

SYMPOSIUM

REFUGEE JOURNEYS

Celebrating diversity, participation,
and future thinking



AUT SYMPOSIUM - REFUGEE JOURNEYS
Celebrating diversity, participation and future thinking
Wednesday, 30th November 2022 at Auckland University of Technology
AUT City Campus, 55 Wellesley Street, Auckland

TIME	SESSION TITLE	LOCATION
9:00am - 9:30am	Reception & Registration	Foyer, WG Building - Level 2
9:30am - 10:00am	Mihi whakatau - Opening address / VC Damon Salesa & Co-hosts	WA224
10:00am - 10:30am	Keynote speaker / The Rt Hon Helen Clark	WA224
10:30am - 11:00am	MORNING TEA	Foyer, WG Building - Level 2
11:00am - 12:30pm	Parallel Sessions - #1	WA224 & WG607 WG808 & WG809
12:30pm - 1:30pm	LUNCH	Foyer, WG Building - Level 2
1:30pm - 3:00pm	Parallel Sessions - #2	WA224, WG607 & WG808
3:00pm - 3:30pm	Closing address / MP Golriz Ghahraman & Co-hosts	WA224
3:30pm - 4:30pm	Informal networking with refreshments	Foyer, WG Building - Level 2

FOYER ALL DAY

Changemakers
Collaborative Creative Artistic Photo Display by Ehsan Hazaveh
Storytelling with People with a Refugee Experience

DISPLAY BOOTHS

BELONG AOTEAROA
AFRICAN COMMUNITIES FORUM INC (ACOFI)
ST JOHN NEW ZEALAND
NEW SETTLERS FAMILY & COMMUNITY TRUST
AUT RESEARCH CENTRE
OVERSEAS DOCTORS ASSOCIATION
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**MIGRANT AND REFUGEE
HEALTH RESEARCH CENTRE**

**AUT SCHOOL OF SOCIAL SCIENCES
AND PUBLIC POLICY**

SYMPOSIUM REFUGEE JOURNEYS

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Parallel Session Details

Parallel Session 1 11:00am - 12:30pm			
Navigating Services WG809 Co-Chairs: Anjali Bhatia & Charles Mpofu	Community Voices and Experiences WG808 Co-Chairs: Blessing Kanengoni & Devaki De Silva	Resettlement Journeys WG607 Co-Chairs: Emmanuel Badu & Reem Abbas	Navigating Refugee Identities WA224 Co-Chairs: Linda Tran & Nadia Charania
Charles Mpofu <i>Reimagining refugee health in undergraduate medical education</i>	Asif Ahmad, Abann K A Yor <i>Resettlement journey to Aotearoa New Zealand</i>	Arezoo Malihi, Annie Chiang, Barry Milne, Dan Exeter, Jay Marlowe <i>Resettlement trajectories of 24,000 refugee sub-groups in Aotearoa New Zealand from 1997 to 2019: Insights from the Integrated Data Infrastructure</i>	New Zealand Refugee Advisory Panel 2022
Zaheer Kyaw Hla, Roshini Peiris-John, Rodrigo Ramalho <i>Status and associated factors of the mental health of adult Muslim refugees: a scoping review protocol</i>	Rachel Tapera <i>The experiences of neurodivergent Africans in Aotearoa</i>	Han Lee, Shiloh Groot, Niki Harré <i>Ethnographic Visual Narrative Inquiry on The Experiences of Resilience among Burmese Youth During Transition to New Zealand</i>	Tayyaba Khan, Vanessa Caldwell <i>A Health System for all New Zealanders</i>
Alejandra González Campanella <i>Beyond words: Interpreter-mediated communication with refugee-background clients in the New Zealand public sector</i>	Ehsan Hazaveh <i>Collaborative Creative Artistic Photography: Storytelling with People with a Refugee Experience</i>	SeungHee Cindy Pak <i>Motivation, Investment, Identity and Havitus: Language practices and social trajectories of Syrian refugee-background youth in New Zealand</i>	Vincent Hillary Ndlovu, Charles Mpofu <i>The principle of non-refoulement: complications in determining who is a security risk</i>
Jörg Finsterwalder, Ilayaraja Subramanian, Michael Hall <i>Service research along the refugee journey: A systematic literature overview</i>	Paul Ripley, Nadia Charania, Tineke Water <i>Using participatory video to explore the experiences of refugee background youth and their understanding of health and wellbeing</i>	Jay Marlowe, Marissa Kaloga, Rasha Abu Safieh, Toongkyu Page Zi, Miriam Acebillo Baque <i>Mapping Refugee Services in Aotearoa: A social network analysis</i>	Carolina Castro <i>Forced Migration and Mothering Kiwisitos: Young Colombian Women Navigating Motherhood in New Zealand</i>

