

A SCHOOL-BASED INTERVENTION PROGRAMME FOR REFUGEE CHILDREN

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ABSTRACT

Since the borders of South Africa opened Cape Town has seen an influx of people, including increasing numbers of children. The government offers refugees a safe haven and the right to work, but the load of direct services and assistance mostly falls onto NGO's such as the Trauma Centre. At the request of teachers a therapeutic activity group, to assist children in working through their traumatic experiences, was established at a school within one accommodation site for refugees. The programme consisted of eight 90 minutes sessions each focusing on a different theme. It was done alongside workshops with teachers to assist them in coping with refugee children. The programme was evaluated principally by observations during the group sessions and records of teachers of the behavioural problems manifested by the children. These showed a general positive response mostly in the areas of reduction of anxiety symptoms and increased social confidence.

INTRODUCTION

Refugees and asylum-seekers entering a host country generally need support on multiple levels over and above the safe haven, especially in dealing with past traumas and adapting to a new context and culture. In 1993 South Africa's borders were opened to people seeking refuge from war and conflict in their own countries. The most recent figures from the Department of Home Affairs, September 1997, suggest that there are approximately 6 200 refugees and asylum-seekers living in Cape Town (personal communication, Mr. Solomon 1997). Research conducted by The Trauma Centre for Victims of Violence and Torture in 1994 indicated that approximately 45-50% of such victims are between the ages of 14 and 24 years (The Trauma Centre for Victims of Violence and Torture 1995).

The process of applying for refugee status is a lengthy one. It takes up to two years for the Department of Home Affairs, together with the UNHCR, to investigate the story given by an individual who has fled his/her country. In this time, a person is given the status of an asylum-seeker until it can be proven, in accordance with the UNHCR, that they have a well-founded fear of persecution for reasons of their race, religion, nationality, political opinion, or membership in a particular social group, and cannot or do not want to return.

The government, in accordance with the international United Nations Refugee policy, provides them with the right to safe asylum or legal protection. Besides this, it also provides for the right to work, the right to basic medical care and the right to education. As such, children are permitted to enter the local school systems. However, little or no support is provided to these children or their teachers. This paper will focus on a school intervention programme which aims to address this problem and is based on the experience of refugee children needing assistance in coping with the transition of flight.

Van der Veer makes it clear that "the children of refugees are at risk of acquiring special psychological problems" (1992:199). He outlines some of the reasons for these psychological problems. They include: traumatic experiences in the home country; loss of the familiar

environment; and difficulties in adapting to life in the new country. This is further supported by Macksoud (1992), who outlines the stressful experiences of refugees. There are three main categories: pre-flight - living in a war situation in the home country where children and their families are targets of violence; flight - the process of leaving the home country with all its social support networks, and then moving from country to country seeking asylum; and living as a refugee - which involves living in an unfamiliar environment with the added burden of having to learn a new culture and language.

The case of Peter, a 16-year-old refugee in Cape Town, who grew up in Luanda, Angola, illustrates this process. His father, who joined the MPLA, died in combat when Peter was 6 years old. He and his mother fled the war and sought exile in Zaire, where they lived for two years in a refugee camp before seeking exile in South Africa. His mother was unable to find employment to support herself and her son, and placed him in a Christian mission station where he has been living to date. He has not seen his mother for the past two years.

Children in War, published by UNICEF, suggest that "traumatic experiences produce psychological and social distress that may require intervention" (Ressler, Tortorici & Marcelino 1993). When reviewing the psychological consequences of traumatic events, Ager (1994) found that work on the impact of war on children's development has addressed both themes of vulnerability and resilience. It is proposed that, when planning an intervention, the child can be viewed either as a "passive victim" who is vulnerable, is unable to cope under adverse circumstances and experiences psychological distress; or as an "active participant" who has personal strength, and so is able to adapt and cope under adverse circumstances.

