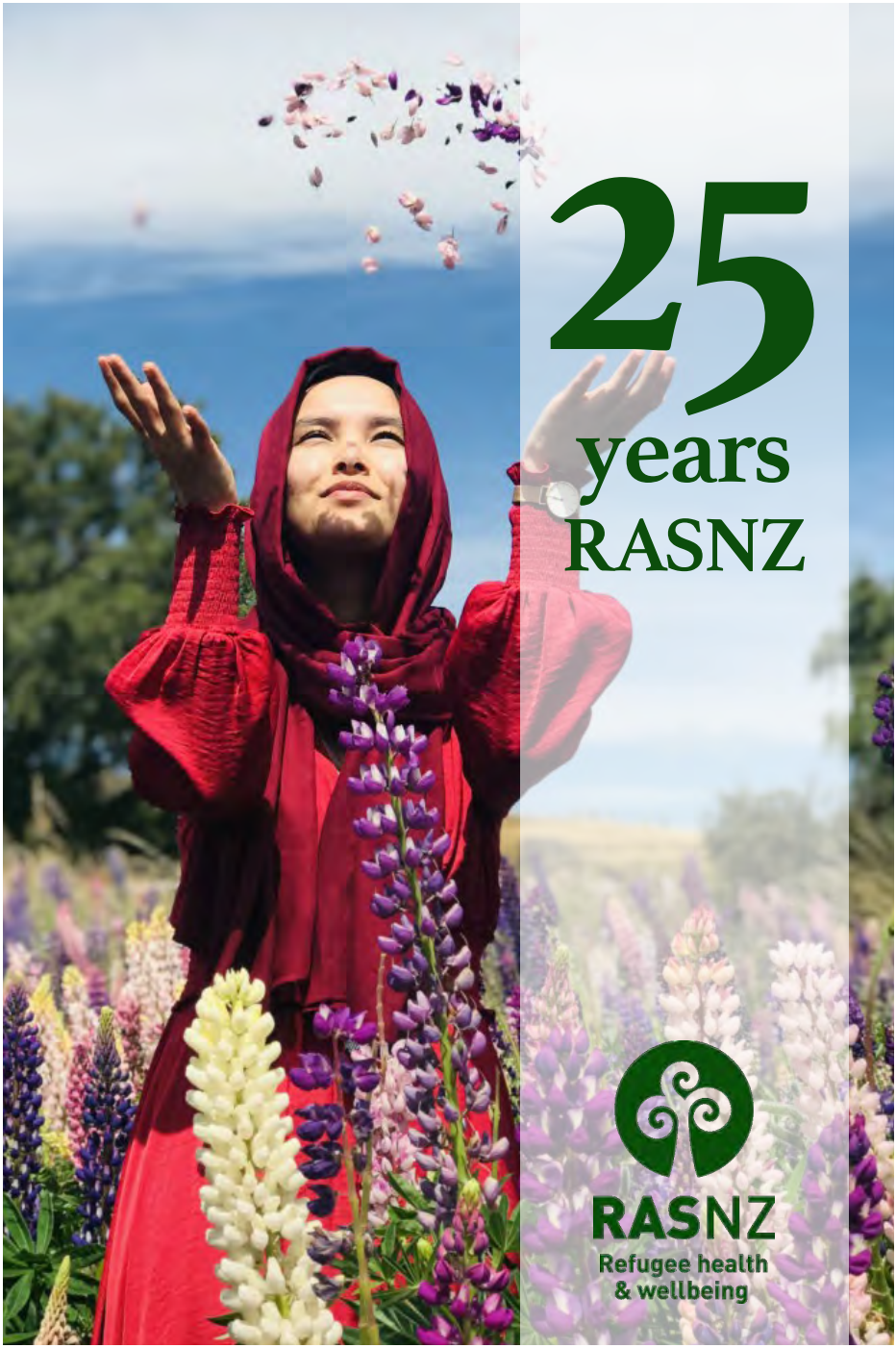

25
years
RASNZ
RASNZ
Refugee health
& wellbeing



25 years RASNZ

RASNZ
Refugee health & wellbeing

A poem by Adrienne Jansen

A bare room
a one-bar heater,
and she spreads out her years before me
in torn scraps and cut-off corners
then in a quickening sweep.

The warm colours of rich days,
of family, laughter of children,
'An especially beautiful child,'
of finesse, of elegance
which shades my life into grey.

Then threads of black cutting through the colour,
whispers of danger, rising into violence
exploding into years of darkness.

Watching three children die, husband, parents,
two children taken away. She is alone,
growing thinner and thinner
and every day the breaking work, the fear.
How to even live when all is gone?

I am numb. I am bound
by the grief locked hard behind her eyes.
How can I, so soft and so untried,
groping for the right – or any – word,
how can I begin to feel the crush
and anguish of such overwhelming loss?

She crouches over the one-bar heater
tossing and rocking without a sound.

Adrienne Jansen, writer, early advocate
and educator of people from a refugee background

Contents

Dedication

The RASNZ Story is dedicated to all people from a refugee background who have come to New Zealand seeking safety. It honours their extraordinary courage, strength, resilience and determination and the contribution they make to our society.

The history begins and ends with poems highlighting the strength and despair of those coming to Aotearoa New Zealand as refugees. The first poem was written by Adrienne Jansen, a Wellington-based writer and publisher who was an early advocate for improved services to people from a refugee background when she was a teacher in Porirua in the 1980s. *'Survivors Guilt'* was written by Areej Arif, a former RASNZ Youth Leader and now Psychologist working for the Ministry of Education.

Sue Elliott, Founder

Dr Ann Hood, CEO

Foreword

2020 marked the 25th anniversary of RASNZ. From humble beginnings in 1995 in a small office in the Red Cross building in Wakefield Street, RASNZ now provides a national service for all incoming quota refugees at the Mangere Refugee Resettlement Centre, as well as community, psychosocial and clinical support to all people from a refugee background across Auckland.

The work of RASNZ cannot be pigeon-holed as just a 'mental health service'. Its goal is to be a facilitator of wellbeing in the broadest context so that former refugees find their potential for wellbeing, to become fully engaged members of their own communities and to have the opportunity to participate in and contribute to New Zealand society.

RASNZ provides specialist services based on a cross-cultural, trauma recovery model. Their commitment is to make services freely available to refugees from whatever category of entry to New Zealand (quota, asylum seekers, convention refugees, and those who have come under the family support category) whenever it is required, with no arbitrary cut off point.

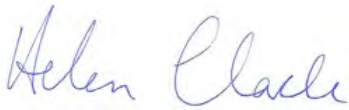
The staff of RASNZ brings together highly skilled professionals in a range of modalities to work in partnership with leaders and cultural advisors in former refugee communities who offer insight and understanding. In addition to providing individual, family and community support, RASNZ works to develop new ways to engage communities and build their capacity, collaborate with other sector services and foster the understanding and skills of mainstream services.

The issue of increasing refugee numbers remains one of the most concerning and intractable international and humanitarian challenges of our time. While the New Zealand resettlement programme represents just a drop in the ocean of support required to ameliorate this ongoing crisis, the quality of the programme is recognised as a model on the world stage. RASNZ can be very proud of the part it plays as a key contributor. And yet alongside the inspiring truths of successful resettlement is another set of truths.

New Zealand has always had the courage to offer support to those most in need. Along with the soaring courage and unbreakable spirit of some, comes the crushing long-term effects of trauma of others, which may continue for decades after the good news stories fade from view. RASNZ does the really hard stuff and keeps doing it for years after the excitement of early settlement has passed.

The work of RASNZ is made possible by the commitment and generosity of many people. I commend the founders, board members, staff, funders, donors and volunteers who have worked with dedication and passion to make a difference for people seeking to start a new life in New Zealand.

RASNZ provides a unique and vital service. Their work remains as relevant as ever after 25 years.



Rt Hon Helen Clark,

Patron, RASNZ

Preface

Valentine's Day 2020 marked the 25th anniversary of the Auckland Refugees as Survivors Centre, now known as RASNZ. The RASNZ Story was to be written as a part of the organisation's anniversary celebrations. Unfortunately, the global Covid pandemic thwarted the timing of this good intention and contributed to significant delays.

The aim was to capture the history leading to the establishment of RASNZ, document the development of services and provide a record of the organisation's life to date. This account draws on organisational newsletters, annual reports and records, media reports, organisational and academic publications and interviews with 20 key people associated with the organisation's history. In 2012 the then CEO, Gary Poole, wrote a chronological overview of the organisation's development which has provided valuable information about service development, staffing and funding arrangements.

The RASNZ Story is not only a record of the activities and achievements of the service, but a celebration of the many people who have been committed to the work of RASNZ. The authors believed it was important to honour the work of the early founders who worked tirelessly for many years to establish the first mental health service for people from refugee backgrounds in New Zealand; to acknowledge the role of Board members who have willingly given of their time and expertise to support and guide the service; and to recognise the contribution of all staff, clinicians, administrators, researchers, community facilitators and interpreters who have served refugee background communities with professionalism, compassion and passion.

The RASNZ Story documents the evolution of services, the different roles RASNZ plays within the refugee sector and the challenges faced by a small, not-for-profit NGO within the mental health and wellbeing arena in New Zealand.

The authors would like to thank all those who have contributed to the production of The RASNZ Story, with very special thanks to Ruth McGill for her creative expertise with the graphic design. The authors have made every effort to ensure the accuracy of the material included. They would like to acknowledge that there was less information and fewer photos available for inclusion in the "Early Years".

Timeline of Refugee Resettlement in NZ

New Zealand has supported refugee resettlement in various forms since 1870 and on a regular basis since 1979. The composition of the national refugee quota is agreed to annually by the Ministers of Immigration and Foreign Affairs. Refugees considered for resettlement under the programme must be recognised as mandated refugees and referred to New Zealand by the United Nations High Commission for Refugees (UNHCR) according to prescribed resettlement guidelines.

New Zealand signed the 1951 Convention Relating to the Status of Refugees on June 30, 1960. Under this Convention, New Zealand is obligated to adhere to international standards in the protection of asylum seekers and refugees. In 1973 New Zealand signed the 1967 Protocol Relating to the Status of Refugees which removed the Refugee Convention's temporal and geographical restrictions.

The timeline throughout our book highlights key milestones and country groups granted refugee status in New Zealand, from 1870 to 2020.

Timeline

See the RASNZ's timeline from inception to current day throughout this booklet.

The RASNZ Story

Beginnings

The RASNZ Story began in 1986. Prior to this time, concerns about the psychosocial needs of former refugees tended to focus on the ability of refugees to assimilate into mainstream New Zealand society *(Beaglehole, 2013)* rather than on the specific needs of individuals and families. In the early 1980s, despite over 40 years of refugee arrivals in New Zealand, resettlement was based on a partnership between the government and the communities where they settled.

