



**Refugee Resettlement and Support Services in  
the Auckland Region:  
A Study in the Era of COVID 19**

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## ACKNOWLEDGEMENTS

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## EXECUTIVE SUMMARY

The study describes multiple systemic barriers to former refugee groups receiving adequate and equitable support in New Zealand health, housing, income support, education and social services. Access to services is limited by language and literacy barriers; the erratic use of professional interpreters; digital exclusion; a lack of cross-cultural competency in services and the failure to recognise former refugees as an equity group and to respond accordingly with additional resources.

Mainstream responsiveness to former refugee communities is marginal and haphazard. There is limited understanding of the unique needs of families from refugee backgrounds reflected in public service strategies and policies and therefore little inclusion and investment in programmes to improve health, mental health, housing, education and socio-economic outcomes. At the level of service provision there is a lack of capacity and capability to meet the complex needs associated with the impact of the refugee experience and adjustment to New Zealand society. As one example, there is a shortfall between unmet mental health need in refugee populations in the Auckland region and the amount of funding received for primary and community-based early intervention programmes. With growing ethnic communities from refugee backgrounds in the Auckland region: navigator roles, language matched health and social service practitioners, access to free interpreting services, and cross-culturally trauma-informed organisations and staff are needed for services to respond equitably to the communities they serve.

Patterns of hardship have been exacerbated in the time of COVID 19. Former refugees are experiencing job loss and financial difficulties. Government services have shifted support services online and families without access to the internet and to devices are limited in their ability to access the income, housing and social supports they are entitled to.

As this stocktake of refugee service providers shows, support and integration services are largely dependent on a few refugee resettlement organisations, ethnic community organisations and under-resourced NGOs. To improve health, education, and socioeconomic outcomes for refugee populations, the New Zealand Refugee Resettlement Strategy framework needs to be aligned to the work programmes of the Ministries of Health, Education, Social Development, and Housing and Urban Development.

### Purpose

This study was undertaken by RASNZ to scope service provision for refugee background clients and families in the refugee resettlement, health, mental health, disability, education, housing and social service sectors; identify gaps in services; improve intersectoral collaboration and streamline service provision.

The purpose of the study is to improve service provision for resettled refugee families through better collaboration between refugee resettlement sector NGOs, mainstream organisations and ethnic community organisations. The study questions include the following:

- What services are currently available for people from refugee backgrounds in the Auckland region?
- What, if any, needs are not currently being met?
- How could we achieve better intersectoral collaboration to support refugee background clients and families?

## **Research Scope**

This qualitative research employed a mixed-methods approach involving three stages of data collection including: online semi-structured interviews with 20 key informants (KIs); literature and document review; and social policy analysis.

Study participants included: former refugee community members; staff employed in publicly provided and non-governmental health, education and social service sectors; refugee resettlement NGOs and local body organisations. Online interviews with key informants were carried out between June 2<sup>nd</sup> and July 7<sup>th</sup>, 2020.

## **Key Findings**

- Participants in this study identified the lack of strategy and funding to support former refugee families and communities in the post-settlement period in NGO and public service sectors.
- The report highlights the challenges faced by people from refugee backgrounds in a post COVID and increasingly digital era. Multiple barriers are encountered accessing government services online, including limited English language and literacy ability and no access to digital devices or the internet.
- The study findings support the critical role of social workers and navigators in ensuring that clients and families get the services and supports they need
- The report provides recommendations about how public services could be provided in ways that would improve access and quality of service for families from refugee backgrounds.
- The refugee resettlement sector, who provide the core social infrastructure for families and communities on arrival, needs to be sustainably resourced and funded to meet increasing health, mental health, disability, income support, housing and food support needs.
- To support long-term integration, refugee background groups need to be included as an equity group in health, mental health, disability, housing, education and social development policies and strategies.

## **Recommendations**

The New Zealand Refugee Resettlement Strategy (INZ, 2012) identifies five integration outcomes which are understood to promote successful settlement in receiving societies. The recommendations which follow are organised under these five categories.

1. Self-sufficiency: all working-age former refugees are in paid work or are supported by a family member in paid work
2. Housing: former refugees live independently of government housing assistance in homes that are safe, secure, healthy and affordable
3. Education: former refugees' English language skills enable them to participate in education and achieve qualifications, and support them to participate in daily life
4. Health and wellbeing: former refugees and their families enjoy healthy, safe and independent lives
5. Participation: former refugees actively participate in New Zealand life and have a strong sense of belonging to New Zealand.

### **1. Self Sufficiency**

- Resource English Language Training providers for tailored work-based language training to allow former refugees to acquire the language skills needed in specific workplace settings.
- Expand opportunities for mentoring, internship and work experience for former refugees to enable transitioning from tertiary study into the workforce
- Ensure that former refugees are aware of and able to access their entitlements to professional development and support
- Extend Work and Income employment support services such as [Red Cross Refugee Services Pathways to Employment](#) to asylum seekers, convention refugees and family reunification members
- Families choose to self-settle or move back to Auckland to find work. Refugee resettlement support agencies in Auckland need to be resourced to engage with families who have self-settlement support needs

### **2. Housing**

- Increase the supply of healthy social housing stock for low income families to reduce waiting lists for transition and social housing
- Apply rent controls in general
- Increase social work services for asylum seekers, convention refugees, family reunification members and self-settling families in mainstream, NGO and refugee resettlement sector organisations.
- Foster former refugee community participation in social housing developments to improve housing conditions and to create a sense of place in localities in the Auckland region
- Increase social housing stock for families with disabled family members
- Ensure free language assistance is available to people who need it to successfully interact with HNZ ie to fully understand information and make informed decisions
- Provide cross-cultural trauma informed care training for working with former refugee families for HNZ staff

### **3. Education**

- Provide cross- cultural trauma informed care training for working with learners from refugee backgrounds to schools and tertiary organisations across the Auckland region
- Advocate for policy changes to address gaps in education eg eligibility for sponsored family members to student allowances and loans.
- Expand opportunities for online English language learning and make digital learning more accessible

- Deliver English language training on work sites and aligned to local employment contexts
- Provide free English language training to asylum seekers
- Expand the delivery of conversational, entry-level English language support in flexible environments, including co-located child-care
- Ensure free-access computers, printing services, and facilities for scanning and uploading documents are readily accessible in the community in places such as CABs and libraries
- Ensure free professional interpreters are available to parents so that they can communicate with schools and fully understand information provided
- Provide additional support for refugee-background students to undertake and complete degree programmes

#### **4. Health and well-being**

##### **Navigation**

- An increase in the employment of cultural caseworker/navigator roles across primary, secondary and community health and mental health services would improve access and equity for refugee populations. Cultural caseworker/navigator roles have provided effective bridging between health, mental health and disability services and refugee background clients and families. However, few services offer these support roles for the diverse communities served.

##### **Cultural and linguistic competency**

- Upskill health and mental health and addiction workforces in cross-cultural trauma Informed Care for refugee background clients and families.
- Upskill health and mental health and addiction workforces in culturally and linguistically competent care
- Improve the competency of mainstream social workers in cross-cultural trauma Informed Care for refugee background clients and families.

##### **Health education and information**

- Develop guidelines for translated health information and education materials in the languages spoken by refugee background communities. Disseminate quality translated health information and education materials on an online platform accessible to health service providers.
- Where possible, it is recommended that resource developers work with language communities to produce resources which are relevant to them rather than translating or interpreting mainstream messaging (CLING, 2020, p.9):

##### **Interpreting services**

- Educate health service providers about the availability of free primary and secondary health interpreting services through their DHB Interpreting services
- Upskill health and mental health and addiction workforces in how to use interpreters face to face, by phone and online

##### **Case management**

- Improve interdisciplinary and interagency case management

- Develop culturally competent Trauma-Informed mental health destigmatisation programmes for refugee background communities.

### **Mental health**

- Improve access to community mental health programmes and services.
- Ensure a higher level of core funding for NGOs such as RASNZ and other providers of mental health and addictions services, to maintain sustainable support for clients.
- their operations in the long term and
- Invest in mental health promotion, mental illness prevention and early intervention for clients and families from refugee backgrounds to reduce the impact of COVID 19 on mental health and wellbeing.
- Advocate for policy changes to address gaps in services for asylum seekers, convention refugees and family reunification members

## **5. Participation**

### **Welcoming communities**

- Welcoming Communities – Te Waharoa ki ngā Hapori, has been piloted in New Zealand (MBIE, 2017). Auckland region local boards’ adoption of the standards and activities of the Welcoming Communities programme would enhance relationships with refugee background communities

### **Settlement support**

- Extend resettlement support for the first two years post settlement or longer. Red Cross Refugee Services provide support for newcomers for the first six months to a year including social work services, volunteers who orient families to New Zealand systems and services and assistance with finding employment.
- Provide settlement support for families who choose to return to Auckland from other regions.
- Provide settlement support for convention refugees (former asylum seekers) and family reunification members

### **Digital access**

- Design government services which are people-centric, prioritising the needs of the people who use the services including those who are non-English speaking and are not digitally literate
- Provide ongoing learning opportunities for former refugees with the aim of increasing basic digital literacy and confidence, and include ongoing ‘helpdesk’ type support.
- Ensure free interpreting services are available to people who need it to ensure they can successfully interact with government agencies, fully understand information and make informed decisions.

### **Empowering women**

- Provide more free driving instruction and driver licensing support for former refugees, with gender-matched instructors available for women
- Increase access to free wi-fi and digital devices for those in low-income households and social housing tenants.
- Provide free training and online support services particularly for women from refugee backgrounds.

### **Navigation, advocacy and interagency collaboration**

- Ensure professionals are available to support former refugee families to navigate through health, education, income support, housing and social service systems, and to advocate for them.
- Increase the number of cross-cultural workers and social workers in services to build capacity and capability to meet the unique needs of families in their care.

## INTRODUCTION

The settlement and integration of former refugees relies on support and commitment from the receiving society. Former refugees arrive with varying levels of: education; employment experience and language skills. During resettlement newcomers are regularly confronted with barriers to re-establishing their lives and livelihoods. The challenges faced include, but are not limited to, access to the labour market, housing, income support, training and education, access to health, mental health, education and social services, communication and information technology. Navigating barriers to successful resettlement depends on how responsive and resourced services and supports are in the communities in which families have settled.

Quota refugees are granted Permanent Residence status on arrival. New arrivals spend their first six weeks at the Mangere Refugee Resettlement Centre where there is a reception programme to prepare families for their new lives. Housing is located for families prior to the programme's completion. In the community, newcomers are provided with settlement support for up to 12 months including a community orientation programme that complements the reception programme, and helps refugees link to services supporting their settlement. The study highlights the issues of navigating and accessing services and supports when settlement support ceases. Organised reception and resettlement support services are not available to asylum seekers, convention refugees or family reunification members.

From the onset of the global COVID 19 pandemic in New Zealand, communities from refugee backgrounds have shown increased levels of hardship, stress, frustration and exclusion in their attempts to engage with government services and access the support they need. Although in general, there is significant investment in improving access to income support, mental health support and community resilience building there have been few options which are inclusive of refugee background families and communities.

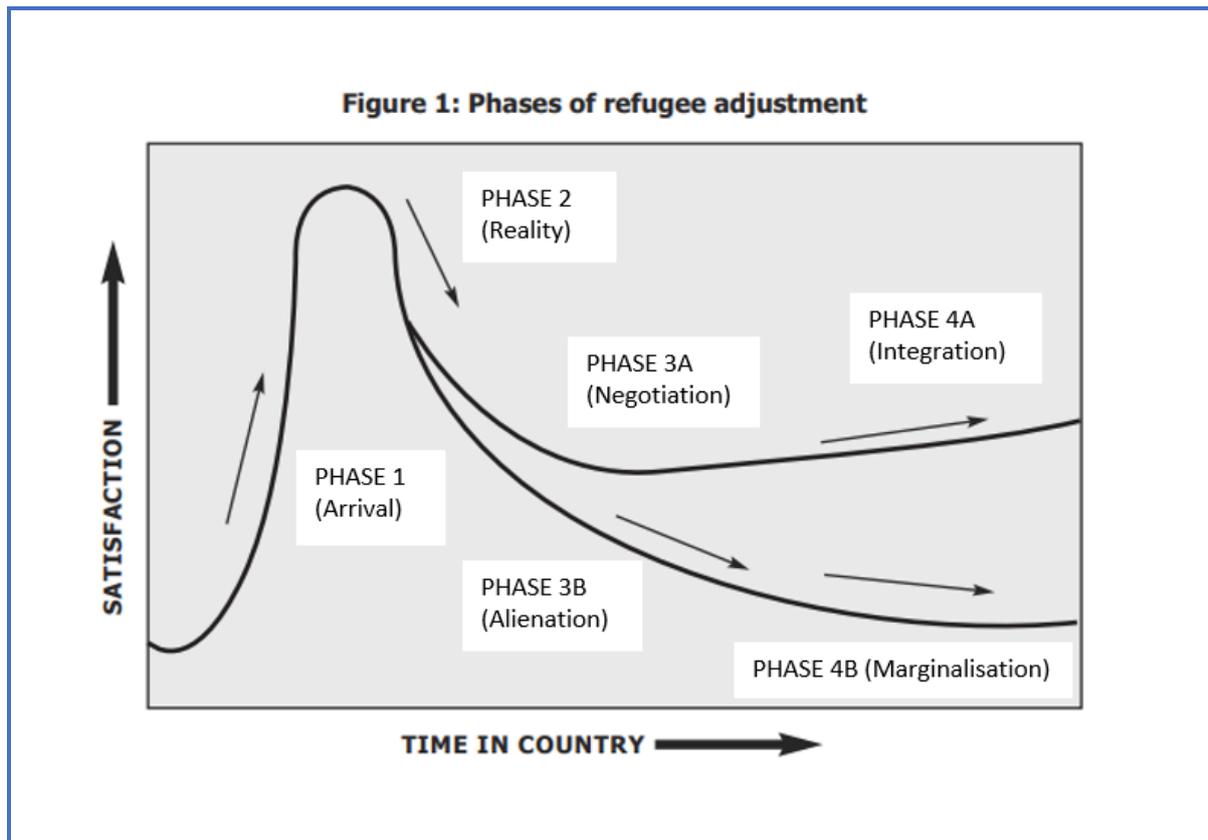
This study examines service responsiveness in the Auckland region for quota refugees, asylum seekers and convention refugees, family reunification members (Refugee Family Support Category), and children and young people from refugee backgrounds including New Zealand born children.

## BACKGROUND

### **Factors that promote successful refugee resettlement**

Resettlement is a dynamic process of transition. During resettlement, refugees pass through a number of phases of readjustment (see Figure 1). The first two phases – phase 1, arrival, and phase 2, are typical for all former refugees, wherever they are settled. However, the third and fourth phases are dependent on the presence or absence of services and supports which will either facilitate or inhibit resettlement and integration in the new society (McDonald et al., 2008).

**Figure 1: Phases of refugee adjustment**



(McDonald et al., 2008, adapted from: CVT 2002, p. 25 and CMYI 2006, p. 3)

If these services and supports are available, the newcomer may experience some form of phase 3A, negotiation, and then phase 4A, integration. If they are absent, the newcomer may experience phase 3B, alienation, and finally phase 4B, marginalisation. Each of these phases has a number of possible associated events, psychosocial experiences and needs and service implications (CVT 2002).

The framework outlined in Figure 1 does not mean to suggest that resettlement follows a linear progression. Instead, former refugees may experience events such as COVID 19, which raise psychosocial needs and require service responses that cut across all four phases of the refugee adjustment model. The framework highlights the potential for poor settlement outcomes when the services and supports which promote resettlement are not available. In the next section, the New Zealand Refugee Resettlement Strategy (MBIE, 2018) identifies a framework to guide interventions to improve integration in New Zealand society.

### **New Zealand Refugee Resettlement Strategy**

Developed in 2012, the New Zealand Refugee Resettlement Strategy is a framework to guide refugee settlement activities across government and to help former refugees more quickly achieve self-sufficiency, social integration and independence. The overarching outcome for the Strategy is (MBIE, 2017, p.1):

Refugees are participating fully and integrated socially and economically as soon as possible so that they are living independently, undertaking the same responsibilities and exercising the same rights as other New Zealanders and have a strong sense of belonging to their own community and to New Zealand.

The Strategy is led by Immigration New Zealand (part of the Ministry of Business, Innovation and Employment) and encourages participating government agencies, such as the Ministry of Health, Ministry of Education, Ministry of Social Development and New Zealand Police to work strategically and collaboratively to meet the success indicators and target across five outcome areas (see Figure 2) (MBIE, 2018):

**Figure 2: New Zealand Refugee Resettlement Outcome Areas**



The five integration outcomes are:

1. Self-sufficiency: all working-age former refugees are in paid work or are supported by a family member in paid work
2. Housing: former refugees live independently of government housing assistance in homes that are safe, secure, healthy and affordable
3. Education: former refugees' English language skills enable them to participate in education and achieve qualifications, and support them to participate in daily life
4. Health and wellbeing: former refugees and their families enjoy healthy, safe and independent lives
5. Participation: former refugees actively participate in New Zealand life and have a strong sense of belonging to New Zealand.

These are factors understood to promote successful settlement in receiving societies and the report which follows is organised under these five categories.

## Research Purpose

The RASNZ Refugee Resettlement Services in the Auckland Region study ('the Study') was funded by the Lottery Grants Board as part of the Lottery Community Sector Research Programme. The research was undertaken by Refugees as Survivors New Zealand (RASNZ) to scope service provision for refugee background clients and families in the refugee resettlement, health, mental health, disability, education, housing and social service sectors; identify gaps in services; improve intersectoral collaboration and streamline service provision.