These strengths are shown in the case of John, who is 15 years old and is a member of the intervention group. He entered South Africa unaccompanied at the beginning of 1996. He arrived at the Trauma Centre requesting assistance in attending school. An initial interview conducted by the intake worker revealed that he had fled from Zaire, his home country. His parents had died in 1994 when he was 13 years old and his brothers left home soon afterwards. Left with no food or shelter, John decided to leave Zaire and joined a group of young men with whom he travelled to South Africa. Once he arrived in Cape Town, he moved into an informal settlement where, to earn his stay, he sold liquor in his landlady's informal tavern.

From his story one could conclude that John was able to adjust to the adverse circumstances in his life and chose the best technique for his survival. Our team of workers saw him as a survivor and therefore placed emphasis on his ability to adapt and cope under adversity. He was assisted by being enrolled in a school system as soon as possible. This decision was based on past experience in working with refugee children at the Trauma Centre, where the structured school environment provided a sense of stability and healing, which could be viewed in many cases as a more effective intervention strategy than therapy or counselling. It also provides children with the opportunity for integration into the local community and assists in breaking the isolation experienced within their new environment.

THE TRAUMA CENTRE SERVICES TO REFUGEES

The Trauma Centre for Victims of Violence and Torture (hereafter The Trauma Centre) is a non-governmental organisation based in Cape Town. It provides psychological and social work services to individuals and families whose lives have been affected by political and organised violence. Different projects have been established to address the needs of particular client groups; for example, for refugees there is an information hour to give them information on different local services that they have access to, an English bridging class for pre-school children

and a parenting skills group for mothers. The first author works as a caseworker in the Refugee and Returned Exiles Project.

The Refugee Project at the Trauma Centre provides different levels of intervention. Those used most often include crisis intervention, environmental manipulation and enhancing the coping mechanisms of individuals and families. Our main modality is a psycho-social intervention where the focus is on the person-situation gestalt, which is described as an interacting balance of forces between the needs of the person and the influence of the environment upon him or her (Hollis 1972). An example to illustrate this type of intervention is the process of accessing local schools in the community to ensure placement of refugee children. At the same time there is also a need to provide children with support and we have recognised the value of processes which help the child to digest difficult, painful and contradictory experience (Ager 1994).

THE SCHOOL PROGRAMME

A school programme was established at the Ark City of Refuge. In the process of placing children at local schools, the Trauma Centre's Refugee Project established contact with The Ark, which is a Christian mission situated outside the centre of Cape Town. It is one of the few places in the Western Cape which provides accommodation for refugees and education to refugee children at a primary school on the premises. A teacher at this school approached us with an expressed need for support to be provided to refugee children in his class. A meeting was held with the teachers and the primary care-givers (house-parents), which revealed their need for assistance in coping with refugee children. One teacher described a situation where he took a group of Angolan children for a walk on the school grounds. When they heard the gunfire from a nearby shooting range, he related how they ran to him visibly disturbed to seek protection. Although he was able to guess that their reaction was caused by past experiences, he said that he was unable to deal with what had happened. In the meeting it was decided that a programme for the refugee children in the school be established. The individuals targeted in the school programme included the teachers, the house-parents and the refugee children. The programme work that is being looked at in this paper was done over the period of the second half of 1996 and the first half of 1997.

The main objective of the school programme was to provide refugee children with a safe and structured environment in which to explore the effects of their experiences. By establishing this group, made up of children with similar experiences, it was hoped a process would be set up which Dr Ayalon, an expert in the field of stress and coping, has described as "inter-personal communication within a supportive network (which) is an invaluable condition for coping" (1988:17).

INTERVENTION WITH THE TEACHERS

At the teacher's request the senior author facilitated a series of two workshops with the teachers, the main purpose being to provide them with some practical skills in helping children cope in the classroom and at home. It also served to garner their support for the programme and their assistance in the evaluation process. The workshops were based largely on information drawn from the UNICEF manual titled *Helping children cope with the stresses of war* (Macksoud 1992). The topics covered included: the types of experiences that children encounter, normal and severe reactions to stress, variation in reactions to stress according to age, guidelines on helping children cope, and finally focusing on specific behaviour problems and how to deal with them. A lot of informal discussion was generated which was found valuable in understanding the types of problems and issues faced by refugee children. On evaluation the teachers responded favourably

to the workshops, which they said gave them valuable insight into the experiences of the refugee child and there was a request for follow-up workshops.