Parallel Session 2 1:30pm - 3:00pm		
Education & Entrepreneurship WG808 Co-Chairs: Balakrishnan Nair & Eleanor Holroyd	Policy Responses WA224 Co-Chairs: Yakubu H Yakubu & Zac Morse	COVID-19 and Refugee Health and Wellbeing WG607 Co-Chairs: Karwan Manguri & Meenal Rai
Marissa Kaloga <i>Iti Rearea Collective: Using the Constellation Model to Enable Systemic Change that Supports Entrepreneurship in Resettled Refugee Populations</i>	Oksana Opara <i>New Zealand policy response to the ongoing Ukraine refugee crisis</i>	Linda Tran, Janine Paynter, Nadia Charania <i>Exploring paediatric COVID-19 outcomes among migrant and refugee children in New Zealand</i>
Nadeera Ranabahu, Huibert P. de Vries, Zhiyan Basharati <i>The entrepreneurial ecosystem: Perspectives of refugee support organisations</i>	Murdoch Stephens <i>The wider context: forced migration and other humanitarian migration issues in Aotearoa New Zealand</i>	Sreeja Nair, Harshna Mistry <i>Outreach Activities to support Covid-19 Vaccination with a focus on Equity</i>
Abdirizak Abdi <i>Ministry of Education support for former refugee students, their families and communities in New Zealand schools</i>	Bernard Sama, Michelle Ferns, Murdoch Stephens, Jay Marlowe <i>A Safe Start for Asylum Seekers and a Fair Future for Convention Refugees: Responding to New Zealand's Differential and Discriminatory Settlement Policies</i>	Nadia Charania <i>Immunisation perceptions and experiences among refugee mothers resettled in Aotearoa New Zealand</i>
Maria Hayward <i>A strengths-based education programme for newly arrived former refugees: the New Zealand model</i>	Grace Wong <i>Reflections on health policy for refugees, asylum seekers, and undocumented migrants in Aotearoa from 2014 - 2022</i>	Ghirmai Mhisghina, Charles Mpofu, Shaheena Banu <i>Journeys of overseas-trained refugee and migrant doctors seeking registration in New Zealand</i>

AUT GUEST WIFI - 30th November 2022
Username: guest@conf
Password: 27809272

SYMPOSIUM REFUGEE JOURNEYS

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AUT

TE WĀNANGA ARONUI
O TĀMAKI MAKĀU RAU

On behalf of the Migrant and Refugee Health Research Centre and the School of Social Sciences and Public Policy, we would like to extend a warm welcome to everyone attending AUT's Symposium!

This symposium's theme, *"Refugee Journeys: Celebrating diversity, participation, and future thinking"* invites us to celebrate migration journeys, share stories, and build meaningful connections as we continue to work together to support refugee settlement in Aotearoa New Zealand.

The one-day symposium brings together people from a variety of backgrounds who share a passion for improving refugee settlement and the health and wellbeing of refugee background communities. Researchers, students, and community leaders will be sharing their latest work in this space during the parallel sessions. We envision an inspiring day filled with opportunities to meet and network with researchers, students, community members and leaders, and policymakers to share ideas and explore synergies!

We wish you a wonderful day!

Ngā mihi,

Dr Nadia Charania

Co-Director

Migrant and Refugee
Health Research
Centre

Dr Charles Mpofu

Co-Director

Migrant and Refugee
Health Research
Centre

Prof Eleanor Holroyd

Co-Director

Migrant and Refugee
Health Research
Centre

Prof Tim Maloney

Head of School

School of Social
Sciences and Public
Policy



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Navigating Services

WG809

Co-Chairs: Anjali Bhatia & Charles Mpofu

Charles Mpofu

*Reimagining refugee health in undergraduate medical
education*

Zaheer Kyaw Hla, Roshini Peiris-John, Rodrigo Ramalho

*Status and associated factors of the mental health of adult
Muslim refugees: a scoping review protocol*

Alejandra González Campanella

*Beyond words: Interpreter-mediated communication with
refugee-background clients in the New Zealand public sector*

Jörg Finsterwalder, Ilayaraja Subramanian, Michael Hall

*Service research along the refugee journey: A systematic
literature overview*



**MIGRANT AND REFUGEE
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Reimagining refugee health in undergraduate medical education

