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Enhancing psychosocial support for refugee students

Staff training on Pathways of Institutional Support for Young Refugees' Access to HE, Training and employment

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Supporting University Community pathways for REfugees-migrants

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By the time we were submitting the proposal we had in mind

- That a project of HE with a population of refugees constitutes a psychosocial intervention as much as an educational program. Education might thus serve as a primary driver of psychosocial outcomes.

- Essentially, being a refugee is not a psychological phenomenon but a political one. Any human being, regardless of their psychological strengths or weaknesses, may become a refugee depending on certain sets of external circumstances, devastating events that are dictated by political factors.

- Refugees in protracted situations often experience a loss of dignity (Vries, & Van Heck, 1994). Long term displacement depletes the resources available to them and might lead to mental distress (Horn, 2010).

In this context, HE could help refugees

- and us develop a "critical consciousness" by providing refugees with a voice in their communities and empowering them to create change.
- We know that this is particularly crucial in militarized and volatile environments such as refugee camps where the choices may include whether or not
  – to engage in risky or precarious types of work,
  – or to return to the home country,
  – or put one's energy and resources into resettling elsewhere

In this context, HE could help refugees

- serve as role models within communities (native and/or host communities)

- develop future orientation

- reframe the meaning of traumatic and unjust events and deconstruct the dichotomy "vulnerable or victim" vs "resilient"

- provide structure that addresses with the dichotomy of depression vs boredom status

POLITICS OF HE FOR REGUGEES

- Dryden- Peterson, 2010 & "Conflict, education and displacement", 2011.
- UNESCO Millenium Development Goals Report 2009 &
- The Dakar Framework for Action: Education for all, 2000.

Overall, no mention to Higher Education

- due to the geography and the need of addressing greater challenges in the least developed countries (LDCs), affected by conflict or undergoing reconstruction.

- Large scale involvement in HE in these countries compromised, by the priority given in under-resourced primary and secondary systems.

Need for HE on the agenda because

- of the nature of contemporary conflicts-the refugee situations are <u>increasingly protracted</u> such that refugees can spend their entire school-age years displaced

- of the recognition by UNHCR that education can act <u>as a framework of security,</u> by adopting a protective role for refugee youth in meeting psychosocial needs, by providing space for conveying survival messages, and developing skills for conflict resolution

- shift of the larger field of <u>"Education in Emergencies"</u> (see the Inter-Agency Network for Education in Emergencies INEE (open network of representatives from NGOs, UN agencies, academic institutions, affected populations etc).

WHY IS THE HE IMPORTANT

- Lack of investment in HE as a double-edged sword.
  - On the one hand, prioritization of resources for primary/ secondary education better meets the needs of the vast number of children, and addresses equity goals over the short term.
  - On the other hand, ignoring the development of HE has negative long-term consequences both for individuals and societies (documentation regarding the widespread societal benefits generating economic growth by the high level skills at the HE)
- Protective role of education for youth in conflict settings.

WHY IS THE HE IMPORTANT

- Access to HE contributes to the rebuilding of individual refugees' lives and the realization of durable solutions.

- Opportunity of HE provides refugees with the ability to think about the future.

- Unlike a focus on survival, which potentially reduces people to passive recipients and undermines the human desire for agency through knowledge, HE might allow a shift in thinking toward considerations of the possible and the potential
  - (see International Institute for Educational Planning, & "the Emergency Alibi").

WHY IS THE HE IMPORTANT

- HE as a tool of reconstruction.
  - Investment in HE does not only meet the needs of individual refugees but also
  - contributes to the development of the human and social capital necessary for future reconstruction and economic development in countries of origin (see DAFI program for Afghan refugees)
- A process of change away from disempowerment
- HE potentially expands the ability of refugees to make better strategic life choices

The context in Greece at the time of the program

- In the camp-based refugees, comprehensive and accessible systems of primary and secondary education were yet to be established, making equitable admission strategies for HE difficult.