The purpose of the study is to improve service provision for resettled refugee families through better collaboration between refugee resettlement sector NGOs, mainstream organisations and ethnic community organisations. The study questions include the following:

- What services are currently available for people from refugee backgrounds in the Auckland region?
- What, if any, needs are not currently being met?
- How could we achieve better intersectoral collaboration to support refugee background clients and families?

## Research Scope

The study findings are intended to inform service development for people from refugee backgrounds and to advise decision makers of gaps in services; what impacts COVID 19 has had on unmet need in refugee background communities; what works and what does not work; for whom and why.

This qualitative research employed a mixed-methods approach involving three stages of data collection including: online semi-structured interviews with 20 key informants (KIs); literature and document review; and social policy analysis.

Study participants included: former refugee community members; staff employed in publicly provided and non-governmental health, education and social service sectors; refugee resettlement NGOs and local body organisations.

Online interviews with key informants were carried out between June 2<sup>nd</sup> and July 7<sup>th</sup>, 2020. A further complementary study, *RASNZ COVID-19 Response study: Remote psychosocial service provision to former refugee and asylum seeker communities in Auckland during lockdown* (Mortensen, 2020) was undertaken simultaneously to understand the key challenges that RASNZ practitioners and clients faced during lockdown. The key findings of this study, identify post COVID service demand, delivery challenges and opportunities for service development (see <https://rasnz.co.nz/wp-content/uploads/2020/08/RASNZ-COVID-19-Response-Study-2020.pdf>).

## SERVICE GAPS - WHAT PARTICIPANTS TOLD US

### Lack of Inclusive Policy

From 1987 onwards, the New Zealand Government has offered resettlement places to the most vulnerable in refugee camps. These include: women at risk, those with medical conditions and disabilities, and those categorised by the United Nations High Commission for Refugees (UNHCR) as having “poor integration potential”; for instance, those who are pre-literate, women-led households with large numbers of children and long-stayers in refugee camps. The changes to refugee resettlement policy have significantly increased the number, dependency and cultural, religious and ethnic diversity of the refugees settled since 1992. However, while specifically prioritising refugees with high health and social needs, New Zealand has not yet developed the institutional means to include diverse ethnic groups in policy, strategy and service planning as the following participant states:

*“We don’t have refugees at tables where decisions are being made about the communities, and there’s such a disconnect between what happens on the ground, and what happens at a decision-making level, and I think people decision making are very quick to assume what would be good for the community, what would work well, but without community understanding the layers”.* DHB Community Health service provider

Furthermore, there is no monitoring of refugee population health, social or economic indicators (or of their settled ethnic communities) which could inform policy and strategy for publicly- provided services because as this service provider finds:

*“Our settlement data [is] ... only measuring a year out ... but a year of settlement is you don’t even have your bearings on where you are. So, what is that data meant to be telling us. It’s not really helpful, and the data we get five years on is only looking at success, but it’s not looking at what are the failures in our system, and what can we be doing, what can we be improving. Yes, it’s picture perfect on the outside but I honestly don’t think we’re addressing the core issues”.* DHB Community Health service provider

Schools in New Zealand receive additional funding to support learners from refugee backgrounds. For example, ESOL funding provides English language learners from a refugee background with intensive funding support for the first two years at school here, followed by three years of standard ESOL funding. The Ministry of Education has established a Refugee Flexible Funding Pool which offers schools additional resources to address broader issues that may prevent refugee background students from participating and achieving in mainstream schooling. Senior Advisers for Refugee and Migrant Support are based in Ministry regional offices in Christchurch, Wellington, Hamilton and Auckland. The senior advisers liaise between refugee communities, agencies and schools to help with education and resettlement.

*“... no other government agency, [apart from the Ministry of Education] ... has dedicated refugee and migrant policy ... [Government departments] ... the main thing that needs to happen is that there needs to be dedicated policy for refugees. [for example] in the Ministry of Education, how we did it, is we identified the size of the refugee population. We identified the needs ... as five years support for refugee children in schools because that’s how long it takes. Migrants got two years support, refugees got five years, and they got additional, more, double the funding, way more funding for five years, but the total budget is small because the numbers are not high. So that’s the shape of the refugee demand; small*

*numbers but long-term and more intensive funding. There needs to be high level policy so that it's cemented... because until things are in policy it's disempowering the communities".* Ethnic Community NGO service provider

However, in tertiary education, equity policies at both ministry and provider levels fail to recognise the systemic disadvantage arising from the refugee experience. The omission of refugee-background students from the list of equity groups arises from the lack of recognition of the educational, cultural and socio-economic challenges they face, and results in a lack of incentives and funding support from for tertiary institutions to meet these.

Health and social policies in New Zealand do not include refugee populations as a target group and therefore there is little investment and funding to achieve equitable and quality care for New Zealand's growing ethnic communities from refugee backgrounds.

*"One of the gaps [for other public services], what I would say, example; Ministry of Education has refugee policy, and that was developed in 2001, and it's been in place now, you know coming up 20 years, and it is fit for purpose, and there are changes[it's an] iterative process ... but basically that dedicated refugee policy is working in schools. Example, all refugee children in schools get what's called computers in homes. So, they get computers, and they get internet access. What we found with the English language part is with our refugee families ... that it was the children who were helping the parents access the English classes, and they [the children] had the computers, and ... the internet access, but the parents haven't got [that]. [The] Ministry of Education has policy fit for purpose for refugees, the other agencies do not..."*

Ethnic Community NGO service provider

Without statistical data to document poor health and social outcomes in refugee populations, there is no evidence to support their inclusion as an equity group.

## **One: Self-sufficiency**

The first integration outcome is "Self-sufficiency: all working-age former refugees are in paid work or are supported by a family member in paid work" (MBIE, 2018). This section explores access to employment and income support in refugee background families pre-and post-the COVID 19 pandemic.

### **Building Bridges to Economic Self- sufficiency: Employment and Training**

#### **English language for the workplace**

In the early resettlement phase, many resettled refugees will speak little or no English. They will begin to acquire this through participation in English language training programmes and in day-to-day interactions in the community. It takes time to achieve basic competency and longer still to achieve the level of technical proficiency needed for the workplace. Providing work-based language training, tailored to the needs of a particular job role has proven effective in some workplace settings.

*“There was another programme, the funding came from Languages International ... they had some funding to do a programme at a care facility. They had a number of workers there that didn’t have the language to cope with the job, and the residents they wanted to interact with them. They designed like a language programme for them which I thought was brilliant. It was like on the ground, actually what they needed to learn; and so, that is probably one of the most useful things, you know, if you had the money to do that, and you had the people, you could just marry them up in all sorts of industries... from time to time at the ELP, we do that, but we need the funding to do that, what we’re short on that really”.* English Language Training Service Provider.

Further funding for work-based language training would improve employment prospects for former refugees considerably, as this participant says:

*“... [the important issue is] to be able to offer more support for people getting into employment really. That’s probably one of the biggest motivators for people learning English, especially in this day and age, post COVID”.* English Language Training Service Provider.

### **Entry to employment and earning a living wage**

Employment has a major bearing on settlement success. Economic self-sufficiency and labour force participation are important determinants of successful settlement (Khoo, 2012).

MBIE’s (2013) study of employment outcomes for quota refugees shows that two years after gaining residence, 26 percent earned wages and salaries with a median income of \$7,200. By five years, the proportion earning wages and salaries increased to 33.8 percent, and median earnings for those who worked had doubled to \$14,600.

*“... it’s sad to see young people graduate university and then not be employed in New Zealand, and it’s no fault of their own. I feel there are systematic issues that aren’t being addressed ... I think what ends up happening is that there’s no growth in communities, and that’s why a lot of communities have decided to move over to Australia ...”* DHB Community Health service provider.

Many former refugees struggle to obtain work commensurate with their New Zealand qualifications. The opportunities for mentoring, internship and work experience through the Refugee Resettlement and Ethnic Community NGOs enables transitioning from tertiary study into the workforce and importantly demonstrates that former refugees have New Zealand work experience.

*“ ... for refugees we have to build the refugee communities, and particularly the women, and they are getting degrees. We also pick them up from the Polytechs where they’re doing their degrees, so they get internships, because they need to have internships. So a couple of hours, two of them we mentored ever since I’ve been here, which may be five years now, from internship through to giving them some experience here, and if we can’t employ them giving them references so they can get jobs. I think that’s got to be a big push, because there’s probably people around the communities with qualifications and work at a [lower] level than they should be working at”.* Ethnic Community NGO service provider

Without professional qualifications, many struggle to earn a living wage. With professional development and assistance, with gaining qualifications and professional registration, family standards of living can be raised.

*"[Without professional registration] ... those families, they're just at the bottom of the heap. Those women are earning minimal wages. Everyone is just like under the table ground down, and it affects the communities, it affects the families, and every single woman that we can get professionally registered, whether they're social workers or teachers, that has to be the big push, and identifying them and finding where they are".* Ethnic Community NGO service provider

## **The impact of COVID 19**

Many agencies including RASNZ, CABs, health and social service providers, refugee resettlement NGOs and ethnic community organisations are filling gaps left by the withdrawal of a number of government counter and face-to-face services.

Lockdown revealed there are more families barely managing and struggling financially with daily living than service providers had been aware of.

*"... a lot of the fathers still don't have jobs, and as you know a lot of the fathers are on minimum long hours, and for most of them the only job they can get is taxi driving, and as you know the New Zealand economy is built on tourism, and since there is no tourism there is no taxi business, and local people don't really take taxis much..."* DHB Community Health service provider.

Losing your job and trying to live on the wage subsidy is hard. There is significant pressure on large households, where the breadwinner has financial commitments to maintain to keep a business going.

*"... unemployment is the biggest issue for a lot of families. There's still a lot of males ... not working anymore, and it's a toll on their mental health and wellbeing, because they have for example, cars on lease, and the company wants it paid weekly, whatever the lease amount, and they want their money, and the family are struggling, you know, getting a little bit from MSD, and paying here and there and they're left with nothing. They don't want to lose the license because what are they going to do afterwards when things are back to normal, and it's not easy getting access to taxi licences. They have to re-sit, and study to get back on track".* Ethnic Community NGO service provider

Many organisations are seeing recently unemployed clients needing to access financial help because the wage subsidy is about the same as the rent families are paying.

*"So, the problem is ... they lost their job ... so, it's after lockdown we do have more issues and people like trying to contact with Work and Income and then they can't get the face-to-face appointment. But calling is taking hours. And then also house rent issues ... after lockdown they're struggling. That's the issue that I can see from my community".* Ethnic Community Member

Families settled around the country are experiencing job loss and making choices to move to other centres such as Hamilton and Auckland to find employment

*"... and in the next two years things are going to be really tough. And of course, if you're sort of still processing your resettlement, of course you're going to say ... "Okay, well then let's get out of here [Dunedin]. I'm going to take my family up to Auckland [to find work]..."* Ethnic Community member

*Dunedin, Otago is going to be the worst hit with the recession because they rely so heavily on the agriculture and the tourism. So, anybody, all of those families who are down in Dunedin, who might have worked at the Port, because a friend of mine has just been laid off from the Port right now in Dunedin. All of those potential jobs, and Invercargill, all of the potential jobs in agriculture, the fisheries, is not going to be so great. So, of course the families might say, "I'm going to go to Hamilton." Like, the Colombian might say, "Nah, I'm going to Hamilton." It would just be a natural, of course you would do that for your family, and why not.* Ethnic Community member

Refugee resettlement support agencies, such as Red Cross Refugee Services, RASNZ, Umma Trust and others are engaging with families who have moved to Auckland to find work. These families need assistance with food, housing, employment and income support and mental health services.

### **Food support**

Obtaining affordable food is a major issue for families already living in poverty or those who have suddenly become unemployed or are on reduced incomes.

*"... it's difficult for people because a lot of them got on the work subsidy [since COVID 19], but their futures remain uncertain. People who were working in the Warehouse and things like that... It's going to cause big dilemmas, and I think we're going to see a lot more need for food support, and a lot more people accessing WINZ support".* Ethnic Community member

Service providers in all sectors reported seeing refugee background families, particularly, solo mothers and older people needing help obtaining food and groceries.

*"During the lockdown levels, in lockdown level one; the biggest problem was say for solo mothers who have small children who couldn't queue, and then for older people who were not supposed to be going to the supermarket. So, we had to get volunteers to do the shopping for them, and the government did provide ... We got quite a bit of funds from that to provide food grants. So, for the people who couldn't shop we shopped for them. For people who could shop we got Pak n Save vouchers, which seemed the easiest way around the requirements. So, we'd give \$100 for an elderly person or a small family, and \$200 for bigger families. We've probably spent roughly \$30,000 on food grants. Apart from the actual food we get food delivered here. We have a partnership with Kiwi Harvest and Ponsonby Mosque, and we just have McCain's Foods delivering this morning. We have a lot of people drop food; give out the food. So apart from the food that we get we feed about 2,500 people a year".* Ethnic Community NGO service provider

Single parents with young children found shopping for food, child-care products and medications very difficult when children could not go with them, or they did not have their own vehicle. People on low incomes do not have the disposable income to stock up and once they have paid rent and other household bills, have limited money for groceries. Foodbanks have seen a huge increase in demand for their services (SocialLink, 2020). The Salvation Army has reported that Auckland and the Northern region has continued to see the most food parcels distributed.

*"... COVID has highlighted the fact that there's huge insecurities around food ... we've provided 50 families with \$200 vouchers for food during the level four lockdown, and just did about 80 families and dealing with food packages from the emergency services, and connecting community into the community organisations that are doing foodbanks, but just to see the level of food insecurity in our former refugee populations surprised me ..."* Ethnic Community NGO service provider

While the Ministry of Social Development (MSD) has reported an increase in food hardship grants to more than three times the weekly average during January and February, of around 23,000 (SocialLink, 2020), there were significant barriers to accessing grants for asylum seekers, convention refugees and their family reunification members as they did not qualify for WINZ assistance.

*“... that’s a very big issue, because when you go to their [WINZ] website it indicates that everything is to be done online, and then when we don’t have the options to select asylum seekers, or family members of asylum seekers, then it’s very frustrating. I had some colleagues that went for several weeks without any support. So, I’m going to all the foodbanks, and ASST being able to provide the accommodation and some money to assist”.* Refugee Resettlement NGO Provider.

### **Asylum seekers, convention refugees and family reunification members**

The majority of people who claim asylum in New Zealand arrive in the country on valid visas or are issued visas on arrival and live in the community. If the claim is approved by the Refugee Status Branch of Immigration New Zealand, the asylum seeker is recognised as a (convention) refugee or protected person. Convention refugees are eligible to apply for permanent residence and New Zealand citizenship after five years of residence and are also eligible to access employment, income support and publicly provided health services, the same as New Zealand residents or citizens (HRC, 2017). However:

*“MSD and WINZ systems aren’t geared ... to asylum seekers it seems”.* Mental Health NGO service provider

If former refugees resident in New Zealand sponsor a family member under the Refugee Family Support Category (RFSC), they must provide housing for their family members for two years after arrival. Additionally, it is the responsibility of the sponsor to orient new family members to New Zealand health, education, income support and social services, when many are struggling themselves:

*“... obviously just sort of talking about the services for the asylum seekers, and family reunification. The families that the nurses and social workers and everybody here see, that have sponsored their families, and they’re just not able to manage themselves, in terms of housing and income and all that sort of things; needing help with getting their children into the health services, into the education services. That is quite a huge unrecognised need”.* DHB Community Health service provider.

Similarly, a study of social work provision to former refugees in Auckland conducted a year prior to COVID 19 (Catapult Consulting, 2020 p.34), cites:

... a perceived lack of competency across mainstream social workers- and government agencies in effectively supporting former refugees and their complex resettlement needs. This includes a lack of ability to recognise, understand and manage needs that former refugees experience in navigating a new culture and new systems, dealing with trauma and separation from family members, and managing other intersecting needs such as disability.

*“[Since COVID 19] there have been] a raft of issues actually, and MSD was one of them, you know, very challenging for the family to get assistance because of the barriers they have; linguistics, navigating the system, and the eligibility - who was eligible for what. Everything was really hard actually for a*

*family to go through it, and especially those families who came through the family reunification, because they didn't know the agencies, and the families who had the family sponsor, didn't even know either, because some of them had only been in New Zealand for a very short time, the last two or three years, and themselves having linguistic whatever issues they had, and as you know the external agency that works with the refugees is only maximum one year or so".* DHB Community Health service provider.

### **Job placement support for former refugees**

Previous research has shown that humanitarian migrants have a strong motivation to find work in their new host country but may face many barriers in securing employment (Hugo, 2011).

*"... there's that refugee group based out of Wellington. I think they're called 'refugee host' ... where they're a job seeking platform, where you put your CV on and they match you to an employer ... it works both ways, and you need to prep the person who's going for the interview. There's a bit more that goes into getting them employment on both sides".* DHB Community Health service provider

Programmes which provide job assessment and placement support are an effective means of preparing former refugees for work and supporting them with job-search resources.

### **Professional Development**

*"I think the main thing is to try to get, particularly in Ministry of Social Development, some refugee policy. That's the thing to keep in mind, and opportunity, because until things are in policy it's disempowering the communities. So, as you know, for decades social work, or people who speak the languages of the communities are treated as cultural workers, and they're not given the professional training or support, and they, therefore, are paid at a very basic wage. They're often not reimbursed for their own petrol for driving. They don't always have laptops, or they use their own cell phone. Now, that has to all change, it's not acceptable, and they are the people that should be professionalised, and doing the work".* Ethnic Community NGO service provider

Poor alternative employment prospects, language differences and a lack of knowledge of their rights as workers makes former refugees particularly vulnerable to exploitation by employers.

