

# RASNZ

Proximity Newsletter

July 2010



RASNZ CEO GE Poole was invited as New Zealand representative to a roundtable forum on alternatives to detention in Seoul, Korea in April, 2010. The forum, organised by UNHCR, and the Ministry of Foreign Affairs of the Republic of Korea, brought together senior government officials from Korea, Japan, Hong Kong, China, Australia and New Zealand and delegates from civil society to consider the topical issues of detention of asylum seekers and humanitarian alternatives.

Representatives of the six participating countries in the region first shared their own policies and practices, and there was ample opportunity for knowledge exchange, and discussion on humanitarian principles. There was considerable attention and debate around the current crisis in Australia where increasing numbers of asylum seekers

## United Nations Forum in Korea on Alternatives to Detention



GE Poole, third from right, at UN Forum in Seoul with delegates from UNCHR Geneva, Republic of Korea, Japan, Hong Kong, Peoples Republic of China, and Australia.

arriving by boat are being placed in detention centres such as Christmas Island. Many of these men, women and children are from Afghanistan, Sri Lanka and Iraq, and have been victims of people smugglers, arriving in Australian and Indonesian territorial waters in very bad conditions and in unsafe vessels. (continued pg. 8)



### RMT FINALIST in THEMHS AWARDS in SYDNEY

**News Flash** As this edition of *Proximity* goes to press, there has just been notification that the RASNZ Auckland Regional Refugee Mobile Team has won as finalist in TheMHS Conference in Sydney for innovation and effectiveness in Mental Health Services across both Australia and New Zealand. The supreme award will be given in September of this year at the Sydney Conference: [www.themhs.org.au](http://www.themhs.org.au)

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**CALD National Workforce Training for Health Practitioners**



The RASNZ CALD Project (a national training programme and resource for working with Culturally and Linguistically Diverse cli-

ents) is expanding to other sectors. The programme was developed in the health sector, and training is on-going with groups of health professionals in partnership with local DHBs in Auckland, Wellington and Christchurch.

The programme is now expanding to Special Education within the education sector. "The development of a training and resource which is pitched at Specialist Services working with special needs students within the Ministry of Education represents a significant development. It will enable EDU-CALD to be embedded within the education sector", said Jenni Broom, Project Director, CALD

Training and Workforce Development. The background resource is being developed by Peter Shaw, a psychologist with the Ministry of Education. It provides country and ethnic specific information for major refugee populations, and addresses a wide range of family issues such as gender roles, strategies for childcare, family life, understanding different education styles, and traditional ways of supporting disability. " This modified EDU-CALD resource is designed to meet the requirements of specialists in the Ministry of Education – Group Special Education (GSE). The resource is planned to be trialled within the Auckland office of GSE this year. Once we have finely tuned the resource and training package , it is anticipated that this will have utility for the Resource Teachers: Learning and Behaviour (RTLBS) The proposed resource and training package will build on existing practices," said Peter Shaw. The CALD programme is also expanding to develop capacity in the NGO sector. Mainstream social service NGOs are interested in expanding their skill base to be responsive to CALD clients who are being referred for support.. Family Works of PSN in Auckland will be the first NGO to become a partner with RASNZ in shared CALD training, to develop capacity and relationships between the two organisations.

*The CALD Training Development was supported by Te Pou and in collaboration with the Waitemata DH B.*



**Feature: Ambulance Boat Ferries in Thailand**



*By Peter Biro*  
2010 - Ban Puta, a hamlet on the [Thailand](#) side of the border with Myanmar, is nestled on a small hill overlooking paddy fields and dense jungle foliage. Most people who live here have fled conflict and economic collapse in Myanmar for a more peaceful life in Thailand. But while life here is better than in Myanmar, it is far from perfect. Ban Puta is impoverished, isolated and far from health facilities, schools and other services.

*Former RASNZ General Manager Dr Nyunt Naing is now leading health projects on the Thai-Burma border and in refugee camps. This feature article from the International Rescue Committee (IRC- reprinted by permission) reports on the SHIELD initiative.*

Until recently, villagers had to make a day's journey to reach the nearest health post. But now, thanks to SHIELD, an innovative IRC-run program which helps Burmese refugees and migrants access education and healthcare, the village's 300 inhabitants can easily get to a clinic by way of the Salawin, a winding river on the Thailand-Myanmar border. Anchored by the river bank, an hour's walk from Ban Puta, a SHIELD-provided speed boat is on call 24-hours a day to ferry patients to nearby clinics or the hospital in the town of Mae Sarieng.

