University of South Australia

Australian Centre for Child Protection

The Working with Refugee Families Project

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Contents

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Executive Summary

Background

Increasing numbers of families arriving in Australia through humanitarian settlement schemes are coming into contact with the child protection system. Many of these families come from African and Middle Eastern countries and have common experiences of trauma, dislocation and loss, and many are victims of genocide, war and torture [1,2]. Pre-migration experiences together with the considerable challenges of settling into a vastly different new country can significantly affect family well-being and parenting practices [3-6]. For many of these families, parenting styles that were normative in their countries of origin are not endorsed in Australia [4]. The lack of validation of parenting beliefs and practices may lead to additional stress for parents from refugee backgrounds. It is important that practitioners and professionals are well informed about how best to support these families using culturally competent child protection, family intervention and community development practices.

This report outlines the findings of a three stage research project designed to examine why recently arrived families from refugee backgrounds are presenting to the child protection system and to identify culturally appropriate strategies and models for intervention. The project was funded by the Department for Families and Communities and conducted by the Australian Centre for Child Protection at the University of South Australia. This is the first study of its kind in Australia.

Specifically, the study addressed the following research questions:

- To what extent are newly arrived refugee groups coming into contact with the child protection system? What are the issues that bring these families into contact with the system?

- What are the 'drivers' or influences on these incidents (this may include beliefs, parenting practices, family trauma and breakdown, mental health, adjustment, cultural practices, etc.)?

- What does current literature and learnings from previous waves of immigrants/refugees tell us about good practice/models here and interstate/overseas?

- What child protection, family intervention and community development strategies are required? In particular, what is culturally competent child protection practice for these arrivals?

The first stage of the project involved the analysis of data extracted from Families SA's, the statutory child protection agency in South Australia, '*Client Information System*' (administrative data system) for the period 17th October 2005 – 17th October 2006. The aim of this stage of the project was to provide a snap shot of refugee families' involvement with the child protection system and to use this snapshot to inform the second and third stages of the research project.

Stage Two of the project involved 55 practitioners employed within Families SA and used a paper based survey, telephone interviews and a focus group. The key objective of this stage of the project was to explore the facilitators and barriers to child protection work with refugee families and communities.

Stage Three, the final stage of the project, involved community focus groups with seven refugee communities across Adelaide, South Australia. The aims of the community focus groups were to explore parent and community member perspectives on raising children in Australia and to identify strategies and resources which have supported them, or might support them, in their parenting role.

Child protection notifications

NOTIFICATIONS

- Eighty one families from culturally different backgrounds were identified by the intake teams. These families were the subject of one hundred and forty-five notifications representing one hundred and fifty-nine children.

- The notifications concerned male and female children equally and the greatest proportion of children in the sample were aged 5-10 years.

- Just over half of the families were the subject of one notification and close to twenty-five percent of families were subject to two notifications. Twelve families were the subject of between three or more notifications with the highest number of notifications per family being seven.

- Neglect was the most common form of abuse notified, followed by physical abuse and emotional abuse. There were five notifications of sexual abuse, three of which involved abuse carried out by someone other than a parent, family member or adult living in the immediate family. There was one high risk infant notification.

- Twenty-nine notifications were investigated and twelve of these were substantiated. Substantiated cases of abuse included physical abuse, emotional abuse and neglect. There were no substantiated cases of sexual abuse.

FAMILY CULTURAL BACKGROUND AND STRUCTURE

- Families in the study came originally from Africa, the Middle East, Eastern Europe, Asia and South America and roughly align with the settlement figures provided by the Department of Immigration and Multicultural and Indigenous Affairs (DIMIA) for the period 2004 – 2005.

- Approximately seventy percent of the families were of African background with the majority coming originally from Sudan, reflecting the fact that since 2002 the majority of humanitarian entrants have come from Sudan [7].

- Close to sixty percent of the families were headed by a father and a mother, with six of these families being blended families. Just over twenty-five percent were headed by a mother only and three families had a father as the sole parent.

- Although data was not available for all families, it appears that most families from refugee backgrounds coming into contact with the child protection system during the period October 2005 – October 2006 have been living in Australia for five years or less and that a large proportion of them have difficulty speaking/understanding English.

- There was insufficient data to draw conclusions about family connections with extended family and community for the majority of families in the study. Family and community connections data were recorded primarily for families where abuse had been substantiated.

- Families' connections with social services were most frequently with domestic violence and women's services, although this data was only available for half of the families in this study.

- Case file data suggested that some of the families in this study had experienced past trauma and death of family members and/or friends, however there was generally little information on families' experiences prior to migration to Australia. This type of background information is important if successful interventions are to be developed as there is concern that Australia is not adequately prepared to cope with the special needs of refugees arriving from Africa who have poor education, health and language skills, and a history of trauma and brutalisation [8].

INCIDENTS AND FACTORS CONTRIBUTING TO CHILD PROTECTION NOTIFICATIONS

The most predominant types of incidents leading to families' involvement with the child protection system identified in the case file analysis were concerned with physical abuse, domestic violence and leaving children alone without adult supervision (supervisory neglect). It is difficult to draw any conclusions regarding the predominance of physical abuse notifications (e.g., relationship to cultural beliefs around physical discipline) due to the limited background information. In addition to the case file analysis, Families SA Practitioners highlighted incidents of physical abuse (primarily due to the use of physical discipline by parents), neglect (particularly children left unaccompanied), sexual abuse, and child protection concerns related to domestic and family violence, parent-adolescent conflict, alcohol misuse and homelessness experienced by refugee families as factors that brought refugee families into the child protection system. The case file analysis revealed the following points:

- The majority of incidents of physical abuse were child reports of abuse by parents. In a number of cases these reports related to the use of physical violence, threats and intimidating behaviour by parents to discipline or punish the child.

- The most commonly reported factors contributing to incidents of physical abuse were:
  - Issues arising from acculturation such as cultural practices of physical discipline, the husband's perceived role in controlling his wife and children, and the role of older male siblings as figures of family authority
  - An environment of domestic/family violence where children, along with their mothers, were the targets of abuse or children were assaulted as they tried to intervene between their parents
  - A small number of families were also dealing with substance abuse or mental health issues.

- Where child abuse notifications were made with respect to domestic violence incidents the children were generally witnesses to domestic violence and in all but two families the perpetrator was the father. In a small number of incidences children witnessed extended family member violence and violence perpetrated by an unrelated male.

- The most commonly reported factors contributing to domestic violence were:
  - substance abuse
  - mental illness
  - acculturation pressures such as difficulties with English language, family and community pressures to keep parents together, and the husband's perceived role in controlling his wife and family.
  - for a small number of families, torture and trauma, physical illness and financial issues were also seen to contribute.

- Domestic violence was reported as being present for just under 40% of refugee families in this study.

- Incidents of children being left unsupervised included: children being left in the care of older siblings, either at home or outside of the home; children being unable to get into the house; children found wandering the streets and in some instances engaging in what notifiers believed to be dangerous behavior; and neighbours or police being unable to locate parent/s or adult carers.

- Of the thirteen families where these types of incidents were notified, eleven were sole parent families, seven of whom had four or more children living with them.

- Issues facing families who had left their children unsupervised included;
  - domestic violence
  - substance abuse
  - financial hardship
  - mental illness
  - physical illness (e.g. diabetes, infections).

Less commonly notified incidents, or incidents which occurred in a small number of families, included the physical neglect of children and/or the family home, medical neglect, children not attending school, children running away from home, sexual assault or risky adolescent sexual behaviour and child self harm.

Eight percent of the notifications examined in the case file analysis resulted in a substantiated notification. The types of incidents leading to substantiated notifications included physical, medical and supervisory neglect of children, exposure of children to domestic and family violence, and physical abuse. All of the families who were the subject of substantiated notifications were experiencing a complex array of difficulties (e.g., maternal substance abuse, parental mental illness, family violence and limited or no connections with extended family).

Comparison data was not collected for mainstream Australian families therefore the types of incidents that bring refugee families into contact with the child protection system cannot be presumed to occur to a greater or lesser extent than in mainstream Australian families.

Factors contributing to child protection concerns which might benefit from more early intervention and prevention efforts include:

- Cultural differences in parenting style including;
  - the acceptance by some refugee cultures of the use of physical punishment to discipline children
  - a cultural background of collective parenting

- Lack of family support, particularly for women who are sole parents or families where there are large number of children

- Challenges to traditional patriarchal family structures where the roles of men, women and children are clearly defined

- Lack of information and knowledge about acceptable family practices in Australia.

Culturally competent child protection practice

There is very little peer reviewed literature about good child protection practice models for working with refugee families. The literature reviewed in this report highlights the benefits of taking an "ecological systems practice perspective" to assessment and intervention with children and families, by developing an understanding of the pre-migration and post migration experiences of refugee families.

Families SA practitioners have recognised that many of the issues facing refugee families coming to Australia relate to their previous experiences, mental health, alcohol misuse and financial difficulties, and highlight the ongoing support these families need. They have also highlighted the role that cultural practices play in making the transition to a new culture challenging for many refugee families. Considerations such as training, spending time getting to know families, personal and professional characteristics and knowledge of communities and services were seen as key to culturally competent practice with refugee families. The importance of working co-operatively within Families SA (e.g., making better use of the Refugee Team) and with other agencies who work with refugee and migrant families, was also emphasised.

There are existing models of practice and effective strategies that are being implemented, within Families SA, ranging from the Incredible Years program to engaging community elders and working collaboratively between and across organisations. Suggestions, made by Families SA staff, to continue successful strategies and to develop promising programs include:

- Providing information to people from refugee backgrounds around child protection laws and parenting in Australia – this could include preventative, educational and early intervention programs, and parenting groups

- Developing links with communities, particularly elders and community leaders, through a range of community engagement activities

- Employing specialist staff within and external to Families SA to act as a liaison between workers and families

- Enhancing the child protection knowledge of interpreters and translators

- Providing up to date and ongoing education, training and information about the diverse refugee communities arriving in Australia

- Employing and supporting staff who are respectful, use humour, have an ability to build trusting relationships and who can work with interpreters appropriately

- Developing and formalising relationships between external and internal refugee support and settlement agencies

- Providing time, policies and procedures that support working with refugee families

- Identifying and transplanting successful and promising strategies (e.g., Family Care meetings, the Incredible Years program) across district centres.

Early intervention and prevention

The families who might benefit from more early intervention and prevention efforts face the challenges of adapting to unfamiliar parenting styles, finding new supports to replace the traditional community and family supports that they have lost, and adjusting to new roles within the family brought about by the loss of family members and the influences of a new culture.

A range of strategies were suggested by Families SA and refugee community participants to help address some of these challenges to parenting in a new culture. These strategies covered a range of agencies including schools, police, child protection and family support services as well as having implications for community members themselves. The proposed strategies included;

- Encouraging parents to communicate with their children

- Enhancing collaborative work between families, communities and schools to address problems between children and families in a consistent manner (these included establishing parenting committees to resolve parenting issues)

- Providing information for newly arrived families about parenting in Australia at a time and in a manner which suits the needs and preferences of families (such information could include providing a consultative function in which parents can anonymously seek assistance as required to address parenting difficulties)

- Providing preventative, educational and early intervention programs or parenting groups to address some of the underlying issues facing refugee families as they start their new life in Australia

- Enhancing access to culturally responsive childcare.

Conclusion

The principle finding from this research is the critical significance of culturally competent child protection practice when working with refugee families. This includes the development of a child protection workforce that is well prepared and confident in addressing the needs of refugee families who come into contact with the child protection system. Equally important, culturally competent child protection practice requires establishing and maintaining high quality relationships with refugee communities based on two way communication and collaboration.

It is important that existing initiatives, practices and opportunities are encouraged and built upon. One way this may be achieved is to develop a toolkit for Families SA practitioners that draws on (1) the evidence base provided by this research project, (2) the practice wisdom and experience of Families SA staff and (3) the knowledge and advice of refugee community members.

Preface

The goals of parenting are generally consistent across cultures and include keeping children safe from harm, helping them progress through developmental stages and guiding their moral orientation. However, the ways in which parents achieve these goals may differ according to cultural, economic and sociopolitical contexts [9-11]. Further, there can often be as high or higher a degree of variability in parenting practices within cultural groups as there are between cultural groups [12]. Parenting practices can also differ within a culture over time as has occurred in Australia, with the country moving from a previous acceptance of more authoritarian parenting styles to an expectation of more authoritative parenting practices in recent generations [13].

Increasing numbers of families arriving through humanitarian refugee settlement programs are coming into contact with the child protection system. Many of these families come from African and Middle Eastern countries and have common experiences of trauma, dislocation and loss, and many are victims of genocide, war and torture [1,2].

For many refugee parents their parenting is transformed rapidly as they face unpredictable, uncontrollable and hopeless situations in their country of origin [5]. War disrupts basic parenting functions and processes (e.g., protecting children, enhancing their sense of safety and security). Parents may feel they have lost their ability or power to discipline their children during a time of upheaval and change [14,15]. Parental investment also changes as parents' priorities change (e.g., from a desire for education and community involvement for their children, to simply keeping their children safe and helping them to survive) [4,5].

Upon arrival in Australia, parents who are refugees are likely to face a wide range of factors that can significantly influence parenting. Many of these factors will be similar to those faced by mainstream Australian families such as parental mental health problems, poverty, physical health problems, social isolation and children's behavioural problems [16]. However, refugee families face significant additional challenges to those of mainstream Australian parents.

The first four chapters of this report provide a summary of the Australian and international literature on the characteristics and experiences of individuals from refugee backgrounds. This includes an exploration of the resettlement of refugees in Australia (Chapter 1), experiences of refugees before, during and after the transition to a new country (Chapter 2), influences and impacts of these experiences on family wellbeing (Chapter 3) and challenges and supports in the parenting role (Chapter 4).

The unique circumstances of refugee families pose special challenges to child protection workers and the child welfare system in general. One of the few studies examining child protection workers' experiences of working with refugee families identified a lack of understanding among US child welfare staff of refugee cultures [17]. Another study undertaken in the UK examining issues in social work with African refugee and asylum seeking families found that while there was a high level of understanding of the experiences of the children and their families, workers felt ill equipped to identify the trauma many of the children and their families may have suffered [18].

In South Australia, the Child Protection Review by Robyn Layton QC; "Our Best Investment: A State Plan to Protect and Advance the Interests of Children" published in 2003 [19] identified that children from culturally and linguistically diverse backgrounds are often "invisible" in child protection systems (p25.2). This is for a number of reasons including, but not limited to; (1) parental fear about government delivered services, (2) parents' lack of knowledge about the existence of services, (3) service providers' lack of recognition of the protective needs of children in culturally and linguistically diverse (CALD) families, and (4) reluctance by service providers to report their concerns because of fears for how families may be treated by mainstream services. The report recommends (recommendation 197) that all professionals working in child protection receive specialised training on the provision of child protection services for children and families from CALD backgrounds. The recommendation states that:

> *"A careful balance is required in child protection work with families and children and young people from culturally and linguistically diverse backgrounds to ensure both the child's right to safety and the rights of parents to information about what is acceptable and unacceptable parenting practices. The safety of a child should not be compromised because of concerns or acceptance that families from different cultural backgrounds have different values." (p25.7)*

Accordingly, the aims of this project were to examine why recently arrived families from refugee backgrounds are presenting in the child protection system, to identify the factors that facilitate and inhibit professionals working with refugee communities and to highlight culturally appropriate strategies and models for intervention.

Subsequent chapters describe the research project in more detail including its rationale, design, methodology and limitations (Chapter 5), participant characteristics (Chapter 6) and findings in relation to the research questions (Chapters 7-10).

Chapter 7 identifies the incidents that are bringing refugee families into contact with the child protection system and Chapter 8 discusses the factors that influence these incidents such as cultural practices and beliefs, parenting practices, family trauma and breakdown, mental health and adjustment to a new culture. Chapter 9 discusses what constitutes culturally competent practice when working with refugee families in child protection and also focuses on those strategies which may prevent parenting or child behaviour difficulties for refugee families. Finally chapter 10 presents the key findings from the research project.

It should be noted that it is beyond the scope of this report to include details relating to unaccompanied minors. Extensive work has been done in this area (for more information see the work of the British Association for Adoption and Fostering and of Crock and colleagues) [20-23].

Who are refugees?

chapter 1

The 1951 United Nations Convention relating to the Status of Refugees defines a refugee as someone who:

> *"owing to 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 nationality and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it"* [24].

This is quite a narrow definition as it does not include people fleeing hunger, disease or war [25]. Also, individuals who enter Australia under other migration schemes to be reunified with family members who came to Australia as refugees, are not considered refugees even though they often have had similar experiences [26]. Further 'asylum seekers', a term used to describe someone who has made a claim to be a refugee, are not recognised as refugees until their claim has been accepted.

Worldwide, just over ten and a half million people were classified as either a refugee or asylum seeker in 2007-08. Most come from countries experiencing conflict and or human rights abuses (refer table 1.1). These numbers do not include the more than eighteen and a half million people who are either internally displaced persons, or 'stateless persons', some of whom are receiving assistance or protection from the United Nations High Commissioner for Refugees (UNHCR) and many more who fall into these categories but who are not helped by the UNHCR [25].

Table 1.1 Top 10 countries of origin as at 1 January 2007

Country	Refugees
Afghanistan	2,108,000
Iraq	1,451,000
Sudan	686,000
Somalia	464,000
D R Congo	402,000
Burundi	397,000
Vietnam	374,000
Turkey	227,000
Angola	207,000
Myanmar	203,000

According to the UNHCR, the majority of refugees prefer to return home as soon as they are safely able to do so [25]. Refugees who cannot, or are unwilling to return home may either make a new home in their country of asylum or in a third country where they can resettle permanently [25].

Australia's Refugee and Humanitarian Program

Australia provides humanitarian resettlement for refugees under the Refugee and Humanitarian Program. The program has provided an average of thirteen thousand and four hundred places annually, since 2003, for applicants under the categories of Refugee, Special Humanitarian, and Inshore Protection. Thirteen thousand and five hundred places have been made available for the period 2008-09 with six thousand and five hundred being for refugees and the remaining seven thousand being for Special Humanitarium and Onshore Protection applicants. Permanent refugee and humanitarian visas are available for people who have successfully applied to come to Australia under the Refugee category or Special Humanitarian program. These visas are granted prior to arrival in Australia (see Box 1.1).

The term 'asylum seeker' is given to people who arrive in Australia without a visa or as temporary entrants seeking protection. If asylum seekers are found to be refugees they are usually granted Permanent Protection Visas.

BOX 1.1

VISA CATEGORIES

REFUGEE CATEGORY for people who are subject to persecution in their home country and who are in need of resettlement. The majority of applicants who are considered under this category are identified by the United Nations High Commissioner for Refugees (UNHCR) and referred by UNHCR to Australia. The Refugee visa category includes Refugee, In-country Special Humanitarian, Emergency Rescue and Woman at Risk sub-categories.

SPECIAL HUMANITARIAN PROGRAM (SHP) for people outside their home country who are subject to substantial discrimination amounting to gross violation of human rights in their home country. A proposer (known as sponsor under the Migration Program) who is an Australian citizen, permanent resident or eligible New Zealand citizen, or an organisation that is based in Australia, must support applications for entry under the SHP.

PERMANENT PROTECTION VISAs (PPV) are, broadly speaking, granted to persons who enter Australia lawfully, who are then found to be refugees within the meaning of the 1953 Convention on the Status of Refugees ('the Convention') and who also satisfy health, character and security requirements.

Temporary Humanitarian and Protection Visas

Two Temporary Humanitarian Visas and a three-year Temporary Protection Visa were also available up until mid 2008 when they were abolished by the Rudd government [#]. These visas allowed holders to remain in Australia on a temporary basis (visas extended to thirty months) and entitled holders to some but not all of the entitlements of Permanent Protection Visa holders and other humanitarian entrants. Refugees currently holding these temporary visas now have access to a Resolution of Status visa which entitles them to the same services as Permanent Protection Visa holders, provided they meet health, character and security requirements.

Resettlement in Australia

Over the past sixty years, more than six hundred and sixty thousand refugees have resettled in Australia [27]. During the mid to late nineties the majority of refugees who resettled in Australia came largely from the Former Yugoslavia, the Middle East, South East Asia and Africa. More recently the majority of humanitarian entrants have come from Africa with most of these people coming from the Sudan [27] (refer table 1.2). Refugees are generally settled as close as possible to family members or friends, if they have any who are living in Australia. Where refugees have no extended family or social networks in Australia, which is increasingly the case for refugees arriving from new regions (e.g., Liberia and Burundi), settlement location is influenced by factors such as settlement needs, availability of settlement services and support from communities with a similar background, accessible health services and accommodation, and sustainable employment opportunities. The preferences of state and territory governments are also taken into account [28].

Table 1.2 Top 10 countries of birth for refugee settlers 1st October 1996 to 1st October 2007

Country	Refugee Settlers
Sudan	22,653
Iraq	19,071
Former Yugoslavia (not further defined)	9,242
Afghanistan	8,654
Bosnia-Herzegovina	5,482
Croatia	5,392
Iran	4,077
Other Central and West Africa	3,833
Burma (Myanmar)	3,036
Ethiopia	2,668

[#] According to the Department of Immigration and Citizenship, Temporary Protection and Temporary Humanitarian Visas "were introduced by the previous government to discourage people smuggling activities resulting in unauthorised boat arrivals and to discourage refugees leaving their country of first asylum… The evidence clearly shows that TPVs did not have any deterrent effect. In fact there was an increase in the number of women and children making dangerous journeys to Australia." (Accessed online at www.settlement.immi.gov.au/settlement/ on 22/6/08)

Resettlement in South Australia

Over the last ten years, around ten thousand refugees were assisted to resettle in South Australia. The majority were from Africa, most of whom settled in metropolitan Adelaide (refer table 1.3) [27]. The five most common languages spoken and religious backgrounds of these refugee settlers are shown in table 1.4 [27]. While rural and regional settlement is an option (and targeted settlement programs are currently occurring in regional areas of South Australia), the federal government policy has generally focused on strengthening existing refugee communities [109].

Table 1.3 Top 6 countries of birth for refugees settling in South Australia 1st October 1996 to 1st October 2007

Country	Refugee Settlers
Sudan	2,063
Afghanistan	1,066
Former Yugoslavia (not further defined)	950
Other Central and West Africa	861
Bosnia-Herzogovnia	686
Iran	653

Many of these refugees would have spent some time in a refugee camp. For example, just over forty-eight percent of refugees resettling in Australia in 2005 had spent time in refugee camps. Of these people, nearly ninety-two percent had spent at least two years in refugee camps, while forty-nine percent had spent over five years in camps, and just over thirty-six percent had spent more than ten years residing in camps [109].

Services available to refugee settlers in Australia

Under the Integrated Humanitarian Settlement Scheme (IHSS) introduced by the Federal Government in 2005, permanent humanitarian entrants are entitled to assistance provided by contracted service providers which includes the following services:

- *Initial information and orientation assistance*
- *Accommodation support*
- *Household formation support*
- *Early Health Assessment and Intervention*
- *Proposer Support*

Table 1.4 Top 5 languages and religions of refugees settling in South Australia 30th March 2003 to 1st April 2008

Languages	Religion
African Languages	Christian
Arabic	Islam
Serbian	Orthodox
Dari	Catholic
Bosnian	Serbian Orthodox

Humanitarian entrants are also entitled to receive services for all migrants settling in Australia including: *The Adult Migrant English Program (AME); The Translating and Interpreting Service (TIS) and; Migrant Community Services*.