*"So, that's been a big thing. We've done it in the trust that we started a few years ago, because for social workers to be registered, and to call yourself a social worker, by the end of next year you have to be registered, and to be registered you need a lot of professional development, and there's a whole process you go through. We've now got five registered social workers here..."* Ethnic Community NGO service provider

### **Recommendations**

- Resource English Language Training providers for tailored work-based language training to allow former refugees to acquire the language skills needed in specific workplace settings.
- Expand opportunities for mentoring, internship and work experience for former refugees to enable transitioning from tertiary study into the workforce
- Ensure that former refugees are aware of and able to access their entitlements to professional development and support

- Extend Work and Income employment support services such as [Red Cross Refugee Services Pathways to Employment](#) to asylum seekers, convention refugees and family reunification members
- Families choose to self-settle or move back to Auckland to find work. Refugee resettlement support agencies in Auckland need to be resourced to engage with families who have self-settlement support needs

## Two: Housing

The second integration outcome is “Housing: former refugees live independently of government housing assistance in homes that are safe, secure, healthy and affordable” (MBIE, 2018). This section focuses on the quality of housing available to quota refugees, family reunification members, asylum seekers and convention refugees.

Few former refugees own their own homes (MBIE, 2012). Most families live in houses or flats owned by Housing New Zealand (HNZ) or in private rental accommodation. Former refugee families have a greater proportion of people living in high deprivation areas and are more likely to live in overcrowded houses compared to all other ethnicities (Perumal, 2010).

### Discrimination

*“[When the family] go to viewings because A, they’re Muslim ... Mostly agents not that keen, and then if people are on the government supplement they’re saying, “Well, you haven’t got a sustainable income.”... So, they’re not getting private housing, and then if you have four or five children you’re less preferred; most preferred is people with a couple of kids”.* Ethnic Community NGO service provider

Those from African backgrounds have the largest proportion of more than six residents per household and the lowest proportion of people living in houses with more than four bedrooms (Perumal, 2010). Damp, cold housing contributes to higher rates of hospitalisations for refugee populations from respiratory diseases (asthma, pneumonia and bronchiolitis) than other ethnic groups (Perumal, 2010).

Long waiting lists for HNZ and private rental accommodation highlight the urgent need for more social and transitional housing places in the Auckland region. Families who choose to self-settle, family reunification members and asylum seekers are exposed to high rents for sub-standard rental accommodation. Many require social work assistance to navigate the housing system and understand their rights and entitlements as tenants.

### Self-Settlement

Each year many families choose to self-settle in Auckland or move back to live in Auckland for work or to be closer to family and friends.

*“... this family is just three of them [moved back to Auckland]. They have no parents. Just the three siblings and it’s very traumatic ... she rang me and then she asked me what was this letter ... then I said it’s kind of serious. So, within one week if they don’t pay it, you know, the [real estate] agent will take them to the tribunal. When they moved in, they sign agreement. They don’t understand what the agreement was ... who’s going to help them. That social worker that I know might be able to help them but because its self-settlement... how [will] she get the social worker.”* Ethnic Community member

*“...that bounce back to Auckland, and they say, “Oh well that’s your resettlement over.” You know, “You’ve made that choice, and we’ve warned you against it.” And then the community maybe they don’t connect in”. Ethnic community member*

### **Family reunification**

Once people from refugee backgrounds are established, they are entitled to support family members to join them in New Zealand. However, sponsors do not get any support to house their family members.

*“... she was very disturbed with the housing ... because it’s not a Housing New Zealand house. It’s a house that she’s got as a family reunification. She pays a good amount of rent but the house I’ve seen has broken windows. Very run down but now she understands the system she’s ready to go somewhere else”. English Language Service Provider*

### **Emergency housing**

Accommodation pressures are being felt across New Zealand in many sectors including the refugee resettlement NGO sector. Reflecting the housing crisis in the Auckland region, many former refugee families are living in sub-standard private rental housing, emergency accommodation motels or with already overcrowded families. Participants reported that typically the rental housing families were living in was unsafe and unhealthy:

*“Mostly [former refugees are in emergency housing due to a] lack of affordable housing, and also in very bad housing conditions. Some of the private housing is so poor. Just one example out of probably hundreds. Little boy goes to the toilet, touches the wall while he’s having a pee and his hand goes through the wall it’s so wet. That’s just standard. That’s typical, we have hundreds; we have water running under the house, we have overflowing gutters, we have mould, we have damp, we have lice, we have cockroaches, we have everything. So, when people try to get the landlord to improve the property, they say, “Oh no we can’t afford it, we’ve got a mortgage to pay.” Then people were getting frightened they’re going to be evicted, and sometimes they are evicted. So, a lot of it is poor quality housing that people when they ask to have it improved, lose it, and fall into homelessness”. Ethnic Community NGO service provider*

Some families have been unable to keep up with rental payments due to job loss resulting from COVID 19 cutbacks and have found themselves homeless. As participants stated, the only emergency accommodation available are motels with not enough space to accommodate all family members and with inadequate cooking facilities:

*“... the emergency accommodation is very poor as well, very poor [it’s]...all motels. So an example of one family [the husband lost his job during lockdown]... the pregnant wife, husband, and two of the children are living in a motel that’s basically one room; they all sleep on the floor. The two older children are sleeping on the floor in the sitting room of a friend’s house ... they get no sleep at night because it’s in the living room with the TV on and people around. The family is separated and it’s really sad. They were just about to try to get a really good private house, and gone, you know?” Ethnic Community NGO service provider*

*“The problem we have with the food is people in emergency accommodation with no way to cook. So that is a big problem, and we have a lot in that situation ... We give them food that just needs to be*

*may be heated up, because often they just have a small fridge and a hotplate. Some have a microwave; some have a hotplate. And so, we give them frozen meals, or tinned food to be heated up ... it's a big thing, and also some people in emergency accommodation, in boarding situations, where they have communal kitchens, it's quite difficult too because people want to maintain Halal requirements around food hygiene. So emergency accommodation and food is a unique and particular problem".* Ethnic Community NGO service provider

### **Asylum seekers**

Accommodation for asylum seekers has reached crisis point since COVID 19. The Asylum Seeker Support Trust in Auckland has limited accommodation available for people who have a claim in process who are in urgent need of shelter. The accommodation is designed to be relatively short term while clients have their case decided. The demand for this service has escalated since COVID 19.

*"... it's the issue with WINZ, because everything is dependent upon that ... if an asylum seeker cannot get the benefit that they need, then it's just simply they don't have a place to stay, and during the lockdown the [Asylum Seeker Support Trust] hostel was actually running at full capacity, and there was an extra person sleeping on the couch. The accommodation is a crisis, and hopefully they go back to processing applications soon, because when it's quiet for a long time we start seeing the anxieties in the people that we're supporting".* Refugee Resettlement NGO Provider.

### **Access to Secure, Affordable, Healthy Housing**

Kāinga Ora – Homes and Communities is undertaking a major development that is underway in the Auckland suburb of Mt Roskill, building around 10,000 new, high quality, healthy homes over the next 10 to 15 years (Kainga Ora Homes and Communities, 2020). The development will also deliver new and improved public facilities, retail, streets and public transport, resulting in a connected, safe, well-resourced community for many generations to come. This process is inevitably causing disruption in the community as it involves replacing old, substandard state houses and temporarily relocating some residents. Former refugee communities are well established in the Mt Roskill area. Many families have been relocated to other areas of Auckland during the development.

*"... over the next five to ten years, there'll be 10,000 new houses in Puketāpapa. It's a Kiwi Build model ... That will be starting from state housing, Kiwi Build, and then market. But, what's in there is that community; and how do you retain community strengths and introduce new communities. So, that again is where you're getting into the mental health of feeling connected and belonging. Again, a very long-term project that one ... it's that building community cohesion through healthy housing and housing stability as much as they can ... to me [that] feels like the biggest importance..."* Auckland Council Service Provider.

The objective of the development is to provide healthy housing and an increased supply of social housing. This community-led approach to social housing, allows families who have been relocated to return to the area to live in a new house and will potentially give them the opportunity to buy a home. However, in the meantime long established refugee-background communities have been split up and families dispersed around the Auckland region.

*"They've learnt lots of lessons from Tāmaki about how to prepare families for change ... So, if you're already in a state house and you want to stay in your area ... [For example] if you're in Wesley and your*

*state house is going to get knocked down, you can come back to Wesley. What is happening sometimes is they cannot get in the interim housing in Wesley. They might be housed in Māngere ... [In the interim] What you are then getting is that dislocation".* Auckland Council Service Provider.

### **Interagency collaboration**

District Health Boards in the Auckland region provide Healthy Housing Assessment Services for low-income families and provide families with services such as: social work, insulation, ventilation, curtains, carpets, heating, bedding, budgeting services, Full and Correct Entitlement Assessments (FACE), support with social housing applications and minor repairs.

*"[ADHB, Noho Āhuru - Healthy Homes have a service that] ... check houses and are they healthy; does it have good ventilation, curtains, or giving the family blankets".* DHB Child Development Service Provider

Interventions are delivered by social workers in partnership with families and through interagency collaboration. During lockdown social workers in community-organisations collaborated to find housing and food support for families through:

*"weekly conference calls [with other ethnic community organisations] ... We just talked, what are some of the challenges you're facing ... Collectively, we were able to come up with solutions [for housing, food support etc]. So, working collaboratively during that time, even though it was virtual but it really helped because we were able to identify this and identify that".* Social Service Provider

### **Recommendations**

- Increase the supply of healthy social housing stock for low income families to reduce waiting lists for transition and social housing
- Apply rent controls in general
- Increase social work services for asylum seekers, convention refugees, family reunification members and self-settling families in mainstream, NGO and refugee resettlement sector organisations.
- Foster former refugee community participation in social housing developments to improve housing conditions and to create a sense of place in localities in the Auckland region
- Increase social housing stock for families with disabled family members
- Ensure free language assistance is available to people who need it to successfully interact with HNZ ie to fully understand information and make informed decisions
- Provide cross-cultural trauma informed care training for working with former refugee families for HNZ staff

### **Three: Education**

The third integration outcome is "Education: former refugees' English language skills enable them to participate in education and achieve qualifications and support them to participate in daily life" (MBIE,

2018). This section explores access to education in the primary, secondary and tertiary sectors and the impact of the COVID 19 pandemic on learning in refugee background communities.

*“... it comes down to in the end to education, and rallying the support around them so they don’t feel isolated, and learning the English language. We enrol them in lots of English language classes, which they need \$65 or something, to buy a tablet and learn on it. We do this and get some money for them to actually start their own journey. We always have a goal plan we work on with everyone, and they decide their own destination, and we help them, to empower them”.* Mental Health NGO Service Provider

## **Fostering Independent Communication: Language Training Programmes**

Whether recently arrived or resident in New Zealand for years, people from refugee backgrounds with poor English face additional barriers to becoming fully engaged in society and will struggle to find work in a limited post-COVID-19 labour market. As the following provider says, tailored English language training for the workplace needs to be a priority to get people back into the workforce, following job loss:

*“[For those who have] high enough literacy level and digital accessibility ... [our] national office has done some online ones as well, which we can forward some of our learners through to. So, they had like limited places. There’s one, and they’ve sort of got a work focus, it’s called English for Customer Services. So it’s for people, you know, high priority, have lost their job but they might need the English, you know, just frontline places, shops, retail, or actually just dealing with people in their job ... it was very popular, it was like places taken up as soon as it was offered ”.* English Language Training Service Provider.

Providing tailored work-based English language programmes for new migrants and former refugees improves employment prospects and opportunities for career development and promotion.

English Language Partners works directly with employers and businesses to customise training that targets the specific needs of their workforce. This programme benefits employees from refugee backgrounds as training programmes are delivered on site or at another suitable location.

*“Some of the E for E classes that we run, which is a free service ... to residents, former refugees and migrants, English for Employees. So, the criteria for that is that you need a job, and then the learners create their own individual learning plan for that, and with the teacher they kind of work out steps towards those goals, the language goals that they need in the workplace. It’s quite often about their ability to socialise, to interact with their colleagues. They can do the job fine, and they can often read technical information, but it’s that social side of things and that cultural fit in a workplace that employees can be quite negative and critical about”.* English Language Training Service Provider.

As well as ensuring that employees understand instructions and safety requirements, newcomers want to improve communication and build relationships with other workers so that they can become part of the team. Former refugees can feel isolated and marginalised in the workplace without adequate English language skills.

*"I found with a lot of asylum seekers and refugees in the past couple of years have tried to go through AUT and Unitech, when they had the free scheme learning English. It was very positive that from there they tried to upskill themselves, or shape their career future. I think there is a gap from the early stage, and different agencies working with the refugee, migrant and asylum seekers, to learn the language whether they are male or female, and to shape future careers it will be much better than when you see in the community there are dozens of families living in New Zealand for 20 odd years, and still they [speak limited English and have few employment opportunities]. DHB Community Health Service Provider*

Former refugees who are unable to access English language training support in the early phase of settlement may remain outside the workforce. Assisting newcomers from quota refugee, asylum seeker and family reunification backgrounds to get the support to prepare for work, make the transition, and stay in work is critical. All newcomers from refugee backgrounds need language and needs assessments, access to English language courses, advocacy to access support and entitlements, assistance with accessing and opening job opportunities, interview preparation, work-experience and post-placement support.

### **Digital Access**

During COVID 19 on-line English language learning continued to be provided for those with digital access. On-line learning has continued to be an option for those with barriers to accessing face to face classes. There is potential with further funding, to provide more online learning options across the Auckland region and to provide advanced courses for learners with higher levels of English as this participant stated:

*"We will [continue online post lockdown], because we found that actually one of the other issues being, having such a wide reach, is people getting to a centre ... the venues have always been an issue getting the rent cheap enough, to be able to kind of provide the service, but also make it somewhere they can access it, like for example some of the learners that end up staying at the asylum seekers trust hostel in Blockhouse Bay ... they don't have the money to kind of get on the train to go into other places for the classes. So that restricts them to coming down to New Lynn. Some of those learners end up being [at a higher level of English]. So, we would ideally like to send them to other classes and other regions of Auckland, but that's problematic as well". English Language Training Service Provider.*

Digital access is dependent on the quality of the devices available to learners.

*"[over lockdown] if they could get [online], the audio was difficult... and I don't know if it was a device issue, or a language issue. We tried to loan out some of our tablets but that was problematic as well. I mean, I'd just like to frisbee those tablets across the road under a large truck I've decided. They weren't that user friendly, and the big one thing to me was just that digital divide was just a chasm". English Language Training Service Provider.*

### **Gender issues**

Women were least likely to have access to digital devices and to be digitally literate. As one participant stated women were often a low priority in terms of gaining digital skills in households with digital access:

*“We found WhatsApp to be really kind of flexible, and they could photograph their written work, and the teacher could edit the photograph. Another group used WeChat, which is kind of like a multi-media platform, but I found one of the biggest issues might have been confidence as well, like in one family for the new learner who actually was registered with us a couple of years ago; she wanted to only do the class when her children were home, but when I got her going on Zoom and she sort of appeared in the screen, she realised that she could actually do it by herself. The other issue is sometimes the husbands, menfolk, and the children were digitally literate but the mother wasn’t. I mean, it was about digital education and literacy, and women sort of getting less priority in the family”.* English Language Training Service Provider.

Women are keen to learn English if given the opportunity. Flexible learning options, including on-line, group and face to face options improve access to training and build confidence for learners.

*“... in the community I see a number of mothers involved, and are benefiting from these courses”.* Ethnic Community NGO Service Provider

### **Limited places for asylum seekers**

Asylum claimants have difficulty accessing English language training. It is important for asylum seekers to learn English and to learn about living in New Zealand (HRC, 2017). There are limited opportunities to access English language training services as these are not funded for asylum seekers.

*“The tricky issue, and we are the only provider that does this; we do take asylum seekers as well... they’ve been referred to us from the Asylum Seekers Trust usually. We’re not funded for them but we do provide English language classes for them”.* English Language Training Service Provider.

Otherwise asylum seekers must fund own English language learning until granted refugee or protected person status (HRC, 2017).

*“some of the churches used to have English classes for asylum seekers. Some the churches have been very helpful”.* Refugee Resettlement NGO Provider.

### **Schools**

Children from refugee backgrounds may have fallen years behind in education or have never had any formal education. For many, the trauma of moving to a new country and learning a new language can be greater than previous trauma of war and refugee flight. Primary and secondary schools in New Zealand are likely to present a radically different style of education than that experienced in the home country. Bridging the gap is a challenging task for most children and their parents to accomplish, requiring expert support and assistance. Periods of home learning since COVID 19 have presented additional challenges for learning support for children and young people from refugee backgrounds. As this participant said, home learning during lockdown further highlighted the differences between education systems in New Zealand and in home countries.