Refugees were pepper potted around the country and dependent on volunteer support for their material needs. Mainstream services provided assistance on the same basis as for other New Zealanders. But services, particularly mental health services, were not designed to meet the needs of people from refugee backgrounds (*Needham, 1984*). It was a pakeha system designed for pakeha, with no trained interpreters and little cultural understanding amongst practitioners.

By the mid-1980s, cracks in existing services were identified as significant concerns for the health and wellbeing of former refugees. These issues were voiced by teachers, in particular ESOL teachers who raised them with the Department of Education, human rights activists and refugee background writers. The Rev Keith Taylor, Director of the Inter-Church Commission on Immigration and Refugee Resettlement (ICCI) approached the Mental Health Foundation (MHF) CEO regarding concerns about unmet mental health needs and the ways in which New Zealand was lagging behind other countries in the provision of services.

In October 1986, the ICCI and the MHF convened a half day seminar in Wellington to identify the issues, establish research options and communication networks (*Taylor, 1986*).

World War II

During the Second World War 1,100 German Jewish refugees arrived in New Zealand. Many of these families were met with antisemitic attitudes at both political and social levels. Thousands more Jewish refugees applied for resettlement in New Zealand but were declined entry due to the pervasive belief that European Jews were too "culturally different" and would not successfully integrate into mainstream New Zealand society.

> **Prior to this time, concerns about the psychosocial needs of former refugees tended to focus on the ability of refugees to assimilate into mainstream New Zealand society, rather than on the specific needs of individuals and families.**
> *(Beaglehole 2013)*

The seminar provided a rare opportunity for people from refugee backgrounds and those who supported them to talk frankly and openly about resettlement issues.

Recommendations from the 1986 seminar led to a national conference in May 1988 on Refugee Resettlement and Wellbeing. The ICCI and MHF were the driving forces, supported by the Department of Health in association with the World Federation for Mental Health. International specialists spoke alongside local health professionals, educationalists, social workers, human rights activists and refugee background community representatives. Because ICCI and the MHF were voluntary organisations operating on tight budgets, they secured a grant from the Roy McKenzie Foundation to assist refugee background community members to participate (*Mental Health Foundation, 1987*).

Many recommendations to improve the resettlement of refugees coming to New Zealand emerged from the conference, primarily aimed at government. A key recommendation was for the establishment of a centre to support trauma and torture victims on a national basis (*Mental Health Foundation, 1988*).

Within two months of the conference, a national action group was formed as well as a local action group in Auckland to advocate and promote the cause. The membership of the Auckland Action Group reflected those with practical experience of working in the refugee health and wellbeing sphere and those who were strategically placed to influence decision makers.

Man Hau Liev, Bounphet Phantaboualoy (standing), Leopoldo Aguirre, Sue Elliott & Thongsy Vanvilay

> **I said what I thought would work for refugees, and some people didn't like me very much when we talked about it. They hated us. I always believe I should say what I believe for the interest of the people we serve. That's why I left my country because I felt that way.**
> *(Founder, 2020)*

The Auckland group was led by Dr Max Abbott (CEO MHF), and then Dr Barbara Disley (incoming CEO MHF), alongside Jenni Broom (Refugee and Migrant Services), Sue Elliott and Dr Man Hau Live (AUT Refugee Education Programme), Elizabeth Hoffman (Amnesty International) and Dr Peter McGeorge (ADHB). They were joined a few years later by Dr Nagalingam Rasalingam, a Sri Lankan Tamil GP in Glenn Innes.

Dr Ras, as he was affectionately known, was one of RASNZ's most tenacious supporters and is singled out as very influential in the formation and ongoing development of RASNZ. He never accepted inactivity or a lack of commitment to this cause.

Progress was slow. For the next nearly six years the action group met regularly to plan the strategy for the development of a refugee mental health service. Breakthroughs came because of the pressing nature of the issues and the determination of the individuals involved.

They raised community awareness of refugee resettlement needs and presented their case to senior politicians and health officials. They did not give up and they did not back down.

Dr Rasalingam

> **We just kept hammering and hammering. We didn't give up. We didn't think about getting any pay or reward or anything, we did it just because we believed that we could do it.**
> *(Founder, 2020)*

In 1989 the MHF organised the World Congress for Mental Health attended by over 1,000 delegates from 45 countries. This provided the opportunity for international perspectives and models for refugee mental health services to be discussed in several conference streams and provided further impetus for the establishment of a centre in New Zealand (*Mental Health Foundation of New Zealand, 2008*).

In the same year, The Auckland Refugee Support Conference was held at Auckland Medical School with sessions on assessment and treatment of victims of torture and trauma. This led to the formation of the Auckland Refugee Council, now called the Asylum Seekers Support Trust. Eventually, in December 1994 funding was secured through the Auckland Regional Health Authority to establish a small specialist service. The MHF was contracted to provide services from an office provided by the New Zealand Red Cross in Wakefield Street.

This provided a neutral space for people to get the support they needed without the associated stigma of coming to a mental health service. The Centre was officially opened by the Governor General, Her Excellency Dame Catherine Tizard, on Valentine's Day 1995.

Dame Catherine Tizard

1944

837 Polish refugees, mainly children, arrived. After an initial period in Pahiatua, they were dispersed to Catholic schools in different parts of the country.

The name, Auckland Refugees as Survivors (RAS), was chosen to honour the resilience of people from refugee backgrounds and to engender an attitude of empowerment. The use of the word survivor reflected international trends to move away from seeing former refugees as victims (Welsh, 1996) and to minimise the stigma associated with mental health. The name also honoured Dr Ras who was committed to the establishment and ongoing development of mental health services for refugee background communities.

The logo was a fern which illustrates that, with the right conditions (external) and the right ingredients (internal), the frond will blossom into a fern. The motto was; 'In the Business of Giving Hope'.

RASNZ
Refugee Health & Wellbeing

The first mission statement was "to assist refugees who have experienced torture/ trauma to access mental health services and other facilities, minimising the impact on their lives".

In 1996 the Wellington Regional Health Authority contracted the MHF to establish a centre in Wellington, modelled on Auckland RAS.

> **"In all my years of working with refugees around the world, it has never ceased to amaze me how people have managed, in spite of their adversity, to survive against all odds.**
> *(Tina Mullard)*

Tina Mullard

The Early Years

Chris Jane was appointed as the first Centre Manager supported by a volunteer psychologist one day a week. The service structure was based on the Australian torture and trauma centres and the Medical Foundation for the Care of Victims of Torture in London. In particular, STARTTS (Service for the Treatment and Rehabilitation of Torture and Trauma Survivors) in Sydney provided a model to work from and their senior personnel visited regularly over several years.

Early funding was on the basis of a six-month contract which allowed for the employment of 1.5 full-time staff, including a Counsellor and Social Worker.

By 1997, the MHF decided the Centre was robust enough to become an independent Charitable Trust. In October of that year interested people were invited to apply for positions as Board Members. Interviews were undertaken by members of the MHF. Five people were selected to form the first Trust Board – Dr Nick Argyle, Ravi Rudra, Peter Greener, Peter O'Connor and Trish Fordyce.

Tina Mullard was appointed as the new Manager when Chris Jane moved to a position in the MHF. Tina was a nurse and midwife who had worked for a number of years in refugee camps around the world and at the Mangere Refugee Resettlement Centre.

The Manager of Immigration New Zealand Refugee Quota Branch at the time was a strong supporter of RAS and in 1999 facilitated its move to the Mangere Refugee Resettlement Centre (MRRC). One of the old army barracks was refurbished and provided counselling rooms, a kitchen, meeting and waiting room. The move signalled that RAS was becoming less peripheral and recognised as an important part of the national support for quota refugees.

RAS office at MRRC

The focus for RAS expanded from purely supporting refugees living in Auckland, to providing assessment and support for all refugees arriving through the quota programme.

The establishment of two-year funding contracts in 1999 eased the short-term nature of service planning. At this time, the arrival of people from Kosovo also contributed to a new funding stream which enabled further service development. In 2000 funding increased to enable the Centre to offer a more culturally appropriate and holistic service. A Clinical Manager, Sharron Ward, was appointed to oversee a multi-disciplinary clinical team which included a part-time psychiatrist, counsellors, family therapist, psychotherapist, occupational therapist and body therapist. Interpreters became an integral part of the work.

RAS was aware that while its clinical work at MRRC was vital, there was no mental health promotion or prevention work to respond to the stressors of resettlement once people left Mangere. The need to train bilingual community-based staff led to the employment of ten Community Facilitators from different refugee communities for eight hours a week. They were given the opportunity to undertake a six-week community development training programme. The programme was driven by community needs and together the team decided what issues to address. The subsequent community groups were language based and allowed information to be provided in culturally appropriate settings. As trust developed within the groups, they began to function as a support network, crucial for people who were socially isolated.

The first Community Manager, Dr Nyunt Naing Thien, came to New Zealand as a quota refugee. He encouraged the Community Facilitators to enrol in tertiary education. They were supported financially to study counselling, interpreting, social work and community development. This investment in staff resulted in outstanding loyalty to the organisation for many years.

1956 – 1959

Hungarian refugees arrived following the Hungarian revolution.

> **We were all new, all part time; we got paid for eight hours a week. A lot of us worked more than that. We accepted that, we thought that was normal. And we got trained; that was really, really good. For those who were new and starting out it was a good foundation to go through.**
> *(Former Community Facilitator, 2020)*

Dr Nyunt Naing also negotiated with the Manukau Institute of Technology to provide short courses for young men at risk, enabling them to learn English for the workplace. Many qualified as builders and mechanics and became gainfully employed.

From 2004 Community Facilitators ran the Refugee Road Safety Action Programme (Driver's Licensing Programme) at Mangere. This programme was very popular as it supported at least one person in each family to pass the initial stages of the New Zealand licensing requirements.

Most importantly it increased their sense of independence, reduced isolation and enhanced their prospect of obtaining a job. It also gave them access to a legal identity card which reduced their stress. There was strong resistance when funding for this programme was withdrawn by the New Zealand Transport Association in 2017.

Nyunt Naing Thien

1959

New Zealand became one of the first countries to accept 'handicapped' refugees (people who were ill, elderly or disabled).

Period of Crisis

In 2005 RAS faced a significant internal crisis. Thanks to the initiative of the Administrator, who became suspicious of the annual audit, it was discovered that the General Manager had gambled more than $650,000 of organisational funds at the Auckland SkyCity Casino (*Cook, 2007*). The Community Manager referred the matter to the Board and went to the police. Charges resulted in conviction and imprisonment of the offender. The depletion of nearly all the funds, the loss of trust of funders and damage to staff morale took a heavy toll on the organisation. Clinical services were severely restricted and there was discussion about whether the agency should be closed altogether.

