

Reflections on practice when working with families and communities newly arrived in Australia

VIRGINIA MANGAZVA

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The aim of this paper is to explore families and communities from a refugee and Migrant background, drawing on my practice in the Perth Metropolitan Area. People around the world migrate from one country to another for a variety of reasons.

The term 'refugee' has been used to describe a particular category of migrants. Refugees differ from immigrants in that they flee from their homeland for political reasons. They leave families and friends behind knowing it is very unlikely they can ever return. By contrast, immigrants choose to leave their homeland and settle in a country of their choice knowing they can return to their country if they wish to. They often immigrate with families. (Allan, Pease and Briskman 2003).

In my practice, providing intervention to refugees and migrants, understanding the issues of language difference, cultural difference, client's knowledge and skills about effective treatments are essential aspect of practice that can contain client anxiety and assist to regain power.

Working With People from Other Cultures

Working with people from other cultures who are survivors of torture and trauma, primarily those who have come as refugees, provides professionals with a complex array of tasks and issues to focus on. It is also deeply challenging at a personal level, as one needs to existentially struggle with what it means to live and work in a world where the cruellest of human suffering is deliberately imposed.

Migrant/Refugee Families and Communities Settlement

Being a stranger in a strange environment is a stressful experience for most people, even though the degree of stress varies from person to person. In the case of refugee families and communities, this kind of stress inevitably comes in a double amount, namely, the stress of being a refugee and the culture shock of being in a new environment. In other words, the refugee is confronted with torture and trauma, grief and loss issues, as well as culture shock of being in the host society, both of which are completely new experiences for her or him. Most survivors will have experienced multiple losses and traumas.

Culture shock can be defined as a situation in which people who are normally stable, well-adjusted individuals in their home countries develop a wide variety of problems, including anxiety, restlessness, loss of appetite, loss of initiative, inability to concentrate, self-consciousness and even paranoia, as a result of being in a culturally alien environment. Assuming that a large majority of refugees would suffer from

various stresses of torture and trauma, and culture shock, the chances of translating their emotional or psychosocial problems into somatic complaints are very high. Correspondingly, the chances of their seeking the help of medical practitioners instead of counsellors are probably equally high. In that case, the real underlying problems beneath the somatic symptomatology may go undetected by both the doctor and the patient until a major breakdown occurs (Alston et al 2001).

It is important for professionals to assess all survivors for the risk of self-harm. Given the highly traumatic backgrounds of many survivors, surprisingly few people indicate that they are at risk. However, some of the newly arrived families and communities that I have worked with are showing severe signs of stress and seem to be at greater risk of self-harm, possibly for several reasons.

For many families, especially single women with children, they do not know the whereabouts of their husbands or well being of their family members and even if they do, they find it difficult to apply for their remaining family members to join them; and they do not know their future in Australia. All of these factors seem to make them more vulnerable to mental health problems.

Concepts of Mental Health

Resettlement in a different country with a totally different culture is traumatic and stressful in itself, many migrants and refugees' have different understandings and concepts of mental health. If the clients experience mental illness, it can be associated with the more severe forms of psychopathology that require institutional care. As a result this might mean that because some conditions are highly stigmatised, interventions may be avoided. Other factors that contribute to this understanding are the beliefs that mental illness is familial or inherited, with serious implications for marriageable family members. That is, information about illness in one family member may be spread throughout the particular ethnic community and is, therefore, potentially damaging to family reputation. Thus, for a family, knowing that they have to attend an interview at a mental health service may be confusing and frightening.

Cultural Competency and the use of Interpreters

The term cultural competency refers to knowledge and set of skills that the worker needs to develop in order to be effective with culturally diverse clients (Maidment 2004: 169).

From a social work point of view, understanding the client's view of their problems is important as different cultures express symptoms differently. Using interpreters for both assessment and ongoing treatment is essential when neither the worker nor the client speaks the same language with a degree of fluency. However, it is important for interpreters to have had appropriate training in interpretation for example, mental health services. Untrained interpreters or family members are not favourable to most clients, except in emergencies.

