

Doing it for ourselves and our children: Refugee women on their own in New Zealand

Prepared for Refugee Services Aotearoa New Zealand

By Ruth DeSouza, Centre for Asian and Migrant Health, AUT University

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Photo credit: Brittany Smith, Refugee Services Aotearoa New Zealand

Bhutanese mother and child who have resettled in Nelson

Acknowledgements

“While every refugee's story is different and their anguish personal, they all share a common thread of uncommon courage – the courage not only to survive, but to persevere and rebuild their shattered lives.”

Antonio Guterres, U.N. High Commissioner for Refugees

Grateful thanks to the women with uncommon courage who took part in this research. I hope that your voices, which speak so powerfully in this report, are heard and that the report contributes to better supporting the rebuilding of your new lives in Aotearoa/New Zealand, and sadly for those women and their families that follow you. A life where the hopes, dreams and aspirations you have for yourself, your children and your families are supported with care and dignity by those policies, personnel and institutions that are designed to provide that support.

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Executive Summary

This project was funded by the Lotteries Community Sector Research Fund and jointly undertaken by Refugee Services and Auckland University of Technology's Centre for Asian and Migrant Health Research, with the support, guidance and practical assistance of the three Strengthening Refugee Voices groups in Auckland, Wellington and Christchurch. Little is known about the experiences of women who enter New Zealand through the Women at Risk category identified by the Office of the United Nations High Commissioner for Refugees (UNHCR). The Women at Risk category constitutes up to 75 places (10%) of New Zealand's annual refugee quota of 750 applicants. The purpose of this project was to examine the resettlement experiences of women who entered New Zealand through this category or who became sole heads of households as a consequence of their resettlement experiences. A focus on strengths and principles of social justice, community development and capacity building were central to this investigation. Specifically, we had a transformative agenda, which was to enhance the wellbeing of refugee women by focussing on the roots of inequality in the structures and processes of society rather than in personal or community pathology (Ledwith, 2011). Within this frame, we were committed to constructing refugee women as assets rather than deploying as replicating deficit models where refugee women are represented as burdens for the receiving society (Butler, 2005).

Focus groups were held in 2009 and 2010 with women who entered New Zealand as refugees under the formal category 'Women at Risk', or who became

sole heads of households once they arrived in New Zealand. The length of time they had lived in New Zealand ranged from five months to 16 years. Prior to undertaking data collection, we held lengthy consultations with the three Strengthening Refugee Voices groups in Auckland, Wellington and Christchurch in order to scope and refine the research focus and process. These groups were subsequently contracted to provide services and support. Data from focus groups with women was supplemented by focus groups with service providers, and by other stakeholders.

Key Findings

Although support needs are similar to all refugees arriving in New Zealand, the issues were magnified for women who were on their own, and earlier intervention in the first stages of resettlement would have significantly improved the longer-term settlement outcomes for women. Refugee women who are sole heads of households experience double the burden of stress with half the support. Help costs money if it is needed for more than short periods. Many women experience isolation compounded by English language difficulties and limited access to language resources. Some women might have family support but women were often concerned that their family members were isolated at home while they were studying or working. There was concern about accepting help from community members and the potential for gossip.

Recommendations

- **Extended, longer-term support from specialist agencies such as Refugee Services.**
- **Subsidised practical help, particularly in the early stages of settlement**

and especially in the areas of childcare and accessible English language classes.

- **Assistance to broaden sources of support and networks.**
- **One-stop-shop/holistic support from culturally and linguistically skilled refugee community insiders.**

Support

Refugee women received support from a range of sources including community supports that are not always recognized, such as churches, mosques, religious leaders, and community members. At times, proximity to their ethnic community was a mechanism for orientating themselves to the new country in addition to the support offered by Refugee Services. In turn, many women made a point of looking after and supporting newcomers as they were settling in, including taking food to new arrivals at Mangere. However, support from the community was not always adequate and women expressed the need for ongoing institutional support, especially if they were on their own.

Recommendations

- **Acknowledgement of the invisible labour of community and faith organizations.**
- **Recognition of the need for ongoing support.**

Parenting

Raising children in New Zealand brought new stresses. These included concern about the loss of culture, values and language, and losing their children to less palatable values including the consumption of alcohol and drugs, gender mixing and lack of respect for elders. Women addressed these issues in a range of ways

that included trying different, less hierarchical styles of parenting, attempting to spend more time with their children, and engaging them in broader supports—e.g., the mosque. However, a few women had the experience of losing their children through the intervention of CYFS and felt disempowered in their interactions with CYFS and with schools.

Recommendations

- **Programme for parenting for refugee women, particularly around issues such as discipline and intergenerational gender issues.**
- **Programmes for young people particularly around growing up in a one parent household.**
- **Cultural competence training for CYFS staff.**

Family reunification

Living in New Zealand is difficult for women who are conscious of their own comfort while other family members struggle. However, the cost of bringing family members from overseas is prohibitive and the expenses involved in providing support in the form of phone calls and remittances add a burden to the already stretched lives of the women. It is important to highlight the usefulness of extended family members for these women on their own as well as the types of help that these family members could provide. Additional stresses include the requirement that refugee women are able to support their families once they arrive in New Zealand. The process is made even more difficult by a lack of understanding around immigration processes and the language used by Immigration New Zealand to communicate and navigate the women through the process.

Recommendations

- **Prioritise and remove barriers around the reunification with family for women who are here on their own. Although they are eligible under Tier One of the Family Support category, in reality barriers still exist that exclude access.**
- **Provide financial support to women recognising their unique situation.**
- **Increase support to facilitate improved understanding of the processes and decisions that are made by Immigration New Zealand, including a review of the language and communication styles used as part of these processes.**

Health services

Women encountered a different health system that they found difficult to navigate at times. Many women felt that their health concerns were not taken seriously and that the health system created new problems. In terms of some health beliefs and stigma, there was value in having more services available that were culturally appropriate. The surfeit of health professionals with a refugee background was a potential resource that was not being used.

Recommendations

- **Increased support around the navigation and understanding of health services in the community.**
- **Train and employ a more ethnically, religiously, and linguistically diverse health workforce at all levels.**
- **Develop culturally responsive services.**
- **Examine the affordability of services.**
- **Develop the cultural competence of staff working in health services.**

Education

The cost of available daycare for the children of refugee women on their own is prohibitive, in some cases consuming the lion's share of the family's income/benefit. Taking up loans in order to finance their own education is also a problem. This prevents women from achieving their own goals, such as learning English, driving, or gaining further education, which would assist them in the long term with employment and independence. Women generally considered their own advancement as secondary to their children. If women were resourced financially to gain an education, this would assist them to also become a resource for their children. Having long-term support to enable these women to enter the workforce would also be of benefit.

Recommendations

- **Subsidised daycare for women who are on their own.**
- **Mentoring especially in the early stages of settlement.**
- **Scholarships for further education.**

Employment

Barriers to employment included: 'lack' of New Zealand experience, language barriers, their perceived difference (clothing, culture, skin colour), paucity of appropriate childcare, and poor public transport. The impacts of unemployment included losing their dignity, the health impacts of taking inappropriate jobs, and boredom. Women were concerned that their children were not getting employed despite having earned tertiary qualifications.

Recommendations

- **Subsidised driving lessons; support with transport.**
- **More work with employers to destigmatise refugee workers.**
- **Work mentoring/brokering services.**
- **Early intervention options that enable them to advance their own employment pathway and aspirations while at the same time supporting their children's,**
- **Support for family members who come into New Zealand through the reunification category to obtain further education.**

Racism

Refugee women and their families experienced a range of racism-related harms that were institutional and interpersonal, taking physical and verbal forms. They were marked out by their clothes and accent, and verbal altercations saw stereotypes being invoked particularly around Islamophobia and discourses of the war on terror. Women deployed a range of strategies to cope with racism, including minimising the racism and helping their children to cope with it.

Recommendations

- **Social marketing campaigns.**
- **Community education.**
- **Addressing structural racism.**
- **National conversation on racism.**
- **National campaign against racism.**

Future research

Feedback received from refugee community members reflected a desire for further research into the experiences of refugee men and refugee youth to complement this work.

It is hoped that this research provides a snapshot of the role and value of various sectors in enabling or constraining the resettlement of refugee women and that, in doing so, it better informs theory, practice and policy so that the self-determination and resilience of refugee women and their communities is supported.

Section One: Background

Why the focus on women?

More than 80% of the world's refugees are women and their dependent children.

Gender differences impact the ways in which refugee men and women experience refugee and resettlement experiences, and both men and women may require support to adjust to gender roles and identity challenges related to resettlement (UNHCR, 2002).

Compared with the family and community support that women may have received in their country of origin—in which the community takes greater responsibility for domestic work and the care of children, elderly, and the disabled—refugee women experience significant adjustments in relation to caregiving in their new societies, especially if they feel isolated in a nuclear family structure. Therefore, social and community support will be important for refugee women and for women who are entering paid work for the first time during this transition. Women who are single, separated or widowed may be assuming the role of household head for the first time and experiencing the challenges of sole parenting. All these adjustments will be compounded by the stresses associated with their refugee and resettlement experiences (UNHCR, 2002). Women outside of the labour force may struggle with vulnerability to personal and psychological problems such as social isolation, depression, and anxiety, and are thus less able to support children and other family members in their integration (UNHCR, 2002).

Refugee women are typically resilient and resourceful people, given that they have endured great hardship through the process of finding safety (Barnes & Harrison, 2004). Despite encountering significant obstacles to their wellbeing during resettlement, and having needs that differ from refugee men, refugee women are not well considered in research, planning for service provision, and policy design (Goodkind & Deacon, 2004; Kirby, Greaves, & Reid, 2006). As part of their resettlement experiences, refugee women often face unique challenges such as having limited transferable occupational skills, multiple and conflicting roles, the double burden of work inside and outside of the home, shifting gender and power dynamics, and sexism within both their communities and the larger society (Kirby, et al., 2006). These issues are amplified for women at risk who also face raising children without male role models, acceptance into their own ethnic community of identity, vulnerability around acceptance into New Zealand society, and limitations on pursuit of their own career pathways and settlement goals because of their responsibility to the children they are raising as sole parents. They may also not have had access to resources such as literacy, education and prior work experience.

The terms 'refugee women' and 'communities' refer to highly diverse groups of people (Butler, 2005). A key issue in the project of capturing the experiences of refugee women as sole heads of households is the danger that it assumes a "single, essential, transhistorical refugee condition" (Malkki, 1995, p.511). Refugees thus become not just a mixed category of people sharing a certain legal status; they become 'a culture', 'an identity', 'a social world', or 'a community', and the assumption is made that all refugees share a common condition or

nature (Malkki, 1995, p.511).

This report begins with a background section to contextualise the research, followed by an outline of the research methodology, followed by the study's findings. The report concludes with a discussion and recommendations for further research, with a specific gender and sole-head-of-household lens aligned with the key headings of the draft Refugee Resettlement Strategy being developed by the Department of Labour. The purpose of the strategy is to support refugees to rebuild their lives in New Zealand as quickly as possible, with a main focus on the following areas of resettlement: self-sufficiency, participation, health and wellbeing, education and housing.

Refugee History and Policy

Although New Zealand has been receiving refugees since 1944, it only developed its quota programme in 1987. In November 1944, almost 900 Polish people (mainly children) from war-torn Europe arrived in New Zealand, and subsequently, over 40,000 refugees have been resettled in New Zealand, representing places of conflict such as Cambodia, Vietnam, Laos, the Horn of Africa (Somalia, Eritrea, Ethiopia), Eastern Europe, Iraq, Iran, Afghanistan, Democratic Republic of Congo, Burma, Columbia and Bhutan (Parsons, 2005). The development of a formal annual quota for refugees occurred in tandem with the Immigration Policy Review of 1986 and subsequent Immigration Act 1987. One notable change that this legislation brought into being was the diversification of migrants to New Zealand. Whereas previously, migrants had been selected on the basis of country of origin (primarily European), the new legislation liberalised migration so that migrants entered New Zealand by way of

a points system on the basis of skills. Other significant changes included the development of four migration categories—occupational, business, family, and humanitarian. The latter category represented refugee policies and saw the introduction of an annual quota for resettling refugees.

Resettlement categories

The 1951 United Nations Convention Relating to the Status of Refugees is the key legal document, outlining the rights of refugees and the legal obligations of signatory states. Article 1 (2) of the United Nations' 1967 Protocol Relating to the Status of Refugees modifies Article 1 A (2) of the 1951 Convention to define a refugee as a person 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 or, owing to such a fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence, is unable or, owing to such fear, is unwilling to return to it.

This definition only refers to people who have fled their country of origin and then sought sanctuary in a second country for protection.

There are two ways in which refugees are able to remain in New Zealand. The first is the quota category, which in New Zealand is presently 750 persons per annum. People are recommended by the UNHCR to Immigration New Zealand (INZ) for selection. The refugees who apply for resettlement in New Zealand

must meet the definition of a refugee given above. The second resettlement category includes Convention Refugees, or Asylum Seekers. Asylum seekers most often arrive at Auckland International Airport and then need to go through an application process to be granted refugee status and be able to settle in New Zealand.

The Office of the United Nations High Commissioner for Refugees (UNHCR) is the international agency that provides protection for refugees, Internally Displaced Persons (IDPs), asylum seekers, and stateless persons. Resettlement has reduced the refugee population. The UNHCR attempts to find long-term solutions for a number of the world's refugees. There are three options: the first is voluntary repatriation; the second is local integration in the country of asylum; and in the third, the UNHCR works with eighteen countries with established or developing resettlement programmes to resettle refugees in a third country, including Australia, Canada, Denmark, Finland, the Netherlands, New Zealand, Norway, Sweden, Switzerland and the United States of America. Countries with emerging programmes are Benin, Brazil, Britain, Burkina Faso, Chile, Iceland, Ireland and Spain.

The Minister of Immigration and the Minister of Foreign Affairs set the composition of the refugee quota. This process takes into account the UNHCR's international protection priorities, the needs of refugee communities settled in New Zealand, and the capabilities of New Zealand as a host country. The UNHCR refers refugee cases to Immigration New Zealand for consideration under the refugee quota. The refugees are then assessed by Immigration New Zealand, which makes a final decision on the refugees' admission to New Zealand. The

quota comprises up to six intakes a year of around 125 people each.

The New Zealand refugee quota and the Women at Risk category

The NZ Refugee Quota Programme over the years has included a number of categories—for special national, ethnic and religious groups, as well as special needs groups such as ‘handicapped’ refugees, long stayers in refugee camps, and refugee boat people rescued at sea. The quota was reviewed in 1987 and a global quota established. Formal categories were introduced in 1992. These included:

- Protection (600 persons)—This category includes up to 300 places for family members, covering high-priority refugees needing protection from an emergency situation.
- Medical and/or disabled cases (75 persons)—Refugees with a medical condition or disability that cannot be treated in the country of asylum but can be treated in New Zealand. This special category “provides for the resettlement of refugees with medical, physical or social disabilities which place them outside the normal criteria for acceptance by resettlement countries” (Parsons, 2005).
- Women at risk (75 persons)—Women refugees (alone or with dependant children) at risk in a refugee camp, especially from sexual violence (75 persons). New Zealand, like Canada and Australia, has created a special category for resettling women at risk. The UNHCR definition for refugees in this category includes:

women and girls who have protection problems particular to their gender...including expulsion, refoulement and other security threats, sexual violence, physical abuse, intimidation, torture, particular economic

hardship or marginalization, lack of integration prospects, community hostility, and different forms of exploitation. Such problems and threats...may render some refugee women or girls particularly vulnerable. (UNHCR, 2002, p. 22)

Due to their vulnerability, women entering under this category may have experienced a refugee-related trauma and be unable to access integration resources such as literacy, education and prior formal work experience, meaning that they may need special assistance in their new countries (Parsons, 2005).

Refugee Family Support category

In addition to the refugee quota, 300 places are made available per year for family members to be sponsored under the Refugee Family Support category who would otherwise be unable to qualify for residence under any other category of government residence policy. The government has recently made changes to the category, including expanding the definition of family member, to recognise a wider range of family structures. (Parsons, 2005).

Support/Orientation

The Refugee Quota branch of Immigration New Zealand, Department of Labour, coordinates the resettlement of refugees to New Zealand who arrive under the auspices of the refugee quota. On arrival in New Zealand, quota refugees are granted permanent residency status and are eligible to apply for citizenship after three years (Parsons, 2005). Quota refugees spend their first six weeks at the Department of Labour's Mangere Refugee Resettlement Centre, completing an orientation programme and are provided with information that will help them with the process of resettlement, including law and customs, shopping and

cooking. Complete physical and mental health checks are also undertaken. A number of agencies provide on-site services including: Immigration New Zealand Refugee Quota Branch, Refugee Services Aotearoa New Zealand, Auckland Regional Public Health Service, AUT University, Refugees as Survivors New Zealand, and Housing New Zealand (Parsons, 2005).

Refugee Quota Branch

Immigration New Zealand's Refugee Quota Branch (RQB) is responsible for:

- the annual selection of 750 quota refugees mandated by the United Nations High Commission for Refugees (UNHCR), for bringing the refugees to New Zealand and arranging their induction and stay for six weeks at the Mangere Refugee Resettlement Centre
- receiving sponsor registrations for the Refugee Family Support Category and issuing Invitations to Apply under RFSC;
- the National Refugee Resettlement Co-ordinator, based at RQB, is responsible for providing advice to internal and external stakeholders on family reunification policies and other resettlement matters;
- providing accommodation and care for asylum seekers detained on conditions or ordered (by the court) to reside at the MRRC;
- the maintenance and running of the hostel and the site in general.

Refugee Services Aotearoa New Zealand

Refugee Services Aotearoa New Zealand (RS) is New Zealand's leading refugee resettlement agency, providing social and practical support to 750 refugees per year who arrive through the UNHCR quota programme. RS's support is provided

at the prearrival planning stages, at the Mangere Resettlement Centre and in settlement locations around New Zealand. The outcomes of RS's work are economic participation, social participation, and good health and wellbeing. This support is provided through comprehensive social and practical services, which are implemented for a minimum of one year by professionally trained teams of social workers, cross cultural workers and caseworkers. Volunteers, trained through their NZQA-accredited programme, support the refugees and these teams during the first six months of each family's resettlement. RS's focus is on empowering refugees to become independent by supporting them in building on their existing strengths and enabling them to become fully contributing members of their new country. Each refugee family has its own Pathway to Settlement plan which has 'markers' to note their achievements during resettlement and this system tracks their progress toward social and economic participation.

Auckland Regional Public Health Service (ARPHS)

The Auckland Regional Public Health Service (ARPHS) Refugee Health Screening Service (RHSS) was established in 1979 and provides medical screening, initial treatment and referral for quota refugees and asylum seekers residing at the Mangere Refugee Resettlement Centre (MRRC), and for asylum seekers in the community. The medical screening process includes a social and medical history, clinical examination, and a variety of diagnostic tests. The RHSS provides initial primary care at the MRRC (available to quota refugees and detained asylum seekers), and assists with the transition to primary care in the community, and the resettlement process.