The increase in the numbers of refugees accepted into the developed world including New Zealand has led to calls for physicians to be competent in the care of this population as these professionals are more likely to find themselves having to provide care for this subset of the population. Current efforts to increase awareness about this population are mainly through community immersion of various versions including international medical experiences. This work presents case studies of communicable and non-communicable disease susceptibilities that using real life case studies of an aging trauma and refugee populations residing in both developing and developed countries. This presentation argues that provision of health services for refugee population requires not only compassion and appropriate care but critical imagination and background knowledge of complex issues that refugees face in their source countries. This presentation argues that while medical education experiences in refugee settings may be limited taught content in this area may be a step in helping the comfort of both the medical professionals and refugees in clinical interactions. Such taught content may include familiarity with refugee issues including not just the commonly taught mental health issues but also complex medical issues that are common among refugees.

Submitted by: Charles Mpofu

Affiliation: AUT Migrant and Refugee Health Research Centre

Email: charlesmpofu@hotmail.com

Acknowledgement: *Special thanks to the health psychology program team at Massey University that reviewed this work*

Status and associated factors of the mental health of adult Muslim refugees: a scoping review protocol

Introduction: Refugee-background people experience marginalisation due to their low socio-economic status and structural barriers like discrimination in the resettled Western countries, affecting their mental health. The United Nations data shows that Muslim communities constitute the highest proportion of refugees within the last two decades. It is widely assumed that prevailing Islamophobia and other challenges hinder Muslim refugee integration and mental wellbeing in the resettled countries.

Objective: This scoping review aims to understand the prevalence, enablers, and barriers of adult Muslim refugee mental health in the resettled environment.

Inclusion criteria: Studies reporting on Muslim refugee mental health from five English-speaking Western countries (Australia, Canada, New Zealand, the United Kingdom, and the United States of America) will be included in the scoping review. Only peer-reviewed quantitative and qualitative studies will be included.

Methods: The review will follow the JBI (Joanna Briggs Institute) methodology for scoping reviews. Articles will be searched in PubMed, PsycInfo, Scopus, Psychological and Behavioural Science, and CINAHL, using keywords and MESH (medical subject headings) headings depending on the database. The main researcher (ZH) will do the article screening and selection and data analysis with the support of RR and RPJ. Data extraction, analysis, and synthesis will be done using the JBI SUMARI software. Findings will be presented in a narrative summary using tables and concept maps.

Submitted by: Zaheer Kyaw Hla

Affiliation: University of Auckland

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Beyond words: Interpreter-mediated communication with refugee-background clients in the New Zealand public sector

Aotearoa New Zealand is a superdiverse country with over 160 ethnic groups. Despite such diversity, several authors have underscored a lack of clear linguistic policies and apparent gaps in translation and interpreting support for culturally and linguistically diverse (CALD) communities. For refugee-background populations, barriers to effective communication can hinder access to clear information and essential services. Recent government efforts seek to address these issues by standardising the use of professional interpreters across public services. Still, several questions remain concerning the availability, accessibility, and acceptability of such language support.

This presentation outlines findings from qualitative research on interpreting services in refugee contexts relying on interviews with refugee-background clients (8), interpreters (14), and other stakeholders (10), who were identified through a combination of theoretical and snowball sampling. The study found apparent issues in interpreter availability and acceptability, which largely disregard the impact of trauma among refugee-background populations and the vulnerability connected with the (re)settlement process. Despite the limited scope of the inquiry, the study underscores the need to ensure culturally and linguistically appropriate, trauma-informed communication across services. The subsequent recommendations seek to address gaps in interpreter training and institutional approaches to cross-cultural communication with vulnerable clients.

Submitted by: Alejandra González Campanella

Affiliation: University of Auckland

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Service research along the refugee journey: A systematic literature overview

This study reviews research on services for refugees relating to the three phases of their refugee service journey – entry, transition, exit – to uncover research gaps. We identify 102 journal articles published from 2010 to 2020 in the disciplines of Economics, Business, and Management by employing a systematic literature review. Only a few articles discuss the entry and transition phases compared to a plethora of articles that focus on the exit phase. We identified ten emerging themes for the three stages: 1. refugee access and adaptation to healthcare services; 2. refugee child and youth service provision, 3. public and private refugee support services, 4. refugee camp services, 5. refugee educational services, 6. refugee employment services and service industries, 7. refugee housing services, 8. interpretation and communication services for refugees, 9. service provision for special refugee groups, and 10. refugee service research priorities. Across the three stages, most of the existing studies focus on healthcare service provision for refugees compared to other services.