Dr Nyunt Naing stepped in as General Manager and focussed on repairing relationships and rebuilding RAS's reputation. The Clinical Manager, Victoria Camplin-Welch, focussed on raising staff spirits and maintaining the quality of clinical services. The loyalty of the Community Facilitators was highlighted during this period. They were often not paid but kept working because of their commitment to their community's needs and to the work of RAS.

Nyunt Naing Thien & Victoria Camplin-Welch

A New Era

This financial crisis highlighted numerous system failures and the need for more professional and attentive governance. The Board's stewardship was found to be wanting. In March 2006, the newly appointed CEO, Gary Poole, informed the Board Chair that either the Board resign, or he would.

A new CEO, a new Board of Trustees and a revised constitution heralded a new era for RAS. A new strategic plan called for a broader focus on primary health, community services and a greater responsiveness to input and leadership from former refugees. The new motto was "Making a World of Difference", and the mission statement became "refugees will have access to quality, culturally responsive health services to assist positive resettlement in New Zealand".

The intention was for the organisation to become more nationally focused. This led to a change of name to Refugees as Survivors New Zealand (RASNZ). This decision was met with strong resistance from the Wellington RAS Centre and led to the organisations operating independently. The Wellington Centre adopted the new name of Refugee Trauma Recovery (RTR).

Tony Cooper was appointed as Clinical and Operations Manager to advance the quality of clinical service provision. The Community Manager, Dr Arif Saied who came to New Zealand as an asylum seeker from Afghanistan, led the ongoing development of health promotion services including smoking cessation, injury prevention, nutrition advice, child and maternal health and utilisation of the health system. The Administration Manager, Diana Swarbrick, was the inspiration behind RASNZ outreach initiatives to support former refugees and asylum seekers both at MRRC and in the community. Initiatives included creating a Facebook page, RAS Angels, volunteers who provided support through donations of goods and services, and the recycling bikes project in conjunction with Earth Action Trust.

In response to the pressing needs voiced by former refugee communities and mainstream services, RASNZ launched the Refugee Mobile Team in 2007. The Mount Roskill office was opened by the Prime Minister, Helen Clark, in November of that year. The mandate was to provide community-based follow up services beyond the initial assessment and treatment offered at MRRC. The service also aimed to build the capacity of mainstream health providers to work with refugee background clients, many of whom were anxious about being identified as having poor mental health.

> **This really made RAS a much more useful organisation and much more effective; it meant we could actually begin to be looking at the real need which was the need that came after the first six weeks.**
> *(Staff Member, 2019)*

While the clinical team was funded through the Northern District Health Board Support Agency (NDSA) and District Health Boards, Community Link Workers were employed via matched funding from the ASB Community Trust. A warren of offices in a building, which also housed a pharmacy and several Muslim-owned businesses, provided a discreet venue for clients.

The CEO approached SkyCity for a donation towards the establishment of the Mobile Team as compensation for allowing the previous general manager to gamble away RAS money. SkyCity did not admit liability but donated $50,000, without prejudice. This was used to purchase three hybrid cars.

Refugee Line, a joint project with Lifeline Auckland, was established in 2007 to provide support for refugees anywhere in the country. This service was formally launched by Chris Carter, the then Minister of Education.

Former refugees received telephone counselling training and supervision and operated the service for about a year for a limited number of languages. Refugee Line provided support to people across the country in their own languages. Just as the service was gathering momentum funding was discontinued. While the service was disbanded, refugee background staff have continued to use their new skills in their community work.

Arif Saeid, Gary Poole & Fahima Saeid

At this time RASNZ also invested in the development of training and capacity building for health professionals around the country. The CALD (Cultural and Linguistic Diversity) training, to improve cultural competency, was developed in collaboration with Sue Lim, Manager of Asian Services for the Waitemata District Health Board (*Poole, n.d.*).

1962

A small number of Chinese orphan refugees were accepted from Hong Kong.

The training materials were written principally by former RASNZ Clinical Manager Victoria Camplin-Welch and researcher Dr Kathy Jackson. Te Pou, the National Health Workforce agency, provided $100,000 in funding to pilot and evaluate the programme nationally. RASNZ, Christchurch Resettlement Services and Refugee Trauma Recovery signed an MOU to form the Coalition of Refugee Services and collaborated to deliver CALD capacity building.

These materials became part of the Continuing Education Programme for medical staff throughout New Zealand. Within the first few years thousands of health professionals completed the programme and it continues to be accessed online through eCALD.

In 2009 the Gardening for Health and Sustainability Initiative, in conjunction with CMDHB, saw a community garden established at Mangere to teach refugees about growing vegetables in New Zealand. The intention was to encourage families to develop their own gardens when they resettled in the community.

Following an external review, the Refugee Mobile Team, led by Surpreet Cheemah, received the Gold Supreme Award for innovation among health services in Australia and New Zealand. The award was presented at the international The Mental Health Services Conference in Sydney in September 2010.

Community Facilitators, Gardening for Health

1968 – 1971

Czechoslovakian refugees arrived following the Prague uprising.

In late 2010 a delegation of former refugee community leaders approached the RASNZ Board for help to address social issues facing many of their young people. Some were struggling at school or having difficulty finding employment while others were involved with drugs, gangs and petty crime. The Board agreed that the needs of young people should be prioritised. In conjunction with the UMMA Trust and the Ethnic Youth Employment and Education Trust, RASNZ established RYAN (the Refugee Youth Action Network). RYAN was opened by Hon Tariana Turia at the Mt Roskill Centre on February 24, 2011. Sir Graeme Dingle, Founder of Project K and the Foundation for Youth Development was the guest speaker.

Early funding was for youth employment, but some staff believed that unless young people were confident in themselves and had a stable family situation they would struggle to build relationships and hold down a job. The focus changed to developing sporting programmes for boys. The Refugees in Sport Initiative (RISI) began with a focus on soccer to support the integration of young people from refugee backgrounds and reduce isolation. Funding was secured from corporate businesses to provide equipment, uniforms, registration for and travel to tournaments. Over the ensuing years, the RYAN Team were supreme winners of various football tournaments.

'All Refs' team winners of the Ethnic Communities Football Tournament

1970s

During the 1970s the following groups settled in New Zealand:
+ Chinese who were persecuted for their race or religion
+ Asians fleeing Idi Amin's ethnic persecution in Uganda
+ Chileans escaping General Pinochet's persecution of political critics
+ Jews and East Europeans fleeing the Soviet Union

Following the Christchurch earthquake in 2011 RASNZ sent a trauma team to work with the Public Health Organisation and Christchurch Resettlement Services. In 2012 RASNZ received a community award for the support provided to victims.

In 2011, RASNZ facilitated the first New Zealand training in the Istanbul Protocol for the assessment and treatment of torture victims. Leading trainers from the International Council on Torture were funded by the European Commission and UNHCR to deliver training to medical practitioners, lawyers, mental health practitioners and government officials.

Mental health was recognised in the National Refugee Resettlement Strategy for the first time in 2012 (*MBIE, 2020*). Access to mental health services became a key performance indicator. While this was a step in the right direction, in reality the availability of culturally appropriate services for people from refugee backgrounds continued to be limited to Auckland and Wellington.

The Computer in Homes Programme was another opportunity for RASNZ to support newly arrived refugee families. In 2013 the Ministry of Education contracted RASNZ to facilitate computer education for refugee families with school age children. Families are provided with a computer and IT support for use in their homes.

In 2014 Sir Robert Jones pledged $500,000 to establish a tertiary scholarship programme for young women from a refugee background. RASNZ partnered with Sir Robert to administer the programme. Tuition is paid in full through to degree attainment, subject to satisfactory results. Hostel accommodation is paid for the first two years for students who attend a tertiary institution outside their hometown. To date 94 scholars have been awarded a scholarship since its inception.

During his tenure as CEO, Gary Poole not only brought RASNZ back from the brink of financial ruin by obtaining additional funding but expanded service delivery to provide a more holistic approach to mental health and wellbeing support for refugee communities.

RASNZ Scholarship Girls

Towards a Quarter Century

Dr Ann Hood started as the new CEO in July 2015 as the Global Refugee Crisis was gathering momentum and world attention. Over the next five years, the number of forced migrants, both former refugees and asylum seekers, arriving in New Zealand increased significantly. Inevitably, this was matched by an increase in demand for RASNZ services at MRRC and in the community.

The appointment of a new CEO brought changes over time in both the Board and the leadership team. While the RASNZ mission remained the same the new strategic plan focused on Service Provision, Sustainability, Capacity and Capability Building, Collaboration and Advocacy. A more modern, stylised logo, symbolising support for new beginnings, was adopted.

The Community Clinical Team (The Mobile Team) moved to a brighter office space in Onehunga and was opened by the new patron, the Right Honourable Helen Clark, who had recently completed her role as Administrator for the United Nations Development Programme.

Between 2015 and 2017, two external reviews were undertaken to determine whether the organisational and management structure was fit for purpose, and whether the model of service delivery allowed for the most effective development and integration of services to meet the needs of the communities RASNZ served.

The first review led to the splitting of the Clinical and Operation Manager's role and the appointment of Kate Brady Kean as Clinical Manager in 2016 to focus on core clinical services. Kate's arrival coincided with a successful application to the JR McKenzie Trust for the establishment of the RASNZ Family Service.

Margaret Weston & Fahima Saeid

Until this time RASNZ had not had the capacity to see young people and their families in the community. Margaret Weston and Fahima Saeid co-led the development and implementation of the Family Service in consultation with representatives from the diverse resettled refugee communities in Auckland.

> **I am very blessed to have that training, I am just in love with it. After I did it my daughter noticed changes in me. My thirteen year old daughter said 'Mum, aren't you acting, like, behaving very different?' Triple P doesn't only work on children, it does work on relationships, friends, family. This is my personal experience.**
> *(An Afghan mother)*

The identified needs for parenting support were addressed through the provision of an evidence-based parenting programme, Triple P Discussion Groups, delivered in the community with the support of community members. This led to the formation of a team of twelve trained Parenting Facilitators from a range of backgrounds including Syrian Iraqi, Afghan, Eritrean, Tamil, Rohingya, Rwandan, Fijian, and Burmese. The programme resulted in thousands of attendances across all New Zealand resettlement centres. Family members reported positive changes not just for their own household, but across their community as a whole.

The second review led to the creation of the Cultural Director role which replaced the Community Manager position. The intention of this new role was to support a stronger cultural underpinning of service delivery and to develop a more integrated clinical-community development service model. To minimise the tendency of RASNZ teams to operate as silos, an important focus was to increase communication and collaboration between the range of services.

Under the leadership of the new Cultural Director, Aklilu Hibtit, the title of Community Facilitator was changed to Cross-Cultural Facilitator to emphasise the importance of cultural awareness and understanding. In addition, the first RASNZ Advisory Board was established. The aim of the Board was to provide strategic support through the identification of community needs and concerns, to provide cultural guidance and input into current and new RASNZ programmes and to support the reduction of stigma associated with mental health within refugee background communities.

