

Psychosocial interventions to support refugee children

Lessons from the United States and Canada

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I was struck by the dedication of all of those I met who are striving for better outcomes for refugees and helping children who have been through so much, to rebuild their lives. Visiting the United States to research provision for refugee children at a time of such uncertainty for the future of refugees in the country felt challenging at times. But I was heartened to see how communities have come together to welcome newly-arrived refugees. It was clear to see Canada's pride in being a nation of immigrants that is open to the world.

I owe special thanks to the organisations I met for their contributions. In the United States: US Committee for Refugees and Immigrants, Office for Refugee Resettlement, Facing History and Ourselves, Refugee Trauma Center at Boston Children's Hospital, Massachusetts Office for Immigrants and Refugees, International Institute of New England, International Rescue Committee, New York Immigration Coalition, International Organization for Migration, Ted Terry – Mayor of Clarkston, Catholic Charities Atlanta, Center for Disease Control, New Haven Academy, Connecticut Mental Health Center and IRIS. In Canada: Professor Morton Beiser, Ontario Ministries, CMAS, Centre for Addiction and Mental Health, Wood Green, the Together Project, For Youth, JustOver Music and COSTI.

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I hope the findings from my Fellowship will be useful to policy-makers and practitioners working in the field of mental health and refugee resettlement and integration.

Introduction

UNHCR (The UN Refugee Agency) estimates that around 65.6 million people globally are displaced due to war, conflict and insecurity, representing the largest movement of people since the Second World War. Of those, 22 million are refugees, and over half of those are children. The majority of refugees live in the countries that border their own: 26% of refugees are in the Middle East and 30% in Africa¹.

International organisations and individual nation states provide much-needed support to those who remain in conflict-affected regions, including £2.46 billion from the UK to those affected

A refugee, defined by the 1951 UN Convention on Refugees is defined as:

"A person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable 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."

Box 1: 1951 UN Convention on Refugees

by the conflict in Syria. Such support allows children to go to school and access physical and mental healthcare and accommodation. For some refugees, resettlement to another country provides an opportunity to rebuild their lives and a number of countries run comprehensive resettlement schemes for those individuals whose best interests are served by resettlement. This report will draw on the experience of countries with long-standing refugee resettlement projects to consider how the UK can learn from their experiences of supporting the mental wellbeing of refugee children in their path to a new life in the UK.

The UK Government has committed to resettling 20,000 of the most vulnerable refugees affected by the conflict in Syria by 2020 under the Vulnerable Persons Resettlement Scheme (VPRS), with an additional 3,000 of the most

vulnerable children together with their families from the Middle East and North Africa region in the same period under the Vulnerable Children's Resettlement Scheme (VCRS). This is in addition to the UK's long-running Gateway and Mandate resettlement schemes.

On 8 May 2018, the Independent Chief Inspector of Borders and Immigration published a report on the UK Government's implementation of the Vulnerable Person's Resettlement Scheme. The Chief Inspector praised the implementation of the scheme, emphasising progress made towards meeting its target, and praising the efforts of the Government, UNHCR and IOM on the ground, local authorities and delivery partners in helping the scheme to achieve what it has set out to do to date². In recommending areas for potential improvement, the Chief

¹ UNHCR. *Figures at a glance: statistical yearbook*. [Online]. 2017. Accessed 14 March 2018.

<http://www.unhcr.org/uk/figures-at-a-glance.html>

² Bolt. D. 2018. *An Inspection of the Vulnerable Persons Resettlement Scheme August 2017 – January 2018*. [Online]. Accessed 12 May 2018.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/705155/VPRS_Final_Artwork_revised.pdf p.2

Inspector pointed to more effective collection of data and evidence to support evaluation and sharing of best practice, and further integration support, both before transfer and once refugees arrive in the UK³. The purpose of the Fellowship and this report of my findings is to consider how the UK Government, local authorities and delivery partners can build on this good progress to further improve outcomes for refugees.

The exposure of refugee and other migrant children to war, violence, death of or separation from close family, poverty and other adverse experiences means that they are at an elevated risk of developing mental health problems compared with other children. However, refugee children have also shown themselves to be extremely resilient with a strong desire to create a better future for themselves⁴. Resettlement countries and the services and communities within them have a real opportunity to support refugee and other migrant children to enable them to build their own resilience, and to deliver early intervention to ensure they can fully integrate into their new society and reach their full potential.

Methodology

This Fellowship seeks to learn from the long-standing resettlement experiences of Canada and the United States and apply this learning in the UK to improve the way we support refugee children and their families as they begin new lives here.

To research the experiences of refugee children and the interventions that support their mental wellbeing, I travelled to Washington DC, Boston, New York, New Haven and Atlanta in the United States and Toronto in Canada.

In gathering information for this Fellowship report, I have interviewed academics, clinicians, service providers, civil servants and migrants to develop an understanding of the programmes that have delivered for children and families and where the evidence has shown them to be effective in improving mental health outcomes for children. I have also observed projects and visited communities to understand how services are delivered in practice. Academic research and best practice examples have been used to add to the body of primary research gathered during my time in the United States and Canada.

Throughout this report a refugee will refer to any individual who meets the 1951 Refugee Convention⁵ definition of a refugee (see Box 1), and an unaccompanied child will refer to any child who arrives into a country on their own, without an adult who is responsible for them. This may refer to a child who already has refugee status, an asylum seeker or a child without

³ Bolt. D. 2018. *An Inspection of the Vulnerable Persons Resettlement Scheme August 2017 – January 2018*. [Online]. Accessed 12 May 2018.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/705155/VPRS_Final_Artwork_revised.pdf. p.12

⁴ Save the Children. 2017. *Invisible wounds: The impact of six years of war on the mental health of Syria's children*. [Online]. Accessed 16 April.

<https://www.savethechildren.org.uk/content/dam/global/reports/emergency-humanitarian-response/invisible-wounds.pdf>. p.2

⁵ *United Nations Convention on Refugees*. [Online]. 1951. Accessed 31 March. <http://www.unhcr.org/1951-refugee-convention.html>

status. It refers to children who will continue to be supported as an unaccompanied child once they reach their destination country as well as those who join family in that country.

Overview of recommendations

This Fellowship report intends to provide local authority commissioners, strategic migration partnerships, mental health practitioners, general practitioners, volunteer groups, teachers, youth workers and members of the community with an interest in supporting refugee children as they start a new life in the UK, with a range of evidence-based and best practice examples to inform service design and delivery. The report examines interventions from building inclusive communities, to delivering community-based early intervention programmes and is therefore aimed at a wide audience. It is intended that the range of interventions can be built around refugee children and their families to provide a holistic package of support to them.

Integration

- ◆ Draw on the United States and Canadian experience of public-private partnership models for resettlement, involving NGOs, communities and business to make resettlement a joint endeavour
- ◆ Place language tuition at the centre of integration efforts for the whole family
- ◆ Focus on commissioning services which harness the experience and cultural understanding of existing refugee communities

Supporting families

- ◆ Ensure that all interventions intended to improve children's mental wellbeing start with the family
- ◆ Facilitate communication between parents and children to support their joint integration into a new society and culture

Building resilience

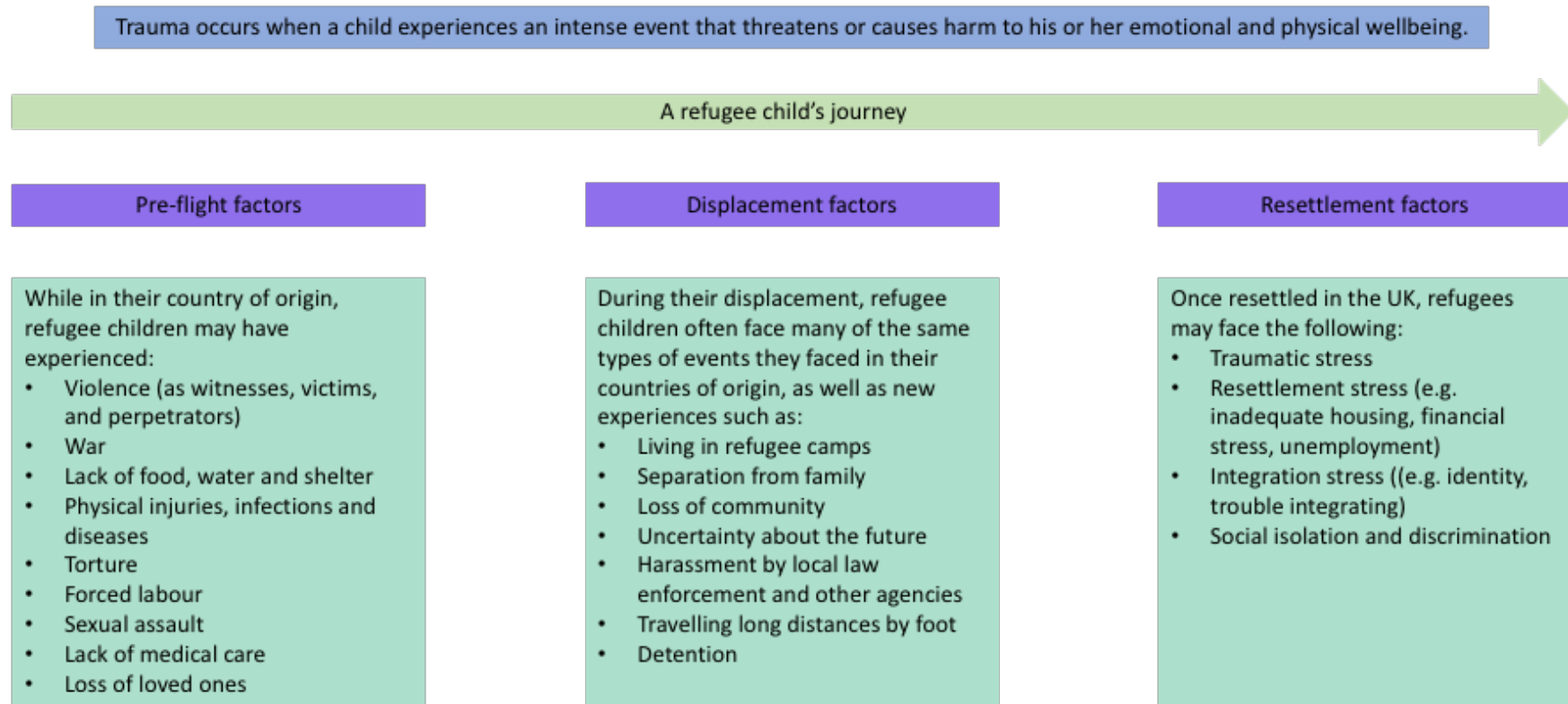
- ◆ Focus preventive mental health interventions on activities children enjoy, and prioritise creating safe spaces where children can meet and interact
- ◆ Deliver interventions in the context of life course appropriate activities
- ◆ Involve business, artists and other professionals with skills and experiences children are interested in, and want to take part in, to move discussion away from mental illness and towards mental wellbeing and resilience