Current settlement concerns in Australia

Currently, refugees coming to Australia face varied and complex issues relating to unemployment, language, housing and cultural barriers. Some arrive with specific health problems and although they have access to health services and trauma counselling it has been argued that mainstream services have an inadequate level of understanding of the needs of refugees in providing such services [8]. Further, access to health care by some asylum seekers was until recently very restricted. There are also concerns that refugees settling in regional areas may be more susceptible to isolation, poverty and vilification [8].

Unemployment is of particular concern to refugees who have been in Australia for less than five years. Those individuals are often at a disadvantage when looking for work because of language problems and difficulties in the transfer of qualifications, despite the settlement services available to them [8].

In addition there is concern that Australia is not adequately prepared to cope with the special needs of the refugees arriving from Africa who generally have poor education, health and language skills, and a history of trauma and brutalization [8].

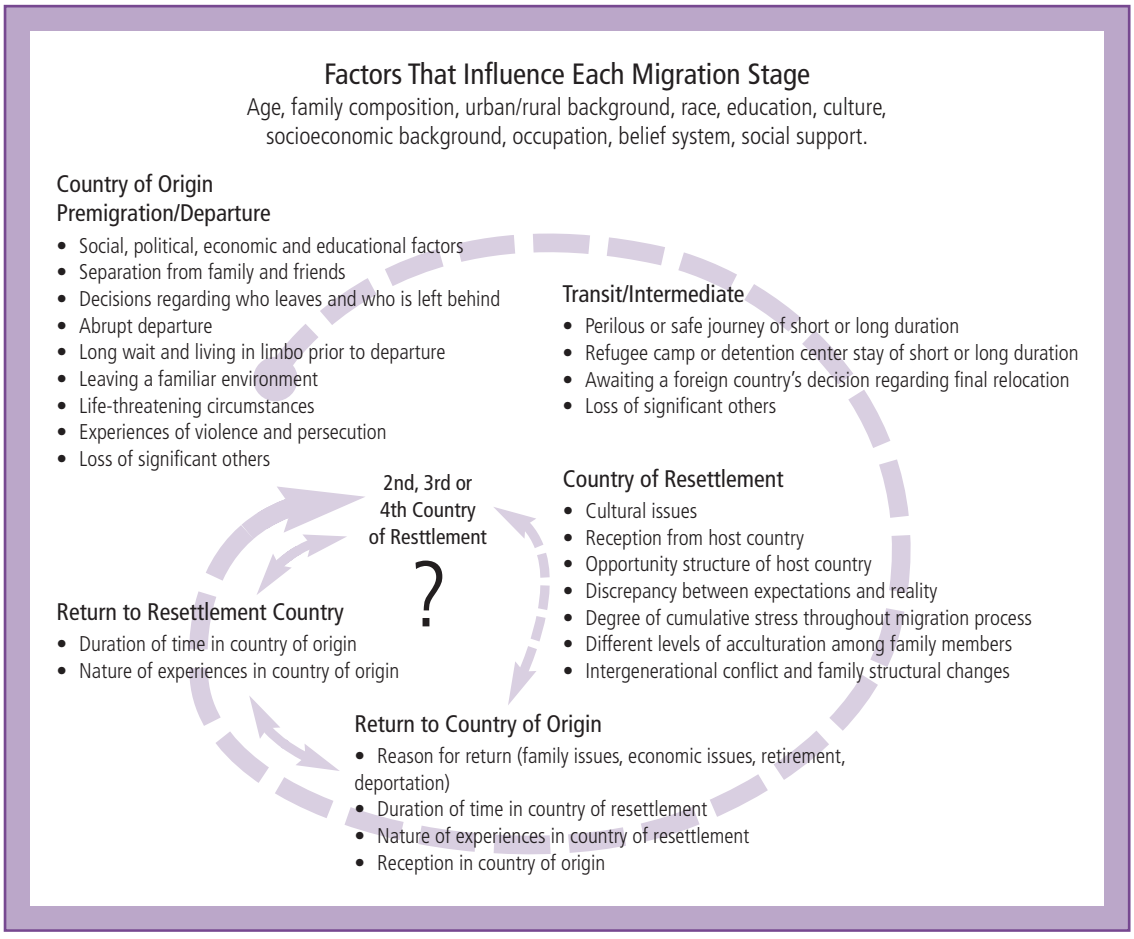
Until recently, there was a growing concern that because asylum seekers were excluded from basic welfare payments, and refugees on temporary protection visas were excluded from settlement services, their needs were increasingly addressed by many charities and community organisations [8]. This placed a large burden on such organisations who may not traditionally have provided refugee settlement services. These concerns are likely to be alleviated to some extent with the recent introduction of the Resolution of Status Visa which gives asylum seekers and those previously holding Temporary Protection Visas the same access to services as those holding Permanent Protection Visas.

The refugee experience

chapter 2

The experience of being a refugee commonly involves the accumulation of many stressful events. Indeed, the literature shows that for many refugees the process of migration to a new country has been a painful one involving stressful, and often traumatic pre-migration, transition and re-settlement experiences [29,30]. Drachman and Paulino (2004 cited in Pine and Drachman 2005) provide a useful framework for understanding the critical variables which influence the stages of migration (See Figure 2.1). Some of these factors which have been highlighted in the literature are discussed briefly in this chapter.

Figure 2.1 Factors influencing migration and settlement



Pre-migration experiences

EXPOSURE TO TORTURE, TRAUMA AND FAMILY SEPARATION

Prior to leaving their country of origin, adults and children may have been exposed to or have experienced rape, killing of family members and friends, suicide attempts, concentration camp experiences, torture, brutality, starvation and displacement [1]. In some cases, acts of violence may have been perpetrated by people known to them [1]. Studies of the pre-migration experiences of refugees from a range of backgrounds settling in Australia report that in almost all instances refugees describe experiencing or witnessing human rights violations, extreme deprivation, separation from or loss of family and friends, trauma and periods of lack of food and water [31-37].

CHILDREN'S EXPERIENCES

For children living in war zones, being separated from family is particularly frightening. In addition to experiences similar to those of their parents, children may have also experienced disruption to their education, witnessing parental distress, lack of emotional structure, drastic changes in daily routine, changes in community values and traditional ways of living, feelings of general insecurity, disfigurement and malnutrition [29,38].

DECIDING TO LEAVE

Making the decision to leave can itself be a source of great stress. Individuals and families may have to abruptly flee their country of origin, or may be forced into exile. Others may choose to leave of their own volition. For some families, decisions must be made about who will leave and who will stay. Once the decision to leave is made, a long period of waiting may follow [30].

Transition experiences

SEPARATION OF CHILDREN FROM THEIR FAMILIES

The journey from country of origin to a place of resettlement can be short for some and a long and perilous process for others including multiple countries of resettlement [30]. Children may be separated from their families, either by accident or as a safety measure, and many are given to people smugglers to ensure escape [29].

REFUGEE CAMPS AND DETENTION CENTRES

Some refugees spend many years in refugee camps or detention centres [8,29]. Experiences in refugee camps have been shown to have a detrimental impact on the psychological well-being of children. This is particularly the case for children who have had traumatic experiences immediately prior to displacement, and children without parents or who have a parent or parents who are not coping well [39].

Studies of the impact of detention centre life on the psychological well-being of adult asylum seekers have shown high levels of anxiety, depression and post traumatic stress symptoms among detainees that worsen the longer the time spent in detention [40-42]. Further, there is evidence to suggest that asylum seekers in detention may have suffered levels of trauma greater than those refugees who are not in detention [41].

Resettlement Experiences

In addition to past traumas and experiences, the processes of adapting to a new country can create additional stressors [43-45]. Individuals from refugee backgrounds may experience [3,43,44,46-49]:

- disruption to sense of self, family and community
- cultural dislocation
- mental health problems
- financial difficulties
- poverty
- social isolation
- problems with adaptation to a new country
- discrimination
- language problems
- change in profession
- lack of recognition of educational qualifications
- challenges to traditional patterns of family interaction
- lack of validation of effective parenting practices
- family upheaval and stress
- interaction with community services and organisations
- lack of awareness of formal supports
- discomfort in seeking social support
- marginalisation and minority status.

Australian research examining the post-migration experiences of refugees most commonly reports that refugees from all backgrounds who settle in Australia are faced with the challenges of acculturation, language barriers, loss of social identity, finding employment, anxiety about friends and loved ones left behind, racism and discrimination, lack of mainstream social networks, boredom and loneliness [31,32,34,37,50-53]. Many of these issues were exacerbated where refugees held Temporary Protection Visas because of a lack of access to services and increased uncertainty about the future [34,54].

Family well-being

chapter 3

It can be seen from the experiences of refugee families described in Chapter 2 that as well as the challenges that families may face in any situation, refugee families face their own unique challenges. Some of these occur as a result of pre-migration experiences and others represent new challenges which develop as families begin to make a life in a new country. As well as influencing family relationships, these issues can also affect the level of participation an individual may have with their new community, which in turn might affect their levels of social capital and their abilities to acculturate and gain social support [44,55].

Family separation

Not all refugees arrive in a new country as part of an intact family. Sometimes children will precede adults in coming to a new country, or one parent or adult will come with some or all of their children [56]. Many women, and some men, become sole parents as a result of the death of their spouses [57]. Parents can be separated from one another for many years and from their children for even longer [15].

Recent waves of refugees have come from war torn countries where family and community form the foundation of their way of life. As refugees they experience the destruction and breakdown of significant social, familial and political relationships (McSpadden & Moussa, 1993 cited in Gray & Elliott 2001) [58].

Implications of family separation and loss for family well-being:

- There may be significant emotional effects of separation, feelings of guilt, powerlessness and depression over family members left behind [15].
- There may be pressure to financially support family members still living overseas [58].
- Sole parents may lack opportunities for social and professional interaction due to lack of support to care for children, especially where a child is traumatised [15].
- Sole parents may be financially vulnerable because of restricted ability to work or acquire job skills [15].
- Younger refugees may miss the support provided by elders who have traditionally acted as guides and decision makers. Respect for elders may also be diminished (Bihi, 1999 cited in Gray & Elliott, 2001) [58].
- Women who are sole parents and are financially vulnerable may become vulnerable to other individuals [59].
- There may be pressures to adopt 'nontraditional' roles, such as working outside of the home or doing tasks previously done by servants (Matsuoka & Sorenson 1999 cited in Gray & Elliott, 2001) [58].
- Children can be called upon to take on the role of adults in the family because of the loss of a parent or because a parent is unable to fulfill their normal parenting role [60].

Family reunification

Many refugees flee their homeland with the hope of reunifying with family members once they have settled in their new country [15]. Indeed, humanitarian migrants are more likely than other migrants to apply to sponsor or sponsor the migration of a relative, usually a spouse or sibling, to Australia according to an Australian longitudinal study by VandenHeuvel [61]. Unfortunately, government regulations which prolong periods of family separation, can increase the difficulty of the reunification process and the likelihood of longer term damage to the family [15,57].

Family reunification can be a positive experience, but it can also be a stressful time as the balance that has been established in the new country in the absence of family members is disrupted [15].

Implications of family reunification for family well-being:

- Family roles often change in the period of family separation and others (e.g., extended family) may become more or less involved in parenting [47].
- The longer families have been apart the harder it is for the family to adjust to re-integration of newly arrived family members [15].
- There may be feelings of abandonment or betrayal which need to be addressed [15].
- Family members may have had very different experiences while separated from each other [15].
- There may be cultural gaps between family members, and some may need to rebuild their identities (especially for those who have been traumatised) [15].

Physical health

ADULT HEALTH

According to the World Health Organisation: "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." [62]

Many recent arrivals on humanitarian visas are vulnerable to poor health both in their countries of origin and upon arrival in Australia. This is because the majority of recent arrivals come from countries where public health resources are unable to provide them with protection from disease and illness [63].

All refugees are assessed prior to entry into Australia for tuberculosis except for children under 11. Testing for HIV/AIDS is compulsory for all applicants aged 15 or older and screening for Hepatitis B is mandatory for some applicants [64]. However refugees often have different and complex health issues compared with the mainstream Australian community such as: [65-67]

- Injuries sustained as the consequence of rape, torture and trauma
- Nutritional diseases
- Tropical and parasitic infections.

Refugees may also suffer a wide range of chronic illnesses similar to the rest of the Australian community including hypertension, heart disease, diabetes and peptic ulcers [68]. The health issues of refugees may be further complicated by psychological conditions such as trauma, depression, grief and loss [69].

ACCESS TO HEALTH CARE

Research shows that refugees face many difficulties in accessing effective health care after arrival in Australia. Access is often limited by cultural factors, little or no English language skills, financial considerations and the low priority that is often given to health in the early period of resettlement [69-72].

Factors limiting access to health care include:

- Lack of awareness of services available and little understanding of health care rights, how to access services or negotiate the health care system
- Lack of appropriate health information and education materials
- Lack of health provider awareness of refugee health issues
- Distrust of government services, doctors or authority figures because of pre-migration experiences
- Financial difficulty due to lack of employment, particularly where services are not covered by Medicare (e.g. health providers, dentists, and private specialists)
- Transport problems and long waiting times for parents who are seeking medical care for their children
- Fear that health problems will affect residency status or family reunion eligibility

CHILDREN'S HEALTH ISSUES

Children under eleven years of age have minimal routine health screening and are not required to be fully immunised before departure [64,67]. Children's health services in Australia report that refugee children can suffer from treatable health problems such as, under-immunisation, latent tuberculosis, parasitic conditions, rickets and iron deficiency [63].

Health care is available for the majority of children of refugee backgrounds through the mainstream health system. However, the barriers to parental access to mainstream health care (as listed above) subsequently impact on their children's access to appropriate health care [63]. In addition, children and adolescents who have been exposed to human rights violations and violence are at greater risk of psychological harm and therefore require special attention when addressing health care needs [68]. Large family sizes, malnutrition, hookworm and other parasites can also contribute to developmental delay of some children [63].

Implications of physical health concerns for family well-being:

It is well-documented that poor health is associated with, among other factors, poverty, social isolation, social exclusion, stress, unemployment and lack of a sense of control over the future, all of which put pressure on the well-being of families. Children living in these situations are at increased risk of physical, cognitive and emotional delays in development early in life.

Mental Health

MENTAL HEALTH OF ADULTS

Refugees have demonstrated abilities to adapt [2,75] and there is research to suggest that refugee families may develop stronger functioning in the aftermath of their experiences of trauma, as a result of enhanced spirituality, and future-mindedness [76].

The group of refugees considered to be most at risk of continuing mental health issues are those that have experienced severe life-threatening trauma combined with unemployment and the absence of social supports [77].

More specifically, the absence of social supports, unemployment, poor English language skills and unresolved grief have been linked to depression in refugees [78,79].

A recent Australian longitudinal study suggests that older refugees are more likely to experience future psychological distress than other migrants and that this may be especially the case for refugees coming from South Eastern Europe, North Africa, other parts of Africa, Asia and the Middle East [80]. There is also some evidence to suggest that women and those who have been held in mandatory detention may be more susceptible to depression [35,81]. Mandatory detention has also been associated with increased levels of anxiety and Post Traumatic Stress Disorder (PTSD) over time and it has been reported that detainees may have experienced more severe trauma than other refugees [136].

NOTE

Findings from the research examining the mental health of refugees need to be considered carefully for a number of reasons.

- A recent review of this research revealed a "lack of culturally sensitive understandings and diagnostic measures in the majority of current published quantitative research on refugees"[73].
- In the same study it was noted that some behaviours that are interpreted by westerners as maladaptive may be natural, or indeed "positive expressions of resilience and adaptation"[73].
- As refugees arrive in Australia they may attend to more pressing needs (e.g., housing, employment), rather than addressing their mental health needs or in other cases may be reluctant to seek help [58]. Mental health problems may also not emerge until after this initial settlement period when other problems start to emerge (e.g., unemployment and boredom, cultural clashes, language difficulties and discrimination).

Implications of poor adult mental health for family well-being:

- The consequences of family trauma can affect family roles and obligations, communication (past experiences are not talked about), relationships between family members (living with vulnerable family members, single parent families) and loss of connections with ethnic communities [76].
- Unresolved grief may significantly affect mental well-being and the capacity to function effectively [49]. Parents may be in need of help to deal with their own problems and those of their children after the experience of torture and trauma.
- Marital functioning can be affected by one or both partners suffering PTSD [82].
- Refugee women heading one parent families are believed to be at high risk of developing serious psychological problems. For example, women entering Australia under a "Women at Risk" visa may have experienced violence, sexual abuse, extortion, exploitation, discrimination or unlawful detention [28]. These women play a crucial role in their families' lives, and their experiences directly impact on their families [83].

MENTAL HEALTH OF CHILDREN

The literature examining the psychological well-being of refugee children and adolescents is much less prevalent than that of refugee adults and findings are mixed. It should be noted that an Australian Research Council Linkage Project is being conducted by Dr Tahereh Ziaian from the University of South Australia and her colleagues, examining the mental health and wellbeing of children from refugee backgrounds in South Australia [84,85]. From the published literature the following factors have been found to increase the risk of mental health problems in refugee children [29,38]. The impact of these factors varies according to a child's developmental stage [38].

- Maternal depression
- Parental death or separation
- Parental unemployment
- Exposure to a number of traumatic events
- Expressive language difficulties
- PTSD
- Physical health problems
- Older age
- Poverty
- Time spent in refugee camps
- Waiting for immigration status to be determined
- Cultural isolation

Implications of poor child mental health for family well-being:

- Children who have been in war zones often demonstrate aggressive and regressive behaviours, sadness and anxiety and feelings that life is not worth living [2].
- Mandatory detention of children seeking asylum can compound these behavioural issues and the problems are likely to last longer than the child's physical detention [86].
- Refugee children can have disrupted developmental stages because of disrupted education, frequent relocation and upheaval and changes in family roles [48].

Acculturation

Acculturation refers to the process of adjusting to a foreign culture and often involves changes in identity, values, behaviour, thoughts, attitudes and feelings [83]. Making these changes can be a source of stress for many refugees [83] and can be especially challenging to refugees from non-western backgrounds who resettle in First World countries [87].

REFUGEES FROM RURAL BACKGROUNDS

The acculturation experience of refugees may vary depending on whether they come from a rural or urban background. The highly urbanized Australian environment can be a culture shock for refugees of urban and rural backgrounds [87]. However, for refugees with rural backgrounds the culture shock can be enormous. Rural refugees are likely to have had few, if any, financial and social resources to help them prepare for their departure from their home country [87]. They are also less likely than other refugees to have the skills needed to navigate an urban environment, to deal with bureaucratic institutions and to gain employment [87].

CULTURAL IDENTITY

Maintaining cultural identity can be important in helping refugees cope with the challenges of acculturation (Bihi 1999 cited in Gray, 2001) [58]. A strong cultural identity may be especially important to refugees from rural backgrounds with lower levels of human capital (e.g., skills and English proficiency) who come to an urbanised country like Australia [87]. For these families, the choice to remain loyal to their own community and to live largely separate from wider Australian society may be an adaptive one. On the other hand, refugees with middle class status are better placed to forge new identities and integrate into broader society through their children's educational achievements, as are professional refugees from urban backgrounds whose identity is closely linked to work [87].

ADOLESCENT IDENTITY

While adult identity is generally well-defined, adolescents' identities are still developing and they are therefore more open to the influences of the new culture [88]. Transition to a new culture can be especially difficult for adolescents who are at a critical stage of psychological, emotional and physical development [88]. Some refugee adolescents may choose to isolate themselves from peer influence, others may attempt to acculturate quickly [88]. For others their traditional culture and society may have reinforced the values taught in the family, however they now find that family values and societal values conflict as they struggle to form their adult identities [53,88,89]. Children may be exposed to new behaviour patterns, gender roles, ideas around individual autonomy and control, different clothing and different ways of social interaction [89]. Some children may feel strong pressure to conform to the cultural norms of a new country. These pressures can be intensified when parents lack the material and social resources to assist their children through this process [49].

The impact of acculturation on family well-being may be felt in the following ways:

- Family structure among refugee groups is diverse and may include biological and non-biological members who perform roles quite different to those expected in a nuclear family. Acculturation to western norms can shift emphasis away from family and community to the development of the individual [88].
- Individuals will react to the pressures of acculturation differently depending on factors such as age, gender, prior experiences and ability to understand new circumstances and situations [88]. Different rates of acculturation for parents and their children can lead to intergenerational conflicts [90].
- For some family members, a new of sense of freedom from prior cultural restrictions may lead to new behaviours, which in turn can lead to problems within the family as some members change more quickly than others [88].
- Women in particular may find themselves caught between traditional roles and the expectations of their new society. They may be more likely than their husbands to find jobs because of their willingness to work in low paid sectors. Work not only exposes them to the influences of the outside world, but work and the financial independence it gives women may challenge family traditions such as the role of the male as breadwinner [49].
- Men may acutely feel their loss of social status and the ethnic and social boundaries that have thus far defined their role as fathers and husbands [49].
- Parents may worry about the westernisation of their children and some may become highly anxious about their children's safety (having come through traumatic experiences with their children), restricting their participation in extra-curricular activities [91]. For some refugee parents a strict separation between school and home life may be the cultural norm and they may not understand the benefits their children may derive from being involved in school life [13,91].

- Intergenerational conflict can also arise as adolescents become financially independent, struggle for personal independence, become involved in activities away from home and form sexual relationships [91].
- Signs of generational breakdown between adolescents and their parents include: a lack of respect for elders, religious leaders and community leaders; changes in gender codes; disinterest in things associated with their original culture (especially language); viewing religious or community influence as "pressuring"; changing parental roles. Changing relationships may also be signified by wanting to interact with the opposite sex, and rejecting arranged marriages in favour of traditionally unsuitable partners [89].

English language proficiency

Speaking English is critical to the economic and social aspects of settlement in countries such as Australia [87]. A longitudinal study of the settlement experiences of new migrants, including humanitarian migrants, to Australia reports a large and systematic link between English proficiency and employment [92]. The study also found that while some humanitarian migrants are likely to improve English language proficiency over time, a larger percentage do not speak English well or at all, and few speak English at home [92]. Children are more likely to acquire English more quickly with greater exposure through school and extracurricular activities [89].

Humanitarian migrants are among the groups of migrants most likely to undertake English language classes as it is part of the settlement services offered to them. However, their ability to complete classes is commonly hindered by a number of factors, including poor long-term health, work commitments, the absence of child care or culturally appropriate child care, and being pregnant or having a baby [92]. Further, if refugees have also experienced post traumatic stress, the language centre of the brain may be affected which makes the acquisition of a new language difficult [93]. This is concerning, as lack of English language has been associated with higher risks for depression and anxiety among mothers with young children, which has in turn been shown to impact on their children's development [94].

Lack of English language proficiency may impact on family well-being in the following ways:

- Children or adolescents may be required to take on the role of family advocate because of their higher proficiency with English language. This can lead to family conflict due to a shift in power balance between adults and children [89,91].
- Older refugees may feel that their authority is undermined because they are forced to rely on their children to act as interpreters and negotiators on their behalf [49].