*“When you look at where the refugees come from the education system is completely different to the New Zealand education system, and I think most of the refugee parents found themselves useless when it came to the school programme during the lockdown”.* Community Health NGO service provider

## Home learning during COVID 19

Online education was less accessible to people who have limited access to technology and/or the internet and who have lower levels of literacy and/or fluency in English. While families with school age children are eligible for digital devices through the Computers in Schools programme, it became apparent that many families from refugee backgrounds who had been in New Zealand for years did not have computers. As an Education Service Provider stated:

*"... I think COVID has really highlighted that [for] refugee families [there is a lack of] engagement between school and home ... I think it really depends on the teacher [during lockdown] ... some teachers were going to the student's home and directing how to do online learning from the driveway... [but in], some low-decile schools, they've just got too many issues, too many problems to deal with".* Education Service Provider

*"Access to digital devices was huge [during lockdown]. I mean, its connection and all that ... [the Ministry of Education] got some devices on top of... [computers in schools] ... which covers the new arrivals and so everyone who's arrived who is eligible. So basically school-age children. The family should have or will get included in the [schools] computers and comms programme. But this is additional because now we've realised that there are families who've been here many years who don't have devices. So, it's for those ones. So that's another additional support on top. And I also found out that the Trust that provides the devices, they have a programme called ... Second Chance Learners. So basically, if you're a parent or someone who hasn't got NCEA Level 2 which I'm sure a lot of our families don't, you can also get it..."* Education Service Provider

## The New Zealand school system

There are many schools across the Auckland region enrolling students from refugee backgrounds as communities grow and settlement patterns change. While schools in established areas of former refugee resettlement such as Mt Albert and Mt Roskill have well developed systems of support, newer areas lack experience in supporting students and families from refugee backgrounds. Participants highlighted the pressures of trying to reach schools all over the Auckland region:

*"There are over 500 schools in Auckland and it's actually not possible to go to every school and train teachers about [refugee issues]... [Schools] like Mt. Albert Grammar and Mt. Roskill Grammar, [have experienced bi-lingual tutors] ... who've been there for a long time. They know, the teachers know, it's these students [from refugee backgrounds] so it's better. But what's happening is the newer arrivals ... say, in the last five years or so, they are not going to those schools anymore. They're not. They're out of way now. They're in Hobsonville. They're in... So, who's training those teachers and who's training those people"* Education Service Provider

To support education staff, training in the refugee experience and an understanding of the refugee journey is needed to provide students with support, coaching and mentoring, as in the experience of one participant who stated:

*"... one of the requests was to find the boy a mentor, you know, an older Afghan boy or an Afghan young person who can, you know, help him. Then it was like, oh, okay, well he doesn't quite speak Afghani Dari but because he grew up in Tehran, he speaks Farsi... people can't get their head around [this]. ... it's almost like [a lack of] understanding the refugee journey. And that refugee journey could be very complex ..."* Education Service Provider

The Ministry of Education provides children with ESOL programmes, a bilingual assessment service to look at support needed and bilingual support workers.

*“... bilingual support ... is one thing that has made a huge difference for a lot of these kids”*. Education Service Provider

### **Digital exclusion for students and their families**

Many families from refugee backgrounds do not have ready access to a computer or other appropriate devices such as laptops and tablets, or to reliable and affordable internet access and as this participant stated:

*“... [During COVID 19 lockdown] some families they couldn't even afford to buy extra what you say is data; you know how kids were supposed to do their assignments online or homework online. Families didn't even have data, or didn't have internet connections... That became an issue”*. Social Service Provider

Many families were dependent on one device shared amongst adults and children.

*“[During lockdown] we were all working from home, [with] one laptop to share amongst all of us, but fortunately, as time went on, the University of Auckland provided me with another laptop, and then Unitech sent two laptops for my girls, so that has been good”*. Refugee Resettlement NGO Provider.

Refugee background families have been disproportionately impacted by digital exclusion during lockdown with language barriers and a lack of understanding of the school system, additional barriers to helping children with school-work. This participant described the difficulties parents and children faced:

*“[During COVID 19 lockdown when] the kids were at home, and a very small number of schools, the teachers with the kids online helping them. There were kids had a lot of work to do, especially the secondary school kids, Year 12, 13; the final years of schools, and they had no-one to help them. The primary schools had every day a schedule of your daily timetable, and the stuff you have to do. The parents could not do it, they could not help them because they don't know the system, they don't know the language, and the parents [didn't have access] ... to the resources and the electronic devices during the lockdown”*. Ethnic Community NGO service provider

### **Tertiary Education**

Refugee-background students entering tertiary education programmes need support structures to help them deal with obstacles including language, administration, and their perceptions of exclusion by other students and lack of willingness to help from tutors (O'Rourke, 2011). Added to language difference, cultural differences in communication mean these students need support in coping with bureaucracy and even with professionals there to assist them.

### **Asylum seekers, convention refugees and family reunification members**

Students from convention refugee and family reunification backgrounds cannot apply for student allowances or loans. As this participant explains this is a significant barrier to tertiary education for young people:

*“... the issue with the Ministry of Social Development that we are noticing is the application for student allowances, student loans, and it’s not only for asylum seekers, but it will be for family reunification refugees; people that come as immediate family members of asylum seekers. That is convention refugees not asylum seekers. When an asylum seeker has been successful, and has got their permanent residence, and then able to bring their family over, on the policy it says, “The family member that have been sponsored, a refugee or protected person, can apply for student allowance, or student loan.” That information is available on their website, and if you actually go through that process of applying for a student allowance, you will find the options for those sponsored family members is not there”* Refugee Resettlement NGO Provider.

### **Limited digital literacy**

During COVID 19 lockdown, digital exclusion and limited digital literacy exacerbated access to study support and continuing courses of study. Even with access to digital devices, some students lacked the skills or confidence to use online platforms and were unable to get assistance to navigate the digital processes.

*“... for some Uni’s they might continue this online thing next semester. So, it’s just like a year gone by. I know one of the girls had got in a bit of a mess with StudyLink because she decided like mid-week through like, I can’t do this. I’m not following anything. I don’t understand how to use this online platform. And just deciding to discontinue and then she contacted me and she was like, I’ve got this letter from StudyLink saying like I owe them \$600 because I’m not enrolled, and like I didn’t tell them [I had withdrawn from the paper] and I’ve been getting allowance but I didn’t know...”* Ethnic community member

Limited digital literacy is compounded by general literacy difficulties and a preference for person-to-person support.

*“Like for them [some students from refugee backgrounds] ... their English is good but they’re not like proficient, proficient. Like [when] they’re face-to-face, it’s a struggle already but they feel like at least they can approach the lecturer after a class and talk to their peers. It’s clearer, like it’s more comfortable. But online, it’s like just this barrier of first of all not knowing how to navigate the online platform properly. Just getting lost... And then there’s all these forms you have to navigate. Where do you put your assessments? How do you access the videos? Like so much components. Whereas when you’re basically just sit in the classroom on your desk you’re following”.* Ethnic community member

Without sufficient study support for online learning, some students have dropped out of study since lockdown.

*“I’ve heard that like from non-refugee people that I know as well. Like people they’re generally struggling, but with the refugees it’s like more. At least the other ones, like they haven’t dropped out, but they are struggling. Whereas for those refugees it’s like I can’t do this, I’ve dropped out. That’s it. It’s done”.* Ethnic community member

### **Pastoral support**

Many refugee-background students enter tertiary institutions without formal transitional support. These students enter without a ready-made peer group. They have not had the coaching to access student services and are much slower to access these. However, where pastoral care is offered, students readily take up the support offered as this participant explains:

*“... they have individual sessions and they run resilience workshops and all sorts. They set up a conduit between the senior leadership team and nursing and students. It's really very good”.* Tertiary Education Provider

Studies suggest lower pass and retention rates among refugee-background students who directly enrol into degree programmes (O'Rourke, 2011). Student and pastoral support services for students from refugee backgrounds need to be offered in all tertiary institutions and programmes. Refugee-background students need support structures to help them deal with obstacles including language differences, administration and cultural differences in communication styles. These students need support in coping with bureaucracy and professionals to assist them.

## Recommendations

- Provide cross-cultural trauma informed care training for working with learners from refugee backgrounds to schools and tertiary organisations across the Auckland region
- Advocate for policy changes to address gaps in education eg eligibility for sponsored family members to student allowances and loans.
- Expand opportunities for online English language learning and make digital learning more accessible
- Deliver English language training on work sites and aligned to local employment contexts
- Provide free English language training to asylum seekers
- Expand the delivery of conversational, entry-level English language support in flexible environments, including co-located child-care
- Ensure free-access computers, printing services, and facilities for scanning and uploading documents are readily accessible in the community in places such as CABs and libraries
- Ensure free professional interpreters are available to parents so that they can communicate with schools and fully understand information provided
- Provide additional support for refugee-background students to undertake and complete degree programmes.

## Four: Health and well-being

The fourth integration outcome is “Health and wellbeing: former refugees and their families enjoy healthy, safe and independent lives” (MBIE, 2018). This section explores access to health, mental health and disability services for quota refugees, asylum seekers and family reunification members and the impact of the COVID 19 pandemic.

### Utilisation of Primary Health Care

The only study of the health status of Middle Eastern and African Peoples in the Auckland region (Perumal, 2010) undertaken, shows a higher rate of ambulatory sensitive hospitalisations<sup>1</sup> and emergency department (ED) use than all other groups, despite having a high primary health

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<sup>1</sup> Ambulatory sensitive hospitalisations (ASH) are mostly acute admissions that are considered potentially reducible through prophylactic or therapeutic interventions deliverable in a primary care setting.

organisation enrolled population. Poor utilisation of interpreting services and a primary health business model of care unsuited to the complex needs of families from refugee backgrounds may be contributing factors.

### **Low utilisation of interpreting and translation services**

In the Auckland region primary health interpreting services (PHI) are provided free of charge by the Waitemata, Auckland and Counties Manukau interpreting services including phone, face to face and zoom options (eCALD 2020; CMDHB, 2020; Health Navigator, New Zealand, 2020). However, in many general practices, professional interpreters are used randomly and communication with non-English speaking patients remains poor as this participant explains:

*“We’ve been involved with doing the orientation health component for Red Cross, and every single time I’ve been there, there have been complaints about people not accessing interpreters; GP’s flat out refusing to get interpreters for newly arrived refugees, and this is, we’re talking about services that are in the wraparound refugee health service... they’re being compensated for [extended consults], and they’re flat out refusing to providing interpreters, and cutting people’s appointments short and telling people that they only come with one issue at a time, and it’s for people that have very little health seeking behaviours to begin with, and the fact that they’re paying to see their GP, these GP’s are also charging, to then be told, “No, you can only tell me one issue.”... and won’t provide an interpreter... The lack of interpreters is huge”. DHB Community Health service provider.*

General practices in the Auckland region with high numbers of enrolled refugee background clients receive additional funding for extended consultations and to provide wrap around services (Waitemata and Auckland District Health Boards, 2017). As this participant says, using family members as interpreters is not acceptable:

*“... she said to me [her goal for learning English was], “I want to go to the doctor by myself.” So, being a lady in her early 40’s, that’s her only goal, and that’s so sad that seeing a doctor is so important for her, and I asked her, “Do you not get the interpreter?” She said, “Yes, sometimes I get the interpreter. My doctor is very good but sometimes I get it, and sometimes I don’t. She only has her 11 year old daughter who goes with her sometimes ”. English Language Service Provider*

Richard et al, (2019 p.1) in a Dunedin study found that GP practices “encountered challenges in providing care to refugees with respect to time-limited consultations, variable use of interpreter services, fragmentation of care and lack of appropriate health infrastructure to ensure a well-functioning interface between Primary Health Care providers (PHC), secondary care and community support services to foster care continuity and access”. The current business model of New Zealand general practice was perceived to interfere with value-driven care and discouraged tailoring of care to specific groups of patients, raising concerns about the ‘fit’ of mainstream general practice to address the complex healthcare needs of refugees. Addressing the needs of refugees across the social determinants of health involved a lot of ‘behind the scenes work’ particularly in the absence of shared information systems and the lack of well-established referral pathways to connect refugees to services beyond the health sector. This led to providers feeling overwhelmed and uncertain about their ability to provide appropriate care to refugees (Richard et al., 2019).

## Health information and education

Ethnic communities from refugee backgrounds have unique health needs. Funded health campaigns which are culturally and linguistically targeted are needed to raise awareness of health risks and promote healthy lifestyles in New Zealand. For example, Middle Eastern and African groups have a higher rate of diabetes and Middle Eastern groups higher rates of cardiovascular disease than European groups (Perumal, 2010). Middle Eastern, African and other refugee background groups need to be included in mainstream cardiovascular disease and diabetes prevention campaign planning because as this participant says:

*“Healthy eating. I have seen that when they come here ... their trolley is full of chips, cokes, etc., and it doesn’t matter from where they have come from because it’s the things they didn’t get over wherever, and it is delicious and the taste is so different, and for the children also. I think their eating habit is very important health-wise”.* English Language Service Provider

However as this participant says, ethnic communities are marginalised in health promotion campaigns:

*“... In terms of, I think for our service we’re reliant on communities being able to fund their own hall hire, or fund their own places where we can do health education. That’s one aspect of it where I guess it’s very counterproductive to have a health promotional team that isn’t equipped with funding. It’s very hard to entice people to engage in health education when childcare isn’t being met, and when their own issues in settlement and integration and access and all of that stuff isn’t being met...”* DHB Community Health service provider.

## Information about COVID 19

While the New Zealand Government led the “Unite against COVID 19 campaign” (<https://covid19.govt.nz/>), with information on restrictions at each of the alert levels, keeping yourself safe, symptoms, income support, quarantine and isolation systems, messaging was not always inclusive. When translations were available, they were not uploaded quickly enough. There was often a significant delay between a COVID-19 announcement and the posting of translated information on websites. This delay “seriously affected the usefulness of the messaging, especially in an environment when things were changing so rapidly; some materials were uploaded so far after an announcement as to make them basically redundant” (CLING, 2020, p.4). The negative psychological impact of the COVID 19 pandemic on communities from refugee backgrounds was compounded by the lack of reliable information in appropriate languages which exposed families to myths and misinformation about the spread of the disease. Participants outlined the shortfall in disaster and pandemic preparedness for refugee background communities:

*“[COVID 19] highlighted the fact that people aren’t ready for disaster situations. They’re not equipped with the information of disaster preparedness... The fact that the information coming out at a government level, and some of the translation was way off, like reading those translations as a person who’s fluent; I found it difficult to sort of grapple with the messages they were trying to send in that, and to societies that are oral, only producing two videos. I mean, they were probably going to be the easiest things to convey accurate timely information, but to receive lockdown level four information almost three weeks into the lockdown; I don’t think it was quite meeting the needs of the community. That I think we were very short-sighted in that way”.* DHB Community Health Service Provider

Media campaigns during disasters and pandemics often leave out the languages spoken by refugee-background communities. Information is slow to arrive, poorly targeted and often of poor quality as this participant says:

*“I think what COVID highlighted was there’s a lot of language barriers that still exist. I was delighted to see a lot of Somalian posters about COVID-19, printed by the Ministry of Health, because usually when it comes to ethnic communities, and spreading messages about things that are important to the public, it’s usually done in the main languages; Mandarin and Cantonese and Indian... and Korean, and a lot of other smaller communities get forgotten. I think there’s work to be done when it comes to communicating to the refugee communities the messages. I think this happened because of advocacy ... we need support for that, and documents to show our elderly people that this was actually serious, because a lot of them thought it was a normal cold and that people were exaggerating. So, when they saw the news and what was happening, and the posters helped a lot”.* Ethnic Community Member

Accessible, quality translations are essential to inform and educate marginalised communities and particularly older people who have little access to official websites and mainstream social media campaigns.

### **Health navigators**

The casework/cultural navigator role involves liaison between former refugees and their families and service providers. The cultural navigator upskills their multidisciplinary team in culturally competent care and engaging and with families from refugee backgrounds. The roles are responsible for advocacy and maintaining working relationships with a number of agencies, support services, volunteers, NGOs and ethnic community organisations.

Health navigator services providing support to high health needs groups of clients with few resources and multiple barriers to negotiate, have shown to be effective in engaging clients and families with health, mental health, disability and social care services in New Zealand (Doolan-Noble et al, 2013). Participants recognised the important role of navigator positions:

*“Nothing in primary care, yeah. But that is really huge because you know, we’re doing a lot better now with Māori and Pacific, and there’s no equivalent [cultural caseworker] services, definitely not in DHBs ...”* DHB Health service provider.

Cultural Case Workers can bridge the gap between services and the communities they serve. They need not be members of a particular cultural group or community. However, they must have a history and experience with cultural groups for which they serve as a broker, including: the trust and respect of the community; a knowledge of the values, beliefs and health practices of cultural groups; an understanding of traditional wellness and healing networks within diverse communities; and experience navigating healthcare delivery and social support systems within communities (National Center for Cultural Competence 2004).

## Access to Disability Services and Supports

Children from refugee and migrant backgrounds with disabilities comprise an increasing proportion of the caseloads of Child Development Services in the Auckland region. For people from refugee backgrounds, the New Zealand disability system can be complex, difficult to understand and hard to navigate (Mortensen et al., 2014). As reported by this participant, families often face stigma towards their child from ethnic community members and may be reluctant to link to mainstream services and supports:

*“The early childhood centre was another thing that for some families with disabled children, it takes them such a long time until they feel confident to enrol their child because of their disability, or they can’t communicate their need, or they might be discriminated against, but working alongside them [as a Cultural Case Worker] to enrol, and referring them to the Ministry of Education for early intervention, and other services... So until they’re confident in the system and feel they are in the right place, then they regret why they didn’t do it earlier”.* DHB Child Development Service Provider

Refugee Community Health Workers in DHB Child Development teams have improved access and the quality of care children and their families receive by acting as health and disability service navigators, providing liaison with housing, education, work and income and social service providers and advocating for services for asylum seekers (Waitemata District Health Board Child Women and Family Service, 2011). As participants stated, access to modified housing is one of the biggest issues for families with disabled family members including overcrowding and space for equipment:

*“I was talking with the specialist language therapist about a family. The dad has some disability issues; and so, a family of six living in a two- bedroom house and all of them sleep in one bedroom, and the other room is for storage. And so, a child with autism and another one with vision impairment, another child with hearing impairment, and yeah, some of them with really high needs”.* DHB Child Development Service Provider

Locating suitable housing as these service providers stated, involved a multi-agency collaborative effort, frequently over a long period of time:

*“... within [the DHB], we [have housing meetings... every six weeks with Housing NZ] ... we are working with a family that had a housing issue. We tried to add the family into the database, and then discuss it. So far, it’s worked well, and the family were able, according to their needs to be transferred into a modifiable house [with a child with a disability]. [M] ... is specifically from Housing, and attends the meeting here with ... social workers, community health workers, occupational therapists. Whoever is taking the lead to discuss clients’ needs”.* DHB Child Development Service Provider

*“For the families with disabilities ... housing is an issue, and even though myself when I’m working with them trying to close the gap, and refer to different services so they can directly assist the family, or refer them to strengthening family meetings, but still these issues are slow [to resolve]...”* DHB Child Development Service Provider

The use of Cultural Case Workers (CCWs) is a new development in the provision of mainstream health and disability services to refugee background families in New Zealand and there is evidence that the roles provide effective “health navigation for clients and their families (Waitemata District Health

Board Child Women and Family Service, 2011). The CCW role benefits vulnerable groups such as former refugees who under-utilise services and are frequently overlooked within mainstream health services. Within a healthcare setting, the benefits to patients have been reported as: improved access to services; recognition by communities that healthcare providers are committed to delivering services in a culturally competent manner; increased motivation to seek healthcare earlier; improved ability to effectively communicate healthcare needs; and communicating the benefits of the service to others in the community (Mortensen et al., 2014).