Assessing mental health and early-intervention

- ◆ Screen for mental health problems taking into account refugee-specific risk factors
- ◆ Deliver interventions that are culturally sensitive and rooted in the community
- ◆ Find opportunities for sharing best practice and building on what works

A child's journey

Whether arriving into their destination country having made a long and sometimes dangerous journey themselves, having been resettled from countries surrounding their home country, or having joined a family member via refugee family reunion, specific mental health risk factors exist throughout their journey⁶.



⁶ NCTSN. *Refugee Trauma*. Accessed 6 March 2018. <https://www.nctsn.org/what-is-child-trauma/trauma-types/refugee-trauma>

The scale of the problem

Trauma in country of origin and along the migration route

The Syrian conflict is one of the greatest humanitarian disasters in decades, with an estimated 500,000 people killed and six million people displaced, both within Syria and as refugees in neighbouring countries⁷. A recent study into the educational and mental health impact of the Syrian conflict on its children, carried out in the Islahiye refugee camp in southeast Turkey found that 45% of the surveyed Syrian refugee children experienced post-traumatic stress disorder (PTSD)⁸. They had experienced very high levels of trauma: 79% had experienced a death in the family; 60% had seen someone get kicked, shot at, or physically hurt; and 30% had themselves been kicked, shot at, or physically hurt⁹.

As the conflict persists, it is not only the extreme traumatic events most associated with war that can have a detrimental effect on children's wellbeing. These events combined with persistent underlying threats such as verbal and physical abuse and deprivation, including poverty, starvation and neglect can lead to toxic stress. Toxic stress can have an immediate detrimental impact on children, leading to increases in bedwetting, self-harm, suicide attempts and aggressive or withdrawn behaviour¹⁰. The effects of toxic stress can be life-long and can have an impact on children's cognitive, socio-emotional and physical development¹¹. As there are approximately three million children who know nothing but war, this presents a potentially huge crisis in the context of post-conflict reconstruction for Syria, for the region and for the countries that resettle Syrian refugees.

Education is a hugely important protective factor against mental health problems in all individuals and the lack of access to education for Syrian children only compounds the developmental delays experienced. Prior to the outbreak of war, almost 100% of children in Syria were enrolled in school and literacy rates were at 95%. Today, school enrolment in Syria is among the lowest in the world, with almost a third of school-aged children no longer in school. The impact of this can be devastating for children's wellbeing. As well as their function as institutions for learning, schools provide children with a vital source of safety, stability and

⁷ Specia, M. *How Syria's Death Toll Is Lost in the Fog of War*. New York Times. [Online]. 13 April 2018. Accessed 13 April 2018. <https://www.nytimes.com/2018/04/13/world/middleeast/syria-death-toll.html>

⁸ Sirin, S. and Sirin, L. The Educational and Mental Health Needs of Syrian Refugee Children. *Migration Policy Institute*. [Online]. October 2015. Accessed 14 April 2018. <https://library.leeds.ac.uk/referencing-examples/10/leeds-numeric/701/journal-article-online>. P.1

⁹ Sirin, S. and Sirin, L. The Educational and Mental Health Needs of Syrian Refugee Children. *Migration Policy Institute*. [Online]. October 2015. Accessed 14 April 2018. <https://library.leeds.ac.uk/referencing-examples/10/leeds-numeric/701/journal-article-online>. P.3

¹⁰ Save the Children. 2017. *Invisible wounds: The impact of six years of war on the mental health of Syria's children*. [Online]. Accessed 16 April. <https://www.savethechildren.org.uk/content/dam/global/reports/emergency-humanitarian-response/invisible-wounds.pdf>. p.1-2

¹¹ Save the Children. 2017. *Invisible wounds: The impact of six years of war on the mental health of Syria's children*. [Online]. Accessed 16 April. <https://www.savethechildren.org.uk/content/dam/global/reports/emergency-humanitarian-response/invisible-wounds.pdf>. p.2

routine and are crucial for normal childhood development. They enable children to interact socially with their peers and teach problem-solving and general coping skills. This contributes to a reduction in stress levels and can help children to build resilience¹².

Syrian refugee girls' secondary school attendance rates are particularly alarming, with 91% of girls between the ages of 15 and 18 in Lebanon's refugee camps out of school in 2014. The education of girls can greatly affect intergenerational poverty, infant mortality rates, and family health and wellbeing. The number of Syrian refugee girls in Jordan marrying before the age of 18 rose 25 percent between 2013 and 2014, and there is growing evidence that many young girls are being sold into marriages or being sexually exploited by people taking advantage of the desperation of refugee families, for instance by taking sexual favours as payment for rent and necessities. Girls who are not enrolled in school are at risk of sexual assault, sexual exploitation, and early marriage, all of which can contribute to depression, PTSD, and other mental health disorders—both for them and for their children¹³.

Resettlement risk factors

The New Canadian Children and Youth Study – a national study of immigrant children and young people in Canada – examined the extent to which arrival characteristics, resettlement contingencies and cultural factors account for country of origin variations in immigrant children's mental health¹⁴. The findings showed, amongst other things, that the younger a child is at arrival, the lower the risk of them developing emotional problems. It also found a link between parental mental health and emotional problems in children. Parents' fluency in English or French was also found to affect children's mental health as it can lead to depression in parents and increases the risk of intra-familial miscommunication and misunderstanding¹⁵. These findings should be particularly taken into consideration by those designing and delivering services to refugee children as they demonstrate the need for a holistic assessment of the entire family's circumstances and wellbeing when designing services to support children.

¹² Save the Children. 2017. *Invisible wounds: The impact of six years of war on the mental health of Syria's children*. [Online]. Accessed 16 April. <https://www.savethechildren.org.uk/content/dam/global/reports/emergency-humanitarian-response/invisible-wounds.pdf>. p.4.

¹³ Sirin, S. and Sirin, L. The Educational and Mental Health Needs of Syrian Refugee Children. *Migration Policy Institute*. [Online]. October 2015. Accessed 14 April 2018. <https://library.leeds.ac.uk/referencing-examples/10/leeds-numeric/701/journal-article-online>. p.8

¹⁴ Beiser, Goodwill et al. Predictors of immigrant children's mental health in Canada: selection, settlement contingencies, culture, or all of the above. *Social Psychiatry and Psychiatric Epidemiology*. 2013. p.13

¹⁵ Beiser, Goodwill et al. Predictors of immigrant children's mental health in Canada: selection, settlement contingencies, culture, or all of the above. *Social Psychiatry and Psychiatric Epidemiology*. 2013. p.14

Country resettlement contexts

	2015	2016	2017
United Kingdom	1,864 ¹⁶	4,369 ¹⁷	6,212 ¹⁸
United States	52,583	78,340	24,559
Canada	10,236	21,838	8,912 ¹⁹

Table 1: refugees resettled per year

Situation in the UK

The UK operates four refugee resettlement programmes: Mandate, Gateway, the Vulnerable Person's Resettlement Scheme (VPRS) and the Vulnerable Children's Resettlement Scheme (VCRS). In 2016 the Government launched a community sponsorship scheme²⁰ which enables community groups including charities, faith groups, churches and business to take on the role of supporting resettled refugees in the UK. Sponsoring organisations must have status as either a registered charity or community interest company, the consent of the local authority in which they wish to operate, and a comprehensive plan for resettlement in order to apply for the scheme. Sponsors provide housing for the refugee family, as well as helping them to integrate into life in the UK, access medical and social services, arrange English language tuition and support them towards employment and self-sufficiency.

Under the resettlement schemes, the Government works with UNHCR who carry out a refugee status determination (RSD) prior to arrival and individuals will arrive into the UK with refugee status. On arrival in the UK, refugees are supported into accommodation and other statutory services by the local authority. A number of non-governmental organisations (NGOs) such as the Refugee Council, British Red Cross and local community organisations provide additional support to refugees.

All children in the UK are protected under the Children Act 1989 which places a responsibility on local authorities to support all children within their area and a child's immigration status does not affect their rights or the level of support they are entitled to. In 2017, the Government published a *Safeguarding Strategy for Unaccompanied Asylum Seeking and Refugee Children*²¹,

¹⁶ National Statistics. Immigration Statistics October-December 2015. [Online]. Gov.UK. <https://www.gov.uk/government/publications/immigration-statistics-october-to-december-2015/summary>. Accessed 13 May 2018.

¹⁷ National Statistics. Immigration Statistics October-December 2016. [Online]. Gov.UK. <https://www.gov.uk/government/publications/immigration-statistics-october-to-december-2016/summary>. Accessed 13 May 2018.

¹⁸ National Statistics. Immigration Statistics October-December 2017. [Online]. Gov.UK. <https://www.gov.uk/government/statistics/immigration-statistics-october-to-december-2017>. Accessed 13 May 2018.

