

Supporting emotional needs

It is important to recognise that most refugee children are extremely resilient despite the variety of hardships that they encounter. Going to school, making friends and feeling a sense of belonging all support positive coping and emotional well-being. For most children, the structure and routines of the school day provide stability and normality.

The experiences of being a refugee and living in exile are clearly challenging for young people who need to manage the transition into a new culture at a critical time in their own psychological and social development. Children may struggle to preserve a sense of social and psychological stability at a time when they also need to acquire a new language and adapt to a new culture around them.

Teachers and others often conceptualise the experiences and needs of refugee children through a 'mental health' prism. In western societies, psychological explanations are frequently used in relation to people's problems and experiences. The word 'trauma' has become part of everyday language in many western countries, where people talk about experiences as having been 'traumatic' or someone having been 'traumatised' as a result of death, illness or accident.

The assumption is often made that experiences of war and persecution will automatically lead to 'trauma'. Central to the notion of 'trauma' is the concept of post-traumatic stress disorder (PTSD). PTSD is often used as a universal concept applied to everyone regardless of cultural, ethnic, religious background, age, gender or context.

However, this notion is increasingly challenged by researchers and others who work with refugee children. It is known that symptoms of PTSD related to past experiences offer only a partial view of suffering and difficulties that may arise from children being exposed to conflict. Children and families are affected by events from the past, but also by current stressors and also positive factors in their lives. Experiences such as loss, bereavement and separation, along with problems related to asylum, poverty, housing and obstacles to integration, are equally important. In discussing how distress has become 'medicalised', Derek Summerfield concluded that:

"Reducing the experiences of children to simply a question of mental health, tends to mean more focus on vulnerability in individual psychological terms rather than social ones. Ultimately, it is the economic, educational and socio-cultural rebuilding of worlds, allied to basic questions of equity and justice, which above all will determine the long-term well-being of millions of child survivors of war worldwide."

Derek Summerfield, Childhood, War, Refugeedom and 'Trauma': Three Core Questions for Mental Health Professionals'

Teachers have a central role in assisting children to rebuild a social world. They need to think holistically about children's lives and develop multifaceted forms of support that can promote resilience and positive coping.

Good practice

Avoid generalisations about children's experiences and needs

The challenge for teachers is to develop an awareness and understanding of an individual child's particular experiences and needs. Effective admission and induction practice can enable teachers to sensitively gain an understanding of a child's background and current situation (Link to Welcome, admission and induction).

It is very important to emphasise that refugee children and families are not a homogeneous group. To speak the same language, or come from the same village, city or country does not mean that people always feel that they belong to the same ethnic or cultural group or that they share the same beliefs and allegiances. It would be wrong to make generalised assumptions that all children who have had a refugee experience will have been affected by it, or will react to it, in the same way.

Identify current factors that may be affecting well-being

Rather than make hasty judgements that refugee children need specialist mental health treatment or psychotherapy, schools should consider the child and family's current situation. Children may be vulnerable because of the stressful circumstances they face here in the UK such as financial hardships, frequent accommodation changes with resulting changes in schools, uncertainties over asylum applications, as well as the challenges of adapting to a new culture and learning a new language. Young refugees may also face racial discrimination due to the negative image of asylum-seekers frequently shown in the media.

Focus on resilience and positive coping behaviours

Activities such as Circle Time, autobiographical and life story writing can help children understand and express their feelings in a safe environment, provided their language development needs are supported. Creative and group

activities such as music, play, drama, art and storytelling also develop social skills and improve motivation and learning.

Play and sports activities can help children manage experiences of loss and change. By releasing tension and having fun and enjoyment, children can often cope better and show resilience. Play and sports activities also help children develop their language and social skills.

Help children make friendships

Refugee children have consistently identified having friends as being a major support in school. Having a social network will help children feel less isolated and will also support self-esteem (Link to Peer support).

Develop a whole-school approach to supporting emotional needs

All maintained schools are required to provide a broad and balanced curriculum that promotes children's spiritual, moral, social, cultural, mental and physical development.

Teachers can use their freedom to adapt and shape the curriculum to meet pupils' emotional needs and overcome some of the barriers these may present for children's learning. Many teachers have found that the curriculum provides opportunities to include refugee children's experiences and explore positive ways of handling problems.

Find out about support in school and other local resources and services

The Special Educational Needs co-ordinator (SENCO) and Educational Psychologist will be able to provide advice if a teacher has concerns about a child. Some schools may also have learning mentors and Connexions personal advisers who can provide additional support to a child. The SENCO will also be aware of other local agencies, such as Child and Adolescent Mental Health Services (CAMHS), and will assist in deciding whether a referral is appropriate.

Frequently asked questions

Are all refugee children 'traumatised' by their experiences?

It is important to remember that both past experiences and the present will influence how a child copes with their situation. When refugee children have gone through very difficult times it is easy to assume that all their difficulties are because they have been 'traumatised' by their past experiences. This can lead to ignoring other aspects of their lives such as poor housing, financial problems, tensions at home and lack of progress in learning English. After settling into school and having time to adjust, most refugee children make good progress.

Do refugee children need specialist help to enable them to cope?