## Planning for Optimal Mental Health

### Mental health

Owing to past trauma, resettled refugees are at risk of developing symptoms of psychological distress. It is important that integration programmes on arrival are provided in ways that support emotional and personal rebuilding. As well as promoting the optimal well-being required to deal with the stressors and adjustments involved in resettlement, this approach can help to prevent the development of more serious mental health difficulties.

Research has shown that a significant factor influencing psychological responses to trauma, and recovery from its negative effects is the quality of the environment following traumatic experiences (Hameed et al., 2018). While a supportive, stable environment can help to prevent mental health difficulties, by contrast, exposure to further stressors in the resettlement period, such as housing problems, financial difficulties, isolation from family and community support and exposure to racism and discrimination can precipitate psychological symptoms or make them worse (UNHCR, 2002). As this service provider says, free, accessible community spaces are vital for ethnic communities to meet for social and cultural events and for organisations to offer education and information:

*“... I’m a firm believer in addressing issues of isolation by creating positive spaces for people to come together, but those spaces aren’t there to a degree. There isn’t a hub, and this is something that I’ve been really advocating for, especially out in the West where there just isn’t anything out there in West Auckland, or on the North Shore, or even out South ... I’ve been really advocating to getting a hub up and running, where people can come in and get information, and rooms available for communities to be able to book free of charge to have health education, have social gatherings...”* DHB Community Health service provider

### Stigma and shame

Stigma is a major barrier to refugees seeking and accessing mental health services in resettlement countries (Satinsky et al., 2019). Mental illness is still taboo in traditional societies. Improving awareness of mental health service provision among refugee populations and cultural sensitivity among providers is paramount. Activities are required to reduce stigma towards mental illness among former refugees and asylum seekers. Integrating mental health services into primary health and community services increases access to care and support (Satinsky et al., 2019). The following participants describe culturally how difficult it is for people to access psychological support services:

*“... the problem with our community is that seeing [a mental health service] they think they’re crazy. Then when they talk about in the community if you need help you know you can always come to us... Okay in community if people know it’s quite embarrassing, you know, like psychologists and something*

*like that. So, it's quite, you know, difficult to persuade them to approach [a counselling service]..."*  
Ethnic Community Member

*"... the Muslim service; we don't call it the Muslim mental health service, it's the wellbeing service [that] we focus on [in] most of our written or spoken resources".* Mental Health NGO Service Provider

Community stigma and discrimination have a big role to play in mental health help seeking avoidance behaviours and patterns in ethnic communities. As these providers explain, renaming mental health care as about "well being" is a better approach:

*"We don't talk about mental health because of stigmatization, and we're starting to filter that in all our services, and not to talk about mental health but wellbeing, because sometimes people go through things that impact on their wellbeing, but they don't necessarily have a mental illness, or are not diagnosed as having a mental illness. They could have a relationship breakdown that impacts on their life, or some trauma from the past. That's how we don't label it as mental health, and of course if we feel that people need an assessment by a psychiatrist then we do notify secondary services, but we will discuss that with the person that we think maybe that avenue could assist them with their wellbeing".*  
Mental Health NGO Service Provider

*"... there is help [but] the problem is that they feel so ashamed that they have some kind of something. This guy, this teenager, I suppose is a teenager. Maybe he's very depressed and not only this stigma with mental illness is the stigma for being a refugee. It's many, many stigmas ..."* Ethnic Community Member

Many clients from refugee backgrounds present late and acutely to mental health services (Honey et al., 2014). For example, Middle Eastern and African groups show a higher utilisation of secondary mental health services in the Auckland region but a higher percentage of people then need acute inpatient admission on presentation compared to all other groups (Perumal, 2010).

### **Psycho-education groups**

Community psycho-education and support programmes in refugee background communities are crucial to breaking down stigma.

*"To me it's like if we know that organisation, like RAS, go to the community, you know, and then just have a talk, a group talk, it might be really helpful. But personally, if you're going to refer yourself, you know, a lot of them they won't do that. But if we have like a group talk or like a community talk, or like meeting ... you know gather... and during that group talk they might bring up their issue ..."* Ethnic Community Member

### **Mental Health and COVID 19**

Research suggests that the mental health consequences of the COVID 19 pandemic may be more serious for groups such as refugee background communities who have been made vulnerable through existing social and economic forms of inequality (Canadian Mental Health Association, 2020).

During lockdown, refugee mental health NGOs, ethnic community organisations and refugee resettlement services started their own helplines for families as mainstream helplines were not accessible to non-English speaking clients and these services were culturally acceptable.

Participants in this section, show how they supported vulnerable families:

*“When the lockdown happened, I thought, “What do we do to support some of our former refugee and Muslim background communities, and others as well ... so we set up the welfare check-up system, where each one got allocated. Okay, you are Somalian speaking, so you’re going to ring up the males and you’re going to ring up so many numbers of families, and you’re a female and you’re going to ring so many others, and so forth”. Social Service Provider*

Maintaining social connections with community members is very important to the psychological wellbeing of former refugees, who lean on these support systems in times of crisis. COVID-19 social isolation precautions disrupted both professional and traditional social support networks as this participant says:

*“... a lot of families have very minimal English language, and checking on them [during lockdown] they were doing okay. That they’re staying at home without going to any extended family ... there was some volunteers; they started having the group to distribute some household items to people who are new arrivals, or elderly, or family who had children with no driving licence ... [This] was an internal initiative amongst the community...” Ethnic Community NGO Service Provider*

The abrupt loss of contact was devastating for some and worst for those who could not use IT to stay connected. Single women with children and older people without family support were reliant on community workers for contact and food support during lockdown. Cross-cultural facilitators provided vital ‘welfare checks’ during COVID 19:

*“[We were distributing] food parcels ... and voluntarily having a women’s group on Zoom twice a week, just to check on each other, stay connected, and having things like exercises, to reduce any tension or worry or anxiety, especially for some of them that were thinking about their families overseas. So, a lot of positive things ... ”. Ethnic Community NGO Service Provider see quote below*

Reports from RASNZ clinicians and community workers showed an increase in anxiety and depression in families from refugee backgrounds as family tensions increased, people experienced job loss, study programmes were put on hold and many were concerned for family overseas (Mortensen, 2020).

*“The triggering, the trauma, or re-traumatisation is a big one, because post this a lot of support needs to be put in or be provided”. Social Service Provider*

The COVID 19 pandemic may worsen the mental health of people who live with mental health problems and illnesses and who were more likely to be vulnerable before the pandemic started (Canadian Mental Health Association, 2020).

### **Drug and alcohol harm reduction**

The availability of alcohol and other drugs in New Zealand creates opportunities for abuse and addiction, which may be aggravated by a breakdown in traditional and family cultural structures and values in first and subsequent generations as this social service provider explains:

*“... and this is a gap that I identify that our young people, community awareness and education and workshops about drugs and the impact of it. And, for families as well ... It's just not simple marijuana now. You're talking all sorts of things that our young ones are being drawn into, substance abuse ...”*  
Social Service Provider

Effective alcohol and drug use assessment and harm reduction which address cultural beliefs and attitudes towards addiction in refugee and migrant communities, are needed in health and addiction services

## **Family Violence**

Family violence occurs across all cultural and socio-economic groups. However, women from refugee backgrounds who are subject to domestic violence are a particularly vulnerable group as they may not have English language skills and lack family and community support. In this section, participants highlight the complexities for women and children seeking safety from family harm and the cultural supports that can be put in place to protect and support family members in violent situations:

*“... without fixing this language issue they're not going to get better. [Women] will always be isolated”.*  
Mental Health NGO Service Provider

The social isolation imposed during the COVID 19 lockdown, overcrowded homes, and job loss have exacerbated household tensions, leaving women and children exposed to violence as the following participants explain:

*“... So, of course then tension [during COVID 19]. And, for the men folk, who were not used to being home, confined to the home space, because they were out taxi driving or whatever doing the menial work, suddenly they were in that space and how do you handle that. So, of course, there were a few domestic or family violence cases”.* Social Service Provider

*“... we found lots of issues around family harm, and the family splitting; the younger ones leaving home ... There's gaps of knowledge, and we need to educate our people on how they're dealing with the kids, and what family harm means, and you can't just punch your child, or your wife...”* Mental Health NGO Service Provider

In traditional societies there are strong cultural prohibitions against separation and divorce. There is strong pressure on women to keep the family together at all costs as this service providers says:

*“... she becomes a target, and specifically around the Muslim community and if you consider it's always the men saying that she did this, this, and this, and then the whole community is against her and not really supporting her at all, the community itself. It's very rare to find a community has supported the woman. The way they look at it is if you don't listen, you don't obey your husband there's something wrong with you ... It's a thin line between you being a Muslim and you applying your professionalism, and we always choose to apply professionalism, and they like this too”.* Mental Health NGO Service Provider

Health professional's need culture-specific knowledge and tools around family violence screening and intervention when working with families from refugee and migrant backgrounds. Family violence screening in collectivist cultures needs to address not only partner and child abuse and neglect but also other interfamilial violence such as intergenerational and in-law abuse. For example this health service provider cites:

*“... a couple of cases of domestic violence with the teenage kids and the fathers at home, and of course being teenage kids, especially the boys; we had a couple of cases where the boys had to be temporarily placed somewhere else, for a bit of time to cool off ... [it] was difficult to find a cultural counsellor where they could speak the language, and the understanding of their cultural background ... you have to understand the culture and the language to communicate with them properly ... the demand [for counselling services which] was already so high, at that time it was huge.”* DHB Community Health service provider.

Interagency collaboration between organisations such as RASNZ, the New Zealand Police and DHB Community Health Services can be effective in interventions to stop family violence in refugee background communities as in this example:

*“RASNZ and [a DHB community service] and the New Zealand Police ... had a couple of meetings working in the prevention of family violence, and just resource pooling ... That kind of worked very well, because there’s not many agencies that work with refugees anyway. So, having all the agencies working together I think we can achieve something ...”* DHB Community Health service provider.

### **Parenting programmes**

Parenting styles in ethnic communities reflect traditional societal values and expectations. Culturally adapted Triple P parenting programmes which take a strengths-based approach have provided an effective bridge between traditional and western models of gender roles and child rearing as this participant explains:

*“... building on the parenting. Whatever work has been done, during the lockdown everyone is in the same space and it just brought up more conflicts in families. We teamed up with Oranga Tamariki’s SKIP team... So, every week for an hour, we [had] an online Zoom meeting. That’s an opportunity for the [Refugee Community Workers] ... to share what their challenges are. It’s been a bit of a PD for the two [SKIP] staff ... For example, when I was talking about certain roles and getting the kids to do this, then we were able to say, that the communities we come from they’re very [traditional about] gender roles. Men used to do chores outside and girls inside, so how do we change that mindset. It’s been really interesting and really good discussions. Learning both ways ... for the professionals and for the members of the community”. Social Service Provider*

Health professionals and social workers need training and experience in cross-cultural competencies, and an understanding of collective family structures and child-rearing practices to:

*“... build on whatever parenting had been done, but drawing again on the strengths of our community can I say, because if we say, “Here is the sample, or here is the template, the western style,” it’s definitely not going to work”. Social Service Provider*

### **HIV stigma and discrimination**

Refugee and migrant populations affected by HIV are particularly at risk for stigma and discrimination from their families and ethnic communities and sometimes from health service providers. Many are unwilling to disclose their HIV status to others (Henrickson, et al., 2014; 2013). Internalised HIV stigma plays a crucial role in the emotional distress experienced by people in ethnic minority groups living

with HIV. Often the choice faced is one of disclosure versus social support. Discriminatory attitudes from some healthcare and service providers creates a reluctance to access health and social services.

*“It’s complicated because an HIV person lives with the fear, and discrimination... [providing support] is so hard. Let me give you an example with COVID-19, and lockdown. Some of them were approaching me because they needed groceries and asking for food is not something they do easily. For us, we don’t do that kind of support, we don’t get the funding where we can do groceries, or hand out money to someone. [When I referred the client to another organisation] ... the person says, “No, I don’t want to approach that service I trust you, and I don’t want anyone else to know about the HIV.” HIV/AIDS NGO Service Provider*

Health service providers need training and education in the care and support of clients with HIV from refugee and migrant backgrounds. HIV-dedicated service organisations and organisations in Auckland working with sexual and gender minorities provide HIV education and health promotion in refugee communities and service provider training and support. Professional development is offered for health and allied health professionals which addresses culturally competent care, support and intervention for African communities (New Zealand Aids Foundation, 2016).

## **Cultural Competence**

Health service providers can enhance mental health care for former refugee clients and asylum seekers by providing a professional development programme which includes cultural competency training. Cultural competence increases provider effectiveness in meeting the unique cultural and religious needs of ethnic minority groups. Effective mental health care requires an understanding of the context of the refugee experience and its physical and emotional sequelae; cultural and family health beliefs, practices and help-seeking behaviours:

*“... because of the different ethnic groups. People from the Muslim religion come from different ethnic groups around the country, with their own different cultures and languages. It was trying to explain that to clinicians that ‘it’s not one size fits all’. You’ve got to understand the person’s language; you’ve got to understand their cultural nuances; you’ve got to understand their ethnic protocols, and dynamics. That is the hard part for non-Muslim and non-cultural people to grasp. Although we treat people as unique beings there’s still a uniqueness around culture, ethnicity, and religion”. Mental Health NGO Service Provider*

Cross cultural competencies are critical for professionals engaging with non-English speaking clients to establish trust, maintain engagement, acknowledge client’s expectations and make mutual decisions about interventions. The use of professional interpreters is important to avoid miscommunication and maintain client safety. Professionals need to be trained in how to use interpreters competently because as this participant explains:

*“[At the meeting] there was the kind of a special needs’ coordinator of the school. The child’s teacher, Ministry of Education psychologist, Strengthening Families coordinator, the mother and the bi-lingual support worker who was interpreting ... One thing I noticed which drove me nuts was the way these agencies were interacting with the mother. They were not talking to her. It’s a classic... I felt like screaming, going, you all need training to work with interpreters because none of them were talking to her and ... the psychiatrist ... would say, can you please tell [the mother] that we’re trying to ... everyone was just talking, like, she might as well be a fly on the wall. When really, she should be at the centre and everyone needs to be discussing [the issues directly with her]...” Education Service Provider*

## **Training in Cross-cultural Trauma Informed Care**

Children and families from refugee backgrounds need trauma-informed wrap-around care. As well as cross-cultural skills, health, education and social service professionals need to be educated about the impact of the refugee experience on children and families, specialist mental health services such as RASNZ, and resettlement services and supports available to families. As this participant says:

*... there's some very basic things that people don't know. For example, ... The educational psychologist from the Ministry has brought me into this and she was saying, oh this is a real problem with this child and we don't know what's going on, and the teacher's like, oh well you know he's... this is one who came here as a baby I think he's now had five, six years of schooling here... it's his behavioural issues... So, I was saying to the psychologist, okay, well maybe we can link them to [an organisation] ... for the parents to have the community support. She had no idea what [services were available for refugee background families] and she's worked in the Ministry for 22 years and she's working in South Auckland ..."* Education Service Provider

The COVID-19 recovery period offers an important opportunity for a sustained commitment to preventive and proactive mental health care and promotion in refugee background communities. To prevent and respond to adverse mental health experiences arising from the stressors of loss of livelihood, will require monitoring and early intervention as a means of fostering community and individual resilience to future crises.

## **Recommendations**

### **Navigation**

- An increase in the employment of Cultural caseworker/navigator roles across primary, secondary and community health and mental health services would improve access and equity for refugee populations. Cultural caseworker/navigator roles have provided effective bridging between health, mental health and disability services and refugee background clients and families. However, few services offer these support roles for the diverse communities served.

### **Cultural and linguistic competency**

- Upskill health and mental health and addiction workforces in cross-cultural trauma informed care for refugee background clients and families.
- Upskill health and mental health and addiction workforces in culturally and linguistically competent care
- Improve the competency of mainstream social workers in cross-cultural trauma informed care for refugee background clients and families.

### **Health education and information**

- Develop guidelines for translated health information and education materials in the languages spoken by refugee background communities. Disseminate quality translated health information and education materials on an online platform accessible to health service providers.
- Ensure resource developers work with language communities to produce resources which are relevant to them rather than translating or interpreting mainstream messaging (CLING, 2020, p.9):

### **Interpreting services**

- Educate health service providers about the availability of free primary and secondary health interpreting services through their DHB Interpreting services
- Upskill health and mental health and addiction workforces in how to use interpreters face to face, by phone and online

### **Case management**

- Improve interdisciplinary and interagency case management
- Develop culturally competent trauma-informed mental health destigmatisation programmes for refugee background communities.

