychologists, social workers, a behaviour support worker and cultural advisors working together to provide assessments and interventions that meet the high and complex needs of children and young people and their families from refugee backgrounds. The ADHB hosts On TRACC and provides day-to-day clinical and administrative management. On TRACC is governed by a joint overview group made up of representatives from the Auckland participating agencies.

On TRACC clients

By October 2004, On TRACC had received 30 referrals, with just over half through schools. Child, Youth and Family and the wider health sector referred five cases each and three came from the Ministry of Education. In addition, two children were identified in other cases as requiring the On TRACC service.

Almost half of these referrals came from two countries: seven children from Afghanistan and six from Ethiopia. There were four from Burmese families, and the remaining children came from Congolese, Somali, Sudanese, Chilean, Eritrean, Iranian and Iraqi families. The majority of those

referred were male, and there was a large range of ages. Most of the children were aged between six and 10 years at the time of referral, but the youngest client was only three years old and the oldest was aged 20.

The multi-element plan as an intersectoral framework

A multi-element ecological plan was adopted as the model that best incorporated the intersectoral approach for the service. Within the different scopes of practice and areas of expertise, On TRACC workers could draw on multiple theories to target individual, family and group needs, as well as the system needs in a family, school and community context.

The plans had to be relevant to the culture and life experience of the refugee children and their families. The guidance of appropriate cultural advisors was crucial, and any assessment followed their advice. Issues considered were linguistic and cultural difference and the need to obtain a full history of the pre-immigration experiences and resettlement of the client. This meant that we needed to allow more time for the assessment process compared with the time spent on this for mainstream clients.

One of the major issues with most of the families was their lack of familiarity with service delivery concepts in mental health, education, or care and protection. In their engagement process, key workers needed to determine the kind of help that the refugee family expected and wanted before clarifying these needs in terms of what we could provide.

Cultural safety is underpinned by delivery and the advice and support from cultural advisors is critical to the success of On TRACC. They have been instrumental in developing a

trusting relationship with the families through identifying issues and the appropriate measures to take.

Cultural principles employed by On TRACC include:

- providing a service in the language or by people from the culture requested by the client
- a positive and open communication style
- key workers using culturally appropriate words, tones, visual cues and facial expressions, as identified by the cultural advisors.

Typically, the first contact with any social sector service is during a time of crisis and personal distress. It is vital to establish cultural and effective practice safety during this time. Appropriate cultural processes utilised at the very first contact and through follow-up times assist in reducing distress for refugee families. A key learning point is that this engagement process can take much longer than assumed, creating a challenge for the agencies involved.

On TRACC is designed to meet the ongoing complex needs of refugee children and their families – it is not a crisis response service. It is important to plan the approach for each client and their family, and from the point of first contact, all work is coordinated with key workers from every agency. The assessment, although lengthy, is a single process designed to gather all the information required and ensure the family is dealing with only one agency.

In the past, assessment procedures were often fragmented, each agency working in its own service delivery parameters, which often led to duplication of assessment information. In contrast, the On TRACC approach is to work

towards seamless boundaries between the entire service delivery and draw on the full range of professional expertise in the team to meet the children's and their families' needs.

During the assessment process, it takes time to develop the trust of the family involved. Assessment information gathering will often proceed while associated interventions are delivered, and the full assessment and complete intervention plan is an ongoing developmental process. This has created shifts in approach from working under service process models where there are timeline criteria and a need to complete assessment/diagnosis processes before intervening formally.

In recognising and understanding the complex needs of this client group, we now appreciate that sustained change and positive outcomes take longer to achieve. Often intervention needs to take place over a long period of time in order to cement the desired changes.

The positive outcomes of this service include:

- working with the family within an ecological model so that the benefits of intervention flow through to the family and contribute to healthy relationships at school and in the wider communities
- developing good practice guidelines for collaboration with high-needs clients from refugee backgrounds, which are made available to other agencies
- building trust between the client families and their cultural communities with government agencies.

Conclusion

Although team members come from a range of different professions and agency settings, our key priority is to improve settlement outcomes – successful intervention is more likely to enable

the child and their family to learn English, develop a sense of belonging, find work and settle well in New Zealand. The service has faced many challenges, including integrating the different practice approaches to the health, education and welfare needs of clients so that they are consistent with the clients' refugee, social and cultural experience and background. The costs associated with On TRACC services are higher than single sector service delivery, but the learning achieved is invaluable for future intersectoral development and improving clinical and social work practice with this population.

REFERENCES

United Nations. (1951) *Convention relating to the status of refugees*. United Nations Publications. New York.



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