The IdiOT’s Guide to Working with Refugees
Acknowledgements

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Disclaimer

This resource is an orientation to a complex field of practice and is not designed to replace professional support.

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Nobody made a greater mistake than he who did nothing because he could only do a little.

Edmund Burke (1729 – 1797) British politician
Welcome

If you want to know more about OT practice with refugees, you’re in good company! Relax, we know that you’re not an idiot; you’re an OT after all! The “idiots guide” refers to a no-nonsense approach for busy OTs needing an introduction to:

- Occupational needs of refugees
- Occupational therapy roles in this field of practice
- Orientation to practice issues
- Opportunities for more information

Occupational Opportunities for Refugees and Asylum Seekers (OOFRAS) is a community working together to respond to the occupational needs of refugees. For the last three years, we have listened to OTs considering refugee work who have felt:

- Overwhelmed - what can one OT do?
- Lost - where and how do I begin?
- Unprepared - what do I need to know?
- Alone - where can I network for support?

So this resource was developed to make your journey towards refuge work less daunting. We trust you find it a refreshingly simple, engaging and informative orientation to this long overlooked, but exciting new field of practice! You are invited to visit us www.oofras.com

Clarissa Wilson, on behalf of the OOFRAS Team
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Introduction

“I wish we had occupational therapists to help us find meaning and purpose in occupational chaos and through hopelessness and desperation. Some of us made it some others couldn’t.”
~ a refugee who grew up to be an OT

“Are there any other groups [of clients], however, where we would allow diversity, difference or the potential for a challenge to stop us from helping? . . . We need to acknowledge the difference between feeling incapable of helping and being incapable of helping.”
~ an OT who works with refugees
A word before we begin

The relentless flow of displaced people searching for safety along the refugee highway can be described as a wound that wraps around our globe. Like the tip of an iceberg, the refugee phenomenon conceals vast personal suffering and exposes the systemic and spiritual wounds of our world today.

In contrast, if you’re reading this, you probably have an OT degree. If the world was represented as a 100 person village; we represent those with the top 1% of all occupational opportunities.

It’s humbling to realise our normal experience is not normal. Yet we are not made redundant by privilege, nor are we excused as bystanders. Firstly we need to be aware of this position and secondly to have the compassion and courage to accept the responsibility for taking action.

So, as global citizens and as OTs, we have a lot of work to do. But we also have a lot of listening to do as we navigate our way through “Refugee Work 101”. Listen to the occupational needs expressed in the next couple of pages.
Ali (Afghanistan) explains how he coped with mind numbing occupational deprivation in detention:

“There were only three activities in the detention centre. Eating, sleeping and thinking. I tried to sleep all day so I did not have to think.”

Abdelkader (Iranian) explains how a volunteer role at a hospital helps him cope with a life in limbo:

“Thanks to this kind of work I keep myself together, physically but even more so mentally. It gets to you, when you are forced to put your life on hold for four years in a reception centre, waiting in uncertainty until the Ministry of Justice takes a decision. The hours that I work with patients feed my soul and keep me alive.”

Ramona (Sri Lanka) explains the frustration of limited occupational opportunities and hints how visa policies with no work rights perpetuate occupational deprivation:

“We just want a normal life but getting a job here has been most difficult, even if you are willing to do any work. . . We have a heart to serve but we are not in a situation to do it. I have a work permit but no work and we know other refugee claimants that could have work but they have no work permit.”
Nadia is an occupational therapist. She was twelve when she fled the Balkans war with her little brother. They didn’t get to say good bye to their parents; it was 8 years before they all reunited after five years of occupational chaos in camps.

**Lost roles**
Life changed in one day. . .of all the occupations that I lost (swimming, playing violin, school) I think I missed playing with my friends and my cousins on the farm the most.

**New roles**
I was no longer carefree, as I had a responsibility to care for my brother and myself. I also had to learn how to manage money myself at 13 years of age, and for the first time I had to start budgeting.

**Environmental impact on roles**
. . .There was “occupational chaos”. There were no farms, not many things to do. There was no need to prepare meals as they were all prepared for us. No need for any housework as we only had little tiny rooms for each family. People who had jobs and houses before the war all of a sudden were sitting on the stairs in front of the building and had nothing to do. They were waiting for something but nothing was coming up for them. There were no “occupational opportunities” for my mother and others to work. Boredom, “occupational deprivation”, loss of daily structure, habits, and previous life routines led to use of alcohol/ drugs, and feeling of despair by many.
Trends call for OT input - Trends developing in our world and within our profession tell us the time is ripe for OT to step out and fulfil our potential contribution - these issues are not going away.

- Refugees issues continue to dominate the political agenda challenging citizens to confront or be complicit
- Political paranoia and defensiveness against the “other” and “border security” post 9/11.
- Globalisation and increasingly diverse communities
- Multicultural policies of loyalty and participation
- Multi cultural sector readiness to engage with OTs
- Other disciplines know occupation is critical to health
- Renaissance of occupation within OT

**Overcoming hesitations**

Do refugees need OT? The only service criteria for OT is an occupational problem that can be relieved by input. Is it still “real” OT? The more occupation centred OT is, the more “real” it is. Community work provides a real context. Everyone will want OTs, will there be enough? OTs embedded in the fabric of community life will take time, but sounds good! Shouldn’t OTs be apolitical? Disengaging and claiming to be apolitical is a political endorsement of the status quo. Next, we’ll look the OT role within human rights and ethics, considering whether OT can afford to NOT act with refugees.
Human rights

The Universal Declaration of Human Rights was adopted by the United Nations in 1948. The preamble states that the inherent dignity and the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world. Thirty articles enshrine occupational opportunities such as work, leisure, education and community participation.

Human rights & health

It is widely acknowledged that social issues such as politics, governance, education, discrimination, trade and poverty are significant health determinants. Promoting human rights in these areas promotes health. Human rights & OT role OTs can use a human rights framework hand in hand with occupational frameworks and tools. The principles and clinical reasoning is the same even if the definition of the “client”, “assessment” and “intervention” look different for the following roles:

- Promoting human rights
- Refusing to collude with systemic violations
- Confronting systemic violations
- Promoting recovery for individuals after violations
- Promoting recovery for communities after violations.
Ethics

**Australia’s commitment to citizens**
The right to equity and freedom from barriers based on race, ethnicity, culture, gender and other differences. The right to participate fully in the community, and to achieve your full potential, regardless of your background. When systems (formal and informal, explicit and implicit) routinely create or condone barriers to participation, Australia creates a second class citizenship for the “undesirables”.