### **Mental health**

- Improve access to community mental health services through tailored community-led awareness and destigmatisation campaigns.
- Ensure a higher level of core funding for NGOs such as RASNZ and other providers of mental health and addictions services, to maintain sustainable support for clients.
- Invest in mental health promotion, mental illness prevention and early intervention for clients and families from refugee backgrounds to reduce the impact of COVID 19 on mental health and wellbeing.
- Advocate for policy changes to address gaps in services for asylum seekers, convention refugees and family reunification members

## **Five: Participation**

The fifth integration outcome is “Participation: former refugees actively participate in New Zealand life and have a strong sense of belonging to New Zealand” (MBIE, 2018). This section explores settlement support, racism and discrimination in New Zealand society and the impact of digital exclusion on vulnerable families.

### **Creating Welcoming and Hospitable Communities**

A Local Board Report (Whau Local Board, 2020) states that ethnically diverse populations and refugee background communities are “relatively disconnected and risk isolation or particular needs remaining unmet due to the lack of engagement. Some of our ethnic minority and immigrant communities do not feel as welcome, or as included as they should”. They note that Auckland Council’s own demographics as an organisation are not reflective of the communities they serve. (Auckland Council-Whau Local Board, 2020. p. 11).

*“That’s what they find hard is adapting to New Zealand’s systems protocols and culture which is very different from their own, and I think that’s why people isolate because they don’t fit, and the people*

*working in the different services, government departments, and other NGO's, don't understand that. They don't understand that people coming to this country who might have lived here for a long time still don't understand how the systems work, because they just live in their own bubble, with people from their own ethnic group, their own culture, because they feel safe and understood".* Mental Health NGO service provider

Integration is a two-way street. Central and local government leadership is instrumental in achieving long-term integration for former refugee communities.

*"... with our ethnic communities we have the leaders, but you have to know people in the communities who are on the ground; who are connected to the communities. Those are the people especially in times of difficulty who will go further than what they're supposed to do, just to reach out to the community, because as you know, our communities, they sometimes feel really shy, and hold back. So, you have to have this special relationship with them, and trust".* Ethnic community member

There is potential for local boards to develop linkages with the former refugee communities in their wards and for communities to participate in local board plans.

*"We've been doing work with local boards. We went and did work with six local boards, with Henderson, Massey and the four southern local boards. A number of them, including Henderson, Massey, Manurewa, Otara and Papatoetoe ... their plans are getting reviewed in relation to the emergency council budget and COVID ... Manurewa, for example, we're going to do a wellbeing survey. Obviously, we've got definitely Iraqi populations and Sudanese populations in the Manurewa local board. So, there's keeping your eye out on the local board plans for opportunities".* Auckland Council Service Provider.

*"All the local boards have got the profiles, but we targeted those local boards that have the biggest issues around inequities; some of them do tally up with where our refugee communities are resident. Obviously, you then get the issue around, for example, in North Shore communities are not supported because they're in the areas of affluence, therefore they're missed out from a lot of the equity reviews"* Auckland Council Service Provider.

Welcoming Communities – Te Waharoa ki ngā Hapori, has been piloted in New Zealand since 2017 but not in the Auckland region (MBIE, 2017). Welcoming Communities is a settlement programme that supports local government councils and their communities to create welcoming and inclusive environments for newcomers. Local Welcoming Plans designed to make newcomers feel welcome have shown to be successful (Martin Jenkins, 2019). Local relationships and networks between service providers have been strengthened, resulting in a diverse range of locals and newcomers engaging in welcoming activities. Auckland region local boards adoption of the standards and activities of the Welcoming Communities programme would enhance relationships with refugee background communities.

## **Gaps in Settlement Support**

Settlement support with navigation services are fundamental for rebuilding a life and joining a new community. Gaining employment, education, housing, income support and healthcare are vitally important for positive resettlement outcomes. Access will depend on English language and written

ability, learning to drive and owning a car, digital skills and access to the internet and devices and the support of navigators in governmental and non-governmental sectors to guide, advocate and support former refugees to access the services they are entitled to.

Red Cross Refugee Services provide quality settlement support for newcomers for the first six months to a year including social work services, volunteers who orient families to New Zealand systems and services and assistance with finding employment. Many providers are of the view that settlement support should be extended for longer than the first year:

*"... I think the whole model of funding for one year, six months or one year it's not enough... People are still struggling like five years down the line..."* Education Service Provider

*"The thing is beyond that first year, six months your first year of Red Cross support, there's some huge needs, you know, massive. There's really nobody to pick them up ... if someone is high and complex enough needs then the school or the GP [will pick them up]. Whereas, if they don't meet that threshold, and there are lots of families who don't, but still have really huge needs. They just don't have anybody there to go to, you know".* Education Service Provider

Many in the resettlement sector support the extension of support services for the first two years post settlement or longer:

*"...outside of the quota there's such an emphasis when government talks about refugees, quota refugees and what they're doing for that quota, but those same aspects aren't being met for the convention refugees, and the people who come under family reunification".* DHB Community Health service provider.

Convention refugees (formerly asylum seekers) and family reunification members are not entitled to settlement support.

### **Navigation, advocacy and interagency collaboration**

New Zealand health, education and social services need to do more to assist former refugees to access the services they provide, assess levels of need, inform families of the support they are eligible for, and direct care to address high and complex needs.

*"those who have the English language problem it takes longer [to house the family] ... [they need a refugee community worker involved] because they don't know how to communicate ... I found that some of them are very conservative to communicate their needs, and with some of them they don't know what they need and every time you need to redirect them, and the number of issues sometimes that we come across if we are working with multi agencies ... [refugee background families] with high needs".* DHB Child Development Service Provider

Families need navigation through the system and professionals to advocate for them (National Center for Cultural Competence, 2004). The roles of cross-cultural workers and social workers are pivotal in families understanding the services involved in their care and in services meeting the unique needs of families (Catapult Consulting, 2020).

*"I think the other thing is [lack of coordination] between government agencies as well, and they all sort of work in isolation, and if someone is in strife and there's multiple facets to the issue that they're going through, they don't always understand that it's different agencies dealing with different things; MSD deal with the money, the education department deals with the child at school, we do mental health. It's a lot for them. It's not a one stop shop, and they get frustrated because the agencies are not talking to one another. The refugee is talking to the teacher at school, and then to the person at Oranga Tamariki, and then to the mental health service. It's the relationship, it's the education, and all of the services".* Mental Health NGO service provider

### **Self-Settlement support**

Families who choose to self-settle in Auckland or to return to Auckland from other settlement centres, many in recent times due to job loss, are not entitled to any organised settlement support.

*"... a lot of families that resettled out of Auckland move back to Auckland. People are used to big cities. You know they've come from Kuala Lumpur or you know like, big, big cities. They don't want to be stuck in a small town... I'm supporting a couple of families who have moved back or moved here from Dunedin. A lot of Afghans and Syrians move up".* Education Service Provider

Asylum seekers, convention refugees and family reunification members are not eligible for funded orientation and support services.

*"... quota cases ... are actually way better off than family unification cases or asylum seekers or convention refugees. There's a whole group that is just not getting any systematic support ..."* Education Service Provider

### **Social Work support**

There is a need for social workers in mainstream health, education and social services to be trained in cross-cultural trauma informed care for clients and families from refugee backgrounds because as participants say:

*... [there's also] a tendency to say we just want people who are specialised in refugee issues to be the social worker for this family, instead of saying that group [of social workers] is super overworked. So, we also need to bring in people who are [social workers] in other fields...* Ethnic community member

*"... the role of the social worker is very important ... language is a barrier... they need some sort of hand holding initially, because many of the things they don't understand [how services and supports work] ..."* Education Service Provider

## **Empowering Women**

A range of barriers hinder the participation of refugee background women in New Zealand society, particularly those who do not speak English, single mothers and older women. These barriers include language barriers; digital exclusion, transport, family responsibilities and traditional gender role expectations (De Maio, et al, 2017). Many women lack awareness of the health and social services available to them and may not know how to access these services.

Arabic speaking communities have the greatest proportion of people (11%) who are not conversant in English, particularly women (Perumal, 2010).

*“[For some Muslim women] ... the common issues between them [are] language, no driver’s license, and no communication [with mainstream society]. They have no idea about the system in New Zealand... they have isolation too, the women specifically. In the ... service we have activity groups, and we get women together. We do mental health training, involve them, so they can engage and actually feel good about themselves”.* Mental Health NGO service provider

### **Access to information technology**

There needs to be increased access to free wi-fi and digital devices for those in low income households. Women are particularly disadvantaged by lack of access to online services as this service provider found:

*“So, one of the things that highlighted for us, is that the ladies in the family are the least trained, and in computer technology. We had many ladies that couldn’t get any money. We had to rush money to some people, they had no money for food, they had no food. They couldn’t get money out of the bank. If they had a car, they had problems with their car, they couldn’t sort it out. So, we got some funds from the community development fund, has a fund for helping with issues identified under COVID-19, and we’ve got funds to buy the hardware, maybe five laptops or Notebooks and your associated hardware, to run small groups of ladies, and train them how to get onto the internet; how to do their internet banking. We’ve just received that money and will be doing that over the winter, because that’s a big gap that we saw, and we’ve got a lot of solo mothers, and there’s a lot of elderly women”.*

Ethnic Community NGO service provider

In addition to enabling free internet access and computers in homes for all social housing tenants, training and on-line support services need to be available for women from refugee backgrounds.

*“In the COVID-19 lockdown, people were depending on social media, and many of them don’t know technology, or didn’t have a computer, or they had the computer but didn’t know how to search for information. I had one lady she had a mobile phone, and she’s never done online banking, and it was a mission. I couldn’t do it, you know, instructing her how to do it”.* Community Health NGO service provider

### **Transport and Driving**

Having a driver's licence increases independence and helps former refugee's secure employment but funded driving lessons are in short supply in the Auckland region.

*“And transport. They all talk about being able to get to jobs, get to interviews, get to classes, get to the shops. I mean, Auckland’s probably the worst for that”.* English Language Training Service Provider.

For many former refugees not being able to legally drive is a huge barrier, especially in finding employment. More free driving instruction is needed as this participant says:

*“The last session they had was in February 2020 ... I talked with the community constable, about [more courses], but this time they said they didn’t have enough funds to get instructors, and I have three or four parents that are within my disability list, and they are waiting for training”.* DHB Child Development Service Provider

Families with multiple health appointments are particularly disadvantaged without access to a car and a licensed driver.

Puketāpapa Community Driving School (PCDS) run by the Migrant Action Trust, is a community-owned social enterprise, where every paid driving lesson provides subsidised lessons to refugee-background learner drivers, helping their whole family become better established in their new home.

### **Driving lessons for women**

Puketāpapa Community Driving School provides affordable and culturally-appropriate driving lessons, and there is a particularly high demand amongst female migrants and refugees, who make up more than 80% of learner drivers on PCDS's waiting list. However, there are long waiting lists for driving instruction and similar programmes are not available in other areas of the Auckland region.

A recent sample of 50 migrant and refugee women in Puketāpapa found only one had her full licence and only three had their restricted (Auckland Foundation, 2017). Women prefer to learn from a female instructor. Driving is a means to independence and to work.

*“There were a few issues around [access to] driving instruction ... with the programme that the Auckland Land Transport and the New Zealand Police had ... 50 women involved, and it was for two days going through all the theory, and giving them some resources, and if they passed the [learner] licence, they would be entitled to five free instructed lessons. It was solo mothers who don't have money to pay for private instructors. That was really good”. DHB Community Health Service Provider*

*“For a few sessions I tried to go for the first day, and if they are women that I know, Afghani or Iranian [I got them to] sit at one table and if somebody has good English, because there was no interpreter, they can translate, and there was a lot of visuals ... So, they could learn from the visuals, and one mum that she has no English attended the two days, and sat the exam for the learners, in Arabic, and she passed it. I was amazed. Many of these women would never have driven before”. DHB Community Health Service Provider*

### **The Impact of Digital Exclusion**

While online services can dramatically improve the experience of those who engage digitally, services must be designed and provided in a way that accommodates everyone, including those who are not online (CAB, 2020). For many former refugees, cell phones are their only means of online communication. Digital exclusion is yet another area where families from refugee backgrounds are disproportionately disadvantaged in early and later settlement phases. In spite of the disadvantage to Maori, Pacific, older people and refugee background communities, the digital transformation of government services is continuing, and without processes for digital inclusion is reducing access and exacerbating existing inequalities for refugee background families.

*“[On arrival at Mangere Refugee Resettlement Centre everyone has] iPhones, smart phone, and they use Viber and the WhatsApp, and to call and to text. That's all they use it for, but in lockdown we were depending on many things using online”. DHB Community Health Service Provider*

Connectivity is an unaffordable luxury for some refugee background families already in poverty or with reduced or no work. Clients' lack of access to electronic communication devices and to internet access

prevents contact with clients. Many families are without computers and wi-fi and have limited phone credit.

*“... older members of the community, or some of the people from the Somali community that were never literate in their own language ... they just can’t manage doing that sort of stuff, and even when you think about the little bit that the libraries do, and the librarians now help a huge number of people with digital things, but they were all shut during COVID”.* DHB Community Health service provider.

Families who did not use communication technology or have internet access risked missing out on getting information about COVID-19 and other health, welfare and income support information:

*“... when it came to online learning for people in lockdown that was very difficult because a lot of people don’t have tablets and laptops for their children. Most households just have one desktop for the whole family to use, and it was really difficult. Then you have the issues of internet connections, and data being limited because a lot of people don’t have internet ...”* Ethnic Community Member

*“My daughter is in year two. So, at the start of the lockdown we received an email asking if we’ve got devices. I responded that she didn’t have, and we were given a form to fill. But till the lockdown was cancelled we never got one ...”* Ethnic Community Member

With the internet rapidly becoming the default gateway for interacting with government agencies and banks, former refugees who are some of New Zealand’s most vulnerable people and communities are being left behind. Many public counter services have closed and accessing face-to-face support from government departments is increasingly difficult for some people. For those who experience digital services as a barrier, the emphasis on ‘doing things online’ means “further disadvantage and leaves many people feeling frustrated, isolated and excluded from being able to fully participate in society” (CAB, 2020, p.4). As a consequence, the accessibility of the public service for former refugee families is increasingly contingent on community services. Agencies, such as RASNZ, CABs, libraries, English Language Partners, the Salvation Army, Umma Trust, Red Cross Refugee Services and a range of other poorly funded refugee resettlement and ethnic community service providers are bridging the gap by providing the in-person support that people need.

## Recommendations

### Welcoming communities

- Welcoming Communities – Te Waharoa ki ngā Hapori, has been piloted in New Zealand (MBIE, 2017). Auckland region local boards’ adoption of the standards and activities of the Welcoming Communities programme would enhance relationships with refugee background communities

### Settlement support

- Extend resettlement support for the first two years post settlement or longer. Red Cross Refugee Services provide support for newcomers for the first six months to a year including social work services, volunteers who orient families to New Zealand systems and services and assistance with finding employment.
- Provide settlement support for families who choose to return to Auckland from other regions.
- Provide settlement support for convention refugees (former asylum seekers) and family reunification members

### **Digital access**

- Design government services which are people-centric, prioritising the needs of the people who use the services including those who are non-English speaking and are not digitally literate
- Provide ongoing learning opportunities for former refugees with the aim of increasing basic digital literacy and confidence, and include ongoing 'helpdesk' type support.
- Ensure free interpreting services are available to people who need it to ensure they can successfully interact with government agencies, fully understand information and make informed decisions.

### **Empowering women**

- Provide more free driving instruction and driver licensing support for former refugees, with gender-matched instructors available for women
- Increase access to free wi-fi and digital devices for those in low-income households and social housing tenants.
- Provide free training and online support services particularly for women from refugee backgrounds.

### **Navigation, advocacy and interagency collaboration**

- Ensure professionals are available to support former refugee families to navigate through health, education, income support, housing and social service systems, and to advocate for them.
- Increase the number of cross-cultural workers and social workers in services to build capacity and capability to meet the unique needs of families in their care.

## **CONCLUSIONS**

The study describes multiple systemic barriers to former refugee groups receiving adequate and equitable support in New Zealand health, housing, income support, education and social services. Access to services is limited by language and literacy barriers; the erratic use of professional interpreters; digital exclusion; a lack of cross-cultural competency in services and the failure to recognise former refugees as an equity group and to respond accordingly with additional resources.

Mainstream responsiveness to former refugee communities is marginal and haphazard. There is limited understanding of the unique needs of families from refugee backgrounds reflected in public service strategies and policies and therefore little inclusion and investment in programmes to improve health, mental health, housing, education and socio-economic outcomes. At the level of service provision there is a lack of capacity and capability to meet the complex needs associated with the impact of the refugee experience and adjustment to New Zealand society. As one example, there is a shortfall between unmet mental health need in refugee populations in the Auckland region and the amount of funding received for primary and community-based early intervention programmes. With growing ethnic communities from refugee backgrounds in the Auckland region: navigator roles, language matched health and social services practitioners, access to free interpreting services, and cross-culturally trauma-informed organisations and staff are needed for services to respond equitably to the communities they serve.

Patterns of hardship have been exacerbated in the time of COVID 19. Former refugees are experiencing job loss and financial difficulties. Government services have shifted support services online and families without access to the internet and to devices are limited in their ability to access the income, housing and social supports they are entitled to.

As this stocktake of refugee service providers shows, support and integration services are largely dependent on a few refugee resettlement organisations, ethnic community organisations and under-resourced NGOs. To improve health, education, and socioeconomic outcomes for refugee populations, the New Zealand Refugee Resettlement Strategy framework needs to be aligned to the work programmes of the Ministries of Health, Education, Social Development, and Housing and Urban Development.