INTERVENTION WITH THE CHILDREN

When planning the intervention with the children, the Pharos Foundation for Refugee Health Care in the Netherlands was contacted. In their work with refugee children there, they had developed a school programme for children and adolescents. This provides information for parents, specialised training for teachers and counsellors and a series of group sessions for refugees. The main objective of this programme is to enhance the factors that make it possible to handle flight and violent experiences (Baan 1996). A teacher and a health professional facilitate a series of eight group sessions, with each session focusing on a particular theme. This model was chosen for a number of reasons:

- Firstly, its clear beginning and end fit in well with the structure of the school system.
- Secondly, a short and structured model suits the transient nature of the refugee community. For example, teachers at local schools have noticed that refugee children often leave school once they have learnt to speak English.
- Thirdly, the children are not asked explicitly about their experiences, thus ensuring that defenses or coping mechanisms remain intact and that individuals are not re-traumatised.
- Fourthly, group work is a model of intervention which provides a safe environment for children to share common experiences and feelings.

Certain conditions at the school compelled slight adaptations to the programme. Overcrowded classrooms and a shortage of teachers meant that a mental health worker facilitated the group alone and not in conjunction with a teacher. The group was composed of the nine Angolan children between the ages of 9 to 16 years who attend the school. An initial meeting was held to consolidate their willingness to participate. Thereafter, meetings took place with them once a week for eight sessions lasting 90 minutes each. In each session a theme was explored using an activity or exercise to stimulate group discussion. In an attempt to relate the experience of the group development and processes, each of the sessions will be outlined briefly. To date, two programmes have been run and the cases cited will reflect both of them.

The Group Sessions

These sessions will be reported from the first-hand experience of the facilitator, Ms Searle, to provide a more directed description.

- The first session focused on introducing ourselves to each other, setting the group rules and contracting for the number of times we would meet together. Group cohesiveness had already developed amongst members because of their common cultural backgrounds. Meetings took place during school hours, which meant that the programme was seen as part of the school curriculum. This contributed to greater levels of trust in me than I had anticipated.
- In the second session we explored the theme of "Life in South Africa". The main objective of this session was to assess how they were coping with life at that point and to explore which structures in their immediate environment they depended upon for support. Each child was given a piece of clay and asked to model that person or object which they turn to when they are having problems. One of the boys modelled a motorbike and told the group that when he has problems he would like to climb on a motorbike and drive away. Some of

the other children modelled their house-parents, explaining that these are the people whom they trust the most.