**Belonging to a profession**
Belonging to a profession OTs are "professing" to a higher standard of accountability. Specifically, OTs shall not discriminate in their professional practice, on the basis of ethnicity, culture, impairment, language, age, gender, sexual preference, religion, political beliefs or status in society.

Organising OT to respond to equality and community need rather than capacity to pay, requires an unequal investment.

**A Challenge**
As you learn more about refugees, the causes and consequences, ask yourself, “am I ok with that?”
- As a human being?
- As an Australian citizen?
- As a professional?
Refugee Issues

You lose so much when you are forced to define yourself as a stateless person; you lose your identity. But we can all still identify with human compassion for each other.

~ Kitende’s (Kenyan refugee)
Basic facts

No one chooses to be a refugee
Refugees are ordinary civilians who have fled their country with a well founded fear of persecution due to race, religion, political, ethnic or social group. Persecution is a personal threat. You are not a refugee if you flee war, poverty or natural disaster generally.

The right to seek asylum
All refugees begin as asylum seekers. Asylum seekers are people who have fled their country and are in the process of seeking protection. Regardless of how you arrive or whether you seek protection before or after flight – it is a human right. Everyone has the right to seek and to enjoy in other countries asylum from persecution ~ Universal Declaration of Human Rights, Article 14

Double bind of the internally displaced
Until you cross an international border, you are an internally displaced person (IDP) with no international protection as you are still technically protected by your own government. Only some of the X millions of IDP have UNHCR intervention.

1951 Refugee convention
The refugee convention was endorsed by 147 countries. It outlines the obligations governments have to uphold the rights of refugees. Even the countries that didn’t sign the convention are bound by the international law about “non-refoulement” or not expelling a person to likely persecution.
UNHCR
The United Nations High Commissioner for Refugees (UNHCR) is responsible to protect refugees under the auspices of the United Nations (UN) once the person’s country is unwilling or unable to protect its citizen. It doesn’t address root causes. It has decreed June 20th “Global Refugee Day” to recognise the courage, resilience and contributions of refugees to the world.

Global snapshot
The UNHCR reports:
- 19.2 million refugees and people of concern.
- 47% of these are children under the age of 18 years
- 13% are under 5 years.
- 1 in 200 is a forcefully displaced person

Durable solutions
The UNHCR outlines durable solutions from best to worst:
- Repatriation Ideally, refugees can return safely. While preferred, it’s not often an option
- Nationalization Acceptance by second “host country”. Neighbouring “host” countries often resent refugees due to their own poverty, racism and instability
- Resettlement Settlement by a third “host country”. Only a tiny minority can access settlement programs
- Warehousing Long term camps, uncertainty, dependence, fragmented roles and despair. Many refugees join the 62% of the world’s refugees who eke out an existence in limbo for more than five years
Australian issues

History
Australia is an island. Somehow, at one time – we’re all boat people and Europeans were illegal, unauthorised boat people.

Immigration snapshot
Australia’s immigration program is comprised of migration and humanitarian streams. Humanitarian stream has two parts:
- Off-shore (arrange protection and visa at home)
- On-shore (seek protection and visa once in Australia)

Some refugees have a visa (student, holiday) and seek protection once in Australia. Others who have no visa are subject to an illegal regime of indefinite mandatory detention. Furthermore, when they are found to be legally refugees, they are illegally punished further with the uncertainty and fear inherent with a temporary protection visa. It is not a crime to seek protection, so “illegal asylum seeker” is an oxymoron.

Participation essential for multiculturalism
Multiculturalism expects allegiance and community participation because this enriches all Australians. Homogenous systems results in systemic participation barriers and shrinking occupational opportunities for refugees.

Without creating opportunities to participate, refugees are marginalised and we miss out on the bounty from diversity. Growing numbers of occupationally disenfranchised second class citizens eventually undermines the broader community
Life in the danger zone
Refugees do not become refugees by searching for greener pastures. The pasture they call home is on fire. That is how one becomes a refugee – imminent danger. Environments are often characterised by persecution, oppression, military dictatorships, civil war, poverty and routine human rights violations.

Personal persecution
To legally be a refugee requires personal persecution. This may be a one off event, or more likely, a series of escalating human rights violations that become life threatening.

- Destruction of homes, property and business
- “Disappearances” of loved ones
- Harassment or imprisonment
- Experiencing or witnessing rape or torture
- Being forced to commit atrocities

Who gets persecuted?
In the madness anyone can be persecuted:
A “nobody” who is merely collateral damage
Women kidnapped as sex slaves by soldiers
A “somebody” who is singled out
Journalists, politicians, human rights advocates etc
An “associate” Who is at risk by default
Associated to a person, race, political group etc
During the 1990s, between 50,000 and 70,000 Sierra Leone’s were killed, and 20,000 maimed. In the following case study, consider the occupational implications of witnessing amputations; the community changing as a result or being an amputation victim. Consider developmental, self care, marriage, work, economic implications over a lifespan.

**Case Study; amputation was cheap and effective**

Amputation included political, sociopolitical and economic purposes for the Revolutionary United Front (RUF). Amputation was used as a political tool to control the masses. People’s hands were cut off if they dared to vote. The hands were sent to the President in a symbolic gesture to demonstrate the government’s inadequacy and powerlessness to control the RUF.

As a sociopolitical tool, the RUF used amputation to ensure combatants’ loyalty to the group. Children were forced to maim or kill their own relatives as a rite of initiation. The forms of suffering brought about through amputation impacted the stability of the social order by transforming the physical workforce and transforming the psyche of victims.

The economic ramifications of amputation included using terror strategies to displace people away from diamond-mining areas, giving the RUF control of the mines. The RUF could then purchase enough Liberian arms to sustain their war and enough drugs to coerce their combatants into committing more atrocities. During harvest time, amputation was used to keep the population dependent upon them for food.
The “not so great escape”
There is a world of difference between the journey of a migrant and the escape of a refugee. A migrant can:

- Chose if and when to leave
- Pack and farewell loved ones
- Learn about the new country
- Arrange employment and housing
- Learn English
- Return home anytime

Anyone who has migrated knows the airflight is easy and that the journey of resettlement is profoundly difficult. By contrast, the very escape of a refugee escape is dangerous and can have lasting impacts.

Abu’s Escape Story
As you read Abu escape, you will see that surviving the “indiscriminate firing” in their village massacre was just the first step. Consider Abu’s settlement tasks that could lead to an OT referral. How could understanding his escape experiences alter practice?