¹⁹ UNHCR. *Resettlement data*. [Online]. Accessed 13 May 2018. <http://www.unhcr.org/resettlement-data.html>

²⁰ Gov.UK. *Community sponsorship scheme launched for refugees in the UK*. [Online]. 19 July 2016. Accessed 12 May 2018. <https://www.gov.uk/government/news/community-sponsorship-scheme-launched-for-refugees-in-the-uk>

²¹ Department of Education, Home Office. 2017. *Safeguarding Strategy for Unaccompanied Asylum Seeking and Refugee Children*. [Online]. Accessed 1 November 2017.

setting out its commitments to working together with local authorities to address the growing number and specific needs of unaccompanied asylum seeking and refugee children in the UK.

All refugees and asylum seekers have full access to the NHS, including access to mental health services, where needed.

Situation in the United States

The United States' resettlement programme was designed to be a partnership between the federal government and nine resettlement agencies at its inception in the Refugee Act of 1980²² The State Department carries out checks on refugees before they enter the country and the Department of Health and Human Services provides support to resettlement agencies and refugees. Resettlement agencies work in partnership with local community organisations to deliver services to refugees throughout the US²³. The role of the voluntary sector is more central in delivering resettlement support in the United States than it currently is in the UK.

On arrival into the United States, refugees are provided with 3 months resettlement assistance funding, after which time they are expected to become self-sufficient. A major focus of refugee resettlement agencies in the first months is supporting refugees into employment.

Situation in Canada

Canada operates three resettlement schemes:

Government Assisted Refugees (GAR) Programme

Government assisted refugees (GARs) are provided with financial support for twelve months from their arrival into Canada. This support covers accommodation, food and other necessities. They are also able to access healthcare and education and, like all migrants who arrive into Canada, free English or French lessons. Settlement agencies support refugees to find accommodation, enrol in language classes and access basic services.

Private Sponsorship Programme

Refugees resettled through the Private Sponsorship programme are funded by groups or individuals who have agreed to sponsor them and support them as they adjust to life in Canada. Refugees are supported in finding accommodation and accessing services such as healthcare and education. There is also an expectation that sponsors will support refugees emotionally and socially and that they will help them to source basic necessities such as clothing.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/656425/ASC_Safeguarding_Strategy_2017.pdf

²² The Refugee Act. 1980. <https://www.archivesfoundation.org/documents/refugee-act-1980/>

²³ The United States Government funds nine resettlement agencies: Church World Service; Ethiopian Community Development Council; Episcopal Migration Ministries; Hebrew Immigrant Aid Society; International Rescue Committee; Lutheran Immigration and Refugee Service; US Committee for Refugees and Immigrants; United States Conference of Catholic Bishops/Migration and Refugee Services; World Relief

Approximately 75% of private sponsors are associated with faith-based, community or educational organisations. Ethno-cultural associations and immigrant services organisations, also play an important role²⁴. Sponsorship is available for up to a year from the moment the refugee arrives in Canada, and this support can be extended for those who need additional support²⁵.

Blended Visa Office-Referred Refugee Programme

The Blended Visa Office-Referred Refugee (BVORR) Programme model was launched in 2013 and differs from the Private Sponsored Refugees Programme format in that instead of the sponsor having the choice of who they wish to sponsor, a refugee is identified and then referred through the UNHCR, more in line with the community sponsorship model used in the UK. Refugees are then matched with a sponsor by the government. Through the BVORR programme, support for refugees is managed by both the sponsor and the government with each party covering a period of six months²⁶.

²⁴ European Resettlement Network. 2017. *Expanding complementary pathways for refugee resettlement*. [Online]. Accessed 5 May 2018. <https://www.icmc.net/sites/default/files/documents/scoping-paper-icmc-europe-2017.pdf> p.13

²⁵ UNHCR. 2018. *Canada's Resettlement Levels 2018 and Global Resettlement Needs*. [Online]. Accessed 6 May 2018. <https://www.unhcr.ca/wp-content/uploads/2017/11/Canada-Refugee-Resettlement-numbers-2018-2020.6.pdf>

²⁶ European Resettlement Network. 2017. *Expanding complementary pathways for refugee resettlement*. [Online]. Accessed 5 May 2018. <https://www.icmc.net/sites/default/files/documents/scoping-paper-icmc-europe-2017.pdf> p.14

Lessons from the United States and Canada

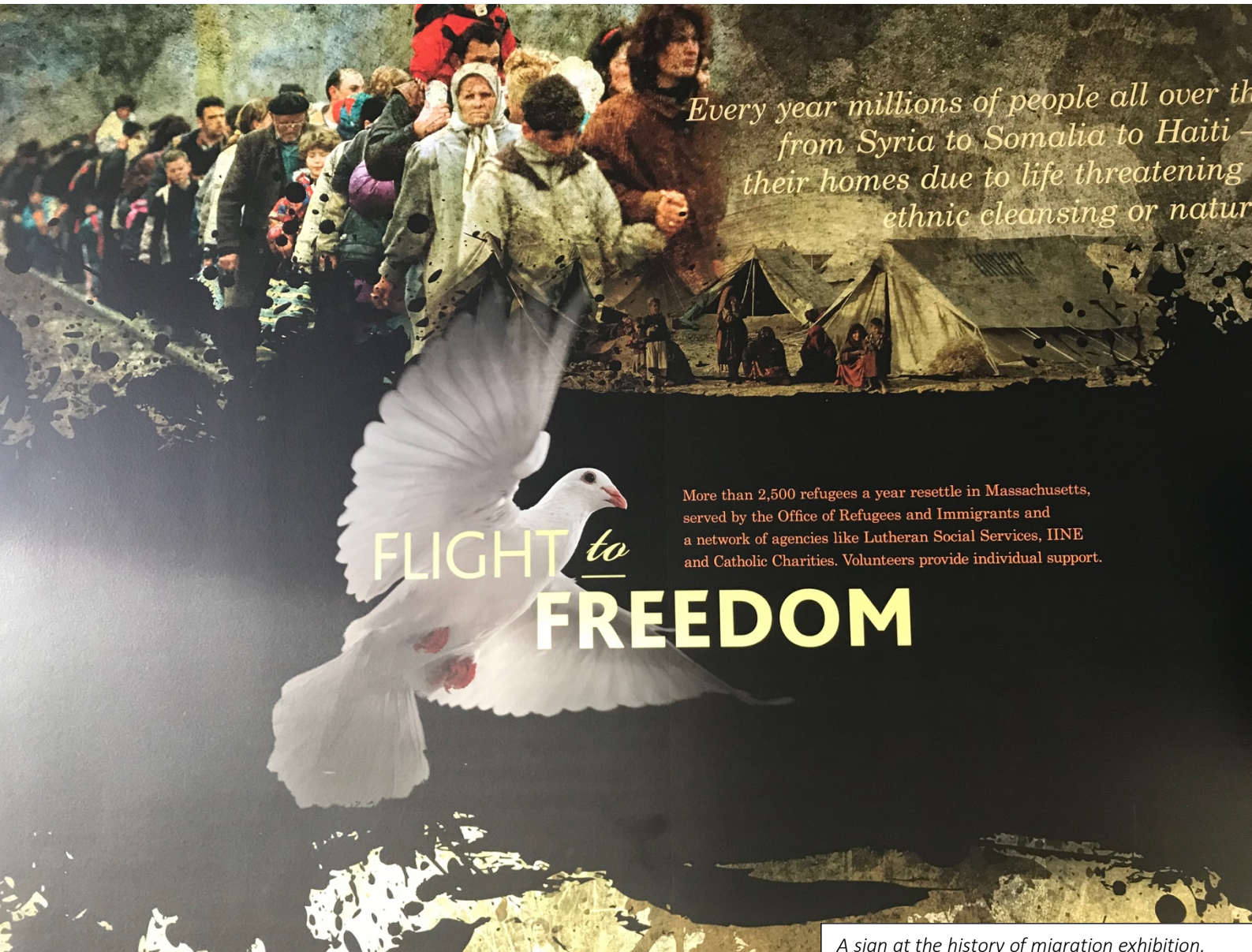
Mental health risk and protective factors

Mental health risk factors are those factors that may increase the risk in developing mental health problems. Mental health protective factors, by contrast, are those factors which can protect an individual from developing mental health problems. Some risks and protective factors apply to the population as a whole, and there are additional factors which affect refugees specifically. A full list of risks and protective factors for refugees and the general population can be found at Appendix A. Successful mental health interventions focus on finding ways to boost protective factors and reduce exposure to risk factors. For those aimed at refugees, additional attention needs to be paid to those factors which are specific to the refugee experience.

The lessons the UK can take from the United States and Canada in delivering psychosocial interventions to support refugee children, including:

- ❖ Integration
- ❖ Supporting families
- ❖ Building resilience
- ❖ Assessing refugee children's mental health and delivering community-based interventions

Integration



A sign at the history of migration exhibition, Prudential Skywalk, Boston

Protective factors:

- adequate social/emotional support
- nurturing environment
- friendships
- access to community support services
- supportive environment
- adequate networks within the community
- presence of interpreters and service providers with cross-cultural knowledge

When refugees eventually reach safety in the community in which they are to be resettled, a number of risk factors still remain for their mental wellbeing. Resettlement stressors including poverty and unsafe accommodation, isolation and discrimination face them, as does the possibility of revisiting trauma which led to a person leaving their home in the first place. Being welcomed and included into a community and a culture can have an important impact on future mental wellbeing.

The United States' focus on self-sufficiency in resettlement can have the impact of aiding integration as parents are forced out of the home and into work quickly. Whilst this can mean that some individuals enter the workplace before they have the necessary skills to do so, and are potentially experiencing mental and physical impact of war and conflict, it does have the potential to accelerate the integration process, which is an important mental health protective factor for refugees. Furthermore, as the New Canadian Children and Youth Study (NCCYS) demonstrates, parental mental wellbeing has an effect on a child's mental wellbeing. It is therefore in the whole family's interests for parents to be supported into work as quickly as possible.