Another villager, Le Paw, said that people previously waited by the river bank in the hope that a passing boat might transport them to a health facility. It would sometimes take hours before a vessel that wasn't already fully loaded came by.

*Continued on page 8*

## 90 Young Leaders of the Future on Outdoor Pursuits in Tai Tokerau Northland

### RASNZ Community Services Manager Dr Arif Saeid and his team

of Community Facilitators have organised a series of leadership development courses in collaboration with Ara Moana Adventures of Ngati Wai, with assistance from the Ministry of Youth Development and the Ministry of Social Development.

This exciting initiative will bring three groups of 30 young people each from refugee back-

grounds on a journey of experience in personal and leadership development through outdoor pursuits at a base camp in Pautaua in Tai Tokerau.

"This new youth project is in direct response to the feedback and requests which came to RASNZ through its community consultations last year," said Dr Saeid. "Representatives of many communities are extremely concerned about our young people being drawn into drugs, alcohol, crime or gang involvement in urban areas." RASNZ has responded and sought advice through collaboration with experts in youth prevention and community development.

The outdoor leadership programmes are designed and run by **Arrin and Yoka Clark of Ara Moana Adventures. Arrin and his Whanau are of the Ngati Wai-Māori tribe**, and have over 20 years of experience in delivering successful programmes for 'at-risk' young people which turn lives around and produce positive results. "We are very pleased to be able to work together with the young people from refugee backgrounds in planning, developing and running this new initia-



tive," said Mr Clark. "We know what works for our young people and think there will be some close parallels and connections between the experiences of these participants from urban Auckland and Māori."

One of the aims in this initiative is for the young people from multiple ethnic backgrounds in Auckland to learn something about the culture of Mana Whenua and of Tikanga, as well as to value and share their own unique cultural heritage. "I believe we probably have a lot in common," Mr Clark added. Young people of Ngatiwai will also be closely involved and engaged in guiding and contributing to the programme.

"What you have to do is first identify and foster the leaders of tomorrow," Mr Clark said. Those young people then form the core of leadership. They become positive role models and, as such, are able to effectively communicate with and influence their own peers. "The initiative is also

linking in with the NZ Police programme "There's a Better Way," run by Constable Glen Green. This programme is aimed at deterring and preventing gang membership.

"Prevention and early intervention is fundamental to what we are doing within this project," said Dr Saeid. We know that you first have to form the foundation of peer leadership and listen to young people as the first step before you move on to the next stage of planning and running interventions."

The camps and outdoor pursuits will be run in separate groups for boys and girls, and will include challenging, confidence-building experiences such as abseiling, rock climbing, ocean kayaking, orienteering, safety, survival, and bush skills. The young people who complete the courses will be brought into planning and running the youth invention projects under the RYAN (Refugee Youth Action Network) being developed in metropolitan Auckland and Hamilton.

The project will be evaluated from the onset by the RASNZ research team, for evidence of outcomes and effectiveness. The experiences of the young people will be expressed through diaries, art and film as the initiative develops.

The project was run in collaboration with RASNZ, NZ Ethnic Employment, Education Youth Trust and Umma Trust.



**A very special thanks to the Ministry of Youth Development and the Ministry of Social Development for their financial support, without which this could never have happened.**

## First Girls' Leadership Camp

The first camp for girl leaders took place from Friday the 28th-30th of May. A group of 25 girls from the Afghan, Burmese, Eritrean, Somali, Sudanese and Iraqi communities with some volunteer helpers from each of their communities left Auckland on Friday morning and returned on Sunday evening.

For some of the girls, this was their first trip out of Auckland. Most girls had never had the opportunity to go kayaking, kayak surfing or participate in Waka Ama before this camp. At first many were uncomfortable in water but by the last day, they were all kayaking and swimming strongly.



*By Amy McGillivray, East & Bays Courier (Reprinted by permission 23 April 2010)*

A devoted medical doctor who is Chairman of the RASNZ Board, has been hailed a hero for his work with refugee and migrant communities.

Dr Nagalingam Rasalingam, a recipient of the Kiwi Bank local heroes medal - part of the 2010 New Zealander of the Year Awards. The Glen Innes resident has been helping immigrants adjust to life in New Zealand for more than 25 years. He was nominated for the award by Brian Webster of the Refugee Council of New Zealand.

"I think it's quite a recognition. New Zealand is such a wonderful place to live," Dr Rasalingam says. He and his wife moved to New Zealand from Sri Lanka in 1970 and set up Line Road Medical Centre, which he still runs, just four years later. When his family was caught up in



the Sri Lankan civil war which broke out in 1983, Dr Rasalingam decided to help the refugee and migrant communities in New Zealand.