- The theme for the third and fourth sessions was "Where do I come from?" The main purpose is to explore past experiences and to provide a space where they can begin to share stories. Creative arts was the method used where the children painted a picture of their hometown or village. This was followed by a discussion of the paintings. A 15-year-old boy drew a map of Angola. Three sisters aged 14, 11 and 9 years drew pictures of their homes. All three drawings showed houses in three different countries indicating the transient nature of their early childhood. All of the pictures illustrated the multiple losses that they had experienced, including the loss of family members, friends, communities, homes and their country. A reflection of feelings revealed a sadness with a need to mourn the loss of another life and anger at the lack of control over their life situations. An important therapeutic effect of these two sessions was the universalisation of feelings where they realised that there were others who shared similar experiences.
- The fifth and sixth session's theme, "Who am I and where do I belong?", focused on the self and the things that shape identity. The aim of these sessions was to develop a sense of self and reinforce self-esteem. The children were asked to make two masks - one to reflect "how I see myself" and the other to reflect "how others see me". A 10-year-old girl made a mask of a clown representing how others see her. She explained to the group that she looks like a clown because she is different, reflecting a poor self-esteem.
- In the sixth session members explored the importance of culture in shaping their identity. Culture was described by the group as your roots which were part of yourself. One of the older members explained to the group that "culture is important because you need to remember who you are when you get older and return home". Together they identified and discussed aspects of their culture which are different to South African culture, including language, religion, food, music, dance and clothing. When discussing languages spoken in Angola, a 12-year-old boy demonstrated to the group his ability to speak English, Afrikaans, Portuguese, Lingala and French. This led into a group discussion about the special ability of refugee children to speak many languages.
- "Friendship and love" was the theme of the seventh session. The main objective was to allow members to explore past and present relationships. The exercise involved writing a letter to a friend in Angola. A 14-year-old girl wrote a letter to her brother, telling him not to worry about her because she is now safe in South Africa. Asked how he would respond if he read the letter, she told the group "He would be happy to hear from me because he doesn't know if I am still alive." This was my second last meeting with them and most of our time was spent discussing my leaving and how this related to other separations in their lives.
- The final session looked at prospects for the future. Members were encouraged to explore ways in which they can shape their future. One of the members explained to the group that he wanted to be an American ambassador to South Africa. Their response was that this was impossible because he is Angolan. A group discussion ensued where members acknowledged their responsibility to be an ambassador for their country while they are living in South Africa.

Evaluation Approach

An evaluation on the group was drawn from four approaches. Two case studies will be presented first. Feedback from teachers is then outlined. An evaluation using a symptom checklist over time and the direct experiences of the facilitator was also used.

CASE STUDIES

John:

I will draw on the case of John, the 15-year-old boy whom I referred to in my introduction. When he entered the group he was quiet and withdrawn from the other members. His teacher also reported that he seemed isolated from other children in the classroom. In the second session we explored support structures in the environment. John modelled a radio out of the clay and explained to the group that he had never had any friends. When he travelled through Zaire, his radio was his only friend because it warned him of where the armed conflict was occurring and guided him to safety. Although he never had friends, his story indicated that he had a positive concept of friendship. When exploring the theme "Where do I come from?", John was unable to draw a picture of his home town or village. He had moved from country to country for the past two years and this lack of stability left him feeling vulnerable and insecure. When exploring the concept of culture in the group, John shared his experience of the different cultures of the people he had met in his flight to South Africa. As we moved into the fifth session, he began to participate more. By listening to other members tell their stories, John found that other people shared similar experiences to his. This helped to break his isolation, which I had observed in previous sessions. When nearing the last stages of the group John had developed a friendship with a 14-year-old girl in the group.

Mary:

Mary was 14 years old when she entered the group. The vice-principal referred her because she was difficult to discipline in the adaptation classroom, in which most refugee children are placed so as to prepare them for entry into the school system. She also exhibited extreme behavioural changes, becoming aggressive and demanding or withdrawn and passive.

In the first session Mary introduced herself and her two younger sisters, who were also members of the group. She kept a watchful eye over them and ensured that they understood what was being said in the group.

In the second session, which focused on support structures in the environment, Mary could not make a model out of the clay and said that she had no friends because they had all been left behind in Angola and had no time to say good-bye to them.

In the fourth session group members were asked to paint a picture of their hometown. Initially she was unsure of what to paint, saying that she had lived in many countries before living in exile in South Africa. Finally she painted a picture of her neighbourhood in Angola and indicated that this was where she had left all her family and friends.

In the fifth session, focusing on "Who am I and where do I belong?", Mary made two masks - one representing her own face and one representing that of a friend. She explained to the group that the friend was dead, perhaps representing friends and in turn the life which she has lost while fleeing from country to country.

In the sixth session, when the group discussed culture and tradition, Mary chose to tell the other members about the types of food she used to cook for her sisters in Angola. She also sang a traditional song with two other members of the group.

In the seventh session she read a letter she had written to a friend still living in Angola. In it she apologised for having left so soon without saying good-bye. The theme of friends was very powerful for Mary throughout the group process. In recognising and dealing with this loss, she was able to open herself to establishing new friends in her new context.