Essential as it is to engage assistance from interpreters, the process of doing so also poses problems. In the metropolitan area in which I practice, the population of

individual ethnic communities is generally small and most members know each other and interact in many different situations. Thus, the issue of family shame, confidentiality, and personal and community boundaries may be an issue to consider.

Different cultures express symptoms of illness or “help seeking” in their own ways and without a shared language it can be difficult to form a working relationship. This makes the involvement of interpreters in the assessment process, the negotiation of therapeutic goals and interventions crucial. As such, interpreters are the voice of the client and play an important role by ensuring that the client’s view of the problem is understood. However, most of the clients that I have worked with prefer to speak slowly rather than use interpreters, because of the issues of confidentiality and misunderstanding.

Families

Everyone knows a lot about families:

Yet the more one knows, the less one seems to know. The family is a wonderful institution that is the source of so much pride and yet so much shame; so strengthening and yet so draining; so nurturing, yet so demanding; so easy to understand yet so confusing. (Maidment et al 2004: 146)

The structure, membership and roles of families vary over time, within and between cultures. Therefore, there can be differences of structural membership and role within extended families of the same culture, and between families of different cultures. Furthermore, multiple diverse cultures, with varying ideas about role, membership and structure, can exist in one family system, which operates within one dominant culture.

Recognition that not all families are organized the same way, or have the same membership with the same part to play, is a crucial component of effective family and community work. Family systems theories seem to be more powerful in my practice. A system is a set or consistent arrangement of things so related or connected as to form unity or to operate as a whole. Family systems perspectives posit that individuals cannot be understood without assessing the system in which they are embedded. Families cannot be understood except within the context of the neighbourhood, community, or social system in which they function (Allan et al 2003). This is most common in working with African communities in Australia. Systems and subsystems are organized to create boundaries or limits around themselves.

Work with families and communities differs from work with individuals in that many different perspectives may confront the worker at one time. Each family member may have differing perceptions of the issue at hand and of the family strengths and resources available to deal with that issue. Family meetings, in particular, can be rich opportunities to bring all minds in one room together to produce exciting and creative outcomes. However, such meetings may also be a time when tension and family conflict is at the fore because of the meeting, and where family discussions move in many different directions. In my social work practice I come across a number of these challenges in working with families and communities.

Having discussed families, it is worth defining the word community, as most of my target groups are highly supported within the communities they belong to. Community, from an African refugee's perspective, is your 'second home', as one has not much kinship to relay on.

Identity and Belonging

According to the clients that I have worked with, the word community would incorporate some feeling of 'belonging', or being accepted and valued within the group. It is this that leads to the use of the term member of the community, this concept of membership implies belonging, acceptance by others and allegiance or loyalty to the aims of the group concerned. Thus, belonging to a community gives one a sense of identity.

Encouraging Community Participation

In my previous role as project officer, I learned, and as Ife (2002) observes:

1. People participate if they feel the issue or activity is important. The way this can most effectively be achieved is if the people themselves have been able to determine the issue or action;
2. People must feel that their action will make a difference. Thus, it is necessary to demonstrate that the community can achieve something that will make a difference, and that will result in meaningful change;
3. Different forms of participation must be acknowledged and valued. Too often community participation is seen in terms of involvement in committees, formal meetings and other procedures;
4. People must be enabled to participate, and be supported in their participation. This means that issues such as, the availability of transport, the provision of child care (or the inclusion of children in activities), safety, the timing and location of activities and the environment with which activities will occur are all critically important and need to be taken into account in planning community-based processes;
5. Structures and processes must not be alienating. Traditional meetings procedures, and techniques for decision making, are frequently alienating for many people, particularly those who are not good at talking, would not want to interrupt others, lack confidence or do not have good verbal skills. During my practice as a project worker, I learnt that people participate if they feel that their participation will make a change.

