

## Refugee children at school: good practices in mental health and social care

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*An international research project financed by the European Union is investigating the possibility of transferring promising interventions from one country to another.*

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## David Ingleby and Charles Watters

# Refugee children at school: good practices in mental health and social care

School has healing possibilities for refugee children and successful approaches from The Netherlands are to be tried out in British schools.

In recent years, public opinion in Western countries seems to have hardened against refugees and asylum-seekers. Surveys in Britain and The Netherlands have shown that people have exaggerated notions about both the size of this group and the financial burden that it represents. Media campaigns, the vote-catching strategies of politicians and, of course, "9/11" have all contributed to this toughening of attitudes.

Yet the humanitarian problem remains. However difficult it may be to make a watertight distinction between political and economic migrants and to check the factual basis of asylum-seekers' stories, hundreds of thousands of them arrive in Europe each year, hoping to start a new life. Some will be turned back at the borders, but most will spend months or years waiting for their applications to be processed. The lucky ones - less than half - will get permission to stay, sometimes on a temporary basis; the rest will either disappear into illegality, move to another country, or go back where they came from.

Of the millions of victims of political violence in the world, those who manage to escape to peaceful and prosperous Western countries represent a small, and in certain respects privileged, minority. Nevertheless, many of them are in bad shape, both

physically and mentally. Some are victims of violence; all have lost their homeland and their familiar environment. The flight itself and the period spent waiting for applications to be processed confront people who are already vulnerable with even more stress and hardship. And even when all these obstacles have been overcome, the barriers to successful resettlement - including the public hostility mentioned above - can be overwhelming.

### Helping refugee children

For children, who form a quarter to a third of all asylum seekers, these threats can be especially daunting. Many arrive alone; even if they have parents or relatives with them, these persons may not be in a fit state to provide the needed support. Clearly, this group of children is 'at risk' in terms of their physical and mental health and their all-round development. How can they be helped?

One alternative is simply to wait until children break down, become ill or cause social problems, and then offer individual therapy or counseling. Another possibility, however, is to adopt a preventive approach - to give the children support and encouragement, to show them how to confront their problems themselves, and to help them feel they are not simply being abandoned to their fate. Often, the school can provide an excellent context for carrying

***A preventive approach aims to give refugee children support and encouragement, to show them how to confront their problems themselves, and to help them feel they are not simply being abandoned to their fate.***

out such preventive activities. The Dutch 'Pharos Foundation' (recently renamed 'Pharos Knowledge Centre for Refugees and Health') has been pioneering such interventions since the mid-nineties. Some details of their work are given below.

### International exchange of expertise

School-based programmes aimed at helping young refugees and asylum-seekers are only one example of the many interventions that have been developed in the past two decades to further the mental and physical health of victims of political violence. Many of these practices adopt a 'clinical' focus and are designed around the psychiatric concept of 'post-traumatic stress disorder' (PTSD). Others, however, are directed at broader aspects of the difficulties facing this group and try to avoid 'medicalising' their problems.

Although it is heartening that so many initiatives have been developed, there are two snags. One is that it is hard to know which interventions are worth the effort. What are the criteria for 'good practice' in this area? Controlled clinical trials are often irrelevant or impossible, so how can we distinguish between interventions which really benefit the people they are supposed to help, and those which mainly further the interests of the professionals and organizations carrying them out?

The second problem is that of 're-inventing the wheel'. In scores of different countries, efforts are being made to tackle the problems of refugees and asylum-seekers, but there is still very little international exchange of ideas and experiences. As a result, time may be wasted on developing approaches which have already been shown to be flawed, while promising innovations may be ignored simply because nobody has heard of them.

### Research project

In an effort to get to grips with these two problems, a research project is currently being financed by the European Refugee Council to survey the innovations which have been developed in different countries and to consider how 'good practices' can be identified. The project leaders are Charles Watters (University of Kent at Canterbury) and David Ingleby (University of Utrecht, The Netherlands). Some 15 researchers in four countries are involved in this project, which is also investigating the practical problems that arise in 'transplanting' practices that have been developed and tested in one country, to another where they are relatively unheard of.