All immigrants in Canada, regardless of the purpose of their move to Canada, are entitled to free English or French lessons. As language tuition is known to be a refugee-specific mental health protective factor, and as the NCCYS demonstrated a correlation between parents' language proficiency and emotional problems in children, those working in service provision should consider placing language training at the centre of initiatives to support refugee families. In Canada, a number of initiatives to support children, such as CMAS's Early Years support have built up around language tuition. Service providers may wish to consider integrating emotional wellbeing initiatives into settings which provide language training to increase participation. Digital initiatives such as Rumie Tablets²⁷, which are used by Wood Green in Toronto support faster English language learning and allow tutors to analyse progress better. Commissioners and service providers in the UK could consider exploring similar initiatives.

The United States' focus on resettling refugees in areas where they have existing connections to their community means some refugees have a ready-made community to help them to settle into their new country. Resettlement agencies and NGOs in the United States often employ those who have previously come to the United States as refugees to support new arrivals. Harnessing the refugee community's assets in this way is of benefit for a number of reasons: it supports new refugees to integrate and boosts former refugees' confidence and provides them with a purpose. The reinforcement of this partnership model between statutory services and the community supports integration and also reduces pressure on public services. Whilst the UK model of refugee integration is led primarily by local authorities, commissioners may want to consider services which focus on harnessing the existing skills and cultural understanding of refugees from the community. However, this needs to be balanced against the risks of isolating specific communities and such initiatives should work alongside broader community integration initiatives. Furthermore, the UK should learn the lesson of some US resettlement agencies where former refugees who act as cultural brokers have become the

²⁷ Rumie. [Online]. Accessed 21 January 2018. <https://www.rumie.org/global-projects/woodgreen/>

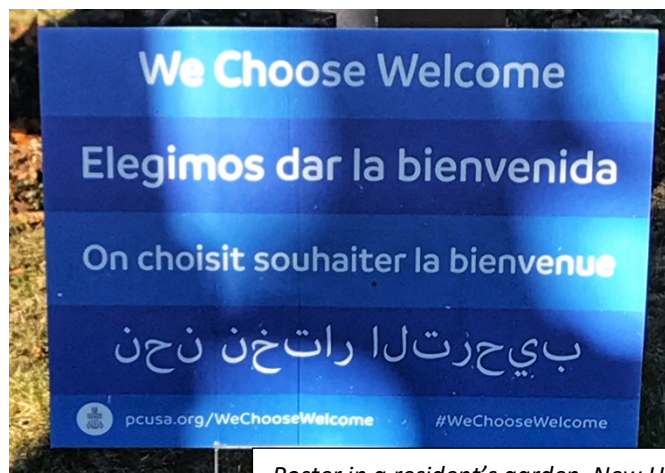
main source of support for newly-arrived refugees, leading to a risk of high levels of stress in staff and risks refugees becoming too dependent on their support workers, thus undermining their ability to develop their own independence. Staff training and clear setting of boundaries is therefore vital to the success of such initiatives.

Building inclusive communities

Designing resettlement schemes and services that place integration at the centre cannot on their own be effective unless the community in which an individual is placed is also welcoming to refugees. Adequate networks within the community is a refugee-specific protective factor, and social support networks are a necessary protective factor for everyone.

A number of communities in the United States have made welcoming refugees central to their identity, and many cities are signed up to Welcoming America's Welcoming Cities initiative²⁸. Clarkston, a city on the outskirts of Atlanta, Georgia is an example of such a community that built its reputation on being a starter city, a reputation it has held since the 1980s²⁹. In the past 25 years Clarkston has received over 40,000 refugees. The large number of refugees resettled there partly relates to the way in which refugee resettlement in the United States is organised: familial or community connections is one of the qualifying criteria for resettlement to the US, and as a result refugees from particular communities often congregate in the same area.

A concerted effort by the local community and community leaders to promote and celebrate Clarkston's reputation has been encouraged by both an economic and a moral imperative to support refugees. The Refuge Coffee Truck, a truck in a disused petrol station forecourt, provides a vital open-air meeting place for the whole community, in an almost exclusively car-driven community. The Refuge Coffee Truck is staffed and run by refugees who sell coffees and snacks from the truck. They also run community events such as classes in preparing traditional food and drinks from refugees' home country, which encourage integration and supports refugees' self-efficacy. It also acts as a space where refugees can come for information on local services and support they are able to access. Portraits from the InsideOut Project³⁰ (an international art project which allows everybody the opportunity to have their photo taken in a demonstration of their identity) adorn the walls.



Poster in a resident's garden, New Haven

²⁸ Welcoming America. Welcoming Cities and Counties. Accessed 8 June 2018

<https://www.welcomingamerica.org/programs/member-municipalities>

²⁹ The Guardian. *This small town in America's Deep South welcomes 1,500 refugees a year*. [Online]. 24 May 2017. Accessed 24 May 2017. <https://www.theguardian.com/us-news/2017/may/24/clarkston-georgia-refugee-resettlement-program>

³⁰ Inside Out Project. Accessed 5 April 2018. <http://www.insideoutproject.net/en>

Local business has been invigorated by the arrival of refugees in a city in which Kathmandu Kitchen and Grill share the same location as Discount Outlet in Clarkston Village shopping arcade. The local grocery store has found that employing staff from countries from where a large number of refugees in the local area originate ensures that they are stocking what people local to the area actually need and want and it has seen an associated boost in profits³¹.

Clarkston's success is partly down to its location. With convenient transport links to Atlanta, it is an ideal starting place for newly-arrived refugees to begin the process of reaching self-sufficiency. The relatively low cost of living also makes it a suitable place for refugees. Moreover, local leadership and the willingness of the local community to integrate new arrivals into their society, and businesses' ability to identify the economic benefits of adapting to newcomers' demands lend to the city's enduring appeal. Such a model may not have been as effective in an area without such easy access to employment centres and continues to be a challenge to replication in more rural areas in the United States as it could be in the UK.



Refuge Coffee Truck, Atlanta

Replicating such an approach in the UK would require a concerted effort by all of those involved: political leaders, businesses, service providers and the community itself to celebrate and capitalise upon its diversity. Twinning projects and best-practice sharing should be considered to develop such schemes further.

Volunteer-led integration projects

Toronto's Together Project, a project of the Tides Canada Initiative was set up in response to the Canadian Government's announcement the country would be resettling 25,000 refugees affected by the conflict in Syria in 2015 and on an ongoing basis. The rationale behind Together Project is that social networks can lead to more rapid and long-lasting integration. The project was set up in an attempt to create equality between the support provided to Government Assisted Refugees (GARs) and Privately Sponsored Refugees (PSRs). PSRs are granted immediate access to support from the groups that have sponsored them and in general have better outcomes than GARs. It is the view of the Together Project's founders that the way in which Canada integrates refugees now will have a long-term impact on how the country builds a diverse society.

GARs are resettled to Canada on the recommendation of UNHCR and tend to be selected for resettlement to Canada based on criteria of vulnerability. On average they have lower rates of

³¹ The Guardian. *This small town in America's Deep South welcomes 1,500 refugees a year.* [Online]. 24 May 2017. Accessed 24 May 2017. <https://www.theguardian.com/us-news/2017/may/24/clarkston-georgia-refugee-resettlement-program>

education, literacy, and numeracy, and often do not have experience with Canada's official languages. Whereas PSR newcomers arrive to established social networks, GAR newcomers are assigned caseworkers who are usually already supporting a large number of refugees.

GARs therefore arrive in Canada with fewer existing protective factors such as education, and they have fewer opportunities for accessing and growing their social networks, which are vital to supporting them to integrate. These combined pressures have resulted in a large divergence in integration outcomes between PSR and GAR newcomers. GARs not only start on a lower income as most rely on state benefits, but they also tend to stay at a lower average income in the following years, entrenching a gap between GARs and different categories of refugee newcomers.

Together Project works alongside professional settlement workers to help to provide support to aid volunteering, as caseworkers supporting resettled refugees are overwhelmed. The project draws a clear distinction between the core role of settlement workers and that of volunteers. It is for settlement workers to support refugees into housing and it is only at this point that volunteers become involved. Volunteers are able to support refugees with enrolling in school, making medical and dental appointments, attending ESOL classes and other necessary services to aid integration into Canadian society³².

Together Project has brought together a comprehensive evidence base and developed resources to ensure consistency in the approach to supporting refugees. They have also developed clear guidance on what is suitable and appropriate work for caseworkers to be carrying out and where volunteers can add value. Volunteers join or come together to form a Welcome Group of at least five people. The number has been specifically set as experience has shown this is the minimum number of people the Together Project believes are needed to help the family to develop broad social networks and to be well supported. When a volunteer network is set up, a WhatsApp group is created for all volunteers and the family to join, together with a cultural ambassador. The cultural ambassador provides interpretation of idioms and practices that may be common in Canadian culture but are not to those resettled. In this way volunteers not only provide vital practical support in school enrolment, but also provide guidance on how to navigate Toronto's not always intuitive public transport network, or an explanation as to what Halloween is and its significance in north American culture.

The Together Project is something which could be effectively replicated in a UK context as the GAR programme most closely resembles the way in which most refugees are resettled in the UK. Whilst a number of refugee integration community initiatives already exist in the UK and are being developed to support community sponsorship, there are specific lessons that can be drawn from the Together Project which can be helpful in a UK context. Notably: clear training on the distinction between the role of a volunteer and the local authority; clear check lists to ensure uniformity in delivery and the inclusion of cultural ambassadors.