Employment

Employment provides an important avenue for integration, however for many refugees securing employment or adequate employment is often difficult. Research indicates that refugee migrants are likely to experience lower levels of earnings and lower growth of earnings relative to other immigrants [95]. Indeed, refugees, regardless of their level of skills, are most often employed in low status, low paid jobs such as cleaning, care of the aged, meat processing, taxi driving and the building and laboring industry. While proficiency in English plays a significant role in securing employment, factors such as non-recognition of qualifications, discrimination by employers based on race and cultural differences, and lack of mainstream social networks make an important contribution to the type of work individuals from refugee backgrounds are able to engage in [96].

Implications of a lack of employment opportunities for family well-being:

- Financial hardship can have significant psychological and emotional implications for the individual and the family [88].
- Heptinstall et al [97] reports that refugee children are more likely to be affected by a chronic shortage of money than other issues such as lack of social support and language difficulties. Indeed, depression in children of refugee families has been associated with severe financial difficulties [97]. Furthermore, emotional distress may be even more acute where children have been used to a better lifestyle in their country of origin [97].
- Poverty increases the risk of family exposure to stressors such as economic insecurity and inadequate or unstable housing, which in turn can contribute to relationship breakdown and marital conflict [16].
- Parents working long hours can have a negative impact on family cohesion [91]. For example, adolescent separation from the influence of family members and traditional communities can increase the importance and influence of peers [88]. The importance of youth culture may become more prominent in families where parents' time is consumed with work [88].
- When parents are focused on meeting the basic survival needs of the family, children left unattended may become less involved in family concerns and responsibilities [88]. Children may also become burdened with additional responsibilities in the home, consequently impacting their school attendance and performance.
- For middle class and professional refugees, significantly lower occupational status can lead to loss of social identity and feelings of inadequacy and shame [87].
- A father's ability to support his family may be hampered, and the experiences of unemployment, under-employment or working a low status job can impact on self esteem and sense of identity [88].

Parenting

chapter 4

Many of the factors associated with parenting difficulties in mainstream Australian families are also experienced by refugee parents (e.g., parental mental health problems, poverty, physical health problems, social isolation, children's behavioural problems) [16]. However, refugee parents experience additional stresses associated with the experience of torture and trauma, changes to family roles, separation or death of family members, language difficulties and different cultural expectations about behaviour [98,99]. These experiences can exert considerable pressures on parents and children that would be expected to lower parental levels of adaptability (e.g., parental flexibility, and parents' perceptiveness of and responsiveness to their children's needs) and increase children's needs for such adaptability [16]. The physical and mental health of parents from CALD backgrounds is strongly associated with culturally familiar beliefs about what is "good parenting" [13]. Parental self-confidence can be enhanced where parents feel socially included and there is acceptance of their parenting styles and values [13].

Pre-migration and transit experiences

Parenting is transformed rapidly where parents face unpredictable, uncontrollable and hopeless situations in their country of origin [5]. War disrupts basic parenting functions and processes (e.g., protecting children, enhancing their sense of safety and security). Parents may feel they have lost their ability and/or power to discipline their children during a time of upheaval and change [14,15]. Parent investment also changes, as the parents' priorities change (e.g., from a desire for education and community involvement for their children to simply keeping their children safe and helping them to survive) [4,5]. These changes can be compounded in mandatory detention by parents' sense of loss of capacity as a parent (e.g., parental confidence, authority and efficacy).

Upon arrival in a new country, migrants go through a process of adaptation regarding their childrearing behaviours [14]. This process may be compounded by the stress of migration and the need to adapt to various aspects of the new culture.

ACCULTURATION

Different rates of acculturation for parents and their children can lead to intergenerational conflicts [90]. For example, parents' expectations of their child's behaviour are likely to be aligned with their culture of origin rather than their new culture. Conflict between parents and children is likely to occur as children and young people rapidly acculturate to the host culture and their behaviour is influenced by peers and other aspects of the new culture [100].

To this end, acculturation of all family members may play an important role in parenting resilience and parenting behaviour [4,9]. The level of acculturation may be especially important in the years before children start school because parents may be the primary or sole source of childcare [9]. The effectiveness of parent's abilities to raise children in two cultures may depend on their own sense of identity (or level of acculturation) in the new culture [101]. It is important to note that parenting behaviour is always changing within an ethnic or cultural group. This to some extent reflects cultural changes and increasing urbanisation and globalisation [90,102]. One of the major changes is the increasing involvement of fathers in childrearing, and the increase in nurturing and warmth demonstrated by fathers [102].

CULTURE

The goals of parenting are generally consistent across cultures and include keeping children safe from harm, helping them progress through developmental stages and guiding their moral orientation. However, the ways in which parents achieve these goals may differ according to cultural, economic and sociopolitical contexts [9-11]. Further, there can often be as high or higher a degree of variability in parenting practices within cultural groups as there is between them [12]. These can also differ within a culture over time as has happened in Australia with the country moving from an acceptance of more authoritarian to an expectation of more authoritative parenting practices in recent generations [13]. Parental belief systems (ethnotheories) and parenting practices vary both within and across cultural groups and over time [13]. Such cultural models are often implicit ideas about the "correct" or "natural" way to behave and serve a strong motivational role in parenting [103].

Refugee parents may find that parenting styles that were normative in their country of origin may not be endorsed in a new society [4]. For example, in many Western cultures multiple or communal parenting is not commonly practiced in raising children. A lack of validation of such parenting beliefs and practices can lead to additional stress for parents in a new culture [3-6].

FACTORS ASSOCIATED WITH POSITIVE ADJUSTMENT

Good maternal mental health, effective parenting and strong family relationships can protect children against negative adjustment in times of disaster or war [60]. Therefore it is important to identify the factors that help promote these features in parents and families in times of extreme adversity. Unfortunately, more information is needed about what factors assist parents to cope and to keep parenting despite their own experiences of adversity, trauma and cultural dislocation. Two factors that may have the potential to assist parents and families with positive adjustment, multiple or communal parenting and the presence of social networks, are discussed below.

MULTIPLE OR COMMUNAL PARENTING

Multiple or communal parenting, that is parenting by individuals other than the child's mother and father, may serve a protective function because others may be able to provide warmth and discipline if a parental figure is unavailable or feels incapable of parenting [4]. Particularly in collectivist cultures, children may receive care (including education, discipline and affection) from a variety of caregivers including brothers, sisters, grandparents, aunts, uncles, other extended family members and unrelated community members [103].

It is important to note that mothering may not be as significant in other cultures as it is in Western society and it may be the constellation of parenting behaviours to which a child is exposed by all caregivers that has the most importance for child outcomes [3,5,102].

PRESENCE OF SOCIAL NETWORKS

The presence of social networks including extended family (e.g., grandparents) has positive effects on family and child outcomes in adverse circumstances or through family transitions such as divorce [100,105,106].

Social capital (resources from social relationships and connections within the family and with the community) may be one of the strongest predictors of resilience and adaptation in vulnerable families (e.g., refugees) [107]. However, the protective qualities of social and family support may be determined by culture and the larger context [100].

The role of new friendships and kinships may also help refugee families adjust to transition. Individuals who have lost these ties due to migration are more likely to turn first to people from their own country and then to others (e.g., western health workers) [44,108].

Participation in the community can have an empowering effect and can provide social support, access to language skills, cultural knowledge and resources [44].

Study description

chapter 5

The aims of this project were to examine why recently arrived families from refugee backgrounds are presenting to the child protection system and to identify culturally appropriate strategies and models for intervention.

Specifically, the study addressed the following research questions:

- To what extent are newly arrived groups coming into contact with the child protection system? What are the issues that bring these families into contact with the child protection system?
- What are the 'drivers' or influences on these incidents (this may include beliefs, parenting practices, family trauma and breakdown, mental health, adjustment, cultural practices, etc.)?
- What does current literature and learnings from previous waves of immigrants/refugees tell us about good practice/models here and interstate/overseas?
- What child protection, family intervention and community development strategies are required? In particular, what is culturally competent child protection practice for these arrivals?

Study design

The 'Working with Refugee Families' research project was devised with three stages. The first stage was designed to provide a snapshot of refugee families' involvement with the child protection system and to use this snapshot to inform the second and third stages of the research project.

This stage involved the analysis of data extracted from Families SA '*Client Information System*' (administrative data system) for the period October 2005–October 2006.

Stages Two and Three of the 'Working with Refugee Families' project were broadly qualitative research studies which base their findings on the views and perspectives of Families SA workers across South Australia and members of refugee communities in metropolitan Adelaide.

Stage Two was designed to identify the facilitators and barriers to working with refugee families and communities from the perspective of Families SA practitioners. This stage involved a paper based survey, a focus group and telephone interviews. Vignettes developed from Stage One of the project were also used in interviews and the focus group to stimulate discussion.

Stage Three was designed to explore the challenges and barriers individuals from refugee backgrounds face when raising children in a new culture and to identify resources which may support them in their parenting roles. This stage of the project consisted of focus groups with refugee communities using semi-structured interview questions.

Methods of data collection

Methods of data collection included:

- A proforma to record notification data extracted from Families SA '*Client Information System*' (Appendix 1)
- A paper based survey of Families SA staff (Appendix 2)
- A semi-structured telephone interview and focus group interview with Families SA practitioners (Appendix 3)
- Semi-structured focus group interviews with refugee community groups (Appendix 4).

Procedures

STAGE ONE

SAMPLING

There were some difficulties encountered in obtaining relevant case files for the study due to the current practices used by Families SA to identify and record the cultural background of the children who come into contact with the system. Firstly, identification of a child's cultural background is largely dependent on individual caseworkers recording such information on the '*Client Information System*'. This information is not always available at the time of intake and may not be recorded

during subsequent involvement. Secondly, the standard data collection categories used by caseworkers are limited in their ability to accurately identify certain cultural groups. For example, using the standard categories available to caseworkers, many of the children for whom this research project was concerned would be categorised as belonging to the 'other Non English Speaking Background' cultural group. This categorisation was therefore not particularly helpful as it could also contain children from families who were not refugees.

Therefore intake teams within metropolitan District Centres were contacted and asked if they could identify cases that may be eligible for the study, that is, cases involving families who had come from countries where Australia has been receiving recent humanitarian entrants. Eighty-one families were identified through this process for inclusion in the study. The Families SA District Centres from which the sample was obtained are shown in Table 5.1

Table 5.1 District Centres

Centre	No of cases	%
Enfield	29	35.8
Modbury	18	22.2
Marion	14	17.3
Adelaide	10	12.3
Woodville	9	11.1
Salisbury	1	1.2
Total	81	100.0

DATA COLLECTION

A pro-forma was developed to record data in relation to notifications received by Families SA, where families were identified as being newly arrived to Australia from countries where Australia is receiving humanitarian entrants, and where a first notification was made during a specified twelve month period (17th October 2005 – 17th October 2006). The pro-forma was designed to address the research questions and included questions under the following headings: 'Demographic, Social and Cultural Characteristics' which include country of origin, child characteristics, parental characteristics and household characteristics; 'Child Protection History' which includes notification data, types of abuse, factors contributing to child protection notifications, outcomes and care history; and 'Social Services, Supports and Community Connections'.

The data was collected by a Department for Families and Communities staff member and recorded into EpiInfo which was then transferred into the Statistical Package for the Social Sciences (SPSS).

STAGE TWO

Initially, potential Families SA participants were informed of the study by Families SA through the distribution of an electronic survey and a copy of an Information Sheet describing the study via email. However, due to a very low level of response (eighteen completed surveys and one incomplete survey) Intake Team Supervisors from nineteen District Offices across South Australia were contacted by telephone and asked if their practitioners would like to participate in the project. Information sheets, surveys, and focus group interest slips were distributed to those offices that expressed an interest in participating and individual practitioners completed the survey during their weekly Intake Team Meetings.

On the survey, participants indicated if they would be interested in participating in a follow-up focus group or interview. Practitioners who participated in the focus group and interviews completed consent forms prior to their interviews. The focus group was conducted at a Families SA District Centre and was led by Maria Barredo (Multicultural Practitioner, Barredo Holland). The discussion was audio-taped and notes were also taken by two researchers. Notes were taken for the telephone interviews conducted with practitioners.

STAGE THREE

The African and Middle-Eastern communities approached in this stage of the study were identified from the results of Stage One. The sample was expanded to include Vietnamese participants to provide perspectives from members of a community with a longer history of humanitarian settlement in Australia. A snowball sampling strategy was used to invite community members to participate in the project. Maria Barredo organised and facilitated the community focus groups. Maria used her personal and professional connections and networks to inform refugee community members about the project. She held informal discussions with elders and community leaders to ensure the focus groups were structured to be flexible and accommodating to the needs of participants (e.g., conducting separate focus groups for men and women). The appropriate way of asking the focus group questions was also discussed with community members and elders. Interpreters were utilised in the organisation and implementation of the focus groups to assist in communication between interviewers and participants. Focus groups lasted between one-and -a-half to six hours (depending on time for interpreting, transportation and the sharing of food).

The Participant Information Sheet was translated and discussed with all focus group members at the beginning of each focus group session. Oral consent and/or written consent was obtained from all participants at the start of the focus group. Focus groups were audiotaped with members' permission. If any of the participants requested that they not be audiotaped, the research team and the facilitator took notes.

Confidentiality statements for Stages Two and Three were signed by members of the research team, focus group facilitators and interpreters and/or community leaders involved in the focus groups.

Analyses

Analysis of Stage One and Stage Two quantitative data involved simple frequency analyses that were augmented with descriptive information from the case files and surveys. Vignettes (non-identifiable), representing a range of issues that have resulted in notifications and substantiations were also developed from Stage One data in consultation with the Department of Families and Communities staff member who collected the case file data.

Open ended questions in the Stage Two survey were analysed using content analysis and inter-rater reliability methods. Three researchers from the Australian Centre for Child Protection read all survey responses and coded and categorised them into themes according to the questions. After this, the three researchers consolidated their categorisations and developed the final research themes. This procedure was also utilised in the analysis of the focus group and telephone interview data from Stages Two and Three. The consistency of coding was at all times extremely high between the researchers, and any discrepancies were resolved through discussion. Verbatim responses from the surveys, interviews notes and focus group transcripts are used to highlight key points from the focus group and telephone interviews.

Limitations of the study

STAGE ONE

There were a number of limitations to Stage One of the study. Cultural background data was difficult to retrieve from the data system, consequently metropolitan District Offices were asked to identify clients case files from countries from which Australia is currently accepting humanitarian entrants. The sampling strategy was not exhaustive, therefore the results should be seen as indicative only and not as representative of all clients from refugee backgrounds in the Adelaide metropolitan area. Furthermore, because only detailed information was collected for notifications that led to an investigation, the background details and contributing factors for notifications which were not investigated could be different. It was not possible to answer the first research question identifying the extent to which newly arrived groups are coming into contact with the child protection system, because it is unknown how many clients from refugee backgrounds are coming into contact with the child protection system, and how many individuals from refugee backgrounds are in South Australia.

A second limitation of the study is that data was not collected for mainstream Australian families coming into contact with the child protection system over the same period of time. As a result, comparisons between the types of factors contributing to child protection notifications in refugee families and those contributing to notifications in mainstream Australian families cannot be made. This means that the factors identified as contributing to child protection notifications in this study cannot be presumed to occur to a greater or lesser extent in refugee families than in mainstream Australian families who are also the subject of child protection notifications. Along the same lines, data was only examined for refugee families living in metropolitan Adelaide, and cannot be assumed to be representative refugees settling in regional and rural South Australia or in other states and territories.

A third limitation is that the data were taken from one snapshot in time only. With changing patterns in migrant and refugee resettlement the results therefore cannot necessarily be seen to represent the current situation in metropolitan Adelaide.

Finally, the study utilised archival information from the Families SA Client Information System. Only the data from case notes on this system could be coded for analysis, therefore the results are limited only to that information which was recorded electronically for each case and it is possible that more information could have been obtained from paper case files or that there is information that was not ever obtained from the family.

STAGE TWO

While the research undertaken in Stage Two contains valuable information from child protection practitioners about working with parents and families from refugee backgrounds, it is important to note that the participants are not necessarily representative of all Families SA practitioners. Far fewer responses were received from District Centres that did not have refugee families identified on their caseloads (and indeed some Centres with refugee clients failed to respond due to heavy workloads). Responses from these practitioners may have been different from those who participated in this study and it would be interesting to include them in any follow up work in this area.

The study also focused solely on practitioners working with Families SA and doesn't include workers from other services either within the Department for Families and Communities (e.g., Housing SA and Disability SA) or external to it (e.g., settlement and refugee-specific services, health, education, police, mental health, drug and alcohol, domestic violence and family support). Given the complicated nature of issues faced by families from refugee backgrounds and the range of services that families may come into contact with, future research and the development of a coordinated approach to the parenting needs of refugee families should include such services.

It is also of note that the strategies identified by practitioners have not necessarily been evaluated for their effectiveness. It is important to include such evaluation and reflective practice with any initiatives in this area. We have combined this information with the results of Stages One and Three to ensure that suggested strategies address current child protection concerns and fit with community-identified needs and priorities.

STAGE THREE

It is important to acknowledge the limitations in undertaking cross cultural research. In particular, the researchers are not from the same cultural backgrounds as the participants and this may have accounted for some filtering or withholding of opinion or information.

Stage Three obtained valuable information from community members from refugee backgrounds around parenting in their cultures of origin and challenges and strategies regarding parenting in a new culture, however it is important to note that the participants are not necessarily representative of all community members. This is for a number of reasons, not least of which is that pre-settlement, settlement and post-settlement experiences will not be the same for all communities, families or even individual family members. Also due to pragmatic considerations such as time and resources there are a number of communities that were unable to participate or were not included in the

research and their experiences may be different to those presented in the report. Whilst the research aimed to be as inclusive as possible, even within the countries of origin represented there will be different ethnic groups who are not represented. For example, there are numerous major ethnic groups in Sudan (approximately 18 of which are represented in South Australia) and participants in this research came from only a small number of those groups. It is interesting to note the consistency with which themes arose across the different cultural groups in the project, particularly given that participants came from different countries of origin with different educational, professional and religious backgrounds.

Another limitation of the study is the use of the snowball sampling and focus group methods. These were used to obtain a broad perspective of issues facing parents from refugee backgrounds in South Australia, but are very limited in engaging those families who are socially isolated or not part of the cultural communities in South Australia. As with non-refugee families, families from refugee backgrounds who were experiencing extreme parenting difficulties are also unlikely to have participated in the study, meaning that the focus of the findings from this stage is more geared towards parenting and family support and community development, rather than to working with severe child protection concerns. Alternative methods, particularly one on one methods of engagement and follow-up support, would be needed to engage families in a discussion around these very sensitive issues (see the work of Nombasa Williams whose PhD has this focus). As the study also focused on families living in metropolitan Adelaide, it is possible that the experiences of families settled in regional areas would be different (e.g., due to increased geographic and social isolation, and the decreased availability of and access to settlement services and programs) to those presented here. It would be interesting to investigate any such differences in further research.

As is the case with stage two, the strategies put forward by the refugee community participants have not necessarily been evaluated for their effectiveness. It is worth reiterating the importance of including information from all stages of this research project in any initiatives implemented in this area to ensure that the strategies address current child protection concerns and are compatible with practitioner and community perceptions and priorities. Most importantly, subsequent research should also include the views of children and young people in developing strategies to support their families in childrearing.

Participant details

chapter 6

Stage One

The eighty-one families in the case file analysis came originally from Africa, the Middle East, Eastern Europe, Asia and South America (see Chapter 7 for details).

Approximately sixty percent of the families were headed by a father and a mother and around twenty-five percent were sole parent families, nearly all of whom were headed by a mother. A small number of families were headed by extended family members including uncles, aunts and grandparents or comprised a sole parent and extended family members. It is important to be aware that the family structure of refugee families is commonly altered by the loss of family members and a range of different carers may head family groups including older siblings, aunts, uncles and grandparents. Many households are female headed.

Although data was not available for all families, it appears that most refugee families coming into contact with the child protection system have been living in Australia for five years or less and that a large proportion of them had difficulty speaking or understanding English. There was insufficient data to draw conclusions about family connections with extended family and community. Families' connections with social services were most frequently with domestic violence and women's services, although this data was only available for half of the families in this study.

Case file data suggested that some of the families in this study had experienced past trauma and death of family members and/or friends, however there was generally little information on families' experiences prior to migration to Australia. This type of background information is important if successful interventions are to be developed as there is concern that Australia is not adequately prepared to cope with the special needs of refugees arriving from Africa who generally have poor education, health and language skills, and a history of trauma and brutalisation [8].

Further details of the characteristics of these families are provided in chapter 7.

NUMBER OF FAMILIES SA STAFF WHO PARTICIPATED IN THE PROJECT

In total, fifty-five hard copy or electronic surveys were completed by Families SA staff. Of the fifty-five participants who completed the survey, eleven indicated their interest in participating in a focus group. Of these, three practitioners consented to a further telephone interview and eight practitioners participated in a focus group.

CHARACTERISTICS OF FAMILIES SA STAFF WHO PARTICIPATED IN THE PROJECT

PRACTITIONER ROLE AND YEARS OF EMPLOYMENT

Twenty-five of the participants were social workers, eight were senior practitioners and nine participants were in supervisory positions. Thirteen of the participants were employed in Families SA in other roles including youth workers, community support workers, casework assistants and social work students.

Table 6.1 shows that the number of years that participants have worked in the child protection system varied from less than six months to more than ten years, with the majority having more than two years experience.

Table 6.1 Years of experience

Level	Number
<6mths	6
6-12mths	5
>1yr-2yrs	6
>2yrs-5yrs	13
>5yrs-10yrs	15
>10yrs	8
Missing	2
Total	55

WORKING WITH REFUGEE FAMILIES

Twenty participants (thirty-six percent) indicated having worked with recently arrived refugees (arrived in the past five years) regarding child protection matters. Of these twenty participants, only three had recently arrived refugees on their current caseloads (one practitioner had two families from refugee backgrounds and two practitioners had one family from a refugee background on their caseloads). Half the participants felt moderately to very confident in working with refugee families as shown in Figure 6.1.

Twenty-two practitioners (forty percent) indicated receiving cultural awareness training (which was not Aboriginal cultural awareness training).

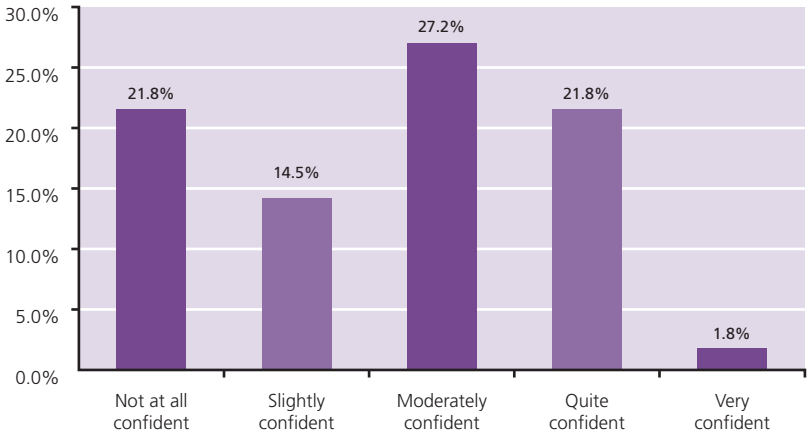


Figure 6.1 Level of confidence in working with families from refugee backgrounds (n=48, 7 missing responses)

Stage Three

PARTICIPANTS FROM REFUGEE COMMUNITIES

A total of one hundred and thirty participants from refugee backgrounds took part in the focus groups. Table 6.2 shows a breakdown of the focus groups and the number of individuals who participated from the eight countries of origin. The majority of the participants were female with four of the ten focus groups involving women only and one focus group comprised solely of men. To preserve the anonymity of focus group participants, demographic information is not presented.