Escape is sudden
Like Abu, Chernor had also managed to escape amid the indiscriminate firing

There is no packing or farewells
Neither boy would ever see his parents again; they had been killed in the attack
The journey is often dangerous
They decided to journey deep into the jungle, but in their bid to find a safe haven, the boys stumbled into a rebel camp and were captured

The escape itself may involve trauma
The rebels were now systematically chopping off the hands of the “escapees”, civilians who had tried to avoid capture

Or witnessing other’s trauma
They could read misery on the faces of terrified young girls who had been captured and transformed into sex slaves

Many don’t survive the escape
Chernor’s head and body were brought to the camp and exhibited for every hostage to see the consequences of trying to escape

Escape can be a process, not an event
Three months later, Abu found his opportunity. . . barefoot, [he] ran and walked for four days

But are they a “real” refugee?
Finally, he managed to make his way to the border town. there we was accused of being a rebel

A refugee’s challenges do not end when they escape danger. The process itself may impact health, wellbeing and settlement to the same degree as the original danger.
Integration vs Camps
Refugees sometimes integrate directly into the host country population. This depends on the capacity and willingness of neighbouring countries to host the refugees. Statistics tell us that the vast majority of refugees are hosted in countries with developing economies and a lack of infrastructure and basic services. If successful, integration is less occupationally depriving, yet refugees are isolated and their needs invisible.

Camps
More frequently, refugees linger in limbo in open camps. These may be planned or unplanned. There are very specific protocols for allocating space and infrastructure in planned camps for safety and health. However many are camps are unplanned, emerging haphazardly on town fringes. Unplanned camps become toxic environments due to overcrowding, poor sanitation, hunger, social disintegration and lack of infrastructure and health services.

Emotional impact
"It is like a prison and it is not home," Fatouma says of life in Iridimi camp, where she has been living among nearly 15,000 refugees since they fled western Sudan over a year ago.
Purna and Alsan returned to the camp greatly despondent. "Now we know what it is like to be a refugee’ they said, “nobody wants us. We belong nowhere. There is nothing we can do’.
What occupational projects could buffer feelings of being trapped, disconnected, unwanted, lost, bored and uncertain?
Deprivation & Resilience

The following two stories highlight occupational deprivation in refugee camps. Try to distinguish elements that are part of the process (causes) and which elements hint at the product (or outcome) of occupational deprivation.

“There are people of all ages with literally nothing to do. Life in camp is hard. The hardest thing is, probably, the lack of hope with nowhere to focus energy and direction. In the short term, however, the hardest thing is the boredom.”

“Generations of people in Africa, the Middle East and Asia have known no other life than a refugee camp. Denied education, children lose their hope in the future. Adults lose their roles, their skills and their dignity. Communities become dependent and cultures are atrophied. Lost generations linger in legal, social and political limbo, often ignored by the international community.

“How might an OT project build upon and foster resilience in the refugee children in the following story? How might understanding your clients camp experiences validate and strengthen their resilience during settlement?

“Like thousands of other children, Akau then wandered from village to village, leaving each when it became dangerous. At the Kenyan refugee camp, tens of thousands of refugees usually had one meal every day, but sometimes there was nothing to eat for two or three days. When they were too hungry to read or study, Akau and his friends would tell one another stories, he said.”
Deprivation leads to disability

Indefinite detention of men, women and children seeking asylum is not only illegal under international law, but it further disables and marginalises refugees much like how toxic health systems cause iatrogenic disease.

Occupational deprivation is deliberately used in torture to disable a person and destroy their ability to engage in life once they are released to their community again – as a living shell. To survivors of torture and trauma, detention centres reinforce mental states that are the object of torture, reinforce disability and stifle natural healing.

- Learned helplessness and futility (mimicking torture)
- Uncontrollable traumatic situations (mimicking torture)
- Depersonalisation from human race (mimicking torture)
- Physical, cultural, relational isolation (stifle healing)
- Sensory and occupational deprivation (stifle healing)
- No opportunities to learn settlement skills (disabling)
- Chronic ambiguity and unpredictability (disabling)

Not surprisingly, high rates of mental health disorders, self harm and post traumatic stress disorder have been identified amongst adults and children. This is a predictable, normal healthy reaction to an abnormal and unhealthy environment. This challenges citizens to engage their government because "Those who can make you believe absurdities can make you commit atrocities"
Detention

Working amidst occupational deprivation

You can’t train men [sic] for freedom in a condition of captivity. True. Australia would need to find a better way to process refugees than indefinite mandatory detention if it seriously valued healthy participation from it’s newest citizens. But that doesn’t make the OT role redundant in detention. Enabling occupation will promote resilience, hope, skills and rebuild a sense of control, mastery and trust – all of which will enable refugees to flourish in our community.

“They began to create a new atmosphere within institutional walls – an atmosphere of involving each person with his individual needs. They started to break down the custodial approach which does no more than destroy identity and disregard initiative and individual potential. . .

There was nothing academically contrived about the pioneer OTs approach to their job – the need was obvious and they understood it well, and responded.”

Is this quote from OTs working in detention centres? No. But it could be. It’s describing the OT pioneers who worked in mental health institutions and created healing and health promoting occupational opportunities. It can be done. OTs work in prison systems, high secure forensic mental health systems with equally challenging environments.

In the context of the bleakest occupational deprivation, the healing from occupational opportunities blazes unambiguously.
Finally arriving in Australia can mark the beginning of a honeymoon period. Refugees soon realise that the courage to survive the danger, escape, camps and detention is just the beginning of the courage needed to piece life back together.

**Settlement work**
- Learn English to connect, ask, contribute
- Navigate new environment, equipment, products, food
- Secure income, employment, housing
- Redefine leisure, social community roles
- Navigate health, education, social security systems
- Survival skills to be relatively poor in our society
- Acculturate to become bicultural
- Grieve losses and cope with ongoing uncertainty

**Settlement challenges**
- Racism based on ignorance, myths, media
- Culturally inappropriate and inflexible services
- Language barriers and discrimination
- Unrecognised work credentials
- Less opportunities to recover in relative poverty

**Impact of trauma**
Once in safety, trauma will emerge and press for integration and healing. This can be confusing for someone who has kept it “together” for so long. A parent overwhelmed with trauma changes the family roles during settlement. Recovery requires energy from mind, will and emotions and can compromise the emotional energy necessary for the tasks of settlement.
Settlement

Diverse settlement roles for OTs differ by sector, funding source, population served, occupational needs addressed, position title and partnerships essential for the role.