Aklilu Hibtit, Cultural Director

The 2017 review also recommended the appointment of a Fundraising and Communications Manager. The aims of this role were to increase philanthropic funding through realising new funding sources, to build relationships with donors, to raise awareness of the issues impacting refugee resettlement in New Zealand and to promote the work of RASNZ through both traditional and social media channels.

Capacity building for mainstream services working with refugee background communities has been a consistent part of RASNZ's work overtime. In 2017 RASNZ secured funding to develop a cross cultural, trauma informed training programme. The programme aimed to support the service delivery of community and mainstream organisations working with people from refugee backgrounds in resettlement locations throughout New Zealand.

The uptake and feedback were positive. This success inspired the Board to provide funding from reserves to establish the role of Research and Training Manager. In 2020 Dr Annette Mortensen, a highly regarded and much esteemed researcher within the sector, was appointed as the inaugural Manager.

The last five years of RASNZ's first quarter century were marked by significant events which significantly impacted service delivery. The Global Refugee Crisis in 2015, the Christchurch Mosque Attacks in 2019 and the Global Covid-19 pandemic in 2020 underscored the importance of being agile and flexible.

During the Global Refugee Crisis there was an outpouring of support for people seeking refuge in New Zealand. From this time the RASNZ Outreach Programme expanded significantly. Mentoring for the Robert Jones scholars was established, and a Volunteer Coordinator was appointed to provide training and support for volunteers and strengthen relationships with stakeholders.

1974 – 1991

A quota was established for Eastern Europeans filled by families from Romania, Poland, Czechoslovakia and Bulgaria

Following the mosque attacks in Christchurch in March 2019, the Clinical Manager and a senior clinician provided support to those working directly with refugee background families and communities in the city. Several Cross-Cultural Facilitators provided interpreting services as well as support and comfort to grieving families and frightened community members. Organisational boundaries dissolved as colleagues worked together to support as needed.

At the end of March 2020 New Zealand went into lockdown as a result of the global Covid-19 pandemic. RASNZ was regarded as an essential service, so staff had to immediately adapt to a new mode of working from home. Three-way connections between clinicians, interpreters and clients were created via zoom, WhatsApp and Viber.

The Cross-Cultural Facilitators spent many hours checking on community members and ensuring they had access to much needed information in their own language. The Social Workers played a vital role in supporting families to access food parcels, to receive the benefits they were entitled to and to facilitate connection to social protection services. The youth team reached out to young people throughout New Zealand via Facebook, Instagram and WhatsApp. Thousands engaged in their daily activities thereby creating a new virtual community which remained connected long past lockdown.

It was not until October 2020 that the Government allowed a small number of refugees, identified by UNHCR as emergency cases, into New Zealand.

RASNZ staff meeting in lockdown 2020

RASNZ is proud of the flexibility, passion, compassion, skill and commitment of all who have worked to create such a very special organisation over 25 years. The ability of RASNZ to respond so flexibly and effectively in varying crisis situations has always been due to the dedication and willingness of staff to go the extra mile to meet the needs of clients and communities.

The Roles of RASNZ

The founders of RASNZ were very clear on the need for a mental health and wellbeing service for people from refugee backgrounds in Auckland. However, how 'mental health and wellbeing' would be defined was not always as clear cut. The Action Group adopted a broad interpretation of 'wellbeing' that included addressing the cultural, social, physical, emotional and practical needs of different communities. They were concerned about systemic racism and the lack of cultural awareness and understanding of the refugee journey within mainstream New Zealand society.

They wanted to ensure that the voices of people from refugee backgrounds were included, and that service development was guided by community perspectives. Making certain that people's everyday practical needs and concerns were addressed alongside their mental health needs was also important to them. They were keen to explore what similar services in other parts of the world provided and were open to their advice and offers of support.

So, while RASNZ's point of difference has always been that it is a clinical mental health service, it has, from inception, taken an all-encompassing approach to how best to support the wellbeing of the communities it serves. This has led to RASNZ assuming a range of roles over time.

The mission of RASNZ continues to ensure that people from refugee backgrounds have access to high quality, culturally responsive services to support positive resettlement. Free services are available to all refugee groups irrespective of how they came to New Zealand or how long they have lived here.

'Bikes for Refugees' programme

RASNZ Clients

People from refugee backgrounds come to New Zealand via different pathways. RASNZ provides support on the basis of individual need rather than on which Immigration New Zealand category they fit into. Most often, the intensity of RASNZ work depends on the level of support, or lack of it, provided by mainstream services.

Refugees who are considered for resettlement in New Zealand as quota refugees must be recognised as mandated refugees referred to New Zealand by UNHCR according to prescribed resettlement guidelines. When Immigration New Zealand decides these cases, they consider a person's credibility, security, immigration risk and health. Refugees who arrive in New Zealand under the Refugee Quota Programme are granted permanent residence status in New Zealand at the time of their arrival. They are entitled to the same rights and benefits as other New Zealanders and are provided resettlement support when they move to live in the community.

RASNZ provides support for all quota refugees during their stay at Mangere Refugee Resettlement Centre and for those who are resettled in Auckland. This can be in the form of individual, family or group therapy and psychoeducation.

Asylum seekers are people who have fled their country and are seeking protection in another country. The term refers to an individual whose claim for refugee status has not yet been decided by the country in which it was submitted.

Asylum seekers may enter New Zealand legally on a work or student visa and claim asylum during their stay here. Or they may enter using false travel documents and apply for asylum at the border.

Abann Yor (left) ARCC Manager, former RYAN leader

Asylum seekers have limited psychosocial and financial support while going through the claim's process. They are entitled to apply for a temporary work, visitor or student visa and must keep it valid until their claim is determined.

RASNZ works with asylum seekers who are detained at Mangere Refugee Resettlement Centre as well as those living in the community. The majority of our asylum seeker clients are people who seek asylum at the border. Our work with these clients is intense, given the precariousness of their situation and can be long term, given the length of time the claim's process can take.

Convention refugees are people who have had their asylum claim approved, thereby meeting the definition of refugee outlined in the 1951 Geneva Convention relating to the status of refugees. To meet the definition, a person must be outside their country of origin and have a well-founded fear of being persecuted if they return to their homeland.

In New Zealand asylum claims are determined by the Refugee Status Unit or the Immigration Protection Tribunal. Once claims have been proved, claimants are eligible as refugees for a temporary entry class visa or a permanent resident visa but do not receive resettlement support. RASNZ provides ongoing support to convention refugees who may continue to face significant challenges given that the claim's process takes a variable length of time, often stretching over many years.

The Family Support Category entitles those who have been granted permanent residence on the basis of being a refugee or protected person to sponsor family members. Each year a quota of 300 places (rising to 600 in mid-2021) is available for family members to sponsor. The system is managed by a two-tier queue system. Tier one sponsors, who have no other family in New Zealand, are given first access to available places.

1980s

People fleeing war and persecution in Vietnam, Cambodia and Laos.

Permanent residency is granted through the original application, which means they are eligible to work on arrival. However, they have not been entitled to resettlement support other than through online information and the Citizen's Advice Bureau.

While families do not feel complete and struggle to fully settle until they are reunited, the reunion process can be destablising. RASNZ supports family members to adjust to new roles and changed circumstances within the family unit.

The Community Organisation Refugee Sponsorship Category (CORS) enables New Zealand-based community organisations to sponsor refugees for resettlement. This category is complementary to the Refugee Quota programme. A pilot ran in 2018 allowing four organisations to settle 24 sponsored refugees. In May 2020, the government agreed to extend the pilot for a further three years from July 2021 allowing 150 sponsored refugees to be resettled during this period. To date, RASNZ has not worked with individuals arriving in this group.

1987

The Labour Party agreed to accept a quota of 800 refugees each year.

RASNZ's Approach

RASNZ's work is based on a holistic model aimed at empowering service users and supporting their positive resettlement. To undertake this work it is essential for staff to understand the different stages of the refugee journey. Stressors emerge from experiences prior to fleeing their country of origin, events during their time of transition in countries of refuge, and the process of resettlement in the host country. Each stage may involve adversity and trauma (*Poole & Swann, 2010*).

Many RASNZ clients do not want to discuss or address their past trauma. They may not be traumatized, but RASNZ staff must recognize how trauma may impact their client's presentation. It is important that clinicians hold in mind that their clients were forced to flee their homeland for many reasons, including persecution induced trauma related to the atrocities of war, violence and intersectarian conflict and/or torture, persecution and marginalization because of their race, religion, nationality, social group, or political opinions. They were forced to leave their land, homes, possessions and were frequently separated from family, friends, and community networks. They had no opportunity to plan their departure from their homeland and had little control over their destination (*Abbot, 1997*). The travel itself would have been physically and psychologically traumatic with many at risk of apprehension or further violence (*Pumariega, Rothe, & Pumariega, 2005*).

In addition, clinicians need to take account of the period of transition in the country of refuge, which would have been marked by extreme levels of uncertainty. (*Abbott M. , 1997*).

Most refugees live for many years in harsh environments either in refugee camps or on the edges of society (*Tribe, 2002*). Many live in countries which are not signatories to the UN Refugee Convention so are in constant fear of detainment or being returned to the country from which they have fled. Access to employment, health, education, and social services is either limited or nonexistent. Many experience discrimination due to the local populations' negative perception of refugees, which in turn contributes to feelings of disempowerment and disconnection.

Separation from family members and community leaders may leave refugees bereft of anyone to consult when dealing with both practical concerns and emotional anxieties (*Guerin, Guerin, Diiriye, & Yates, 2004*). Clinicians must be alert to their clients' sense that they have had little or no control over their destiny and that their fears about the future may have been all consuming.

Much of RASNZ's work is focused on supporting clients as they adjust to a new way of life in New Zealand. Moving to a new country involves major changes and challenges including disruption of familiar patterns, leaving behind family, friends and social support networks and exposure to different societal mores. Refugees resettling in a host country experience many additional layers of stress (*Poole & Swann, 2010*).

RASNZ service users often request pragmatic solutions rather than psychological assistance. The process of cultural transition involves addressing linguistic barriers, acculturative stress involving adaptation to the new culture while attempting to maintain one's own culture, changing family roles and dynamics, lack of trust in both mainstream and community services, institutional and social racism affecting access to education, employment, and social services as well as feelings of isolation and exclusion (*Pumariega, Rothe, & Pumariega, 2005*). Survivor guilt, anxiety about family members still in the home country and the expectation of family obligations to family and friends offshore.

Given many refugees have limited financial resources and may have had limited access to sustained education, they may be subject to the stressors experienced by members of lower socio-economic groups. These include difficulties covering basic needs, financial uncertainty, dependency on social welfare and charities, feeling unable to contribute to their own community or wider society and anxiety about the future for their family.