Table 6.2 Refugee community focus group composition

Focus Group	No of Participants
Dinka/Nuer-Speaking Sudanese	11
Madi Sudanese Men	5
Madi Sudanese Women	16
Burundian/Congolese Women	13
Liberian Women	30
Somali	15
Iraqi	14
Iranian Women	2
Vietnamese (Established)	12
Vietnamese (Newly Arrived)	12
Total	130

What issues are bringing refugee families into contact with Families SA?

chapter 7

This chapter addresses the first research question:

- To what extent are newly arrived groups coming into contact with the child protection system? What are the issues that bring these families into contact with the child protection system?

As noted in the limitations section (see Chapter 5) it was not possible to answer the first part of this research question 'To what extent are newly arrived groups coming into contact with the child protection system?' because it is unknown how many clients from refugee backgrounds are coming into contact with the child protection system in South Australia, and how many individuals from refugee backgrounds actually reside in South Australia.

Introduction

The aim of this chapter is to provide a description of refugee families' involvement with the child protection system. The results presented in this chapter are drawn primarily from the case file analysis (Stage One) and are supplemented by relevant comments from worker interviews, survey and focus group responses (Stage Two).

OVERVIEW OF FAMILIES SA CHILD PROTECTION REPORTING SYSTEM

Before the issues that bring families into contact with the child protection system can be discussed, it is important to understand the different ways in which child protection concerns are addressed by Families SA. Details are given in Box 7.1.

BOX 7.1

OVERVIEW OF FAMILIES SA CHILD PROTECTION REPORTING SYSTEM

Receiving and recording the notification:
Reports of suspected child abuse and neglect are received by the Child Abuse Report Line. These workers determine whether the report received contains sufficient information to be deemed an allegation of child abuse or neglect.

Child protection intake:
If there is sufficient information and it appears that the report is based on reasonable grounds for a suspicion of child abuse or neglect, the matter will be recorded on CIS as a new child protection intake and a record of the alleged abuse type.

Notifier Concern:
If the notifier believes that reasonable grounds do exist, but it appears to the intake worker that the information is not a reasonable suspicion of child abuse and neglect or does not contain enough information to warrant an investigation, the notifier will be informed that the matter will not be referred for Families SA intervention. The matter will be recorded on CIS as 'notifier concern' in the assessment screen.

Categories used for child protection notifications:
Child protection intakes or notifications received by Families SA are classified according to the Differential Response System. This system incorporates a three tier response to notifications and differentiates between children who are: in immediate danger (Tier 1); primarily at risk of significant harm (Tier 2); and primarily in need with low risk in the short term (Tier 3).

This initial categorisation into tiers also reflects the different responses required for children in different situations and has the following goals;

- Tier 1: to respond immediately to all reports of children in danger and to participate in a coordinated investigation with other key agencies
- Tier 2: to investigate thoroughly reports of children at risk, possibly involving other key agencies
- Tier 3: to respond in a less intrusive manner and engage the family in a shared approach where there are high needs in the family but low risk to children in the short term.

The Differential Response is only applied to intra-familial abuse and neglect cases.

Confirming or not confirming abuse or neglect is a critical point in the child protection process and the key to identifying family problems and planning effective service interventions. All Tier 1 and 2 cases require investigation and assessment to determine whether abuse or neglect has occurred. Child abuse and neglect reports categorised as Tier 3 by the Child Abuse Report Line will not be investigated and confirmation of abuse or neglect is not required. Rather, the family will be invited to attend a Family Meeting to explore the issues of concern and possible ways to address the issues or identified needs. Families SA's position is that the preferred means of inviting families to a meeting is by way of letter.

OVERVIEW OF CHILD PROTECTION NOTIFICATIONS

Child protection notifications are recorded against the child who is the subject of the notification. In many cases, there will be notifications for more than one child in the family and a child can be the subject of more than one notification in a year. For these reasons, the number of notifications in this report does not equal the number of children who were the subject of a notification. Further, twenty-one families were the subject of a notifier concern only and recorded information regarding these families was quite limited.

NOTIFICATION CLASSIFICATIONS

The eighty-one families from culturally different backgrounds identified by the intake teams were the subject of one hundred and forty-five notifications. These notifications represented one hundred and fifty-nine children. The classifications of these notifications are shown in Table 7.1. Also shown in this table are Families SA data for the notification classifications for all cultural groups and groups classified as 'other' or 'unknown' for the period June 30th 2005 – June 30th 2006. Although the data collection period for these latter groups differs from the current study group (mid October 2005 – mid October 2006) it can be seen that the pattern of notification is similar across all groups, with the exception of a slightly higher percent of Tier 1 notifications in the current study group. This may reflect the sampling strategy in the current study, in that District Centres self-identified as having cases for clients from different cultural backgrounds and this may have been more salient with Centres where more of these notifications proceeded to investigation (i.e., Tier 1 and Tier 2).

Table 7.1 Comparison of Current Study Notification Classification with other Population Groups

	Tier 1	Tier 2	Tier 3	EXF	NOC[4]
Current Study Group[1]	**6%**	**30%**	**12%**	**6%**	**45%**
All Cultural Groups[2]	2%	28%	16%	7%	47%
Other / Unknown Cultural Groups[2,3]	3%	26%	17%	7%	47%

EXF = Extra Familial Abuse, NOC = Notifier Concern

1. Missing data = 2%
2. First Instance Child Protection Matter 2005/06 Financial Year
3. Other = Asian, Non English Speaking Background, Indo-Chinese
4. The Notifier Concern category includes notifications classified as 'Adolescent at Risk'

NOTIFIERS

In total, one hundred and sixty-five individuals made notifications regarding the one hundred and forty-five cases. The majority of notifications were made by school teachers and principals, police and hospital/health workers (see table 7.2).

NUMBER OF NOTIFICATIONS PER FAMILY

Forty-eight families were the subject of one notification and twenty-one families were subject to two notifications (refer Figure 7.1). Twelve families were the subject of between three or more notifications with the highest number of notifications per family being seven.

Table 7.2 Notifiers

Notifier	Number
School teacher/principal	44
Police	34
Hospital/health worker[1]	25
School counselor	12
Neighbour/Community Member	7
Family Friend	7
Domestic Violence service	6
Family Member	4
Support Workers[2]	3
Child Mental Health Worker	3
Child Care Worker	2
Adult Mental Health	1
Anonymous	1
Not given	6
Other	10
TOTAL number of notifiers	165

1. Hospital health worker includes: Youth Health Workers, Migrant Health Service Social worker, Community Health Worker.
2. Support workers: Accommodation and Housing Support Workers, and others from NGOs
3. Other: To ensure anonymity, details of these notifiers have been omitted from this report.

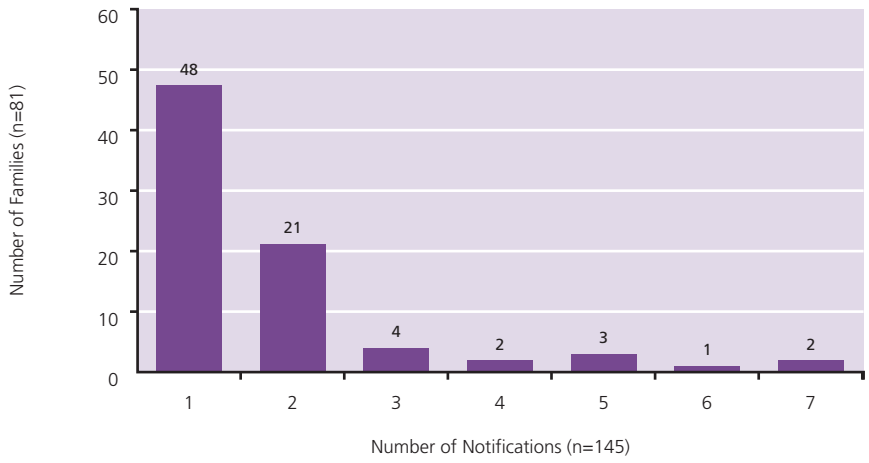


Figure 7.1 Number of notifications per family

TYPE OF ABUSE

Neglect was the most common form of abuse notified, followed by physical abuse and emotional abuse (refer table 7.3). Twenty-nine notifications were investigated and twelve of these were substantiated. Substantiated cases of abuse involved neglect, physical abuse, emotional abuse, physical and emotional abuse, and neglect and emotional abuse. There were no substantiated cases of sexual abuse. Substantiated cases of abuse related to seven families, two of whom had three substantiated incidences of abuse and one of whom had two substantiated incidences of abuse.

Table 7.3 Notifications, investigations and substantiations by types of abuse

Types of Abuse	Notifications	Investigations	Substantiations
Neglect	28	8	4
Physical	18	6	1
Emotional	15	4	2
Adolescent at Risk	13	0	0
Physical & Emotional	12	5	3
Extra Familial Abuse	7	0	0
Neglect & Emotional	6	3	2
Sexual & Extra familial	3	0	0
Sexual	2	1	0
Neglect & Physical	1	1	0
High Risk Infant	1	1	0
Not classified	40	0	0
Total	145	29	12

CHILDREN INVOLVED IN NOTIFICATIONS

The majority of notifications involved one child in the family, seventeen involved two children, and one quarter of the notifications concerned three or more children in the same family as shown in Figure 7.2. Fifty-two percent of the notifications concerned male children. The largest proportion of children in the sample were aged five to ten years (see Figure 7.3). Data regarding gender were missing for three children and data with respect to age were missing for four children.

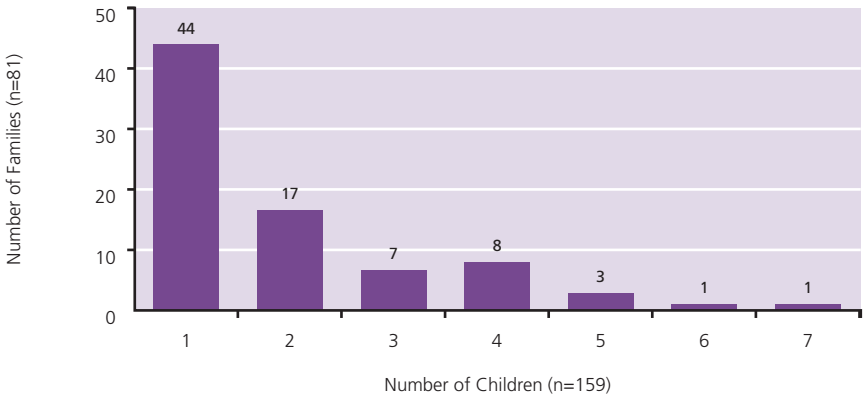


Figure 7.2 Number of children per family who were the subject of a notification.

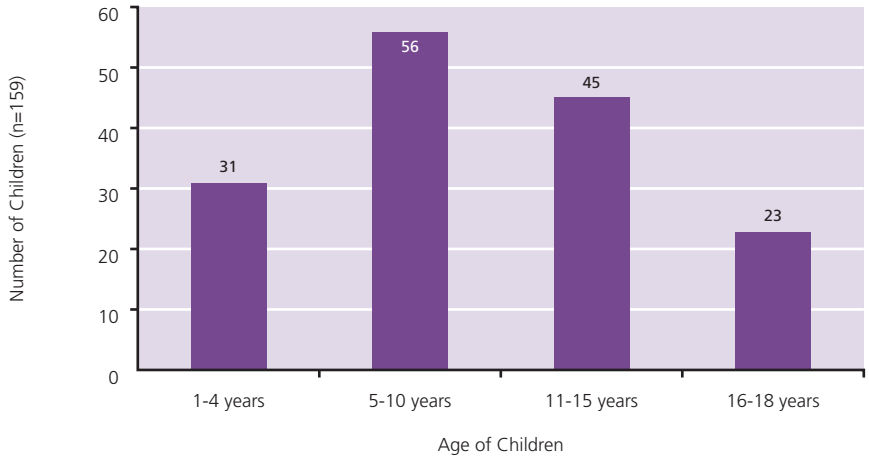


Figure 7.3 Age of children involved in notifications

Characteristics of families

COUNTRIES OF ORIGIN

Analysis of the case file data showed that nearly seventy percent of refugee families coming in contact with the child protection system within the last twelve months came from African countries (see table 7.4). Of the families coming from Africa, the majority (approximately fifty percent) have come from Sudan followed by families from Ethiopia (nine percent) and Burundi (nine percent), Liberia (eight percent) and Somalia (eight percent), with the remaining twelve percent of families, for whom cultural background was specified, coming from Kenya, Uganda, Sierra Leone and the Congo.
Four families were recorded as 'Other African'.
The second most common group of families coming into contact with the child protection system were from Middle Eastern countries.
The remainder (around six percent) of families came from the Former Yugoslavia, Cambodia, Nepal and Peru. These results reflect the higher rates of humanitarian resettlement from African countries since 2002, however individuals from Afghanistan appear to be under-represented (DIMIA, 2005).

Table 7.4 Cultural background

PLACE OF ORIGIN	Number
Africa	**56 (69%)**
Sudan	28
Ethiopia	5
Burundi	5
Liberia	4
Somalia	4
Kenya	2
Uganda	1
Sierra Leone	1
Congo	1
Other African (not stated)	5
Middle East	**16 (20%)**
Iraq	10
Iran	2
Afghanistan	1
East Turkistan	1
Kurdish	2
Former Yugoslavia	**2 (2.4%)**
Serbia	1
Yugoslavia	1
Asia	**2 (2.4%)**
Cambodia	1
Nepal	1
South America	**1 (1.2%)**
Peru	1
Missing	**4 (4.9%)**
Total	81

FAMILY STRUCTURE

The refugee families coming into contact with the child protection system were from a range of family structures. Nearly sixty percent of the families were headed by a father and a mother, with six of these families being blended families. Just over twenty-five percent were headed by a mother only and three families had a father as the sole parent. Approximately fourteen percent of the families had adult children living with them and a further eleven percent had relatives (e.g. uncles, aunts and grand parents) residing with them. As shown in table 7.5, the majority of families (sixty-seven percent) had one to three children living with them. Data was missing for two families. This data is consistent with DIMIA (2005) statistics which show that families with children and more than one adult were the largest group to be assisted under Australia's Integrated Humanitarian Settlement Strategy (IHSS) (between 2004–2005) followed by families with only one adult and children.

OTHER FAMILY CHARACTERISTICS

TIME SPENT IN AUSTRALIA

Case file data was available for forty families with respect to the length of time families had lived in Australia. According to this data the majority of families (twenty-eight) who had come into contact with the child protection system in the past twelve months had arrived in Australia less than five years ago. Four families had been in Australia for six years, one family for seven years and two families for ten years. There appeared to be little relationship between the amount of time lived in Australia and the number and types of notification. However, because this information was only available for about fifty percent of families it is not possible to draw conclusions about these relationships.

Table 7.5 Number of children living in the family

No of Children	No of Families
1	16
2	22
3	16
4	8
5	13
6	2
7	2
Missing	2
Total	81

ENGLISH LANGUAGE PROFICIENCY

English language proficiency details were recorded in the case files for fifty-eight families. Fifty-four of these families were deemed as having difficulties with the English language. This is consistent with the literature and DIMIA (2005) statistics which show that most people assisted under the Integrated Humanitarian Settlement Strategy in 2004-2005 required an English language interpreter.

AGE OF PARENTS

Details of mothers' ages were recorded for thirty-nine families. The majority of mothers (twenty-six) were aged between twenty-six and forty years. Four mothers were under the age of twenty-five years and nine were over the age of forty years. Details of father's ages were recorded for twenty-eight families. One father was under the age of twenty-five years and ten fathers were over forty years of age. The remainder (seventeen) were aged between twenty-six to forty years.

EMPLOYMENT STATUS

The employment status of fathers was only known for sixteen fathers and sixteen mothers. Due to this limited number a discussion of parent's employment status is omitted from the report.

CONNECTIONS WITH EXTENDED FAMILY AND COMMUNITY

Details about connections with extended family members were available for twenty families. Four of these families had no family supports in Australia. Three families had close family members who were still in Africa and one mother had lost all of her family members. Two families had been distanced from family members due to religious practices and domestic violence. Fifty percent of the families had some family members (uncles, aunts, sisters and brothers in-law, cousins, grandmothers) with whom they were in contact living in Adelaide. A small number of families had extended family members living in regional South Australia or interstate.

Twenty families had some details of community connections recorded in their case file notes. Information with respect to community connections was primarily available for families who had been the subject of a Tier 1 or Tier 2 notification. Community connections for these families were primarily with their cultural communities and two families had links with refugee church support groups and ethnic schools respectively. A further two families had no links with their cultural communities, one family having cut themselves off from their community due to the fear of reprisal from community members because of the family's contact with the child protection system. One family who had been in the country for a number of years was reported to be extremely isolated with no cultural or western community contact.

CONNECTIONS WITH SOCIAL SERVICES

This information was recorded for only forty-one of the eighty-one families included in this stage of the study. Therefore only a broad overview of services with whom families were connected can be presented here. In general, the social and human services with whom families were in contact included both mainstream services and those specifically designed for clients from migrant and refugee backgrounds in the fields of:

- domestic violence and women's services (e.g., Domestic Violence Crisis Service; Northern Domestic Violence Service; Migrant Women's Resource Centre; Migrant Women's Supported Accommodation Service),
- health (e.g., Women's and Children's hospital; Migrant Health Service; antenatal services),
- mental health (e.g., Child and Adolescent Mental Health Services; Adult Crisis Intervention Service; STTARS),
- education and childcare (e.g., support workers at schools; New Arrivals Programs),
- law (e.g., Family Court support workers; Community engagement teams with the South Australian Police),
- family and community support services (e.g., the Families SA Anti-poverty team; the Families SA Refugee Program; Disability SA),

- church-based organisations (e.g., voluntary Lutheran Care worker), and
- settlement services and specific services for refugee families (e.g., the Migrant Resource Centre and Anglicare IHSS scheme; the Australian Refugee Association).

The most frequently identified services related to domestic violence and women's services, reflecting the fact that domestic violence was a significant contributing factor to these cases. Interestingly, for over a third of the sample, where the opportunity existed to obtain social services information (e.g. Tier 1 and Tier 2 investigations) no social services were recorded. While this does not mean that families did not have contact with such services, caseworkers may not be fully aware of other services with which families are linked.

Incidents and factors contributing to child protection notifications

There were a wide range of incidents leading to families' involvement with the child protection system. The most predominant types of incidents, when viewed at the family level rather than by individual incident, were concerned with the physical abuse of children, domestic violence and leaving children alone without adult supervision. Thus, while there were more notifications of neglect than physical abuse, more families were involved in physical abuse incidents than neglect incidents. In addition to the case file analysis, Families SA Practitioners highlighted incidents of physical abuse (primarily due to the use of physical discipline by parents), neglect (particularly children left unaccompanied), sexual abuse and child protection concerns related to domestic and family violence, parent-adolescent conflict, alcohol misuse and homelessness experienced by refugee families as factors that brought refugee families into the child protection system. These incidents and some of the factors believed to contribute to them are discussed in greater detail below.

PHYSICAL ABUSE INCIDENTS

Incidents of physical abuse were reported for twenty-seven families. The majority of incidents of physical abuse were child reports of parental abuse. In a number of cases these reports related to the use of physical violence, threats and intimidating behaviour by parents to discipline or punish the child. Physical abuse incidents also included children's reports of physical abuse by siblings (six incidences) and children presenting with signs suggesting physical abuse such as bruising, cuts, burns and old bone fractures (eight incidences).

Issues arising from acculturation were the most commonly reported factors contributing to incidents of physical abuse and were noted for ten families. These issues related primarily to cultural practices of physical discipline, the husband's perceived right to control his wife and children, and the role of older male siblings as figures of family authority.

An environment of domestic/family violence existed for eight families where notifications of child abuse were made with respect to incidents of physical abuse. In some of these cases, children along with their mothers were the targets of abuse or children were assaulted as they tried to intervene between their parents. In addition to domestic/family violence, a small number of families were also dealing with acculturation, substance abuse or mental health issues.

A further four families were believed to have a background of torture and trauma, two of these families were also experiencing domestic violence and one family had a family member experiencing symptoms of mental illness. However, due to the limited background information found in the case notes, it is likely that families' experiences of trauma and torture are likely to be under-reported.

Concordant with this, Families SA practitioners highlighted issues around the physical abuse of children when asked what the most predominant child protection issues were that they had dealt with in their work with refugee families. Specifically, issues around physical assault, physical abuse and inappropriate, heavy and sometimes excessive use of physical discipline. Families SA practitioners also spoke of child protection concerns arising from cultural practices such as female genital mutilation and practitioner misunderstandings about the use of healing methods such as cupping and coin rubbing. Practitioners highlighted the need for sensitive responses from Families SA when dealing with these issues.

I might just add that the thing that throws a real spanner across the board for everybody, and it's just such a delicate subject, is female genital mutilation. While some staff see that as very wrong, we need to be very sensitive how we deal with that issue.
(Families SA focus group participant)

I think we've made some attempts in our department. For example, with Mongolian spots [birthmarks], cupping and coin rubbing and they're the ones that probably most workers would be exposed to on a day to day basis and I've experienced them as well.
(Families SA focus group participant)

Box 7.2 (below) provides a vignette illustrating the incidents and background factors that might result in a physical abuse notification.

BOX 7.2

Mariam's family migrated to Australia as refugees in 2004. Prior to this, Mariam's family had spent the last five years in refugee camps in the Middle East. Mariam's father has no living relatives except for his wife and children. There are signs that Mariam's father suffers from mental health issues as a result of his pre-migration experiences. At school Mariam is a quiet and timid 9 year old. She has difficulty understanding the English language and communicating with her peers however she always tries the best she can. The local statutory child protection system intervened three months into the school year after Mariam turned up to school with deep purple bruises on her arm and her body. Mariam told her teacher that she could not sit down as she had a very sore bottom from being belted by her father. Her concerned school teacher arranged parent-teacher interviews to address her concerns however did not hear from either of her parents. Mariam regularly turned up at school with bruises and the teacher especially noticed this after Mariam performed poorly in a number of her tests at school. Mariam also became frequently late for school and her absences increased dramatically. Mariam's teacher continued to provide assistance and support to Mariam who eventually began to talk about what was going on at home. Mariam said that her Mother was ill and that Mariam was responsible for looking after her three younger brothers and sisters and running the household. She also said that her father would hit her when she did badly at school. He said that Mariam wasn't studying hard enough and that is was his role to discipline his child.

DOMESTIC VIOLENCE INCIDENTS

Domestic violence incidents were recorded for twenty-six families and these incidents most commonly resulted in a notification of emotional abuse. Furthermore, domestic violence was recorded as a being present for just under forty percent of refugee families reported in the case files.

In the majority of cases, where child abuse notifications were made with respect to domestic violence incidences, the children were witnesses to domestic violence and in all but two families the perpetrator was the father. In a small number of incidences children witnessed extended family member violence and violence perpetrated by an unrelated male.

In just over twenty-five percent of the families where domestic violence incidents were reported substance abuse was also an issue for the family. Mental illness was also believed to be a contributing factor in twenty percent of notifications resulting from domestic violence incidents as were acculturation pressures such as difficulties with English language, family and community pressures to keep parents together, and the husband's perceived role in controlling his wife and family. For a small number of families, torture and trauma, physical illness and financial issues were also seen to contribute. In approximately twenty percent of families where domestic violence incidents resulted in a child protection notification, a combination of some or all of the above factors existed.