³² Together Project. *Understanding Integration & Social Networks*. November 2016. [Online]. Accessed 16 January 2018.

https://togetherproject.ca/site/uploads/2018/03/Together_Project_Report_Understanding_Integration_Social_Networks.pdf

Integration lessons for the UK

- ◆ English lessons for all
- ◆ Harnessing the skills and experience of the existing refugee community
- ◆ Building a partnership between statutory services and communities
- ◆ Celebrating diversity
- ◆ Creating a trusted network around refugees
- ◆ Creating a level playing field between refugees, regardless of their route into the UK
- ◆ Creating a clear distinction between the role of statutory services and volunteers

Challenges

- ◆ Shifting the culture away from state-based services to private-public partnership
- ◆ Supporting volunteers and support workers: setting boundaries

Supporting families

Whilst the risk factors for developing mental health problems in refugee children are many, that does not mean that they necessarily will go on to develop mental health problems. The most effective way of supporting children is by utilising their existing social networks. Preventative interventions are important in trying to avoid problems from developing. Building resilience is key, and resilience building needs to involve the whole family.

As the NCCYS showed, there was a statistically significant inverse relationship between fluency in either English or French in a child's primary caregiver and emotional problems in the child. The impact on children of parental poor mental wellbeing is well evidenced and it is therefore clear that a focus for improving a child's mental health should include measures to address mental wellbeing in parents as well. Parental mental health is a universal mental health risk factor³³.

Building resilience in children therefore must start with the family.

Protective factors:

- nurturing environment
- family cohesion
- parental wellbeing
- improved communication and conflict management skills
- support systems

Parenting programmes

Wood Green, a community centre in Toronto, has been funded by the Red Cross Society of Canada for a parenting programme to support refugee parents to respond to challenges, including behavioural issues. The aim of the parenting programme is to break social isolation and trips with children still living in hotels for example provide opportunities for this. All programmes include an intentional but not overt educational element, such as sessions on personal hygiene and dental health. The project works directly with families: initially one support worker works with children and one with parents, but they later bring these projects together. The focus of the scheme is literacy, but it also covers parenting and nutrition, and as such has a strong focus on health promotion. The programme also aims to ensure confidence building and the impact on behaviours on the wider family. They also aim to support refugees to understand parenting styles in Canada and helping to support communication between parents and schools to explain for example what sex education means in Canadian schools.

³³ Beiser, Goodwill et al. Predictors of immigrant children's mental health in Canada: selection, settlement contingencies, culture, or all of the above. *Social Psychiatry and Psychiatric Epidemiology*. 2013.

Supporting families to integrate together

The UK, like the United States, has mechanisms for reuniting families who have been separated by conflict or on their journey, as well as other reasons for family separation. The Refugee Family Reunion Rules allow for children or pre-flight spouses to reunite with those who already have refugee status in the UK. The EU Dublin Regulation, a mechanism for determining the Member State responsible for assessing an asylum claim, also allows for the transfer of the asylum claim of an unaccompanied child elsewhere in Europe to the UK where they have qualifying family legally present in the UK. Under Dublin, a child can be transferred to be reunited with their parent or sibling (Article 8.1) or a grandparent or adult aunt or uncle (Article 8.2). For families that have been apart for a long time, or in some cases where a new family unit is being created, there is a risk of tension between families as they adjust to a life together in a new country.

The US Committee for Refugees and Immigrants (USCRI) has developed a range of resources to support families as they adjust to a new life together. Often children arriving from Central and South America have spent many years separated from a parent who has emigrated to the United States and support is needed in that period of adjustment. When unaccompanied children arrive at the United States border, they are met by a social worker within 72 hours. Those who are victims of trafficking, physical or sexual abuse are released to third party sponsors. For those children who are to be reunited with their family members, USCRI will carry out a home assessment to check that children will be released to a safe environment and will ensure they are able to connect with local schools.

Relationship Enhancement for Refugees and Immigrants is a workbook for families to support them in the development of communication and problem-solving skills to promote relationship enhancement and for refugees to build a better life in the United States. The resource covers skills development in specific topics including showing understanding, expression, problem solving, conflict management coaching, self-change and helping others change. The resource offers clear advice and specific techniques they can employ to improve communication and reduce conflict. For example, the section in expression includes specific guidance on avoiding words such as 'always' or 'never'. The resource offers practical suggestions including making time for activities as part of 'Time for Us' and ways in which that can be incorporated to ensure the whole family is able to spend time together. A major element is ensuring that families keep their culture, and the resource advises keeping cultural festivals and sharing traditional stories with children. The resource includes a form of 'contract' to support families to come to an agreement when there is a problem to solve³⁴.

*Raising Teens in a New Country: a Guide for the Whole Family*³⁵ is a resource developed by the US organisation Bridging Refugee Youth and Children's Services (BRYCS) and is aimed at families that have newly arrived together as a unit into the United States. Adolescence is a time of accelerated physical and emotional development and the usual tensions that exist between parents and teens during this time can be exacerbated by pressures created by the upheaval of a move to a new country, and also the difference in the way in which parents and their

³⁴ USCRI. *Relationship Enhancement for Refugees and Immigrants*. 2008. Washington DC. USCRI.

³⁵ BRYCS. 2018. *Raising Teens in a New Country: a Guide for the Whole Family*. [Online]. Accessed 16 April 2018. <http://www.brycs.org/documents/upload/Raising-Teens-New-Country.pdf>

children integrate into their new community. The resource is designed so that parents and teens work through it together with the additional support of professionals. It provides information to parents and teens to try to encourage them to consider each other's perspective and practical ways to try to accommodate the other's point of view and respond to challenges. There is a strong focus on maintaining links to the family's cultural heritage whilst developing an identity as an American at the same time. The guide covers a wide range of topics including: cultural identity, discipline, school and community engagement, bullying and discrimination, dating and relationships, drugs, alcohol and smoking and higher education.

Both of these resources provide practical guidance to parents and their children to prevent conflict, promote understanding and support integration. Such resources can be usefully replicated in a UK context, taking into account the similarities that are likely to be experienced by families adjusting to a new life in the UK together, or having been recently reunited. Whilst they would need to be adjusted to reflect the specific experience of the UK, the topics covered are common to the United States, Canada, the UK and many other countries. Refugee organisations, local authorities, or Government may consider adapting these resources to support the integration of refugees and to support the development of family support networks.

Supporting families lessons for the UK

- ◆ Empowering families to discuss emotions
- ◆ Working with families in times of transition: family reunion or integrating into a new society
- ◆ Maintaining a link to the family's cultural heritage
- ◆ Focus on the whole family's wellbeing
- ◆ Parents' language important

Challenges

- ◆ Bringing services to families

Building resilience

Protective factors:

- nurturing environment
- social activity
- self-efficacy
- engagement
- improved communication and conflict management skills
- empowerment
- availability of opportunities at critical turning points in life
- occupational success

For those children who do not have a diagnosable mental illness during their medical screening as they enter the country, it is nevertheless important to focus activities on promoting wellbeing and resilience. This will support children to be able to respond to stressors associated with their integration into a new culture and society.

The IRIS summer learning programme in New Haven, United States, has a strong focus on mentoring and homework. The programme includes social and emotional work and introducing concepts such as understanding and expressing emotions, including non-verbal ways of doing so. An important contributor to the programme's success is creating spaces where children can come together. In Toronto, refugee children are provided with an orientation summer programme before they start school to build the necessary protective factors to support mental wellbeing, including the establishment of social networks.

Resilience-building in the Early Years

CMAS, Canada's leading organisation focusing on caring for immigrant and refugee children, shares best practice and expertise with organisations that support immigrants and refugees as well as childcare providers. Their purpose is to:

- identify gaps in services for immigrant and refugee families and works to create innovative and cost-effective solutions.
- establish and measure standards of care in child care programmes—particularly those which serve newcomer children.
- support child care services through training and resources³⁶.

CMAS develops training and guidance for childcare providers working with immigrant and refugee children, and to settlement workers to support them to develop their understanding of child development. Their work focuses on promoting a range of Early Years educational,

³⁶ CMAS. [Online]. Accessed 21 April 2018. <https://cmascanada.ca/>.

health and wellbeing outcomes, and they have developed a number of resources specifically related to mental health and wellbeing-specific including:

- *Helping refugee children understand and manage big feelings and challenging behaviours*³⁷ which provides advice on helping children to self-soothe in stressful situations. In helping children to manage their feelings and behaviours, the aim is to support their development, integration, healing and resilience.
- *Stress and mental health in the newcomer child*³⁸ which includes information on the signs to look out for that indicate stress in newcomer children, and strategies for helping newcomer children cope with stress.
- *Tips for creating a safe space for newcomer families*³⁹ which provides information on ensuring that settlement workers and childcare providers are aware of potential stressors that may make children or families feel stressed or anxious. This includes ensuring continuity of care and designing programmes that avoid any potential triggers for trauma, for example toys with loud sharp bursts of noise or light and avoiding playing music for prolonged periods as these risk children becoming irritable and can interfere with their hearing and understanding as they learn a new language.

In response to the specific needs faced by the increase in numbers of Syrian refugees being resettled in Canada, in 2015 CMAS created a resource called *Caring for Syrian Refugee Children: A Program Guide for Welcoming Young Children and Their Families*⁴⁰ aimed at anyone delivering services to Syrian refugee children arriving into Canada. The resource provides valuable background on Syrian culture and life before the war, as well as the potential impact of the war and the journey from home on Syrian children and their families. It also provides practical resources to aid childcare providers, including tip sheets on:

- Creating a Safe and Welcoming Environment
- Welcoming Refugee Families
- Supporting Refugee Families Through Gradual Separation
- Caring for Refugee Children
- Guiding Refugee Children’s Behaviour
- Culture Shock
- Helping Refugee Children Cope with Stress
- Supporting Home Language Maintenance

The guidance and training that CMAS provides is evidence-based and ensures consistency in provision across childcare providers delivering services to refugee children across Canada.

³⁷ CMAS. *Tips for helping refugee children understand and manage big feelings and challenging behaviours*. [Online]. February 2018. Accessed 21 April 2018. <https://cmascanada.ca/wp-content/uploads/2018/02/HelpingRefugeeChildrenUnderstandAndManageBigFeelings.pdf>.

³⁸ CMAS. *Stress and mental health in the newcomer child*. [Online]. Accessed 21 April 2018. <https://cmascanada.ca/2012/12/11/stress-and-mental-health-in-the-newcomer-child/>.