Submitted by: Jörg Finsterwalder

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Community Voices and Experiences

WG808

Co-Chairs: Blessing Kanengoni & Devaki De Silva

Asif Ahmad and Abann K A Yor

Resettlement journey to Aotearoa New Zealand

Rachel Tapera

The experiences of neurodivergent Africans in Aotearoa

Ehsan Hazaveh

*Collaborative Creative Artistic Photography: Storytelling with
People with a Refugee Experience*

Paul Ripley, Nadia Charania, Tineke Water

*Using participatory video to explore the experiences of refugee
background youth and their understanding of health and
wellbeing*



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Resettlement journey to Aotearoa New Zealand

The vision of the Aotearoa Resettled Community Coalition (ARCC) is an inclusive, integrating, and equitable society in Aotearoa New Zealand where resettled communities are thriving. Through guidance, capability development and advocacy we support resettled whanau and their communities to grow and thrive. ARCC values humanity, respect, equity, and self-determination.

ARCC provides individual support services to resettled communities to overcome the challenges they are facing and to bridge them with other service providers when necessary. As ARCC constitutes 26 member organizations from 20 different nationalities and ethnic backgrounds, we provide specialized capability development through our Member Leadership Network so that they can make meaningful contributions to their own communities. In addition, ARCC has different programmes such as Women Leadership Network, Youth United Voice and Elderly Society Hub to create a caring and supporting community environment that fosters engagement and maintains positive relationships.

Submitted by: Asif Ahmad

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The experiences of neurodivergent Africans in Aotearoa

This research explored the experiences of neurodivergent Africans in Aotearoa. The research was founded on the African philosophy of Ubuntu to understand how migration and Indigeneity affected the lived experiences of Africans in Aotearoa with neurodivergence. Cultural sensitivity, cultural safety, relevance, and applicability of this research were carefully considered.

In-depth semi-structured interviews were conducted with six African parents of neurodivergent children, seven African community leaders and three child and health specialists. The data was analysed using the general inductive approach for qualitative data.

The preliminary findings provided an insight into the complex experiences of neurodivergent African migrants with key themes suggesting the loss of sense of belonging, the lack of recognition for diverse understandings and perceptions of neurodivergence, and the effect of systemic racism, racial discrimination, and ethnic bias on access to services.

This research elaborates on the importance of diverse understandings of health. Applying diverse lenses to research, policy, and practice can bridge the gap in understanding contemporary health issues and devising appropriate and applicable strategies that support the well-being of minority population groups.

Submitted by: Rachel Taperera

Affiliation: University of Auckland

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Collaborative Creative Artistic Photography: Storytelling with People with a Refugee Experience

Existing literature on media depictions of refugees shows that they are predominantly negative and reinforce stereotypes by representing refugees as either threats or passive victims. The absence of names, faces, voices, personal stories and individual histories in these representations marginalise the lives and experiences of refugees. This study develops a method I call Collaborative Creative Artistic Photography (CCAP) to enable people with refugee backgrounds to tell their stories and, by extension, challenge dominant stereotypes about refugees. The four participants in this study and the researcher-artist use CCAP to jointly explore, create and curate stories from refugee experiences. As an iterative method, CCAP synthesises various existing methods to identify important aspects of the participants' lives from their perspectives and to enhance the communication of the stories. The depiction of the participants settled into their new homes, engaged in diverse activities such as participating in cultural and religious events and striving for the betterment of themselves, their families, and communities, provide the audience with alternative narratives. While the collaborative model that this research-practice propose is context-dependent, developed through the researcher interaction with the participants, it contributes to scholarship concerning ethical and creative considerations in the process of photographic representation of refugees.

Submitted by: Ehsan Hazaveh

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Using participatory video to explore the experiences of refugee background youth and their understanding of health and wellbeing.

Young people often face challenges as they transition through adolescence. In addition to navigating developmental challenges, young people from refugee backgrounds experience multiple traumatic stressors in their journey to seek refuge which can lead to the acquisition of physical, mental and behavioural health problems. Further, the refugee journey often disrupts formal education opportunities which can impact on their literacy and health literacy. Therefore, young people from refugee backgrounds who have resettled to New Zealand represent a population with complex healthcare needs distinct from younger and older age groups. Literature to date has limited participation with refugee young people about their conceptualisation of health and wellbeing.