Some of the families experiencing domestic violence incidents were also dealing with issues including; custody and access issues, parental separation, family breakdown, racial discrimination, pre-arrival experiences of domestic violence and community pressure to keep the family intact. A possible scenario that might result in an emotional abuse notification is provided by the vignette presented in Box 7.3 below.

BOX 7.3

Milo's father is the head of the family and has complete control over what Milo, his two sisters and his mother do and who they see. Milo's mother can only speak a little English and is on medication for depression. She rarely leaves the house and has no family members or friends to talk to. Milos' father drinks excessively and has a history of verbal and physical violence towards Milo's mother which escalates when he has been drinking. Police were called to Milo's house when neighbours heard angry shouts coming from the house. Milo and his sisters were found hiding in the corner as his father tried to strangle their mother. Milo had tried to intervene between his parents and had been punched by his father. Milo's mother does not want to leave his father as she is worried about what her community will think of her.

INCIDENTS WHERE CHILDREN ARE LEFT ALONE WITHOUT ADULT SUPERVISION

Incidence of children being left unsupervised included: children being left in the care of older siblings, either at home or outside of the home[†]; children being unable to get into the house; children found wandering the streets and in some instances engaging in what notifiers believed to be dangerous behaviour; and neighbours or police being unable to locate parent/s or adult carers. Of the thirteen families where these types of incidents were notified, eleven were sole parent families, seven of whom had four or more children living with them.

A number of factors were seen as contributing to these incidents and for seven of the eleven sole parent families a combination of two more of these factors were present. Contributing factors included domestic violence, parental substance abuse, financial hardship and parental or child mental illness. Further, over half of the sole parent families had a family member who was experiencing physical illness (e.g. diabetes, infections etc). Other issues facing some of these families included conflict between parent and child, custody issues, grief and loss, racial discrimination and social isolation which meant that for some parents there were no family members or friends available to look after the children. A vignette of the types of incidents and background factors that might lead to a notification of child neglect is given in box 7.4.

[†] There is no legal stipulation in any Act – including the Children's Protection Act 1993 – which states any age at which children can be left unsupervised. Cases reported to the Child Abuse Report Line will be considered from a variety of perspectives including the maturity of the young person; their responsibilities while unsupervised (e.g., looking after younger siblings or cooking meals); the availability of an adult close by for help; the young person's feelings about being left with younger siblings; as well as their confidence in following an emergency plan; the general safety of the home environment (open fires, pornographic / violent videos) etc [www.decs.sa.gov.au]

BOX 7.4

Kaela's husband was killed in Somalia as were her sister and mother. She has no relatives in Australia and has little social contact. Kaela has been suffering from depression since migrating to Australia with her three children (aged 3, 5, and 9). Kaela has a number of appointments during the week and leaves her nine year old daughter in charge of the younger children as she has no one else to care for the children. Kaela came into contact with the child protection system after reports were made concerning her three children being left home alone for extended periods of time. A neighbour also reported that Kaela's two younger children have been found wandering the streets on a number of occasions and that they have asked her for food a few times.

OTHER INCIDENTS LEADING TO CHILD PROTECTION NOTIFICATIONS

There were a number of less commonly notified incidents, or incidents which occurred in a small number of families only. These incidents related to the mother's behaviour, the physical neglect of children and/or the family home, medical neglect, children not attending school, children running away from home, sexual assault or risky adolescent sexual behaviour and child self harm. These incidents can be loosely grouped under 'mother's behaviour' and 'child's behaviour' and are discussed briefly below.

MOTHER'S BEHAVIOUR

Notifications relating to the mother's behaviour included incidents such as being intoxicated, threatening suicide and showing signs of mental illness. These types of incidents related to only a few families and were commonly tied in with the physical neglect of children (e.g. children going without food, and appearing dirty and unkempt) and their living environment (e.g. house dirty, little or no food in the house). Where information was available, families in these situations were generally dealing with a number of issues including family breakdown, domestic violence and English language difficulties. The few incidence of medical neglect notified related either to families where incidences of physical neglect had also been notified or where cultural understandings of illness differed from Western understanding.

CHILD'S BEHAVIOUR

A number of notifications related to incidences where children were either not attending school, were attending school intermittently or were consistently late for school. Little background information was available for these families although in some cases the families involved were experiencing parent-child conflict where children were running away from home, living with friends or somewhere unknown to the parent. Notifications regarding incidents of this type were primarily made because there was evidence to suggest that these children were exposed to drugs, were sexually active, were engaging in risky sexual behaviour, or had been sexually assaulted by unrelated males.

Finally, incidents of children's disclosure of self harm or the desire to kill oneself resulted in three child protection notifications. There were little or no background details to suggest contributing factors in these cases.

Substantiated Notifications

Eight percent of the notifications examined in the case file analysis resulted in a substantiated notification. The types of incidents leading to substantiated notifications included physical, medical and supervisory neglect of children, exposure of children to domestic and family violence, and physical abuse. There was insufficient detail to form a picture of family life for two of the seven families who had been the subject of substantiated child protection notifications. However, brief details about the incidences leading to the substantiated notifications in these cases suggest that cultural practices (e.g. beliefs around mental/physical illness, the vesting of authority to older male siblings) and social isolation may have contributed to the abuse. Unlike the other five families where substantiated incidences of child abuse had occurred, these families had been the subject of two or less notifications in the twelve month time period covered by this report.

According to the case file data for the five remaining families, all of these families were living in complicated family environments, had a history of child protection notifications (between three and seven notifications during the period covered in this report) and all had been living in Australia for over two years. Four of the five families had both a mother and a father living in Adelaide although three of these families were separated and in all families but one, domestic/family violence was occurring. The types of incidences leading to notifications included physical, medical and supervisory neglect of children, exposure of children to domestic and family violence, and physical abuse. The kinds of issues families were facing included:

- maternal substance abuse
- maternal mental illness
- paternal mental illness
- family violence
- child behavioural issues
- English language difficulties
- limited or no connections with extended family
- past trauma
- death of family and friends
- child custody disputes

Outcomes of notifications

For those notifications where an outcome was recorded the two most common outcomes were police referrals (twenty notifications) and referrals to agencies (twenty notifications) or a combination of both. The agencies and services families were referred to included Families SA District Centre case workers, domestic violence services, Housing SA, the Migrant Women's Health Centre, School counselors, Second Story, and drug and alcohol counseling services.

Approximately eighteen percent of notifications were either closed with no further action to be taken (nine notifications) or no grounds were found of further intervention (eighteen notifications). A small number of notifications resulted in an in home intervention such as home visits by Families SA workers and interpreters (where needed) to explain Australian laws and customs in regards to disciplining children, discussion of concerns about leaving children at home unattended, provision of information about the effects of domestic violence on children and information about Families SA processes. The outcomes of ten notifications were pending at the time of data collection. One notification resulted in the overnight placement of a child whose mother was unable to be located, and in only one case was a child removed as an emergency precaution and placed in short term care.

KEY POINTS

- The most common types of incidents bringing refugee families into contact with the child protection system were:
  - *Incidences of physical abuse*, a number of which related to the practice of physical discipline by parents
  - *Incidences of neglect*, primarily arising from children being left alone without adult supervision. This occurred primarily in large, single mother headed, households
  - Exposure of children to *domestic violence incidents*
- Eight percent of notifications were substantiated.
- Families where notifications were substantiated were experiencing multiple stressors.
- These incidents cannot be presumed to occur to a greater or lesser extent than in mainstream Australian families.

What are the influences behind the incidents that bring refugee families into contact with Families SA?

chapter 8

This chapter addresses the second research question:

- What are the 'drivers' or influences on these incidents (this may include beliefs, parenting practices, family trauma and breakdown, mental health, adjustment, cultural practices, etc.)?

Introduction

The aim of this chapter is to provide a picture of the experiences of refugee families that may lead to incidents where child protection notifications are made. It includes those factors identified by the case files (outlined in Chapter 7) and Families SA practitioners that can lead to concerns that would warrant a statutory child protection response (sensitive issues which were not discussed in the community focus groups). Where the concerns of refugee families (e.g., English language barriers, experiences of torture and trauma) may be different to those of mainstream Australian families these are discussed briefly (for more information on these issues and how they can affect family wellbeing and parenting see Chapters 3 and 4). The chapter also discusses the drivers of parenting concerns (e.g., cultural differences in parenting styles and lack of social support) which might benefit from more early intervention and prevention efforts.

Communication and language barriers

The case file analysis showed that ninety-three percent of the families, for whom English language proficiency details were recorded, were deemed as having difficulties with the English language. This is consistent with the literature and Department of Immigration [109] statistics which show that most people assisted under the Integrated Humanitarian Settlement Strategy in 2004-2005 required an English language interpreter.

Practitioners also considered working with refugee individuals who had some English skills a potential barrier as there was room for misunderstandings and misinterpretations. These communication issues make the dissemination of information about alternative parenting practices and appropriate services difficult, as was reflected by a number of participants.

And the way the information is provided may not be appropriate. A lot of the information is provided in written form and in English. And it is provided just once as well with no follow up. There needs to be a means of follow up and/or repeat sessions later on down the track

(Families SA focus group participant)

Pre-migration experiences

Practitioners reported that some of the families they were working with had experienced previous trauma, depression and post traumatic stress relating to the ongoing conflict in their country of origin, their time in refugee camps and separation from extended family (whether deceased or missing). Although as one refugee community focus group participant remarked, an assumption that a parent has a mental health issue may not always be well founded.

Grief and loss when you talk about African families. One of the parents might have died over in Africa involved in a horrific death so the children are still experiencing that grief and loss.

(Families SA focus group participant)

Because I have a problem with my kids doesn't mean I have a mental health issue. It doesn't mean I'm crazy or mad. In Iraq this wouldn't be attributed to a mental health problem. Everything is mental health.

(Iraqi focus group participant)

Cultural differences in parenting style

Based on the experiences of child protection workers in Families SA, an influential underlying issue that led to child protection concerns for refugee families was the differences in cultural practices and values between other cultures and the Australian culture. In some cases, these differences were recognised by Families SA practitioners and community focus group participants as a cultural

clash especially with regards to the continued use of more authoritarian physical discipline - techniques which are no longer widely accepted in the Australian culture. As noted in the previous Chapter, the perceived 'cultural clash' extended from diverse values, lifestyles, roles of family members (gender roles and power within the family) and parenting practices. These issues are discussed in greater detail below.

PHYSICAL DISCIPLINE

Families SA practitioners highlighted that in their experiences in working with refugee families, what was seen as acceptable in their refugee client's culture may not be acceptable in the Australian culture. This was especially true in terms of the physical discipline of children, which is acceptable in some cultures but in extreme cases considered a criminal activity in Australia. Staff also reported that some cultures viewed the physical discipline or beating of children as a parental right and there were also concerns about the use of implements in disciplining children.

Participants from the refugee community focus groups spoke of the tensions that arose primarily as a result of different cultural practices in the disciplining of children. The majority of the focus group participants came from countries of origin where the use of physical discipline was accepted as an appropriate parenting practice and a reflection of parental authority [13]. Although as a Madi Sudanese participant explained, not all families will use punishment as a form of discipline. In some communities it was also acceptable for other members of the community aside from the parents to physically discipline children.

Tensions were created because refugee parents in most cases believed that the way they disciplined children in their countries of origin had worked for them. Some parents also felt that if they were not allowed to use physical punishment then they were powerless to control their children. Parents also believed that the children used the laws to challenge parents' authority.

> *If the child does something that they have already been told is wrong, they are corrected through hitting because they have already been told what is wrong (not because the parents don't like them or hate them).*
>
> (Burundian and Congolese Women's focus group participant)

Members of the Dinka/Nuer-Speaking Sudanese focus group believed that the Australian norms around discipline of children created confusion for parents and children and gave little regard for the complexities of their experiences. One member pointed out that "most children born in one country move around to two-three other countries, and then come to Australia which confuses the children about their identity". This group were also concerned that mainstream Australian society saw them as 'child abusers'. In other groups it was highlighted that as refugees, many families had made decisions (particularly decisions to leave countries in conflict) for the protection of their children.

If I wanted to kill my child…why didn't I do that before I came here…I came from the camp…my country…here to kill my child?

(Liberian Women's focus group participant)

The Australian system makes an assumption on how the Sudanese parent or discipline their children- the community is humiliated by assumptions that we are 'child abusers'.

(Dinka/Nuer-Speaking Sudanese focus group participant)

COLLECTIVE VS INDIVIDUAL PARENTING

Another issue encountered by practitioners was the differences in expectations of practitioners and families about parenting and the individual roles of family members. A common example relates to the "individualistic" nature of raising children in Australia compared to the collective parenting practices used in some countries where children are raised and reared by aunties, uncles, cousins and extended family and neighbours and not necessarily directly by biological parents.

One of the fundamental differences I think, one of the fundamental cultural differences is certainly between the African communities and our communities is that communal, community focus and our individual focus.

(Families SA focus group participant)

The refugee groups who participated in the project came from cultures where parenting ranged from being the responsibility of the biological parents e.g., in the Burundian/Congolese women's group, through to being the responsibility of the wider community e.g., in the Sudanese group, however all groups drew on immediate and extended families as well as community members for help and support. Extended family had a significant role in childrearing in a number of the communities. In some cases this can lead to child protection concerns when parents may leave their children unaccompanied with the expectation that older children will care for younger family members and that children will seek support from neighbours if needed.

We have a collective culture back home where we depend on each other. So much relies on the extended family. Below six years of age, the children are mostly attended to by older sisters and brothers and grandparents. The men and grown up boys go hunting and dig around and the ladies, if strong enough, do the weeding. The kids are surrounded by older sisters, brothers, cousins, Uncles and Aunties.

(Madi Sudanese Men's focus group participant)

Family support

In addition to the results of the case file analysis, Families SA practitioners highlighted that isolation is an underlying factor in many of the child protection issues that they encounter.

> *And I think that's what's missing in all of these people's lives [community] where particularly these Mothers who are at home with the children. The isolation is a real issue and that's where we're getting a lot of the problems from.*
>
> (Families SA focus group participant)

Upon re-settlement in Australia, all of the refugee groups who took part in focus groups experienced diminished support, albeit to varying degrees, in their parenting roles. The Madi Sudanese community for example related that they are able to draw on their own community for support and that the community was actively involved in acquiring parenting information and support for parents.

The Somali community spoke of the difficulties in being a small community and of the help needed to strengthen and build their community. Settlement issues such as the difficulties in finding housing in Adelaide for larger families; long waiting lists for housing; long delays in bringing family members out from Somalia, and sending money back to family members has diminished their capacity to build a community, with its associated support for families in Adelaide.

Middle Eastern participants spoke of the cultural norm of keeping problems within the family, of the shame that accrues to families from the misbehaviour of children and also of their reluctance to seek help from outside when problems in the family do occur. The need to 'keep it all in the family' contributes to the isolation of families within their own community and of the Middle Eastern community within the wider community.

> *Back home there is family support – brother, sister, friend, neighbour – when they see a problem, they will talk to the child and the family straight away. People don't have support here. They are alone. It is bad to ask for support, bad for their reputation.*
>
> (Iranian women's focus group participant)

In a similar vein, Somali focus group participants spoke of the isolation of Muslim women, especially sole parents due to the religious practices which meant that single women were unable to seek help from unrelated men within their own community or from the broader community.

Lack of transport also contributes to isolation and is identified as a contributing factor to child protection concerns in large refugee families (consisting of four or five children), many of whom are not familiar with or unable to manage the public transport system. In addition Somali women spoke of the difficulty of obtaining a drivers licence because they could not find women to teach them. This meant that they found it difficult to take their children out and are often isolated with their children.

Changing family roles

All of the participants in the focus groups came from cultural backgrounds in which the roles of men, women and children were well-defined and reflected the traditional, economic, environmental and religious characteristics of their society. Many of the focus group participants came from countries where patriarchal structures are the norm. In their countries of origin men are considered to be the head of the family and wives and children are expected to obey their husbands and fathers. For a small number of focus group members, the changing roles of family members were welcomed, but for many these changes created confusion and concern.

Parents have a strong power, what they say has to be. Children always know that we are the most powerful. God first, Mum and Dad second – they have strong power and what they say goes.

(Burundian and Congolese women's focus group participant)

In our country the children need to obey the adults, even women need to obey their husbands.

(Vietnamese new arrivals focus group participant)

Further tensions are created when the traditional family hierarchy is challenged by perceptions of Australian cultural practices and government agencies. These issues associated with challenges to male authority in the household, can contribute to the incidents of domestic and family violence observed in the child protection concerns described earlier.

When men and women fight here in Australia and the social workers come, there are a lot of misunderstandings that go on. In Africa, the women listen to their husbands and here in Australia, they no longer have that. The men no longer have the power to make all the decisions.

(Madi Sudanese Men's focus group participant)

But Middle Eastern families – there may be domestic violence for 20 or 30 years and they won't leave – they are family-minded, two parents are needed for children - this is a different structure to the Australian structure.

(Iranian women's focus group participant)

The patriarchal family structures of some refugee communities also present challenges to engaging families, especially in cases of suspected domestic violence. This is because, as a number of workers describe, the majority of child protection practitioners are women, and are seen as coming in and interfering in male dominated cultures. Women may also remain within abusive relationships or unhappy marriages to preserve the sense of 'family' and to avoid being stigmatised by divorce or separation [13].

Similarly in Sudanese cultures, there are cultural norms where men do not want to speak to you. For example, in a domestic violence case where a Dad is going off when we are knocking on his door it is a huge mark of disrespect for a woman to come in and tell him how to run his family.

(Families SA telephone interview)

When refugee community focus group participants were asked about parenting in Australia the overwhelming response was that the traditional expectations of refugee parents regarding the role of children in the family and society have been severely challenged by Australian culture. A large number of refugee parents said that they felt disempowered, frustrated and saddened by the rights that they perceived had been given to their children by Australian law and were unclear as to what the rights of parents were when children appeared to have so many rights.

But my heart is being broken more than in the warzone –where we bring up children to respect us, grownups. Parents have power. In Australia it is a different story.

(Burundian and Congolese women's focus group participant)

Some members of the Liberian women's focus group in particular spoke of dreading their children turning fifteen or sixteen as they believed that they would no longer be able to manage their child's behaviour. Indeed, focus group participants appeared to be less concerned about the impact of the new culture on their younger children (as compared to their adolescents) because parents perceived that they had more of a prominent role in the upbringing of their younger children whom they felt they could parent in accordance with their own cultural practices.

When talking about their children's growing independence, refugee participants also spoke of the factors that are perceived to support this independence including children's rights, government financial support for children, the perceived role of schools and police in encouraging children to challenge their parents' authority and the often rapid acculturation of their children to Australian societal norms. Such parent-child conflict can lead to child protection concerns where parents may use excessive physical discipline to manage their children's behaviour or where children and young people may run away from the family home or engage in high risk behaviours because of limits imposed on their behaviour at home.

Many refugee parents felt that their rights as parents were undermined by schools and that the schools encouraged their children to be independent and to challenge them. For some parents, the schools were seen as interfering with or taking over the parenting role and some parents were concerned that teachers and police did not confirm the information given by children with their parents.

> *…when a child comes home late for example they might not get ice-cream, the child might be upset. When the teacher asks what is wrong, the child might lie and say that the parent hit them so that the child can get their own way.*
>
> (Burundian and Congolese women's focus group participant)

The role of police was also of concern to focus group participants. In particular, parents related that their children would call or threaten to call the police if they felt that their rights were being challenged. It was believed that the schools also encouraged children to call the police. The threat of having a child taken away was seen as real one and was distressing to parents.

> *But when a parent, for example, is used to having the last word inside the family and when his son or his daughter comes to him and says if you don't do what I want I will call the police, 000. He will come and talk to you and the police will come and take you away! This is in our community the worst thing that can happen to a parent.*
>
> (Iraqi focus group participant)

Lack of information

Families SA practitioners perceived that there was a lack of knowledge on the part of refugee families and communities about Australian laws and norms. Practitioners reported that refugee families were not given a clear understanding of some of the Australian laws regarding the inappropriateness of physically disciplining children, and domestic and family violence (especially violence against women). There was a lack of education about acceptable Australian parenting practices and other alternative strategies that could be implemented to discipline children and adolescents. The adoption of the Australian social norms was a problem for many of the culturally and linguistically diverse families.

> *There is a lack of knowledge around Australian law as it is not communicated … for example around domestic violence and the fact that perpetrators do not know it is an offence. When coming into a new country, people need to know what's okay to do and not to do. If they are not connected with the community then there is a lack of knowledge about where to go. There is no support from extended family and so they are left not knowing where to go.*
>
> (Families SA staff telephone interview)

All refugee community focus group participants perceived that Australian law played a powerful and significant role in how parents bring up their children in Australia. However, it was apparent that while parents spoke of government agencies such as Families SA and Centrelink, there was some confusion between what was perceived as Australian law and Australian cultural practices. It is clear from the focus groups that refugee communities require information explaining Australian law and differentiating it from cultural practices.

Further, for all refugee groups the role of government in Australia was quite different from that of government in their country of origin. Indeed, the idea of government intervening in the role of childrearing was not easily reconciled. Sudanese participants for example spoke of the government as an enemy in their country of origin. On the other hand, Middle Eastern participants believed that the role of government in their countries of origin was to be supportive of parents in their parenting roles.

KEY POINTS

Factors contributing to statutory child protection involvement include:

- Communication and language barriers which impact on refugee parents' awareness of acceptable parenting practices
- Pre-migration experiences including trauma and separation from extended family
- Issues associated with domestic violence such as alcohol abuse, mental illness and in some families acceptance of physical violence toward women.

Factors influencing other child protection concerns include:

- Cultural differences in parenting style including;
    - the acceptance by some refugee families of the use of physical punishment to discipline children
    - a cultural background of collective parenting
- Lack of family support, particularly for women who are sole parents or families where there are large number of children
- Traditional patriarchal family structures where the roles of men, women and children are clearly defined
- Lack of information about acceptable family practices in Australia.

What is culturally competent practice when working with refugee families in child protection?

chapter 9

This chapter addresses research questions three and four, with a focus on child protection practice and early intervention and diversionary strategies:

- What does current literature and learnings from previous waves of immigrants/refugees tell us about good practice/models here and interstate/overseas?
- What child protection, family intervention and community development strategies are required? In particular, what is culturally competent child protection practice for these arrivals?

Introduction

> *"As a worker, we have an incredible position of authority and we cannot afford to stuff things up. We get one shot to get it right. We are not here to interrogate or criticise and the first impression that we give impacts on everyone else that will ever deal with that family. I think it is important that we remind ourselves on a daily basis"*
>
> (Families SA staff telephone interview)

The aim of this chapter is to identify the factors that can facilitate child welfare work with refugee families. The results presented in this chapter are drawn from worker and community focus groups, interviews and survey responses (Stages 2 and 3). It begins with a brief review of two overseas articles which discuss practice and models for working with refugee families in a child welfare setting. The published literature in this area is unfortunately scant. Appendix Five provides details of a number of Australian and overseas programs and resources that address the points in this chapter (it should be noted that not all of these programs have been evaluated).

Salient points selected from the literature

As noted above, the published literature on good practice/models for working with refugee families in the child protection sector is minimal. However two overseas articles were identified that provide some guidance in this area. The first article suggests a framework for practice, the second a set of guidelines for practice. Neither of these approaches has been evaluated.