³⁹ CMAS. *Tips for creating a safe space for newcomer families*. [Online]. February 2018. Accessed 21 April 2018. <https://cmascanada.ca/wp-content/uploads/2018/02/TipsForCreatingASafeSpaceForRefugeeFamilies.pdf>

⁴⁰ Doyle, T, Dotsch, J, Savazzi H and Awamleh T,. *Caring for Syrian Refugee Children: A Program Guide for Welcoming Young Children and Their Families*. [Online]. 2015. Accessed 21 April 2018. https://cmascanada.ca/wp-content/uploads/2015/12/Supporting_Refugees/Caring%20for%20Syrian%20Refugee%20Children-final.pdf

Replicating such provision and guidance across the UK's childcare provider network could support Early Years workers to respond to the specific needs of refugee and migrant children.

Wood Green provides activities for children while their parents are on the same site for English language classes. Classes are delivered within the setting by specialists trained by CMAS who deal with mental health problems, speech delays and other developmental issues. It is common, due to their experiences, that separation anxiety for this cohort of children to last longer than in others. CMAS and Wood Green professionals are trained to spot signs of trauma in children and in how to calm them. In doing so, their focus is to first build rapport with them, then engage them in social events. Making children feel welcome is key to this and one of the main ways of doing this so is by introducing as many links to their culture as possible, including books in their own language, music and vocabulary sheets that children and teachers can use together. This is enhanced by using pictures rather than words in school settings to show that this is a safe place.

Resilience-building in adolescence

Freddy Brobby, Director of record label JustOver Music, runs programmes via the label to support newcomer children in the Western and Mount Denis area of Toronto. The area is one with a high proportion of recently-arrived immigrants, and children whose parents were born outside of Canada.

The programme provides training in singing, rapping, recording, song writing, producing, engineering, and mixing. These are skills that young people want to learn and uptake for the programme is high. The programme runs daily activities and weekly programmes that reach around 70 young people per week, including arranging field trips and guest speakers.

The focus of the programme is 'team building and fostering positive allies through the power of music.' The principle behind the programme is that music provides an opportunity for individuals to express themselves and to connect with others. By training participants to build skills that are both useful for future employment and that they enjoy, Freddy and his team are able to first build the trust of the young people they work with, to be able to encourage their self-expression. All participants develop their own project taking into account their own experiences and cultural heritage, to be expressed through music.

The programme was set up in Toronto as the city is extremely diverse and multicultural. Many of those involved in the programme are black youth of Caribbean or African heritage, and they often find it difficult to form relationships with their peers when they first arrive. The music programme provides an environment where young people can come together and seeks to help them to adapt to their new culture and community. It helps them to respond to occurrences of cognitive dissonance experienced as a result of feeling torn between two cultures and provides opportunity to celebrate their cultural heritage whilst at the same time building social networks within their new community.

Young people on the programme are encouraged to bring any music they like along with them when they first join the programme and to build their own projects around this. All programmes are run by former participants, and other former participants have gone on to be

signed by major record labels. The programme provides an opportunity for young people to access opportunities they would not have had and provides a sustainable basis for long-term employment opportunities and emotional resilience⁴¹.

The UK has some refugee-specific music programmes already in existence, due to the known therapeutic benefits of music. However, most are based on more traditional instruments and genres of music which are unlikely to attract the attention of predominantly male adolescents who are often hard to reach for mental health promotion programmes. This scheme has been shown to be effective in Toronto and could be replicated in a UK context by record labels and youth services with music production facilities.

Resilience lessons for the UK

- ◆ Focus on wellbeing, not illness
- ◆ Avoid the language of mental illness
- ◆ Integrate discussions around emotions into activities children and families will enjoy
- ◆ Be understanding of specific community and cultural factors

Challenges

- ◆ Bringing services to families

⁴¹ JustOver Music. *Artist Development Programs*. [Online]. Accessed 22 January 2018. <https://justovermusic.com/artist-development-program/>

Assessing refugee children's mental health and delivering community-based interventions

Assessing refugee children's mental health

Whilst recognising that not every refugee child will display signs of trauma, given their high levels of exposure to mental risk factors and the high instances of trauma in refugees, adequate screening measures are needed to ensure early detection of potential mental health problems.

Boston Children's Hospital's Refugee Trauma and Resilience Center has developed an online toolkit to support healthcare professionals in identifying symptoms of trauma. The Refugee Services Core Stressor Assessment Tool, provides healthcare professionals with information about four core stressors that refugees may have and provides sample questions to guide their assessment. The core stressors are:

- Trauma
 - Environment
 - Social support
 - Emotion regulation
- Resettlement
 - Legal
 - Healthcare
 - Financial
 - Basic needs
- Acculturation
 - Family relationships
 - Language learning
 - Cultural learning
- Isolation
 - Alienation
 - Loneliness
 - Discrimination

Based on each of these stressors, healthcare professionals rate an individual's symptoms as low (green), medium (yellow) or high (red). A table including a full list of symptoms and impact on functioning can be found in Appendix B.

Based on the responses provided, the toolkit generates a list of recommended interventions to address each of the stressors. These interventions range from early-intervention approaches such as providing information on community services (social care services, community groups etc) to referring children to specialist mental health services. Healthcare professionals are presented with a range of interventions and encouraged to employ a combination of the most appropriate of them. For example, where a child's symptoms display a high risk for one of the stressors, but are not acute or require emergency medical attention, healthcare professionals can test interventions intended to respond to green and yellow

indicators of risk as well as red in attempting to address the issues⁴². The toolkit was developed to support healthcare professionals in locations without a high number of refugees and without a developed understanding of the refugee experience and their likely mental health outcomes.

Pathways to Wellness has developed another non-clinically based refugee health screening tool called RHS-15⁴³. The tool, as with many mental health diagnostics screening tools, asks a number of questions of the individual being assessed with instructions to score themselves against each of those indicators. The tool has been adapted specifically to assess the mental wellbeing of refugees and asks questions for example about psychosomatic symptoms. Pathways to Wellness are clear that the screening tool must be conducted in the participant's own language in order to give an accurate assessment and consideration has to be given to the cultural background of participants and the stage of their resettlement process.

Adapted versions of either of these assessment tools could be used in the UK by healthcare professionals seeking a way to identify the specific needs of refugee children and to deliver appropriate interventions in response.

Treatment

For refugee children who display signs of trauma, depression, anxiety, PTSD or other common mental health symptoms related to the refugee experience, treatment that is delivered in a culturally sensitive manner, and takes account of their specific needs is important.

One thing to consider is ensuring that treatment is delivered in a way that will reach those who need it. For example, if parents will not take their children to mental health services but will attend their GP practice and it is important that trust is built between GPs and parents to enable the delivery of services to children.

Integrating treatment with screening and assessment

Around 20% of refugee children display some signs of PTSD, which can have an impact on children's ability to integrate effectively into their new society. Where it is unrecognised and untreated, paediatricians do not have the training or resources to be able to help. In response to this problem, the University of Toronto developed Lending a Hand to Our Future (LHOF) – a project operating in 8 Toronto clinics supporting refugee children in the Greater Toronto area. The project screens children for the presence of PTSD and delivers services to them (Narrative Exposure Therapy) immediately. Delivery of NET involved training 60 nurses, medical professionals and other students in NET. LHOF was developed for those already working with

⁴² NCTNS. *Refugee Services Core Stressor Assessment Tool*. [Online]. Accessed 3 January 2018.

<https://www.nctsn.org/what-is-child-trauma/trauma-types/refugee-trauma>

⁴³ Pathways to Wellness. *Refugee health screener-15*. [Online]. Accessed 23 March 2018.

http://refugeehealthta.org/wp-content/uploads/2012/09/RHS15_Packet_PathwaysToWellness-1.pdf

refugee children in specialist clinics to be able to deliver mental health interventions themselves as the mental health system is already overstretched⁴⁴.

The UK does not have specialist refugee clinics in the same way as Canada, as mental health services are NHS-led. However, the UK experiences similar resourcing challenges within mental health services as Canada. Training general practitioners, practice nurses or other healthcare professionals already working with refugee children to deliver specific mental health interventions at the same time as delivering mental health screening, could be considered as a way to reduce the pressure on mental health services.

Culturally-sensitive early intervention

Trauma Systems Therapy for Refugees (TST-R) is an evidence-based intervention for children and young people who have experienced trauma and is an extension of Trauma Systems Therapy (TST). TST-R was initially developed in response to the specific challenges facing Somali young people in Massachusetts.

Research conducted with 135 Somali young people found that 94% of those assessed reported being exposed to trauma, before they left their home country, and after arriving in the United States. Whilst nearly two thirds of the of young people surveyed reported symptoms consistent with a full diagnosis of PTSD and were defined as being most in need of services, only 8% reported having accessed formal services.

When practitioners first approached families to raise concerns about and advice on potential treatment for their children's mental health, families were generally resistant to accessing those services as conditions such as depression, anxiety and PTSD are not well understood in their culture. Families could therefore not understand the value of the services that were being offered to them. Boston Children's Hospital identified that in order to be able to provide children and young people with the services they needed to be able to deal with their mental health issues, they would need to ensure the interventions took place as part of a broader programme of support within school and community settings.

The starting point was working in partnership with local communities and involving religious organisations as they are trusted by the community. Schools-based groups focused on other stressors. Once professionals had established trust with children and with the community, they began to be thought of as part of the school system. This enabled them to identify children who might need additional support and to begin working with parents. They were then able to deliver TST-R to those children who were likely to benefit from the programme⁴⁵. A summary of the TST-R approach can be found in Annex B.

Data evaluating the first TST-R programme (project SHIFA in Boston) demonstrated a significant reduction in PTSD and depression symptoms over the course of the six month

⁴⁴ Amad, A. *Canadian Government Helps Syrian Refugees With PTSD*. Science Times. [Online]. 10 December 2015. Accessed 15 January 2018. <http://www.sciencetimes.com/articles/7862/20151210/canada-respond-caring-syrian-refugees.htm>

intervention. This meant that at the conclusion of the intervention, those who had received services had improved to the point that their symptom levels were similar to those who had not required services.