The process aims to improve both personal and public health through identification of health and social issues, subsequent implementation of appropriate treatment and/or control measures, including referral to other services where appropriate.

Refugees as Survivors (RASNZ)

RASNZ is the lead mental health agency for all quota refugees entering New Zealand. Additionally, RASNZ delivers specialist mental health services for convention refugees and asylum seekers. The multi disciplinary team at the MRRC comprises psychologists, psychiatrists, counsellors, body therapists, cross-cultural community support workers and interpreters. RASNZ's primary functions at the MRRC are to provide mental health assessment and initial treatment, where required, and to make specialist referrals of quota and convention refugees requiring ongoing mental health treatment and follow up in the community. In addition, RASNZ's Community Services Division provides a range of health promotion programmes to support refugees in their transition to community living.

AUT University, Centre for Refugee Education

AUT University's Centre for Refugee Education, which was established in 1978, is contracted to the Ministry of Education to provide an on-arrival English language and orientation programme. The key aim is to ensure that the first formal learning experience in a New Zealand context for refugees is a positive one.

There are separate classes for adults, primary and secondary-aged children, pre-schoolers and for learners with special needs.

The language and New Zealand orientation programmes offer newly-arrived refugee learners an opportunity to share and to build upon their knowledge and skills, as well as to experience joy, creativity and challenge. They also include field trips, guest speakers, shopping, cooking, music and art sessions and computer-facilitated learning opportunities. Teachers provide a warm welcome, a routine and purpose for each day, an environment of physical, emotional and intellectual safety and, importantly, the opportunity to develop trusting relationships. AUT staff, who are assisted by interpreters, are committed to ensuring a quality, learner-centred education programme is delivered where hope is renewed, where diversity is regarded as an asset, where everyone's culture and language is respected and affirmed, so that individuals depart the Centre with the confidence required to enter the next stage in the education system. The programme concludes with a farewell ceremony and the distribution of profile reports and information packs.

In this section, a brief introduction to New Zealand's refugee quota and the Women at Risk category has been provided, along with a brief overview of the context within which refugee resettlement occurs. In the next section, further elaboration of how refugee community aspirations were supported through a gender-sensitive, community-responsive research design is provided, in particular the incorporation of key values including a focus on strengths, community development, social justice and participatory methods.

Section Two: Methodology and Research Design

In this section, the qualitative research approach used is introduced, followed by an outline of the philosophical underpinnings and values that were fundamental to the project under the umbrella of a transformative paradigm of research. Then the ways in which these values were put into practice in the research process are discussed, followed by a description of the processes used to collect and analyse data, including the process of obtaining ethics approval.

Transformative Paradigm

A paradigm refers to a worldview with specific philosophical assumptions. The transformative paradigm includes diverse philosophical origins but is explicitly concerned with issues of power and justice. Researchers working in this paradigm aim to be culturally competent, and to reach out to concealed communities in order to engage voices that have been unrecognised or excluded (Mertens, 2007). A fundamental assumption of this paradigm is that realities are constructed and shaped by social, political, cultural, economic, and racial/ethnic factors. The research team wanted to use a paradigm in which cultural and religious identities could be acknowledged; in which an understanding of marginalisation and oppression was present, and where the research could contribute to consciousness raising, empowerment, renewed cultural identity, individual/community emancipation, and transformative change (MacKinnon, 2009). To this end, the participation of the Strengthening Refugee Voices groups in the three main centres was fundamental to the research process. Building egalitarian relationships with participants and community leaders through

ongoing collaboration, contracting refugee community expertise, sharing findings in various forms, and requesting feedback from research participants (MacKinnon, 2009) were important elements of our research design.

Philosophical assumptions

Guba and Lincoln (2005) propose four sets of philosophical assumptions that help to define a paradigm in research and that were used to assist us to implement aspects of the transformational paradigm. The first is the *ontological assumption*, which is concerned with the nature of reality. Therefore, what is real will depend on the type of evidence that will be accepted. The *epistemological assumption* refers to the relationship between the knower and the would-be-known. This question, of course, raises the definition of objectivity as it is put into practice in a research context. The *methodological assumption* refers to the appropriate approach to systematic inquiry. Last, the *axiological assumption* relates to the nature of ethics: What constitutes ethical or moral behaviour? How are issues of ethics considered when conducting research in culturally complex communities?

In this research project we drew on Mertens' (2007) framework of philosophical assumptions affiliated with the transformational paradigm.

Ontology: There are multiple realities that are socially constructed. In this project, we attempted to foreground the gendered and diverse refugee experience and maintained awareness of our own privilege and mobility.

Epistemology: As a research team, we were committed to having an interactive link not only between the researcher and the participants in the study but also

with community leaders with personal experiences of the refugee transition. We appreciate that knowledge is socially and historically located within a complex cultural context. We attempted to work in ways that showed respect for culture and an awareness of power relations.

Methodology: We used a qualitative method, but the development of the research design and the choice and recruitment of participants were developed in dialogue with the researchers and participants. We kept our methods open-ended in order to accommodate the advice/recommendations of our refugee community partners in the hope of ensuring that we did not duplicate the discrimination and oppression that refugees already experience.

Axiology: We received ethics approval for this research, which was underpinned by three main principles: respect, beneficence, and justice. Within a transformative paradigm, this axiological assumption is further nuanced, so that respect is more critically concerned with the cultural norms of interaction within a community and across communities. Beneficence in this context also includes the promotion of human rights and the enhancement of social justice by listening to the voices of the situationally disempowered—to this end, ensuring that the process and outcomes of research are explicitly aligned.

Study Design

Conducting collaborative and transformative research requires that attention be paid not only to the content of the research but also to the product and process of research. If knowledge and power are connected, and if, as a researcher, I am committed to developing knowledge that is transformative—that is, it results in change that benefits people—it must involve the people whom the issues

directly affect from the outset of the research.

Our aim was to ensure that community representatives were able to participate meaningfully in all aspects of the research, from design to data collection and analysis. We attempted to establish a foundation of empowerment and working collaboratively alongside refugee participants toward social change that would directly benefit refugee women in the future (Kirby et al., 2006). The processes of developing the research question, designing the project, collecting the data and undertaking analysis are flashpoints for negotiating and valuing the different kinds of knowledge and knowing that was being shared across sectors and communities (Kirby, et al., 2006). The research team augmented the research process through the involvement of refugee communities as well as extending the research capability and capacity of refugee organisations. In keeping with community based participatory research precepts, the research took place in the following stages.

Partnership development and community mobilisation

We worked closely with refugee organisations in the three main centres, beginning with a series of meetings in Auckland, Wellington and Christchurch, to discuss the relevance and importance of the research as well as the possibilities for partnership. Over an eighteen-month period, the research design was constructed, reviewed, revamped and agreed upon by members of the team. The AUT University Ethics Committee approved the final documents. Community social networks were invaluable to the success of the research. Recruitment relied exclusively on word-of-mouth, face-to-face communication. Well-known and highly respected local community members were hired as recruiters.

Through these networks,-agreements regarding interest, participation and support were developed.

Building trust

Given the commitment of the research team and the funder to building community capacity and capability, it was important to us to build on existing relationships with refugee communities and ensure their voice and involvement in all aspects of the research. Community leaders remained engaged in every aspect of the planning, design, and implementation of this collaborative project. The team was unified around a common goal of providing a voice for women. Through this strategic partnership, the community and research team were aligned through similar goals.

We invited a cultural advisor to come in as a refugee member of the team, prior to anything being put together, to consider an appropriate approach. The management team (Jenni, Jill, Ruth and Faheema) had a broad shared understanding about the project's aims and philosophy. We attended three Strengthening Refugee Voices groups in Auckland, Wellington and Christchurch to talk to them about the project and to reinforce that, although we had funding, the research process was to be negotiated with communities and to this end was secured by the formation and signing of an MOU to clarify roles and contributions. Community leaders assisted us in shaping up the project, and identified women who might be willing to participate and advised us about how we should organise focus groups. Certain members of those groups became key liaison people.

Location

Three of the six cities (Auckland, Hamilton, Palmerston North, Wellington, Nelson and Christchurch) in New Zealand where Refugee Services are responsible for the resettlement of refugees were selected as the locations of this evaluation. It was proposed that focussing on the experiences of women in Auckland, Wellington, and Christchurch would offer diverse and comparative insights into the resettlement experiences of refugee women on their own. Auckland is the largest city of resettlement; however, it has its own issues of barriers to connectedness. Transportation to visit other community members and to access services provides challenges; refugee communities are often not in close proximity to each other because of the limited housing stock and pressures on those that are available. The advantage to resettling in Auckland is that it is the most diverse in its ethnic composition. Wellington, as a smaller city, offers advantages in proximity to Refugee Support Services (which operates from a shared-service multicultural centre), greater accessibility to educational courses, and fewer challenges in transport and travel, while Christchurch offers a very different settlement experience because, as a South Island city, the community is not as culturally diverse.

Participant recruitment

Women

Participants were recruited in consultation with the Strengthening Refugee Voices groups (SRV):

1. Auckland Refugee Community Coalition
2. ChangeMakers Refugee Forum (Wellington)

3. Canterbury Refugee Council

In the initial research design, we had envisaged holding one focus group in each city and had thought that we would focus on working with one ethnic group.

However, during our consultation meetings with the community leaders in all three cities, we were advised that all women who might want to take part in the research should be identified and no groups of women should be prevented from participating. Consequently, we had mixed ethnic, language and religious groups in each city. The original brief was to have one focus group in each city but given the levels of interest and engagement from the women, two additional focus groups were held in each city with the same group of women, to further explore themes that were raised. On arrival, women were encouraged to reread the information sheet that had been sent to them before the meeting and to sign the consent form that they had also been sent. Transport to the venue was provided for the women, if needed, by the research team or community leaders.

Stakeholder focus groups

Stakeholder focus groups were also held. Refugee Services recruited staff from agencies that currently worked or had worked with women who were sole supporters of their families. The stakeholder interviews provided a context regarding current service provision and identified issues of concern from provider and community perspectives.

Data collection

Focus groups were selected as a method for data collection for this study, partly because they allow for multiple voices and experiences, and provide a contrast to focusing on individuals (Madriz, 2000). Being in a group can be more satisfying

and less intense than an individual interview because participants can select how much, and when, they wish to contribute to the discussion. Focus groups also provide opportunities for reflection and time to frame a response while others are speaking. Other advantages of focus groups include having access to large numbers of people and enabling interaction and the exchange of ideas within a flexible structure.

A schedule of open-ended questions guided the discussions in both the women's groups and the stakeholder groups. A self-report questionnaire (completed before the group discussion) gathered sociodemographic information, including age and marital status. These details have not been provided in this report in order to protect the anonymity and confidentiality of participants. The focus groups ran for approximately two hours and hospitality was provided in the form of refreshments before the group and a meal afterwards.

Data Analysis

The focus group interviews were digitally recorded and transcribed verbatim. We had made provision for the group sessions to be translated but because the refugee community leaders had advocated for the groups to be conducted in English, this was not required. However, we did have interpreters present at each focus group, where required. The interview transcripts were then thematically analysed. The codes were clustered according to similarity and then reduced. Similar phenomena were grouped into categories and named. The process was one of constant comparison, iteratively classifying and grouping the material to identify preliminary themes and subthemes. Attention was paid to corroboration and divergence in the data.

Disseminating the results

In keeping with the notion that refugee community organisations were collaborators in the research, we wanted to acknowledge that they had a stake in the issue of the resettlement of refugee women and that they also brought knowledge into the project (Kirby, et al., 2006). To that end, we attempted to coordinate presentations in each centre to present preliminary findings back to the women who had taken part. Unfortunately, circumstances beyond our control prevented this happening in Christchurch (earthquake) and Wellington (small turnout due to organisational changes). However, a useful meeting was held in Auckland in which women supported our findings.

Ethics and Research Principles

Research into the suffering of others can only be justified if alleviating that suffering is central to the research (Turton, 1996). Telling stories of pain and distress to a researcher can be therapeutic ((Dyregrov, Dyregrov, & Raundalen, 2000). However, it is also possible that unintended harm can occur in talking with refugee women who may have experienced or witnessed traumatic events. We were committed to ensuring that the research process did not lead to unnecessary distress and so the focus of the study was not on a detailed exploration of their premigration experiences but rather on their postmigration experiences. Ethics approval was obtained from the AUT University Ethics Committee (AUTEK).

Indigenous and marginalised scholars have argued that knowledge production is a political process and that knowledge has been pivotal to the processes of colonisation (Smith, 1999). Because of this history, attention must be paid to the

processes by which knowledge is conceived, produced, and justified as knowledge. Therefore, we incorporated some key concepts in our project: partnership, protection and participation; reducing the burden on the community; and extending the time frame to incorporate a participatory process, which will be discussed below.

Protection: Maintaining participant confidentiality was of utmost importance in this research. Changing any identifying details in the transcripts and in this report and not using real names maintained confidentiality. Transcriptions were stored securely in a locked filing cabinet and digital recordings were stored on my computer (password protected) and separated from the consent forms and any information related to the research (both will be safely stored for 10 years in accordance with Health Research Council Guidelines). The removal of identifying data in this report was undertaken to ensure that individuals could not be identified given the size of the community.

Partnership and Participation: We were mindful of the “obligation to design and conduct research projects that aim to bring about reciprocal benefits for refugee participants and/or communities” (Mackenzie, McDowell, & Pittaway, 2007, p.301). Following the edict of Mackenzie et al., we were committed to developing and maintaining relationships in which the agency and autonomy of refugee women was at the forefront and our activities contributed to rebuilding capacity. To that end, we consulted and worked closely alongside the Strengthening Refugee Voices groups in the three main cities.

We were cognizant of the triple burden of refugee women (Goodkind & Deacon, 2004) in having to balance work (paid and unpaid) outside the home along with

household responsibilities such as cooking, cleaning, and taking care of their children. In addition, refugee women expend substantial time and energy learning English and dealing with other demands related to relocating in a new, unfamiliar place. Poor access to transportation adds to the stresses. For women on their own, these responsibilities are compounded further. Consequently, we designed the project so the budget could provide for childcare and transport to the research venue as well as scheduling the focus groups when it suited the women participants.

Our philosophy was that the research was participatory and that we would avoid a focus on problems; instead, we would emphasise strengths and the capacity of the women to generate their own solutions. A bottom-up approach was used, where we triangulated the findings with providers. This type of collaborative research is time and labour intensive; therefore many of our timelines were indicative and required negotiation in reference to commitment, planning and relationship building (Kirby et al., 2006). Our research team incorporated community members and consulted with community leaders. These processes were based on a commitment to developing genuine relationships that would contribute to communities. While such processes extended the time required to conduct our research, they allowed for a robust research design (Kirby et al., 2006), including community benefits and support. Our research team consisted of members connected to refugee communities, key stakeholders and potential participants. We purposively recruited recruiters who were well known and active in their communities and who were trusted by the women and by members of the broader community. These recruiters were able to address

concerns about the research.

The transformative paradigm guided our research so that the project that would benefit not only the researchers and service providers but also participants and refugee communities. Strategies emphasising strengths and refugee participation were incorporated into the research design. The next section of the report focuses on the key research findings.

Section Three: Findings

The research findings have been organised thematically. The report begins with a brief overview of women's experiences of the prearrival, reception and initial settlement stages, in order to set the scene for the main findings. The findings are clustered into several key areas that are typically indicators of the policy ideal of integration, and equally are constitutive of integration including health, employment, and education. An outline of the ways in which racism influenced and impacted on these factors follows and the findings section concludes with a presentation of the ways in which refugee mothers as sole heads of households are well supported in New Zealand and the unique issues facing refugee women on their own.

3.1 Initial Settlement

Women contrasted their experiences of living in New Zealand with what they had left behind. This Christchurch participant appreciated the welcome she had received in New Zealand and her safety here from sexual violence. She also noted the diversity of the population.

When I arrived New Zealand—I think it was 2002—and I come from refugee camp in Kenya, it was very hard to live in refugee camp because some people they rape the women, you know? You can't go outside and take something or they kill you easily. They rape you. Yeah, you don't have nothing in our camp. But when we come arrive to New Zealand, the New Zealand people they come as for welcome, I think it's our second home, you know? They give a home, they give a studying, they give good life, you know? When we come in Auckland all New Zealand they were in airport, I think. They welcome, welcome, welcome, we are happy, yeah. Because also they have multi cultures, country, there everybody you can talk with many kind of people. Yeah, it's nice New Zealand, we are happy, we enjoy now.

Two Wellington participants highlighted their previous vulnerability and lack of status.

You come to the refugee camp and you don't feel safe. And your heart tremor, and nightmare—what happened in your country? The reason you've left your country, and then you come refugee—everything is hard. Everything is difficult. Peace, no peace, no rights, no nothing.

She used to live in a village north of Iraq, and she was scared to sleep. She would sleep two hours only, and stay all the night up because she was worried that because her brothers were in the army—you know, they were soldiers—and there was like, you know, the government people, they would come and take their husband and brothers.

When refugees land in New Zealand, they initially go to the Mangere Refugee Resettlement Centre (MRRC) for six weeks, usually arriving in six intakes per year, of approximately 125 persons. At the MRRC, they participate in an orientation programme and receive health, mental health and psychosocial assessment, and support. A range of specialist agencies provides these. Women in this study felt the orientation to living in New Zealand was comprehensive and included an array of information and resources.

The orientation programmes are very useful programme, that one. They teach us everything, everything about New Zealand. About criminal laws, everyday life and also the useful thing is studying. And also some health check-ups is very important and they also have some counselling, like Refugees as Survivors, and they are always giving us counselling and they come and ask if the woman is...how can they help and what they feel about that actually and its worth, see, this week is very useful. What we learn also, everything has to be on time. Everything has to be on time. We never learn in our country.

Coming to New Zealand meant a chance for a new life and a future for the

children, free of fear or violence:

And she came here and the most amazing thing was peace. And rights also, is the same rights if you were born here, and if you arrive now, you have same rights, and your children go to school, and you're thinking of a future; and you don't want to look back and you have to look forward, and your children are your future. That's the amazing thing.

(Interpreter): It's so peaceful. They're not scared of anything, like no one will attack them anytime like used to be back home, and yeah. Of course like I know for myself and my mum it's mostly for kids, they have a future here.

*When I come New Zealand I enjoy it because peaceful in New Zealand.
When I come New Zealand I was see people no guns, no everything.*

For some women, New Zealand represented a peaceful place. However, the illusion that everything would be perfect on arrival was not realised.

Before I was in my country, during the war, we always wished to come to a place like New Zealand here. And the time, when I got my form and been accepted to New Zealand, I was very happy. That everything will be perfect; I will look after my children; I will be happy. But as soon as I came here, everything's changed upside-down, and even my life now is...just I think is better when I was back home. Because everything is destroyed, and my life has changed. That I was not expecting.

