

Abstract

'Gun ons de tijd...' Werkboek psychosociale begeleiding bij hervestigde vluchtelingen. ('Grant us time...'. Manual psychosocial support to resettled refugees). Dutch Council for Refugee (DCR) & Pharos (2012)

Since 2010 resettled refugees are placed immediately after arrival in the Netherlands in their new hometown. It is usually the responsibility of the local counsellors of Dutch Council for Refugees to take care of resettled refugees and guide them as they arrive in their municipality. This manual is intended to help the counsellors when faced with psychosocial problems of (resettled) refugees. It concerns both psychological problems and social problems caused by them.

Situations

- A woman from an Asian country arrives to the Netherlands with her two children. After a while it appears that life in the Netherlands is more difficult than she expected. When the woman hears that family members who disappeared before her arrival in Holland are found / traced, the message causes a severe decline in her psychosocial condition.

The Dutch Council for Refugee volunteer plays an important role: he/she detects and signals the problem and ensures that such refugees get proper help and care.

- An African couple arrives in Holland with their two children as resettled refugees. Both the man and the woman have medical problems: one suffers from a congenital heart problem while the other has physical disabilities. Their expectations regarding medical care in the Netherlands are high. As such the woman thinks that her handicap will be healed completely. When this expectation does not seem to take place a major disappointment is felt. Which has serious and negative consequences for her behaviour and health.

The facilitator of this family, a DCR volunteer, is struggling hard with how to deal with the expectations and the reactions of the couple - as their expectations are not realistic at all.

- A man from the Middle East enters the Netherlands as resettled refugee. Immediately after his arrival it appears he has serious psychological problems as a result of what he experienced. Later on it turns out he also has physical problems, which hinder him to follow the Integration Program.

His counsellor has lots of work at the start of his stay in the community in order to arrange the needed care. And later as well since it appears that the man has physical complaints that are difficult to fathom (somatisch onverklaarbare lichamelijke klachten/medically unexplained symptoms). But the man is unwilling to comply with the care that is offered. What can be done to get out of this situation?

- A man from an Asian country along with his 12 year old son and a 62 -year-old aunt resettle in the Netherlands. Here, all three of them live in a house. Soon after their arrival in the town of residence it becomes clear that the aunt clings on to the other two. She is illiterate and understand little to nothing of the state of affairs in the Netherlands.

According to the counsellor of this family the aunt interfere and also hinders the development and integration of the two other refugees. But what exactly is going on with the aunt and how can this deadlock be broken?

If you as a (voluntary) counsellor encountering such a situation, what can you do with it? What could be done by yourself and when to turn to others? And how exactly can you deal with such issues or monitor referrals? Read this practical guide and find answers to many questions that you may have - or at some point may be confronted with. The four situations above are described in detail in Chapter 4.

This workbook was developed in consultation with counsellors of DCR and their managers. Discussions with them identified the medical and behavioural problems they encounter and also clarified the way they use to deal with these situations. We also looked for experiences abroad with resettled refugees and the methods and tools that are proven effective in tackling such psychosocial problems among (resettled) refugees.

The content of the manual proceeds from general information, through examples of practical situations, to concrete and practical tools that can be helpful in order to have good contact with the refugees themselves and with local caretakers and service providers. After outlining the new care model (Chapter 1), in Chapter 2 the concept of vulnerability as well as the scope of 'burdensome' and 'protective' factors which affect resettled refugees are discussed. Chapter 3 discusses in a structured way what a counsellor can do, i.e. how to deal with the complaints and problems of refugees. As such the first steps preferably have to be taken already before the arrival of a resettled refugee. In chapter 4, four cases (*situations*) are presented in a fixed format. It discusses topics such as physical and psychological symptoms, refugees with disabilities and high expectations parenting problems but also the avoidance of care (non compliance) and organizing cooperation in healthcare. Each of the cases ends with some lessons learned.

The workbook concludes with a number of attachments. Some of these include tools that help counsellors to create fruitful contact with caregivers and resettled refugees as well. Good contact with a resettled refugee at the beginning of his stay in the new 'homeland' makes it more bearable. For a fresh start in a new country is not easy for anyone. But with support, guidance and good luck the resettled refugees and their children can regain their balance over time. They might even feel at home after some time!

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