- Refugee camps, historically meant to be temporary transit places, often resembled poorly resourced social spaces with potential risks (health, civil status and rights, environmental risks such as safety, conflicts, criminality, etc)

The context in Greece at the time of the program

- Given various funding streams behind NGO activities, educational and other initiatives were often stand-alone interventions lacking integration with other services or opportunities.

- Absence of a systems framework.

- Thinking in a context of highly vulnerable people such as forced migrants and refugees, we lack pathways to participate in the "vocation of being human" (McGrath, 2012).

The context in Greece at the time of the program

- Most national and international agencies that came to aid of the refugees were concerned with basic humanitarian assistance,
  - like health, food and shelter.
- Our program to validate an initiative on behalf of HE
  - that improves access, social justice, equity and educational quality of refugee youth **had to be reshaped**.
  - Interviews with young refugees in the camps, rising expectations and frustration

The context in Greece at the time of the program

- Refugees in Greece facing the dilemma between
  - paying a smuggler or
  - accessing HE.

  Unfortunately, the possibilities of success of the first option were higher than that of the second for many reasons.

OBJECTIVES OF THE PROJECT RENEGOTIATED

- Given the lack of tertiary education opportunities typically available in refugee camps, the project aimed at identifying needs and developing an educational module for trainers working with the refugee population regarding their psychosocial support.
  - local community workers,
  - specialized psychosocial and mental health care practitioners,
  - and other humanitarian actors working with the refugee population.

Practitioners' needs survey included the following stages:

– Identification of potential participants (organizations and refugees) and construction of interviews and focus groups guide

– Mobilization of participants and interviews/FG implementation

– Data thematic analysis (Braun & Clarke, 2006)

Strengths

- Professionals addressing real needs in the present, such as
  - accommodation, legal advice, health problems, family reunification
- Professional roles enriched by a combination of disciplinary approaches
- Useful or even necessary shifts
  - (in contexts with shifting laws/policies and refugees on the move) between locations and institutions
- Flexible task orientation

Limitations

- Short term duration/ insecure funding/ marginal status
- Staff morale
- Uncertainties concerning the NGO program's viability
- Practitioners' uncertainties mirroring the refugees' uncertainties
- Lack of continuity in terms of support
- Low impact and influence in promoting changes in policy and practice

The main axes of service provision (Watters, 2005)

- negotiate specific dilemmatic situations such as
  - issues of <u>separation and integration</u>,
  - <u>control versus autonomy</u>,
  - projects designed <u>top down or bottom up</u>,
  - emphasizing participation and trajectories addressing <u>*immigration control versus welfare*</u>
  - *Immigration control trajectory: concerns with security, legislation and documentation of status versus*
  - *Welfare trajectory: concerns with social support and psychosocial well-being*

Key concepts and assumptions

- **The refugee movement as *crisis* and the rhetoric of emergency**

- **Temporality**

- **Securitization and Border politics**

- **Legal/administrative** definitions of refugee population and **category fluidity** (Immigration control trajectory)

Key concepts and assumptions

- Resisting the *homogeneity* of refugee experience
- Approaching refugees through a *community based* psychosocial perspective
- Approaching *Integration as a multifaceted and dynamic* process
- Refugees' *agency* (Sennet, 2006).

Assessment issues
(BPS, 2009)

All assessments and interventions should be based on a sound psychosocial perspective, that is, not only limited to psychological factors but also include the actual realities of living, along with their financial, medical, spiritual, and other considerations:

- Intrapsychic factors;

- Interpersonal interactions;

- Wider socio-political and cultural parameters. All these should be within the context of the actual reality of their everyday lives.

- Family assessment within at least two types of histories: their own family developmental cycle (e.g. have they just married, do they have young children, have their parents died, is their main focus now the education of their teenage children?)

- and their dislocation history (e.g. is their current location the final destination of their journey or are they still planning to move to another country; are they expecting other members of their family to join them?).

- Appreciation of the particular stage that each family is at that given time, as well as the stage in their process from dislocation to relocation.

Issues of concern (Volkan, 2017).