The father of two became the inaugural President of the Auckland Refugee Council and accepted the same position, which he still holds, for the Refugee Council of New Zealand when it was formed.

Dr Rasalingam is dedicated to helping refugees settle and ensuring they have accessible and affordable health care. He and his partner Mala have provided at the medical centre free care to groups of refugees, particularly those from Kosovo, while they settle into their new home.

Dr Rasalingam is Chairman of the Board of RASNZ, New Zealand's refugee health care agency. He is also President of lobby group Ethnic Voice New Zealand, an organisation that aims to bring ethnic communities together.

The New Zealand Tamil Society is another group he has been involved in since its inception. Dr Rasalingam has been President of the Tamil society which has grown from 5 families to its current more than 400 members.

## **"DOING BETTER TOGETHER"**

### **RASNZ Refugee Community Consultation**

**By Andrew Duirs & Surpreet Cheema**

One of the goals of RASNZ is to work collaboratively to strengthen relationships with former Refugee communities. RASNZ recently took the initiative to host a series of community consultations. The objectives of the consultations were to learn from the many communities about their concerns and needs and to develop ways of working more closely together.

During 2009-2010 two consultation meetings were conducted at the Wesley Centre in Mt Roskill. Leaders and interested people from many

communities provided positive feedback about their experiences of the services RASNZ provides, as well as highlighting particular concerns and needs in their communities.

The consultation process has been very valuable in strengthening RASNZ's understanding of the needs of such very diverse communities; sharing the aspirations and goals, and reviewing RASNZ's work.

RASNZ is continuing to develop its services to meet

the needs identified by former refugees. In future it is hoped that RASNZ will expand its consultation by going to many former refugee communities and participating in their meetings and cultural events.

This should provide an exciting opportunity to learn more about how to strengthen, support and improve services. The current Youth Initiatives are a direct result of the recent consultations.



## National Research Project on Family Reunification, Mental Health and Resettlement Outcomes Commences

**Chaykham Choumanivong, Clinical Psychologist, is Director for the RASNZ national research initiative** investigating how refugee family reunification, or lack of it, may affect mental health and resettlement outcomes. Chaykham has been very interested in the important topic of family reunification, as she is aware from her profes-

“This research is very much an objective scientific inquiry into how family reunification may affect people who arrive from refugee backgrounds,” Chaykham said. “We are first carrying out a full international literature review, and then progressing with the detailed research here in New Zealand at a local level in the key resettlement areas.”

The research will focus on participants from former refugee backgrounds in two groups: those who have experienced

the research will focus on how they have been affected in rela-



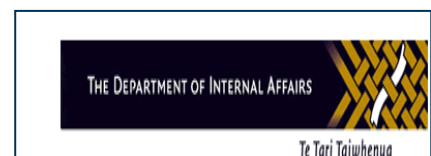
tion to both mental health and key resettlement indicators,” Chaykham explained.

The research will be carried out in stages in Auckland, Hamilton, Wellington and Christchurch, and will involve participants from refugee backgrounds. Participants in the research will come from multiple communities and backgrounds, and will include those who have been settled for a long period of time as well those more recently arrived. The project is being run by the RASNZ Research Division with funding support from the Lottery Community Research Committee of the New Zealand Department of Internal Affairs, and the Open Society International Foundation.



sional and personal experience of the vital role it can play in wellbeing. Originally from Laos, Chaykham has been closely involved during her professional career in both clinical treatment and original research related to refugee and migrant issues.

post-settlement family reunification and those who have not. “We want to learn of the experiences of those who have undergone family reunification: what are the rewards?, what were the challenges?, what works?, what support was needed?, what has been learnt?” For those who have not undergone successful reunification or are still waiting,



## Leadership Success

Santino Atem Deng was born in Sudan and came to NZ in 2000 as a quota refugee. From 2003-2006 he worked with the Ministry of Education (Special Education) and Transcultural Care Centre (ONTRACC). Between 2006 - 2010 Santino held a number of positions within Refugees as Survivors New Zealand (RASNZ) including Community Facilitator, Community Link Worker and Counselor Advocate. Santino has recently moved on to accept appointment as a Specialist Refugee/Migrant Advocate with the Health and Disability Advocacy Service. In addition, he is working as a Department of