**Work within existing services and roles**
- Health sector (eg local refugee clinic)
- Employment sector (eg agency or work collaborative)
- Multicultural sector (eg settlement case management)
- Education sector (eg preparation for school role)
- Trauma sector (eg programme in trauma service)
- Community sector (eg run volunteer programme)
- Driving (eg preparation for licence)
- English sector (eg practical programme of life skills)

**Enrich existing services and roles**
- Supervise student projects or fieldwork
- Communicate service needs uni for honours project
- Educate other workers on occupational implications
- Provide consultation services to case managers
- Project work addressing occupational needs

**Establish OT services and roles**
- Private practice donating one day/week for refugees
- An outreach project within mainstream service
- Outreach pro bono OT clinic roster shared amongst OTs
- University based clinic with research or fieldwork
There is a dearth of OT specific information and resources in the refugee sector. But all the information you need to get started is already “out there”! Simply mimic the process the OT pioneers used to develop today’s practice and evidence.

- See an occupational need.
- Synthesise research with occupational science.
- Start meting occupational needs.
- Develop OT specific evidence base.

So as you do further refugee research, make sure you have your “occupational glasses” on.

**Australian Organisations**

- Department of Immigration and Multicultural Affairs (DIMA) www.immi.gov.au
- Multicultural Mental Health Australia (MMHA) www.mmha.org.au
- Forum of Australian Services for Survivors of Torture and Trauma (FASSTT) www.fasstt.org.au
- Amnesty International (AI) www.amnesty.org.au
- Refugee Council of Australia www.refugeecouncil.org.au
- Rural Australians for Refugees www.ruralaustraliansforrefugees.org
- A Just Australia www.ajustaustralia.com
International Organisations

- United Nations High Commissioner for Refugees (UNHCR)
  www.unhcr.org
- European Council on Refugees and Exiles (ECRE)
  www.ecre.org
- US Committee for Refugees and Migrants (USCRM)
  www.refugees.org

Articles & Reports

Man [sic] finds nothing so intolerable as to be in a state of complete rest, without passions, without occupation, without diversion, without effort.

Then he feels his nullity, loneliness, inadequacy, dependence, helplessness, emptiness

Blaise Pascal (1623 – 1662)
The refugee highway traverses diverse environments, service delivery systems, needs and funding sources. Not surprisingly, the OT role in the field of refugee work is diverse.

To develop a robust OT contribution to refugee issues, there needs to be OT initiatives in five areas; research, education, capacity building, systemic advocacy and service provision. It might even be helpful to consider them as a whole because they are interdependent much like a living breathing tree.

A healthy host of leaves (direct service provision) is the glory of a tree. But leaf foliage can’t exist or flourish independent of healthy soil (research). And rich soil is useless with out a broad root system forming a sturdy trunk (education) to unlock and transport the nutrients of the soil towards the leaves.

But even a trunk is not enough to host a canopy of leaves. Twin branches (capacity building and systemic advocacy) create a rich canopy of opportunities for the leaves (direct services) to fill.

A mature OT contribution is the sum of these interconnected initiatives. As we examine some occupational issues, consider how your role is both dependent on, and supports the other initiatives. Inwardly resolve to share through the OOFRAS site, whatever you can to enrich the OT contribution to the occupational needs of refugees.
So far
Research on refugee needs, adaptation, environments, resilience and recovery is “out there” - waiting to be synthesised and extended by OTs with a focus on life roles.

Open doors
The profession is currently aligning with its occupational core and pioneering spirit, so publishing refugee research is timely and welcome. We have an open door. For example, the Australian OT Journal recently urged for research in mental health, cultural diversity and marginalised populations.

Flourishing
Meanwhile, the body of unpublished refugee research is spontaneously flourishing. This is exciting, yet runs the risk of duplication and poor dissemination. OOFRAS needs to be used as a research hub, so each research initiative builds on and is enriched by past research.

What can I do?
- Disseminate research: Ensure it’s listed on OOFRAS
- Consume research: Share findings with OOFRAS OTs
- Generate research: Share your journey with OOFRAS
- Support researchers: Join a research group on OOFRAS
- Build research capacity: Invest in OOFRAS OTs. Can you disseminate research? Can you consult on refugee issues?
- Can you advise on research issues? Can your service host a research project? Can you mentor an OT student? Can you share your personal journey?
Education

So far
The World Federation of Occupational Therapy has introduced occupation centred standards for accreditation of OT curricula. This enables students to have an occupation centred framework to navigate novel clinical issues. However, OTs rarely feel prepared for refugee work based on their undergraduate training.

Excellence with any client
No curricula can prepare students for every issue, however, skills for refugee work warrant inclusion as they are foundational to excellence with any client:

- Occupational, top down clinical reasoning
- Building rapport with people with diverse backgrounds
- Navigating cultural diversity so there is equity
- Making OT relevant and meaningful to diverse clients
- Being aware of what you don’t know
- Knowing how to elicit the invisible and assumed
- Knowing how to negotiate despite differences

What can I do?
Increase your exposure diversity or make diversity accessible to students:

- Case materials sourced from local agencies
- Narrative of surviving, recovery, settlement
- Current affairs and popular media with OT analysis
- Guest speakers from diverse or clinical background
- Work shadowing with volunteer agencies
- Fieldwork at multicultural agencies
- OOFRAS groups of peer support for case discussion.
Capacity building

What is it?
Capacity building is about a community identifying what their needs and strengths are so they can mobilise, procure and organise the resources they need to progress their goals. Communities not doing this probably have both latent potential to enable and significant barriers to navigate through the capacity building process. It sounds easy, it’s not!

What’s it got to do with refugee work?
Capacity building is important because, for OTs to serve refugees, we need:

- OTs with the capacity to provide services
- Multicultural agencies with the capacity to use OT input
- Refugees with the capacity to access and use OT input
- Community with the capacity to engage with refugees

That’s a lot of capacity building to do! Naturally, it begins with OTs so we’re in step with growing awareness and demand.

What can I do?
Capacity building OTs for refugee work occurs in two ways. Firstly, through participating in OOFRAS online. Browse the “What can I do?” page or contact the OOFRAS team. Secondly, through participating in local initiatives with other OOFRAS OTs builds local and sustainable synergy needed to both build OT capacity and investing in the local multicultural sector (build their capacity to engage with OTs).