- Make the "foreigner" the scapegoat: we see refugees as the source of all problems and discontent

- Physical borders can become psychological borders protecting large-group identities

- Parents as dislocated and children as "exiled": this means that moving from one location to a foreign one involves losses [e.g. in terms of families and social support] and abilities to mourn or resist the mourning process

- Activation of a fantasy that the past contains all "good" things along with their gratifying affective links. Experiences of a sense of discontinuity

- How refugees' anxieties may appear in persecutory [I am driven by guilt to expect punishment from others]or depressive forms [I feel the loss of the past life and I exhibit sadness, sorrow or nostalgia]

- Guilt reinforced by being a survivor while beloved people left behind or in danger
- Third individuation after the first one in childhood and the second one in adolescence
- Parents may unconsciously "deposit" their traumatized self-and object-images related to dislocation into the developing self-representation of the child and give her different tasks to deal with such images.
- How parents perceive and treat their children during adverse conditions and the ways they transmit their emotions may cause the child to evolve as a "living statue".
- In other words, the parents convey their memories to the children thus having an impact on their identities
- Double mourning for adolescents who leave their childhood along with moving to a new country

Boundaries (BPS, 2009)

- When working with asylum seekers, it can be distressing and worrying to see someone who is destitute, or surviving on very little money and with often very few personal possessions.

- Each service will develop their own protocol for coping with these challenges.

- it is important for you to avoid being the person who directly gives money, presents or clothes. Instead, signpost the person you work with to relevant agencies and colleagues.

- Many asylum seekers will have lost their family either through forced separation or death. They may feel very isolated in their host country and regard you as part of their new family. Refugees often say things like: 'you are my mother now' or 'you are my new daughter' or when referring to the team, 'this is my family now'.

- While this may be appropriate it can be helpful if the differences between the professional helping relationship and those with a member of the family are thoughtfully explained. Your professional relationship with the person in need will end eventually, and it is kinder and more ethical to gently explain the boundaries and limitations of this professional relationship.

- Professional practice in psychosocial mental health literature according to Kohli (2006) passes through three intertwining stages: *from cohesion to connection and to coherence*.

- cohesion phase, the practitioners are called on to solve practical issues, such as food, housing, health. Their role calls for an outward perspective: what you see is what you get and you focus on the here and now.

- The practitioners are not that interested in explicit role boundaries and refugee biographies. According to the literature, inaccuracies in terms of migration trajectories allow professionals and refugees to care and not control. The emphasis is not on traumatic experiences, pretending or stating that it is better to forget than to remember, thus avoiding the potential risk of secondary trauma.

- <u>connection phase</u>, the practitioners' interest shifts from the outer to the inner aspect of the experience, responding to emotions, interpretations, containment. According to Papadopoulos (2007), the practitioners stand as "witnesses", prepared to listen to stories, to make sense of the silence without neglecting the pain. Even though they would not acknowledge their role as therapists, they still talk in a therapeutic way of care: they present arguments in regards to hope, stability, a safe place of care and solidarity. They are aware of feeling intense emotions, of their attempt for the displacement of their emotions, the distancing and adopting practicalities.

- *The coherence as a third stage* comes with the recognition of potential traumas, building upon resilience, and moving between professional help and forming more intimate 'friendship' relationships.

Refugees and trauma

- Essentially, being a refugee is not a psychological phenomenon but a political one. Any human being, regardless of their psychological strengths or weaknesses, may become a refugee depending on certain sets of external circumstances, devastating events that are dictated by political factors.
- These external factors are imposed on individual citizens regardless of the specificities of their personalities or their previous personal and family history or their level of functioning.
- However, once they become refugees, that very condition of becoming a refuge creates various psychological states in them that need to be understood properly so that the best possible assistance is provided for them.
- The concept of 'psychological trauma' has emerged as the most suitable perspective as it is the only one that privileges the reality of external events.
- Similarly, the psychiatric category of Post Traumatic Stress Disorder (PTSD) is the only such category that is based on the presence of an external event and, therefore, the theme of 'trauma' has been the predominant one when considering phenomena connected with refugees.
- The word 'trauma' has been used indiscriminately to address an extremely wide spectrum of phenomena ranging from serious psychiatric disorders to mild personal discomfort as well as for various forms of group experiences.