The dream has gone:

We have lots of vision, lots of dream to go to New Zealand, we can do it like, help to my family, like, like lots of dream, but now it's, all dream is gone because we never, never had the family, because this is very difficult. We find, like, \$400 per week: \$200 go to rent, \$100 go to power, \$50 go to food and \$50 left over. And where, from where we had find for school, for petrol, for lots of, lots of things? All dream has gone.

For other women, being in New Zealand meant being able to be healthy and to provide education for their children as well:

I'm really grateful being here in New Zealand in terms of treatment. And because I got my treatment properly, and also education for my children.

Being in New Zealand meant, for one mother, that an unexpected heart problem in one of her children was effectively treated and completed:

When we came here, I came with my children. One of my children, younger one, was having had a condition; but we don't know there in Africa. We found out here, and he went through surgery—heart surgery—and he's fine now. Which is cannot be happening in my country; it's very expensive and it's not easy to be found easily. Secondly, now I have knee replacement, which is also is very expensive and is difficult to be had in Africa, but has happened here. So I'm very grateful for being here.

Therefore, her health and that of her child had been well taken care of.

Being supported gave this participant an opportunity to reenergise herself and

to try new things:

In my feeling, what is always stick in my mind, is the way how people support us, and how they help us. This is give me energy to practice the same thing to my people. That is always the thing about when I see, when you've got a husband and you see people always around you that you see everybody, seeing you are in this, supporting you for your recovery. And when you arrive here, you've got everything: resources, support, everything which you cannot find over there. This motivates me to try to practice the same sort of thing.

However, missing home was still an issue:

Because always you are dreaming that one nice day you'll go to your country and live. There's no peace. But ourselves, we miss everything. We miss the environment, we miss family, we miss culture, we miss everything in our country.

Although there is a range of support, some people have gaps in their needs and have to ask strangers:

And just to help me. They will help me. This one is ATM machine. I didn't know. I ask somebody who's waiting, and I say, "Can you show me how to use it?" And then they said, "English is very important."

Language barriers played a part, especially for when the size of communities was smaller:

Yeah, lots of people like who came here, they didn't, we didn't have this big community at the moment, like there was I think 15 years ago, or maybe 20. They couldn't speak Arabic because they...I mean, English...because they didn't have basic language also. Like back home they didn't study at all. So because they just keep working and raise family, that's why. So when they arrived here, everything was, like, difficult for them, and for the kids; because even kids, they couldn't, like, they didn't study English properly. So they have to start from the beginning, so of course it's a struggle with the first six months and one year. Like when you need to go to supermarket or go to one of these services, hardly communicate. That was the difficult thing for us.

Not knowing English means that some participants have to start from the beginning and this participant noted that the initial period is really difficult.

3.2 Support

Women were grateful for the assistance they received from a range of sources outside that of the state.

The range of assistance extended to spiritual support, and help from the priest with English lessons:

(Interpreter): Okay the most thing, she tried to study here but she couldn't concentrate because she got sick and you know how people with Work and Income? They said it's alright you don't have to study, we'll help you with that. So she had to stay at home, look after her kids, daughters, and they helped her with income and everything so she could rely on that more. So it's mostly the service I guess with her and people. And people like our priest here. He speaks English so he helps her also with, he used to teach them how to speak English and the most common sentences here to use it. Simple.

Parishioners within the church were also an important resource:

I know about this question if you'd like to comment about it. It's our community is quite big here so we have a church, whatever happens, when we need help, we go to the priest and we ask, not just the priest. Some people who work at the church, they do help us straight away with everything, with events like death, marriage, and birth.

(Interpreter): Okay, if they have a problem, they always go to the priest. If it's not a family thing, it's a little thing but it's a big matter, they always go to the priest, ask them what to do and then follow whatever he says. Yeah, or some people like they are interpreter here so just ask them what are we going to do? Just follow these steps and you'll be fine, and there's another lady, she's interpreter, her name is V. Have you met her?

The local ethnic community was an invaluable support to an Auckland participant, highlighting the invisible, unpaid labour of community associations who do life-changing work:

I came to New Zealand in 2001. My dad was already here. I came three days after he died. So the Housing New Zealand had given him a house with my little brother. So I came with my young sister and then we were going to the airport and the whole [ethnic] community was there and there were some Ethiopian, Ghanaian, different communities but when we came back, when we started settling down, the community was always there for us. Like, I was fighting custody for my little brother with Dr. [name]. So the [ethnic] community fought with me all the way. They helped me to get a driver's licence and they take me to Work and Income to find my sister's school. She went to M. College. I couldn't study much then because I was busy fighting for custody because I fought for three years for custody and when I finished, that's when I...By that time we were settled and we had residency and after I won custody I went to study and the community was still there.

The choice of place to resettle was strongly influenced by the support that was available from the community:

(Interpreter): But also there is a support from the community; for example, when I came here first, I found E.—she came before me—and I decided to stay with them, in the same area, so I can get support emotionally—the same culture, the same everything; to show me around, and for shopping, go to hospital—everything. Because the refugee service cannot do all the things you need, and also they don't understand actually the deep understanding of the culture. And after that, for people who have family—like when I bring my family, I was there to support them, until they know everything. But with support of Refugee Services also, bringing goods for them and other things.

The elders in the community were available to intervene and assist with in intrafamily tensions:

Yes, it was a challenge. My sister, she is a private person and I'm not a private person. So we are much different there. So I had to bring the community in to talk to her to settle down, to bring people older than me who has been here for years to explain things for her, and I tried. The other thing is daycare in New Zealand is very expensive.

Efforts are made to support other newcomers, given both the experience of having made the same adjustments and the imperative to help others:

Everything is different compared to back home and then we communicate each other, always we know what then, what's the problem and if we can help, we help if someone new comes, because we have lots of experience. We

have been here around 10 years and then we have to help them and explain the situation.

Women in turn support other community members by cooking meals:

I only know when they get to Mangere, they stay there six weeks from there and in that six weeks we visit them. We cook food for them because many of them they always want their food from home. So we cook food and take it there and I don't advise them when they are there; otherwise, I don't have much experience.

In this excerpt, the woman returns support she had been offered to other newcomers, recognising how important food is to someone who is newly arrived in the country.

However, for many women, isolation from the dominant culture was common. Many participants wanted to build friendships beyond their existing ethnic or religious communities:

[Another participant] is saying that she didn't have anybody here, like there's one of our communities, like church or anybody else, who speaks our language. She would like try to find a friend she can communicate with, even if it's a different culture or languages. She will say also, like, have hope and give hope, like, neighbours all like friends, so they can come here also.

While another participant felt that working had helped her to meet a friend:

I have my boss and working has helped me, if we need anything. Like application, they understand all that, because they helped me. And friends and working, yeah,

has helped me.

Summary

Refugee women received support from a range of sources including community supports that are not always recognized, such as churches, mosques, religious leaders, community members. At times, proximity to their ethnic community was a mechanism for orientating themselves to the new country in addition to the support offered by Refugee Services. In turn, many women made a point of looking after and supporting newcomers as they arrived, including taking food to new arrivals at Mangere. However, this support from the community needed to be supplemented and women expressed the need for ongoing assistance, especially if they were on their own.

Recommendations

- Acknowledgement of the invisible labour of community and faith organizations.
- Recognize need for ongoing support.

3.3 Parenting

Refugee mothers face additional pressures to most parents resident in New Zealand or refugee families where both parents are present. In addition to factors contributing to the usual parenting difficulties, refugee mothers who are on their own must cope with stresses associated with pre- and postsettlement experiences, changes in family roles, separation from their family supports through dislocation or death, language barriers and different cultural expectations about behaviour (Lewig, Arney, & Salveron, 2010). These types of experiences exert pressure on both mothers and children.

A challenge for many women is the issue of the freedom that their children experience once the mothers have migrated to New Zealand:

*Yeah, too much freedom, because it's not good for children, do you know?
You see what's happened.*

Mothers were concerned that children would not grow up with the right values:

(Interpreter): They were really young when they arrived and growing up here they don't like what they see with people like kids dealing with drugs or with alcohol.

Not having control over the children's activities and not getting information from the school because of language barriers was a problem for this woman:

The freedom is the most struggle, the most difficult in here because you give the freedom and you don't know what your son or your daughter doing. You

don't know if she go to school or not. She say "I come from school". Okay, you contacted the school, you don't know you cannot speak and it will take time to understand the teacher. You have to set some parameters between parents and their teachers at school. They always have but it's difficult to language problem and school try their best to communicate at parents and even arrange interpreters. Sometimes it's too late and they have to control for that one. It's very important.

Mothers are concerned about the teacher's style, which is not authoritarian enough, and different expectations about the role of the teacher:

(Interpreter): And it's more about teachers. They educate them, like be quite harsh at school. Like they can't force them that for the discipline, hit them or yell at them, no, but they be more disciplined like they listen to the teacher when she say. She hears like many times the students yell at the teacher. She always tell her like off; she screams at her and she can leave the class easy, just like that. She has to be more disciplined, like more harsh. No you can't leave here, you can't talk to me like that. In our country, no.

(Interpreter): More discipline at school is very important. But no, they say okay, they cannot do anything. They will shout, yell and nothing. If they went to the teacher and they cannot do nothing but they have to control and more discipline...You don't know what they are doing. It is very hard but in our country, no, you cannot even look like that. You have to respect.

We always say there is a prophecy in our country that says "Teacher is like your parent, like your mum and dad".

In the next transcript, the concern seems to be more about the sexual mores in New Zealand, where the sexes can interact and girls particularly can be seen as available. This, combined with smoking and drinking, is a big concern:

About this, because about this some kids like boy and girl together to school I'm unhappy for this because the kids is young kids, lots of, they use the fashion in the school, they use it lots of short clothes and then makeup and inside the school I'm unhappy for this. And they very young is start smoke and drink. I'm worry about my kids about this, yeah.

This participant misses the support for her parenting available from the extended family and she grapples with the ways in which the role of the parent is extended in New Zealand without the concomitant support of other people:

When we came here as a single mother, definitely lacked the extended family support, you know, because in our culture, extended family does, you know, tend to really surround you and, you know, you did miss here, and here life is a bit fast, you know. You have to keep pace, you know. Like, you had to drive. You had to go for shopping. You had to be involved with your children's activities, education, you had to learn language, and you know WINZ their system, you know, bureaucracy, paperwork, you know. It's too much here. While in our country, it was more relaxed sort of thing, you know, and your extended family knew that you are, you know, either your husband has died, or has been missing, you know. So you were having their

support. They were doing for you. So it was really, you know, a lot of stress here, so gradually it is, it's like, it hasn't decreased but, you know, the thing is, you're getting used to it now. You're getting into habit of doing all those things.

And also all the responsibility. You are taking children to school. You are walking home. We had support everywhere.

Many women missed the support with their parenting that they'd had from family members in their home country, and they were not able to draw on family members or the broader community for support. Refugee women who had close family ties in their previous culture found being isolated and without links with a local community to be alienating and depressing (Ager & Strang, 2008). The absence of joy was evident in this excerpt:

But at home you was having all this support. If you have five of these or ten children or if you have one, you always, your mum-in-law, or your mother, or your sister, or some other, it's easy to get maid to help you at home, you know. That life is relaxing but this life is too fast and you can't finish it. It's also adopting this life fast, you know, and forgetting yourself. There's no more henna. There's no socialising with other women. There is no music. There's nothing.

None of the women spoke about accessing agencies for help in parenting. It is not known whether they did not access help from the agencies because of language barriers, knowledge gaps, not feeling understood or listened to by agencies, or

having had negative experiences when accessing services.

Concern about loss of culture

In order to survive in a new country, refugees have to learn about the new country. However, there is concern that this learning is one-sided and there is no mutuality or reciprocity:

(Interpreter): You have to learn their culture first. That is very important because now lots of children have been lost because they don't know. Okay, we respect the New Zealand culture but they have to respect our culture. They do not respect. They teach our children their culture and then we got confused. I misunderstand comments all the time. The children and the parent is, especially the teenage children is the most difficult. We know New Zealand has got struggle for teenage situation but we are struggle because of our cultural difference.

The woman feels lost because there are now misunderstandings between children and their parents. One solution is to try to find a way to teach young people about their culture in the form of a retreat-like situation:

Everywhere it struggle all over the world. Our generation, we raise here, most of them, 50% would be lost. That's where some people want to take, if there's some area at least where they take their children during holiday to teach at least something about their country to make them explain something a little bit and then when they come back, still same because a few months is not enough.

Lack of respect

This newfound freedom translates into what is seen as a lack of respect for parents, but the freedom can also be seen as a lack of direction because there are so many choices:

(Interpreter): Freedom is the most difficult situation bringing up children in New Zealand and she said when you compare back home, our children they respected us. They listened to us and we raised them and we build up their future. They know the clear direction where they go but here, New Zealand give the freedom. Freedom is the most serious and difficult situation in here because they didn't listen to us. When they become 16, they said "We have the freedom" and even they don't listen to you to go to school or study something. They say, "I can make my own decision because I am 16 years old. I have the freedom and you cannot force me to do what you want". The freedom is the worst situation in here because when we talk about generally the refugee people in here, we lost some of our children, our generation and some generation, because they didn't finish their study. Maybe they skipped their houses. Some of them have successful life and they study, they finish, they still respect but when some of them they left their houses maybe, they never finished their study; they don't respect you. They always say, "We have the freedom. You want to force on us the culture," or something like that. "This is New Zealand and we have everything and we don't want to listen. We want what we want to do". That's the biggest problem here in New Zealand with our children.

These findings replicate Australian research that shows parents were frustrated

by factors that supported this freedom, including children's rights, financial support for children to live independently, etc. (Lewig, et al., 2010).

The biggest fears are losing the children and being challenged by them:

Education is good in New Zealand but the culture is very different—New Zealand children and African children—because African children there's more respect other than elders, but here the kids, when they go to school, they come back home and start challenging parents because of what they're learning from other children.

As Lewig et al. discovered in their research, various groups are seen as contributing to refugee children's challenging of their parents' authority, such as other children or even the schools. In this excerpt, other children become the role models rather than the parents.

In the following excerpt, gender issues come to the fore and, for a woman raising boys, not being listened to is difficult:

They say about boys, it's really hard. Because the boys, when they grow up, they feel that they're mature. They start to change their voice, and whenever you say something to them, they say they are cleverer than you. They say they are grown up. But you worry about their life—what will happen in their life. They do not listen to you.

(Interpreter): She says when they are little, they listen to me. Whenever I told them, they listen to me. But since we came here, they grow up—

whenever I say something, nobody wants to listen to me. And even as simple as I says, "Can you teach me English?", they say, "Why you learn?" Before, and before I was looking after them, there was no school before, and I've been thinking about where to get the food for them. And now they ask me, "Where do you learn?"

The loss of authority and the shift in the balance of power is evident in her words.

Being judged by different standards of parenting

The issue of different ways of parenting their children is also seen as a problem according to dominant mores of the new culture. The different parenting styles had led to the loss of children through the intervention of Child, Youth and Family:

(Interpreter): Thank God my children I have are successful. Some of them they finish their study in university, and they are working. Some of them they are going to finish their study. Still they respect me, they listen to me, still they are same. We are together, we are fairly close but I feel some mothers are still lost their children and they didn't finish their studies and still they have difficulties and I know how they feel and the difficult situation they have been through. That's why I'm talking about the freedom is not good for this, our children, because we are different culture; everyone is different. That's why. I am surprised at some of these New Zealand systems sometimes. The way they are treating us refugee people because they thought we were hitting and abusing our children back home but we never abuse. We teach them our children manners, respect, to listen, and they

obey us. We never hit, we never abuse them. They know what is right, what is wrong.

Lewig, Arney, and Salveron (2010) note the difficulty refugee families have in engaging with child protection agencies and the lack of cultural understanding on the part of workers.

Mothers were also being threatened by the children with calling 111 (the police), which was sobering:

The other challenge we are facing for our children here...sometimes you don't understand, and they're stuck in the head...when you say something—especially with loud words or anything—they say “I will call 1-1-1”, three times. And this is what you decide, maybe you go tend to your book and learn something, in case when they go, you can be able to survive yourself. Yeah.

Lewig et al. (2010) have noted the role of the police in encouraging children to challenge their parents' authority in receiving countries.

There is also the risk of authority being challenged by reference to the rights of children and then the State acting to protect those rights, which then becomes an issue for parents:

Yeah. When I came here to New Zealand, I came with my two children, and now I had another two children here. When my second boy—before I had the third child—he left home. The way he left home, it was just, we were speaking at home, and people nervous, then just always complained to the police, or to child abuse authority, that she's abusing the children. But was

not true. And the Child, Youth and Family support worker contacts Child, Youth and Family. When Child, Youth and Family come through school, and always investigate a child, investigate—and try to give a treat so the child, so they can go with them. And finally, they took away my child from me, and they went to stay with them. Not in a proper way. Now my child has become like a wild, after he's lived with some months with the Child, Youth and Family, which is not happening in our culture. And also, I was not in position to abuse my children; this has changed my life, and now my child I'm thinking is not—mentally, is not okay—because of what happened to him.

There was also a sense of not having recourse to challenge the decisions made by CYFS:

I tried to complain against Child, Youth and Family, to know that they are the people who are responsible for the...being in the position my child is in now. But I have no language; I have no way to complain. Whenever there is a meeting, they ask him to interpret for me, and I'm still saying the same thing but nobody's hearing me. Nobody understands exactly what I'm saying, because back home I'm the one who's looking after my children, by myself, until I come with them here. Nobody came to my house to observe how I look after them. They just straight-away from the school and take them. So this is the barrier that happened in my life; it's stopped me from doing anything, from happiness, from enjoying life in New Zealand.

Mixing old and new ways of parenting

Other women tried to set some boundaries around their children's freedom by relying on strategies from their country of origin:

(Interpreter): Right. Well, she helped to raise her daughters with sort of freedom, our freedom. We call it our freedom. Like she said, I didn't hit them, never. I always used to talk to them and mostly spend time at the church, know about God and know about our religion more. So that's helped us to raise them really carefully. They can go party, they can drink. It's okay, but there's a limit for freedom. You have to be home at nine. Even if you're 18 or over. That's it. You staying with me, you have to stay at home; I mean be at home this time. Something like that.

Yet, others sought to redefine their relationships with their children so that they were less authoritarian and more like peers:

(Interpreter): You know, the way they teach them. But they're trying to talk to them nicely all the time and be more friends with them more than like mother and...yeah.

Trying to instil cultural norms was a mechanism for attempting to keep children on the path:

(Interpreter): The same thing she does with her kids ,also she tried to teach them what's right and what's wrong and then it's up to them like if they want to follow it or not. And because she has two kids, they do study in Auckland. One of them is a girl; she has only one daughter. She always tell her to not lie or hide anything, just be frankly talk to me, whatever is going on with you there. Even they're here but they have to follow our rules how we used to live back home and here.

