

# Educational psychologists promoting the emotional wellbeing and resilience of refugee parents

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## Abstract

*The wealth of research on the value and psychological importance of parenting support and education is very positive (Buchanan, 1999; RCPCH 2002). However the evidence suggests that too few families from refugee backgrounds are accessing such services. This paper explores how educational psychologists can begin to address this imbalance to promote the emotional wellbeing and resilience of refugee parents. This is examined via an overview of parenting support available, within the current socio-political context. Approaches that foster non-pathology, mutual respect, shared learning, empowerment and advocacy are then discussed. Finally case study examples of inclusive practice specifically tailored to meet the needs of refugee parents are described and the need for targeted outreach support is promoted.*

## Introduction

Refugee parents are first and foremost 'people' who have been forcibly displaced from their homes to seek asylum in another country. Despite their adverse life experiences, refugee parents generally demonstrate resilience, and strengths and potential to offer the community and to attend to their children's overall learning and development (Richman, 1995; Rutter & Hyder, 1998; German, 2006). The labels 'asylum seeker', and 'refugee' relate to the stages of the legal, socio-political and often dehumanising process which these parents experience and it is important for practitioners to understand the stresses that this process invokes. The negative UK asylum and immigration legislation reflects British modern refugee policy of 'fortress Britain' and a culture of disbelief. This xenophobic climate is encouraged by negative media myths and public opinion fearful of the stranger being a drain on the nation's resources (D'Onofrio, 2004). This paper provides an overview of three action research projects with refugee parents where the practitioner adopted a systemic social constructionist stance where the practitioner's position is clearly stated from the outset (that refugees are welcome). This

position is seen as critical in enabling trust to facilitate constructive psychological work and to develop cultural bridges with refugee parents.

## Refugee parents' psycho-social needs and resilience

Refugee parents are not a homogenous group and their lives can be marked by a range of differing losses, transitions and trauma (see Appendix 1). Predominantly research has looked at the psychosocial needs of refugee communities particularly focusing on the impact of trauma, displacement, resilience and acculturation to the receiving community (Marsella et al., 1996 a and b; Papadopoulos, 2002; Van Der Veer, 1992).

In addition refugee families often face many difficulties in adapting to the UK culture (Carey-Wood et al., 1995). In the face of these difficult realities educational psychologists (EPs) are encouraged to adopt a flexible approach for successful intervention, taking into account factors such as refugees' lack of shared spoken/written language or cultural knowledge and understanding. Refugee parents may have unpredictable timetables due to appointments with housing, solicitors, and GPs. Initial research

specifically focused on the experiences of refugee parents living in the UK (Sheriff, 1995; Richman, 1995; Rutter & Hyder, 1998) found the following:

- Multiple and complex social needs. Poverty, benefit<sup>1</sup> restrictions and poor quality temporary housing have a major impact.
- Racial harassment is common.
- Children and families may have special health care needs, including psychological needs, that have not been identified by statutory support services.
- Access to services is impeded due to frequent moves; unwelcoming services; lack of familiarity with early years services; and linguistic barriers.

Lack of strategic planning and co-ordination by local authorities to cater for the needs of asylum seeking/refugee families was also found to be significant, and a number of useful recommendations to address this issue were reported (Rutter & Hyder, 1998; Mott, 2002). Sadly a decade later current research confirms earlier findings indicating little change for refugee families in terms of their social difficulties and the barriers they face to accessing services and support (Russell & Granville, 2005; Barnabas, 2006; German, 2006).

Despite these difficulties Muecke (1992) argues for a non-pathological approach based on the refugees' strengths and resilience. Parents who can tap into their own strengths can be effective in developing their child's resilience in the face of adversity and are likely to be emotionally accessible and show positive feelings toward their child. Additionally parents who can reflect upon the mental state of their child are more able to take into account their child's feelings, needs and intentions (Fonagy et al, 1994; Stewart-Brown et al., 2000, 2000a). Key psychological processes that underpin any work with parents involve facilitating their knowledge and understanding of the importance of secure attachments; their parenting

style and an understanding of how the transmission of their own internal working model of parenting can result in the children adopting the same expectations of parenting (Bowlby, 1969; Jeyarajah-Dent & Cameron, 2002; Elmer, 2002). Papadopoulos, (2002) argues that 'therapeutic considerations' can always be useful and should be included in any care plan for refugees. He defines therapeutic care as, '*...the wider application of psychotherapeutic principles to any form of assistance to refugees. This means that therapeutic care can be included in all types of work with refugees, be it with reference to their housing, educational or financial needs*' (Papadopoulos, 2002, p.4).