Pine and Drachman [30] provide a framework (see chapter 2) which draws attention to the pre-migration and post-migration experiences of refugee families. The authors argue that by understanding the experiences of refugee families, child welfare professionals are better placed to assess the needs of these families and to provide effective prevention, protection, permanency and family preservation services.

> *"Social workers who provide child welfare services must identify sources of support and stress in the relationships between families and their environment, and develop their intervention strategies accordingly. To provide effective services for immigrants that are family-centered and culturally competent, child welfare practitioners must understand the child and family's experiences in both emigration and immigration."*
>
> Pine and Drachman [30]

The framework proposed by Pine and Drachman facilitates an 'ecological systems practice perspective' to assessment and intervention with children and families [30]. Specifically the framework;

- Encourages awareness of the resilience and strengths of refugee families
- Makes more salient the mental health issues that can develop out of traumatic pre-migration experiences
- Allows examination of the social supports in the refugee service communities that can facilitate family preservation
- Encourages communication with the refugee communities that can inform child welfare workers about cultural issues such as gender roles, parenting practices, views on health and mental health and help seeking behaviour.

This last point is particularly important as refugee families often do not seek help outside of their communities and some do not seek help outside of their family. Sometimes issues such as domestic violence can be hidden inside the family. Further, the western concept of 'mental health' is unknown to many refugees as is the concept of counselling to address mental health concerns.

Morland, Duncan, Hoebing, Kirschke and Schmidt (2005, p 808) from Bridging Refugee Youth and Children's Services make several recommendations designed to enhance service effectiveness. These include:

At the practice level;

- Ensuring the principles of cultural competence are incorporated into daily social work practice
- Familiarity with the full range of community resources
- Building personal working relationships across service systems
- Always using interpreters with refugee families where English is a second language and never using a child to interpret for the family.

At the program delivery level:

- Ensure direct service providers are culturally competent
- Conduct outreach into refugee communities to recruit culturally appropriate foster families
- Put in place or form relationships across services, which for example, detail referral processes or specific services to be provided to clients
- Recruit refugee community members as staff, provide training opportunities for them and encourage them to become human service professionals.

At all stages of program development, cultural responsiveness should be included (including responsiveness to people from Western backgrounds) [26,110]. Cultural responsiveness requires that:

- Individuals are asked about the meaning of their symptoms and behaviours, what they think are the causes of any problems, how they are responding to the problem, what they would like to do about the problem, and if they have the support of other community members [110,111]
- The content of a program is relevant to people from different backgrounds [112]. Examples are given that cover a range of contexts, family types and cultural backgrounds rather than the predominant ones [3]
- Programs for parents from different cultural backgrounds are inclusive and involve the exchange of knowledge between program participants and facilitators
- Programs are family-centred and include features that address families' needs such as child care, interpreting and transport to promote the involvement of all families [26,44]
- Mentors are included to mirror informal supports in a formal setting [11,105], and extended family members should be invited to participate [113]
- Information is culturally-sensitive, and includes parents of all cultures (even within an ethnic group) not just minority ones [114]
- Communication is targeted and takes account of preferred learning styles, particularly in cultures that have an oral literature tradition – this includes the use of video, written and audio materials [3,57]
- Programs are flexible to cater for factors such as age, acculturation level and family type [9]. Further, because factors influencing resilience may differ according to the stage of the family's life cycle, programs need to be adaptable and flexible or in some cases a range of programs may need to be provided [115,116].

Personal and professional characteristics of practitioners

Personal and professional characteristics of practitioners were identified by Families SA practitioners as facilitating their work with families from refugee backgrounds. Being respectful, adaptable, using humour and determination to build and nurture trusting relationships were considered essential when working with refugee families. In addition, meeting the client's needs, an ability to work with interpreters, increasing families' participation and negotiation skills, and building family social support all contributed to developing effective working relationships with families from refugee backgrounds.

Gathering accurate information

Families SA practitioners and community members reflected that it is important to be informed about the cultural and religious backgrounds of clients in order to understand behaviour and respond in a sensitive manner. At the same time practitioners emphasised the importance of not making assumptions about behaviour on the basis of this information.

Practitioners noted that cultural practices and values that are different or unacceptable require extra effort and time on their part as there exist conflicting values, generational issues, differences in cultures, social norms and family systems which need to be understood. Parallels were drawn with the challenges child protection workers face when working with Indigenous families and the need for workers to [be allowed] to take the time to develop connections with refugee families as is the case with Aboriginal families.

> *More time is needed with refugee families in the same way we acknowledge effective practice with Aboriginal families. We all acknowledge that, first of all, time sort of slowly works slightly differently and you need more time with the families and you work with the kinship groups. There's a little bit of overlap actually between the principles and the approaches and the practices between working with Aboriginal families and the refugee families and maybe we should draw more on the practice knowledge and models we already have and just put that on top of the work we do with refugee families. Obviously while there is some overlap, they are not completely the same.*
>
> (Families SA focus group participant)

Having flexibility and cultural sensitivity in ways of working with families and expectations for behaviour were seen as key elements of responses to families. This was particularly important when the intentionality behind parenting behaviours was appropriate but parents were unaware of alternatives to more authoritarian forms of discipline.

Families SA practitioners also identified the equal importance of refugee families gaining accurate information about the Australian child protection and parenting laws (this is discussed in more detail later in this chapter).

The importance of obtaining accurate information about family members was also highlighted by focus group participants. For example, one Families SA practitioner focus group participant spoke of the practice of polygamy in some cultures and the implications that non-disclosure of this practice has when working with these families:

> *"I mean a lot of these sole parents are not really sole parents. There's a Father there and a Mother because of the polygamy. So, you've got two parents with two separate lots of children and a brother that comes and stays overnight every now and then and they try to hide it and that's another barrier to us working with them because they feel they need to hide that. That's difficult because if they actually come out and tell me the truth then I'd be more able to assist".*

Engaging community and religious leaders

The development of community links, particularly with elders, community leaders and religious leaders, was viewed as a key factor in supporting practitioners who work with refugee families and communities. With such support, practitioners were able to suggest techniques and services (e.g., counselling) that they might otherwise not have used with families from refugee backgrounds. Engaging community leaders in this process has also helped to provide understanding of family situations as well as overcoming some of the cultural barriers due to different gender role expectations as described by one Families SA practitioner:

> *"When we access someone from community, we use leaders… and this worked well because it helped explain child protection concerns, appropriately and in not too shameful a manner, where they can understand. For example, there were allegations of domestic violence and physical abuse in a community. There were concerns about dad's mental health, mum could not speak any English, the kids were school age and came to school with injuries, the kids told the teacher about the violence at home. Successful dealings with the department would include knowing about the culture and the genocide that went on. Given dad's mental health issues, we went around there with the police (as we do with Domestic Violence issues) and dad became violent, threatening, and we were not to talk to the kids. Dad eventually calmed down but we were disrespectful about parenting and we separated mum which was really wrong. We managed to get the community leaders (man and wife) to explain why we were there, why you cannot commit assault, we're a statutory organisation concerned about supporting children and families and were not there to kill them. We were too threatening."*

For crisis care services, it was stressed that such links be available outside working hours in order to provide assistance as crises arise.

The motivation and good will of communities, and community leaders in particular, to engage with Families SA was seen as a great facilitator of this process. Refugee families were viewed by participants as 'keen to make a go of it'. Growing connections with key community leaders have assisted in addressing issues within the African community. Community engagement activities were already occurring in some District Centres (although sometimes in an ad hoc way at the behest of the communities or non-government agencies) or were planned for the near future. Refugee community groups echoed these reflections as illustrated by the following Madi Sudanese men's focus group participant.

> *"Learn from our community. We have perceptions of child abuse but actually coming to an understanding of what is child abuse. The self is hurt in conflict. We don't think decisions should be solving the problem by taking children and women. Really engage community leaders (if you can't settle the problem). There is also the responsibility of community. We did not have fences and Families SA should not just judge us (e.g., that we neglect our children)"*

Engaging appropriate interpreters/cultural consultants

Also highlighted in the literature on best practice, engaging appropriate interpreters and knowing how to work with interpreters were considered very important when working with refugee families. While some practitioners indicated their preference for working without interpreters if the clients had some English skills (because of time and accuracy considerations, and costs of translating materials) the Families SA Refugee Team discourage this approach as well as the practice of using children as interpreters. This is "to make sure the client has the same opportunity as an English speaking client to communicate what they have to say as well as to receive information that is accurate and not distorted or misinterpreted" (email correspondence from Refugee Team).

> *I think … it's really important for workers to know how to work with an interpreter. You know, to actually speak to the clients themselves and let the interpreter do their job and develop the relationship with the client and the client-worker relationship.*
> (Families SA focus group participant)

Families SA practitioners also highlighted some considerations when selecting interpreters. For example, being aware that interpreters may be members of the communities with whom they are working. This can place interpreters and cultural workers in a difficult position where they may be hesitant to intervene in families especially around sensitive topics such as child protection. Interpreters who have knowledge of the area of child protection and are keen to engage in professional relationships were seen as particularly valuable. Professional training in the area of child protection for interpreters is a suggested strategy.

Another suggestion for assisting in work with refugee families is the use of specialist staff such as cultural consultants to act as the liaison or broker between the family and the Families SA worker. It was proposed that interpreters and translators could actually perform this role as they were not only cognisant with the language but also had a good understanding of the culture and settlement experiences. To support these specialist staff, policies and protocols need to be put in place in relation to appropriate, regular and accessible information pertaining to refugee families. This role would be similar to the role of Principal Cultural Consultants who work with Aboriginal and Torres Strait Islander families.

The Women's Health Policy and Projects Unit [117] suggests when using interpreters:

- Always use a trained interpreter. It is not appropriate to use partners or the client's children to interpret. A member of the victim's community may also be inappropriate because of confidentiality
- Use an interstate telephone interpreter if the client is concerned about confidentiality within his/her community group
- Use short sentences and focus on one point at a time. Talk directly to the client, not the interpreter.

Addressing community perceptions and experiences of Families SA

Participants in the community focus groups spoke of a range of different perceptions and experiences of Families SA. These included positive views of the preventative role Families SA could and does have (where clients are aware of these services and they are available to the client group), as well as the role that Families SA plays in protecting children in high risk families.

There is some positive work by Families SA – how to support a family around a child's safety (e.g., child sexual abuse), and those who use the Family Tax Benefit for gambling and alcohol.

(Iranian women's focus group participant)

However, as was the case with other government agencies (police, schools), participants believed that Families SA listened to children rather than parents and that staff from Families SA have not always worked with families in culturally appropriate or respectful ways.

Our (community's) previous contact with the Department has not been pleasant. We were not valued as individuals. There should also be better evaluation of departmental officials.

(Dinka/Nuer-Speaking Sudanese focus group participant)

Families SA Practitioners also discussed the issue of their government agency (Families SA) being viewed negatively by refugee families because of parents' previous experiences with government agencies in their country of origin. Practitioners expressed that the families they were working with were hesitant and confused about the aims and objectives of government agencies which in turn made it difficult for them to engage and work effectively – although this was not seen as isolated to families from refugee backgrounds.

In the families I have dealt with, their only previous experience with police/government workers coming to the door in their own country led to family members, friends etc being taken away, tortured, killed, etc. It is very difficult to get past this point to have a meaningful conversation about child protection matters when the family are dealing with deeply entrenched emotional issues due to their own trauma.

(Families SA survey respondent)

COMMUNICATION

An underlying theme running through many of the refugee community focus groups was the lack of communication between government agencies, including Families SA and refugee families. A number of refugee focus group participants spoke of the consequences of removing children for the community as well as the families involved. There was a perception among refugee communities that children would be removed if Families SA became involved, although this was not supported by the results of Stage 1 of the project. These participants talked about the importance of talking to, and supporting families to keep their children at home and in the community.

> *Instead of just removing children, listen to the child and the family. Find out what is the cause of the problem. Do not just take away the children. Help the parents and then bring back the children. Tension is there and it is not easy for the child to come back to the family after all that. In Australia, children removed and taken back has not been successful with the Sudanese community – this causes pain and grief in our community*
>
> (Dinka/Nuer-Speaking Sudanese focus group participant)

It is important that flexible and culturally responsive ways of working that allow for two-way interactions between government agencies and families be developed. These ways of working include talking with parents and children when dealing with child protection concerns and, as described above, engaging with community leaders and elders.

Addressing family violence

As described in previous chapters, patriarchal family structures and the changing roles of women upon arrival in Australia are associated with family violence, one of the most common factors associated with notifications in this study. Practitioners noted the complexities in engaging men in families where family violence was an issue, and community participants highlighted that domestic violence may remain hidden in families because of the shame associated with it and that women may remain in violent relationships because of the traditional expectations for a two-parent family. These issues are not isolated to families from refugee or non-English speaking backgrounds [13].

While service providers are aware that some refugee families are experiencing domestic and family violence, research suggests that few refugee women access sexual and domestic violence services. A number of barriers to the disclosure by CALD women of experiences of family violence can be found in the literature. These include, but are not limited to [118,119];

- Isolation from family support
- Fear of betraying their culture
- Inadequate English skills to communicate and engage help
- Shame with respect to family honour
- Fear of deportation
- The responsibility of keeping the family together
- Lack of trust
- Fear of disclosure
- Fear of retaliation
- Cultural tolerance of violence against women
- Lack of awareness about family violence
- Lack of culturally specific services.

It is important that child protection practitioners are aware of the existence of these barriers, many of which are cultural, and are given strategies to work with families to overcome them.

Collaboration within and across agencies

From the case file analysis, it was apparent that families were in contact with a broad range of human services including both mainstream services and those specifically designed for clients from migrant and refugee backgrounds.

Practitioners identified the importance of both internal and external collaboration as strategies to improve their work with refugee families. The importance of strong inter-agency partnerships with key people and the need to develop networks with other agencies both inside and outside of Families SA were highlighted. In addition, the external collaboration with settlement services and other support services such as the Migrant Resource Centre, Lutheran Community Care and the Australian Refugee Association was emphasised. Again, practitioners noted the value in networking within Families SA including with the Refugee Services Team and District Centres and individuals who are developing work in this area. Family and community participation in decision-making were seen as a useful strategy in bringing together families, other agencies and Families SA practitioners to address child protection concerns. The importance of learning from successful work with previous waves of refugee settlement and the need to transplant successful interventions were also highlighted.

... if there has been an issue that means that we don't actually have to work through the child protection unit, we will use our family care meeting using members of the cultural community that the family chose to be there and they will be part of that. It takes a lot of time, a lot of effort to plan. It is effective in terms of getting the child back into the home, effective in terms of our reputation in the community, effective in terms of the partnerships we've built up with other agencies (we get the other agencies involved in the family care meetings) and the partnerships we build up with the different CALD communities.

(Families SA focus group participant)

However while interagency collaboration was viewed as an important resource in working with refugee families, practitioners and some community members reported that there were factors inhibiting this such as; lack of resources, limited availability of programs including a lack of services after hours, the perceived tensions involved between services for refugees and migrants in South Australia, competition for funding and limited knowledge of or contact with external agencies.

Establishing formal links with organisations as well as specific organisational policies and procedures were also suggested as ways to improve work with families from refugee backgrounds. However, the need to avoid 'screeds of policy' was highlighted, and members of the community focus groups identified that policies should be developed with community members and monitored and updated regularly.

Supporting practitioners to be culturally competent

Some of the difficulties families perceived in engaging with Families SA included a lack of cultural understanding on the part of workers, which not only affects engagement with families, but the components of interventions and expectations for changing behaviour. The difficulties of knowing about all cultural groups were highlighted, particularly when intra-cultural variation is great with respect to childrearing. This was especially true regarding situations where domestic violence and mental health were suspected concerns for family members. Expectations of workers about these issues were not always seen as culturally appropriate. There were also perceived limitations in expecting people to engage with services for assistance with these issues, when clients are from cultural backgrounds where such problems are kept within the immediate family or community.

Barriers include the worker's own ignorance of people's culture. Someone identifies themselves as Muslim and that must mean certain things. Someone from Iraq /Pakistan/ Iran – people have opinions based on what the media tells us (what we read in the papers and what we hear)

(Families SA staff telephone interview)

RESOURCES

Practitioners reported a range of issues within their organisation that challenged their work with refugee families, including lack of time, competing priorities, staff turnover and lack of cultural awareness, knowledge and training.

In particular, practitioners who have little time in their casework have limited opportunity to become familiar with the cultural background of families by researching the country of origin of their clients, their cultural practices, the current situation in their country, and their refugee experiences or time to engage and develop trust with these individuals.

> *I think resources is a huge one. Just even in terms of time. Sometimes, you don't have the time to sit down and research it in as much as depth as you need to about a specific culture and family.*
>
> (Families SA focus group participant)

Families SA practitioners identified a range of resources and support that had assisted them or could assist them in their work with refugee families. The need for education, training and information about the diverse refugee communities arriving in Australia was highlighted. The need for this cultural awareness training to be ongoing rather than a one-off session was emphasised. Practitioners noted the importance of receiving up-to-date, regular feedback and education about the different histories and culture of refugees and their previous experiences (torture /trauma). Practitioners also discussed the importance of preparation and the recognition that each culture is different and that each family comes with their unique experiences. Being able to consult with professionals with expertise in working with refugee families was also considered a useful resource.

> *You know there will always be different waves of refugees coming from different areas as well. So I think it's very important to be constantly providing that cross-cultural training for the culture that is predominant at the time.*
>
> (Families SA focus group participant)

Practitioners described the usefulness of programs and teams within Families SA, although it was felt that not all practitioners are fully aware of the services offered within the Department. In particular, some practitioners did not know the role of the Refugee Services Team or were not informed of the work of other District Offices with refugee families (e.g., the Incredible Years program trial).

One refugee community member suggested that the communities themselves could create resources which could assist with the exchange of information about different cultural groups.

> *What I suggest myself is to learn new arrivals about the law in Australia regarding the kids. Second thing, the Australian authorities have to learn a little bit about the culture, Arabic culture because they can't just oblige someone to accept the new situation and forget all things about the old culture. The two of them have to learn, one from the other otherwise you will have lots of cultural issues, lots of social issues and a lot of broken families.*
>
> (Iraqi focus group participant)

Family intervention and community development strategies

> *"More prevention education programs, early intervention programs are needed rather than addressing [child protection] when investigation is required, as a model this is often inappropriate with refugee backgrounds: clients require time, trust, ongoing engagement with services to succeed."*
>
> (Families SA survey respondent)

For some of the families involved in Stage Three of this project the differences between the expectations and the realities of parenting in a new culture were of such significance that participants had considered returning to their country of origin or to countries with similar cultural beliefs around childrearing. It is important to note the changing standards regarding what is culturally acceptable parenting behaviour in different countries. Some of the parenting beliefs and practices that participants described as normative in their countries of origin (e.g., the roles of males in households, roles of extended family members in providing parenting support, and the use of physical discipline) were also regarded as normative in western societies until relatively recently [120,121], and remain so for many Australian families [122]. Also, concerns about cultural gaps between parents and their adolescent children are a very common problem in Australian families, although these concerns are almost certain to be exacerbated by differences in language and literacy acquisition and other aspects of acculturation in migrant families.

A range of strategies were suggested by participants to help address some of these challenges to parenting in a new culture. These strategies covered a range of agencies including schools, police and child protection and family support services as well as having implications for community members themselves.

IMPROVING RELATIONSHIPS BETWEEN PARENTS AND CHILDREN

"The Australian way has influenced our own culture and we have adapted to this new way because of freedom that is available in this country. There is freedom for children to express themselves and school encourages them to do that. Sometimes, the kids don't respect their elders. We do agree with freedom to express themselves but we still have to guide them using our culture and it's difficult to do so. Freedom of speech is difficult to accept but we have to accept."

(Vietnamese established community focus group participant)

Historically, approaches designed to promote well-being that have been used with children and adolescents from refugee families have tended to focus on the children and involve families only peripherally (for a review see Lemerle & Prasad-Ildes, 2004 [123]). However, family-centered approaches that identify and enhance refugee families' existing skills and strengths have the potential to improve the mental health and well-being of all family members, and to promote a home environment that facilitates positive child development [124].

As would be expected, children tend to acculturate more quickly into a new society than do adults who are often more isolated within the host community than their children. Peer influence, the education system and Australian culture in general encourage children to be independent. Consequently children from refugee families are exposed to things they would not necessarily experience in their country of origin. This can make parenting difficult as parents are confronted with parenting situations that are unfamiliar to them and that they are very likely to be unprepared for.

But you know most of the time, really we're surprised. When you see, when you hear from a teenager things you are not aware of. They say, "this is not illegal" and you're surprised, "oh, isn't it illegal?" They know more, they go to school, they read... They tell you something and you're surprised when you hear.

(Iraqi focus group participant)

Nearly all community focus groups expressed their concerns and worries about the consequences of independence for their children and of the impact that their children's growing independence had on their relationships with their children, on themselves and on their community. Parents were worried about the safety and well-being of their children and were concerned that they were drifting away from the guidance of parents.

ENCOURAGING PARENTS AND CHILDREN TO COMMUNICATE

A number of community focus group participants suggested that one way to improve relationships between parents and their children in this new cultural setting was to talk to their children and encourage their children to talk to them. This included learning to control emotions during these conversations. Some parents were receiving parenting information and developing new communication skills with their children. Vietnamese communities, having been here longer, have found different ways to effectively communicate with their children which they have developed over time and have found to be very beneficial in raising the next generation of children. This is an important point and highlights that communication between parents and children needs to be developed and nurtured in newer refugee groups.

When I first came to Australia, I was shouting at my son. I realised when I came here, I was not communicating with my children. I needed to sit down and explain with them and communicate. He comes home and talks to me. At the moment, he is still young. When he becomes older, he will talk less.

(Vietnamese established community focus group participant)

ENHANCING COLLABORATIVE WORK BETWEEN FAMILIES, COMMUNITIES AND SCHOOLS

Refugee participants highlighted that collaboration between refugee communities, families and schools would help to address problems between children and families in a consistent manner. In some cultures, there may be only weak links between families and schools, with little parental involvement. This may be because a parent visiting a school is associated with their child being in trouble or because communication between teachers and parents is limited because of English language difficulties [89]. It was suggested that greater parent-school involvement could be achieved by establishing parenting committees to resolve parenting issues. Sudanese participants also spoke of increasing community members' knowledge of and involvement with schools to enable joint approaches to managing children's behaviour. Participants requested that police and schools discuss their concerns with parents before acting on the information given to them by children and schools. It was felt that this would give parents an opportunity to explain their child's behaviour or their own behaviour and allow them to dispel misunderstandings or alter their own behaviour if necessary.

A strategy that was working in Africa that would also work here - if you have a child, the child is not just yours, but is for everybody. Everyone can look after the child. When the child starts school, there is a parent committee – if there is a problem, it would go to the committee, and they would call the parent and call the child, and listen to both about the problem, and work out who is in the wrong.

(Burundian and Congolese women's focus group participant)

PROVIDING PARENTING SUPPORT

INFORMATION

Overwhelmingly staff and community participants described a need for information for new arrivals regarding parenting in Australia, details of Australian laws and information about the role of Families SA. This information was seen as a crucial step in the prevention of serious problems between parents and children because parents would receive information about strategies to assist them to parent in an unfamiliar culture, and because it would increase their awareness of services and supports available to them in their parenting roles.