In the final session Mary confided in the group that she no longer wished to attend school. Once the group had terminated, the facilitator discussed this with her and referred her to a clinical psychologist at the Trauma Centre for an assessment. It turned out that the request was appropriate, given her position in the family and life experiences. She ended up splitting her time between school and skills training.

FEEDBACK FROM THE TEACHERS

Teachers have given positive feedback on the effects of the group. They feel that the group has assisted the children on a number of levels. These include:

- an increased capacity to listen to their peers
- greater trust for authority figures
- an increase in open communication with teachers and elders
- an increased ability of the child to ask for help
- improved capacity to bond or integrate with the other children who are not refugees.

The teachers' confidence also increased and they felt more competent as the children improved. In an informal evaluation teachers stated that the workshops had equipped them with knowledge on the context from which the children came, which in turn increased their awareness of the special needs of refugee children.

Obviously many problems do still exist, but the children have advanced and problems should continue to reduce over time. In addition the context of the supportive environment of the school and the work of the teachers needs to be acknowledged as an essential component of the children's progress.

SYMPTOM CHECKLIST

To try to get an objective measure of the changes in the children's behaviour as a result of the group, a symptom checklist was drawn up and given to the teachers. The checklist was based on the experience of the teachers, the group facilitator and was compiled with reference to clinical texts on children of that age group. The teachers were asked to keep a note of problems or symptom behaviour of the children for a week prior to the group starting, during the group and for a month afterwards. If any of these behaviours were seen they were to be noted on the checklist. Teachers were also asked to note the behaviours of another child in the class of similar age and gender who was not part of the group, as a control measure. In the end symptom checklists were maintained on five of the group members and two controls.

John was very shy and quiet, did not complete tasks and did not want to talk about his home country at the start of the group. Over the period of the group the teacher reported that he was completing tasks, working harder, and had become less withdrawn and passive, occasionally to the point that he was distracting other pupils, but this settled again. He still did not want to talk

about his home country. Towards the end of the period the teacher noted that he became easily startled. This could be due to the group process reawakening some of the trauma he had experienced, but should be a temporary phenomenon until the experiences are integrated and his defences take over again.

Jill presented a more complicated picture, with symptoms appearing and disappearing at different times, but there did appear to be an increase in sociable behaviour and ability to interact with others in her class.

Martin showed anxiety symptoms and had school-work problems of not concentrating, distracting other pupils and not completing tasks. This disappeared for a period in the middle of the recording process, but then reappeared later. This relapse occurred over a period in which he moved back to live with his parents and had to work in a pub in the evenings.

For Linda and Norma there were generally improvements in terms of the symptom picture, including a reduction in anxiety and school-work problems, and particularly increases in social behaviour. The controls matched with these two had fewer problems initially, but most of these symptoms remained constant, with the exception of the social behaviour, which also improved dramatically. There is no adequate explanation for the latter except that in the process of the programme the teachers did receive some training which would have improved their skills and the two controls may also have benefited from the group members interacting more with them, thereby easing the whole social atmosphere in the classroom.

Overall there was evidence of improvement over a broad range among those attending the group. This was particularly evident in the area of social behaviour. There are qualifiers too in that the social behaviour of the controls also improved. It also appears from the case of Martin that it is important for the context of the person to remain constant for at least a short period for these gains to be maintained.

The only area that remained a problem throughout and did not change was a distinct unwillingness on the part of the adolescents to talk about their home country. This does make sense in terms of their need to maintain their defences and the care taken within the group not to violate those defences. However, about one year after the first intervention the Ark held a meeting on African Refugee Day, 21 June. Here a group of refugee youths put together a presentation for the rest of the school. It involved a description of the countries they came from and a drama presentation in which one of the members described his experience of having to flee his home country and his journey to the Ark. This would imply that over time this block on talking about the past had reduced.