Labour Research IMSED Interviewer for the "10 Years On" national research initiative. Santino completed a BA (Education) at Massey University in 2008 and a Post Graduate Diploma in Education / Counselling at The University of Auckland in 2009. He is currently completing a Master in Education (M.Ed) (Counselling)-at the University of Auckland. Santino was the Chair of Auckland Sudanese Community from 2006 to 2009. He is a community-dedicated person and runs ongoing Positive Parenting Programmes. Santino is the Secretary of the Auckland Refugee Community Coalition and a board member of the Auckland Regional Migrant Services. **Congratulations to Santino, our colleague and friend.**



## Acknowledgements

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- The Ministry of Health (MoH) for ongoing support of the health promotion and training programmes for refugees.
- The Ministry of Social Development (MSD) and Ministry of Youth Development (MYD) for valued support of RASNZ's youth leadership and development and preventing violence initiatives.
- The Auckland City Council for supporting RASNZ to organise cultural activities and celebrations for the Burmese, Afghan, Burundian and Sudanese communities.
- Malcolm-Pacific Immigration Consultants for their support for the Refugees in Sport initiative.
- Kathmandu (Sylvia Park) for generously contributing to the supply of equipment for the RASNZ youth leadership camps.



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J R McKenzie Trust



RASNZ  
P O Box 22-315

Phone: +64 9 270 0870

Fax: +64 9 270 0056

E-mail: [admin@rasnz.co.nz](mailto:admin@rasnz.co.nz)

**INTERPRETER CORNER**

**Interpreting is a complex and demanding profession**

and, like other professions, it has its own code of ethics by which interpreters are professionally bound. The following points will help practitioners to recognize some of the challenges that interpreters face:

-All parties need to understand that the interpreter will interpret everything that is said, and does not mediate or change anything, even if a speaker's words or attitudes may seem inappropriate or unacceptable.

**INTERPRETER PROFILE**

**My Name is Leena Gautam. I came to this beautiful country** in August 2001 from Kathmandu, Nepal. My professional background at home was in nutrition, working for the Ministry of Agriculture Department of Food Technology and Quality Control. In order to familiarise myself with the New Zealand approach to food technology I attended the University of Auckland where I completed a Post Graduate Diploma in Health Sciences. After completing my post graduate diploma I worked as an instructor with intellectually disabled children and at early childhood centers in Auckland. I also worked as a voluntary nutrition educator with the New Zealand Heart Foundation. As a Nepalese interpreter, I work for a wide range of on-site agencies at the Mangere Refugee Resettlement Centre. These include RASNZ, the ADHB medical clinic and AUT. In addition, I am employed by the Department of Labor NZ and Waitemata District Health Board. I find New Zealand to be welcoming to Bhutanese refugees from Nepal, many of whom have suffered for periods of

up to 18 years in refugee camps. Because of the difficulties of their situation the majority of Bhutanese refugees have not received schooling and are unable to communicate in the English language.



In 2008 I was awarded a RASNZ scholarship to study liaising interpreting at UNITEC. This qualification boosted my confidence and assisted me greatly in my work. I thoroughly enjoy my work as an interpreter and am continuously learning from the people with whom I come into contact. One particular highlight of my job is that it continuously increases my understanding of different cultures and languages.

**Tips for practitioners working with interpreters**

- Pre-briefing with the interpreter is critical, especially if a client's condition is likely to cause concern during the interview.
- Seating arrangements are important to the effectiveness of the interview. Seating arrangements should optimise the quality and effectiveness of communication. In certain situations it may be appropriate for the clinician to invite the client to choose where s/he would like to sit.
- Where appropriate, clinicians should avail themselves of the interpreter's special knowledge of the client's cultural background.
- An interpreter's role in therapy is generally limited to facilitating communication.

- Clinicians should avoid asking the interpreter to explain or answer a client's questions about aspects of the treatment process.
- Clinicians should never seek an interpreter's views on a client's clinical condition. (eg. "What is your view of this client's condition")
- Clinicians should speak in short speech segments as long segments can place an unnecessary load on the interpreter's short-term memory. Interpreters may need to interrupt a clinician or client if speech segments are too long.
- In group meetings, facilitators should ensure that only one person speaks at a

- time. This enables the interpreter to accurately recount all that is said.
- Interpreters should not generally be asked to escort clients to other departments/locations. However, in certain situations, exceptions may need to be made to this rule.
- Debriefing or, where necessary, counselling support, should be offered to an interpreter after any sessions that he/she found particularly distressing or disturbing. Some interpreters may have experienced earlier trauma in their lives. Consequently, re-traumatisation is a possibility which must be prevented and addressed.