Still other women use the church or mosque to help support their parenting:

I think part of the church, yes, because always in the church. They study their language, make them more busy, you know, even at school holidays they have to go to their church to study our language. Plus mostly the priests tell us what to do and teach them also I guess, yeah; this how we support.

Our community always, our children, in school holiday they go to the mosque holiday programmes and every Sunday we go to mosque and then our religion, and as a parent we explain that what's good and what's bad. Every night after school and we sit together, talk together and discuss about what's good, what's bad, what's this, what's happened. We have communities sort of like Somali Council or the Mosque Muslim Association that always helps us to teach our children. That's good.

Many women had plugged into resources like the church or mosque for maintaining language and culture:

And to teach our children study something like that; but still, the child doesn't have time. It's Sunday to Sunday.

A social gathering place for community activities, especially for young people, can help integrate them into the community (Lewig, et al., 2010).

In the country of origin, another strategy for managing parenting issues might have been to involve extended family in the disciplining of children and having consequences for bad behaviour, but this did not seem to be an option in New Zealand:

I would talk to my uncle or my auntie or one of my family talk to my son or a daughter. "Please don't do that". But they will listen to other people. Or maybe just scare them or something; I say, "Okay, I send you to do ironing", or "I'll let you do this or I'll let you get married so you can have family and...forget about these good things". But here, they won't listen to me—that's the problem.

In the country of origin, threats might also have been used:

Yeah, if you're in Iraq, we scare, if your child don't go to school or to...maybe to go to army. Army is a scare, yeah. But here, there's no army, no nothing. Everything is a freedom, too hard, first this, nothing else, yeah.

One of the mothers also felt that the curse of freedom was the lack of a moral compass, that their children were drifting without being anchored to their culture or religion, and that their compass was New Zealand. An important role for the community was in resetting the compass, but resources were required for this:

Yes, somehow. But no, because this is, freedom is most, the worst thing in New Zealand. Freedom for the children. Teenage—they don't know what's right, what's wrong. They don't know their culture, they don't know their religion, and they don't know anything. Just their girlfriends, and they think what they feel right. Because they leave this; they grow up here—this is what they know. And it's our responsibility, as a community, as a refugee community, to teach our children something. But the problem, where's the resources? How can we get the resources?

How can we get the programmes? Because we have to get some, like holiday programmes—have to get our own holiday programmes, to get some...It's one thing, it's very difficult to get funding. When you drive the car, you are the driver and you have to pay for petrol. Without petrol, the car is not working. And everything is going with money or funding. And you don't have enough money or enough resources. And we have to teach our children our culture, our religion, our...It's not enough, here, to do, because this child is not at home; all day, he is at school. And you don't know what he is studying. And when he comes home, he's tired already. And he needs doing some homework, and then he goes to sleep. And you don't, he doesn't have time. What you see is Sunday or Saturday. On Sunday when you go to church, or your mosque, and it's not enough. Five days it's not at home. And we have to be careful: children have to be our friends, and we have to get closer, and get them because they're always...our culture is always children. They are the most respected part of this, and they will tell you the good thing because they don't want to show you the bad thing. And we have to give them—how do I say this—not to worry what they are talking about, and make a friend, and give him like a friend.

The hierarchy of parent-child relationships had to be reconsidered as more of a friend relationship that is established with one's children:

Even [name], she has five sons. She's very, very close to her sons. And they tell everything, because she is the one who makes to be their friend. And then she opened the discussion, always after school. She is sitting there, and

they sit together, and talk about what they learnt today, what they are doing, how we're doing. And then they become very close. And that's why she is always intelligence. "If you do that, that's not good, because you have to do this". And they ask advice; they say, "Mum, I saw this; what am I going to do". And I go them, "Do this, this and this". And they become very, very close, and bring girlfriends, and they never hide anything.

Language was also a concern. This woman mentioned that in their orientation they were encouraged to maintain their mother tongue at home:

We come in Auckland for 40 days; they speak to us, government; talk to children, we don't lose our language, because it's important to speak our language, before we, in the school year, you will speak English better, yeah. Because you teach us to do English, because of the children—"Don't speak in your home English; speak your language."

For this woman, school made it more difficult to maintain the language:

And before he started kindergarten, I am talking, he knows Somali very well. But when he started school, he keeps losing. He keeps losing our language and keeps...I speak, speak inside at home, speak Somali. But still, it's "Mum, I don't know much words in Somali. Can I speak English?" "No".

This mother who had her children taken away from her was also concerned that an erosion of culture would occur:

We say whenever, whenever there is a meeting with Child, Youth and Family, I ask them, "Do you think the child can grow up and know everything, staying with other people, different language, different culture,

and will be successful person? Do you think that's true?" But nobody answered that question.

Importantly, this mother recommended that mothers with children are supported because the purpose of resettlement was for the children to have a better life:

(Interpreter): She says, actually if you are doing this research for the purpose of helping people who are coming behind us or for ourselves in the future, so please focus on the support of the mothers with their children; because this is, when there's a taken child from you, it is really hard. When we came to this country, we are not doing it for ourselves. It's for the future of our children. We let our children go to school, have a good education, because school has asked them to study. But we see ourselves in our children, and our hope and our future. But when they come and destroy by this legislation or rules or whatever law here—this affects our future. Because we don't have something called Child, Youth and Family in our country. We don't have something that's called abuse; we have discipline. The way we bring our children up. Like, if I have a problem with my child, my child can go to a different house, and they will say, "No, you go back to your mum". But here, when your child goes away, straight-away they call the government.

This Christchurch participant points out the importance of having a male figure in the home when raising young men:

Because they want to have one of their family members who is close to them, you know. People can't raise their fingers or, you know, but they need to have someone beside them. And like [name] would agree with me that when you have got teenager boys, you know, you need to have some male figure in the family. Either it's the uncle or whatever, you know. So, yeah.

The findings reveal that most of the refugee women were unaware of the ways in which the education sector has been resourced to be more responsive to the needs of refugee children and parents. In 2000, four Refugee Education Coordinator positions were instituted regionally, followed by the appointment of a national Refugee Education Coordinator in 2002, all of which were filled by refugee community members (Gruner & Searle, 2011). Furthermore, new initiatives were launched including homework programmes, information about schooling in multiple languages, bilingual tutors in schools, and an increase in funding for English language support for up to five years. However, these initiatives do not address the changing power and intergenerational gender dynamics that occur with resettlement.

Renzaho and Vignjevic (2011) suggest that prior to migration, many African parents have a collectivist and authoritarian approach to parenting. Within a collectivist approach, the welfare of the extended family and the community are emphasised rather than the individual's. Consequently, family conflicts are resolved through the support of immediate and extended family, friends and neighbours. Values such as family loyalty, authoritarian parenting styles, adhering to group norms, and maintaining harmony in relationships are fundamental. Within authoritarian styles of parenting, strict and punitive

strategies are imposed and children's behaviours and the social environment scrutinised through absolute standards, where obedience, respect for authority, the reinforcement of expectations, and concern for the group are emphasised. Migration challenges these modes of parenting, as shown in this section, such that more individualistic approaches to parenting become the norm and corporal punishment is viewed less favourably. Consequently, it is important that refugee mothers are not represented as problematic in relation to these dominant individualist cultural norms because this can lead to the imposition of strategies that force conformity with locally dominant norms (McPherson, 2010). More usefully, pluralism with regard to strategies that are from both home (involvement of extended family and community) and receiving countries could resource mothers for the tasks of managing intergenerational conflicts (Degni, Pontinen, & Molsa, 2006).

Summary

Raising children in New Zealand brought new stresses. These included concern about the loss of culture, values, and language, and losing their children to less palatable values including the consumption of alcohol and drugs, gender mixing and loss of respect for elders. Women addressed these issues in a range of ways that included trying different, less hierarchical styles of parenting; attempting to spend more time with their children; and engaging them in broader supports, e.g., the mosque. However, a few women had the experience of losing their children through the intervention of CYFS and felt disempowered in their interactions with CYFS and with schools.

Recommendations

- **A programme for parenting for refugee women, particularly around issues such as discipline and intergenerational gender issues.**
- **Improved access to information about parenting in New Zealand, details of New Zealand legislation, and the role of CYFS in preventing problems between parents and children (Lewig, et al., 2010).**
- **Provide information about parenting in a new culture, including information about services and supports available for parenting roles (Lewig, et al., 2010).**
- **Consider the timing, mode of delivery, and setting for delivery of information.**
- **Providing comfortable settings where families can ask questions: DVDs, websites, telephone help lines, workshops, information sessions and home visits (Lewig, et al., 2010).**
- **Programmes specifically for young people.**
- **Cultural competence training for CYFS staff, including culturally appropriate ways of working with families from refugee communities where the roles of parents are respected; and learning about cultural expectations.**
- **Engagement of schools/CYFS with community elders and leaders.**

Another arena that stretched the resources of women who took part in this research was family reunification.

3.4 Family Reunification

“We still remember our people who are still there in that life.”

Extended family becomes more significant for women who are on their own. For women struggling to have a life, it is even harder to advocate for their families and for bringing them to New Zealand.

Women were often relieved to be in New Zealand, but felt that life was incomplete as long as they were worried about family elsewhere:

It was all these good things we found here, is sometimes wrecked by our thought. We are in a good place and our children are attending school, we are attending the school ourselves, we're sleeping in a nice place, eating nice food—but when we think about our mothers and fathers, brothers, and relatives back home, it really puts us down and start crying. So that's what the cycle we keep doing, every time.

However, keeping in touch with family was expensive, and bringing them over was time consuming, exhausting and complicated.

They brought us here but there's still family back home. And every day they ring us and cry and we can't support. We are powerless. A lot of children, relatives, grandchildren, nephews, nieces, we can't help them.

This sense of powerlessness was distressing, as was the sense of being the only hope:

Yeah. As in myself, I have different feeling. And I can't, I didn't taste any happiness here, because since I came here, I've been waiting for to get citizenship; but I couldn't able to find citizenship, because they told me I have know English first. And I was thinking, and my age also, doesn't allow me to learn. Whenever I go to the class, I don't learn anything. So I don't know when I'm going to get citizen. And it's, either I have no way to see my family, or to bring them. So this is the thing.

Everyone is thinking back home, their family, because everyone, their family are survive. Then here, this person who comes here, "What's going on back home?" And still, your family is there, they are suffering; and you are the one who is here, and you are their hope. Immigration make it difficult.

There was also acknowledgement of the changing role of Refugee Services in terms of advocacy:

But unfortunately the recent immigration policy has changed and Refugee Services has totally stopped helping out in regarding immigration matters at all. So in the past, the big load they have had were immigration-related things, you know. And now they are not dealing that at all so, there's no one who...

Family reunion was the big issue for me, that's why [name] says. Because we were waiting long time to come to New Zealand and we were thinking when we come to New Zealand, all the family we left behind will come again. They

will come to New Zealand and join again but it didn't happen. So still we are waiting for them.

(Interpreter): She said, "My mum is here. She lives with me. I have five sisters, who the youngest has six children. And they are a large family. And three brothers, who has five children, 10 children, more than that. And they are suffering. And my mum got confused, and I got confused—we cannot help them. And they keep calling us because they don't know what to do. And I cannot cover them, all of them. But I have to—it's compulsory. And I don't have enough money, I don't; I cannot help them to look after home. But we got depressed, and everything is so hard. And even we try to bring them, some of them here, but the immigration says No.

Not only is it distressing to be worried about family, but the lack of transparency behind the decision making exacerbates things:

Yeah, and the main thing I want to add, we are here—even though we are in good place—it's still our heart is still back home. And also, last time we put our application in to bring our people here, but nothing happened—only they brought half of them, and the others they declined them. And we don't know the reason behind it. Yeah, you have a person who's there, you want to bring her or him: you can't. Like me, I apply for my mum—she couldn't come. At last, this year, she died. So I'm now planning next year to go and see her grave. So that is very...if Immigration or Refugee Services can help us with such a situation, we would be happy. Thanks.

There's also a perception that there is a lack of understanding on the part of immigration services of the cultural context from which refugees have come:

Just Immigration, you know, just only for me to stay, Immigration thing it's very tough and also sometimes they don't see the culture, religion and you know, where you come from and things like that. They don't put it into account. And also, they go far for their which is very horrible, so just Immigration issues, yeah. It's hard.

Time, hassle, expense

The experience of trying to bring family over is characterized by frustrating efforts and expenditures that do not produce results, compounded by the length of time the process takes.

We know it's the rule. If it's wife or husband, it might take six to nine months but if it's family maybe two years, but sometimes it takes more than that and they spend lots of money and they say like they've been working here, hard working, day and night sometimes, just to support that person who they're bringing over.

Being financially responsible for family members back home is also a big pressure:

When you have family back home...they need a lot of things from you and to send the money, maybe some people I knew that they said it once a day to send money because they are not working and then they give that money to their family. And you know, the process at immigration, it takes at least three, four years, five years, six years, and also, they don't see it individually,

the cases. Like, if I am by myself, I need someone if I am asking, then they don't see that way. They just still asking, they, I don't like it, it's painful.

Yeah. For, like for me, I will take an example of myself. I'm working—I'm a single mum working—one income's not enough for me. The more you work, the more tax, and the rent go up, even if you're in Housing New Zealand—this is what I'm facing now. Yeah, I'm a single mother; I'm working six days a week and study, but the money's still not enough for me. When my mum passed away, I couldn't go—I couldn't fly. So I have to do something next year to go; otherwise I can't afford. So the money's not enough, really. While we are here, you just pay bill, shopping, but you can't help someone back home, yeah.

Your family is back where there's no peace, always fighting. Maybe in refugee camp they are suffering. Then you are here. You have to help them. You get depressed all the time. They're phoning, phoning, and spending lots and lots of money for phone, and if you cannot afford to pay the power bill, everything you have to know yourself. Send them back.

Paying advisors and consultants by borrowing money was also prohibitive:

(Interpreter): He helped with money, she had to borrow money, yeah. That's what she's saying—like, it costs a lot of fortune to bring one person or one family here, because it's taking time and money. And yeah, sometimes we just give it to the consultant. He charge a lot, and one not less than \$5,000.

Also, second to that, while we are here in New Zealand, we can't support our people back home. Because the benefit we are getting from government is very low. Government is not supporting people like Australia—Australia, I think, each child gets with five dollar. But for us here, I think it's \$32 per week.

For some, not knowing about their family members meant operating with uncertainty:

Since I came here, I thought I would be reunited with my brother, even my mum. I don't know now if my mum's alive or dead—I don't know, because I have lost contact. And I want to reunite with my brother, but nothing happens.

Others were unaware of the process they had to undertake to bring family members over:

When I come to New Zealand, I wished, first I wished to have a good intention and good kids' study and have a good job, and after sometimes when I felt very lonely and homeless, then I wished someone of come my family here, and then after three years, one day I visit [service provider] and she said to me, "How many years you live in New Zealand?" and I said "Three years", and she said that day, she reminded me, "Oh, why don't you apply for, you are, maybe one brother or sister?" And I said, "What?" and then said, "Yeah, you can apply". Then I apply for my family, for my brother, for his family...after two months, Immigration answered me,

“Congratulations, your brother’s name come to the draw”. It came out and I was very happy. Then I apply for residence visa and after long time waiting, three years, yesterday my brother’s family arrived to Christchurch and now I’m very happy.

Summary

Living in New Zealand is difficult for women who are conscious of their own comfort while other family members struggle. However, the cost of bringing family members over is prohibitive and the costs involved in providing support in the form of phone calls and remittances add a burden to the lives of women who are already financially stretched. The importance of extended family is highlighted for women on their own, who need the kinds of help that could be provided by family members. An additional stress is the requirement that refugee women be able to support their families once they arrive in New Zealand. The process is also made even more difficult by the lack of transparency in the immigration process.

Recommendation

- **Prioritise the reunification with family for women who are here on their own.**
- **Provide financial support to women.**
- **Increase transparency of the processes and decisions that are made.**

3.5 Health Services

Good health is a resource that enables active engagement in a new society.

Equitable access to health services not only enables positive health outcomes but is also evidence of effective engagement with a key state service (Ager & Strang, 2008). Women's initial experiences of health services at the centre in Mangere were positive; however, getting their needs met and concerns heard within the new health system was often frustrating, with communication concerns and the perception that their health needs were being minimised in primary care.

Support at the beginning was good at the Mangere Resettlement Centre:

Like, when we came, the best support we ever received, like all the peoples, you know, we came to Mangere. We were there for six weeks, and we had fully screening, you know medical screening. That was really very good. Then they found out about, you know, many people they didn't know what problems they were having, even. Like complete the screening when they were there, they have had some initial sort-of ESOL classes, then their ID cards were made, their ID numbers, their benefits and all those things were sorted out. When they came here, you know, they were referred to—it was very well organised—they were referred to GPs. The GPs they get, you know, like \$40 or \$45 from other people who don't have, you know, community services card; from refugees they are getting only \$10 per patient which was very good. Many of our children they didn't have, you know, proper immunisation. That was sorted out and then, you know, they were put onto

that, you know, immunisation system. They were fully immunised, they get a recall, you know, that sort of things.

For this participant, the health system in New Zealand correctly diagnosed her daughter's asthma. However, the participant needed a lot of persuasion that an inhaler was going to help her daughter who was more used to receiving injections:

My daughter, she had, she was not well when she was in the camp, she was born in the camp and then she used to get a lot of injection every time. Sometimes six, sometimes four, and then she came here and then she was sick and I took her to the hospital and then the doctor he couldn't give her any injection, any medication. She was asthmatic. And then they start to give her the one I give her in the house, the Ventolin, and then I was very mad with the doctor because I used to get the injection and other things in Kenya. Then I just came to, you know, just, I just go to the community like, you know, 'cause they don't want to give my daughter and she's going to die because it's me and her only. And asked the doctor, he was Asian, and then I say No, you are not going to treat my daughter; because she is dying you are not giving her. And then they are still giving her the puffer and I told him you are not going to touch my daughter. You are not going to come and give her treatment; she is going to die, Insha'Allah, and then he called an older professor doctor and he came. "How are you? Are you the mommy?" "Yes". "Are you worrying?" "Yes". "She is in our hand, she can't, you know, she won't die". "No, she is going to die because you are not giving her medication. This is the medication I am giving her at home and it's not

working. How is going to work here? She need injection". And then, he was nice, and then he hold my hand and he told me, he ask me what I used to get and I told him. "Just wait, wait and then you will see". And she was listening everything. She was okay, she was fine with the Ventolin and then we came home and I told her "Eat; otherwise you will get injection". Do you know what? In New Zealand, no injection, no shock. So she just, so health care is very good. Very good, afford, very good. There are many, many things we have to say thank you because there are a lot of good things here.