Capacity building multicultural services occurs in the context of education, partnerships and demonstrating how OTs value-adds something unique. Generally, relationships open doors.
Systemic advocacy

What is it?
Systemic advocacy is when we use our voice to tell influential people and bodies what needs to change within “the system”. This approach can be used for the following purposes:

- Educating people of occupational implications
- More services for occupational problems
- Early intervention of occupational problems
- Prevention of occupational problems
- Prevention of refugee producing conditions
- Refusing to be complicit with occupational injustice
- Promoting occupational justice

What’s it got to do with refugee work?
Without systemic advocacy, we’re only pulling people out of the river without considering what conditions upstream contribute to swimmers in distress. So we also need to promote conditions for occupational justice and speak up about occupational implications of injustice.

What can I do?
This type of initiative is best done collaboratively. But as the saying goes, “political is personal”, so begin by asking yourself the following questions. Then talk to the OOFRAS team.

- What needs to change?
- What is within your circle of influence?
- What is already happening with this issue?
- What groups can you contribute to?
- What ways can other OTs also participate?
- What has the potential for the biggest impact?
Direct OT services by agency:
- **Torture & trauma**: clinical or project based
- **Mental health**: government or NGO
- **School**: mainstream or English/preparation schools
- **Language**: English groups focused on life skills
- **Health**: Consultation to refugee clinics and counselling
- **Settlement**: case worker or project based
- **Employment services**: government funding to overcome employment barriers or start a cooperatives
- **Private practice**: pro bono practice
- **Voluntary**: Along any stage of refugee journey

Direct OT services by acuity:
- **Primary**: community based outreach, education, prevention, health promotion, capacity building, and community based rehabilitation
- **Secondary**: hospital based services such as inpatient mental health or chronic pain clinics
- **Tertiary**: coordinated multidisciplinary specialist services such as torture and trauma recovery may be community or hospital based.

Direct OT services by journey:
- **Camps**: initiatives with children (play) and adults (employment) in partnership with development agencies and universities
- **Streets**: Coordinate volunteer teams and outreach
- **Detention**: defined by access policies
- **Settlement**: case management, advocacy and more
Making sure we make sense
Can you remember cringing as a student when asked to explain OT? This is a serious matter. All we have to offer hinges on whether it makes enough sense for our client to engage with us, because we can’t do OT to people. The same goes for carers, communities, key workers, and people with power over resources, processes, environments and funding!

Giving words to intuitive knowledge
So they stakes are high. But relax; regardless of your audience, they intuitively and experientially know about “occupational issues” on some level;

- Since the dawn of time, humans have intuitively used occupation and occupational opportunities as an agent to heal and promote health.
- Since the dawn of time, humans have intuitively used occupational disruption and deprivation as an agent to violate and oppress the other.

Your job is to connect your clinical reasoning to their intuitive knowledge of how health and occupation are entwined – demonstrating OT as both sensible and relevant.

Revisit and refresh
Even if you’ve been an OT for years, join us as we revisit some familiar concepts and clarify where and how newer concepts fit and enrich the old. Why? So you are more effective, have more influence, have more confidence, and pride in your work.
Occupation

- Occupation is inextricably human. We have an innate need to “occupy” our time to survive and thrive.\textsuperscript{35}
- Occupation is more than “doing”. It expresses our “being” and shapes our individual and collective “becoming”.
- Is innately political; “doing” also impacts the “being” and “becoming” of community and environment surrounding the individual.\textsuperscript{36}
- Occupation is subjectively experienced in the stream of time and embedded in personal and environmental context. Activities are general culturally accepted categories of “doing”.

Occupational science

- Occupational Science arose in 1989, almost a century after the profession of occupational therapy.\textsuperscript{37}
- Founded at the University of Southern California, championed by Dr. Elizabeth Yerxa.
- Highlighted humans as innately occupational beings
- Multidisciplinary study of the form, function and meaning of occupation
- Occupational science is the foundation for OT, an applied science, in the same way chemistry, a basic science, underpins pharmacy
- Occupational science can explore the complex relationship between occupation, health and wellbeing
Occupational therapy concepts

Occupational performance
Occupational performance is all about “doing”. How successfully can this occupation be performed given the demands of the task, environment and personal expectations? How well can the life role being maintained and nurtured? Intervention is guided by where in the person–occupation–environment transaction performance breaks down.

Occupational wellbeing
Occupational wellbeing is all about “being” and “becoming.” How well does my occupational repertoire engage and develop my whole “being”? How congruent and integrated are my life roles? Are my occupations conducive to “becoming” healthier, more connected and more centred? A person can have perfect occupational performance but be gravely occupationally unwell, leading to a range of personal and social problems.

Occupational dysfunction
Occupational dysfunction describes symptoms of problems with doing (occupational performance), being or becoming (occupational wellbeing). Symptoms manifest in ill health (person), maladaptation (environment) or diminished roles (occupations) in an individual or an entire community.

Where there is occupational dysfunction, there is a role for OT input. If an OT is not directly or indirectly addressing occupational dysfunction – then OT is not being practiced.
Occupational justice

- Occupational justice is about equitable opportunities to do what’s necessary to survive and thrive.
- Social justice is about equitable opportunities to have equal rights, services and restoration.
- Occupational justice is WHY OT exists. Enabling occupational performance and wellbeing merely describes “how” we practice and “what” is our scope.

Occupational opportunities

- Occupational opportunities are both the prevention and the cure for occupational injustice and the dysfunction that inevitably follows.
- Secondary occupational opportunities are hidden advantages of participating in occupations.
- Being precluded from one role such as employment (primary deprivation) leads to less personal resources, exposure, skill development (secondary deprivation) and this can in turn lead to a loss of skill and confidence to take advantage of other occupational opportunities (disability)

Did you know?

- Occupational opportunities are essential for the articles in the Universal Declaration of Human Rights
- Occupational opportunities are also embedded in the International Classification of Function
- Creating and enabling occupational opportunities is primary therapeutic tool for both individual and community health promotion
**Occupational deprivation concepts**

**Occupational deprivation**
Occupational deprivation is a strike to the essence of living, of health, sanity and human rights. It’s shamefully widespread and often right under our noses. It involves:

- An environmental force (political, social, physical, economic or cultural)
- Beyond the control of the person (limited influence)
- Toxic restriction of occupational opportunities (limiting occupational repertoire)
- A prolonged time (deprivation is a process)
- Results in occupational dysfunction (product of deprivation)

**Street refugee example**
Street refugees struggle to survive and hope to somehow get money and get their family out of the refugee camp.