> *We would like information sessions from Families SA – when families first arrive they are provided with information by services such as Centrelink. Families SA could provide information about parenting in Australia, relationships in Australia, the rights of the children and rights of the parents.*
>
> (Burundian and Congolese women's focus group participant)

The timing, mode of delivery and setting for the delivery of this information were seen as very important in avoiding information overload, allowing people to ask questions in comfortable settings and providing opportunities for interaction with those delivering the information.

> *What I have identified is that a lot of the refugee new arrivals get a lot of information when they first arrive and remember a little bit of it but I think they are given too much information...Years gone by where we had private hostels and you were given information slowly, … I think it's the follow up stuff that families don't get.*
>
> (Families SA focus group participant)

Suggestions in addition to paper-based resources, as to modes of delivery, included:

- DVDs
- websites
- telephone helplines
- workshops
- information sessions and
- home visits.

At the moment it seems that communities are required to take the initiative to seek information, which can be difficult if these sources of information are not known or if the community members perceive that they don't have adequate links with services. For example, a Somali community member reflected that the community did not have access to adequate support from a settlement agency because there was no Somali community worker within the organisation.

In addition to the provision of information regarding parenting in Australia, participants suggested a need for a consultative service where parents could seek advice and support, and in which reports of child protection issues (where appropriate) could be discussed with children and parents.

> *I would love Families SA sometime to act in a way that if I can't do something about an issue, I can use them for advice and support – I don't want them to make a file about that, I don't want them to follow up with my child.*
>
> (Iranian women's focus group participant)

PROVIDE PREVENTATIVE, EDUCATIONAL AND EARLY INTERVENTION PROGRAMS OR PARENTING GROUPS

Families SA staff suggested expanding the provision of information about the laws around child protection and parenting through preventative, educational and early intervention programs or parenting groups that address some of the underlying issues facing refugee families as they start their new life in another country. The provision of such programs and activities would allow for the engagement process to begin, relationships to be made and trust to be built between refugee communities and support services whose role is to support parents and families in their parenting roles. It would also serve as an avenue where information can be shared, myths dispelled (e.g., the role of Families SA to remove children from their families) and stereotypes and assumptions avoided. These types of programs could provide an important avenue for refugee families as the majority of focus group participants who spoke about agency help, with the exception of the Madi Sudanese community, said that they did not access agencies for help with parenting. There were a number of reasons given for this, including difficulties with English language, information not being translated in a way that is appropriate to the community, not knowing what agency help was available, not feeling understood or listened to by agencies, and negative experiences when accessing services.

Approaches that work best to enhance parenting skills are those that incorporate early intervention, are culture and value sensitive (i.e. are family-centred) and that help to relieve stressors in the environment [115]. Family centred approaches are ones that: (1) identify and build on family's strengths; (2) take a family-centred approach to individual problems; (3) provide flexible, holistic services; (4) emphasise prevention and early intervention; and (5) build community-based and collaborative partnerships among and between families and professionals [115].

ENHANCING ACCESS TO CULTURALLY RESPONSIVE CHILDCARE POSITIONS

The suggestion of accessible and affordable child care was emphasised by a number of participants from different cultural groups, and a range of models were suggested. Culturally responsive models were advocated, particularly by Muslim participants who had experienced difficulties in finding childcare placements that suited their cultural requirements. It was believed that child care and support in childminding would help serve some of the functions of communal childrearing as experienced in the absence of family members to look after children. Innovative models were suggested which included the engagement of older community members to care for children which would enhance children's connection to their culture of origin. Such playgroups and childcare can play a great role in providing parents with opportunities for informal social interaction and learning [13].

Because we have a Muslim background it is hard to trust child care (e.g., appropriate food, what children are taught), multi-cultural child care would help.
(Somali focus group participant)

All of us here are illiterate people. We have Elders whose children have grown up but they have not gone to school to get accreditation to look after the children. Can there be a Centre created for children with the grandparents looking after them? Where are they going to get their English? This creates a sense of fabric in society of social work. The culture is passed on, grandparents earn a bit of money (an incentive) for 5 hours a week.
(Madi Sudanese women's focus group participant)

SOCIAL GATHERING PLACES AND ENHANCING SOCIAL SUPPORT

It is important that programs provide families with informal and instrumental support to help parents provide a stimulating environment for their children [115]. Research highlights that informal supports (e.g., support from family and friends) are very powerful and are better for learning than more formal supports [3,105]. A survey of parents in the US identified informal supports as preferable to formal supports in providing help with parenting [11]. Building such supports may serve to prevent difficulties in the parenting role upon transition to a new country.

Formal supports which mirror informal ones can help develop and maintain informal supports [105]. Further, negotiating different services (for parents and children) and being able to talk to professionals may serve as a protective factor [48,56,125]. In a study of American families, only 47% of parents asked for help with parenting from any type of source (including friends, family or community services), suggesting that parents are more likely to take part in asset-building activities they can do by themselves [11]. It is important therefore that components are built into programs which help parents negotiate with services and to teach workers to communicate with parents from a variety of socio-cultural backgrounds [108].

The Somali community discussed the need for a social gathering place for community activities, and the need for activities for their young people that can help integrate them into the community especially as some of their young men were getting into trouble having nothing to do after school. Traditionally, young women stay at home and they also need some structured activities including night classes, mothering classes and a regular gathering for mothers to talk together and mix with others. It has also been noted that new mothers from CALD backgrounds may particularly experience social, cultural and economic isolation [13]. It is important that these women have opportunities for informal networking both for themselves and their children [13].

KEY POINTS

Factors identified as facilitating work with refugee families;

- Personal characteristics including respect, humour and adaptability
- Professional characteristics including the ability to build trusting relationships with families and improve the social supports, negotiation and participation skills of families
- Gathering accurate information about the cultural and religious backgrounds of families
- Being aware of the pre-migration and post-migration experiences of refugee families
- Understanding that concepts of 'mental health' and 'counselling' may be unfamiliar to refugee families
- Engaging community and religious leaders as supports when working with families
- Using appropriate interpreters and cultural consultants
- Identifying and addressing community perceptions of Families SA
- Recognising that domestic violence may remain hidden in some families and providing ways which may help facilitate its disclosure
- Collaboration with services designed specifically for families of migrant and refugee backgrounds
- Organisational support which allows practitioners to be culturally competent in their practice including, communication with refugee families and communities, staff training and resources (including time to become familiar with the backgrounds of their clients)
- Strategies which may prevent parenting difficulties or stop parenting problems escalating to the extent that child protection intervention is required include:
    - Improving relationships between parents and children by encouraging parents and children to talk to each other
    - Encouraging communication and collaboration between refugee families, communities, schools and the police to address problems between children and parents
    - Ensure support is available for parents in the form of;
        - parenting information for newly arrived families
        - preventative, educational and early intervention programs
        - culturally responsive child care
        - access to social gathering places.

Summary and conclusion

chapter 10

This report set out to address four research questions each of which are discussed below. Because it is unknown both how many clients from refugee backgrounds are coming into contact with the child protection system in South Australia, and how many individuals from refugee backgrounds actually reside in South Australia, it was not possible to answer the first part of research question one: To what extent are newly arrived groups coming into contact with the child protection system?

(1) What are the incidents that bring refugee families into contact with the child protection system?

As noted in the research limitations section of this report, the types of incidents that bring refugee families into contact with the child protection system cannot be presumed to occur to a greater or lesser extent than in mainstream Australian families because comparison data was not collected for mainstream Australian families.

The most common type of incident bringing refugee families into contact with the child protection system were incidents of physical abuse, some of which related to the use of physical punishment as a form of discipline. It is difficult to draw any conclusions regarding the predominance of physical abuse notifications (e.g., relationship to cultural beliefs around physical discipline) due to the limited background information. Domestic violence incidents were the second most common type of incident and were primarily the result of children witnessing domestic violence. Incidents of neglect, particularly children being left without adult supervision were the third most common reasons for a child protection notification being made. In most of the cases where children were left alone, the mother was a sole parent and half of the notified families had four or more children living with them.

Less commonly notified incidents, or incidents which occurred in a small number of families included the physical neglect of children and/or the family home, medical neglect, children not attending school, children running away from home, sexual assault or risky adolescent sexual behaviour, and child self harm.

(2) What are the 'drivers' or influences on these incidents?

Research tells us that many of the factors associated with parenting difficulties in Western countries (e.g., parental mental health problems, poverty, physical health problems, social isolation, children's behavioural problems) are experienced by refugee parents [16]. Research also shows that refugee parents experience additional stresses associated with the experience of torture and trauma, changes to family roles, separation or death of family members, language difficulties and different cultural expectations about behaviour [37,98,126]. Analysis of data extracted from Families SA *'Client Information System'* and interviews with Families SA practitioners and refugee community members reflect the findings from this body of research. Domestic violence, maternal mental health problems, alcohol abuse, past trauma, death of family and friends, and difficulties with English were some of the prevalent issues facing refugee families where notifications of abuse had been substantiated. For these families the problems were on-going, resulting in a history of child protection notifications.

Domestic violence emerged as a common background issue facing many of the refugee families for whom child protection notifications were made. Unfortunately there has been little research to date regarding the prevalence and impact of domestic violence in refugee families, either in Australia or internationally. A recent Australian report reviewing family and domestic violence in CALD communities throughout Australia [127] concluded that it was generally difficult to obtain data about domestic violence against women in the mainstream Australian population and that it was even more difficult with respect to women from CALD communities because they were even less likely to seek assistance or report to police. An international review of the literature on immigrant women's' experiences of domestic violence suggest that the incidence is not higher than mainstream populations but *'that the experiences of immigrant women in domestic violence situations are often exacerbated by their specific position as immigrants, such as limited host-language skills, isolation from and contact with family and community, lack of access to dignified jobs, uncertain legal statuses, and experiences with authorities in their origin countries'* [128]. A South Australian study by Bagshaw and Chung [129] found that the needs of children from CALD backgrounds who witness domestic violence are further complicated by the stress of migration and cultural beliefs and practices. The authors of this study highlight that generic services for children are limited and that workers delivering these services are often unaware of the special challenges facing children from non-English speaking backgrounds.

The families who might benefit from more early intervention and prevention efforts face the challenges of adapting to unfamiliar parenting styles, finding new supports to replace the traditional community and family supports that they have lost, and adjusting to new roles within the family brought about by the loss of family members and the influences of a new culture.

(3) What does the current literature and learnings from previous waves of immigrants/refugees tell us about good practice/models here and interstate/overseas?

There was very little published literature about good child protection practice models for working with refugee families. The literature reviewed in this report highlights the benefits of taking an 'ecological systems practice perspective' to assessment and intervention with children and families, by developing an understanding of the pre-migration and post- migration experiences of refugee families. Being aware of these experiences places practitioners in a better position to meet the needs of refugee families, by understanding their strengths, being aware of possible health and mental health issues, knowing what are appropriate supports within the service and refugee communities that enable families to stay together and understanding cultural practices including gender roles, child rearing, views on health and mental health and help seeking behaviour. The literature strongly emphasises the importance of cultural competence in child protection practice with refugee families (discussed in greater detail below). The importance of good resource bases including familiarity with the full range of community resources and good working relationships and formal agreements across service systems is also highlighted.

The literature describing the characteristics of effective parenting programs to promote family well-being in culturally and linguistic diverse families highlights a number of good practices and approaches that can inform good practice with refugee families.

Approaches that work best to enhance parenting skills are those that incorporate early intervention, that are culture and value sensitive (i.e. are family-centred) and that help to relieve stressors in the environment [115]. Family centred approaches are ones that; (1) identify and build on family's strengths, (2) take a family-centred approach to individual problems, (3) provide flexible, holistic services, (4) emphasise prevention and early intervention, and (5) build community-based and collaborative partnerships among and between families and professionals [115].

Podorefsky et al [130] have highlighted the need for family-centred, strengths-based approaches that also address immediate context-based problems when families are facing adversity. Without addressing these problems, there will be few resources or time able to be devoted to less salient issues.

It is also important to incorporate community-based and informal supports (in support networks) rather than just use formal mental health services as the latter are less likely to be used by families experiencing adversity [11].

(4) What child protection, family intervention and community development strategies are required? In particular, what is culturally competent child protection practice for these arrivals?

FAMILY INTERVENTION AND COMMUNITY DEVELOPMENT STRATEGIES

When refugee focus group participants were asked about parenting in Australia the overwhelming response was that the traditional expectations of refugee parents regarding the role of children in the family and society have been severely challenged by Australian culture. In particular parents spoke of their children's growing independence and of the factors that are perceived to support this independence including children's rights, government financial support for children, the perceived role of schools and police in encouraging children to challenge their parents' authority and the often rapid acculturation of their children to Australian societal norms. These concerns were also reflected by Families SA staff who highlighted the differing expectations about parenting practices and the role of government agencies as factors influencing their work with refugee families.

A range of strategies were suggested by participants to help address some of these challenges to parenting in a new culture. These strategies covered a range of agencies including schools, police and child protection and family support services as well as having implications for community members themselves. The proposed strategies included:

- Encouraging parents to communicate with their children
- Enhancing collaborative work between families, communities and schools to address problems between children and families in a consistent manner (these included establishing parenting committees to resolve parenting issues)
- Providing information for newly arrived families about parenting in Australia at a time and in a manner which suits the needs and preferences of families (such information could include providing a consultative function in which parents can anonymously seek assistance as required to address parenting difficulties)
- Providing preventative, educational and early intervention programs or parenting groups to address some of the underlying issues facing refugee families as they start their new life in another country
- Enhancing access to culturally responsive childcare positions.

CULTURALLY COMPETENT CHILD PROTECTION PRACTICE

Families SA practitioners have recognised that many of the issues facing refugee families coming to Australia relate to their previous experiences, mental health, alcohol abuse, financial difficulties and highlight the ongoing support these families need. They have also highlighted the role that cultural practices play in making the transition to a new culture challenging for many refugee families. Considerations such as training, time, personal and professional characteristics and knowledge of communities and services were seen as key to culturally competent practice with

refugee families. The importance of working co-operatively within Families SA (e.g., making better use of the Refugee Team) and with other agencies who work with refugee and migrant families, was also emphasised. Further, existing models of practice and effective strategies are being implemented within Families SA ranging from the utilisation of the Family Care Meeting Model, engaging community elders and working collaboratively between and across organisations.

Suggestions to continue these successful strategies and to develop promising programs include:

- Providing information to people from refugee backgrounds around child protection laws and parenting in Australia – this could include preventative, educational and early intervention programs or parenting groups
- Developing links with communities, particularly elders and community leaders, through a range of community engagement activities
- Employing specialist staff within and external to Families SA to act as a liaison between workers and families
- Enhancing the child protection knowledge of interpreters and translators
- Up-to-date and ongoing education, training and information about the diverse refugee communities arriving in Australia
- Employing and supporting staff who are respectful, adaptable, use humour, have an ability to build trusting relationships and who can work with interpreters appropriately
- Developing and formalising relationships between external and internal refugee support and settlement agencies
- Providing time, policies and procedures to support working with refugee families
- Identifying and transplanting successful and promising strategies (e.g., the Incredible Years program) across District Centres

Conclusion

The principal finding from this research is the critical significance of culturally competent child protection practice when working with refugee families. This includes the development of a child protection workforce that is well prepared and confident to address the needs of refugee families who come into contact with the child protection system. Equally important, culturally competent child protection practice requires establishing and maintaining good relationships with refugee communities based on two way communication and collaboration.

Morland and colleagues [17] highlight the:

> *"potential for tragic consequences to newcomer refugee families when cultural differences, misunderstandings, language barriers, and a lack of cooperation exist between public child welfare, newcomer refugee families, and refugee-serving agencies".*

There is evidence that culturally competent models of practice and strategies are being implemented within Families SA including the use of the Incredible Years program, engaging community elders and working collaboratively between and across organisations.

It is also clear that refugee community members are keen to develop working relationships with Families SA to help families and communities stay together.

It is important that existing initiatives, practices and opportunities are encouraged and built upon. One way this may be achieved is to develop a toolkit for Families SA practitioners, that draws on (1) the evidence base provided by this research project, (2) the practice wisdom and experience of Families SA staff, and (3) the knowledge and advice of refugee community members.

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Appendices

Appendix One: Proforma to record notification data extracted from Families SA's Client Information System

DEMOGRAPHIC/SOCIAL/CULTURAL DATA:

Id. Code: (Number)
Child's gender: Male / Female
Child's date of birth: Day / Month / Year
District Centre:
Child's Country of origin:
Africa:
Sudan
Somalia
Kenya
Ethiopia
Uganda
Yemen
Liberia
Other African (specify)
Middle East:
Iraq
Iran
Afghanistan
Other Middle Eastern (specify)
Former Yugoslavia:
Serbia
Montenegro

Slovenia
Croatia
Macedonia
Bosnia
Asia:
East Timor
Other Asia: (specify)
Other: (specify)
Migration Status:
Temporary Protection Visa
Permanent Protection Visa
Unknown
Date of arrival in Australia: (month/year)

PARENTAL CHARACTERISTICS:

Mother's date of birth: Day/Month/Year
Father's date of birth: Day/Month/Year
Mother employed? Yes / No / Unknown
Mother's Occupation: (text)
Father employed? Yes / No / Unknown
Father's occupation: (text)

HOUSEHOLD CHARACTERISTICS:

Family Type:
Sole Mother
Sole Father
Couple (Married)
Couple (Defacto)

Couple (Step/Blended)			
Other: (specify)			
No. of other children in home:	**Gender**	**Date of birth**	**Relationship to identified child**
Child One	Male/Female	Day/Month/Year	Sibling, Cousin, Unrelated Other: (Specify)
Child Two (etc)	Male/Female	Day/Month/Year	

No. of other adults in home:	**Gender**	**Relationship to identified child**
Adult One	Male/Female	Grandparent Aunt/Uncle Unrelated Other: (Specify)
Adult Two (etc)	Male/Female	

CHILD PROTECTION HISTORY:

Number of Notifications: (Number)

(Repeat child protection history section for each notification received in relation to child).

Notification Rating:	
Tier One	
Tier Two	
Tier Three	
Notifier Concern (NOC)	
Abuse Type:	(May tick more than one box)
Neglect	
Physical	
Sexual	

Emotional	
High Risk Infant (HRI)	
Comments/Reason for notification: (Qualitative text box)	
Notifier Source:	
Family Member	
Friend of family	
Neighbourhood/Community Member	
Police	
School	
Hospital or health worker	
Adult mental health worker	
Child mental health worker	
Child care worker	
Disability SA worker	
Housing SA worker	
Anonymous	
Other: (specify)	
Notification investigated? Yes / No	
Abuse confirmed? Yes / No	
Outcome:	
Child removed	
No grounds for further intervention (NGI)	
Referred to police	
Referred to other agency: (specify)	
Other: (specify)	
Comments: Outcome:	

(Qualitative text box)	
Other factors contributing to notification:	**(May tick more than one box)**
Financial Problems	
Housing instability/Homelessness	
Domestic/Family Violence	
Substance Misuse	
Mental illness	
Physical Disability	
Physical Illness	
Intellectual Disability	
Parents deceased	
Parents detained	
Parents incarcerated	
Other: specify	

Comments: Other factors contributing to notification

(Qualitative Text Box)

Interpreter requested? Yes / No

English Proficiency:
Low
Medium
High
Unknown

CARE HISTORY:

Was the child placed in out-of-home care as a result of this notification? Yes / No	
Type of placement:	**No. of placements:**
Foster Care:	
Emergency	
Respite	
Short term	
Long term	
Formal Relative/Kin Care:	
Emergency	
Respite	
Short term	
Long term	
Informal Relative/Kin Care:	
Emergency	
Respite	
Short term	
Long term	
Other: specify	
Comments re placement(s): e.g. culturally appropriate (Qualitative text box)	

Type of authority/orders	**No. of authority/orders**
Parental Authority	
Voluntary Care Agreement	
Investigation and Assessment Order	
12 month Care and Protection	

Order	
GOM to 18 years	
Total length of placement time (continuous care): (Number) Days/Months/Years	
No. of siblings in out-of-home care: (Number)	

SOCIAL SERVICES, SUPPORTS AND COMMUNITY CONNECTIONS:

Level and type of extended family available (Qualitative text box)
Level and type of connections with community (Qualitative text box)
Level and type of connections with services (Qualitative text box)

(ID Number)

WORKING WITH REFUGEE FAMILIES SURVEY

Thank you for taking part in the Working with Refugee Families Project. Please read the attached information sheet, complete the survey below and return it in the reply-paid envelope provided by the Senior Practitioner of the Intake Team.
If you would like to indicate your interest in taking part in a focus group to talk about working with refugee families in more detail, please also complete and return the "Focus Group Interest" slip at the end of the survey.
Thank you for your time and attention in providing your responses to the following questions.

1. Which District Centre are you from?

- ☐ Aberfoyle Park
- ☐ Adelaide
- ☐ Elizabeth
- ☐ Ceduna
- ☐ Coober Pedy
- ☐ Enfield
- ☐ Gawler
- ☐ Kadina
- ☐ Marion
- ☐ Modbury
- ☐ Mount Barker
- ☐ Mount Gambier
- ☐ Murray Bridge
- ☐ Noarlunga
- ☐ Port Augusta
- ☐ Port Lincoln
- ☐ Port Pirie
- ☐ Riverland
- ☐ Salisbury
- ☐ Whyalla
- ☐ Woodville
- ☐ Other (please specify)

.....

2. What is your current role with Families SA?

- ☐ Senior Practitioner
- ☐ Social Worker
- ☐ Supervisor
- ☐ Other (please specify)

.....

3. What is your current employment level?

- ☐ PO1
- ☐ PO2
- ☐ PO3
- ☐ I'm not sure / I don't know

4. How many years experience do you have working in the child protection system?

.....

5. Have you worked with any recently arrived refugees (arrived in the past 5 years) regarding child protection matters?

☐ Yes

☐ No

Please answer the following questions that are relevant to you. If a question is not relevant to you, please write N/A in the space provided.

6. How many recently arrived refugees do you currently have on your caseload?

.....

7. What are the most predominant child protection concerns you have dealt with amongst refugee families?

.....
.....
.....
.....
.....

8. From your experience, what are the underlying issues that lead to child protection concerns for refugee families?

.....
.....
.....
.....
.....

9. Overall, how confident are you working with newly arrived refugee families?

☐ Not at all confident

☐ Slightly confident

☐ Moderately confident

☐ Quite confident

☐ Very confident

Comment:

.....

10. Have you received any cultural awareness training? (Not including Aboriginal Awareness Cultural Training)

☐ Yes

☐ No

☐ Don't Know

11. From your perspective, what are the hardest issues in working with refugee families?

.....
.....
.....
.....
.....

12. What resources and support assist you in your work with newly arrived refugee families?

.....
.....
.....
.....
.....

13. Do you have any suggestions which might help Families SA work better with refugee families and communities?

.....
.....
.....
.....
.....

Focus Group Interest

I would be interested in taking part in a focus group to talk in more detail about working with refugee families.