The concept of therapeutic care is very useful for EPs in working with refugee parents, as later examples of practice cited in this paper will demonstrate. The psychological principles that underpin therapeutic care take into account the range of socio-political factors that affect refugee parents and encourage the practitioner to reflect on their position in the process. The psychological framework of recognising refugee parents' resilience and strengths marries well with empowerment models of parent support that view parents as active 'partners' with equal strengths, equivalent expertise, and shared responsibility and mutual accountability, rather than passive recipients of expert advice (Wolfendale, 1983, 1985).

### **Context for an empowerment model of parent support**

The current context for professionals working with all parents is now based on the widening scope of government involvement in children's development and a recognition of the link between the quality of life and economic achievement as enshrined in the Children's Bill (DfES, 2004a) and Every Child Matters: Change for children [ECM] (DfES, 2004b). The five key outcomes, [being healthy, staying safe, enjoying and achieving, making a positive contribution and economic well being], mark a shift for professionals

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<sup>1</sup> Asylum seekers only receive 70 per cent of income support benefits.

working with children and families to listen more to the views of their clients in the delivery of services. Current government guidance is also set within the context of the recognition of the negative effects of material deprivation. The government's target to end poverty by 2020 and the promotion of social inclusion and access to services of traditionally marginalised groups is most relevant to refugee parents (HM Treasury, 2004; SEU, 2004). The National Service Framework [NSF] for children, young people and maternity services set the standards for health and social services and the interface of those services with education. The first five core standards are applicable to all children and families in particular Standard 2 asserts that, *Parents or carers are enabled to receive information, services and support that will help them care for their children and equip them with the skills they need to ensure that their children have optimum life chances and are healthy and safe* (DH, 2004, p.6).

Parenting support and education is a generic term for a broad and wide range of educational and supportive activities which help parents and prospective parents to better understand their own personal, emotional, social, intellectual and physical needs and those of their own children (Einzig, 1998). Broadly this includes any intervention for parents or carers aimed at reducing risks and/or promoting protective factors for their children, in relation to their social, physical and emotional wellbeing (Moran et al., 2004). As Einzig (1998, p.1) states *Parenting education is most usefully defined as a collaborative educational approach that uses a combination of information, skills learning, and the building of peer support and networks to enable parents to understand their children's and their own needs better and to feel more confident and competent in their parenting...It is based on an empowerment model not on a deficit model; it emphasises personal strengths and social support not individual failure. It is an aspect of life-long learning that should be available to all of us.*

Einzig, (1998) further describes the four essential components that most effective

parent education and support programmes include: information giving (e.g. on child development, community resources); skills learning (e.g. listening, communication, conflict resolution); sharing of experience with peers and 'facilitator'; and opportunities for parents/participants to reflect on how they were parented. In a systematic review of research on parents' views of what they needed to support them in their parenting role, the following were highlighted as important (Licence, 2004):

- Tailor support to meet individual needs.
- Ensure confidentiality.
- Provide universal services that are non-stigmatising and that do not restrict access to parents of children with identified 'problems'.
- Ensure that support services are empowering and respectful, and enable parents to regain control of family situations.
- Allow parents to have input in the design of the services and the definition of needs.
- Consider child care and transport when planning services.
- Address the involvement of fathers and how this can be achieved.

Evidence from a number of surveys has found that parents would welcome a range of family support services (Ghate & Hazel, 2001; Grimshaw & Grimshaw, 1998; Henricson et al, 2001) and in particular refugee parents have equally reported welcoming support (German, 2006).