RASNZ's strengths-based approach highlights the resilience, courage, tenacity and cultural wisdom of clients. Staff play an important role in holding the hope that service users will achieve a sense of safety and belonging and be able to live a full and meaningful life in New Zealand.

Clinical Services

Reaching out for emotional and psychological support is daunting and courageous. This is especially true for people from refugee backgrounds, many of whom are reluctant to seek help for mental health issues. Concern about one's psychological distress is a luxury that is seldom available to those fleeing in fear for their lives. Basic human needs (water, food, shelter, safety) take priority (*Poole & Swann, 2010*).

When considering the provision of mental health and wellbeing support for people from refugee backgrounds it is essential to acknowledge that mental illness is a culturally bound concept (*Jackson, 2006*). Many people from refugee backgrounds regard mental illness as a complete mental breakdown and do not recognize low mood, anxiety or PTSD as symptoms that can be treated.

Stigma also has a profound effect on people's willingness to seek help. For some, coming to a mental health service means the family will be cursed or labelled as crazy. Others believe that mental illness is karma which must be suffered.

Sangita Thakur and Shirley Richards, Team Leaders

Very often people from refugee backgrounds do not manifest symptoms in the same way as people from western backgrounds. They may point to social, economic or physical illness as an explanation for their distress.

1997

The National Party reduced the annual refugee quota from 800 to 750 because the government was required to pick up the cost of travel from Singapore, which had previously been paid by UNHCR.

To ensure services are responsive to and effective in meeting the needs of people from refugee backgrounds, RASNZ aims to provide specialist interventions based on a cross-cultural trauma recovery model. A cross cultural approach recognizes that traditional ideas about the nature, causes and treatment of mental health concerns are embedded in the client's culture. Different cultures have different understandings of what 'mental health' means, what symptoms are important and how they can be appropriately treated. A trauma informed approach recognizes that the stressors experienced by people from refugee backgrounds are often numerous and sustained. Their journey involves moving from one environment of extreme stress to another, with no time to recover.

These experiences can overwhelm an individual's sense of control, connection and meaning, leaving them feeling unsafe, helpless and emotionally exhausted. The broad recovery goals target safety, attachment, connections, identity, justice and dignity based on the strengths of individuals, families and communities.

While the effects of trauma are often to the fore, it is necessary to look beyond PTSD and the victimization of refugees to include the broader context and many layered dimensions of their lives (*Porter & Haslam, 2005).*
Presenting issues include disrupted sleep, depression, grief and loss, relationship issues, domestic violence, substance misuse, chronic pain and head injuries. Key themes include acculturative stress, social role disruption, intergenerational conflict, isolation, unmet expectations, survivor guilt and the consequences of poverty and racism.

Sue Petrie, Team Leader

1990s

The 1990s marked the start of an increasing diversity of refugees from Iran, Iraq, Afghanistan, Burma, Somalia, Ethiopia, Sri Lanka, Sudan and the former Yugoslavia/Bosnia.

RASNZ multidisciplinary teams include psychiatrists, psychologists, psychotherapists, counsellors, body therapists and social workers supported by interpreters and cross-cultural support workers. Perhaps one of the most important aspects of this work is that clients' stories are accepted and validated as part of their healing process.

Counselling clinicians engage in talk therapies face-to-face with individuals and families to reduce emotional distress, build coping skills and develop problem solving strategies. A range of therapeutic approaches are used including Cognitive Behavioural Therapy, Acceptance and Commitment Therapy, Dialectical Behaviour Therapy and Eye Movement Desensitization and Reprocessing. In addition, the provision of psychoeducation support groups can afford a more culturally appropriate and effective intervention. Groups help clients realise they are not the only ones facing difficulties, reduce isolation, and create a community based support network.

Complementary therapies are provided by body therapists who have expertise in massage, Somatic Experiencing, Cranial Sacral Therapy, the Bowen Technique and Neuromuscular Therapy. The employment of body therapists enhances RASNZ's engagement with communities. Body therapy is often regarded as a more culturally appropriate treatment approach than talk therapies. For those who hold trauma memories in their body and/or who suffer from chronic pain and physical injuries, body therapy is not only an approach that people from refugee backgrounds understand but it also provides some immediate relief.

Claire Duggan, Nicola Egan & Sue Petrie

1999

New Zealand agreed to accept 600 Kosovar refugees in addition to the annual quota. They were offered the chance to return home if they did not feel settled in New Zealand. A significant number of Kosovar refugees chose to return to their homeland when the area became more settled.

As a Cross Cultural Facilitator commented,

> **No one will say "I need a counsellor". That's not our way.**

Body therapy facilitates and promotes mind-body healing for many presenting concerns including hyperarousal, pain, sleep disturbance, headaches, anxiety, and gastro-intestinal upset. Due to the mind-body connection, a decrease in anxiety or hyperarousal can lead to an amelioration in perceived pain levels. Equally, a decrease in pain and discomfort can lead to a decrease in negative emotions and improved health.

RASNZ social workers act as facilitators between clients in need and community services including health, education, welfare and housing. It is very important that approaches and practices are culturally and linguistically appropriate and provide a holistic wrap around service.

Common issues, as identified by social workers, include social isolation which results from barriers such as language and transport; accessing safe and secure housing; navigating immigration issues; securing access to resources through work visas and residency; and adapting to New Zealand's cultural and legislative environment with regard to family violence (*Catapult Consulting, 2020*).

To bolster positive resettlement, RASNZ social workers support people from refugee backgrounds through advocacy, navigation and understanding of mainstream services, access to government entitlements such as benefits and housing, as well as access to social and cultural support within communities.

RASNZ Staff, 2017

Community Development

RAS was instrumental in initiating refugee background led community development in Auckland. It was also noted for its ethnically diverse staff and for employing people from refugee backgrounds. In the 1990s, valuing the resourcefulness and prior qualifications and experience of bilingual staff was not common. Three community members have received national awards in recognition of their dedication to RASNZ and refugee communities.

RASNZ has always had high ambitions, ideas and emergent initiatives, but it has needed to constantly review its approaches. There has been a need to build on relationships with other resettlement and health organisations so that boundaries are understood, and synergies developed. And most importantly the organisation has had to balance community development approaches with more western-based clinical approaches.

> **"There's a tension as you know between a clinical model and community development… To what extent do they provide a specific service on occasion, or a specialist service, as opposed to changing the way others operate and thereby hopefully having a positive influence on a lot more.**
> *(Abbott, 2020)*

Once RASNZ moved to MRRC, there was considerable investment in training bilingual community-based staff. In 1999 RAS set up an Early Intervention Programme where staff and interpreters met with newly arrived quota refugees to provide an orientation to New Zealand and an introduction to stress management.

2000s

Refugees from Burundi, Eritrea, Djibouti, Rwanda, Congo DRC arrived under the 'Africa Project'. In addition, Bhutanese refugees were accepted form Nepal.

Training in community work was undertaken for community facilitators, many of whom who had worked for RAS as cultural brokers for several years and/or had experience as community workers or health professionals in their own countries or country of first asylum.

> **I asked them what does community mean, and what do they need? The questions that came from the community were they want to bring their family, they want to drive a car, they know how to buy the car, but they don't know how to drive the car, and a couple of WINZ things and a couple of education things.**
> *(Dr Nyunt Naing Thein January 2020)*

The first community development initiative was based on the example of community groups run by Refugee Migrant Services (RMS). RAS worked in collaboration with RMS to replicate the Somali women's sewing group for other ethnic communities. Ten community representatives from refugee backgrounds were employed part time to facilitate support groups. These groups provided a support network for people who were socially isolated and an opportunity to provide information in a culturally appropriate setting. Many of these groups continue to meet, albeit with changing membership as newcomers arrive and others feel confident to move on.

Jenni Broom, RMS Manager

2001

150 mainly Afghan asylum seekers, who had been rescued by the Norwegian freighter, Tampa, were brought to New Zealand and initially accommodated at the Mangere Refugee Resettlement Centre.

In 2007 Refugee Clinical Link Workers were employed to work within the newly formed Mobile Team. The Community Link Workers worked alongside clinicians as cultural advisors providing a vital bridge between refugee communities and the clinical team.

Mobile Team, 2010

The establishment of a youth service, RYAN (Refugee Youth Action Network), in 2011 was a direct response to calls from refugee background communities seeking support for their young people. The RASNZ Youth Team continues to support children and young people to develop a sense of identity and belonging, to provide opportunities to engage in a range of prosocial activities and to empower them as active members of their communities and society. Programmes include sporting activities, leadership forums, school holiday programmes, psychosocial groups, and one-on-one support for young people as they navigate the need to "walk in two worlds".

RASNZ, INZ & RMS Managers

The inclusion of mental health in the National Refugee Resettlement Strategy in 2012 saw the development of a health orientation programme facilitated by RASNZ Community Facilitators within the MRRC orientation programme. This included topics such as smoking cessation, injury prevention, child and maternal health and parenting practices.

2008

Refugees from Colombia began arriving.

2009

The National Government moved to a focus on refugees from the Asia Pacific region which significantly reduced the number of refugees coming from the Middle East and Africa.

Capacity Building for Mainstream Services

A lack of cultural awareness and limited capacity within mainstream services has been a key driver for RASNZ to provide training to a wide range of professional groups, community organisations, service providers and volunteers over the last 25 years. Topics have included an introduction to the refugee journey, the impact of trauma on clients, the concept of cultural humility, the importance of working in a culturally safe way, the impact of vicarious trauma on service providers and how to manage it, and guidelines for volunteers on providing support.

Recipients have included RASNZ volunteers, educationalists, health professionals, lawyers, business professionals, New Zealand Red Cross Volunteers, community organisations, post graduate students in psychology, medicine, social work and law, MRRC staff, and Refugee Protection Officers at the Refugee Status Unit.

In 2007 RASNZ initiated the CALD (Culturally and Linguistic Diversity) training programme for health professionals to develop cultural competency in conjunction with Sue Lim the Manager of Asian Services for WDHB (*Poole, n.d.*). In 2011 RASNZ brought together leading trainers from the International Rehabilitation Council on Torture supported by the European Commission and UNHCR to deliver a three-day course on the application of the Istanbul Protocol.

In 2017 RASNZ received funding from the Sutherland Self Help Trust to develop and deliver a training programme for government agencies and community organisations providing services to people from refugee backgrounds. Over the three-year funding period training was delivered nationally in all resettlement centres. The positive response underscored just how much such training programmes were needed. Unfortunately, dependence on the stop start nature of grant funding reduced the organisation's capacity to continue nationwide training.

In 2020 an online symposium entitled Refugee Resettlement in a Time of International Change was conducted over several weeks. Over 2,000 people around New Zealand participated in the nine webinars.