In addition to these changes at an individual child level, there were also signs of changes in psychosocial risk factors:

At the family level:

- A decrease in conflict relating to integration stressors

At the school level:

- An increase in the sense of school belonging
- A decrease in school rejection

At the community level:

- A decrease in experiences of discrimination

That the intervention led to the increase in the number of mental health protective factors, supports the notion that TST-R can help to support long-term sustainable mental wellbeing. Replicating such a model in a UK context would need to take into account the lessons learnt about cultural sensitivity and delivering interventions that aim to reduce stigma. The role of cultural mediators is critical to the success of this intervention as they are able to translate mental health language into a language that the community can understand. This would need to be factored into any commissioning and service design decisions.

Boston is working with the National Child Traumatic Stress Network⁴⁶ to evaluate the project. It has been shown to be effective with the Somali population in Massachusetts, but a key issue for consideration is whether the model can translate into other cultures or whether it is likely to work in areas where there is a large diversity in cultures. Communities in the UK where refugees are resettled tend to be more culturally and ethnically diverse than those in the United States, and attempts to replicate such a service would need to take this into account and draw on further evaluation of TST-R.

Sharing evidence and best practice

A number of providers I visited during my Fellowship travels emphasised the difficulties in replicating interventions that work across the country and for sharing best-practice. However, both the United States and Canada have established academic centres in some areas which specialise on research and evidence relating to refugee mental health specifically.

- Canada's Centre for Addiction and Mental Health (CAMH)'s Immigrant and Refugee Mental Health Project⁴⁷ provides online training, toolkits and resources to resettlement workers, social workers and healthcare professionals who work with refugees and other migrants.

⁴⁶ NCTSN. [Online]. Accessed 12 May 2018. <https://www.nctsn.org/resources>.

⁴⁷ Centre for Addiction and Mental Health. Immigrant and Refugee Mental Health Project. [Online]. Accessed 3 March 2018. <https://irmhp-psmir.camhx.ca>

The Project provides participants with the opportunity to exchange experiences and ideas with other professionals.

- The United States' National Child Traumatic Stress Network has a dedicated page on refugee trauma⁴⁸ with comprehensive information on refugee children's experiences, screening and assessment, a catalogue of evidence-based interventions and academic resources.
- BRYCS has a dedicated online search portal for sharing promising practice around the United States. The BRYCS criteria for documenting 'promising practice' are that: 1) the service must have been recommended as successful by other service providers, funders and/or experts; 2) it must have been based on principles drawn from current research on risk and protective factors for refugee and other migrant children; and 3) it must be outcomes-driven, showing the positive impact of the service on refugee and migrant children⁴⁹.

In developing and commissioning services that support the mental wellbeing of refugee children in the UK, providers and commissioners can draw from the wealth of information and evidence available across these resources in the United States and Canada. There are also options for integrating such learning into existing services in the UK, including the Government's What Works Network. The Early Intervention Foundation⁵⁰ and What Works Centre for Wellbeing⁵¹ are dedicated to improving outcomes for children through prevention and improving wellbeing.

There is innovation and effective practice in supporting refugee children across the world. However the scale of the problem and the likelihood that the challenge will persist and grow, means that there is much more that can and needs to be done, and no one country has all of the answers. International information sharing and communication should be encouraged and fostered to reduce duplication. This information can be replicated and modified to suit the specific contexts of each country's healthcare and child protection systems.

⁴⁸ NCTSN. [Online]. Accessed 12 May 2018. <https://www.nctsn.org/what-is-child-trauma/trauma-types/refugee-trauma>

⁴⁹ BRYCS. Promising Practices. [Online]. Accessed 3 April 2018. <http://www.brycs.org/promisingPractices/index.cfm>

⁵⁰ EIF. [Online]. Accessed 3 April 2018. <http://www.eif.org.uk/>

⁵¹ What Works Centre for Wellbeing. [Online]. Accessed 3 April 2018. <https://whatworkswellbeing.org/>

Conclusion and recommendations

The well-established history within the United States and Canada of resettling refugees provides the UK with an evidence base and best practice examples which can be effectively replicated. The United States and Canada have a number of approaches and interventions which Government, local authorities, NGOs, professionals and the community can apply in a UK context to support in the resettlement and integration of refugees and that will ultimately lead to better mental health outcomes for refugee children. Delivering interventions to support refugee children in the UK, based on experiences in the United States and Canada, should first look to interventions the aims of which are to develop the protective factors that support children's mental wellbeing. This is the case for preventative interventions as well as community-based treatment.

Integration

- ◆ Draw on the United States and Canadian experience of private-public partnership models for resettlement, involving NGOs, communities and business to make resettlement a joint endeavour
- ◆ Place language tuition at the centre of integration efforts for the whole family
- ◆ Focus on commissioning services which harness the experience and cultural understanding of established refugee communities

Both countries have at the basis of their refugee resettlement programmes the principle that resettlement is a joint endeavour between the state and the public is one which can helpfully inform the UK as the community sponsorship scheme develops. The United States' partnership with resettlement agencies based in locations across the country has allowed NGOs to adapt to the specific circumstances of their local community and to be responsive to change. The Canadian government's increase in resettlement to support refugees fleeing the conflict in Syria on the understanding that individuals and communities play a part in resettling refugees has helped the public to feel that resettlement is led by them and that they have a shared interest in welcoming refugees. Communities and local authorities across the UK have showed overwhelming generosity and willingness to host families and individuals fleeing conflict and persecution. Harnessing this good will help refugees feel supported and welcomed which will aid their integration and in turn will help to promote their mental wellbeing. Individuals who arrived in the UK as refugees who are now established are a valuable resource as they can act as a broker between newly-arrived refugees and the services and communities they arrive into. The United States has a particularly strong record of taking advantage of the skills and experiences of established refugees and in commissioning services to support refugees, the experiences of the community should be taken into consideration. On a more practical level, harnessing the skills and resources of individuals and communities will alleviate the pressure on national and local government to provide all of the support refugees. Projects like Toronto's Together Project provide a helpful basis upon which to base community-led integration projects and which can be usefully replicated

Integration is the most important protective factor for refugee children as they adapt to their new community and culture. At the heart of any attempt to improve the mental health

outcomes of refugee children therefore, must be the involvement of families and of communities. The link between parents' fluency in the language of their host country, and a child's mental wellbeing is well evidenced, making language tuition a key foundation for any integration efforts. Whilst free English language tuition for all migrants as in Canada may not be feasible in a UK context, drawing on the Canadian approach of integrating childcare with English language tuition, and delivering interventions to promote child and family emotional wellbeing in the same setting is something which could be usefully considered when developing English language services targeted at newly-arrived refugees specifically. Furthermore, whilst the United States' prioritisation of rapid movement towards self-sufficiency for newly-arrived refugees may be specific to the system of welfare provision there which is very different to that in the UK, there are lessons that can be learnt as the integration of parents supports their mental wellbeing, which has an associated positive impact on children's mental wellbeing. Therefore, efforts to strengthen projects which support refugee parents into work and to improve their English language skills are to be welcomed.

Supporting families

- ◆ All interventions intended to improve children's mental wellbeing must start with the family
- ◆ Facilitate communication between parents and children to support their joint integration into a new society and culture

The link between the mental and emotional wellbeing of parents and that of their children means that for interventions intended to improve the child's mental health must take the family unit as its starting point. Parenting programmes such as those led by Wood Green in Toronto which deliver support to children and parents separately and then together as they adjust to their new culture and community could be considered as a way to support refugee integration in the UK.

The increase in the number of unaccompanied asylum seeking children joining family in the UK from elsewhere in Europe under the Dublin Regulation, and the ability for families to reunite under the refugee family reunion rules means that there are a large number of refugee and asylum seeking families whose family unit is relatively new, or who have been separated for a significant period of time. There are clear parallels between the experience of these families in the UK and of the large number of children who come from central and southern America to reunite with family. The resources developed by USCRI to support families during this period of adjustment, focusing on relationship building and conflict resolution could be usefully adapted for use by social workers to support families who reunite in the UK.

Building resilience

- ◆ Focus preventive mental health interventions on activities children enjoy, and prioritise creating safe spaces where children can meet and interact
- ◆ Deliver interventions in the context of life-course appropriate activities
- ◆ Involve business, artists and other professionals with skills and experiences children are interested in to move discussion away from mental illness and towards wellbeing

Whilst their experiences leave them at a higher risk of developing mental health problems, those same experiences have also built resilience within refugee children which can be built upon as they integrate into their new societies and cultures. Where children either show no signs of mental health problems, or their symptoms are mild, resilience building programmes can help to foster protective factors which prevent mental health problems from developing.

Group activities are an important way in which to support refugee children to integrate, make friends and find a purpose, all of which can help to prevent long-term mental health problems. Delivering activities that children will enjoy, taking account of their different ages and interests, are an effective way to boost confidence. Delivering regular activities in specific settings and with consistency in the staff who deliver those activities creates a safe space for children where they can feel comfortable expressing their emotions. It also allows support staff to be able to identify any changes in children's behaviour or mood and to be able to signpost them into additional services or deliver early intervention themselves if needed. When designing activities to deliver in areas where there are newly-arrived refugees in the UK, commissioners, schools and youth centres should consider interventions that focus on activities that can be enjoyed by children of the same age, regardless of their immigration status, that will help children to support one another in a supportive environment.