### **Using action research to establish better home/school cultural understanding**

The importance of school-parent relationships has been long recognised and advocated as good practice for schools (Bastiani, 1989; Bastiani & White, 2003). Studies found that school links with refugee parents were critical for raising achievement and for promoting better understanding of the UK education system and its expectations (DfES, 2004c). Difficulties with establishing links was related to language and cultural barriers

(Kahin, 1997; Rutter & Stanton, 2001; Vincent & Warren, 1998). Schools enlisting the support of educational psychologists to facilitate bridges with local refugee community expertise can enhance parental involvement and successfully help address the emotional needs of refugee pupils in schools (Iszatt & Price, 1995).

### **Developing refugee parent support groups in the community**

As a Refugee Team EP I work very closely with refugee community organisations (RCOs) and non-statutory voluntary organisations as often they have done much to engage vulnerable refugee groups and have a wealth of experience and expertise to share.

#### **Case example 1**

A primary school referred a high number of Somali pupils as behavioural concerns to the school EP who visited the school. The EP was concerned about this and approached the Refugee Team EP for some joint thinking and support with the school. The school was situated in an area that had been traditionally a white working class community from predominantly low socio-economic backgrounds with high levels of unemployment. However this demographic population profile had been changing over the years with the arrival of new communities predominantly from Somali and Kurdish refugee backgrounds. The area was also known for racial tensions and difficulties in response to this change. Following initial consultation with the school it was found that underlying the initial referral concerning behavioural difficulties of the Somali pupils, was the school's difficulty in successfully connecting with the Somali parents. The school had recently had training from the EMA [ethnic minority achievement] team on adapting the curriculum, induction and welcome strategies for new arrivals and refugee pupils. The school had employed Turkish speaking bilingual teaching assistants and a teacher who were proud of their achievement in engaging parents from this community. However the school was struggling with understanding the needs of the Somali parents and was assuming that perhaps the Somali parents were not interested in their children's education which was resulting in the behavioural difficulties of the pupils.

It was agreed that a focus group would be run with both the school staff and the Somali parents to investigate perceptions, understandings of the school system and parent expectations. As the Refugee Team EP I worked with the school EP in jointly conducting this small piece of action research. In addition, a Somali interpreter that works closely with our service was employed and we also linked with the local Somali community organisation. Engaging the parents involved distributing translated leaflets at the school gate, inviting the Somali parents to a meeting in school and spending time explaining the nature of this project with the interpreter. Much to the school's surprise ten out of the fifteen Somali parents were very keen to engage in this project. The research was set up in the spirit of non-judgemental sharing of differing perceptions and mutual concerns. All steps of the process had to be in agreement with the school and within what was realistically possible. The focus groups took part in two meetings with the EPs facilitating the process between the school staff and the Somali parents. The parents' views were transcribed and analysed using Interpretative Phenomenological Analysis [IPA] and the major themes elicited were feedback to both school staff and the Somali parents.

The major themes raised by the Somali parents were: general lack of understanding about the school system; inability to help their children with homework and reading due to linguistic barriers; they thought that teaching was the responsibility of the school and were not sure of their role; they had experienced racist incidents at the school gates which

had led to general mistrust of the school and a feeling of helplessness; some thought this helplessness had transferred to their children and had affected their self esteem; fear and anger as a result of these racist incidents; worry that their children were losing their language and cultural identity and wanting access to Somali supplementary classes in school; and need for more staff to be employed from the Somali community. Overall the Somali parents were unanimous in wanting to be more actively engaged in the life of the school and their children's education but felt that they had been excluded due to the cultural and language barriers and from their fear of racism in the community.