The most important source of support for refugee children is their teachers. Showing an interest in their lives and experiences, and providing consistent care and support is usually more important and necessary than referrals to outside help. A child who is making steady progress in learning, in understanding and speaking English and in mixing with other children and who does not show persistent behavioural or emotional difficulties that interfere with learning or relations with others, should not give rise to concern. However, some children may well need specialist support (see below).

How can I tell if a child is not coping and may need help?

Difficult experiences from both the past and the present can lead to emotional or behavioural problems for some children. For example, some children may be nervous, jumpy and fearful. They may be afraid of loud sounds or dislike being on their own. Some children may appear withdrawn and sad. They may cry easily and may not seem interested in playing with other children. Some children become very worried or anxious. Other children may become irritable and lose their temper quickly. They may have problems sleeping and suffer from nightmares. Some children may look tired in the classroom and have trouble concentrating. If a child appears to fit any of the above descriptions, it is possible that the child may be experiencing emotional distress. However it should be remembered that these behaviours might also be normal reactions to difficult experiences.

What do I do if I am concerned about a child?

When teachers are worried about a particular child and think that additional support may be advisable, it is important to discuss these concerns with the SENCO, Educational Psychologist, or the local Child and Adolescent Mental Health Service. Schools should also discuss concerns with parents. Together a decision can then be made about whether a referral is necessary and which local service might be the most suitable place for the child to receive extra support.

Authors

Bill Bolloten
Tim Spafford

Last updated 24th September 2005

Key readings

Elbadour, S. (1993) 'Ecological Integrated Model of Children of War: Individual and Social Psychology' in *Child Abuse and Neglect, Vol. 17*

Richman, N. (1998) *In The Midst of the Whirlwind – a manual for helping refugee children*. Stoke-on-Trent : Trentham Books

- A very useful manual for teachers, social workers, health workers and others that offers practical guidance on understanding the experiences of refugee children and their families.

Save the Children (2003) *Young Refugees: Providing emotional support to young separated refugees in the UK*. London : Save The Children. Retrieved on 24th September, 2005 from <http://www.savethechildren.org.uk/scuk/jsp/resources/details.jsp?id=234&group=resources§ion=publication&subsection=details>

Tolfree, D. (1996) *Restoring Playfulness – Different Approaches to Assisting Children who are Psychologically Affected by War or Displacement*. Stockholm, Sweden : Radda Barnen /, Swedish Save the Children.

Online Resources

<http://www.dfes.gov.uk/mentalhealth/>

DfES: Promoting Children's Mental Health within Early Years and School Settings The DfES, in collaboration with other organisations, has produced this guidance document, designed to help teachers and others, working alongside mental health professionals, to promote children's mental health and to intervene effectively with those children experiencing problems. It offers pointers and examples of good practice in the area of the early identification and interventions for children and young people experiencing mental health problems in pre-school and school settings.

<http://www.standards.dfes.gov.uk/primary>

DfES: Primary National Strategy: Promoting social, emotional and behavioural skills in primary schools. This site provides information and materials from a pilot in 25 LEAs that aimed to develop a comprehensive approach to promoting positive behaviour in the primary school. At its heart is the belief that positive behaviour requires a proactive, whole-school approach to developing children's social, emotional and behavioural skills within a learning community that promotes the emotional wellbeing of all its members. A guidance booklet, Developing children's social, emotional and behavioural skills, can be downloaded from the site.

<http://www.mentalhealth.harpweb.org/>

HARP: Mental Health and Well Being Web Resource. This website has been designed to help health professionals in assisting asylum seekers and refugees with mental health issues

<http://www.forcedmigration.org/guides/fmo008>

Hart, J, *Forced Migration Guide: Children and Adolescents in Conflict* .

An overview of the key research and literature on war and mental health issues. Includes a valuable discussion of the experiences of children in situations of armed conflict.

Further readings and references

Boyden, J. (2000) *Social healing in war-affected and displaced children*. Oxford : Refugee Studies Centre, University of Oxford. Retrieved on 24th September, 2005 from:

<http://www.asylumsupport.info/publications/rsc/healing.htm>

Bracken, P. and Petty, C. (Eds.) (1998) *Rethinking the Trauma of War*. London : Save the Children / Free Association Books

Eyber, C. (2002) *Forced Migration Guide: Psychosocial Issues*. Oxford : FMO. Retrieved on 24th September, 2005 from:

<http://www.forcedmigration.org/guides/fmo004/>

Summerfield, D. (2000) War and mental health: a brief overview. *British Medical Journal*: July

<http://bmj.bmjournals.com/cgi/content/full/321/7255/232>

Summerfield, D. (2000) 'Childhood, War, Refugeedom and 'Trauma': Three Core Questions for Mental Health Professionals' in *Transcultural Psychiatry*, September 2000. Retrieved 24th September, 2005 from: <http://bmj.bmjournals.com/cgi/reprint/321/7255/232>

Summerfield, D. (2001) 'Asylum-seekers, refugees and mental health services in the UK' in *Psychiatric Bulletin*, 25

Summerfield, D. (2002) 'Effects of war: moral knowledge, revenge, reconciliation, and medicalised concepts of "recovery"' in *British Medical Journal*, November 2002

Copyright NALDIC 2011