Assessing mental health and early-intervention

- ◆ Screen for mental health problems taking into account refugee-specific risk factors
- ◆ Deliver interventions that are culturally sensitive and rooted in the community
- ◆ Find opportunities for sharing best practice and building on what works

Drawing on the United States' experience of screening for mental health problems which takes into account refugee-specific risk factors, the UK could develop similar processes when refugees present to their GP or are referred to mental health services. Given the differences in the UK healthcare system compared with that of the United States' those of our resettlement programmes, additional research would be needed to know how to most effectively adapt the approach to a UK context, but it is an area that warrants further research. The success of Boston Children's Hospital's TST-R project in improving the mental health outcomes of refugee children in Massachusetts demonstrates the effectiveness of delivering mental health interventions in schools settings and in collaboration with the local community and provides a useful basis for developing interventions to improve the mental wellbeing of refugee children. However, academics and practitioners who developed the project acknowledge that the project has been successful where there is a specific ethnic group and nationality (in this case Somali young people) and further research would be needed to understand how best to deliver similar projects in the context of greater ethnic and national heterogeneity.

The scale of the problem remains daunting, and no one country is adequately prepared to respond to the complex and growing needs of refugee children. The work of research institutions in the United States and Canada which collate evidence of best practice and research into outcomes for children provide a useful basis for the UK to consider development of similar programmes to support refugee children here, and this body of evidence could be evaluated and built about by research institutions and what works centres in the UK. There are

clearly excellent examples of interventions that work, and promising interventions, much more needs to be done in the UK, Canada, the United States and across the world to be able to support the children who are in such vital need. Working together across national boundaries, sharing experience and adapting our approach accordingly provides the most effective way to deliver for refugee children.

Appendix A

Risk and protective factors: general population and refugees

	Protective factors		Risk factors	
	General population	Refugee- specific	General population	Refugee- specific
Social support and networks	<ul style="list-style-type: none"> adequate social/emotional support nurturing environment social activity friendships living in close proximity having a good relationship with a partner or spouse 	<ul style="list-style-type: none"> enduring relationships family cohesion parental well-being (CA) family reunification (UC) residing with a foster family of the same ethnic background (UC) regular and sustained interaction with a family (UC) 	<ul style="list-style-type: none"> lack of family support limited social network 	<ul style="list-style-type: none"> social isolation family conflict family stigma against mental illness separation from family members (UC) poor maternal mental health (CA) family negativity (CA)
Community factors	<ul style="list-style-type: none"> access to community support services institutional services supportive environment accessible and appropriate treatment 	<ul style="list-style-type: none"> adequate networks within the community (AD) volunteer participation (AD) sense of school belonging (CA) presence of interpreters and service providers with cross-cultural knowledge 	<ul style="list-style-type: none"> low socio-economic status isolation lack of support services, including transport, shopping and recreational facilities limited mental health services social and environmental barriers poor housing 	<ul style="list-style-type: none"> discrimination language barriers and limited access to translators acculturation difficulties community stigma against mental illness shift in gender role expectations in new culture lack of culturally appropriate services lack of school integration initiatives
Individual factors	<ul style="list-style-type: none"> self-efficacy engagement good coping skills, including good working skills interpersonal skills lifestyle 	<ul style="list-style-type: none"> high self-esteem high cognitive ability education connection and commitment to original culture good temperament (CA) 	<ul style="list-style-type: none"> depression stress negative style of talking trouble handling disagreements difficult self-expectations grief 	<ul style="list-style-type: none"> loneliness and isolation displacement from a rural area high pre-displacement education level (AD) high social status in pre-trauma stage (AD)

	<ul style="list-style-type: none"> • resilience • improved communication and conflict management skills • high self-esteem and motivation • empowerment • life satisfaction • health behaviour, nutrition, physical activity, physical exercise • support systems • reading skills • control over one's life 	<ul style="list-style-type: none"> • adaptability (CA) • maintenance of religious beliefs 	<ul style="list-style-type: none"> • physical illness/impairment • chronic/severe mental illness • substance and medication misuse • heavy alcohol consumption • smoking • poor nutrition • inactivity • negative social comparison • poor health status • chronic illness • lack of satisfaction with life • anxiety • sadness 	<ul style="list-style-type: none"> • impaired memory processing that impedes legal processes • lack of trust in Western medicine • poor medication compliance • over 65 years of age at time of migration • female • difficulties with language/communication • nostalgia • feelings of dejection, humiliation and inferiority • unprocessed trauma
Life events or situations	<ul style="list-style-type: none"> • economic security • availability of opportunities at critical turning points in life • general health and fitness • wellbeing 	<ul style="list-style-type: none"> • occupational success (AD) 	<ul style="list-style-type: none"> • adverse life events • death of family member • stressful life events • unemployment/job insecurity • economic deprivation • loss of roles and self-esteem • pre-migration • homelessness • homesickness • caring for someone with a disability • violence/abuse 	<ul style="list-style-type: none"> • exposure to trauma (e.g., war) • chronic physical injury sustained from torture or violence • political persecution • prior imprisonment • extended residence in refugee detention centres • institutional accommodation involvement in front-line combat rape, torture, war injuries • chronic physical illness • insecure asylum status • loss of property in leaving home country • prolonged food/water deprivation • frequent moves/resettlement
Social determinants of health	<ul style="list-style-type: none"> • income and social status • social support networks • education and literacy 	<ul style="list-style-type: none"> • adequate and prompt medical attention for injuries • language training • job training (AD) 	<ul style="list-style-type: none"> • income and social status • social support networks • education and literacy 	<ul style="list-style-type: none"> • unemployment (AD) • inadequate housing parental unemployment (CA) • uncertainty about asylum status

	<ul style="list-style-type: none"> • employment/working conditions • social and physical environments • personal health practices and coping skills • biology and genetic endowment • health services • gender • culture • housing 	<ul style="list-style-type: none"> • length of residence duration in host country 	<ul style="list-style-type: none"> • employment/working conditions • social and physical environments • personal health practices and coping skills • biology and genetic endowment • health services • gender • culture 	<ul style="list-style-type: none"> • ability to access health services (dependent on asylum status) • neglected mental health problems • infectious diseases lower education levels • stigma, discrimination and prejudice in host society⁵²
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UC indicates factors which are specific to unaccompanied children aged 18 and under. CA indicates factors which are specific to children and adolescents aged 18 and under. AD indicates factors specific to adult refugees.

⁵² Centre for Addiction and Mental Health. *Best practice guidelines for mental health promotion programs: Refugees*. [Online]. 2012. Accessed 6 April 2018. <https://www.porticonetwork.ca/documents/1399720/1402901/Refugees/3974e176-69a8-4a5f-843b-a40d0a56299c>

Appendix B

Programme details

1) Refugee mental health toolkit

	Risk level		
	Low	Medium	High
Impact on functioning	Functioning does not interfere with their functioning at home, school or in social situations	Symptoms seem to be interfering with their functioning at home, school, work or in social relationships	Severely affecting functioning at home, school or in social situations
Trauma symptoms	Problems with emotion regulation Problems with accessing social support Continued environmental stressors	Depressed mood Irritability Trauma-related symptoms: - Flashbacks - Hypervigilance - Trouble concentrating	Acute or severe symptoms of emotional distress or behaviour dysregulation including engaging in risky behaviours such as: - self-harm - aggression - suicidal thoughts
Acculturation stressors symptoms	Occasional conflict or acculturation-related stress Some internal conflict around cultural and language differences between the culture of origin and the culture of the resettlement country	Parents feeling their child is 'too American' Frequent verbal conflicts Lack of communication Demonstration of cognitive disabilities or concerns that may hinder language learning Child's difficulty negotiating new culture and culture of origin	Child or parents/guardians using physical force during conflicts Child refusing to stay with parents Child taking on too many responsibilities (i.e. translator, caretaker roles, wage earner etc.)
Resettlement stressors	Experience occasional stressors relating to: - Finances - Housing	Trouble paying bills Difficulty finding work Housing problems Community violence Transport issues	Severe levels of risk that pose a safety risk to family members: - Homelessness - Eviction - Lack of food

	- Community stressors	Difficulty accessing medical or mental health resources Limited community support	- Inability to access medical services
Isolation stressors	Overall, the child is: - Making friends - Has sufficient social support from both adults and peers	Child not involved in groups outside of school Child occasionally feeling lonely or isolated Child occasionally experiences verbal conflicts at school Child reports feeling discriminated against by some peers	Child getting in frequent physical altercations Child associating with dangerous groups such as gangs Child experiencing discrimination from a person of authority such as a teacher Child has no friends

2) Trauma Systems Therapy for Refugees (TST-R)

TST is a comprehensive model for treating traumatic stress in youth that expands upon individually based approaches by specifically addressing the child's social environment and/or system of care⁵³.

TST-R is an adaptation of TST that includes adding service components to enhance engagement of refugee young people and their families and also to make services more culturally and linguistically appropriate. It is based on the core belief that care is best provided by, or in partnership with, members of refugee communities.

The specific TST-R adaptations include:

- 1) Parent and community outreach focused on anti-stigma and psychoeducation
- 2) Skills-based groups that address cultural acculturative stress and serve as the gateway to engage young people in treatment
- 3) A cultural broker from the child or young person's community who conducts outreach, co-leads groups and pairs with a healthcare professional in home-based treatment

TST-R interventions target both the individual child and the child's social environment. TST-R consists of three components of prevention and intervention:

Tier 1: Community and Parent Outreach and Engagement: The first and broadest level of care involves community outreach to engage families and develop trust between communities and providers before a specific mental health need is identified; mental health information is made available, and efforts are made to destigmatize seeking care.

⁵³ Saxe, N, Ellis, H. and Brown, A. *Trauma Systems Therapy for Children and Teens: second edition*. New York. The Guilford Press. 2016. P.9

Tier 2: Non-Clinical Skills-based Groups: The second level of care focuses on decreasing acculturative stress, building regulation skills, and increasing social support. This is accomplished through groups held in school or community settings. These groups also serve to identify youth who may be in need of more individualized services and to build relationships in a non-stigmatising way.

Tiers 3 & 4: Intensive Intervention: Those youth who demonstrate significant mental health needs receive community-based, linguistically and culturally appropriate care under the Trauma Systems Therapy (TST) model.

Cultural brokers play an essential role within all tiers of TST-R and cultural brokering is the mechanism that holds the programme together.

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