

LOOKING IN-LOOKING OUT: CENTRE FOR REFUGEE EDUCATION STAFF PERSPECTIVES OF REFUGEE CHILDREN SETTLING IN NZ

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BACKGROUND TO STUDY

- NZ has a quota of 750 refugees, about 290 of these are children (Quazi, 2009).
- Children's *voices* are silent in a lot of research and adults often underestimate what they know (Kidane, 2001, Morantz et al., 2011).
- Literature regarding refugee children primarily focuses on mental health and the effects of trauma.
- Psychological disorders are more prevalent in paediatric refugee populations than in non-refugee paediatric populations (Bronstein & Montgomery, 2011).
- Other areas of focus have been child development, education, resilience and risk factors leading to problems in later life.
- NZ research has mostly been done with parents; most reported that children's mental health was fine, that most did not experience trouble at school, and that they had some problems with bringing the children up in a new culture (Gray, 2008).

RATIONALE AND METHOD FOR PILOT

RATIONALE

- Why use teachers instead of children?
- vulnerability of children at the centre
- teachers offer insight into the initial experience of children that may be useful for future study

METHOD

- Ethics was obtained from AUTECH prior to beginning the study.
- 1 hour semi-structured interviews with staff asking about the children they teach.
- Transcriptions and qualitative descriptive analysis.

KEY FINDINGS

- Enthusiasm for the classroom and learning

“...I mean it's not uncommon to have children already lined up outside our door and when we arrive at school in the morning and we get here at 8 o'clock and school doesn't start till 9 and children are already trying to make sure they are the first person in line and see what's going on. So for me that's kinda one of the exciting parts of the job.”

- Growing confidence

“They all make good progress, amazing progress. But it's not just academic progress, its social progress and emotional as well. Sometimes if you can see the children's faces on the first day and on the last day and just see how they are reacting to everybody, that's the progress you see, that huge confidence.”

KEY FINDINGS CONT..

- Trauma and vulnerability (e.g. Christchurch earthquakes)
- Resilience
- Some physical illnesses (e.g. colds and flus picked up from NZ, dental problems)
- Generalisation is difficult

IMPLICATIONS AND RECOMMENDATIONS

- Concerns from teachers about talks of closing MRRC – both parents and children may suffer.
- Teachers would like to further understand how the children cope outside MRR (resilience, school performance)
- Teachers would like to know more from teachers in the mainstream setting if there is anything else that they would like MRRC to cover in the 6 week period.

PLANNED FUTURE RESEARCH

- Using photo voice to a study with the children directly. Perhaps start a few week into their stay at MRRC, then another stage when they resettle in the community.
- This involves giving the children disposable cameras and asking them to photograph things in their community (not people). This is followed by asking them why those particular photos and collecting their stories.

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