Factors affecting responses to adversity

- Personal: history, psychological characteristics, coping mechanisms, strengths/weaknesses, status, education
- Relational: various support systems that include family (nuclear and extended), community
- Gender
- Power position: degrees of helplessness and humiliation
- Circumstances of the actual devastating events: predictability, isolation, duration, lasting effects
- Meaning given to the events and the experience of these events: e.g. political, religious, ideological
- Current conditions
- Hope or the lack of hope.

Trauma and the 'Trauma Grid' (Papadopoulos, 2007, 2018)

Negative responses

▸ Certain people become traumatised by the various devastating effects. However, not all negative effects to being exposed to adversity are the same

  ▸ (a) Psychiatric Disorder (PD): the most common one is PTSD (Post Traumatic Stress Disorder) or other forms of psychiatric disorders, e.g. depressive reactions or even psychotic episodes.

  ▸ (b) Distressful Psychological Reactions (DPR): a less severe form of response to adversity e.g. anxiety, flashbacks, irritability, insomnia, etc. Often, ordinary support systems and appropriate care can deal effectively with these types of responses.

  ▸ (c) Ordinary Human Suffering (OHS): this is the most common human response to adversity and tragedies in life.

▸ Suffering is not necessarily a pathological condition; suffering is part of the human condition and it is inappropriate to either attempt to eradicate it completely or to understand it exclusively as a medical or psychiatric condition, i.e. medicalise it or pathologise it.

Positive responses

▸ Possible positive responses to adversity tend to be neglected by the majority of professional theories and practices.

▸ Undoubtedly, there are people who not only survive the inhuman and cruel conditions they had endured but, moreover, they become strengthened by their very exposure to that particular form of adversity.

▸ This response 'Adversity-Activated Development' (AAD) , i.e. it refers to new positive developments that have been activated by the person's very exposure to adversity

Neutral responses

▸ The ability of a body not to be altered after being subjected to various severe conditions.

▸ Both resilience and Adversity Activated Development (AAD) refer to unmistakably positive characteristics .

▸ resilience refers to positive characteristics that existed prior to adversity . AAD refers to newly acquired characteristics that did not exist before adversity and were activated specifically by the very exposure to adversity.

- A significant source of **uncertainty** relates to the fact that refugees do not have access to clear or convincing information.
  - They are continually evaluating their safety and the best strategy for protecting themselves, in the middle of rumors, and contradictory accounts and terrified of pain, loss and death.

Uncertainty - Displacement

- People's future orientation may change during a **prolonged period of displacement.**
  - Even when people are 'moving on' and developing their lives in displacement, they remain fixed within a political status and a humanitarian category that continues to produce <u>uncertain futures</u>.
- Displacement, the movement from one place to another, relates to questions of mobility, who moves, where and why
  - **Relations of power** that shape that mobility, processes of inclusion and exclusion.
- The category **'protracted refugee situation'** <u>fixes refugees</u> to particular locations such as camps and collective centers
  - and thus reduces them to the dehistoricized humanitarian category of refugees.

Temporality & space

- **Temporality and space** are interrelated closely. States <u>of emergency</u> are negotiated in terms of temporal and spatial insecurity within a humanitarian and/or political framework

  – (temporality and emergency, transitions, change, discontinuity, pre-/post-migration, short vs long term interventions and policies, disruptions, temporal ruptures, past vs present vs future) (Fassin & Pandolfi, 2010)

- **Refugee people are represented as living in limbo**,

  – passive in their longing of the past and consequently devoid of agency, with the practitioners' attempts to move them from limbo to liminality

Temporality & space

- The temporal orientation of refugees often circles **around the past and the future**;

- In terms of **space** (camps, houses, reception centers, community centers, street-work, protective guidance, schools, police stations, circulation, mobility in lives, safe space, push backs, place identity, border politics),

  – practitioners were negotiating the **place identities of refugees** as an attempt to subvert the dehumanizing state policies by resisting, claiming and facing conflicts regarding their role.