Not being listened to or taken seriously

Another key concern was feeling brushed off by general practitioners with Panadol for concerns which then escalated into bigger problems, whereas if they had been listened to carefully in the first place, some of the problems could have been averted:

I mean, there are some very well-organised things which are happening and that support, especially health system, that's really very good, you know, except that, you know, always our patients say that "What's the point in going to the GPs? You pay \$10 and you get \$3 worth prescription for Panadol." For everything, there's Panadol. But it's working for children who are born here, because in our country, you know, it's different; they give, you know, heavy antibiotics and then they try to, yeah express that.

Some participants felt a sense of not being taken seriously about pain:

And sorry, I have got also the problem with the GP and doctor, yeah. From the last four or five months, I got a pain in my leg and when I went to GP the

doctor just prescribed me some Codeine and Paracetamol and I suggested for MRI and X-ray but the doctor said no.

On balance, this participant found the health system in New Zealand has positive aspects, such as an organised smear test, but the lack of flexibility and long waiting periods for appointments was frustrating:

But here they don't give you until they feel like that you desperately need this sort of treatment and there are long appointment systems. In our country, we could go to any doctor, you know, and we could, I mean, but still, you know. We are really, I'm very happy with the, you know, well organised. And, you know, smear tests for women, they have never had in their countries. Here they get a recall, free smear test they get, you know. And breast screening for mammograms and that sort of things, I mean, these are good things that we must acknowledge.

The participant who was placated eventually ended up seeing a specialist, who diagnosed a back problem:

You'll get better with this tablet but I was suffering and I was crying every night. I couldn't sleep; for two months I couldn't sleep. When I went to GP, just Panadol and Paracetamol. After two, three months when I went to the bathroom and I slipped in the shower and I forced to go to the specialist and my son took me to specialist, and the specialist recognised...I told her how I came to, I fell down then. God bless the specialist, bring me to the ACC and the ACC send me for MRI scan and the MRI scan showed you have got this problem and you're leg problem is because of your back. Then I had been for

surgery and ACC gave everything for doctors and maybe when I asked for the money, the doctor, I told to a specialist when I do this operation, now or surgery for a private, he said "You will pay \$5,000 for this operation." And I am on sickness benefit and I've got back problem from very long time when I was in Palestine, I have this problem. And now for two months, I have been for surgery. Now leg is better but I can't very heavy work with my back, yeah. And I can't work, and Work and Income push me to do work and I can't work. It's very big problem for me.

This participant highlighted the issue of communication:

You can see this is early screening, that's what Minister of Health had. You know Minister of Health is costing more than \$8 billion, you know. Now, if the GP pick it up because the GP, because of the communication issue, GPs could help. Now, she have to go spend all of her...That's what is happening. Early screening and then understanding is missing because of communication.

This participant did not feel listened to, resulting in devastating consequences:

I say, before it's very bad, two months before. I tell to her, "I see my toes is infection." She said and I listen, "No, no, not a chilblain". I was, Okay, I listen to you because you're doctor. After one day, then my legs is bigger because I went to work. After one, 24 hour, my legs is different. Again, give emergency appointment and I tell to her listen, I say "Listen, you said chilblain; this not chilblain, this infection.

And doctor gave me injection, 10 day, two injection every day and this story one month before and start again and she gave me antibiotic, three tablets. I take it every day but it doesn't work for me but I lost, I don't know where I go. I am, see, I am very upset.

I am very upset because New Zealand said doctor is very high class but no. I'm not agree with this because doctor not listen to patient. The patient problem not addressing quick. Just Panadol not enough.

This participant related her experiences of ill health and how they had led to her taking more responsibility for her health and to be more of an advocate for herself:

Can I say something? For example, you know, I always look for that because of the stress, you know, I've never, something a real benefit is my education, it's to look after myself. I screen myself because I was pregnant during the war and I lost the baby in my womb and I was very sick and I had kidney infection. Then when I came here, I also developed, you know, growing infection after infection and here they never picked up. When, in order to, I have in my heart something is going to go off and I used to screen every year to look my kidneys and my uterus. Then, through the screening, I picked it up, there's starting cancer in my left kidney. Immediately, you know, if I didn't know the language, if I don't have the education, I will die. What I did, I went...I did all private things. CT scan, everything, you know, then I went to the doctor and I said this is the problem. He say, "According your age you can't have cancer, a kidney cancer." I say, "Yes, I have. I already diagnosed myself and I need immediate operation". And it take me for three months to

do this operation. Then I say, What about this other people, because I have the knowledge, I say to them. Then I had cholesterol because he couldn't stop my cholesterol. I, myself, went to private hospital to find out that I got because whenever I'm working, whenever I went to climb, I was suffering problem of breathing, you know. I went myself to the hospital and checked and found it and push the doctors to go and look my heart. It takes me every time when I fight. I will fight, they looked. I already have got two big arteries on my heart was already closed because of the stress, closed and closed. And now they are clear, because that's things that I benefit from my own knowledge. Because these people are facing, because nobody understand when they go to the doctor what they want, you know. In New Zealand, it's that because they go for one doctor, they see another doctor.

Experiencing mental health issues

The mental health impacts of living life as a woman on her own are evident in the need to see a specialist.

I have specialist doctor and I go and I pay a lot of money. The reason I'm paying a lot of money, I found myself because of stress and depression in living in this environment, when you are not fit what you work, your heart always in your feeling. You are human being, you have got dignity. You are losing your identity.

The gap between expectations and reality results in many women needing support for depression from mental health services, but the issues that have caused the depression remain unresolved:

If I am not wrong, every second woman who is here is going through depression. Back in our country we didn't know what is depression. But here we all are having depression, we all are going to Family Mental Health because, you know, we are having, in the beginning when we came, we were, like, high expectations. When we came here it was a honeymoon period for, you know, six weeks there, one month here in Mangere, then one month here in a host city and then we face the reality and bang we went back into isolation. We started having these problems and even after being here for 10 years and 15 years, we still are going round and round and there isn't any solution.

Specialist mental health services such as Refugees as Survivors were important sources of support. One of the providers commented:

Well, I see patients in a consultation situation so a lot of the time it's a family or it may be just a refugee woman on her own, but that's quite unusual. She'll usually have a friend or a relative with her. And it's just so limited, particularly if you're using an interpreter. You just can't get the information you need but also treat the woman in a holistic way, because that's what I find. I find we're increasingly task-oriented, so we don't... We're there to do something and to find out what the problem is and to get it sorted, and it might take an hour, but you don't have an hour. So I feel like it's not a good experience for the woman and it's not a good experience for myself or whoever's being the clinician. And both of you are left feeling like there was an incomplete interaction and you didn't actually deal with the stuff that was really there.

And another part of that is I think there needs to be more agencies that we can refer people to for further help. I have a real thing about mental health. I think there are so many mental health issues. Like, and we don't even begin, I think in general practice we don't even begin to touch the surface of what's actually going on with the families and I find that really frustrating.

Therefore, the experience for providers is that structural issues constrain their ability to provide care for women with mental health issues within the existing structures of primary health, and plugging women into adequate support is also made difficult by a dearth of agencies.

Trying to find a culturally appropriate service

Another participant pinpointed the problems with the health services as being due to refugees accessing less expensive doctors. However, the disadvantage of this strategy is the lack of continuity and short consultation appointments. These issues, combined with communication problems, lead refugee women to have unsatisfying experiences and needing to “shop around” for better services. This quest for cheaper healthcare exists despite their entitlement to a Community Services Card whereby doctor and prescription fees are reduced.

I think our people are facing difficulties and it is difficulties that health provide us which our, already culturally appropriate for us is missing...What happen our people, they go cheap doctors, also Uni Health or other places. The places they go they don't see specialist. Most of them, they see each time they go different doctor, different doctor, different doctor. And also consultation time is very short and our people they have a problem especially of language communication. It's not only English, it's

communication between doctor and patient and it's lack culture; there is culture difficulty there. This area is creating people to move from one doctor to another doctor to another doctor.

The participant identifies the need for staff and services that are culturally competent. However, her concern raises the issue of how effective cultural competency training is for the end user. Refugees as Survivors New Zealand and the Waitemata District Health Board developed a training programme for working with culturally and linguistically diverse (CALD) clients, which trains health practitioners to work effectively with people from diverse cultural backgrounds, including refugees. The content includes working with interpreters.

The participant attributes the development of asthma in Somali children to communication problems between mothers and doctors, the overprescribing of antibiotics, and subsequent antibiotic resistance and the development of asthma:

I know my Somali community, you know. All the children got asthma now. Most of our children didn't have asthma. Now they are going from, because from the, maybe they first time they settled to have to see the doctor, like to see when they having antibiotic have to be seen chest infection and in New Zealand it's also fighting for resistance for antibiotics because if every time they prescribe antibiotic the child will get resistance when they need it and that's also difficult. But what is not making clear for them is that every time she goes to use this doctor, next time there she goes to another doctor, she goes to another doctor, and there's no communication. This will make a lot

of children, you know, have suffering and they end up being in, hospitalised.

You see then children have to be hospitalised.

In addition to improving mainstream health services, it was suggested that specialised centres or ‘one stop shops’ that could address both the physical and mental health needs of refugees could be beneficial—particularly if existing health professionals within refugee communities were employed, as they already possess the skills and cultural expertise to assist members of their own communities, thereby averting a lot of mishaps and dissatisfaction:

This is the difficulties, you know, because we have luck, because we have here nurses, we have doctors in every community. You have midwife. There are some pharmacists like this. Even this, if their people they are not giving job, if they become, you know, supporters and the hospital and the community clinic consider with these people, this will save a lot of hospitalisation. And care—that is, that is lack of, you know. And our people are depressed in home and they are sick; they are getting virus and this every night. Every community has [health professionals]...I meet all of them...And nobody's supporting them...Now, they are having counsellors, they become health promoters, all of them, because the people who are doing are New Zealander, are not people like her or me.

She adds that this would accomplish workforce development, cultural matching and competence, and the use of the skills of people who are underemployed:

I mean, that's really strange that they hire a counsellor from, I mean from here that she doesn't have any clue. They bring her and they bring the

person who is from within the community qualified and they ask her, "Okay, you just interpret". And in the counselling and there's sort of very sensitive issues. When you are talking to someone, you need that rapport, you know. You don't need another person in-between and because then the message gets, you know, you can't get through to that, you know, feeling and all. So, why don't you train us so that we people can do because we have been in their shoes, you know, we know better. But unfortunately, I mean, yeah.

There are many reasons for not accessing services (particularly screening services), such as a belief in fatalism, but another is the stigma about female genital mutilation. This participant recommends culturally specific services:

For example, for me, if I didn't have, you know...one of the things I always happy that I went to medical school, I could die. Even though I am Muslim and I believe our time, your time will be chosen but it is at time you need to have early screening, you know. And our people, for example, are early screening. I know, for example, some Somalians, some Sudanese, some womens, they don't go for screens cervical cancer, for, one of the reasons is because most of our women they got special operation restricting vagina and they don't want to talk about that. And these women are missing for early, early diagnosis. And also because it's hard for them, they are finding it difficult to go for a doctor. That's a culture issue, you know. In New Zealand they said, you know, that's where available a lot of GP, but a lot of GPs are not Afghanis or Ethiopians or at least, and we are not getting comfortable to go. There's no environment, there's no social worker for us, there's no someone cultural advisor there. There's nothing there.

Getting used to a different system

Refugee women also have to get used to a new health system where continuity and public health screening is available. In addition, some of the other ways in which they might have remained active are not available, such as walking with other women to get water, so new ways of maintaining health and fitness need to be found, for example, gender segregated swimming spaces.

Participants spoke of getting used to the continuity of health providers:

This very good for health. They all, they have a GP, a family doctor problem, and in our country—I am like 30, 35 years live in Afghanistan and Pakistan—never, I never had a family doctor.

The value of having regular smear tests and preventative screening was mentioned:

Just only anywhere I went, I never, they never achieve....they never smear test. Now I am very happy, my GPs they rang me, nurse rang me and “[name], your appointment for smear” and in my country never they test for this thing. They never test for cancer.

Participants discussed the barriers to being fit and exercising:

Just one problem. I think when they, the new people come in and I say can you please honour my request, can you please, just one the immigration or maybe refugee sometime, they help for refugee people, just swimming pool, having one swimming people for womens only, just only for two hours. Just every people can't go for this time.

But before, I never go to gym. Always my doctor said, "Please, you go to gym", I am saying, "No, I can't go to gym", because in Afghanistan, no gym. People maybe very bad talking. No swimming. Yes, in Afghanistan is swimming, we got it swimming but it's for family, not for single lady.

For this participant, not having anyone else to help her means that when her own health is at risk, there is no one to assist her and look after her children:

(Interpreter): She says something, how she is not very happy being here in New Zealand by herself, because government should look for people who doesn't have relative here—like myself; I'm by myself with my children—I don't have any relatives. Like last year, I went to hospital. I spent long period of time in the hospital; even my oldest child, now she miss out from school—she miss a lot of papers, because she was looking after the youngest children at home. If I have someone that have family that could look after my children, then my young children must sacrificed to leave high school. This is really very difficult, because there are some times you need to be your family. People—not because there is no support; there's a community, there is a support—but community support and relatives is different. So somebody like me, I really was asking that to happen to New Zealand government.

Refugees have to contend with issues of resettlement that present them with health challenges but are not included as a priority group in policies and strategies aimed at reducing health and social inequalities, despite experiencing high health and social needs and poor health outcomes (Mortensen, 2007).

Young and Mortensen (2003) found that many refugee families used emergency departments (ED) for primary care in Auckland, due to poverty, the lack of alternatives, and a knowledge gap of the differences between primary and secondary care in New Zealand.

They identified late presentations to the ED and a need for community education, as well as professional education programmes for staff to include an understanding of the refugee experience and of the cultures of refugee communities (Young & Mortensen, 2003). A similar recommendation was also advanced in research by Lawrence and Kearns (2005). Language difficulties extended beyond the medical appointment to encompass the full continuum of the healthcare experience, from making appointments to filling prescriptions and all the steps in between. At many of these stages, interpreting services were not available. Lawrence and Kearns (2005) suggested that one's health needs to be considered in the context of the resettlement process, acknowledging the challenge of beginning life in a new country without a support network, having to find employment and housing, compounded with the anxiety faced by refugees related to family reunification. For the health providers in the study, the following issues when working with refugees were identified: medical, cultural, communication, and operational. Lawrence and Kearns concluded that the funding of care, the provision of translators/interpreters, and the training of health professionals were significant issues that needed to be addressed in order to enhance the capability of primary care providers to offer acceptable and responsive services to refugees.

Pavlish, Noor, and Brandt (2010) recommended that healthcare providers

working with refugees become aware of nonverbal language and develop ways to demonstrate warmth and welcome. They also recommended that healthcare professionals expand their paradigms of care beyond 'medically-focused' and 'problem-based' approaches to become more holistic, and that they improve awareness of the broader social contexts impacting on care.

Summary

Women encountered a different health system that at times was difficult to navigate. Many women felt that their health concerns were not taken seriously and that the health system created new problems. In terms of some health beliefs and stigma, there was value in having available more culturally appropriate services. The surfeit of refugee-background health professionals was a potential resource that was not being used.

Recommendations

- **Train and employ a more ethnically, religiously, and linguistically diverse health workforce at all levels.**
- **Develop culturally responsive services.**
- **Examine the affordability of services.**
- **Expand the cultural competence of staff working in health services.**
- **Evaluate the effectiveness of the CALD training that has been rolled out in New Zealand.**

3.6: Education

Education provides particular benefits, opportunities, and forms of social and cultural capital, and is fundamental to the functioning of a robust and inclusive democracy (McPherson, 2010). However, there were barriers to further education for women on their own. One of the ways in which women tried to get into employment was by taking part in training programmes. In addition to providing vocational skills, these programmes orient women to the social and cultural environment of the receiving society (Hinsliff, 2007).

Barriers to Accessing Education

The Cost of Childcare

There are barriers to accessing training for refugee women, as seen in a New Zealand survey which found that English language proficiency, health issues, and costs of, or access to, childcare were barriers to undertaking study or training (New Zealand Immigration Service 2004). In this study, the cost of childcare was an impediment to employment and further education:

Is there any way where they can find a day care which is cheaper, especially for refugee children, where they can be there at least for to give parents some time to study and work than going to pay \$200 per week, which they don't have, or \$150 per week, which they don't have? Is there anywhere they can get a day care taking the children there to give parents the chance to study so they can get into workforce?

Yeah, also other things, like [name] says. Here, in this country, like ourselves, in the state that we cannot be able to learn, because we are not going to learn anything. But we can have a job that we can look after the children, if there is a centre. People like [name], they can bring their children in and they go to school and do other things, and we look after children. That can be a job for someone like me, and all the other people.

She says, last two years back, there was people from, maybe from Auckland Regional Migrant Services Trust (ARMS). I took her to the houses for interview to assess them, and to find a school for them. That is why she says I have a little English from that, that time; but the difficulties was, she had to go seven o'clock in the morning, with her little children, and her child—the youngest was eight months—and she had to sit with the child in the class, and sometimes the child it would have a cry and go take her out. She don't understand all the lessons. So that was the difficulties. And plus, when the class finished, she had to wait for the people to pick her up, for a long period of time. These are the problems happened. But this time, we need to see change, to at least have a place where we can leave children.

Is very expensive. Because I've got a 25-month-old stepdaughter. To take her to the day care, it's like the money you get paid the week is the money they charge at the day care.

The problem she said because they were little when I came and no daycare system because the...if I tried to go to put my children into day care, that is the benefit we get. That's what [name] say. So I have to keep at home. So that's why even I didn't learn English because I have to look after the children until they reach the kindergarten. So that was the difficulty first few years.

Yeah, like New Zealand has just a really boring life, because we just eat and watch TV, looking after the child; because you have a small child, you can't have nowhere to take the child.

The cost of education

Access to further study was impeded by cost. Women saw having to take up loans for their education as prohibitive, especially when it came to basics such as learning English and learning how to drive:

She said after two or three semester, finish. They said you have to take the loan. And our English is very basic. If we take the loan, imagine it will end up a lot of money and we don't want to do that. So children is okay but not for us. For us we need just these skills, English classes.

The same. Like, education first because education is the key and then driving because in New Zealand, if you don't drive, life is so hard because you can't depend on people to come and pick you up. If you go and wait at the bus stop, you wait for hours, especially if you don't know the timetable.

Prioritising their children's education

Several women saw their children's education as being more important than their own but also recognised the limitations of not being able to understand what their children needed to learn:

Because this is something I want to tell her. This is the chance for children, and we cannot take it for ourselves. Because our time, we don't blame ourselves. It was a war in our country; we learned Arabic through; and in that time Arabic is no use for learning more. And we start from the scratch. So I just want to say to [name] what...the way she feels—because I understand what she feels about—is hard, because that is what happened to all of us, which we came. You feel, even sometimes, people, they don't know even...She is lucky, she understands that her child can do homework; but others, they don't know even the meaning of doing homework. They don't even tell their children, "Close the TV. Go to your room". And this also reflects to today's children learning. And we can't blame ourselves.