Advocacy

The role of advocacy in small NGOs registered as charities is a complex issue and, overtime, opinions have waxed and waned as to the advantages and disadvantages of speaking out. A central concern has been that NGOs funded by government agencies should be careful not to 'bite the hand that feeds them'. There was a need to balance gratitude with ensuring the organisation had the resources required to meet the needs of clients. While calling out inequity or injustice in general terms has been regarded as appropriate, advocating for individual clients has been regarded as beyond our mandate.

The founders believed that advocacy was critically important. They made numerous media statements as a way of raising awareness of refugee resettlement issues. Some members felt there were breakthroughs when former refugees were in the media because their distress spilled over into antisocial or violent behaviour. At other times media attention has highlighted the need for increased funding to meet the needs of former refugee communities.

As RASNZ became more established, its input was sought on policies and practices affecting former refugees on arrival, during the asylum process and as they integrated into the community. RASNZ was often called upon for comment when refugee and asylum issues were in the news.

RASNZ Advisory Board

2011

Following the Christchurch Earthquake settlement to Christchurch was suspended, except for a limited number of family-linked cases.

From 2018 advocacy was included as an objective in RASNZ's Strategic Plan. At that time, a key priority was to ensure that the refugee voice was privileged. The 2020 Strategic Plan stated that RASNZ advocates to:

+ Support the provision of mental health and wellbeing services for refugee communities throughout New Zealand.

+ Address the stigma and discrimination experienced by people from refugee backgrounds and by those who experience poor mental health

+ Highlight refugee issues and ensure they are on the national agenda

The 2019 Christchurch Mosque Attacks influenced RASNZ's decision to draw attention to the issues of social justice and racism experienced by many people from refugee background communities.

As part of RASNZ's 25th Anniversary celebrations and, in the expectation that the national quota was to increase to 1,500 in July 2020, several events were planned to highlight issues that need to be addressed to ensure all New Zealanders can thrive and flourish. In June, RASNZ published the first national survey on New Zealanders' Perceptions of Refugees in conjunction with Colmar Brunton (*RASNZ; Colmar Brunton, 2020*) and featured a "Welcome Kiwis" video fronted by well know New Zealanders. In August, the RASNZ Symposium, "Refugee Resettlement in a Time of International Change", was held online. Nine webinars, featuring refugee community leaders and professionals working in within the sector, were attended by over 2,000 participants.

People's experiences of settlement and discrimination impact their mental health and wellbeing. By drawing attention to the issues faced by refugee background communities, RASNZ has played a role in improving their sense of safety and belonging.

Collaboration

Collaboration across the refugee sector is crucial. It is a small sector providing unique services to some of the most vulnerable members of our society. Over its 25-year history RASNZ has worked hard to ensure regional, national and international collaboration is at the core of its work. RAS was formed at a time of change within the refugee sector. At that time there was an overlap in membership between the Auckland Action Group and the founders of the Auckland Refugee Council (now known as the Asylum Seekers Support Trust). Dr Rasalingam, Bill Smith, Man Hau and Sue Elliott were founders of both organisations.

Over time, collaboration has focused on strengthening relationships with refugee background communities and sector services; building effective strategic relationships in the government, non-government and private sectors; and supporting the development of networks between health, education, social and community services. There has also been collaboration with other sector agencies to deliver a range of programmes.

Whilst crucial, collaboration has not always been straight forward. From time to time there has been a perceived overlap in rolls between RASNZ and Refugee Services, subsequently New Zealand Red Cross, in relation to community resettlement.

Key collaboration partnerships:
+ United Nations High Commission for Refugees (UNHCR)
+ Forum of Australasian Services of Torture and Trauma (FASST)
+ Asia Pacific Refugee Rights Network (APRRN)
+ International Rehabilitation Council for Torture Victims (IRCT)
+ Refugee Migrant Services (later Refugee Services)
+ New Zealand Red Cross
+ Refugee Sector Strategic Alliance (RSSA)
+ Auckland Resettlement Sector Steering Group (ARSSG)
+ Auckland Regional Resettled Health Network (ARRHN)
+ Immigration New Zealand
+ Amnesty International

Research

Over its first 25 years, RASNZ has worked towards defining a research agenda with several coordinators being employed, as funding allowed. In 2006 a research unit was established led by Dr Kathy Jackson and then Chaykham Choummanivong. In 2020 the Board identified research and development as a priority for RASNZ and agreed to fund the establishment of a Research and Development Manager from reserve funds. Dr Annette Mortensen was appointed to this position in January 2020.

Kathy Jackson
RASNZ Researcher (left)
& Diana Swarbrick
Administration Manager (right)

Dr Annette Mortensen

Chaykham Choummanivong

2012

The New Zealand Refugee Resettlement Strategy was developed to provide a framework to guide refugee settlement activities across government and help refugees more quickly achieve self-sufficiency, social integration, and independence. Refugee Services, formerly Refugee Migrant Services, merged with New Zealand Cross because of their financial situation.

RASNZ's research includes:

2001 – RASNZ published a set of profiles of refugee background communities (*Anstiss, 2001*)

2006 - Fate, Spirits and Curses: Mental health traditions and beliefs in some refugee communities (*Jackson, 2006)*

2010 – a joint publication with Te Pou o Te Whakaaronui (*Poole & Swann, 2010)* included contributions from 13 RASNZ practitioners and provided an overview of effective therapies for working with people from refugee backgrounds.

2011 – Prevalence of victims of torture in the health screening of quota refugees in New Zealand during 2007–2008 and implications for follow-up care *(Poole & Galpin) (Poole & Galpin, 2011)*

2012 – RASNZ signed a collaborative MOU for research initiatives with AUT's Refugee and Migrant Centre

2014 – Refugee Family Reunification, Mental Health and Settlement Outcomes *(Choummanivong, Poole, & Cooper) (Choummanivong, 2014)*

2020 – RASNZ Covid-19 Response Study: Remote psychosocial service provision to former refugee and asylum seeker communities in Auckland during lockdown (*Mortensen, 2020*)

2020 – Refugee Resettlement Services in the Auckland Region: A Study in the Era of Covid (*Mortensen, Refugee Resettlement Services in the Auckland Region: A study in the era of COVID, 2020*)

2015

The Global Refugee Crisis – The Government announced New Zealand would welcome 750 Syrian refugees over 3 years in response to the conflict in Syria. 600 places were via an emergency intake above the annual quota and 150 places were to be within the quota.

Rising to the Challenge

As a small, not for profit NGO working with people from refugee backgrounds in the mental health sphere, RASNZ has experienced a range of challenges over its 25-year history.

Funding

Funding RASNZ services, in line with most not-for-profit organisations, has always been a challenge. The ability of RASNZ to provide both clinical and community services has been strongly influenced by the availability of funding. From the beginning, RASNZ has been dependent on a mix of government and philanthropic funding to deliver crucial services.

Many, with a long association with RASNZ, maintain that the tenacity of managing the organisation on a shoestring budget is one of its greatest achievements.

Despite the government being aware of the psychosocial needs of refugees from the 1950s, refugee health services were the last resettlement services to be established (*Beaglehole, 2013*). Between the time of the 1988 National Conference on Refugee Resettlement and the eventual establishment of Auckland RAS, there were significant changes in government systems. A new public management system resulted in NGOs being contracted to provide services rather than being given grants. The Departments of Health, Education and Immigration were reviewed and restructured. There were five Ministers of Health, numerous changes in government department staff and the removal of people with important expertise (*Mental Health Foundation, 1990)*.

Administration Staff

Nevertheless, the long lead time for the establishment of RAS allowed for extensive consideration and discussion about what the centre should and could provide, adding to a strong case for funding.

After six years of pressure from the Auckland Action Group, funding was eventually granted by the Regional Health Authority in late 1994 (*Disley, 1995*).

The founders believed it took so long for funding to be secured because people from refugee backgrounds made up a very small part of the New Zealand population and there was limited awareness and minimal understanding amongst the general public of the need to provide support. There was also ambivalence.

One of the founders explained:

> **The population was small and there wasn't a wide public understanding. Actually, public opinion was a bit divided, or ambivalent. On the one hand, people related at the personal humanitarian level, but it got tangled up with xenophobia and thoughts that migrants were swamping and changing the country and taking jobs. And there was a view, 'They should be grateful to be here'. It was such an important issue that even though there was a risk of adding to the stigma or mental illness to being a former refugee, it had to happen.**

Early funding was based on short-term contracts which had to be renegotiated at the end of each six-month period. This severely limited the number of staff who could be employed and any long-term planning.

Mangere Refugee Resettlement Centre

2016

The Government announced it would increase the annual quota from 750 to 1,000 places per year, the first increase since the quota was established. Dunedin and Invercargill were designated as additional resettlement locations.

RASNZ moved into the newly built administration building at Mangere Refugee Resettlement Centre, adjacent to the Refugee Health Screening Service.

In 1998 the Mental Health Commission reviewed mental health services in New Zealand and set out expectations for adult refugee mental health. No provision was made for children or young people. Staffing was set at 0.20 per 100,000 which would have amounted to eight full-time staff working on refugee mental health nationally. At the time RAS staffing was equivalent to 1.5FTE. Under the Commission's plan there should have been an increase to 3.6FTE (*Broom, 2000*).

In 1999 two-year contracts eased the short-term nature of planning. In 2000 funding was increased again through the mental health and public health portfolios which enabled the appointment of a Clinical Manager and an administrator. These increases also enabled the development of a multidisciplinary team which included counselling and body therapists, a part-time psychiatrist and cultural workers.

By 2003 staffing had increased to the equivalent of eight full-time equivalents. Community Facilitators were employed part time through Ministry of Health funding. Community work has supported wellbeing by assisting people to find out about New Zealand systems, overcome isolation, build social networks and confidence. Funding for the clinical mental health services was from the mental health portfolio whilst funding for training and education came from the public health portfolio.

In 2004 a review of RAS's contracts with CMDHB was undertaken because of concerns raised by RAS about inadequate funding to provide support for people seeking asylum in New Zealand. At that time, the Terms of Reference stated that the Auckland Refugees as Survivors Charitable Trust was contracted on behalf of the Northern Region DHBs to provide assessment, triage and follow up services to refugee people with mental health problems/disorders in Auckland.

Tony Cooper, Clinical & Operations Manager 2006–2016

The service was to include a focus on the particular need of children, youth and families. There was an expectation that the service would work closely with Community Mental Health Teams associated with the three Auckland metro DHBs.

However, while contracts were extended from 2005 to include asylum seekers, funding to meet the complex and long-term needs of this group remained inadequate. Similarly, funding to address the needs of children, youth and families has continued to be challenging.

In 2006, after the discovery of the defrauding of RAS, the new CEO was faced with rebuilding RASNZ's finances and restoring the faith and confidence of funders and supporters. In subsequent years, the focus was on ensuring government contracts were firstly renewed and secondly reviewed to ensure staff could be paid appropriately.