As part of this study, an attempt will be made to implement the Pharos approach in British schools.

Of course, there are important differences between the school systems and the asylum procedures in Britain and The Netherlands, and the researchers do not expect that existing Pharos programmes can be taken over in a ready-made form. At the time of writing, consultations are under way about the adaptations that may be necessary and the best way to get such projects set up. The researchers are keen to hear from all those in the field of education and health, as well as refugees and asylum-seekers themselves, who have views on this initiative or would like to become involved.

### The Pharos Programmes

A basic principle of the Dutch programmes is that giving attention to the children's problems and strengthening the support systems around them go hand in hand. The school has healing possibilities because it provides attention, structure and contact with peers, and can serve as a bridge to the new society and the future. Teachers are often willing to support children with social or emotional problems, in addition to carrying out their normal teaching programme.

#### Secondary schools

For refugee youth in secondary education, Pharos has developed the following programmes:

#### The Refugee lesson (De Vluchtelingenles)

A series of eight 'lessons' focussing on the experiences refugee children have in common. The 'lessons' are conducted by a teacher, together with a mental health care professional, with a group of 8-12 children. Topics treated are:

- ▷ Living in the Netherlands
- ▷ Where do I come from?
- ▷ Who am I?
- ▷ Important things and days
- ▷ Friendship and being in love
- ▷ Prospects for the future

#### Refugee youth at school (Vluchtelingenjongeren op school)

This is a training manual, accompanied by video tapes, for teachers and others involved with this group. The themes are:

- ▷ Backgrounds of refugee youth
- ▷ Coping with loss
- ▷ Dealing with traumatised children
- ▷ Preventive activities in the classroom

#### Welcome to school (Welkom op school)

This is a series of 21 'lessons' emphasising non-verbal techniques such as drawing and drama. Themes include:

- ▷ Getting acquainted
- ▷ Where do I come from
- ▷ My school
- ▷ Who are we
- ▷ Important days
- ▷ Living in the Netherlands
- ▷ Important people
- ▷ Friendship
- ▷ Being in love and marrying
- ▷ Leisure time
- ▷ Feeling excluded
- ▷ On the road to the future

#### Primary schools

The following activities have been developed for use in primary schools:

#### F.C. the World (F.C. De Wereld)

Like 'The refugee lesson', this programme consists of eight 'lessons', using a variety of verbal and non-verbal methods. During the programme, each child makes a book about him/herself.

A small pilot study showed positive effects on the children taking part. Themes covered are:

- ▷ Me
- ▷ School
- ▷ Where I Live
- ▷ Family

#### Further information

As part of the research project, described in this article, a manual (in English) has been written describing the Pharos approach and giving details of the programmes developed. This can be obtained at cost price by sending a cheque for £3 payable to the University of Kent, to the following address:

Dr. Charles Watters  
Tizard Centre, University of  
Kent, Canterbury,  
Kent CT2 7LZ  
E-mail: C.Watters@ukc.ac.uk  
Tel. 01227 763000

Alternatively, the manual can be sent free of charge by e-mail as a Word file.

Further details of the Pharos Knowledge Centre can be obtained from Gordana Rodic, International Affairs Staff, e-mail: g.rodic@pharos.nl

- ▷ Celebrating
- ▷ Friendship
- ▷ Play and Me
- ▷ You and Me

#### The school as a healer (De school als heilmeester)

This is a training course for teachers, supported by video material (cf. 'Refugee youth at school!').

#### Just show who you are! (Laat maar zien wie je bent!)

This programme uses mostly non-verbal methods such as play, dance, movement, and drawing. A training manual for the teachers has also been developed. Themes dealt with include:

- ▷ Safety
- ▷ Identity
- ▷ Making contact with others
- ▷ Self-reliance

### Effectiveness of the projects

All these programmes have been carefully revised and adapted in the light of experience. Reactions of both staff and children are almost uniformly positive: evaluation studies have been carried out for some programmes, which indicate positive effects on several dimensions important for children's well-being (e.g. their sense of belonging and the number of health complaints they report). More detailed evaluation studies are currently under way.

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