The outcomes of this research led to many agreed actions and ways forward notably: the school reinforced their anti-racist policy by sending out letters to all the parents not condoning racial abuse; a senior member of staff monitored the gates in the mornings and at home times; the EMA<sup>2</sup> department set up a series of parent workshops using a Somali parent for translation to explain the shared reading programme, helping with homework using language and mathematical games [this parent was later employed as a Somali teaching assistant]; the school developed better links with the local Somali community organisation and the funding for Somali classes on the school site was pursued; the Somali teaching assistant set up coffee mornings for the Somali women and various parent support activities were accessed. The initial high number of referrals of Somali pupils to the school EP decreased significantly as the pupils were reported to benefit from witnessing their parents being more included in the life of the school. The EP was then able to provide psychological advice and support for the few pupils that were suffering emotionally as a result of past trauma.

In this capacity a number of parent support groups have been jointly facilitated sharing our mutual skills and professional expertise. These projects are prime examples of EPs

applying positive psychology principles in the community to facilitate support and empowerment for refugee parents (German & Ehnholt 2007).

### **Case Example 2**

This is an example of joint work with a non-statutory voluntary agency that runs free play sessions for families in temporary accommodation, where 95% of the families are from refugee backgrounds, predominantly women from Kosovan Albanian and Turkish Kurd backgrounds. Approximately 70% of these families were seeking asylum, awaiting legal outcomes and living in stressful uncertainty of their future. As a Refugee team EP I offer regular support and consultation to the project which is made up of an established and experienced multi-disciplinary team of health visitors and nursery nurses. For many of these families the project offers their only means of adult social support and educational/play provision for their children as they cannot afford to access other pre-school provision. In addition the project offers home visiting to the local hostels to promote the services and encourage the parents to attend. This outreach work is crucial in developing trust and engagement in the project. A high proportion of the families have children in local schools but following a needs analysis [using focus groups] it was found that none of the refugee parents had accessed or were aware of parent support programmes operating in their schools and wanted to access this kind of support. The staff also raised concerns that the parents often had additional social and psychological needs and would therefore benefit from such support.

<sup>2</sup> Ethnic Minority Achievement.

Parent support groups were set up for 8 week blocks of 2 hours with the following key aims in consultation with the parents themselves:-

- to give asylum seeking and refugee parents living in temporary accommodation an opportunity to share their experiences of raising children who are under five years old and learn from one another
- to help asylum seeking and refugee parents support their children's learning and development and to support one another
- to enable more knowledge and understanding of the English education system and services provided for families with children under five years old

It was clarified that this support group would build on the expertise of the parents themselves and it was hoped that in this way they would feel empowered and reinforced about how they were already supporting their children despite their difficult circumstances. In addition it was stressed that respect for cultural/class differences in raising children would be acknowledged and maintained. The underlying philosophy of the group was that of mutual respect, support and understanding. Location was set up in a corner of the church hall where the play project was sited, which meant that the children could play, but also meant that the parents had to intermittently leave the group to attend to their child, hence a great deal of flexibility in delivery was necessary.

The key to the success of the project was co-working with interpreters who were familiar with the work of the Refugee Team and had undergone training with our service. In addition the interpreters were offered de-briefing/supervision time after each group session in line with good practice and to make sure that any of the emotional issues or difficulties that had arisen was left with the psychologist and not the interpreter (Patel, 2003; Tribe & Raval, 2003).

The parents were invited to contribute to the planning of topic areas to be discussed. Each group was different but generally included the following areas. The first few sessions focussed on aspects of child development, behavioural difficulties, learning in the home with young children; dealing with children's sleeping and eating difficulties. As the group began to become more at ease with one another the topics became more pertinent to themselves as parents from refugee backgrounds and included: dealing with loss and bereavement including cultural bereavement issues; coping with the asylum seeking process; maintaining confidence and self esteem; dealing with stress and relaxation strategies; supporting partners who suffer from depression and mental health difficulties. Attendance varied from 8–12 parents for each session again due to the demands on families to attend other appointments dealing with social/legal aspects of their lives.

Evaluation of the parent support groups by interview demonstrated their success. Some of the mothers reported:-

- *'The meetings were very good because I learned a lot about how I can help my children.'*
- *'I learned a lot about things that I can do in the home even though we have so little space.'*
- *'The group was good for me because I learned from hearing about how other mothers coped with their children when they were being naughty'*
- *'I did not know how important and how useful it is to go to the library. Now my baby she loves to look at the books.'*
- *'The group helped me when I was feeling sad.'*

Some suggested improvements were: location-there was a problem with the acoustics and noise levels; the need for a crèche worker and a more comfortable room; the need for this type of parent support to be more generally available for asylum seeker and refugee parents.