After deliberation and delays, additional funding to provide clinical services for the emergency quota of Syrian refugees from 2016 and the increase in the national quota to 1,000 in 2018 was achieved. Securing funding to provide pay equity with government employees as well as extend capacity to meet growing demands for services remained an ongoing challenge.

In the 2016 Annual Report the RASNZ Chair, the Honourable Aussie Malcolm, wrote;

> **"When the Government makes decisions about the refugee quota and the need for increased resourcing, they seem to assume that mental health funding will be accommodated in traditional ways through Vote Health via DHB funding. What might have been a good funding model for RASNZ 20 years ago, has become increasingly unworkable. Our role is essential to the overall success of refugee resettlement. It is a specialized role, not easily absorbed into mainstream resettlement services and not easily accommodated within mainstream mental health services. We do it very well. But we need to review our funding model in the context of the 21st Century.**

The findings of the 2018 Mental Health Inquiry recommending the need for more holistic, community-based approaches to the delivery of mental health services did not translate into increased support for RASNZ services.

Despite challenges faced, government funding has grown overtime from an initial budget of $100,000 per annum to an annual operating budget of $900,000 in 2006 and over $3million in 2020.

Government Contracts

The Counties Manukau District Health Board manages contracts for the provision of clinical services at the Mangere Refugee Resettlement Centre and for clients supported by the Community Clinical Team in Auckland. In 2016 a third contract was established to provide services for the 750 emergency cases arriving from Syria over a three-year period. While contracts have been adjusted to align with increases in the refugee quota, the timing of funding increases have not always been synchronised with increased numbers.

In 2020 the Ministry of Health continued to manage the contract for the RASNZ Refugee Training, Health Promotion and Education Programme. The aim of this programme is to improve the overall health status of refugee communities living in the metro Auckland region.

Youth Forum, Ohakune, February 2020

Cross Cultural Facilitators provide a Health Introductory Programme and smoking cessation programme at MRRC and facilitate community-based empowerment groups.

The Ministry of Social Development, through the Settling In programme, provided funding for the establishment of RYAN. For several years in the mid-2000s, MSD also provided funding through E Tu Whānau to support programmes for the prevention of family violence.

The Ministry of Education has funded the 'Computer in Homes' programme since 2013. This programme provides computer training to the parents of school aged children. At the end of the programme families are provided with a computer in their home.

The New Zealand Transport Authority funded The Refugee Road Safety Action Programme from 2004 to 2017. Quota refugees at MRRC had the opportunity to learn the road code and sit for their learner's licence. The end of funding caused significant distress across refugee communities as they regarded this programme as an important step towards their independence, sense of legitimacy, belonging and feelings of confidence in New Zealand.

Philanthropic Support

Philanthropic funding has been vital to the establishment and ongoing development of many RASNZ services. There are many individuals, organisations, donors and volunteers who have contributed to the work of RASNZ over many years. In addition, many people have supported the service through regular donations and offering their time and expertise.

RASNZ has been fortunate to have the generous support of key philanthropic trusts over many years. In 1988 the Roy McKenzie Foundation provided funding to support people from refugee backgrounds to attend the 1988 National Conference on Refugee Resettlement and Wellbeing. In 2016 the JR McKenzie Trust provided three-year funding for the development and delivery of the RASNZ Family Service.

Computers in Homes, 2019

In 2007 the ASB Community Trust funded the first Community Link Workers to support the Refugee Mobile Team. In 2011 the Trust partnered with the Ministry of Social Development (MSD) to fund the establishment on RYAN. Since this time Foundation North (formerly The ASB Community Trust) has continued to provide generous support for the RASNZ Youth Service and a range of community programmes.

The SkyCity Community Trust became involved with RASNZ after the General Manager gambled the organisation's funds at the casino. As compensation the Trust provided the initial fleet of hybrid cars for the Refugee Mobile Team to deliver services in the community. In more recent years, the Trust has supported the Youth Service programmes.

Many businesses have sponsored RASNZ community programmes or provided pro bono advice and support.

RASNZ thanks all those who have so generously supported our work and in this way contributed to the lives of people from refugee backgrounds making New Zealand home.

2017

The Government approved the piloting of the Community Organisation Refugee Sponsorship Category as an alternative form of admission for up to 25 refugees a year. The aims were to provide an opportunity for community organisations to engage in supporting resettlement more actively and to enable sponsored refugees to quickly become independent and self-sufficient.

Practice Models

Funding has played a key role in the determination of which professional groups could be employed, the number of hours that could be devoted to cross cultural community work and which services could be provided and for whom. In developing a model of practice, a significant challenge for RASNZ has related to the role of community development within a western clinical service model.

There is a common tension between the two approaches across similar centres in other resettlement countries. RASNZ has aimed to provide a holistic approach to improving client and community wellbeing through both clinical and community development models of practice. Given the stigma associated with mental health and the reluctance of many people to engage with mental health services, it is important to get the balance right. How the organisation positions itself along this continuum impacts community members' engagement and wellbeing.

The employment of people from refugee backgrounds has been critical to the success of RASNZ. The Cross-Cultural workers and interpreters have been the eyes and ears of the organisation within communities. However, ensuring representation of the different ethnic groups coming to New Zealand has been a challenge.

A significant restraint has been the fact that Cross-Cultural Facilitators have only been employed for a few hours each week, which impacted their ability to earn a viable income. An increase in the diversity of the quota over time has not been matched by increased funding to employ culturally and linguistically appropriate cross-cultural workers. Similarly, the ability to update community group programmes to meet the changing needs of communities has been limited.

Despite many achievements, the 2017 external review of RASNZ identified that better integration between community and clinical services needed ongoing work. Key recommendations highlighted the need to address practical social issues alongside mental health issues; the need for a clear strategy for how different teams could work together more effectively; the need to better utilise the skills and knowledge of cross-cultural workers to inform clinical interventions and the need for clinical staff to better understand community dynamics.

The employment of Body Therapists and Social Workers within RASNZ Clinical Teams has done much to bridge the community-clinical divide and enhance RASNZ's engagement with communities. People from a refugee background regard body therapy as a more culturally appropriate intervention than talk therapy. In some cases, it also provides a stepping stone to talking to a Counsellor. Despite the benefits identified by clients and staff, some Board members and funders have questioned their inclusion from time to time.

The role of social work has a long-established place in refugee resettlement. Reviews of RASNZ's programmes have consistently highlighted the need for support with practical issues alongside therapeutic services. While the founding group identified the vital role that Social Workers played in meeting the needs of refugee communities, funding contracts have not always extended to include them. In 1996 RAS secured funding to employ a part-time Social Worker, although the position was discontinued when the Community Facilitators were employed in 2003.

In 2014 RASNZ was contracted by Immigration New Zealand to employ two Social Workers to complete psychosocial assessments for every family coming to New Zealand under the quota programme. The intention was to inform each family's settlement plan. The social workers were concerned about the ethical basis of this work as limited use was made of the information provided to INZ. The contract was terminated early.

In 2019 RASNZ appointed two Social Workers to the Community Clinical Team to support clients to navigate and access education, health and social services. During the 2020 Covid lockdown, social support proved to be a key factor in clients' sense of stability and mental health recovery. The demands for RASNZ social work increased as families faced job loss, financial difficulties and barriers to accessing income support and food.

Inadequate funding has also contributed to the lack of specific support for children, young people and their families. Early planning for the development of RAS was somewhat gender blind, despite the particular issues facing refugee background women being highlighted at the 1988 Conference.

From the mid-1990s women at risk were increasingly being brought to New Zealand as part of the quota (*New Zealand Immigration Service, 1994*). UNHCR consider "women at risk" to include those who have limited protection due to their gender or the lack of effective protection normally provided by male family members. Women at risk cases include single heads of households, unaccompanied females, or those accompanied by other family members.

RAS recognised the need to provide gender matched therapists who could address the powerlessness they experienced as a result of physical, psychological and sexual abuse. Women's community groups, often in the guise of a sewing group, were able to create a network for those who were isolated and needed a legitimate reason to leave their homes.

While Child and Adolescent Psychologists were employed at MRRC from 2006 (*Poole, n.d.*), family therapy was not offered as part of the Community Clinical Service until philanthropic funding was secured in 2017. The RASNZ Family Service offered parenting discussion groups, wrap around family support and liaison with social and education services. The end of the three-year funding agreement underscored the need for protected funding for what should be regarded as an essential part of mental health service provision.

Burmese Commuity Graduation Family Service

Working with Asylum Seekers

Provision of support for asylum seekers is an issue that has bounced back and forth over many years. In the late 1980s New Zealand, like other western countries, experienced a sharp increase in the number of people seeking asylum (*Beaglehole, 2013*). At that time RAS's contract was to provide services to quota refugees. Some Board members were against the organisation working with asylum seekers because of the pressure on staff and funds.

There has been much internal debate over many years about whether or not RASNZ should support asylum seekers and convention refugees. Decisions were affected by contractual responsibilities to quota refugees, the capacity of the organisation to stretch service provision without extra resourcing, as well as internal staff and Board resistance. The one notable exception was the support offered to 150 Afghan asylum seekers from the Norwegian freighter, The Tampa, who were accepted to New Zealand in 2001.

On September 11 2001 militants associated with the Islamic extremist group al Qaeda carried out suicide attacks against targets in the United States. After 9/11, as it became known, life for asylum seekers was much more difficult. Many were considered to be a potential security risk and were detained for long periods at MRRC. Newly arrived quota refugees were re-traumatised when asylum seekers were forcibly taken from the centre. From 2002 Mangere Refugee Resettlement Centre was designated a detention centre where asylum seekers could be directed to reside.

In 2004, representatives of Auckland RAS met with the CMDHB funder to highlight the difficulties the service was experiencing in providing services for both quota refugees and asylum seekers. RAS drew attention to the fact that people seeking asylum had greater needs than quota refugees and that the service delivery model at that time was focused more on the needs of families than individuals.

It was agreed that the contract did not include services for asylum seekers. A review sponsored by the Auckland Regional Health Funding and Planning Team for CMDHB Mental Health, was conducted to ascertain if the current resource was sufficient to provide mental health services to both quota refugee and asylum seeker populations.

While contracts since 2005 have included provision of mental health services for people from asylum backgrounds, funding has been inadequate to meet demand.

It is notable that the NZ Refugee Resettlement Strategy (*NZ Govt 2012*) only set out a pathway for resettlement of quota refugees. The pathway for asylum seekers and family reunification migrants was to be developed. To date that has not happened.

In 2016 a change of leadership led to the opening up of RASNZ community services to anyone from a refugee background. In 2017 as a way of meeting the increasing number of referrals for asylum seeker clients RASNZ, in collaboration with the Asylum Seekers Support Trust and the Grief Centre, provided a series of psychoeducational groups for asylum seekers and established a Befriender Programme. While both programmes provided much needed social and emotional support for people seeking asylum, they have only continued according to the availability of funding and/or volunteers.