The project in which I worked was a Multicultural Women's Consortium comprising of four agencies, which adopted the 'whole community approach', and included most of Ife's (2002) characteristics of community participation. It was designed to ensure an effective, culturally acceptable and responsive strategy, collaborating with a cross-section of community members, including community leaders, youth and seniors. It

was titled: 'Preventing Family Disintegration in Culturally and Linguistically Diverse Communities: A Partnership Approach: August 2005 – August 2006'. A whole community approach, from the outset of the project generated a sense of 'ownership' for the strategy, thus ensuring acknowledgement by the communities involved that they took full responsibility for the project. This ensured the sustainability of the successful inroads made by the communities to remove stigma and barriers surrounding discussion of family and domestic violence. The successful completion of the project was due to the use of a community engagement and partnership approach to capacity building and it emphasized the importance of culturally appropriate measures and services.

The project demonstrated the positive aspects of the increased level of community participation through a strategy of informing, consulting, involving, collaborating and empowering families and communities (Jurak 2005).

Intervention

When working with people from other backgrounds it is important to remember that the client is the expert about their own culture and experience. The most crucial element is to build trust with the client and thus help the client re-establish trust in the world. This is not only a precursor to the work; it is in a very real sense the heart of the work. Sometimes it is necessary for 'me' the counsellor to prove myself before the more difficult psychological work can begin. This may involve advocacy tasks or proving oneself able to cope with sorts of material the clients knows needs to be dealt with. It can, for example, be very important to respond respectfully to any little "test run" stories or tasks, thus demonstrating my availability to hear more difficult stories.

Social work practice with the target group can be challenging in that trauma can be carried by an entire family and by groups and the communities. The loss, disappearance, or torture of a parent or sibling traumatizes all family members, and living with a person with a severe post-traumatic condition continues to be distressing. Family and domestic violence may be experienced in a family in which one member has been arrested and tortured. Some people act out aggressively in response to internal triggers from imprisonment.

In this field of my practice it is important not to pathologise people who have normal responses to abnormal experiences by using psychiatric labels, such as chronic or complicated post-traumatic stress disorder, as this may hinder the worker/client relationship. However, categorizing their symptoms can be a helpful framework for people to understand their confusing condition.

Reflecting on Practice

Although, there are many challenges in my social work practice, the most interesting point to mention, is that, most of what I have studied at Curtin University, Department of Social Work and Social Policy to some extent can be connected to my field of practice. In my practice, I am realizing that successful practice, involves learning and doing at the same time. I have learnt 'praxis' as an alternative word for this process during my undergraduate and first year postgraduate studies. The essence of praxis is

that I should be involved in a constant cycle of doing, learning and critical reflecting, so that the three effectively become one. Praxis is more than simply action: It is understanding, learning and theory building as well (Allan et al 2003).

Ethical issues

On a day-to-day basis, social workers have their own professional ethical dilemmas to contend with. Poorman (2003) argues that, because professionals have power and influence in society, it is especially important that they conform to ethically justifiable standards. For social workers, these standards are outlined in the AASW Code of Ethics which emphasizes the primacy of the client's interests.

Resource limitations, rationing and distribution, inevitably pose questions of social justice and ethics. Social workers have to prioritise their work, making choices about whose needs must come first, often doing more with less. In targeting particular groups for service, they know that some may not have their needs met adequately.

Professional Self Care

It is worth emphasizing the need for good professional self care when undertaking this sort of work. Supervision, which is always important, becomes crucial. Debriefing after a particularly difficult session might be necessary. Given the toxic nature of much of the material one is exposed to it is important to consider carefully with whom you will debrief as one wishes to avoid traumatizing others or simply feeding some people's interest in the unusual and perverse.

In summary, my field of practice is exposing me to more understanding of the issues confronting refugees through networking with other non-government and government agencies. I am learning that torture and trauma services in Australia operate on a diversity of models. Some services follow a more traditional medical model, and others combine a range of interventions within a broad community development framework. In the more traditional services, the roles of social workers tend to be more family and welfare oriented. In services combining community development approaches with psychological and other intervention, the roles of the social worker tend to be more flexible and diverse. In my practice, a combination of community development and psychological approaches and other interventions prove effective, as clients come with different problems, and this requires flexible approaches and interventions.

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Virginia Mangazva is a Masters student in Social Work at Curtin University