☐ Yes ☐ No

Appendix Three: Telephone/Focus Group Interview with Families SA Practitioners

Background

The Working with Refugee Families Project is a collaborative research project between the Australian Centre for Child Protection and the Department for Families and Communities (DFC). It is funded by DFC and Families SA. The aim of the Project is to identify the factors and issues which facilitate and inhibit effective parenting in newly arrived and established refugee communities. The Project comprises three stages:

1. Case File Analysis (extracted from the Families SA 'Client Information System' (to get a snap shot of refugee families' involvement with the child protection system and to use this snapshot to inform the second and third stages of the Project).
2. Worker or Professional Survey and Focus Groups (to identify the factors that facilitate and inhibit professionals working with refugee communities).
3. Community Forums and Focus Groups with seven Refugee Communities (to find out what has helped parents bring up their children in Australia and what things have made it hard and difficult for them in a new culture, and also to find out what services such as Families SA can do to help parents and families from refugee backgrounds).

Structure of Telephone Interview includes:

1. Obtaining informed consent (oral consent)
2. Group discussion around five broad questions relating to working with refugee families
3. Discuss vignettes provided

Broad Focus Questions:

- **What barriers have you encountered / do you think you would likely to encounter when working with refugee families?** (Prompt: What are things that stop you from working with refugee families?)
- **Are there certain things that (could) limit the work you do with refugee families?**
- **How does language act as a barrier to working with refugee families?**
- **In your experience, what has worked well, when working with the refugee families?**
- **What can Families SA do differently in working with refugee families?**

Vignettes, developed from Stage 1 will also be used to stimulate discussion about the facilitators and barriers to working with refugee families and communities (these are provided in Chapter 7 of the Report).

Case workers will be asked to think about the following questions in relation to their chosen vignette.

- Discuss the issues you think you may encounter when working with this family?
- What approaches do you think might be most useful in working with this family/client?
- What do you think might help you work with this family?
- What other services could be engaged for this family?

Appendix Four: Interviews with Refugee Community Groups

The focus groups with refugee families and communities will not be structured, and instead create a discussion where experiences and stories can be shared between participants. The interviewer will ask broad, open-ended questions, and then depending on the type and level of participants' responses, a range of graded prompts will be used.

Maria Barredo will use the following summary to introduce herself, the researchers and the aims and objectives of the research study to refugee families and communities (Community elders, leaders, researcher/s from UniSA, and interpreters will be present at the focus groups/ community forums).

My name is Maria Barredo and this is Mary Salveron. Mary is a researcher from the University of South Australia. (Maria will also introduce the Interpreters)

When people or families move to a new country, there are certainly many differences that people and families face. These might include differences in the way people do things, the food people eat, the clothes they wear and also the way people live. Another important difference is the way that families live and also how children are brought up or raised. The aim of the research that we're involved with is to find out what your parenting experiences have been since coming to Australia, what has helped you and what has made things harder for you as a parent. We also want to find out what services can do to help parents and families from refugee backgrounds. You can talk in terms of your own experiences or those of others (your friends, fathers, mothers, brothers, sisters, teachers and so on). We're also interested in the things that work well to support refugee families and the things that do not help or do not work so well.

The following broad questions and prompts will be used for refugee participants:

- How do you parent in your own culture? How do you bring up or raise children in your own country?
- What has helped you as a parent in a new culture?

  Prompt – What are some things you or others you know have helped in bringing up your children in a new culture?
- What is hard about parenting in Australia?

  Prompt – What are some of the things you or others you know have found difficult about bringing up children in a new culture? What are some of the things that impact on parenting in Australia?
- What can services do to help you?

  Prompt – How can different organisations best work with you? What do you need to know about? What support do you need?

  How could that be done?
- How do organisations and services best engage refugee families?
- What are some of the things you or others you know have found to work when working with refugee families?
- What are some of the things you or others you know have found not to work so well when working with refugee families?

Appendix Five: Resources and Programs for working with Refugee families

Resources for enhancing culturally competent practice:

"Interviewing Clients Across Cultures: A Practitioner's Guide" by Lisa Aronson Fontes [131]

This book provides information about working with families from different cultural and religious backgrounds. It provides information and case examples relevant to child protection practitioners regarding topics such as: building rapport, nonverbal communication, overcoming cultural biases, effective use of interpreters and taking culture into account in assessments.

BAAF Handbooks

http://www.baaf.org.uk/res/pubs/books/book_cuasc.shtml

The British Association for Adoption and Fostering (BAAF) provides handbooks that are aimed at foster carers looking after unaccompanied asylum-seeking children and young people, consisting of an introductory pamphlet and three pamphlets that focus on young people coming from Eritrea, Afghanistan, Somalia, China and Iran. While the resources are designed for foster carers they provide detailed but concise information about the circumstances these children have experienced, the effect of traumatic events on these young people, what their needs are likely to be, what issues are important for them now, and how to help these young people cope with the profound changes in their young lives.

"Child Abuse and Culture: Working with Diverse Families" by Lisa Aronson Fontes [132]

This book is a guide for US child welfare practitioners working with CALD families in child welfare and child protection services; it includes case examples and reflective questions for practitioners. The book includes a multicultural orientation to child maltreatment work (although a number of examples focus on illegal immigrants to the US and the US welfare system, the contents of the book are generalisable to the Australian context). Chapters include a focus on: working with immigrant families; assessing diverse families; interviewing CALD children and families; physical discipline and abuse; child sexual abuse; working with interpreters; child maltreatment prevention and parent education; and improving the cultural competency of your organization.

Cross Cultural Resource for Health Practitioners Working with CALD Clients

www.iimhl.com/IIMHLUpdates/20080530c.pdf

This is a desktop guide and CD-Rom produced by Refugees as Survivors – New Zealand (RASNZ) designed for health practitioners providing mental health services for refugee clients, as well as health promotion, health education and primary prevention. It includes a guide for assessment, treatment and follow-up and addresses pre- and post-migration stress. The guide includes a cross-cultural pre-interview checklist, interview questions and guidelines for working with interpreters,
as well as greetings and communication tips for working with each culture. The CD-Rom expands upon this information and includes video and audioclips. The resource covers 14 cultures including Afghan, Burmese, Burundian, Cambodian, Chinese, Ethiopian, Indian, Iranian, Iraqi, Korean, Laotian, Somali, Sudanese and Vietnamese.

The Refugee Council of Australia (RCOA) website and bulletins

http://www.refugeecouncil.org.au/

The RCOA website and bulletins provide up to the minute information about issues regarding refugees in Australia. Information includes news updates (including significant changes to humanitarian settlement policies in Australia), details of coming events, and details about research and brief summaries of media stories concerning refugees.

Diversity Health Institute Clearinghouse -
http://www.dhi.gov.au/clearinghouse/default.htm

Diversity Health Institute Clearinghouse is a central access point for Australian multicultural health services, resources, research and projects, training, and events. The Clearinghouse includes information and resources regarding: ageing; child and youth health; community profiles; cultural competence; disability; diseases and conditions; drugs and alcohol; health promotion; interpreting; men's health; mental health; new and emerging communities; policy; refugee health; and women's health.

Empowering Refugees – A Good Practice Guide to Humanitarian Settlement
http://www.immi.gov.au/media/publications/settle/empowering_refugees/index.htm#b

This guide was produced by the Humanitarian Branch of the department for the Research Advisory Council (RAC) of the Standing Committee on Immigration and Multicultural Affairs.

The guide presents government and non-government initiatives from around Australia, that assist humanitarian entrants to settle in Australia in the key areas of health, education, employment, law and community harmony as well as focusing on key client groups: youth, family and women

The guide is intended primarily to be a resource for community workers, other professionals and volunteers working in the field of humanitarian settlement. The grassroots good practice examples presented provide ideas and practical solutions for community and government organisations assisting refugees to settle in Australia. The guide is also intended to be a source of inspiration and information for government policy makers.

Resources for informing communities about child protection:

Parenting Easy Guides: Understanding child protection in SA
http://www.parenting.sa.gov.au/pegs/Peg62.pdf

This guide provides a brief introduction to what is considered child abuse and neglect in South Australia and the government's response to this issue. It can be used to stimulate discussions with community members about parenting practices in Australia, the role of Families SA, and related child protection issues.

Resources regarding domestic violence in CALD communities:

Refugee Settlement, Safety and Wellbeing: Exploring Domestic and Family Violence in Refugee Families – Paper Four of the Violence Against Women Community Attitudes Project – Rees and Pease, 2006 [119]

This report highlights factors associated with family violence in refugee families and reports on a study examining family violence and its correlates in more detail. The report presents a contextual framework for addressing family violence in refugee communities that includes comprehensive strategies in partnership with refugees at the levels of individuals, communities, organisations and systems/structures.

Building Resilience, Sharing Journeys: A Group Therapy Model for Working with Newly Arrived Refugee Women – by Jan Williams [133]

This model was the final stage of the Newly Arrived Refugee Women's Health and Well Being Project which was conducted in partnership between Women's Health Statewide and the Migrant Health Service in SA. The model was developed as an early intervention program to address the needs of newly arrived refugee women who may be at high risk of developing emotional health problems due to pre- and post-migration stresses. This final resource package includes the literature review and the group therapy program as a combined tool aimed at increasing the confidence and ability of community health workers intending to run therapeutic support groups for newly arrived refugee women. The program uses a combination of eight information sessions and group therapy to cover topics such as: resettlement issues, personal safety and family violence, cultural change and transition, physical and emotional health, identifying personal goals and self care. The various session topics provide safe beginnings for talking about potentially confronting and difficult issues such as family violence and child protection, and to strengthen and build women's personal resilience.

Resources for interagency collaboration regarding clients who are refugees:

Bridging Refugee Youth and Children's Services: A Case Study of Cross-Service Training – Morland et al, 2005, Child Welfare, 84(5): 791-812 [17]

This paper appears in a special issue of the journal Child Welfare containing papers regarding Immigrants and Refugees in Child Welfare. The paper explores tensions for refugee families with the child welfare system and describes a cross-training model designed to enhance collaboration across child protection/welfare and refugee support services.

Australian and South Australian Services and Resources specifically for CALD and refugee families

Support Services for Women

Migrant Women's Support and Accommodation Service Inc - *www.migrantwomensservices.com.au*

The Migrant Women's Support & Accommodation Service Inc. is a service provider whose mission is to promote the basic human rights of non-English speaking women and children from culturally and linguistically diverse backgrounds, so that they may live free of domestic violence. This organisation offers culturally responsive services within a social justice framework, which will enable clients to achieve their maximum potential as members of the Australian multicultural society.

Mental Health

Survivors of Torture and Trauma SA (STTARS) - *www.sttars.org.au*

STTARS is the Survivors of Torture and Trauma Assistance and Rehabilitation Service. It is a non-government, not for profit organisation with no political or religious affiliations. STTARS has been providing services to torture and trauma survivors in SA since 1991. STTARS assists people from a refugee and migrant background who have experienced torture or been traumatised as a result of persecution, violence, war or unlawful imprisonment prior to arrival in Australia.

Multicultural Mental Health Australia - *www.mmha.org.au*

Multicultural Mental Health Australia (MMHA) aims to provide national leadership in building greater awareness of mental health and suicide prevention amongst Australians from CALD backgrounds. It has partnerships with Australian mental health specialists, services, advocacy groups and tertiary institutions, and through these promotes the mental health and wellbeing of Australia's diverse communities via campaigns, projects and information fact sheets. MMHA also produces a series of resources and training for specialist and mainstream mental health professionals. MMHA has connections with CALD consumers/carers through focus groups and by disseminating information on multicultural mental health, support services, stigma reduction and suicide prevention.

Settlement and Refugee Services

Australian Refugee Association (ARA) - *www.ausref.net*

ARA provides advice, assistance, advocacy and practical support with: settlement services; migration services; employment services; public education; and policy and advocacy.

Migrant Resource Centre of South Australia - *www.mrcsa.com.au*

The Migrant Resource Centre of South Australia (MRCSA) is an independent, non-government peak settlement agency responsible for the settlement and participation of migrants and refugee entrants across all of South Australia. These comprise new arrivals from a diversity of cultural and religious backgrounds arriving with their family members or joining family members already settled in South Australia.

The MRCSA provides a broad range of settlement services to migrant and refugee new arrivals, most of whom are in their first five years of settlement. These are aimed at assisting them to adjust to life in Australia, and to link and engage with available services and supports to further their independence and participation in all spheres of community life.

Baptist Community Services and Lutheran Community Care also provide services for refugees.

Health

Migrant Health Service - 08 8237 3900

The migrant health service has a range of clinical practitioners including community nurses, social workers, doctors, massage therapists, child and youth health nurses and multilingual/bicultural health liaison workers and psychologists. There is a strong community development focus with projects and programs for new arrivals. Research, education and training are also part of the service.

The South Australian Refugee Health Network (SAHRN) - www.sarhn.org.au

The SA Refugee Health Network (SARHN) is a network for people, particularly allied health workers and GPs, interested in supporting the health of refugees and asylum seekers. The network now includes GPs, allied health professionals, nurses, pharmacists, researchers, counsellors, psychologists

and representatives from the Migrant Health Service, STTARS, the SA Department of Health and other SA Government Departments, the Migrant Resource Centre, hospitals and Divisions of General Practice.

Resources for enhancing relationships between children from refugee backgrounds and their parents:

The ABCD Program, Parenting Research Centre

http://www.abcdparenting.org/

The ABCD program is aimed at parents who have a child aged 10-14 years. The ABCD program focuses on strengthening parent-child relationships and improving the family connectedness. It empowers parents to enhance their children's development and resilience by building communication and problem solving skills. These skills help parents communicate with their children when dealing with complex issues such as drugs and alcohol. Positive, open relationships between parents and children create opportunities to discuss and reinforce messages about health and safety that children learn at school and in the broader community. Parents, in groups of 10-15, attend either a four-week or six-week format. During sessions parents discuss and practise a range of strategies and ideas including: understanding adolescents; connecting and communicating with teenagers; negotiating boundaries; solving problems so that everybody wins; setting effective limits; dealing with risky behaviour and getting support. Resources are available on the ABCD website, some of which are available in five community languages: Arabic, Macedonian, Spanish, Turkish and Vietnamese. The ABCD program has now been delivered to over 4000 families across Victoria, from English and non-English speaking backgrounds. A group-based ABCD program has also been delivered to parents of adolescents in Victoria's Somali community by trained Somali facilitators.

The BRiTA Project: Building Resilience in Transcultural Adolescents & Children

http://www.health.qld.gov.au/pahospital/qtmhc/projects.asp

The BRiTA Project is founded on an extensive review of the international research literature to identify those elements of resilience in young people that are culturally-determined, and the content has cultural issues woven into each module, both in terms of group activities (both content and processes) as well as topics to trigger group discussions and personal reflection activities. The BRiTA Adolescent Program is a 10-module resiliency building program that utilises creative and interactive activities, discussion questions and take home activities to facilitate the learning of key objectives. It includes a facilitator's manual, participant's workbook, a training program for facilitators and evaluation materials. The BRiTA program is designed for use with small groups in school or community settings or in CALD or youth related agencies. It can be used with young people who were born overseas and migrated here either recently or some time ago, newly arrived refugees, or those who are from 1st, 2nd, or 3rd generation migrant families. Evaluation results suggest that addressing specific issues related to acculturation is significantly more relevant than general stress management interventions, and culturally relevant resilience protective skills rather than universal life skills are clearly more effective for CALD young people. A Primary School program is currently being developed and trialled in Queensland.

Bridging Refugee Youth and Children's Services (BRYCS)

http://www.brycs.org

Bridging Refugee Youth and Children's Services (BRYCS) is a national (US) technical assistance project working to broaden the scope of information and collaboration among service providers - in order to strengthen services to refugee youth, children and their families. The website contains information and resources about positive youth development and parenting in refugee families, and also highlights promising practices for refugee-serving programs. For example, Project CREATE, in central California, was created to bridge the gap between Southeast Asian (SEA) youth and elders and to improve communication between the generations through documentation of life stories and collaborative projects.

Resources for enhancing relationships between parents from refugee backgrounds and schools:

The Rainbow Program for Children in Refugee Families: A collaborative, school-based program to support refugee children and their families – The Victorian Foundation for Survivors of Torture Inc

The Rainbow program is designed to be offered by schools with the support of a counseling agency working with people from refugee backgrounds. The program is intended for early in the settlement period and involves components for children, parents and teachers. The children's component is aimed at children 9-12 years old and focuses on two key themes, identity and emotions, using group-based techniques. The parental component is designed to provide parents with information about the children's component and includes three group sessions where parents can share their concerns and experiences. This component is intended to enhance communication and familiarity with the school. The program also includes a professional development component for teachers to enhance their understanding of the refugee experience and explores the support that can be provided for refugee children in school settings.

DECS – Keeping Safe, Child Protection Curriculum (Preschool to Year 12): Draft support materials for educators working with learners from culturally and linguistically diverse backgrounds

http://www.decs.sa.gov.au/curric/files/links/Keeping_Safe_CALD.pdf

This resource describes the considerations of implementing the Keeping Safe curriculum for CALD learners and their families and includes the non-negotiable aspects of the child protection curriculum and its core topics, as well as guiding principles and exemplars for adapting the materials for CALD learners and their families. It also includes information for parents and caregivers about child protection law in South Australia and the curriculum being delivered through schools.

Resources to support parenting in Australia:

Raising Children in Australia – Foundation House for Survivors of Torture and Trauma

http://www.survivorsvic.org.au/pdfdocs/PIPResources/PIP_online_S.pdf

This resource aims to enhance parenting knowledge, capacity and confidence of raising children in Australia. The Guide explores ways for service providers to enhance their capacity in the provision of culturally responsive services. It also: provides information on cultural and country background of refugee source countries in Africa; explores the refugee experience as well as the challenges and opportunities of resettlement; examines key issues identified by parents and service providers regarding raising children in the Australian context; and provides information on Australian services to support families and children as well as links to relevant national and international resources. The DVD explores opportunities and challenges of raising children in a new culture and provides information on child development; discipline; child protection; and services for parents and their young children. The DVD is in English, Arabic, Amharic, Tigrinya, Somali, Dinka, Nuer, Kirundi, Kiswahili, Liberian English and Krio.

Parenting in a New Culture Program – The Northern Migrant Resource Centre in Victoria

http://www.mrcne.org.au/settlement_family_services/family_relationship_support_services/parenting_in_a_new_culture_program

The project targeted three migrant community groups (Arabic, Chinese and Samoan) whose cultural and social values regarding parenting and families are quite different from mainstream Australian cultural and social values and norms. The aim of the project was to increase the parenting skills of new migrant parents within three migrant and refugee community groups in the context of the new Australian social and educational environments and for the benefit of their young children. It included the development of three guidebooks in the respective community languages as well as English. The program has been evaluated by the Centre for Community Child Health at the Royal Children's Hospital in Melbourne.

Raising Children in a New Country: An Illustrated Handbook
http://www.brycs.org/documents/RaisingChildren-Handbook.pdf
and *http://www.brycs.org/documents/raisingchildreninanewcountry_web.pdf*

This booklet was created as a tool for refugee and immigrant serving agencies, as they help newcomer parents adjust to the different laws, norms and practices around raising children in the United States.

Parenting between Cultures: The Primary School Years – A program for parents from culturally and linguistically diverse communities. (also see the paper in Children Australia by Kayrooz and Blunt, 2000 [134])

This program was funded by the Commonwealth Department of Families and Community Services and delivered by Marymead Child and Family Centre in the ACT. The program was developed in response to research in the local area and is designed to be flexible and delivered by bilingual The manual includes learnings from group work with CALD families and contains details (and handouts)

for the program that addresses six key areas: intergenerational conflict; developing a bicultural parenting identity; a strong ethnic identity; clashes between the school system and parental cultural values; learning new discipline techniques and understanding Australian child protection laws; and knowledge of services and ways of gaining parenting support. The program has had mixed-method process and outcome evaluations conducted with Croatian, Chinese and Samoan participants. Very positive results were obtained highlighting high levels of acceptability and satisfaction with the program and perceived improvements in knowledge of the school system and child abuse laws.

Incredible Years

http://www.ausref.net/cms/services/settlement/

The "Incredible Years" Parenting Program is a joint project run by ARA, CAMHS and Families SA: Refugee Services. The Program objectives focus on strengthening parent competencies, fostering parents' involvement with school, decreasing children's problem behaviours, strengthening children's social and academic competencies, and building supportive family networks. This pilot delivery of the program with women from African backgrounds involved important parenting strategies such as praising, encouraging, supporting, listening, rewarding, valuing, playing with children and having fun while doing it. It also addressed approaches in setting limits and dealing with challenging behaviours. The most important message the participants gave back through the evaluation sessions was that they felt the program provided them with easy to use principles that encouraged problem solving strategies, limit setting skills, praise and reward benefits and confidence in the application of the Parenting Pyramid strategies. It was unanimous that the Incredible Years Program was viewed as a 'positive', 'very important', 'valuable' course that must be repeated or continued for other parents, especially for refugee women.

Southern Sudanese Women's Project

http://www.immi.gov.au/media/publications/settle/empowering_refugees/_pdf/27-southern-sudanese-womens-project.pdf

This report describes an action research project in the Penrith area of Sydney to develop and implement a group-based program for women from the Southern regions of Sudan. The program had a number of aims including: increasing support and education opportunities for the women; increasing English language skills; improving knowledge of health and nutrition; improving participants' self esteem and confidence; increasing awareness of drug and alcohol issues; developing parenting skills; and developing knowledge of child protection and domestic violence issues and services. The report documents the evaluation and outcomes of the project in a range of domains including settlement and daily living skills, self confidence, relaxation, parenting knowledge and skills and safety. Details of the project model are included in the report.

Resources to support community development activities:

SAIL program

http://home.vicnet.net.au/~sail/

The SAIL (Sudanese Australian Integrated Learning) Program is a volunteer-run, non-profit, secular organization which provides a variety of free services to Melbourne's Sudanese community. SAIL offers tutoring to approximately 450 members of the Sudanese community and has a volunteer

staff of about 300 people including over 270 tutors. There are six mini-programs which fit under the SAIL Program banner. Each mini-program has its own resources and volunteer staff:

SAIL which provides free English as a Second Language tutoring for Sudanese children, and teenagers that runs on Saturday morning at all campuses;

SAIL Senior, a similar program run for the Sudanese adults. It offers small-group tutoring in the hope that students will support one another in their first language. The aim of SAIL Senior is to provide the adults with contacts to improve their English language skills and to enable them to consolidate their children's learning at home;

SAIL Junior, provides the under 6 year olds with the opportunity to learn socialisation skills in an English speaking environment. SAIL Junior also provides the SAIL Senior participants with some quiet time to concentrate on learning English;

SAIL Xtend provides extra-curricular short courses for school-aged SAIL participants on a rotating basis on Saturday afternoons at selected campuses only. SAIL Xtend comprises of various activities that are part of the Integrated Learning at the Program;

Home Help engages settled women to help settling single Sudanese mothers in the home. Home Help offers weekday home visits for 3 hours to approximately five SAIL families.

SAIL About which offers free camps and excursions to members of the Sudanese community. Every Saturday all SAIL participants are provided with a free, fresh and healthy lunch and a pick-up and drop-off service.

Community and Tutor Talks also occur every five weeks. A range of professionals speak at tutor in-services and skill-renewal opportunities. For the Sudanese community, SAIL offers Community Talks designed to inform the community about issues pertinent to them including housing, health, migration, tracing lost family members and job-hunting.

Participation in Community Events, Ceremonies and Parties – Guerin et al [135]

This paper highlights the importance of participation in social activities within emerging communities, drawing on particular examples from the Somali community in Hamilton, New Zealand. The paper explores how different pictures of mental health and wellbeing can be obtained by understanding individuals in different social contexts (e.g., weddings and parties), and the role of such events in promoting individual wellness and family wellbeing.

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