This study positions young people as active participants in how they view health and wellbeing through the use of video as a methodological approach as well as a method and platform for transformation and empowerment. The study addressed the following questions: What are the experiences of refugee background youth and their conceptual understanding of health and wellbeing? Is participatory video an effective approach to engage refugee young people in exploring their experiences of health and wellbeing?

By participating in a series of participatory video workshops, eight young people from refugee backgrounds engaged in participatory processes which included arts-based activities, storyboarding, filming and editing which, through the cycles of action and reflection and the participatory analytical approach of critical framing, generated two central themes about health and wellbeing: communication and the importance of language; and safety and the idea of being safe. Two videos were produced by the participants which are representations of the two themes and contribute to the findings of the study. Whilst the videos are an important means of disseminating knowledge and messages about health and wellbeing, it was the potential of participatory video as an empowering and transformative process that bears significance in this study.

There is a growing demand for research on children and young people's lives and increased requirements for their participation in research that can inform policy and service delivery. The findings from this study suggest that participatory video is a useful approach to engaging young people from refugee backgrounds in research and has the potential to be used by health service providers and community health organisations in participatory research with young people.

Submitted by: Paul Ripley, Nadia Charania, Tineke Water

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Resettlement journeys
WG607
Co-Chairs: Emmanuel Badu & Reem Abbas
<p>Arezoo Malihi, Annie Chiang, Barry Milne, Dan Exeter, Jay Marlowe <i>Resettlement trajectories of 24,000 refugee sub-groups in Aotearoa New Zealand from 1997 to 2019: Insights from the Integrated Data Infrastructure</i></p>
<p>Han Lee, Shiloh Groot, Niki Harré <i>Ethnographic Visual Narrative Inquiry on The Experiences of Resilience among Burmese Youth During Transition to New Zealand</i></p>
<p>SeungHee Cindy Pak <i>Motivation, Investment, Identity and Havitus: Language practices and social trajectories of Syrian refugee-background youth in New Zealand</i></p>
<p>Jay Marlowe, Marissa Kaloga, Rasha Abu Safieh, Toongkyu Page Zi, Miriam Acebillo Baque <i>Mapping Refugee Services in Aotearoa: A social network analysis</i></p>



Resettlement trajectories of 24,000 refugee sub-groups in Aotearoa New Zealand from 1997 to 2019: Insights from the Integrated Data Infrastructure

This paper presents administrative data to identify a cohort of refugees from different sub-groups (Asylum Seeker, Convention, Quota, and Refugee Family Support Category visa holders). Using the Integrated Data Infrastructure (IDI), we identified over 24,000 refugees with the first approved decision for refugee or asylum-seeker recognition in New Zealand between 1997 and 2019. Drawing from a range of datasets (Immigration, Inland Revenue, Ministry of Education, and Census), we describe the socioeconomic characteristics of this cohort and compare resettlement outcomes such as income, education, housing and mental health access between refugee subgroups. Geographic data was also extracted to investigate the patterns of movement and residence of refugee communities in New Zealand and map this using the multiple deprivation index.

Results show socioeconomic and social service access disparities between refugee sub-groups in addition to large disparities between the average income between these sub-groups and the general population. Results inform the settlement experiences of working age adult refugees, highlighting implications for settlement policy to support positive settlement experiences and integration outcomes.

Submitted by: Arezoo Malihi

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Ethnographic Visual Narrative Inquiry on The Experiences of Resilience among Burmese Youth During Transition to New Zealand

Refugee background youth may develop adaptation problems, leading to negative public perceptions, inequality and dehumanisation. This is especially so for asylum-seeking and recently resettled youth. Although there is increasing evidence showing their resilience, more research is needed, particularly in transition and initial resettlement contexts. To address these limitations, this ethnographic visual narrative study explored the transitional and resettlement experiences of 10 Burmese youth in New Zealand. The study shows that due to the political and religious conflicts in Myanmar, Burmese youth fled from home and experienced traumas, but they survived by developing coping strategies and being supported to do so. For example, on their way to Malaysia to obtain refugee status, some stayed in a temporary home. They initially had difficulties but learnt to navigate new environment. After settling in New Zealand, they stayed in a refugee reception centre for six weeks, but some developed social anxiety and isolated themselves. In response, teachers at the centre encouraged social interactions. After moving into communities with the support from government-sponsored volunteers, the youth again encountered social difficulties, but they proactively connected to the volunteers, and maintained friendships with them. In summary, in transition and initial resettlement contexts, coping strategies, responsive care and friendship with the volunteers promoted resilience. Resettlement policies must be implemented to mitigate the negative impacts of traumas, be responsive to needs, and promote agency.