**Restricted ACCESS** (environment precluding the person)
- Civil war (fled home) racism (local police) and corruption (bribes for employment)

**Restricted ADAPTATION** (environment restricting adaptive occupational repertoire)
- Role, skill, basic occupation loss (family, employment, ability to prepare food)

**Restricted MEANING** (lack of occupation precluding personal well-being)
- Environment extinguished “doing”. . . degraded well-“being” and threatened the entire family’s “becoming”
What’s the fuss about?
Is OT valuable? Only to the degree that intervention meets real needs. And our intervention is dependent on our clinical reasoning, which is dependent on our answers, which is dependent on our questions and how we elicit information.

What it’s not
Occupation centred assessment is not a particular assessment. It is not prescriptive. It does not mean you can’t assess performance components. It’s certainly not as easy as it looks.

What it is
An occupational framework for your information gathering. What you gather, when, why and how is guided by and glued together with your expertise in understanding occupational issues. Start with roles and occupations, not deficits.

How can I do it?
Question casually, analyse intensively. Occupational issues are the stuff of real life. So talk real life and cover these three bases; what are their roles, how are they going and why?

Practice
Practice listening to narratives (friends, TV, refugees) and organise information into an occupational framework. Hypothesise about occupational performance, wellbeing, environment, opportunity etc based on the information you have. Identify what information you still need and consider what conversations would elicit it.
What’s the fuss about?
Can OTs fill many roles? Yes. Should we? Only where we engage occupation centred reasoning to enable occupation. The good is quite often the enemy of the best. We are most authentic, powerful and effective when occupation centred.

What it’s not
It’s not prescribed occupations. Basket weaving may be a healing and health promoting occupation for one person and a trivialising occupation for another.

What it is
Occupation centred practice is negotiated with our clients. It involves creating occupational opportunities and enabling function in life roles. It is meaningful to the client because they understand and value their own life roles.

How can I do it?
Use occupational science as the backdrop to your reasoning. Pay close attention to what is meaningful to the client. Pay even closer to the context. Design opportunities for success.

Practice
Practice noticing the power of context, to change the meaning and potency of an occupation. What occupations are potent for your health and healing today? How has this changed with your age, life cycle and occupational repertoire? What other contextual factors have changed the potency of familiar occupations to be either draining or healing?
Books


Articles


Websites

Occupational Opportunities for Refugees & Asylum Seekers (OOFRAS) www.oofras.com

Society for the Study of Occupation http://sso-usa.org

Australasian Society of Occupational Scientists www.anzoccsci.org

Canadian Society of Occupational Scientists www.occupationalsciencecanada.dal.ca

Journal of Occupational Science www.jos.edu.au

OccupationUK www.occupationUK.org
Practice Issues

It isn’t for the moment that you are struck
that you need courage,
but for the long uphill climb back
to sanity and faith and security

Anne Morrow Lindbergh
What’s the big deal?
Culture impacts every part of your work:
* How you communicate and engage
* How you make meaning and motivate
* How you assess, set goals, evaluate
* How you educate, who you involve
* What is considered normal or appropriate
* How you plan and use resources, time, other services

Cultural and language “blinkers” consistently lead to people with diverse cultures and languages receiving less accessible or equitable outcomes – which is a big deal.

What is cultural competence?
* Clinical reasoning (internal) that can account for language and culture in the therapeutic use of self, assessment, and intervention with an client
* Clinical practice (external) that reflects and accommodates people with culturally and linguistically diverse backgrounds
* Service systems (not just individual clinicians) that account for and accommodate diversity, thus providing access and equitable services

Culture specific models involve knowing the patterns of difference between cultures. This is helpful for general information about key populations but inadequate for dealing with individuals or the incredible diversity in Australia. Culture general models of involve knowledge of what you don’t know, how to elicit what you need to understand and how to negotiate differences. This is equips OT for each new culture.
OT is embedded in doing. However, it is therapeutic, intentional and goal directed. This means we usually need language for assessment and implementation.

**Tips for working with interpreters**
- Determine language, gender, social needs
- Get an accredited interpreter (person or phone)
- Assure the client that accredited interpreters have a code of accuracy, impartiality and confidentiality
- Brief the interpreter before the interview
- Sit in a triad with you facing the client
- Speak directly to the client and direct the interview
- Use short sentences and concrete words
- Allow more than double the time
- Don’t be surprised when it takes longer to translate your sentences. Each word has different connotations that colour meaning, so translation is not a matter of exchanging word for word.
- Debrief the interpreter afterwards
- Don’t use interpreters as cultural consultants
- Don’t use family as interpreters
- Never use children as interpreters

**Tips for working with accents**
- Allow more time for clarification
- Acknowledge all attempts to communicate
- Increase supporting cues
- Don’t make assumptions based on proficiency or accent
- Know when to get an interpreter
Culture and wellbeing

Since culture is the lens through which we see and make meaning out of the world, it colours everything. As OTs we need to have respectful curiosity to discover what is culturally significant for well-being. For example, an individualistic culture may focus on how I fulfil my potential, yet a collectivist culture may derive wellbeing from how I fulfil and fit my social duty.

Attribution

Attribution is the process of ascribing meaning to an observable behaviour. We assume things based on what the behaviour would mean when using our culture as a reference point. Attributions can be positive, negative, correct or incorrect. For example, a smile can be attributed as happy or guarded depending on the cultural reference point.

Acculturation

Because culture is ever changing, we all constantly juggle the old and the new, so our culture serves us in our current time in our current environment. This sifting, sorting and adapting process is called acculturation. Knowing your client came from Sudan will not tell you much without knowing their approach to acculturation. Sometimes people cling harder to their original culture in settlement. Sometimes people reject and abandon all ties with their original culture. Research demonstrates that being bicultural by keeping elements of the original and the new culture provides is the most adaptive.
Expectations

You know how to manage boundaries in daily practice. With refugees, it may take more enquiring, checking, clarifying and negotiating to lay down a foundation of shared expectations. Managing these expectations explicitly and early will preserve the trust you’ve worked hard to establish. Refugees may have:

- Little exposure to a formal health care system
- Familiarity with a vastly different health care system
- Different informal helping system and roles
- Been subject to a series of trust violations
- Been subject to a series of unexpected, unexplainable or overwhelming surprises beyond their control

Case Example
You’ve gone slow and steady to engage with Ali’s trust. Now it’s threatened. Ali can’t understand why you won’t help him get his washing machine repaired. He feels abandoned.

Case Example
Moi Ng expects helpers to disclosure before she will. She assumes a real helper would be available anytime to help. The rigidity of appointments as a sign that you don’t really want to help. She quietly disengages and falls through the cracks.