### **Facilitating understanding of mental health**

The National Service Framework [NSF] recognises that the mental health needs of minority communities are currently not being adequately met within mainstream services. Concepts of mental illness and understanding of the origins of children's emotional and behavioural difficulties vary across communities. Particular recognition of the difficulties of refugee and asylum seeking children and families and the need

for appropriate service provision is asserted, *'The experiences of those families who are refugees or are seeking asylum, particularly those from war torn countries, have often been highly traumatic. The provision of effective mental health care can be extremely challenging, especially if there are language barriers. For localities with a significant population of such families, specific arrangements may need to be made to provide appropriate mental health care for children and young people within these families'* (Department of Health, 2004b, p.14).

### **Case example 3**

A local Somali Women's RCO approached our service for psychological input and support to co-facilitate a mental health project for Somali women. The Somali community worker reported that for the Somali community talking about or even acknowledging mental health issues was culturally taboo and therefore led to misunderstandings and fear in accessing services here in the UK with Somali families suffering as a result. This community worker had successfully accessed a number of Somali women to local English classes and child care training projects and was a well established and trusted member of the Somali community. The Somali women were approached to see if they would be interested in attending a support group to learn more about mental health. Initially some of the women expressed apprehension and uncertainty about the meaning of the group and were hesitant to become involved. In discussion with the community worker it was decided that the women should receive some form of accreditation, [certificates] for completing the project. This proved to be more encouraging for the women in that this enabled the women to be seen more positively as *'course participants'* rather than as women with problems and thus removed some of the stigma. In addition a nurturing atmosphere was created with the provision of refreshments, snacks and crèche facilities. The location was also based in familiar community buildings where many of the participants were learning English. A Somali psychology graduate offered additional interpreting support. The women were also made aware that this was a pilot project, hence their views and ideas were of critical importance.

The project was entitled *'Somali Women's Support Group: Promoting Positive Mental Health and Emotional Wellbeing.'* It was felt important to emphasise the positive aspects of mental health as well as the difficult aspects. The key aims of the project were:

1. To provide information and practical support to empower Somali women to develop their own strengths and skills, increase their confidence and help to remove social isolation
2. To explore Somali women's perceptions of the meaning of 'mental health' in the UK and to compare and relate this to their understanding from their own cultural background
3. For Somali women to share and discuss their experiences and needs living in the local UK community as asylum seekers and refugees
4. To help raise awareness of services and provision available in the authority to help meet their needs
5. To help understand more about the British education system and how they can help their children

The project ran initially for 6 sessions of 2 hours duration and 12 women attended. 4/12 of the women were seeking asylum, 5 had refugee status and 4 had either British, Dutch or Swedish citizenship. Length of time in the UK ranged from 9 months to 9 years. Education levels in the group were mixed, 2 of the women had no education, 5 had been educated to primary level, 2 up to secondary level and 2 had been educated at university. The women all had children in local schools or colleges. In the early sessions the women spent a lot of time exploring their understanding of 'mental health' from their own cultural backgrounds and this in turn raised a number of questions that the women felt the following sessions should cover. The areas discussed included; dealing with their own everyday stresses; maintaining positive mental health; recognising and helping others that are depressed; dealing with stresses occurring from their children experiencing difficulties at school; understanding the school system and the support systems within schools; understanding counselling/therapeutic and mental health support services. The women were encouraged to use their own knowledge, expertise and jointly problem-solve issues. It became very clear that understanding the mental health services and agency support here in the UK is a complex process and needs direct support of this nature in order for certain communities to increase their knowledge and understanding, thereby becoming more active and confident in accessing services where necessary.