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## APPENDICES

### One: Glossary

<b>Refugees</b>	<ul style="list-style-type: none"> <li>Refugees are people who cannot return to their home country because they have a well-founded fear of persecution because of their religion, race, nationality, membership of a particular social group, or political opinion.</li> </ul>
<b>Quota Refugees</b>	<ul style="list-style-type: none"> <li>Quota refugees are persons arriving in New Zealand under the United Nations High Commissioner for Refugees (UNHCR) quota system (currently 1,000 places per annum, to increase to 1,500 by July 2020) and are granted permanent residence on arrival.</li> </ul>
<b>Asylum Seekers</b>	<ul style="list-style-type: none"> <li>Asylum seekers are people who formally request permission to live in another country because they claim to have a well-founded fear of persecution in their country of origin, or otherwise fear returning there.</li> <li>Refugee or protection status can be claimed on arrival at a New Zealand airport or port, or at a later time after arrival in New Zealand.</li> </ul>
<b>Convention Refugees</b>	<ul style="list-style-type: none"> <li>Persons arriving in New Zealand seeking asylum whose cases are approved and are granted Refugee and Protected Persons Status.</li> </ul>
<b>Refugee Family Support Category</b>	<ul style="list-style-type: none"> <li>In addition to the Refugee Quota the Refugee Family Support Category (RFSC) provides people who were granted residence as refugees or protected persons to sponsor a family member and that person's partner and dependent children for New Zealand residence. Each year there are 300 places available</li> <li>The RFSC has a two-tier registration system with priority given to tier one sponsors who meet a high threshold of need. The first step is for eligible people to register as a sponsor of their family members who are offshore. If they meet the eligibility criteria to sponsor their family members, then they will be sent an Invitation to Apply (ITA) and their family members who are offshore will then complete the relevant residence application.</li> </ul>
<b>Refugee Background</b>	<ul style="list-style-type: none"> <li>People refugee backgrounds include quota refugees, family reunion members, asylum seekers, convention refugees and children and young people born in New Zealand to parents from refugee backgrounds.</li> </ul>

## Two: Acronyms

<b>ASST</b>	Asylum Seekers Support Trust
<b>AUT Refugee Education</b>	Auckland University of Technology Refugee Education
<b>CCW</b>	Cultural Case Workers
<b>CLING</b>	Community Languages Information Network Group
<b>CMDHB</b>	Counties Manukau DHB
<b>COVID 19</b>	COVID-19 is an acronym that stands for coronavirus disease of 2019.
<b>CCF</b>	Cross-Cultural Facilitator
<b>CVWPM</b>	Commonwealth–Victoria Working Party on Migration
<b>CVT</b>	Centre for Violence and Torture
<b>DHB</b>	District Health Board
<b>ED</b>	Emergency Department
<b>E for E</b>	English for Employees
<b>ENT</b>	Ear, Nose and Throat
<b>ESOL</b>	English to Speakers of Other Languages
<b>GP</b>	General Practitioner
<b>HRC</b>	Human Rights Commission
<b>INZ</b>	Immigration New Zealand
<b>IT</b>	Information Technology
<b>MRRC</b>	Mangere Refugee Resettlement Centre
<b>NGO</b>	Non-governmental Organisation
<b>PD</b>	Professional Development
<b>PCDS</b>	Puketāpapa Community Driving School
<b>PHC</b>	Primary Health Care
<b>PHO</b>	Primary Health Organisation
<b>RASNZ</b>	Refugees as Survivors New Zealand
<b>REAF</b>	Refugee Education for Adults and Families
<b>RFSC</b>	Refugee Family Support Category
<b>Red Cross</b>	NZ Red Cross Refugee Services
<b>SKIP</b>	Strategies with Kids – Information for Parents
<b>Triple P Parenting</b>	Positive Parenting Programme
<b>UNHCR</b>	United Nations High Commission for Refugees
<b>WINZ</b>	Work and Income

### Three: Stocktake of refugee resettlement and support services in Auckland

Refugee Resettlement and Support Services - Auckland Region -2020					
Organisation	Contact Details	URL	Area	Services provided	Age groups served
<b>Afghan Association of New Zealand Inc</b>	021 145 1337	<a href="https://afghanistan.org.nz/">https://afghanistan.org.nz/</a>	Auckland	Provide driving training for Afghan Women and other services.	Women and families
<b>Age Concern</b>	<a href="https://www.ageconcernauckland.org.nz/contact/">https://www.ageconcernauckland.org.nz/contact/</a>	<a href="http://www.ageconcernauckland.org.nz">www.ageconcernauckland.org.nz</a>	National	<p>The Field Social Work Service supports older people being impacted by social issues, poverty and poor health. This service also aims to maximise the independence and enhance the ability of older people to meet the challenges of their changing needs by providing short term, specialised support including older people from ethnically diverse groups. Our Field Workers take a holistic approach to the wellbeing of older people and support their physical, emotional, cultural and mental health needs. This can include advocacy support if required. Our team can support you when interacting with agencies including:</p> <ul style="list-style-type: none"> <li>• Work and Income</li> <li>• Housing NZ, social housing or private landlords</li> <li>• District Health Boards</li> <li>• Utility companies</li> </ul>	Older People
<b>Aotearoa Latin American Community Incorporated (ALAC)</b>	45 Cardwell Street, Onehunga, Auckland 1061 socialservices@alacinc.org.nz	<a href="https://alacinc.wordpress.com/">https://alacinc.wordpress.com/</a>	Auckland region	<p>We provide holistic support for migrants, orientation, counselling, family therapy, children's safety programmes, advocacy and information on settlement issues to families and individuals.</p> <ul style="list-style-type: none"> <li>•Social work support if available</li> <li>•We also provide emergency accommodation at our hostel in Mangere</li> </ul>	Families

<b>Aotearoa Resettled Community Coalition (ARCC)</b>	098460110	<a href="https://arcc.org.nz/">https://arcc.org.nz/</a>	Auckland region	ARCC provides a link between former refugee communities and the people wanting to help. <ul style="list-style-type: none"> <li>• We help by collecting donations and making sure they go where needed, we create connections between volunteers and people in need, between employers and former refugees looking for work.</li> <li>• We run projects and programs all with the aim of strengthening the bond between former refugees and the local communities, paving the way for a seamless integration by providing quicker access to some of the most fundamental things</li> </ul>	Families and communities
<b>Asylum Seeker Support Trust (ASST)</b>	(09) 828 6067 clientservices@asst.org.nz	<a href="http://aucklandrefugeecouncil.org/">http://aucklandrefugeecouncil.org/</a>	Auckland region	<ul style="list-style-type: none"> <li>•Accommodation- limited accommodation available</li> <li>•Information- ASST can provide information on rights and entitlements, support services available and general information about life in New Zealand.</li> <li>•Support – We can also assist in the process of accessing entitlements, whether that is helping asylum seekers fill enrolment and application forms, accompanying them to appointments or liaising with other organisations.</li> <li>•Advocacy – we can stand beside asylum seekers to ensure their voice is heard and they get their rights and entitlements upheld.</li> <li>• Referrals –we can refer to other organisations according to needs</li> <li>• Detention Visitation - We offer a visitation programme for Asylum Seekers detained at Mt Eden, offering support and friendship.</li> </ul>	Adults, youth and families
<b>Auckland Cambodian Youth and Recreation Trust</b>	Ph: (09) 820 2717		Papatoetoe, Manukau	To serve the Cambodian community by providing social support services and educational support for youth and recreational activities.	Youth
<b>Auckland DHB Transcultural Community Mental Health Service</b>	Kāinga Tiaki Centre (formerly St Lukes Community Mental Health Centre) Ph: 0800 845 094 or 09 845 0940	<a href="https://www.healthpoint.co.nz/public/mental-health-specialty/auckland-dhb-community-mental-health-services/">https://www.healthpoint.co.nz/public/mental-health-specialty/auckland-dhb-community-mental-health-services/</a>	ADHB Region	Provides clinical services to clients with significant cultural issues that impact on their ability to access mental health services and acts as a consultation resource to clinical staff within the CMHC teams.	Adults, Older People and families

<b>Auckland DHB Starship Community Refugee and New Migrant Service</b>	Ph: (09) 639 0200 e-mail: <a href="mailto:Starship.Community@aahb.govt.nz">Starship.Community@aahb.govt.nz</a>	<a href="https://www.healthpoint.co.nz/public/community/starship-community-service/">https://www.healthpoint.co.nz/public/community/starship-community-service/</a>	ADHB region	Starship Community is a multidisciplinary team of professionals providing nursing, allied health, technical and cultural support to children, young people and their families living within the Auckland DHB area. The service provides cultural caseworkers for former refugee groups.	Children, young people and families
<b>Auckland Elder Abuse Response Service (EARS) - Asian and South Asian Services</b>	0800 32 668 65	<a href="https://www.eldernet.co.nz/Facilities/Home_Help_and_Personal_Care_Assistance/Elder_Abuse_Response_Service_EARS/Service/DisplayService/FaStID/10157">https://www.eldernet.co.nz/Facilities/Home_Help_and_Personal_Care_Assistance/Elder_Abuse_Response_Service_EARS/Service/DisplayService/FaStID/10157</a>	National	To assist older Asian and South Asian people who have been referred to our service. To improve the quality of life of older people in abusive situations and to prevent abuse by providing information, education programmes, advocacy and support.	Older People
<b>Belong Aotearoa (Formerly known as Auckland Regional Migrant Services)</b>	09 6252440	<a href="https://www.belong.org.nz/">https://www.belong.org.nz/</a>	Auckland region	We are a specialist settlement agency that focuses on addressing the root and systemic causes of disparities and barriers to successful settlement and integration for newcomers.	All age groups
<b>Citizens Advice Bureau - Central Auckland</b>	09 302 3676 Level 1, Auckland Central Library, 44-46 Lorne Street, Auckland	<a href="https://www.cab.org.nz/location/cab-central-auckland">https://www.cab.org.nz/location/cab-central-auckland</a>	Auckland Central Library, Auckland	Citizens Advice Bureau provides free, confidential information and advice to anyone about any query or problem.	Families and Older People
<b>Citizens Advice Bureau - Eden / Albert at St Lukes</b>	09 846 4023 82 St Lukes Road, Mt Albert (adjoining Public Library) Auckland	<a href="https://www.cab.org.nz/location/cab-eden-albert-at-st-lukes">https://www.cab.org.nz/location/cab-eden-albert-at-st-lukes</a>	Mt Albert, Auckland	Citizens Advice Bureau provides free, confidential information and advice to anyone about any query or problem	Families and Older People
<b>Citizens Advice Bureau - Glen Eden</b>	09 818 8634 (or 09 818 6886) Glen Eden Library Complex 12-32 Glendale Road, Glen Eden	<a href="https://www.cab.org.nz/location/cab-glen-eden">https://www.cab.org.nz/location/cab-glen-eden</a>	Glen Eden, Auckland	Citizens Advice Bureau provides free, confidential information and advice to anyone about any query or problem	Families and Older People

<b>Citizens Advice Bureau - New Lynn</b>	09 827 4731 Library Building 3 Memorial Drive New Lynn Auckland	<a href="https://www.cab.org.nz/location/cab-new-lynn">https://www.cab.org.nz/location/cab-new-lynn</a>	New Lynn, Auckland	Citizens Advice Bureau provides free, confidential information and advice to anyone about any query or problem	Families and Older People
<b>Citizens Advice Bureau - Northcote</b>	09 480 2971 Library Building 5 Ernie Mays Street Northcote Auckland 0627	<a href="https://www.cab.org.nz/location/cab-northcote">https://www.cab.org.nz/location/cab-northcote</a>	Northcote, Auckland	Citizens Advice Bureau provides free, confidential information and advice to anyone about any query or problem	Families and Older People
<b>Citizens Advice Bureau - Pakuranga-Eastern Manukau</b>	09 576 8331 Pakuranga Library building 7 Aylesbury Rd Pakuranga	<a href="https://www.cab.org.nz/location/cab-pakuranga-eastern-manukau">https://www.cab.org.nz/location/cab-pakuranga-eastern-manukau</a>	Pakuranga, Auckland	Citizens Advice Bureau provides free, confidential information and advice to anyone about any query or problem	Families and Older People
<b>Citizens Advice Bureau-Manurewa</b>	09 266 5729 7J Hill Road, Manurewa 2102	<a href="https://www.cab.org.nz/location/cab-manurewa">https://www.cab.org.nz/location/cab-manurewa</a>	Manurewa, Auckland	Citizens Advice Bureau provides free, confidential information and advice to anyone about any query or problem	Families and Older People
<b>CORT Housing</b>	09 376 3049 CORT Community Housing 68 Grafton Road Grafton Auckland 1010 info@cort.org.nz	<a href="https://www.cort.org.nz/about">https://www.cort.org.nz/about</a>	Auckland region	CORT Community Housing (Community of Refuge Trust) is a registered community and affordable housing organisation providing homes for people on very low incomes in Auckland.	Families
<b>Disability Connect</b>	09 636 0351 3b Olive Rd, Penrose, Auckland 1061 admin@disabilityconnect.org.nz	<a href="https://disabilityconnect.org.nz/">https://disabilityconnect.org.nz/</a>	Auckland region	Disability Connect is a Disability Information Advisory Service. We are based in Penrose and operate throughout Auckland. Community Disability Advisors work with CALD children and families.	Children, young people and families

<b>Emerge Aotearoa</b>	Auckland: East/South (09) 265 0255 Auckland West: (09) 839 7301 Auckland Central: (09) 847 9187 info@emergeaotearoa.org.nz	<a href="https://emergeaotearoa.org.nz/">https://emergeaotearoa.org.nz/</a>	National	Emerge Aotearoa provides a wide range of community-based mental health, addiction, disability support, offender rehabilitation, wellbeing and housing services nationwide.	Adults and families
<b>EmployNZ</b>	404 Great North Road, Henderson, Auckland 275 Onehunga Mall, Onehunga Free call 0800 002 159 info@employnz.co.nz Text UPSKILL to 3165	<a href="https://employnz.co.nz/esol-auckland/">https://employnz.co.nz/esol-auckland/</a>	National/Central and West Auckland	Free ESOL courses for refugees and migrants. We have 2 schools. One in Onehunga, Auckland and one in Henderson, Auckland. Both our ESOL schools have classes tailored to meet your needs, and the lessons cater to student interests and level of understanding.	Adults
<b>English Language Partners Auckland Central &amp; West</b>	09 827 7882 3091 Great North Road Level 1 New Lynn, Auckland 0600 auckland@englishlanguage.org.nz	<a href="https://www.englishlanguage.org.nz/auckland-central-west/">https://www.englishlanguage.org.nz/auckland-central-west/</a>	Central and West Auckland	English language courses online, in class, for work and with home tutors.	Adults
<b>English Language Partners Auckland South</b>	09 278 9099 141 Kolmar Road Papatoetoe, Auckland 2025 aucklandsouth@englishlanguage.org.nz	<a href="https://www.englishlanguage.org.nz/auckland-south/">https://www.englishlanguage.org.nz/auckland-south/</a>	South Auckland	English language courses online, in class, for work and with home tutors.	Adults
<b>English Language Partners North Shore</b>	09 489 2078   027 297 7069 424 Lake Road Takapuna North Shore Auckland 0622 northshore@englishlanguage.org.nz	<a href="https://www.englishlanguage.org.nz/north-shore/">https://www.englishlanguage.org.nz/north-shore/</a>	North Shore, Auckland	English language courses online, in class, for work and with home tutors.	Adults

<b>Ezispeak</b>	EZISPEAK WELLINGTON Level 16, Dimension Data House, 157 Lamberton Quay, Wellington 6011 0800 453 771 contactus@ezispeak.co m.au	<a href="https://www.ezispeak.nz/">https://www.ezispeak.nz/</a>	National	<ul style="list-style-type: none"> <li>• Ezispeak ia a Telephone Interpreting Service for government agencies and private providers.</li> <li>• It is available 24 hours a day, seven days a week, in over 180 languages.</li> </ul> <p>Phone Interpreting</p> <ul style="list-style-type: none"> <li>•Connecting multilingual customers with service providers to professional interpreters in over 180+ languages within 60 seconds.</li> </ul> <p>Video Interpreting</p> <ul style="list-style-type: none"> <li>•Connecting service providers from a wide range of market sectors to professional interpreters in over 25+ languages within 60 seconds.</li> </ul>	Government services an private providers
<b>Family First Welfare Trust</b>	09 2761785 021 435 786 269, Great South Road, Otahuhu. Aucklandinfo@familyfirst welfare.org.nz	<a href="http://familyfirstwelfare.org.nz/">http://familyfirstwelfare.org.nz/</a>	Otahuhu, Auckland	<p>FFWT provides support to the victims of domestic violence including:</p> <ul style="list-style-type: none"> <li>• Toll free national multilingual helpline</li> <li>• Free Telephone Counselling Services</li> <li>• Free Information and Advice</li> <li>• Legal Support</li> <li>• Crisis support</li> <li>• Case Work and Advocacy with WINZ, HNZ and Human Rights.</li> <li>• Counselling Support</li> <li>• Online Counselling for the Clients</li> </ul>	Women, children and families
<b>FGM New Zealand</b>	09 3024031 · hello@fgm.co.nz	<a href="https://fgm.co.nz/">https://fgm.co.nz/</a>	National	<p>FGM NZ provides training and information for health and child protection professionals to help equip them to provide the best possible care and ensure positive health outcomes for women and girls with FGM in New Zealand. Information for, and by, communities affected by FGM in NZ is also provided.</p>	Women
<b>InfoNOW</b>	0800 4636 669 info@infonow.nz Online chat	<a href="https://www.infonow.nz/">https://www.infonow.nz/</a>	National	<p>InfoNOW offers assistance, in your preferred language (17 languages currently offered), on settlement needs, queries and issues FREE service Help available by phone, email or online chat Information relevant to your town or region Assistance with identifying agencies in your town or region for complex issues</p>	Adults and families