An ongoing issue is advocacy for individual asylum seekers going through the claims process versus advocacy for asylum issues more broadly. RASNZ is frequently asked by claimant's lawyers to provide reports or letters of support for individual clients.
Despite the often desperate situation of individual clients, this level of advocacy is not within the mandate of RASNZ clinical work.

Dr Tony Wansbrough, GP advocate for asylum seekers and longstanding RASNZ Board Member

> **Support for all people from a refugee background , and in particular asylum seekers, both before and after their designation as a convention refugee, is in the interests of us all, if they are to make the contribution to society of which they are capable. They are potentially us.**
> (*Board Member 2020*)

Interpreters

Interpreters are essential members of RASNZ teams. Clinical work is made possible through their expertise and experience. Many RASNZ interpreters had come to New Zealand as refugees themselves and shared valuable insights and were able to increase clinicians' understanding of clients' background and culture. However, accessing appropriately trained interpreters for changing groups of refugees and for groups speaking uncommon dialects was often challenging. This was particularly the case at Mangere where all agencies onsite were competing for the same small pool of interpreters during an intake. Pay scales and conditions varied between agencies and some interpreters were attached to working with specific agencies.

RASNZ initiated an interpreter training programme coordinated by Zoreh Karmi. The training supported interpreters new to working in the mental health field and allowed for debriefing following sessions which were often trauma laden. This programme has continued to prove valuable over the years.

Members of the Clinical Team, 2020

2018

The national quota increased to 1,000. Resettlement of refugees was impacted by a national housing crisis. Over the next years many refugees remained at the MRRC for months waiting for a house to become available. The Government announced it would increase the quota from 1,000 to 1,500 in July 2020. Additional resettlement locations (Timaru, Blenheim, Masterton, Levin and Ashburton) were selected in line with the Government's commitment to increase the number and spread of refugee resettlement support services.







RASNZ Interpreters

2019

The Christchurch Mosque Attack targeted Muslims and drew national attention to the discrimination that existed throughout the country. This reignited calls for the restrictions on African and Middle Eastern refugees to be lifted. In October, the Labour Government announced it would cancel the requirement for applicants from these areas to have relatives residing in New Zealand.

Location, Location, Location

Operating in a city the size and shape of Auckland is a significant challenge for a small NGO like RASNZ. Refugee resettlement has spread across the city according to the availability of social housing. Over time, this has led to people increasingly living in outer suburbs a long way from the city centre. In 2020 RASNZ operated from three locations – a clinical team based at the Mangere Refugee Resettlement Centre, the Youth Team in Mt Roskill and the Community Clinical Team in Onehunga.

However, the availability and cost of public transport remained a major constraint for clients accessing services. The Community Clinical Team was established to provide a mobile service but has had limited capacity to operate clinics in community bases across Auckland since its inception. Similarly, the Youth Team has not had the capacity to facilitate more than a handful of programmes in other parts of the city.

> **A weakness I suppose is geographical. How do people get to where the service is? The Onehunga service was put there because of the proximity of the railway station, but the train doesn't suit everybody and it's quite expensive. Geography is a problem in a very spread-out city. But when you think of the whole of NZ what is the strategy now, helping someone in Ashburton, or wherever?**
> (*Board Member 2020*)

National Recognition

In the New Year's Honours 2000 Dr Rasalingam was made a Member of the New Zealand Order of Merit (*MNZM*) for services to ethnic and refugee communities. In 2010 the Kiwi Bank honoured him with the "Local Hero's Medal" as part of its New Zealander of the Year Award.

Dr Nyunt Thein was awarded the Queen's Service Medal (*QSM, Community Service*) in the 2007 New Year Honours in recognition of his extraordinary services to RASNZ during a crisis which could have seen the organisation wind up.

In 2020 Priscilla Dawson, a Community Facilitator, who has worked for RASNZ since the government started accepting refugees from Myanmar in 2000, received the QSM for services to refugees and the Burmese community.

2020

The Family Support Category was increased from 300 to 600 to be implemented from July 2021. Funding over 3 years was pledged to implement the increase and, for the first time, provide support for families sponsoring family members.

It was also announced that the Community Organisation Refugee Sponsorship Category would increase to 150 people brought to New Zealand over a 3-year period from July 2021.

The global COVID-19 pandemic led to the suspension of the Quota Refugee programme. New Zealand's borders were closed in March 2020 to anyone who was not a New Zealander returning home.

Terminology

Refugee
The 1951 Refugee Convention defines a refugee as someone who "owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country."
(Article1, A2 cited UNHCR, 2004).

ADHB
Auckland District Health Board

APRRN
Asia Pacific Refugee Rights Network
The APRRN network meets quarterly online. The aims are to advance the rights of refugees and other people in need of protection through joint advocacy, capacity strengthening, resource sharing and outreach.

ARCC Aotearoa Resettlement Community Coalition
ARCC is an umbrella group working with 24 former refugee organisations in New Zealand. Representatives advocate on behalf of former refugees to ensure access to fundamental services and support to ensure positive settlement outcomes.

ARSSG Auckland Resettlement Sector Steering Group
ARSSG is a collective of organisations which collaborate to address the resettlement needs of refugee background communities in Auckland through advocacy, capacity building and community development.

ASST Asylum Seekers Support Trust
ASST began in 1989 as the Auckland Refugee Council. Despite the name change, the aim of ASST continues to be to support and advocate for asylum seekers and lobby for their rights.

AUT
Auckland University of Technology

CALD
Cultural and Linguistic Diversity

CMDHB Counties Manukau District Health Board
CMDHB holds the contracts for delivery of mental health services to people from refugee backgrounds in Auckland.

FASST Forum of Australasian Services of Torture and Trauma
FASST is made up of all the refugee torture and trauma services in Australia and New Zealand. RASNZ participates in the biennial conferences held in Australia.

ESOL
English for speakers of other languages

ICCI Inter-Church Commission on Immigration and Refugee Resettlement
Shortly after the arrival of 900 Polish refugees in 1944, the ICCI – later to become the Refugee and Migrant Commission – was convened by the Government. The Commission's role was to promote and support refugee resettlement among churches and community groups and to provide advocacy and policy advice on refugee issues.

IRCT International Rehabilitation Council for Torture Victims
The Council is a coalition of 160 centres in 76 countries providing a holistic, health-based approach to torture rehabilitation.

INZ Immigration New Zealand
The Refugee and Protection Unit sits within INZ. This Unit is responsible for the resettlement of refugees arriving in New Zealand through the Quota programme or as part of the family support category.

MBIE
Ministry of Business, Innovation and Employment

MHF Mental Health Foundation
The MHF is a charity that works towards creating a society free from discrimination, where all people enjoy positive mental health and wellbeing.

MRRC Mangere Refugee Resettlement Centre
Quota refugees spend their first six weeks in New Zealand at the Mangere Refugee Resettlement Centre. The Centre is run by INZ and provides an orientation to life in New Zealand. Services include resettlement planning, health and mental health services and education for all age groups.

NGO
Non-Government Organisation

RAS Auckland Refugees as Survivors

RASNZ Refugees as Survivors New Zealand

RMS Refugee Migrant Services (later changed to Refugee Services)
RMS was an NGO which succeeded ICCI in 1989. The church-based volunteer resettlement programme became a trained community volunteer service, with oversight from social workers and cultural community workers. In 2014 Refugee Services was incorporated into the New Zealand Red Cross to provide resettlement services throughout New Zealand.

Terminology

RSSA Refugee Sector Strategic Alliance
The RSSA was a national collective of organisations including refugee background organisations, regional and national settlement service providers, NGOs and advocacy groups supporting people from refugee backgrounds. In 2018 the alliance ended due to disagreements about direction and the fact that group members had limited capacity to coordinate and drive goals.

RSU Refugee Status Unit (formerly Refugee Status Branch)
RSU is the arm of INZ responsible for the asylum claims process.

RYAN Refugee Youth Action Network
RYAN was established as the youth arm of RASNZ in 2011 and later became known as the RASNZ Youth Service.

STARTTS
Service for the Treatment and Rehabilitation of Torture and Trauma Survivors based in Sydney.

UMMA Trust
The UMMA Trust was established in 2003 to provide social and community services for refugee and migrant communities with a specific focus on Muslim women, children and families who are socially and economically disadvantaged.

UNDP United Nations Development Programme

UNHCR United Nations High Commission for Refugees
UNHCR, the UN Refugee Agency, is a global organisation dedicated to protecting the rights and building a better future for refugees, forcibly displaced communities and stateless people. It was created in 1950 during the aftermath of the Second World War, to help millions of Europeans who had fled or lost their homes. In 2020, UNHCR celebrated 70 years of service having supported over 50 million people worldwide to restart their lives.

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Survivor's Guilt

Carry your bags,
Carry their war,
Carry the weight of a million people
on your way out the door.

Just like that,
In a blink of an eye,
Carry your loved ones and prepare your
goodbyes.

Open your eyes now,
And look around,
It's only you and a few sweet sounds.

You were chosen,
To survive,
So don't let down those who've lost
their lives.

Well, though I'm here now,
I'm still living for them,
So I hope they are proud of what I
commend and condemn.

Dear Mum and Dad,
You can't hear me but I hear you,
Your voices echo in the drums of my ears.
You can't see me but I see you,
Your faces flash before me in the reflections
of my tears.
I said it once, I'll say it twice,
I wish it was you that made it here.

You paved the way for us through the
darkest places of this life,
You paved the way through antagonising
forms of strife,
And Mama, I'm trying... but the pain!
The pain cuts through me deeper than the
blades of a sharpened knife.
I'm sorry... I failed two papers today,
That's failing all the people that could've
been in my place.

Father of my children,
The grass here is so green,
It brings joy to the joyless.
I pray your air is also clean,
To keep your breath sustained.

I think, why it was me chosen for them,
As I put them to sleep and dim the lights.
And dare I say, I wish it was I,
They took away that grave Sunday night.
You know, the one thing that night
I don't regret,
is cooking your favourite meal
before you left.

Darling, your eloquence would've made the
boys strong bold men,
But I, out in our walks here, the autumn
leaves are greener than my soul.
Remember the lemon tree you planted in
our yard,
You know our youngest is now about
that tall.
Yes, it's been that long, I feel cold
and empty,
But if I'm God's choice for this onerous task,
I trust something's inside of me.

But dearest missing and martyred,
How can I be?
When you're under there or missing
somewhere in the dark.
But how can I not be?
To honour you for choosing me to leave
your mark.

What do I do?
I am guilty by survival.

Areej Arif, RASNZ Youth Worker

RASNZ

Refugee health & wellbeing

rasnz.co.nz