Humanitarianism

- 'There is an inevitable and inherent **inequality in any helping relationship**.
  - This inequality is composed of capacities, that is, humanitarian resources and competencies, to respond to the needs and vulnerability of crisis-affected individuals and communities' (Resseguier, 2018, p. 70).
- This constitutive asymmetry can lead to either
  - **abuse of power:** people objectified and losing the sight of human being, with the adoption of managerial or mechanical attitudes towards refugees or
  - **lack of recognition** (that is related with the becoming of the relationship functional or utilitarian and the 'helped' feeling that no substantial help is being offered to them).

Conclusions

- The reality of safety and normalcy is a varied context, sometimes undermining the *sense of hope* that we claim to be providing through our interventions.

- Practitioners and academics as 'outside experts' might be ignorant of local and cultural norms and raise expectations that are unmet.

- Addressing psychosocial needs in the context of refugees implies *collective and insiders' community initiatives* for enhancing belonging.

Conclusions

- The psychosocial support suggests collective responses that

  - empower the population in need and

  - break with individual or personal growth projects above collective social accountability (Sousa & Marshall, 2015).

- Need for psychosocial interventions that

  - foster community initiatives,

  - encourage a sense of control and

  - counteract the dependency and inertia in many refugee settings (Silove, Ventevogel, & Rees, 2017).

Good practice in psychosocial support for refugees

- Autonomy in terms of involvement in decisions and worthiness of the field practitioners' role
- Provision of ongoing supervision of workers to avoid burn out
- Resilience as a collective form or practice
- Interventions that adopt phases with priorities such as practical family and social support followed by other needs.
- Need for stepped care models

Good practice in psychosocial support for refugees

- Advocacy that does not shy away from issues of social justice or from acknowledging the broader socio political context
- Problematizing the psychological discourse and practice
- Training based on the status of evidence-based practices in the field
- Contextualization of psychosocial support and mental health distress.
  – We know that programs built on existing community structures improve outcomes in terms of resilience and cohesion

Good practice in social care for refugees and asylum seekers
(SCIE, 2010)

1. Rights-based approach

- Refugees and asylum seekers can make a positive contribution to society, given the right circumstances. It is important to set a response to their social care needs in a context of human rights. Most important are the right to be treated with respect and the rights set out in international conventions and treaties. Adopting a rights-based approach to social care is the best way of ensuring that asylum seekers and refugees are treated with dignity, equality and respect.

2. Organisational commitment

- Securing organisational commitment to promoting the wellbeing of refugees and asylum seekers, as an integral element of mainstream social care policies, is an important first step.

3. Development of strong multi-agency partnerships

- Multi-agency partnerships with a clear focus on refugees and asylum seekers, at both strategic and operational levels, will facilitate the development of access to appropriate social care provision.

Good practice in social care for refugees and asylum seekers
(SCIE, 2010)

. Strategic approach

- The development of a local strategy using the joint strategic needs assessment framework will enable local authorities to plan and develop services for current and future populations of refugees and asylum seekers, as well as other migrant populations.

5. Involving refugees and asylum seekers

- Involving refugee and community organisations and refugees and asylum seekers in the design and delivery of services is good practice and the outcome will be more appropriate service provision. Local refugee and community organisations are a vital resource which needs to be nurtured and sustained. Such groups have a crucial role to play in the design and delivery of local services and fostering social inclusion.

6. Workforce development

- Workforce development is needed to ensure a focus on, and expertise in relation to, refugees and asylum seekers. This may include the provision of local authority health and social care trust specialist teams with a focus on refugees and asylum seekers. Training and supervision for social care providers and practitioners should be available.

7. Monitoring and Review

- Equalities monitoring is an essential component of performance monitoring and is required by equalities legislation. Commissioners and social care providers need to ensure that current monitoring systems include refugees and asylum seekers.