As the group developed and the women began to feel more comfortable with sharing their views and more trusting of my role as a psychologist, it became apparent that there was a need for individual surgery times before the group began where mental health issues, concerns regarding themselves, own families or friends could be discussed with myself in a more confidential manner with the interpreter. In this way a number of referrals/links were made to appropriate agencies for further support, including adult mental health and to the relevant school EPs where issues had been raised regarding their children in school.

The evaluations were very positive and this secured funding to continue for a further block of 6 sessions where understanding the nature of Post traumatic Stress disorder [PTSD], depression and helping members in the community, dealing with racism were further explored. In addition the women found the social support aspect of the group beneficial and were able to secure funds to set up their own coffee mornings run by the women themselves. The women often commented that their husbands were keen to hear what had been discussed and that there was possibly a need to develop a group for the male members of the Somali community.

### **Some of the women commented,**

- *'Now if I know someone in my family and community who is unhappy and unwell I feel more confident to talk to them and to try and help and explain how they can get more help. The group gave me confidence to do that.'*
- *'If I was by myself I wouldn't have found about the things I learned here, I feel more knowledgeable to help myself and my family. The group made me happier.'*
- *'I was able to talk more about the problems we face because I made friends here. We need to talk more about our problems with schools, GPs and find ways to help ourselves.'*
- *'This project has helped me learn my rights so that I can help more Somali people.'*

## **Conclusion**

The wealth of research on the value and psychological importance of parenting support and education is very positive (Buchanan, 1999; RCPCH, 2002). However, the evidence suggests that too few families from refugee backgrounds are accessing such services. Where refugee parents have been involved in such programmes they have responded to these positively and this has empowered them to feel that they have some control over their own and their children's lives, which can ultimately lead to lower levels of stress for families and better use of services. Such programmes can improve the relationships between professionals and refugee parents, foster cultural understanding and community cohesion, assist in better planning of services to meet local needs, and can access and inform vulnerable groups to other services. The current government vision of: multi-disciplinary statutory agencies working together with community and voluntary organisations to help the socially excluded and disadvantaged (DfES, 2004d) is most encouraging. EPs working closely with RCOs can empower communities to support their members psychosocially via advice, advocacy, befriending and cultural link work, '*Such linking can represent the first step in coming to terms with the new environment as well as offering a chance of socio-political empowerment through group action*' (Harris & Maxwell, 2001, p.13). EP work with RCOs takes time and commitment to develop trust but once this link is established enhances the quality of engagement and trust of refugee parents and can do much to address stigma and cultural misunderstandings.

EPs with specialist posts for asylum seeker and refugee children and families based within CAMHS and/or EP services are well placed to utilise their skills as psychologists in the community to support the development, training and practice of refugee parent support groups with other agencies schools

and RCOs to meet the varying needs. The work as outlined in this paper involves the full range of EP psychological skills including specialist issues pertinent to refugee communities. However further research is much needed in this area and here EPs could work alongside RCOs to carry out such research.

Specialist multi-disciplinary refugee teams and community inclusion approaches practiced by schools have been cited as examples of local authority good practice (DfES, 2004a). Authorities that adopt a more holistic approach recognising the value of involving refugee parents and who operate methods involving multi-disciplinary working have been found to be most effective, (Arnot & Pinson, 2005). Within this multi-disciplinary context the EP is well situated to facilitate support, knowledge and empowerment for refugee parents working across the various systemic levels. In light of the xenophobia and racism that refugee communities are now increasingly facing, strategies to support refugee parents cannot be more needed with benefits to be gained by all for all in the community. As one Kosovan asylum seeking mother reflected, 'There should definitely be more of these types of parents' groups for asylum seekers. It helps us to feel strong to help our children.'

