

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

Prepared for Refugee Services Aotearoa New Zealand

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Funded by the Lotteries Community Sector Research Grant Fund.

14 December 2011

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

Thank you 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.

Thanks also to Jill Conway, Dr Fahima Saeid, Changemakers Refugee Forum, Auckland Refugee Community Coalition, the Canterbury Refugee Council, Jenni Broom, Shoba Nayar, Community leaders, Community interpreters and Refugee Services staff. This work would not have been possible without you.

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 enables 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.**

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.

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 section links 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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