Case Questions
Gather this information and negotiate what you can provide:

- What is your number one concern?
- What do you think you need to do?
- How do you think I can help?
Credibility
Each health care system, each cultural “helping” system has its own set of expectations. You need to find out these things to be credible, helping in the way at the right time and place.

✦ When a helper is sought
✦ Whether there is stigma seeking help
✦ What a helper should do
✦ What scope of involvement should a helper have
✦ What makes a helper credible
✦ How a helper shows concern
✦ How long a helper should be involved
✦ Who the helper should involve
✦ How age, gender and social role impact helping role

If you don’t know, admit and ask. Respectful curiosity is appreciated. What is your personal response to the above questions? How would you ask about and explore another culture?

Trust
The foremost objective is to establish sufficient trust so they come, engage with your service and keep coming back.

✦ Adjust your expectations, it takes time to see the fruit
✦ Predictability and routine creates safety
✦ Choice and control creates safety
✦ Prevent “betrayal” by managing expectations
✦ Deliver an tangible and meaningful outcome early on
✦ Demonstrate how they are heard by following up
Accessiblity

A service is not accessible just because it’s a free country and it’s listed in the yellow pages. Pick a local service (health, community or refugee service) and ask whether refugees:

- Know of its existence?
- Regard it as being appropriate to their needs?
- Can gain easy and timely access to the service?
- Can communicate adequately with service providers?
- Can access the full range of appropriate services?
- Are treated with respect and without prejudice?

To review accessibility consider each of the following domains:

**Visible access**
- Location, signage, way finding
- Presence; image, outreach, media
- Public transport, mobility, children, safety

**Procedural access**
- Intake criteria, referral requirements, people involved
- Communication with interpreters, written words
- Inflexible appointments due to interpreter needs

**Economic access**
- Direct cost of service
- Indirect costs such as transport, babysitting, lost wages
- Cost of referrals, specialist services or follow up actions

**Psychological access**
- Stigma, relevance, community participation and links

**Cultural access**
- Language and culture consistently accommodated
Working with Families

Everyone knows that working with families is hard work. In refugee work, it’s rarely an “optional extra” that might boost the intervention outcome. Often there will be no intervention outcome without engaging the family.

**Tips for Working with Families**

- Recognise the relative roles and status within the family of the father, mother, grandparents
- Before a home visit, find out if the mother is willing to be there alone or whether others should be present.
- Encourage the child/young person to have pride in the family’s cultural identity, learn more about their culture
- Adapt your own communication style. Eg direct questions may not be appropriate, don’t use jargon
- Negotiate mutually & culturally acceptable goals for the child’s development/progress.
- Never use the child/young person as the interpreter
- Do not let younger siblings usurp the status of their elder siblings due to advanced acculturation. This undermines the family structure.
- Respect the cultural values of the child’s parents. You do not have to agree to show respect. 47
Community work is an intricate dance between your personal, your professional, and the community’s culture. Anticipate practice challenges when engaging the following cultures:

**Collective Cultures (eg Eastern)**
- Value: Welfare, power, security of the group (extended family, workplace, religious group)
- Maxims: The nail that sticks up gets hammered down
- Social: Hierarchical
- Desirable Behaviour: Modesty, obedience, co-operation, respect, keeping “face”, indirectness, conflict avoidance, interdependence
- Identity: “We”

**Individualistic Cultures (eg Western)**
- Value: Independence, self-reliance, self-realisation
- Maxims: Stand on your own & look after number one
- Social: Egalitarian
- Desirable Behaviour: Assertiveness, directness, initiative, risk-taking, questioning, curiosity, confidence
- Identity: “I”

**OT Culture**
- Value: Future, goal, time and efficiency orientated
- Maxims: We’ll help you become more independent
- Social: Focus on individual goals, rights and potential
- Desirable Behaviour: internal locus of control actions
- Identity: “doing” glorious “doing”

**Your culture**
- What is “normal” for you under the above headings?
Negotiating Differences

So close, yet so far
You were aware of your own individualistic cultural bias and conducted a culturally sensitive assessment. You navigated trust and established role boundaries. But now you’ve hit a wall! They just won’t engage with what you’re trying to do!!! Are they not ready? Do they not value it? What’s going on?

Before you make up your mind - open it
★ Understand difference, remember similarity
★ Allow frustration to rouse respectful curiosity
★ Be aware that negative attributions can flow both ways!

Seek their explanatory model
★ So you understand perceived relevance, meaning, efficacy, appropriateness of the intervention

Explain your explanatory model
★ Use their metaphors, concepts and values in explaining your understanding of the problem / solution

Acknowledge their explanatory model
★ Validate their understanding as important information
★ Normalise how explanatory models evolve to help us survive and thrive in new environment and challenges

Find shared understandings
★ Agree on the real suffering, strengths and hope
★ Agree on the need for something to change

Negotiate action through remaining differences
★ Prioritise as the primary aim is to maintain engagement
Ask casually, analyse intensively. The following is a guide:

**Personal**
- Country of origin (refugee background, current ties)
- Timeframes (conflict, camps, detention, settlement)
- Language (preferred, literacy, degree of education)
- Community (family, refugee, religious, networks)
- Acculturation (for client and family)
- Other (domestic violence, intergenerational conflict)

**Occupational**
- Occupational problem (history and help seeking)
- Previous intervention (self, informal, formal, strengths)
- Occupational (history, roles, performance, wellbeing)
- Personal (meaning, mastery, standards, goals)

**Environmental**
- Occupational opportunities (past, present, future)
- Supports (past, present, latent potential)
- Barriers (past, present, degree of influence and impact)

**Cultural**
- Cultural identity (cultural reference groups, language, involvement with culture of origin and host culture)
- Cultural explanations of the problem (idioms of distress, meaning of the problem, explanation of the cause and solutions, help seeking behaviour and roles)
- Cultural impact on therapeutic relationship (expectations, rapport, communication, safety, credibility, trust, formality, involvement of others)
Principles for OT input
The following principles are generally appreciated by any client, but are highlighted specifically because they are essential ingredients for recovery from torture or trauma:

- Safety (meeting basic needs, predictable routines)
- Control (choices, autonomy, mastery)
- Dignity (self worth, place in family, community)
- Trust (connections with services and people)
- Integration (past, present, future, spiritual journey, meaning making, grief)

Business as usual
OT intervention should reflect the clinical reasoning in any role. How can I create occupational opportunities? How can I enable occupational performance? How can I understand what is needed for occupational wellbeing? How can I engage the synergy of person, occupation and environment? It won’t be linier but the core clinical reasoning is the same.