## **Acknowledgement**

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*\*The views expressed in this chapter are those of the author and do not necessarily reflect those of the organisation by whom the author is employed.*

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## References

- Arnot, M. & Pinson, H. (2005). *The education of asylum seeker and refugee children: A study of LEA and school values, policies and practices*. General Teaching Council for England, National Union of Teachers, Refugee Council, Faculty of Education University of Cambridge.
- Barnabas, J. (2006). *Accessing early years in London: Refugee women's experiences*. London: Refugee Women's Association.
- Bastiani, J. (1989). *Working with parents: A whole school approach*. London: Routledge.
- Bastiani, J. & White, S. (2003). *Materials for schools: Involving parents raising achievement*. Nottingham: DfES Publications.
- Bowlby, J. (1969). *Attachment and loss. Vol. I and II*. New York: Basic Books.
- Buchanan, A. (1999). *What works for troubled children?* London: Barnados.
- Bushell, R., Miller, A. & Robson, D. (1982). Parents as remedial teachers. *Journal of the Association of Educational Psychologists*, 5(9), 7–13.
- Carey-Wood, J., Duke, K., Karn, V. & Marshall, T. (1995). *The settlement of refugees in Britain*. London: HMSO.
- DfES (2004a). *Children Bill*. London: The Stationery Office.
- DfES (2004b). *Every child matters: Change for children*. London: Department for Education and Skills.
- DfES (2004c). *Aiming high: Guidance on supporting the education of asylum seeking and refugee children. A guide to good practice*. Nottingham: DfES Publications.
- DfES (2004d). *Every child matters: Change for children. Working with voluntary and community organisations to deliver change for children and young people*. Nottingham: DfES Publications.
- DH. (2004a). *National service framework for children, young people and maternity services: Core standards. Change for children – Every Child Matters*. London: Department of Health Publications.
- DH (2004b). *National service framework for children, young people and maternity services: The mental health and psychological wellbeing of children and young people*. London: Department of Health.
- D'Onofrio, L. (2004). *Understanding the stranger: Final Report*. London: The Information Centre about Asylum and Refugees in the UK.
- Einzig, H. (1998). *Parenting education and support: A brief overview*. Norwich: Family Support Network & Parenting Education and Support Forum.
- Elmer, N. (2001). *The costs and causes of low self-esteem*. London: The Joseph Rowntree Foundation.
- Fonagy, P., Steele, M., Steele, H., Higggett, A. & Target, M. (1994). The Emanuel Miller memorial lecture, 1992: The theory and practice of resilience. *Journal of Child Psychology and Psychiatry*, 35(2), 231–257.
- German, M. (2006). *Asylum seeking women with young children: A transcultural exploratory study of their experiences of early years education and living in the UK*. Unpublished doctoral thesis, Tavistock Centre/Essex University, London.
- German, M. & Ehntholt, K. (2007). Working with refugee children and families. *The Psychologist*, 20, 152–155.
- Ghate, D. & Hazel, N. (2001). *Parenting in poor environments: Stress, support and coping*. London: Population Reference Bureau.
- Grimshaw, R. & Grimshaw, C, M. (1998). *Evaluating parenting programmes: A study of stakeholders' views*. London: National Children's Bureau.
- Harris, K. & Maxwell, C. (2001). Meeting refugee mental health needs: The role of the psychologist. *Context, Refugees: The Magazine for Family Therapy and Systemic Practice*, 54, 12–14.
- Henricson, C., Katz, I., Mesie, J., Sandison, M. & Tunstill, J. (2001). *National mapping of family services in England and Wales: A consultation document*. London: National and Family Parenting Institute.
- HM Treasury (2004). *Child poverty review*. London: HMSO.
- Home Office (2000). *Race Relations (Amendment) Act*. Retrieved 20 May 2005 from: <http://www.homeoffice.gov.uk/comrace/race/raceact/amendment/html>
- Iszatt, J. & Price, R. (1995). Working with children from refugee communities. *Educational and Child Psychology*, 12(3), 52–55.
- Jeyarajah Dent, R. & Cameron, R.J. (2002). Developing resilience in children who are in public care: the educational psychology perspective. *Educational Psychology in Practice*, 19(1), 3–18.
- Kahin, M. (1997). *Educating Somali children in Britain*. Stoke-on-Trent: Trentham.
- Kay, H. (1999). *Bright futures: Promoting children and young people's mental health*. London: The Mental Health Foundation.
- Licence, K. (2004). Promoting and protecting the health of children and young people. *Child: Care, health and development*, 30, 623–635.
- Marsella, A., Friedman, M., Gerrity, E. & Scurfield, R. (Eds.) (1996). *Ethnocultural aspects of posttraumatic stress disorder: Issues, research and clinical applications*. Washington D.C.: American Psychological Association.
- Marsella, A., Mathew, J., Friedman, E. & Spain, E. (1996). Ethnocultural aspects of PTSD: An overview of issues and research directions. In A. Marsella, M. Friedman, E. Gerrity & R. Scurfield (Eds.) *Ethnocultural aspects of post-traumatic stress disorder: Issues, research and clinical applications* (pp.105–130). Washington DC: American Psychological Association.