EXPERIENCES OF THE FACILITATOR

When I reflect back on the group process, I realise that breaking down defences could have been destructive and potentially dangerous, so I had to constantly monitor this. At times it was difficult to balance the free expression of the child and a respect for his/her coping techniques.

As the ages of the children ranged from 9 to 16 years, the different developmental levels affected the way in which the children understood and reacted to stress. I had to acknowledge the age differences, while at the same time stress the importance of equality and respect for one other.

In the first two sessions members were quiet and seemed cautious of the group leaders. By the fourth session a sense of trust had developed in them. They began to participate more actively in the group and with each other, indicating an increase in capacity to develop relationships.

Although certain themes were more important to each individual child, there was a sense of mutual respect amongst them which was indicated through their ability to listen silently to one another's stories. When they were invited to share information on their culture and traditions, a sense of pride in their history was established, which contributed to an increase in self-confidence. By listening to stories similar to their own, the children began to talk more freely amongst themselves, perhaps indicating a move towards overcoming their feelings of isolation.

The first group was facilitated by myself because of the scarcity of person-power at the Trauma Centre. Without a co-facilitator, I often felt that I did not have the capacity to explore issues to their full extent. In the second group I worked with another caseworker whom I trained in this model of intervention. In the sessions we alternated the role of either observer or group leader. Working in this partnership allowed us to respond more appropriately to the non-verbal communication of the children in the group.

CONCLUSION

Overall the evaluation results are positive and the programme is effective, despite problems and constraints. It has been successful in providing assistance to refugee children who need support in dealing with their traumatic experiences and adapting to a new context. It allowed the participants to address the trauma of their past and the difficulties of their current situation in a safe environment, also made familiar by the presence of other refugees. This normalises and acknowledges their experiences, allowing for an effective transition into their new local communities. From the symptom checklist, it appeared to reduce problem behaviour in the classroom.


There is clearly a need for broader intervention strategies, which should include the provision of the basic needs to refugee families who enter the country with little else but the clothes they are wearing. A handful of organisations are providing such services in Cape Town, but there continues to be a limit in resources available.

This school programme, situated within the school day, could become a valuable support service to those schools which are willing to enroll refugee children. Taking on refugee children is a difficult task as they are often regarded as an extra burden on the already overcrowded classrooms and high pupil-teacher ratio. In the project the teachers needed assistance in coping with refugee children in the classroom and the provision of workshops can provide some of this support. Maintaining open consultation with the teachers throughout the programme is also recommended as in this case it provided ongoing support and ensured that the needs of the children were communicated to the mental health workers.

After the storytelling group described above provided support to the newly arrived children, ongoing support was important. In this case a lifeskills programme was initiated with the participants, which explored themes such as anger management, relationships and self-concept enhancement. A similar approach would be encouraged by others using the storytelling group. Following its overall success at the Ark, the programme has also been offered to other schools in the hope of extending supportive services to refugee children living in the community.

REFERENCES

- AGER, A 1994. *Psychology and the developing world*. Westport: Praeger.
- AYALON, O 1988. *C.O.P.E. Handbook: Helping children cope with stress*. Amsterdam: Nord Publications.
- BAAN, J 1996. A preventative approach of refugee children in educational systems. Paper presented at the Congress of Children, War and Persecution, Maputo Mozambique, December.
- HOLLIS, F 1972. *Casework: A psychosocial therapy*. New York: Random House.
- SOLOMON, H 1997. Personal communication, Department of Home Affairs, Cape Town, South Africa, October.
- MACKSOUD, M 1992. *Helping children cope with the stresses of war: A manual for parents and teachers*. New York: UNICEF.
- RESSLER, EM; TORTORICI, JM & MARCELINO, A 1993. *Children in war: A guide to the provision of services*. New York: UNICEF.
- THE TRAUMA CENTRE FOR VICTIMS OF VIOLENCE AND TORTURE 1995. Report on needs assessment for the Trauma Centre for Victims of Violence and Torture. Unpublished report.
- VAN DER VEER, G 1992. *Counseling and therapy with refugees*. England: John Wiley & Sons.



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