Submitted by: Han Lee

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Motivation, Investment, Identity and Habitus: Language Practices and Social Trajectories of Syrian Refugee-Background Youth in New Zealand

This study examines the settlement experiences of refugee-background learners from Syria with a particular focus on their everyday language learning. The research focuses on learners' (1) behavioural motivation (i.e. what they do), (2) motivational orientation (i.e. why they do it), and (3) identity. Despite the obvious importance of language learning for the resettlement of refugees, very few studies have focused specifically on the learning experiences of refugees. The overall aim of this study is to address this gap. The participants in this study include six Palestinian diaspora refugee background youth (age 12-24) from Syria. The study employs an ethnographic approach using a range of qualitative methods that includes life story interviews, digital photovoice and observation. The findings are developed according to three interconnected levels of the story suggested by Barkhuizen (2016): story, Story, and STORY. On the interpersonal level of story, the major findings address how participants' habitus in relation to their past, the unconscious level of embodied ideologies and social structures, influenced their current motivation and identities. The role of hobbies was also identified as an important activity for learning a language as well as reconstructing their social identity in New Zealand society. At the community and institutional level of Story, the main findings show the important interlocutors and power dynamics within the community and the participants' educational institutions. Finally, at the ideological structural level of STORY, the beliefs and cultural values of the participants' home country and New Zealand that they experience every day were significant to their motivation and identities. The overall findings of this study revealed how the participants' experiences illustrate the complexity involved in language learning and learners' motivation and identity and signalled the importance of individual narratives to understand language learning alongside wider social processes.

Submitted by: SeungHee Cindy Pak

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Mapping Refugee Services in Aotearoa: A social network analysis

This presentation maps the ecosystem of more than 100 organisations that receive dedicated funding to support people from refugee backgrounds through a sociometric social network analysis study. After briefly articulating how a sociometric study can be used to understand the structure and patterns of a network's operation, we outline three relational qualities between these organisations: familiarity, go-to, and strategic collaboration. Data collection involved asking senior staff members from these organisations to complete an online survey and answer questions such as: whom do you know, who do you go to for advice, whom do you share resources with, and whom do you make referrals to? Through these questions, we have mapped the relational ties across this network. We present visualisations of the network map within specific settlement localities and across Aotearoa to outline the associated implications for service delivery, collaboration, resourcing, and advocacy.

Submitted by: Jay Marlowe

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Navigating Refugee Identities

WA224

Co-Chairs: Linda Tran & Nadia Charania

New Zealand Refugee Advisory Panel 2022

Tayyaba Khan, Vanessa Caldwell

A Health System for all New Zealanders

Vincent Hillary Ndlovu, Charles Mpofu

*The principle of non-refoulement: complications in determining
who is a security risk*

Carolina Castro

*Forced Migration and Mothering Kiwisitos: Young Colombian
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New Zealand Refugee Advisory Panel

The New Zealand Refugee Advisory Panel (NZ RAP) was launched in July 2022. The NZ RAP comprises nine individuals representing a diverse cross-section of Aotearoa's refugee and former refugee communities.

As part of their two-year term, the inaugural panel will develop a sustainable engagement model which ensures refugee community perspectives are reflected in the development of New Zealand refugee policy. NZRAP aims to provide refugees and former refugees in New Zealand with an opportunity to effectively and meaningfully participate in developing refugee resettlement strategies and policies. Notably, the panel's work will succeed through collaboration and engagement with existing refugee community groups, organisations, and networks.

The NZ RAP will present an overview of their first few months of working together and discuss their shared objective to expand meaningful refugee participation and leadership in Aotearoa.

Submitted by: New Zealand Refugee Advisory Panel

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A Health System for all New Zealanders

The Health and Disability Commissioner (HDC) promotes and protects the rights of all people who use health and disability services. Education is key to promoting the understanding of the Code of Health and Disability Services Consumers' Rights and ensuring quality, safety, and, importantly, empowering the disempowered. HDC protects Rights through its complaint management framework. This presentation questions if our refugee population know their rights concerning health and disability services and how understanding the Code of Rights is vital to improving their experience of the health and disability system.