- Moran, P., Ghate, D. & Van der Merwe, A. (2004). *What works in parenting support? A review of the international evidence. Research Brief No. RB574*. London: DfES Publications.
- Mott, G. (2002). *Refugees and asylum seekers: The role of LEAs. EMIE Report no.59*. London: EMIE (Education Management Information Exchange).
- Muecke, M. (1992). New paradigms for refugee mental health. *Social Sciences and Medicine*, 35(4), 515–523.
- NHS Advisory Service (1995). *Together we stand: Thematic review of the commissioning, role and management of child and adolescent mental health services*. London: The Stationery Office.
- Papadopoulos, R. (Ed.) (2002). *Therapeutic care for refugees: No place like home*. London: Karnac.
- RCPC. (2002). *Helpful parenting*. London: Royal College of Paediatrics and Child Health.
- Richman, N. (1995). *They don't recognise our dignity: A study of young refugees in the London Borough of Hackney*. London: Unpublished report from City and Hackney Community NHS Trust.
- Russell, K. & Granville, S. (2005). *Parents' views on improving parental involvement in children's education*. Edinburgh: George Street Research, Scottish Executive.
- Rutter, J. & Hyder, T. (1998). *Refugee children in the early years: Issues for policy-makers and providers*. London: Save the Children & Refugee Council.
- Rutter, J. & Stanton, R. (2001). Refugee children's education and the education finance system. *Multicultural Teaching*, 19(3), 33–39.
- Social Exclusion Unit (2004). *Tackling social exclusion: Taking stock and looking to the future. Emerging findings*. London: Social Exclusion Unit. Office of the Deputy Prime Minister.
- Stewart-Brown, S., Fletcher, L., Wadsworth, M. & Shaw, R. (2002). *The roots of social capital II: The impact of parent-child relationships on mental and physical health in later life: an analysis of data collected in three British national birth cohort studies*. Oxford: Oxford Health Services Research Unit.
- Stewart-Brown, S., Fletcher, L., Wadsworth, M. & Shaw, R. (2002a). *The roots of social capital II: A systematic review of longitudinal studies linking relationships in the home with health and disease*. Oxford: Oxford Health Services Research Unit.
- Van Der Veer, G. (1992). *Counselling and therapy with refugees: Psychological problems of victims of war, torture, and repression*. Chichester & New York: Wiley.
- Vincent, C., & Warren, S. (1998). *Supporting refugee children: A focus on home school links*. Warwick: Warwick University.
- Wolfendale, S. (1983). *Parental participation in children's development and education*. London: Gordon and Breach Science Publishers.
- Wolfendale, S. (1985). Parental involvement in children's development and education: An overview. *Educational and Child Psychology*, 2, 3–9.

# Appendix 1: Range of possible issues faced by refugee parents [adapted from German, 2004) ]

Experiences/Causes	Resultant Losses	Issues faced while seeking Asylum in new country
War Persecution on grounds of politics, race, gender or ethnicity Human rights abuses Sexual Violence, Rape Torture, Imprisonment Exile	Family Friends Community Country Culture Language Identity Self Esteem/Confidence Status Employment Education Plans for the future	Asylum seeking process Not being believed Multiple changes Learning a new language Learning new cultural norms Accessing education Unemployment Health difficulties Isolation/Loneliness Emotional/Psychological difficulties Socio-economic hardship Racism Uncertain future

## Appendix 2: Model for enabling refugee parents to access support