<b>Immigration NZ Refugee and Protection Unit</b>	0508558855 099144100	<a href="https://www.immigration.govt.nz/about-us/what-we-do/our-strategies-and-projects/supporting-refugees-and-asylum-seekers/refugee-and-protection-unit">https://www.immigration.govt.nz/about-us/what-we-do/our-strategies-and-projects/supporting-refugees-and-asylum-seekers/refugee-and-protection-unit</a>	National	The Refugee and Protection Unit promotes the successful resettlement of refugees in NZ. We work with government and international agencies to help refugees who arrive here under our quota as part of New Zealand's Refugee Resettlement Strategy.	All age groups
<b>Immigration NZ Refugee Status Unit</b>	Refugee Status Unit Level 5 Blue Tower Spark Centre 167b Victoria Street West Auckland 09 928 2236 RSB@mbie.govt.nz	<a href="https://www.immigration.govt.nz/audiences/supporting-refugees-and-asylum-seekers/asylum-seekers">https://www.immigration.govt.nz/audiences/supporting-refugees-and-asylum-seekers/asylum-seekers</a>	National	People who fear returning to their own country can ask New Zealand to recognise them as refugees or protected persons. People who lodge a claim for refugee or protection status in New Zealand are known as asylum seekers. The Immigration New Zealand (INZ) unit that deals with refugee and protection claims is the Refugee Status Unit.	All age groups
<b>Kahui Tu Kaha Housing</b>	0800 678 323 09 531 4040 Property: 0800 370 405 Office: 650 Great South Road, Ellerslie	<a href="https://kahuitukaha.co.nz/housing-services/">https://kahuitukaha.co.nz/housing-services/</a>	Auckland region	We provide housing services for youth needing supported living arrangements; people who are chronically homeless; people needing help to retain their Housing NZ tenancy, and people receiving community mental health services.	Youth and adults
<b>Kahui Tu Kaha Muslim Liaison and Training</b>	0800 678 323 09 531 4040 Muslim Community Support: 0800 559 592 650 Great South Road, Ellerslie	<a href="https://kahuitukaha.co.nz/community-mental-health-services/">https://kahuitukaha.co.nz/community-mental-health-services/</a>	Auckland and Counties Manukau DHB regions	Provides mental health education to the Muslim community, individual mental support, and advice/education to DHB Mental Health and Addiction staff.	Adults and families
<b>Link People</b>	0800 932 432 Harakeke House,15 Ronwood Avenue, Auckland <a href="https://www.linkpeople.co.nz/contact/">https://www.linkpeople.co.nz/contact/</a>	<a href="https://www.linkpeople.co.nz/">https://www.linkpeople.co.nz/</a>	National	LinkPeople is a community housing provider that works with people who need support to find a home, keep a home and live well. Our priority is to help people find permanent housing and work with them to ensure they can access the health, social and wellbeing support they need to live well. We want people to stay housed, so we also support people whose tenancy is at risk to identify and solve the problems that are impacting on their housing and wellbeing.	Families

<b>Literacy Aotearoa, Auckland North</b>	(09) 444 0420 414 Glenfield Road, Glenfield 0629 info.c2@literacy.org.nz	<a href="https://www.literacy.org.nz/literacy-aotearoa-auckland-north">https://www.literacy.org.nz/literacy-aotearoa-auckland-north</a>	Northshore, Auckland	Improving reading, writing and maths skills. Private, one-to-one or small group tutoring from trained tutors	Adults
<b>Literacy Waitakere</b>	(09) 825 0220 022 091 9499 Level 1, 3055 Great North Road, New Lynn, Auckland, 0600 Email: info@literacywaitakere.org.nz	<a href="http://www.literacywaitakere.org.nz">www.literacywaitakere.org.nz</a>	West Auckland	We work with adults (16+ who are not in full time learning) who need help with literacy and numeracy, especially reading, writing and spelling.	Young people and adults
<b>Migrant Action Trust</b>	0272293502 09 629 3500 766 Sandringham Road Ext, Mount Roskill, Auckland City info@migrantaction.org	<a href="https://www.migrantactiontrrust.org/">https://www.migrantactiontrrust.org/</a>	Auckland region	Our service is provided at no direct cost to the learner.	All age groups
<b>New Kiwis</b>	<a href="https://www.newkiwis.co.nz/job-seeker">https://www.newkiwis.co.nz/job-seeker</a>	<a href="https://www.newkiwis.co.nz/">https://www.newkiwis.co.nz/</a>		Learner-centered tuition is based on the goals of the individual learner.	Young people and adults
<b>New Zealand AIDS Foundation</b>	NZAF Pamoja HIV prevention programme 0800 802 437 contact@nzaf.org.nz	<a href="http://www.nzaf.org.nz">www.nzaf.org.nz</a>	National	Provides HIV prevention and support programme for African Peoples. The programme aims to encourage safer -sex, regular testing for HIV and support for people who are living with HIV.	Young people and adults
<b>New Zealand Ethnic Social Services (NZESS)</b>	56 A Civil Ave, Te Atatu South, Auckland 098346668 0212265666 info@nzess.co.nz	<a href="https://www.nzess.co.nz/contact-nzess/">https://www.nzess.co.nz/contact-nzess/</a>	West Auckland/ Auckland region	NZESS provides social support services for former refugees, asylum seekers and migrant families and children-at-risk. Multilingual staff available. NZESS receives referrals from Orange Tamaraki, Police, DHBs, CABs, self referrals and other agencies. • We provide cultural advice and support. • Liaise between clients/families and agencies. • Advocate for families	Children and families

<b>New Zealand Ethnic Women's Trust (formerly NZ Somali Women)</b>	09 8157373 0212146247 190 Stoddard road, Mt Roskill, Auckland 1041.	<a href="https://www.nzethnicwomen.org/">https://www.nzethnicwomen.org/</a>	Auckland region	Supports for women from refugee backgrounds. Services include English language classes, health and education information, playgroups and sewing groups, assistance for job seekers. Advocacy for women in health, education and social service agencies.	Families
<b>New Zealand Newcomers Network</b>	<a href="https://www.newcomers.co.nz/">To contact your local branch go to:https://www.newcomers.co.nz/contact/</a>	<a href="https://www.newcomers.co.nz/">https://www.newcomers.co.nz/</a>	National	A network of groups throughout New Zealand welcoming newcomers and offering opportunities for social connection with other newcomers.	All age groups
<b>New Zealand Red Cross - Refugee Programmes</b>	04 471 8250 0800 733 276 69 Molesworth Street, Thorndon, Wellington	<a href="https://www.redcross.org.nz/what-we-do/in-new-zealand/migration-programmes/">https://www.redcross.org.nz/what-we-do/in-new-zealand/migration-programmes/</a>	All resettlement centres	New Zealand Red Cross is the primary provider of community resettlement programmes in New Zealand. There are two former refugee programmes - Pathways to Settlement and Pathways to Employment.	All age groups
<b>New Zealand Red Cross Refugee Services- Auckland</b>	09 262 0942 33 Lambie Drive Manukau, Auckland, 2104 aucklandsouth@redcross.org.nz	<a href="https://www.redcross.org.nz/what-we-do/in-new-zealand/migration-programmes/pathways-settlement/">https://www.redcross.org.nz/what-we-do/in-new-zealand/migration-programmes/pathways-settlement/</a>	Auckland region	Pathways to Settlement programme We support people for up to 12 months after their arrival. The services we offer include settlement support – practical support with day-to-day settling into the community; orientation information sessions – tools needed to navigate life in a new community; community integration – linking former refugee families to their wider communities. Pathways to Employment This programme helps former refugees plan their employment, education, training and career goals and ultimately find work.	All age groups
<b>Pearl of the Islands Foundation</b>	09 5513733 info@pif.org.nz	<a href="https://pif.org.nz/">https://pif.org.nz/</a>	Auckland region	PIF works comprehensively to celebrate diversity and advance social cohesion between cultures to contribute to the educational, cultural and overall social well-being of Aotearoa through its established institutions, platforms, and activities. Alongside community engagement and outreach, we do this through a number of intercultural and interfaith dialogue-based events such as Ramadan Iftar dinners, talks, and panels.	Children, families and seniors
<b>Puketapapa Community Driving School</b>	04 475 7994	<a href="https://pcds.co.nz/">https://pcds.co.nz/</a>	Auckland	PCDS aims to make driver training and license testing more accessible and affordable for youth, women and migrants	Women , Youth
<b>Ranui Action Project</b>	476 Swanson Road, Ranui <a href="https://www.ranui.org.nz/contact">https://www.ranui.org.nz/contact</a>	<a href="https://www.ranui.org.nz/services">https://www.ranui.org.nz/services</a>	West Auckland	Assistance with finding work Computer IT/Advice Advocacy for beneficiaries Driver Licence Programme Legal clinic	Adults and families

<b>RASNZ: Refugees as Survivors New Zealand</b>	RASNZ Mangere (09) 270 0870 251 Massey Road Mangere East Auckland 2024 RASNZ Community Clinical Team (09) 620 2252 173 Captain Springs Road Onehunga Auckland 1061 RASNZ Youth (09) 620 7244 1222a Dominion Road Mt Roskill Aucklandenquiry@rasnz.co.nz	<a href="https://rasnz.co.nz/">https://rasnz.co.nz/</a> <a href="http://rasnz.co.nz/what-we-do/clinical-teams/">http://rasnz.co.nz/what-we-do/clinical-teams/</a> <a href="https://rasnz.co.nz/what-we-do/rasnz-youth/">https://rasnz.co.nz/what-we-do/rasnz-youth/</a> <a href="http://rasnz.co.nz/what-we-do/community-facilitators/">http://rasnz.co.nz/what-we-do/community-facilitators/</a>	Mangere Refugee Resettlement Centre Auckland region	Our Integrated Services include: •Psychological assessment and therapeutic interventions at Mangere Refugee Resettlement Centre and in the community •Body therapy •Community programmes and initiatives for people from refugee backgrounds •Tailored support for young people from refugee backgrounds •Research and training	All age groups
<b>REAF Programme Selwyn College-Refugee Education for Adults and Families</b>	(09)521 9610 x 698 Director - Margaret Chittenden chittendenm@selwyn.school.nz  REAF Selwyn College, Kohimarama Road, Kohimarama, Auckland 1071	<a href="http://www.selwyn.school.nz/Web/3595/">http://www.selwyn.school.nz/Web/3595/</a>	East Auckland	The Selwyn College REAF Programme offers a supportive learning environment for refugee families. Staff teach English to adults. Students move out to the work community or tertiary education when their level of English enables that move. REAF incorporates an Early Childhood Centre at the Centre, mothers are able to socialise across ethnicities and learn in a safe environment while their children are also learning nearby in the multi-lingual childhood centre. The programme also offers help to students with resettlement issues. REAF students may utilise the help of our advocacy support staff.	All ages
<b>Roskill South Oasis Hub</b>	09 620 8079 56 Glass Road, Mt Roskill, Auckland 1401 thehub@roskillsouthoasis.org.nz	<a href="https://www.adcoss.org.nz/item/roskill-south-oasis-early-years-service-hub/">https://www.adcoss.org.nz/item/roskill-south-oasis-early-years-service-hub/</a>	Mt Roskill, Auckland	The purpose and aim of the Roskill South Hub is to improve outcomes for families, especially vulnerable families with high needs children, aged from pre-birth to six years old, through improving access to services and improving service co-ordination. We provide the following services: ante-natal services; well-child services; early childhood education; parenting information and education; home visiting; supported referrals & outreach.	Children 0-6 years old

<b>Safari Multicultural Playgroup Project</b>	022 060 9026 or 09 625 2440 safari@belong.org.nz	<a href="https://www.belong.org.nz/community-projects">https://www.belong.org.nz/community-projects</a>	Auckland region	The Safari Project supports refugee and migrant background mother and children (0-5 years old) by providing a fun learning environment for both parents and children. At the Safari Project, as children learn through play, parents gain new skills, new social support networks and new information about their home and the services that are available to them locally and nationally. Safari playgroups are located across Auckland and run multiple times a week.	women and children under 5 years old
<b>Sahaayta</b>	(09) 280 4064 15A Norman Spencer Drive Papatoetoe, Auckland 2104 info@sahaayta.org.nz	<a href="http://sahaayta.org.nz/">http://sahaayta.org.nz/</a>	Auckland region	Our team of qualified counsellors help explore your concerns and support you to develop more fulfilling and resourceful ways to enhance your life. Our services are multi-lingual and multi-cultural We provide services to individuals, couples, families, children, youth and seniors with matters related to: migration & settling in, grief & loss, domestic violence & abuse, trauma, anxiety, stress, conflict resolution and parenting We also provide legal services, budgeting services, food parcels and specialist services (addiction services, mental health support service, sexual violence services etc).	Women, children, youth and older people
<b>Salvation Army</b>	(09) 639 1103 Northern Divisional Headquarters 691A Mt Albert Road, Royal Oak, Auckland 1023 ndhq@salvationarmy.org.nz	<a href="https://www.salvationarmy.org.nz/contact-us-main">https://www.salvationarmy.org.nz/contact-us-main</a>	National	Alcohol and Drug Support Gambling Support Welfare support Housing: Transitional, Community/social housing Food assistance	All age groups
<b>Shakti New Zealand</b>	24/7 multi lingual crisisline 0800SHAKTI (0800742584) If in immediate danger please call 111. crisisline@shakti.org.nz	<a href="https://shaktiinternational.org/shakati-new-zealand/">https://shaktiinternational.org/shakati-new-zealand/</a>	National	Shakti is a national not-for-profit community organisation specialised in the area of women's development, empowerment and domestic/ family violence intervention, prevention and awareness. We are a specialist provider of culturally competent support services for women, children and families of Asian, African and Middle Eastern origin. We are a national umbrella organisation with 7 member organisations in Central, West and South Auckland, Central North Island and South Island.	Women and children

<b>Shakti Youth</b>	0800 742 584 (0800 SHAKTI) For non-urgent enquiries: 09 262 3848 18 Manukau Station Road, Manukau Central, Auckland youth@shakti.org.nz	<a href="http://shaktiyouth.weebly.com/">http://shaktiyouth.weebly.com/</a>	Auckland	Shakti Youth is a group of young people from Asian, African and Middle Eastern backgrounds passionate about social justice and building towards a violence-free future. Shakti provides free and confidential support for women, youth and children from Asian, Middle Eastern and African backgrounds going through family violence.	Youth
<b>Shanti Niwas Charitable Trust</b>	00649 6221010 Shanti Niwas Seniors Centre 14 Spring Street, Onehunga shantiniwas@xtra.co.nz	<a href="http://shantiniwas.org.nz/">http://shantiniwas.org.nz/</a>	Auckland region	Provides a range of services for South Asian seniors living in the Auckland region including advocacy, counselling, interpreting support, navigation support, elder abuse and neglect prevention service, physical and social activities.	Older people and their families
<b>SHINE - Safer Homes in New Zealand Everyday</b>	National helpline 0508-744-633 Immediate danger, ring police on 111 409 New North Rd, Kingsland enquiries@2shine.org.nz	<a href="https://www.2shine.org.nz/">https://www.2shine.org.nz/</a>	National	Shine provides a range of effective, practical services to stop domestic violence, support victims and reform those using violence, including services for CALD women and children.	Women and Children
<b>Sport Auckland Green Prescription</b>	(09) 623 7900 Sport Auckland House Level 4, Alexandra Park Function Centre Gate B, Greenlane West, Epsom, Auckland info@sportauckland.co.nz	<a href="http://www.sportauckland.org.nz/health-wellbeing/green-prescription-grx">http://www.sportauckland.org.nz/health-wellbeing/green-prescription-grx</a>	Central and South Auckland	Provides green prescription which is a referral based health and wellness programme for adults 18 years and over who would like support and motivation to get active and improve their life style.	Adults
<b>The Asian Network Incorporated (TANI)</b>	09 815 2338, 09 815 2331 021 274 7448 101, Church Street, Onehunga (Entry from Waller Street) Auckland. info@asiannetwork.org.nz	<a href="http://www.asiannetwork.org.nz/">http://www.asiannetwork.org.nz/</a>	Auckland region	TANI supports Asian New Zealanders by: Networking and connecting up diverse Asian communities Advocating for and promoting the welfare of these communities Ensuring their active participation in policy making Liaising with local and central government, and other stakeholders Responding to the changing needs of Asian communities and stakeholders	Adults, families and older people

<b>Umma Trust</b>	09 815 0153 Ferndale House 830 New North Road Mt Albert, Auckland 1025 Manager, Anne Lee: anne.lee@ummatrust.co .nz	<a href="http://www.ummatrust.co.nz/">http://www.ummatrust.co.nz/</a>	Auckland Region, Office Mt Albert	Provides social services to refugee and migrant communities with a specific focus on the wellbeing of Muslim women and children who are socially and economically disadvantaged.	Women and Children
<b>VisionWest Community Trust</b>	09 818 0700 PO Box 20406 Glen Eden Auckland 0642 office@visionwest.org.nz	<a href="https://www.visionwest.org.nz/">https://www.visionwest.org.nz/</a>	Glen Eden, Auckland	Services available: Food support Community Housing Home Healthcare Counselling Services Budgeting Services Education and Training Youth Services	Young people and families
<b>Waitakere Ethnic Board / West Auckland Newcomers Network</b>	09 836 0169 Waitakere Community Resource Centre 8 Ratanui Street Henderson Auckland	<a href="http://www.newcomers.co.nz/regions/auckland/west-auckland-newcomers-network/">http://www.newcomers.co.nz/regions/auckland/west-auckland-newcomers-network/</a>	West Auckland	West Auckland Newcomers Network invite migrants and refugees and new settlers to the group which is based in Henderson. The Group has some social activities and offers support to people new to the area. The West Auckland Newcomers Network is hosted by the Waitakere Ethnic Board and covers the suburbs of Avondale, New Lynn, Glen Eden, Kelston, Henderson, Ranui, Massey, West Harbour and Waitakere Ranges.	Families, adults and Older People