Impacts of missing out on education

This participant adds that her poor language proficiency has an adverse impact on how her children view her:

(Interpreter): She says this challenge and difficulties we find here is like the low level of our education, because our communication with our children, there is a difference between here and where we come from. The challenge here, children also want to see you, like educated person know how to talk the way they want to be; and all this let us down in front of our children. And we feel low about ourselves; like, things happened to me today, this

morning—I was not happy about this—where someone filled for me a form. It's make me feel bad about myself. And this is that I carry the same feeling to my children when I communicate with them, because I don't know, they want to expect me to know what they know. But I'm not...This is, this is bad for me.

This Christchurch participant saw her poor English proficiency as a barrier to engaging with people and having future job prospects:

When I talking with someone, I'm not happy because maybe they laugh at second language. I always I'm very hard try because I'm see must...I'm learning English but I have six kids. I sometime maybe mistake something and maybe they, I know I'm another country like. Sometime I'm lots not happy and why I'm not understand good English and for my husband when he going to, because I can't another job if I always with I'm sitting with my kids I can't find good job for my husband like factory, like this.

Strategies for making education accessible

Being able to study and access childcare

A participant proposes a possible solution to the power imbalance generated when children have a better grasp of English than their mothers: it could become an educational venue where mothers can learn and children can be looked after at the same time:

(Interpreter): She says other thing also, we are facing here, like our mothers, who came here with no English, like my son. I, with little children, have no chance to go to school. We need a place that we can study and keep

my children, look after my children at the same time. Because now, when your child comes from school with a book, they want you to read for him or for her. And when you are not able to read for the child, you feel bad—even your child feels bad. Why Mum doesn't know English? This is really a very difficult case for us. We need to look at that, if possible.

Mentoring that directly leads to work

Several women thought that being mentored long term could help refugee women into work:

So we need the refugee people, when they come and say, "Okay, go to this English class and learn English class. Children they have to go this area". And then after she finish the English class, someone have to involve take her to the employer.

Summary

The cost and availability of day care for refugee women who are on their own is prohibitive, in some cases consuming the lion's share of their income or benefit. Taking up loans in order to finance their own education is also a problem. This prevents women from achieving their own goals, such as learning English, driving, or further education, which would assist them in the long term with employment and independence.

Women generally considered their own advancement as secondary to their children's. If women were resourced financially to gain an education, this would assist them to also be a resource for their children. Having long-term support to enter the workforce would also be of benefit.

Recommendations

- **Subsidised childcare for women on their own.**
- **Mentoring.**
- **Scholarships for further education.**

3.7: Employment

Employment is fundamental to resettlement for refugees (Khadri, 2009) and has far-reaching effects such as enabling economic independence, allowing planning for the future, creating opportunities to meet with members of the receiving society, assisting with the further development of language skills, restoring self-esteem and confidence (Ager & Strang, 2008).

Yet, a New Zealand research study found that only 16% of refugees were working six months after arrival, and 26% after two years (New Zealand Immigration Service 2004, p.12). Many women experienced the challenges of entering the competitive labour market and experienced discrimination. They attributed this difficulty to their cultural difference and this compounded feelings of being different and isolated and added to concerns about their status and potential.

Barriers to Employment

Lack of recognition of skills and experience

A major impediment to finding employment is when qualifications and previous work experience are not recognised (Ager & Strang, 2008). Several refugee women had an education and qualifications that were recognised in their own country but were not recognised here. For this participant, the only time she felt like she had any dignity was when she was in a position to help women in her community by using her skills:

My life it become to do the homework, interpreter, some women having babies who knows me because I deliver the other babies at home, then I go with them, you know. Then, you know I have dignity, I have life. All this makes me, you know, always sad, but keeping this sadness brought me a lot of sickness.

The unwelcoming and deskilling experiences she has had have made her unwell. They contrast with her experience of working in her own community where her identity and expertise are valued and validated.

For another participant, a frustrating aspect of trying to find work was the demand for local experience, even for the most menial kinds of work:

Even for cleaning, they keep asking if you have experience.

One participant suggested that obtaining work is dependent on who you know rather than what you know, but that the demand for experience puts you in a Catch-22 situation. Ultimately, the hunt for work is demoralising:

I've tried to apply for a job but I don't get any and I came to realise myself, I said, Well, maybe these days it's who you know in the job to get the job and you end up sitting down keeping, pushing the application. Sometimes they call you. Sometimes they don't call you. Sometimes they just call you for the sake of calling you. You come and waste time with the interview and then after they say, You know, you have no experience, and my question is, How can I get experience if I'm not employed. Because you get experience while you are in the job, right, because you just finished study and they want you to have experience. Where are you going to get that experience? You have to

be in the job to get the experience or you don't get it. And I've been so hurtful for that every time I apply, they go, "No, you don't have experience". I asked one of the manager, "What do you mean, I don't have experience, because I'm applying for the job to get experience. You get experience while you are in the job. You don't get experience while you are outside the job".

It would be better to be given a chance to prove yourself by being given the opportunity to obtain some experience through a trial period of some kind:

Yeah. At least it's better to give somebody a chance to try and you see the person, their skills, and what they have than just say, "No, you don't have experience" and that's it. That's why many people they end up going up on the benefit because they are told they don't have experience and, for me, I'm not on the benefit either. And they can't employ me and they say I don't have experience but I've worked in the social work field for three and a half years and they still think I don't have experience. So I'm asking, "Why is that?"

The women would have preferred to receive better support, advice and feedback in order to obtain work, particularly when overseas experience is readily discounted:

That's about just the job. My complaint is just the job. I'd like to know why they want people who've got experience. Why we're just applying for the job? I'd like them to tell us where to get the experience before we apply for the job, because I've studied here in New Zealand for four years. I don't have any problem with English at all and I've elsewhere as well but they want me to get experience. So if they can tell me where to get the experience from,

then I'll go and get it. So then I can apply for the job. Because I like to work. I am the kind of person who likes being busy. I don't like just sitting down in one place.

Recognition of qualifications would also make a difference and prevent underemployment (having a job that does not require the level of skills or qualifications that the person already has). Ager and Strang (2008) noted that underemployment is a common experience for refugees in the labour market:

I would like to add something here ,you know, that our qualifications are not recognised here. Like [name] was saying, she was a gynae doctor there and here she goes to (name) Woman Hospital and she's interpreting to a nurse—you know, gynae nurse. And same is, that's why our men they don't have any option; the only option is get a licence because they can drive only, which doesn't need much language, so they go and get a taxi driver's licence and be a driver. If our qualifications that we have had back in our home country are recognised here and we could also be a positive, you know, citizen of this society, but unfortunately we are not given that chance as compared to Australia and other countries.

This participant suggests that the lack of recognition of skills and experience hits those hardest who are highly qualified and experienced rather than those who are young and beginning their working lives. However, even enrolling in educational programmes did not always result in employment:

And also, what she said is I'm happy, I'm glad she's happy, you know. The people who are unhappy are qualified people. The more qualification you

have, you know, more unhappiness at settlement here, you know? This is true what you say. It's here, too. Look, I come with my own qualities. Those who didn't, who never went to school, are got better chance than me because they came, they arrive here, they go, they are younger than me and healthier. They go for fruit picking, they go for this or this and, yeah. But me, there's no place for here.

This participant notes the irony of being asked if she had skills but then not being put to work, qualifications likened to toilet paper:

I had a degree, a job, but I couldn't practice because of the war that I was working with through the United Nations. Then I ring my sisters, my relatives, that sort of thing, but what they say to us there, where they were looking for women with skills. Now one of the first things come to our mind is that they will support us, you know, for that scale, but it become, you know, something doesn't access, yeah? It became something not what I would even...If you go to the Minister of Health, if you go to the Parliament everywhere, you know, it looks something, doesn't it? Why you studied not in Britain, not in...then your papers are just like toilet papers. But even toilet papers are useful.

Having programmes that support women to find a place in the new society, such as vocational training and further education, are thought to foster employability because language or work skills are obtained and they can create conditions for skills and qualifications to be used in the new context (Ager & Strang, 2008).

However, the excerpts above demonstrate that there are no guarantees.

Language barriers

This participant suggests that a barrier to being employed could be the lack of fluency with English:

Ah, very hard to get a job, yeah, because we are second language. I don't know. Now I was in, maybe I, seven years maybe I have here in New Zealand I have been but I apply many jobs. I can't get. I don't know.

Lack of English proficiency is a major barrier for family members who arrive through the family reunification process and are not entitled to the same type of support as those who come under the refugee quota, meaning that it takes family members a long time before they settle and become independent:

The most difficult is when you bring the family here, not the refugee quota, they're not going to eligible to get a loan for at least two years. Even my mum, she brought here a sibling. They're not eligible to study, to apply a loan, and to go and improve their knowledge. Yes, some classes or some other; there's other programmes available but some, their level is higher than that and they want to go from there but they can't afford. You don't have the money to pay and they are not eligible to go there because you have to be here two years. They cannot get the job. It's difficult. They cannot speak English fluently and you know Kiwi accents are very fast and now they are coming home and sit and do nothing. They said, "Where do we go from here?" One of my niece, she tried apply cleaner but they said, "You have experience?" She cannot speak English but employers they have the right because how are they going to communicate? It is difficult but they have to

get some English level who is maybe advanced course. This is for beginners, you know, the ESOL. There's no advanced classes. That's what I'm thinking.

Lack of private transport

Lack of private transport is a significant barrier to obtaining employment, which is not only about having access to a car, but the costs involved in gaining a driver's licence, the cost of lessons, and then the cost of the actual licence, especially for those on a benefit (Hinsliff, 2007):

"Do you have a car?" I told that to the staff, that I don't have a car. "How you come?" I walk. Some people are asking about this. I went to Newtown. I applied for the job. She said to me, "Do you have a car?" and I said "No".

For me, I'm not going to learn English but I need someone to take me to the factory to work. I don't want to accept the benefit. The benefit is too little. So I need factory work. I will do my muscle, I can use my muscle.

Pre-existing health problems

Having a pre-existing health problem also limits the available work options:

For me it's different because everywhere if you go for job and to join some job, you have to stand and do something but if some people had the difficulty with health like me, I have back problem and I can't stand and work and the Work and Income every month send letter you have to go to job if you didn't we will stop your benefit and I am worry about this. And then when I apply for job and I write on my application I can't stand if I get some job to sit to suit my health, I really appreciate to do this job but I can't

find. Yeah, it's difficult for me because until now I am jobless and I stay at home. I can't job stand. I can't stand for a long time.

This participant highlights the health issues she is facing in addition to trying to work, and the financial demands she has to deal with, meaning that she needs counselling and support:

I go to physically job, I find, my friends find for me in factory, you know, brings chicken out from [name]. For long way I go to driving and now is this job is for me problem because the place is chiller. I working in the chiller. My feet is get chilblains because the weather is very cold, minus 11. And I give in chilblains and chilblains change into an infection. Still I busy with infection, now my feet is, this my feet, is bigger than this one. And my doctor said maybe infection, I don't know. Go to your heart. One day you die. Please be careful. Last week before, because one month, one weeks before, we have fasting month. Before finish the fasting month, I rest at home one week because I am not well and yesterday I start again job and my supervisor and my manager like this, upset. "Why you not come in? You, not good; you sit at home, you give, you know sickness benefit." Sickness benefit not enough for me, I have lots of finance. I didn't understand I may change, like now.

Structural racism

The desire for similarity or propinquity is noted by this participant:

No same. I think, I find one another things because not Kiwi people, Kiwi people like boss and manager in New Zealand. Some from another country like Australia, men from South America, and South Africa people, coming to

New Zealand and they buy a business and they boss and manager, they looking for skin, not certificate, no, they looking for skin. Maybe us skin is black and from different country and they looking for religion, for Islam. They didn't give job. Because same again to my job.

This participant notes that refugee communities can't change who they are and there is a need for support for the next generation:

No, I feel helpless, you know, I brought this country a lot of my cousins and my son is already at university and I see he is facing the same problem all of us are facing. Now, at least we have engineer, we have doctors health science who all finish Otago University. They are sitting at home in Christchurch. We brought them here when they were three years or four years old and they graduate here, you know. I see the coming generation is not getting support, you know. One of the main thing, you know, we are here and we want everyone to see us as people part of here. You know we accept it, we are good citizenship, we got it, but we can't change our accent and language and colour and who we are. So wherever you go, it's there. This is coming with us, you know. That is really difficult. We want that, because what happened the government, New Zealand Government, the Parliament, the upper-level people, they don't recognise us. They recognise through United Nations from 1950; they saying bring 700 or 800 people, just to come through this country, you know. We want our voice to be heard.

This woman notes that there is a lack of acceptance and that her age, language and colour are a barrier:

Because of backache, sometimes you can't do it. Fruit picking even you can't do it. And some, even some factories they don't accept you because whenever they see your colour and your language, and they see your age, they laugh. That's the reality.

Wearing religious clothing

Clothing has an impact on inclusion or exclusion, as it can emphasise differences even if they have local qualifications, as exemplified by the wearing of the scarf:

It's difficult for us. We have too many teenagers, girls, who graduated university but they cannot go to work because they have a big dress or scarf. They cannot go to offices, they cannot go this, this, this and it's difficult for us actually.

Growing research suggests that young Muslim women who wear the hijab and dress modestly in Canadian schools are often excluded or socially isolated (Phoenix, 2011).

This participant suggests that this situation could be remedied on the part of the employer who could focus on the knowledge that the refugee presents with rather than what they are wearing. However, from the view of the dominant culture, employment will be a barrier unless difference is minimised and the refugee woman dresses like a Pākehā:

To change the situation. They have to, don't look at my dress, but to look my knowledge and what I have. We have to share. Don't look my dress. One day I remember I want to apply the computer course and the lady who is boss of the place, I ask her to bring letter from WINZ. It was 2000, letter from

WINZ, something like that, bank account. She ask me silly questions. Still I feel angry when I remember. She told me that, she said "Why do you want to study because you will not get that job anyway?" And I said "Why?" and she said "You have very big dress, you have to change, you have to dress like me" and I said "That's not your business, you have to..." Sometimes it's difficult for us. We have too many girls who finish their study but they cannot do what they want because of our dress and then they stay at home or go to cleaner instead because that's the only job they can do. I don't know.

Cost of childcare

Women raised the cost of childcare as being a barrier to employment. A respondent also indicated a preference by respondents for children to be looked after by family/community rather than strangers. Thus, childcare is a barrier to employment that is shared with the general population, but additional factors related to childcare prevent some refugee women from entering the labour market (Hinsliff, 2007).

And also, problem of, there is not enough support for education of people. Like in one area, like Mt. Wellington, Glen Innes, there is good—they have Selwyn College, where they can go and leave their children. But people from South, there they are really suffering.

Yes. This is good. It's got lots of women and they have small kids, and they want to go to work, but nobody look after her kids. This is good to find some cheaper place for their, put their kids to, for somebody look after her kids, and she go to work. This is very good.

A more communal style of caring is advocated where women can share childcare, which would serve several aims:

Just to mention some other thing, because in other close countries, like Australia, places, what they do, women share caring. Some care of friend's children and she will go and do some things to do for her work or families and other times, and it's paid, you know. You don't have and that is economical, it's you're supporting each other. That's how they do, because the same culture, the same language, the same things.

Childcare, then, for example, woman like my age, you know, her children grow up. Maybe her business is that all young woman around that area will bring the children to her house, and she cares, she'll give them food. She'll look after them and she'll pick after school. Then there's women has the opportunity to go to school to have work and that it's within their community. That's a good, good situation, very good then, and women, they appear to be very cultured. They understand the language. Because children they learn the language from, you know, very young, then this person is teaching the same language, the same culture, the same religion, and children are very happy and young mother is getting support. We like to have that system than this. Their culture and language would be retained.

Australian research has advocated for innovative models such as involving older community members in the care of children, which would both help with the care of children and enhance children's connection to their culture of origin

(Lewig, et al., 2010). At the same time, playgroups and childcare could provide parents with opportunities for informal social interaction and learning (Lewig, et al., 2010).

Impacts of unemployment/underemployment

The inadequacy of having only one income and the overwhelming stress of resettlement are difficult:

And this is when you compare the sacrifice you do, and the benefit you got—they are not compared. This is discouraging. And we discussed this as a community before, especially here in [name]'s group. So this is important thing—because we are not earning money, and we are not motivated ourselves to do work, because you feel yourself. That needs special consideration to especially single mothers, because you've only got one income. Even though you work hard, it's still one income.

Trying to make ends meet was a painful struggle:

It's not enough, yeah. Like for me now, I work six days. Six days—still, the money's not enough.

Many women valued being able to assist other agencies or their communities, as it made them feel useful and prevented boredom. This conversation highlights the value of contribution:

...every country women very like work. They not happy stay at home. Because now the Refugee Services rang us, "You coming for meeting", I'm very happy for five minutes I'm going somewhere.

It gets bored at home all day.

Yeah, bored always. I happy. I find a good job.

Everyone you like going to go to job.

*I have a lot of certificate or diploma, a lot of hope, but still I can't find job,
good job, but...*

*But important my family is here, when I need like home change, because I'm
young, I need to live like that, no money enough, but will I borrow always
money? Always borrow again, borrow again, borrow again, borrow until
now?*

For some refugees, being involved in consultation meetings made them feel useful and gave them a focus. The excerpt highlights the ways in which women seek agency among the limited possibilities available. Taking part in such meetings enables participation in community activism, reduces isolation, and is a way of contributing to organisations that have helped them, as well as a way of developing further skills. However, while a meaningful activity, it provides only limited access to the receiving society (Tomlinson, 2010).

Concern about the next generation

Schools are assumed to provide skills and competencies that provide a future pathway to employment, enabling people to become more constructive and active members of society (Ager & Strang, 2008). However, many women expressed concern that refugee youth were unable to find employment despite having earned qualifications:

The problem of, um, children after they finish the school no work, so they just getting the benefit and we don't like the benefit.

No, when you went everywhere, and nobody recognise you, and if you apply for a job, even working with refugee resettlement, all of this, you know, they are employing their own people. Nobody's, where, you know, we become desperate. Like, that's really issue, and we see that now, our other young people who grew up here, who had qualification. You know, for example, I saw my community, there's young girls who just sit at their degrees from Otago University, Canterbury University, they're staying home. Wherever they go, even they are fluent, better language than us, and we see that you have to go up road again, you know. It become recycling, you know. At least we are higher but we have, we want to get recognised and give chance for our young ones, and also us. That, early it looks like, you know, they understand but they don't want to support us.

These findings mirror the findings of a recent report that confirmed the importance of employment to long-term settlement, but also confirmed the need

for more work to be done to support refugees into work in order to participate more fully (Gruner & Searle, 2011).

Summary

Barriers to employment included 'lack' of New Zealand experience, language barriers, their perceived difference (clothing, culture, skin colour), a paucity of appropriate childcare, and poor public transport. The impacts of unemployment included losing their dignity, the health impacts of taking inappropriate jobs, and boredom. Women were concerned that their children were not getting employed despite earning tertiary qualifications.