Since 2012, refugees have come to New Zealand from Myanmar, Syria, Columbia, Afghanistan, and Palestine.¹ They represent a very small proportion of New Zealand's 17% Middle Eastern, Latin American, and African (MELAA) minority populations. In 2021, only 10% of complaints HDC received were from MELAA,² indicating more than likely, they do not understand, or are unaware of their rights—including the right to complain—or they experience barriers in making complaints about their experiences.

It has been reported that communication difficulties due to language barriers are the most common challenges faced by refugees in accessing and utilising health services.³ Two of the main issues complainants come to HDC to address are communication problems (66%) and information related to consent (19%).² Effective communication is vital to empower vulnerable groups like refugees to facilitate greater engagement in health services. Their feedback helps ensure safe and culturally appropriate services.

HDC's 2024 strategic work programme includes a focus on Inclusive/culturally safe practices, a People-centred process, and Enhanced rights promotion. Proactive education, working with the Nationwide Health and Disability Advocacy Service, is a vital part of this work, as is improving the complaints pathway. HDC must ensure people are empowered to understand how they can provide feedback or make a complaint, so their concerns are heard. This focus will help enable a more positive engagement in health and disability services by ethnic minorities and refugees.

Submitted by: Tayyaba Khan supported by Dr Vanessa Caldwell

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The principle of non-refoulement: complications in determining who is a security risk

The reforms of immigration laws and refugee regimes in developed countries including New Zealand have evolved to an extent of sparking debates about the detention and subsequent return of rejected asylum seekers. Security risks of returnees have become an increasing concern for human rights and advocacy groups. New Zealand has of late reviewed its current law, where asylum seekers can be held in prison if they arrive on false documents or are deemed a security risk. While this is a positive step that sends a message to other industrialised countries' refugee regimes less is known about the actual risks that are faced by returnees in their source countries when returned. This work will present case studies of the kind of persecution that returnees face in their source countries. Case studies are sourced using a method of media analysis which involved triangulation of data from a series of public lectures, on-line media releases and interviews, all based on the book *Seeking Freedom and Justice: Loyal But Not Docile* by Vincent Ndlovu. These media sources were all released between September 2021 and September 2022. We argue that in order for states to fulfil their responsibilities of protecting the safety of asylum seekers a mutual commitment to the principle of non-refoulement there is need to document evidence of real-life examples of what returnees face in countries where they face persecution.

Submitted by: Vincent Hillary Ndlovu¹ and Charles Mpofu²

Affiliation: ¹ Phuthetho News Media Writer/Columnist, ²Auckland University of Technology

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Forced Migration and Mothering Kiwisitos: Young Colombian Women Navigating Motherhood in New Zealand

People from refugee backgrounds face many challenges adapting to a new social context and life in the resettlement process. Despite such obstacles, they also have skills, knowledge and relationships that help them to navigate the settlement experience. This highlights the importance of social capital, which helps connect them to opportunities, resources, and relationships. This qualitative study explores the ways in which the different typologies of social capital (bonding, bridging, and linking) contributed to the resettlement experience of eight young Colombian women who were pregnant when they came to New Zealand.

I present the findings of semi-structured interviews with these participants who resettled in Hamilton as part of the refugee resettlement programme. Through thematic content analysis, I found two emergent themes. The first theme draws on a Colombian cultural concept of 'crossing the pond' (facing challenges) and highlights how the mothers navigate two cultural worlds in order to raise their Kiwisitos (little Kiwis). The second theme introduces three tasks that they undertake as they navigate their resettlement journey. These themes highlight an awareness of how the participants managed social interactions within their community, the wider society, and various institutions.

This presentation concludes with how these three tasks provide a nuanced appreciation of how social capital relates to broader understandings of integration through the interstitial, relational and contextual spaces they navigate as they and their children transition into new settlement contexts.

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Education & Entrepreneurship

WG808

Co-Chairs: Balakrishnan Nair & Eleanor Holroyd

Marissa Kaloga

Iti Rearea Collective: Using the Constellation Model to Enable Systemic Change that Supports Entrepreneurship in Resettled Refugee Populations

Nadeera Ranabahu, Huibert P. de Vries, Zhiyan Basharati

The entrepreneurial ecosystem: Perspectives of refugee support organisations

Abdirizak Abdi

Ministry of Education support for former refugee students, their families and communities in New Zealand schools

Maria Hayward

A strengths-based education programme for newly arrived former refugees: the New Zealand model



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Iti Rearea Collective: Using the Constellation Model to Enable Systemic Change that Supports Entrepreneurship in Resettled Refugee Populations

In 2019, Foundation North facilitated a workshop with diverse community stakeholders to brainstorm innovative ideas to implement their Ethnic Diversity Strategy. An ensuing co-design sprint culminated in an entrepreneurship program designed for Aotearoa's resettled refugee communities. Stakeholder organizations continued to deliberate on the most appropriate model of governance to implement the proposed programmes. From these deliberations, the Iti Rearea Collective was created.