**INTERPRETER GROUP SUPERVISION**

Readers will recall from the previous newsletter that RASNZ introduced group supervision for interpreters in 2009. Consistent with RASNZ's quality improvement processes the purpose of this was to review and improve the quality of interpreting at RASNZ clinical sessions and to provide interpreters with an opportunity to periodically debrief.

Early this year the interpreter group supervision sessions were systematically evaluated. The evaluation showed that overall these sessions were very well received and appreciated by both interpreters and clinicians. Particular benefits of the debriefing initiative include the sharing of information and experiences and the provision of a safe environment for discussing and dealing with issues that may be emotionally distressing to interpreters.

Interpreter group supervision is considered to be very beneficial both to individual interpreters and to client services. When working for RASNZ interpreters are, therefore, urged to prioritise their attendance at these sessions ■



## United Nations Forum in Korea .....

The roundtable also included representatives from the International Organisation for Migration (IOM), the International Detention Coalition and the Asia Pacific Refugee Rights Network. In addition, researchers from La Trobe University in Melbourne and Osaka University in Japan were included. "Research has shown that the impacts of detention on asylum seekers, particularly children, are intrusive and damaging, and may have long term effects," said Mr Poole. "There was also international research showing that detention is quite unnecessary in most cases, as there is a very low rate of absconding, which is the tacit justification used for detaining arrivals until their refugee status claims can be determined."

"Comparatively, New Zealand is a lead-

ing country which endeavours to consistently apply fair and humanitarian principles in asylum issues," he said, "but there is always opportunity for further improvement." "Particularly, we would like to see the detention of the few asylum seekers in prison environments eliminated completely in favour of a small secure facility in the community."

"The Government has plans in that direction, and we fully support that and hope it will be accelerated," he said. "Because of its remote geographic location, New Zealand has not had to contend with the large numbers of 'boat people' arriving as currently being seen in northern Australian waters. Anyone who has ever sailed the Tasman, can attest to the fact that it presents a formidable natural barrier," he said. "But

many of these people are so desperate to escape the dangers and conditions in their home countries, they risk their lives to seek any safe haven."

He observed that one of the most promising alternatives presented at the Forum was an initiative in some pilot project countries called Assisted Voluntary Return (AVR). AVR aims at the orderly, humane and cost-effective return of unauthorised entry migrants who are unable to remain in a host country who wish to voluntarily return to their countries of origin.

Ongoing dialogue and exchange, particularly between RASNZ and counterparts in Hong Kong and Japan, will continue and advance further over the next two years with sharing of mutual skills, knowledge and experiences. RASNZ also intends to look into the feasibility of possibly trialling a small pilot AVR project through discussions with Government.

## IRC— Dr Nyunt Naing's Work in Thailand—Feature Article

"Walking is not possible either," Le Paw said. "In the rainy season it can take days to reach the clinics by walking through the forest. The boat is a vital link to the rural clinic or the hospital."

The nearest health clinic to Ban Puta is in the village of Su Bei Ta, an hour's journey by boat upriver where the Salawin joins the muddy Moei River. Su Bei Ta, a stone's throw from the riverbank, is less than 100 meters from the opposite shore belonging to Myanmar, also known as Burma.

At the clinic, Chalark Thain Kaen, one of over 500 community health volunteers supported through SHIELD money and training, is preparing to leave for his home village, six hours' walk

through thick forest. Having joined a training session on hygiene promotion at the clinic, he is now ready to spread the message in his community. His job, he said, is to inform people in isolated jungle hamlets what they can do to prevent common diseases like malaria.

"I tell people to sleep under nets and to wear long sleeves," Kaen said. "I also tell people that it is important to light fires at night to scare away the mosquitoes."

Another important task of the health volunteers is to inform mothers of young children that if their children become sick they must immediately travel to a health post.

"Many people rely on traditional medicine, like forest herbs, for treatment," Kaen said. "I tell them that such methods don't always work and that it is better to get

treatment from professional nurses. I think we are helping people to stay healthy."

**According to the IRC's Dr. Nyunt Naing, who runs SHIELD's health programs, more than 50,000 people – including those living along the Salawin River – receive medical treatment and vital health education through SHIELD. An additional 350,000 people benefit from other SHIELD health services, such as help with interpretation at hospitals.**

**"A lot of these people, especially those living in remote areas, have very limited options if they get sick," Dr. Naing said. "Life for Burmese migrants and refugees in Thailand is very hard already. With SHIELD, we are changing things for the better."**