Recommendations

- **Subsidised driving lessons, support with transport.**
- **More work with employers to destigmatise refugee workers.**
- **Work mentoring/brokering services.**
- **Support for family members who come into New Zealand through the reunification category to obtain further education.**

3.8: Racism

Racism refers to the ways in which members of a socially defined racial group are treated unfairly because they belong to that group and occurs at three levels: institutional, (also called systemic racism); interpersonal, and internalised (Ziersch, Gallaher, Baum, & Bentley, 2011). Women in this study identified institutional racism in regard to obtaining employment in the previous section and in this section with regard to accommodation for herself and her twelve children:

Because that time it was 1993 and [city] was not used to African people. So they feel this is strange people come to this country... "Why are you here," they say.

This kind of racism refers to "practices, policies or processes that are experienced in everyday life, and maintain and reproduce avoidable and unfair inequalities across ethnic/racial groups" (Ziersch, et al., 2011, p.1046). However, interpersonal racism was more common, that is "racism in interactions between individuals either within their institutional roles or as private individuals"(Ziersch, et al., 2011, p.1046).

This interpreter explains about a participant and her daughter's experiences of racism in the form of verbal and physical abuse:

(Interpreter): The problem of her child always being beat up, and the child is 17. Same thing, where she's living now in her house, she is not allowed to come and sit outside, like to get fresh air. Whenever she's sitting outside,

people can maybe come throw her with food or anything. And sometimes when people come and say, "When are you going back to your country?" And they don't know when I come and where I come.

(Interpreter): It's because sometimes people here, they hear you talk in a different language, they, like they do ask you, "What language do you speak?" Some people they don't do and they get quite grumpy at you. Like why you don't speak in English even though they don't speak English properly, you know. That's still, for them it's, they feel shy if they say a wrong word or they don't know how to explain things.

Islamophobia

The next quote highlights the ways in which the diversity of Muslims in terms of their social, ethnic and cultural diversity is overlooked and negative characteristics of a minority are attributed to all Muslims. These include conflating the Muslim faith with terrorism and suicide bombers and inferring that Islam and Muslims are backward; inherently separate and 'other' to New Zealand and Western values.

Oh yeah, and one more thing, the lady here, it's mostly the matter when at work when they hear "She's from Iraq". They don't know in Iraq there's too many religions. So Christian people, they're not like the Muslim people. So Muslim maybe, well not most of them, say 60%, they're really bad people. They think badly and when they hear Oh, she's from Iraq. Oh, you terrorist, you kill people, you are Muslim. This is the first thing they think of. It comes

out and she thinks like this is a really bad thing happens with people always, most of the time. It happened with me before but not now, yeah.

This conflation of religion and terrorism is also seen in the anti-Muslim racism or Islamophobia that Refugee background children were the butt of:

They recognise the accent so they start making jokes of it sometimes and they say, "Just go back home".

In the next excerpt, the language of the War on Terrorism in the United States is invoked:

Also with kids, they're children, yeah. There's experience with her son also. They keep telling him that he's a terrorist. They used to tease him a lot at school.

The discourse tends to refer to religious rather than ethnic differences in the popular imagination, with Islam being the focus of hatred, although it is difficult to tell whether it is racial or religious (Phoenix, 2011).

His mum just keep telling him that "Don't worry, just calm down, you don't have to think about it, just keep studying. It's just words, you know, just talk; don't worry about it, it's not a big deal".

This excerpt highlights how refugee children's learning can be marred by inadequate support for learning the dominant language, or by isolation and exclusion, including bullying, racism, etc. (Ager & Strang, 2008). The mother's response to her son's experience of racism was to encourage him to be stoic. However, no mention is made of structural solutions. While schools can be a

place for both refugee children and refugee parents to experience contact with other children and parents, ultimately forming relationships supportive of integration (Ager & Strang, 2008), it is uncertain whether these issues were taken to school to be addressed.

Not being understood

Leaving, you know, coming, our expectation was that we will get, we would be understood and it takes New Zealand a long time to understand who we are, where we come from, what's our roots. It means that we are not getting our needs to be listened or understood.

The only people who knows our dignity, our values, is the people who brought us here—like immigration people. But people we found them here, who are working with us at the moment, they don't see us as a people in their eyes, especially Child, Youth and Family.

Responding to Racism/Islamophobia

Participants coped with racism in different ways including strategies such as reinterpreting events and confronting the racism by educating the perpetrators (Ziersch, et al., 2011)

Normalising racism

The following participants used internal strategies and rationalised the experiences of racism by suggesting that racism occurs everywhere:

So, like, maybe we feel discrimination. It's throughout world and maybe we are saying the job and things like that, as if there is depends on the skill and professional, so that is how I take it. So, maybe I'm not well. I am happy, yeah.

Every country you go like this. Not in New Zealand, every country. In Iraq, if you come one people from Syria or from anything, in Iraq the same. You are telling people, "You are from Syria". Every country you have a, this problem. It's not a problem.

Caughy, O'Campo, and Muntaner (2004) noted that denying racism can be a way of coping (cited in Phoenix, 2011, p. 318).

Responding by educating

Many women also took active steps to diffuse racist conversations by providing information that might help them to be understood:

We try to explain, we are Christian, we are Iraqi, we are born in Iraq, yeah, but we are from Babylon.

Summary

Refugee women and their children experienced physical and/or verbal abuse. They were marked out by their clothes, colour and accents and felt that they were judged on the basis of stereotypes. Many identified experiencing Islamophobic sentiments and discourses of the war on terrorism were invoked toward them. Their responses to racism were to minimise, normalise and educate.

Recommendations

- **Social marketing campaigns.**
- **Community education.**
- **Addressing structural racism.**
- **National conversation on racism.**
- **National campaign against racism.**

3.9: Sole-Parent Advantages to Being in New Zealand

Many women felt well taken care by the State in terms of their status as sole heads of households. For this participant, being a woman on her own in New Zealand was better supported than it would have been in Africa:

I came with my two kids to New Zealand. I came pregnant with this child. Um, in Africa, I would not have survived but, but they provide everything here for my child, for my daughter. I don't spend anything. So, yeah, there's a lot of things happen in this country that is good, feels good, for me it is good.

Having her children educated was a very important benefit to living in New Zealand:

Yeah, I'm very grateful to be here in New Zealand, because as a widow, is hard in our country to educate the children—you can't support the children to go to school in terms of finance, and all the needs of education. But here now, my children, all of them they are attending a school, even though I have difficulty learning English; and I'm very grateful, because my children are attending a school.

She points out what the situation would be in Africa:

Yeah; it's not only me alone, or we sitting here, but people back home who are left there, they are really suffering, because most of the women are widows. They don't have a husband to support them, and they don't have any resource to help them. People don't have the resources to support

them—education, health, everything. So people are really suffering back home; but we are glad we're here.

The opportunity to get an education is important for her as well:

1991, yeah. Life was very hard. But thank God—if you come to a place like New Zealand, you have to thank God—here is a good place we are now; you start from nowhere until you reach what you want to do. Like me now: when I came here, my English was very little, so I study with English classes and all this, and doing some training. Up to now, I've reached this standard I want now; I'm doing my Bachelor in Social Work. And I have to think that because, even back in our country, if your husband dies—even if your husband is there—you can't get such a chance.

Summary

- Institutional support for education and health was valued.

Recommendations

- **Continue with current strategies and consider other recommendations in this report.**

3.10: Unique Issues for Women on their Own

Although many women felt well supported as reported in this previous section, this section shows how women perceived their needs differed from other groups of refugees, particularly those where a partner was present. These include experiencing a double burden, requiring more long term support and needing institutional support as receiving support from community members could be stigmatising.

Double burden

This Christchurch participant points out that the issues of being a woman who has come in under the “at-risk category” and is single is thus at double risk, and more resources are necessary to ensure successful resettlement:

Resettlement has always been very stressful, you know, in its own, you know, way, but especially for a woman at risk, and with a single mum, you know, with children, it has been, like, it's doubled up, you know. When they came here, they got the same sort of support that other families, you know, family units had received from all these agencies but, like, other families had their, like...there was Mum, Dad. Dad was learning how to drive, you know. Mum was, you know, like, looking after the children. So they were two, you know, who were sharing the burden.

Whether I'm sick, I'm not sick, I have to get up for my son because the help is only whether they help for other things but not the help that they shower

my son or cook for my son. I have to do these things myself. So until now I'm still struggling as a single mum with two kids, yeah. So it is hard for that side for me in New Zealand. It is very hard, yeah.

There is inadequate respite for the mother in the absence of family members who could provide support:

Yeah, the help can be there but it cannot be 24 hours. Like, if you can be with your husband, it is very different. People can come two hours or not every day, sometimes, but I'm always there 24/7 for my kids. If I could be with my mum or my sister or my husband, at least I can have a rest for one hour, yeah, but I don't get that rest.

The isolation compounded the situation of having double the burden with half the resources. Women also noted the absence of informal support, such as neighbours, who might have been a supportive resource in their country of origin:

Oh, the thing about New Zealand is the neighbours. You don't get to know your neighbour. You can stay for years and years and you don't know anybody. You don't greet each other. You know, we used to greet each other as neighbours even in our own country, yeah, so that's there.

The emphasis on self-reliance and independence is epitomized by a capitalist economy where help can be available but money is required. This makes getting help out of reach:

There's too much independence in this country that you can, like me that I cannot say that she is going to help me with my child, which mean I have to

pay her, you see. When in Africa, not just like help without paying, so I'm just finding that difficult for me. I'm a single mum. I have to do everything for my kids myself. I cannot ask my husband who is going to help me and I don't have money that I can pay that one. So every day I'm very tired and my son, because he's three, he's little, I don't have rest and I do not ask anybody because I don't pay the money.

This participant notes the gap between the help that is available and her needs, finding the assistance inadequate despite the best efforts of agencies:

It's very, very, very, very hard, yeah, because everything's new. You don't have any family and friends – you don't know anything about this country; you don't speak the language; and you don't know their culture. And, just, but Refugee Services try to help you. They try their best. But still they cannot help with all your issues. Also in terms of immigration service is there also, trying to help. Sometimes not enough.

Isolation was reinforced by not being able to speak the language:

Two or three years, yes, because they said it's so difficult to New Zealand, because like different weather and different...I can't speak English because I have too many children, you know, my brother and sister and all my family because so, so very difficult for there is not too much help for other people.

For mothers who experience social, cultural and economic isolation, opportunities for informal networking for themselves and their children can be beneficial. Australian research (Lewig, et al., 2010) has noted that housebound mothers can benefit from structured activities such as night classes, mothering

classes, and gatherings for mothers to talk together and mix with others.

English language proficiency is key to resettlement and, although there are free English language classes at the Mangere centre, English classes can be difficult for refugee women to access once they leave the centre, as they require additional finances. Dunstan's (2004) research (cited in (Khadri, 2009) found that learning English for female refugees was thwarted by care-giving roles, lack of information, and transportation issues.

The availability of extended family can assist with some things but then their isolation becomes a concern, as this participant notes about her mother's isolation:

If you don't speak English, that's, you become kind-of, person. You don't know what's going on. But my mum, she became stress because I started English to study English for university. And then I left in the morning, it came afternoon late, and she then become depressed and stressed. She doesn't speak English; we are the only Somali who live in the building, ten levels. And sometimes the fire alarm...she doesn't know what to think. And then I took her to a doctor and the doctor said, "You have to, City Council has to offer house near Somali people, Somali families".

Adequate and appropriate housing is a priority for many refugees and the issue of location is significant (Beer, 2005, cited in (Khadri, 2009). Other challenges relating to housing include being discriminated against by their landlords or housing agents because of their race, lack of knowledge of host language, income, and family size (Beer, 2005 and Dunstan et al., 2004, both cited in (Khadri,

2009).

Community issues/Barriers to help

Although the community (ethnic/religious) was a great source of support, for some women, concern about their reputation and the suggestion of possible impropriety prevented them from asking fellow community members for support or assistance:

But it was very hard for, you know, single mum to...She was having the stress of, you know, looking after the children, how to, you know, find her place, you know, get around, you know, the new society, and learning language, and it, and you know, on the other hand she had stress with the community also, because she was single with children, and then there was a cultural sort of, you know, stigma also, you know, that if any male community, like, there was always existing community's help, you know, towards the newly arrived families, but if there was one particular family coming up to help that, you know, lady and with the children, so they would, people would be thinking, Oh because she's single, you know, people are going to help her out, this sort of thing, you know. So she had to really, you know, be very careful in that, you know, that she doesn't get a bad name, you know, from anybody, and gossips don't go around, you know, this sort of things.

Instead, this participant suggests that if institutional support was available, looking to the community for support in the context of concerns about reputation could be avoided:

So what I was thinking, that if there could be for the next time, you know, they could put in some extra, you know, assistance available to support that sort of, you know, lady who is, you know, solo mum and children, you know, so yeah, I don't know.

Not only is the woman's reputation at stake but also community members can be so concerned about their own reputations that help does not get proffered to women on their own:

Like, first I came to New Zealand, my husband not with me, but for me very hard, very tough to life and language, everything, because my kids is very youngest and very difficult, because same like [name] said, nobody help me because I'm single.

Greater need for long-term support

One of the ways in which this concern about reputation as a single woman could be managed is offered by this participant, who suggests that the time available for working with refugee women on their own be extended to a year by organisations like Refugee Services, with sponsors carefully gender-matched:

Refugee and Migrant Services [the former name of today's Refugee Services] has got a good support system, like, for providing sponsors, you know, and they are meant for six months only. So I would recommend that for single women, it should be at least a year, and number of sponsor, the people of sponsor should be chosen, you know, with careful consideration, like you know, not giving many male, rather than giving them female sponsor. Ladies, you know, who can give them support, so that community doesn't talk about that you're not their sponsor, like we were talking about in the

morning, that they've got yes and a number should be more than that, you know, as compared to the families. So that at least they get some time and they can really, you know, take a breath and they can understand what's really, you know. Yeah, have everything around and sort of things. Get familiar.

Refugee Services provides volunteer support workers who help the refugee family in resettling and re-establishing themselves in New Zealand. These volunteers assist refugees in resettlement over a six-month period. Training is provided to the volunteers before they are assigned to a family and ongoing support is provided throughout their six month placement.

Note: Services are now provided by Refugee Services for a minimum of twelve months

Another participant articulated her concern that she has been 'dumped' in New Zealand like another number and that more numbers are added but the gaps in the infrastructure mean that issues remain unresolved, whether you've been here for one year or fifteen:

And that was just initial. But what happened was we felt we were brought in here with so many high expectations, and we were brought here and we were given a little bit and then we were dumped, you know. And we became only a figure, a data, a statistic, nothing more. And then they went to bring another ones. They kept on bringing, piling them up, you know. And that's why it's still burning underneath, you know, all these problems. If you see

the lady who came a year ago and a lady who came 15 years ago, they are having the same issues. There isn't much difference at all.

This woman is concerned about the gap between expectation and reality, particularly as the same themes were appearing with women who had been in New Zealand for both a long time and a short time.

Other participants advocate the need for long-term support:

Physical support, it means housing, or any the other thing or that. But you know, that's I think, and they're qualified in that job, I think, but what is missing here is, you know, continual living and resettlement.

This participant's concern is for the long-term picture:

We are suffering. We are fighting to live. You know, all of us. All of us, we are here, we are ambassadors, we've got family there and telephone calls. Your niece, your nephew, because wherever you are here, you are still Afghani and you're still Somali, you know? If someone of us died, we all come and she said, Now even Afghani taxi driver who has been killed, it affected her life, her whole life. No, it affects everybody's life.

A more holistic kind of support was proposed that could wrap around the needs of refugee women on their own, rather like a one stop shop, where staff were both culturally and linguistically competent and from their own communities in a vein similar to Kaupapa Māori Healthcare Services:

You know. It is there, it's there. What's happening to us is now, when it come a problem, how we can support among us. You know, we must have our own

centre, we must counsellor, we must have our own doctors, we must have nurses. Like, for example now, Māori after fighting for many years, they got their Māori health programme. Minister of Māori Health, you know?

The locus of skill and expertise in this one-stop kind of agency would be someone from their own community who understood the refugee experience:

What we are talking about is how we have resettlement issue, you know, in office or place that I can go for interpret the woman who is sitting there and she will help me, you know. I will get, if I go to her, she address my problem. She understand every corner where I'm coming from, but what we are looking this at, why our people are here, even? Our second generation, our third generation. Because United Nation are risking women; it's not something just started, it started since 1993. I come 19, with the first people, but we are lost, like a person in the Indian Ocean or Pacific Ocean who doesn't know how to swim, you know? You know, we are already have, women, we are already have been wives, we have been, we were mothers, we, you know all this. What is missing there? You know confused women who are here, where do they get support? Where we can get support? She gets the support from someone who speaks her language or understand her problem. Why we don't, the counsellor or Afghani person who speak the language, who suffering, who is turning that corner? You know, this is support.

Summary

- Refugee women who are sole heads of household experience double the burden of stress with half the support.

- Help costs money if it is needed for more than short periods.
- Many women experience isolation compounded by English-language difficulties and limited access to language resources.
- Some women might have family support but can be concerned that their family member is isolated if the woman is studying or working.
- There was concern about accepting help from community members and the potential for gossip.

Recommendations

- **Social activities for isolated mothers, including places where they can meet other mothers.**
- **Engaging elders or the broader community in childcare.**
- **More and longer-term institutional support from agencies such as Refugee Services.**
- **Subsidised practical help.**
- **Assistance to broaden sources of support and networks.**
- **Subsidised English language lessons and childcare.**
- **One-stop-shop/holistic support from culturally and linguistically skilled refugee community insiders.**

Section Four: Discussion and Recommendations – Supporting Refugee Women as Sole Heads of Households

This research adds a New Zealand perspective to the study of refugee women’s resettlement experiences and aligns with international research showing that refugee women on their own experience unique challenges (Goodkind & Deacon, 2004)—not only because their experiences and needs differ from refugee men, but because their role as primary caregivers means that their wellbeing is central to the successful adjustment and wellbeing of family members.

This final and concluding chapter is structured to align with the key headings of the draft Refugee Resettlement Strategy currently under development. The strategy aims to “see refugees rebuild their lives in New Zealand as quickly as possible, focusing on self-sufficiency, participation, health and wellbeing, education and housing at each stage of the resettlement process”. The strategy encompasses the diverse needs of refugees, beyond those that arrive via the UNHCR quota, to also consider the needs of people granted asylum-seeker status and those who come to New Zealand as part of the family reunification process. This chapter aims to contribute to this policy work with a specific gender and sole-head-of-household lens. This section of the report includes literature, data from the study, and feedback from community sessions.