Examples of occupation in action
- Pleasant sensory experiences for trauma symptoms
- Social / political action for renewed purpose
- Groups for expression and support for survivor guilt
- A garden project for a sense of belonging in the street
- Cooking a traditional meal for a new family ritual
- Income generating projects with refugee women
- Health promotion activities with a “homework club”
- Meal preparation group along with Australian women
Torture and trauma

Trauma

✈ An overwhelming threat to yours/another’s safety
✈ Often it is sudden and you are powerless
✈ Natural disasters, accidents, violence of any sort
✈ Torture
✈ Cruel, inhuman and degrading violation of personhood
✈ Deliberate means to an end (control, terror etc)
✈ Women and children are often invisible in private sphere eg trafficking, female genital mutilation and sexual violence.

Normal reactions of survivors:

✈ Memory and concentration difficulties
✈ Flashbacks and nightmares
✈ Irritability and sleeping problems
✈ Numbing or dissociation
✈ Depression and anxiety
✈ Physical, pain or somatic complaints
✈ Personality changes
✈ Gross occupational dysfunction

Recovery

Many recovery goals can be progressed through supported engagement in occupations. For example: Feeling a whole person, worthy of belonging to the human race through participating in community life. Having control through occupational choices. Being secure through predictable routines. Rebuilding self efficacy through successes. 49
Integrating refugee trauma from intentional cruelty and human depravity may be more challenging than dealing with client traumas from accidents, disease or disability. Vicarious trauma happens when we enter into the trauma of a client. Its effects are permanent and quietly cumulative. It requires integration, just like your client’s trauma.50

**Symptoms**
You may share with your refugee client a profound sense of betrayal, instability and confusion from shattered core assumptions of meaning (the world is a safe place, humans are essentially good etc). You may experience any combinations of symptoms mimicking your client’s post traumatic stress disorder (PTSD) such as intrusive images, avoidance, nightmares or constant arousal.

**Prevention**
It’s a predictable occupational hazard that requires prevention. The first step is to recognise the need to monitor signs of trauma. Talk to your supervisor about a management plan if you start answering yes to the following:

- Neglecting your physical, spiritual, relational needs?
- Feeling professionally alone and unsupported?
- Questioning hope, safety, the nature of humanity?
- Trying to rescue or idealising refugees as heroic?
- Feeling overpowered and unable to help?
- Withdrawing from people or activities?
- Over working or constantly ruminating?


More Practice Info

OT refugee practice; support and info
- Browse OOFRAS Connect to see “who is doing what”
- Browse Resources for OT references
- Browse OT Stories about their refugee involvement
- Contact OOFRAS if you’d like a general request for info
- Network to learn from student work, projects, assignments, and further study
- Encourage anyone with practice info or experience to share it with the OT world via OOFRAS www.oofras.com
- Occupational Therapy International Outreach Network (OTION) on the World Federation of Occupational Therapy site has practice information and support for OTs working in developing economies

Generic refugee practice; networks and info
- Subscribe to publications and email lists
- Ask how others in the sector stay connected?
- Local government multicultural representatives
- Local churches and community groups
- Local non government organisations
- Local professional networks and interest groups

Practice skills; specifics
- Conferences; broaden from just OTs ones
- Your association; CPD events with invited speakers
- Transcultural agencies; local skill specific workshops
- Mentoring; network and support through OOFRAS
What are the needs?
What is being done?
What is the evidence?
What should we do?

We do well to formally research these questions. We also do well to informally research by listening

Our biggest temptation on seeing the distress of the refugees . . . is to begin projects, to give material things, to decide en masse what the refugees need.

They often arrive in exile without shoes, with only one torn shirt, hungry, without a clear plan.

But they did not undergo this experience in order to get a shirt or shoes. Their human experience calls for respect. . . .They want to be understood, to be heard.
References


9 Name changed, (2006). Email correspondence
References


29 Voltaire, (1694 - 1778) French author & satirist
References

References


43 National Accreditation Authority for Translators and Interpreters Ltd (2003). Concise guide for working with translators and interpreters in Australia. Hawker, ACT, NAATI.
References


49 Herman, J. (1992). Trauma and recovery: from domestic abuse to political terror. Pandora: London

Use the glossary to help you navigate the lingo of the refuge sector. . . but spare a thought for the social, emotional and occupational significance of acquiring the label refugee “Labelling has the effect of separating individuals from their context, their former lives and the causes of their displacement. Hence, labels tend to depoliticise, de-historicise and universalise identities.” (Rajaram, 2002).
Glossary

**Asylum** Permission and protection to live in another country

**Asylum seekers** People who formally seek refugee protection. Same as refugee claimants.

**Country of first asylum** Where an asylum seeker is first granted international protection as refugee

**Customary international law** Constant and consistent practice that becomes international law

**Durable solution** When refugees can rebuild normal lives. UNHCR pursues repatriation, nationalization or resettlement.

**Genocide** the systematic and planned killing of an entire national, racial, political, or ethnic group.

**IDP (internally displaced person)** People who flee home for safety but do not leave the country.

**Militia** Military force that is not part of a regular army

**Nationalization** Permission to permanently settle in country of first asylum.

**NGO (non-governmental organization)** Humanitarian organisation not affiliated with any government.

**Non-refoulement** International law preventing people being forcibly returned at serious risk to their safety
**Glossary**

**Persecution** When human rights are severely violated due to race, religion, nationality, political or social group.

**Refugee** A person who has fled their country with a well-founded fear of persecution due to race, religion, nationality or belonging to a political or social group.

**Refugee Convention 1951** The international legal framework for refugee protection.

**Repatriation** Returning home. Voluntary repatriation may be organised by UNHCR or spontaneous.

**Resettlement** Transfer from country of first asylum to another country that accepts them permanently.

**Safe third country** A safe country an asylum seeker was in before seeking protection elsewhere.

**Unaccompanied minors** Children below the legal age who have no primary care giver or family.

**UNHCR (United Nations High Commissioner for Refugees)** the UN agency that coordinates refugee relief.

**Warehousing** Generations of refugees living in limbo waiting for opportunity to permanently settle.

**WHO (World Health Organization)** UN agency that sets international health standards and monitors world health.
www.oofras.com | info@oofras.com

Was this resource helpful? Your feedback is welcomed

Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it’s the only thing that ever has. Margaret Mead (1901 – 1978)