The Honeymoon Period

The women that took part in this study experienced their initial arrival in

positive terms, feeling relieved to be starting a new life. What impressed women most when they first arrived was being safe and in a peaceful place. Their hopes for the future seemed attainable, with the possibility of equal rights and being able to look forward to and think of a future for both themselves and their children. In this early period, their health needs were well taken care of (in the context of Mangere, where they found the orientation programme and support from all agencies at Mangere useful). In Mangere, they had access to healthcare, early screening, treatment, and immunisation.

They felt welcomed and supported in this early period and were energised and motivated by it. Later on, they valued living in a multicultural society and they appreciated community and spiritual support and being able to maintain their culture for the sake of their children. New Zealand represented an opportunity for improving their lives, where they could learn English, study and gain qualifications. They felt that they received good support from Refugee Services and appreciated the support from volunteers. However as Pittaway (2004) noted, “over time reality slowly sets in, and many refugees realise that it is going to be a lot harder than they first imagined to achieve all that they hoped for. In addition to the complex set of challenges faced by all migrants, refugees arrive in countries of resettlement with the ‘emotional baggage’ they carry from their pre-arrival experiences” (p. 26). Women in this study experienced challenges in the postmigration environment, investing emotional and financial resources into concern about the family and friends who were still in the country that they’d left behind. Pittaway suggested that, in this situation, refugee women frequently experience guilt, isolation and cultural displacement, but high quality

resettlement and settlement services can mediate the impacts of these challenges (Pittaway, 2004). However, the ability of participants in this study to cope with the unfinished business of the country they had left behind was compounded by difficulties in the new environment, with language barriers, challenges with parenting, unemployment, poverty and racism added to the significant burden that refugee women were carrying.

Refugee women as sole heads of households could thrive with:

- More intensive, initial, individual support; extended periods of support; and ongoing settlement planning and support.
- Systems and support that provide equal rights and access, taking into account that they come a different starting point than other newly arrived refugees.
- Recognition that they face additional challenges without the support from partners and extended family.
- Programmes that support both the children and the mother, leaving neither behind.

I now turn to attempting to align the findings with the key headings of the draft Refugee Resettlement Strategy. Each section below will begin with the descriptor from that draft document.

Outcome 1: Self-Sufficiency

All working age refugees are in paid work or are supported by a family member in paid work.

Refugee women in this study experienced financial burdens, and were poor in terms of assets and income while facing additional expenses (phoning family and

sending them money or trying to bring them to New Zealand). Their low incomes and dependence on benefits presented a barrier to successful settlement and integration (Hinsliff, 2007). Research has found that there is an extra 'gender penalty plus' for women refugees (Bloch, 2004, cited in Tomlinson, 2010) (Tomlinson, 2010) as compared to employment among men and women who have migrated voluntarily. Employment plays a key role in resettlement for women who might not have had an education in their country of origin or who face challenges in transferring their skills to a new context. Thus, the absence of linguistic and vocational skills limits their adjustment (Goodkind & Deacon, 2004). These issues are compounded by not having access to transportation, or to English as a Second Language classes that would assist resettlement.

Discrimination

Refugee women had an expectation that they would be able to find employment, yet many women found it difficult to obtain work even after retraining or obtaining further qualifications. They had difficulty gaining work experience. They were concerned that they were being discriminated against due to their accents, their religious imperative to wear modest clothing, and the lack of recognition of qualifications. Women who attended the community feedback session suggested that potential employers saw their colour (and wrote them off as employees) rather than their experience and qualifications. Many women felt that some kind of advocacy was needed so that they could use their morale and muscle to get into paid work and off the benefit. Women in this study were also concerned that refugee youth were being discriminated against on the basis of wearing veils, despite having tertiary qualifications.

Need for a pathway for women who are raising children

For many women, pursuing employment would have had a deleterious effect on their roles as primary caregivers, and therefore, many women chose to prioritise their children's future rather than their own. Women felt they weren't in a position to study or develop their own skills when they first arrived because their focus was on their children. Now, five to ten years on, when the children are less dependent, they need help, support and opportunities. However, many felt stuck in the early stages of settlement and were not supported to join the workforce when ready. The situation was the same for new arrivals as for those who had been here for up to 15 years. They want to work but need a pathway and support. Free, accessible and convenient childcare is fundamental to that being achieved. Free or subsidised study in the form of shorter courses (one to two years to gain necessary skills) and job mentors or brokers was advocated. Further education must lead to employment and many women felt that their health and wellbeing were at risk if they were stuck at home. Their happiness meant that everyone at home would be happy. Not being employed meant that some women, years after arriving, still felt like refugees—powerless and at the mercy of others without an opportunity to move on or be self-sufficient.

English language

Gender issues have been noted in language acquisition (New Zealand Immigration Service, 2004, cited in (Hinsliff, 2007). Lack of childcare, transport problems or cultural traditions restricting women's movement alone outside of the home can contribute to preventing women from accessing English language tuition. Two years after arrival, these differences in English proficiency were

evident, with 52% of men speaking English well, compared with 32% of women (New Zealand Immigration Service, 2004 cited in (Hinsliff, 2007). Pittaway (2004) notes that problems accessing English language classes results in barriers to finding well-paid employment, succeeding in the education system, and navigating the social systems that are needed for surviving in a new country (p. 29).

Health issues

Several women had to take jobs that did not suit their health. Their existing health had an impact on their ability to gain and sustain employment, e.g., back problems or standing for long periods.

Lack of support

The refugee women also had to deal with supporting their children's education and trying to make ends meet, despite working for up to six days, needing to borrow money and not being able to get ahead. Time was a big pressure for sole parents and never feeling like there was enough to get everything done and no time for rest. No level of support can replace the 24-hour availability of a partner. Ongoing reliance on others to assist them over longer periods produces a significant impact on their self-esteem.

Recommendations

- **Tailor the orientation process to meet the needs of women on their own.**
- **Need for 'continual living and resettlement' support that aligns with their differing needs—Pathways to Settlement and Employment Plans.**
- **Mentors/work brokers.**

- **Affordable childcare.**
- **Make access to English language classes (ESOL) available long term and incorporate work experience components into language courses to improve refugees' job prospects and English proficiency (Hinsliff, 2007).**
- **Successful resettlement requires affirmative policies and a positive reception from the receiving community (Hayward, 2007). Therefore, there is also a need for:**
 - **Anti-discrimination work with potential employers.**
 - **Better stories about refugees, as their positioning in the labour market is linked with “the largely hostile, xenophobic and racist representation of refugees in the media and politics” (Tomlinson, 2010, p.279).**

Outcome 2: Participation

Refugees actively participate in New Zealand life and have a strong sense of belonging to New Zealand.

Connection to families and communities

Refugee women on their own require unique strategies and supports, given that they are more likely than men to stay in the home, and their ability to access English classes, employment, and settlement services, such as housing, training and health care, is reduced (Pittaway, 2004, p. 29). As Pittaway has noted, refugee women often sacrifice their own development and needs for their children and families during the resettlement process because their focus is on getting their families set up. In the meantime, their own needs are marginalised. These complex demands of balancing their own needs and their children's needs without other adult support were often isolating. Mothers made new friends last

and were often the last to seek help, which meant taking a longer time to adapt to the new country. Role reversals can occur when women on their own have to depend on their children to find their way in their new life in terms of language and cultural guidance. Pittaway (2004) suggested that this reversal of authority can result in the assertion by young people to adhere to the norms of the new country, which in turn can lead to adults attempting to reinforce parental control to no effect, given that they had relinquished parental authority earlier, thus resulting in the deterioration of family relationships.

Family reunification

Refugee women who are on their own are more affected by family reunification policies in terms of the need for advocacy and their ability to provide financial support. Women on their own have to develop and learn a new repertoire of skills that might have been shared in their country of origin, such as taking an active role of advocacy. It can be difficult for them to fight hard for their family members when they are struggling to fight for their own survival, yet they often experience the same expectations from family members who are overseas. If their English proficiency is limited, they may have more difficulty in understanding processes and effectively communicating with Immigration New Zealand.

In the community feedback session, women claimed that family reunification policies seemed to help some and not others, that there was a lack of transparency, that it was difficult to bring family members over without money, and that “we are the ones who are prepared to support them; we just want the opportunity for them to come”. Providing support, both emotional and financial,

is draining for women on their own. At the time of writing this report, scoping work on improving the operational aspects of the family reunification policy was being undertaken by the Department of Labour.

Community support

In this study the support of religious and ethnic community members was critical to the resettlement of the women, filling in gaps that the extended family would have filled. As Pittaway (2004, p.54) noted, the support of religious and ethnic community members is as crucial as settlement and specialist services, providing emotional and social support, familiarity and belonging, and a safe space from which to venture out and learn about the new language and culture. The benefits of learning and being supported by community members who understood the experience were enormous. However, similarity does not always guarantee compatibility, and communities can get burned out, given the demands and needs of women raising families on their own.

Support with parenting young people

Resettlement into a new cultural environment where values and practices differed from traditional parenting in the country of origin, compounded by the more rapid acculturation rate of children as compared to mothers, causes stress for the women and between generations (Renzaho & Vignjevic, 2011). When women have to face this gap alone in the absence of a partner or extended family support, they can experience an overwhelming feeling of parental responsibility, especially if there is no male role model and they have male children. Many women were challenged with the amount of 'freedom' encouraged for children in New Zealand, encouraging their children to grow up earlier. They saw their

young people gaining positions of power due to their more rapid integration and better English language ability, and were concerned about the loss of language, customs, and beliefs that resettlement in a new country facilitated. They felt a need to understand their rights as parents in the context of their children's rights and the desire to find a middle ground. They were concerned about how to discipline their children in the face of differing cultural views, and about understanding New Zealand systems of child protection. They also wanted more information about the role of CYFS, their processes, interacting with them, and getting CYFS to listen to them, and they felt powerless when confronted with institutional processes that were not culturally sensitive.

Childcare issues

Women who were sole heads of households were also more reliant on paid childcare support, as they didn't have partners to assist them both practically and financially. This limited their employment and education opportunities. The availability and consistency of childcare support varied in different locations, and the women were impacted upon even more by having no family around them for support and were left feeling as though they had to choose between their children's needs and their own, with the children always taking priority

Social networks

Many of the participants aspired to belong and contribute to wider society in the absence of their extended and informal family networks. However, it was harder to connect with others because they often had long periods at home with their children and were waiting for opportunities to participate in social networks. Starting a new life without key family members was quite difficult, especially if

they were concerned about the family members' safety or ability to rejoin them. This separation highlights the importance of family reunification and of extended family, as well as the need to assist women who experienced low levels of interaction with New Zealand locals in having more friendships outside their own communities (other than their sponsors/volunteers). Isolation precluded the available opportunities for social interaction and was compounded by low levels of English proficiency and by difficulty in obtaining employment. It was hard to meet neighbours in the absence of the social benefits of working. Often, women leaned heavily on other members of their ethnic or religious community but were conscious that others were struggling, too. Spiritual support was important, as was having support from people who understood their language, culture and religion. Participating in the community and its organisations provided an alternative transitional space for many women in their effort to rebuild their lives (Tomlinson, 2010). They desired role models to help with participation and employment. Being on their own made it more difficult to afford a car or driving lessons, which impacted their ability to socialise and network. Being on their own meant that they had to manage the effects of racism toward themselves and their children on their own.

Recommendations

In order for refugee women and their children to integrate into New Zealand society, opportunities need to be made available for their effective participation, which in turn requires appropriate institutional structures and processes (Mortensen, 2011). However, this study shows that current institutional structures and processes prevent integration. Mortensen suggested that

integration occurs not only individually but also as a group, although many challenges are faced at an individual level in the search for employment, housing, and education; accessing health care; and adapting to new social and cultural norms. Collectively, refugee communities that are integrated can mobilise these women as partners in service provision. **Therefore, there is a need for:**

- **Improved clarity and communication about the reunification process.**
- **An extension of the resettlement assistance provided to refugee women (Hinsliff, 2007), particularly women on their own who are more impacted by the challenges of resettlement but lack adequate support.**
- **One-to-one parenting coaching, or parenting programmes for women without their children present, as migration requires negotiating the differences in parenting norms between home and the receiving country (Degni, et al., 2006).**
- **Support for opportunities for problem-solving through elders and tribal systems.**
- **Spiritually and/or culturally based school holiday programmes to support children and women in maintaining their culture and religion.**
- **Inclusion of home languages within the school curriculum and environment. These need to be available for all ages of children.**
- **Culturally appropriate childcare options, given the preference for family-based childcare. Training mothers who are looking after their own children at home to become family day care providers for other families could provide an income for mothers offering day care, while serving mothers who want to access childcare so they can study or work (Hinsliff, 2007).**
- **Greater involvement by local governments in resettling refugees in**

their area, given that they are the tier of government closest to the community, but also assuming their aspiration to develop strong, inclusive communities and their capacity to influence the resettlement process at a community level (Hinsliff, 2007). International cultural festivals are held annually in some areas, but other than this, there are very few opportunities to engage and interact with the dominant culture. Repeated contact is preferable to one-off events that are orientated to those already familiar with and interested in refugees and can provide more 'everyday' opportunities for social interaction between refugees and their local community (Hinsliff, 2007).

- **Linking with other solo mums from the wider community for the purpose of sharing skills.**

Outcome 3: Health and Wellbeing

Refugees enjoy healthy independent lives.

Refugee groups experience health disparities and present with unique health needs (Mortensen, 2011). They can arrive in poor health, which reflects the health patterns of their country of origin; the refugee experience of trauma, flight and deprivation; the conditions in refugee camps; and having little or no previous access to health care (Mortensen, 2011). The same markers of poor health occurring in other low socioeconomic groups, such as Pacific peoples, are evident in refugee groups, including diabetes, obesity, cardiovascular disease, poor mental health and oral health, and high rates of smoking (Mortensen, 2011).

A longitudinal survey found that half the refugees interviewed assessed their health as being excellent or very good, one third rated their health as good, and the remainder as poor. The study also found that refugees rated their health as

better after six months than it was upon arrival (New Zealand Immigration Service, 2004 cited in Hinsliff, 2007). They attributed this improvement to feeling safe and secure, being less stressed, and having access to good healthcare. However, while women in this study rated healthcare as thorough during the initial settlement period, many felt later that they were not taken seriously when they visited health professionals, while others found the cost and availability of time with the doctor to be a barrier to having their problems understood.

This study adds weight to Mortensen's findings (2011) proposing that the public health system be 'activated' (Penninx, 2004, cited in Mortensen, p, 2) from the 'top down' in order for more accessible and equitable services to be available for refugees and future generations. Mortensen argued that public institutions are pivotal to the integration of refugee groups, and institutional 'opportunity structures' are fundamental to refugee integration through the social, cultural, religious and linguistic accommodations they make to enable refugee participation. The public institutions of health, education, childcare and employment in New Zealand influence the settlement outcomes for refugee groups through their tacit practices of inclusion or exclusion.

Mental health

Hayward (2007) has noted that the past losses that refugees have experienced, combined with the stress of resettlement and previous traumatic war experiences, puts pressure on refugees' coping skills. In this study, the following compromised women's mental health:

- The toll of stress without the ability to share the burden—like 'clapping with one hand'.

- Safety as women on their own (linked with past trauma).
- Reliance on paid childcare support and the reduction of options.
- Cost of staying in touch and supporting families still overseas, with its long term impact on wellbeing.
- Importance of community support but also the impact of community dynamics, e.g., gossip, if they received support from a male (the importance of not being labelled, or “getting a bad name”).
- Potential for ‘convenience marriages’ or ‘survival marriages’, with the predictable impact on wellbeing.
- Children’s high expectations of their mothers and their expressed disappointment when mothers do not acculturate at the same rate. This also impacts on the mother’s self-esteem.
- Post-‘honeymoon’ period: lots of unfilled dreams, harder than expected, losing sight of hopes and aspirations, smiling on the outside but crying on the inside, and needing to stay positive for the sake of their children.

Recommendations

The following are recommended so that women might receive culturally safe care that leaves them feeling confident that they are being heard and cared for:

- **Provision of better information (about how the New Zealand health service works, medication, support available, etc.).**
- **Continuity of care beyond the initial stages of immigration.**
- **Training of staff in primary care to work with refugees.**
- **Attention to the development of the health workforce. New Zealand research has noted a paucity of cultural knowledge and skills in the health workforce, which in turn has served as a barrier to the**

provision of accessible, safe and equitable health services for migrants and refugees (Mortensen, 2010).

- **Support and training of cultural insiders as cross cultural workers to facilitate the effective provision of care.**
- **Provision of care that reflects the complex needs of refugee women and their families, including: culturally appropriate interpreters, and having more time available for consultations and counselling support, given the additional time a consultation with an interpreter might take.**
- **Provision of programmes that support women’s wellbeing. e.g., women-only swimming time at local pools.**
- **Access to counselling including interpreting support, appropriate to their culture, experiences, and needs.**

Outcome 4: Education

Refugees’ English language skills enable them to participate in education and achieve qualifications, and support them in participating in daily life.

In this study, women had to prioritise their children’s education over their own, given the absence of a partner and extended family. This barrier to their own education has implications for long-term resettlement, particularly in terms of further qualifications, employment, and participation in the work force.

Furthermore, their children’s education had often been disrupted and women had concerns that their children would become disconnected from their traditional culture and lose access to their traditions, language, and values.

Recommendations

- **Specialist support for children whose education has been interrupted**

or limited.

- **Support for first language teaching at all ages.**
- **Provision of affordable, culturally appropriate and accessible childcare so that women can access English language skills. Having access to English classes and supporting their role as a solo parent, so that they don't have to choose between their own education and their children's.**
- **Incorporation of work experience components in English classes so that they can acquire skills toward employment.**

Conclusion

This research project contributes to the growing knowledge base about the resettlement needs of refugee-background communities in New Zealand, and in particular, about refugee women who are sole heads of households in New Zealand. The gendered focus of this research highlights the ways in which particular spheres and institutions that are pivotal to resettlement, such as employment, health and education, are engaged with and/or respond to the needs of women and their families. This gendered lens has made visible the strengths of refugee women and highlighted the need for comprehensive institutional support, rather than refugee women being positioned as without agency, which is a more common representation (McPherson, 2010).

This research shows that there are many difficulties in the settlement environment, including concerns about loved ones left behind, feelings of helplessness both in terms of their country of origin and the new country, and feeling isolated and dislocated in this new land (Pittaway, 2004). Consequently, the settlement environment is pivotal to mediating the impacts of the past and an unknown future, yet it remains problematic (Pittaway, 2004).

We conclude this report by supporting Keefe and Hage's (2009) criteria for assessing good practice in service provision for refugees:

1. Taking refugees seriously as competent interpreters of their own lives.
2. A holistic approach that offers integrated programmes of social, emotional and psychological help.
3. A receptivity towards culture.

4. A recognition of the impact of ongoing events on refugees' lives.
5. An orientation towards empowerment through ownership and participation.
6. An engagement with family and meaningful others.
7. An emphasis on enhancing refugees' own capabilities (Keefe & Hage, 2009, p.2).

Our hope is that this report contributes to a life worth living for refugee-background women on their own and for their families and communities.

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