The Iti Rearea Collective (IRC) is a collaborative project governed by a collective of organizations, rather than being a stand-alone organization. It follows the Constellation Model of Collaborative Governance, operating from the perspective that systemic change requires collective efforts across sector organizations. This collective exists to remove systemic barriers that keep migrant communities from reaching their full potential in Aotearoa New Zealand. The choice of this model of governance reflects IRC members' systemic orientation, acknowledging the complex nature of the problems we are addressing as well as the dynamism of the partnerships created. Following a qualitative case study format, this presentation will describe the constellation model and how it was applied by IRC partners. Lessons from implementing this model will be shared, providing insights on how to develop effective systemic initiatives to support resettled refugee populations.

<https://www.itirearea.co/>

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The entrepreneurial ecosystem: Perspectives of refugee support organisations

An entrepreneurial ecosystem refers to the arrangement of interrelated business environment factors that impact the speed and ability with which entrepreneurs can create and scale new ventures in a sustainable way. Refugee support organisations (RSOs) can and do shape former refugees' interactions with the entrepreneurial ecosystem in New Zealand by providing business start-up and operational assistance. The extant entrepreneurial ecosystem literature explains the need to support former refugees in policy, finance, culture, support, human capital, and markets domains. We, therefore, undertook interviews with staff from 15 New Zealand RSOs in order to understand the self-employment assistance provided according to these ecosystem domains. The findings revealed that RSOs build capacity of former refugees. They provide services by

facilitating business registrations, assisting in completion of crucial forms and contracts, linking former refugees with agencies that deliver specialised entrepreneurial services, providing summary information, and organising networking events. We refer to these services as 'bridging activities' and they fall under the ecosystem domains of support, human capital, culture and market. Of note we identified constraints on financial support and a lack of a policy-related bridging activities.

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Ministry of Education support for former refugee students, their families and communities in New Zealand schools

One of our key drivers is the recognition that our former refugee students may require targeted assistance in order to achieve wellbeing and successful learning outcomes both for themselves and for their families.

We recognise that our former refugee learners and their families face the challenge of adapting to the New Zealand school environment. Former refugee learners may face additional challenges, coming with limited or no schooling backgrounds and the possible trauma associated with their refugee experience. Former refugee families face challenges in many areas of resettlement.

The Ministry of Education has a number of initiatives and strategies in place to support schools and our diverse communities to meet the educational needs of these students. These include effecting strong school-community partnerships.

In this session we will outline some of our MOE support initiatives and roles dedicated to strengthening inclusive school practices that promote wellbeing and successful learning outcomes. These include funding resources that schools can access and support initiatives for parents and families through learning community hubs.

Submitted by: Abdirizak Abdi

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A strengths-based education programme for newly arrived former refugees: the New Zealand model

The refugee experience typically includes trauma, deprivation, and loss in varying degrees of severity. However, individuals have also 'survived' these circumstances and in recent years, former refugees, service practitioners and academics have begun decrying the over-use of deficit terms and designations such as 'trauma' and 'Post-Traumatic Stress Disorder (PTSD)' in the discourse regarding newly settled refugees. This presentation will describe an alternative, strengths-based approach which has been implemented by teaching staff at New Zealand's refugee reception centre, in Māngere, Auckland. The pedagogical model underpinning this programme includes elements designed to ensure newly arrived participants feel welcome, safe, empowered, and self-confident, and that they are provided with the opportunity to develop trusting relationships, to plan for a new future, and to develop a range of skills and competencies appropriate to the resettlement process. These elements in themselves potentially have healing effects, which may support the recovery process and enhance resilience and self-assurance for meeting settlement challenges in a new, permanent country of residence.

Submitted by: Maria Hayward

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<p>Policy Responses</p> <p>WA224</p> <p>Co-Chairs: Yakubu H Yakubu & Zac Morse</p>
<p>Oksana Opara <i>New Zealand policy response to the ongoing Ukraine refugee crisis</i></p>
<p>Murdoch Stephens <i>The wider context: forced migration and other humanitarian migration issues in Aotearoa New Zealand</i></p>
<p>Bernard Sama, Michelle Ferns, Murdoch Stephens, Jay Marlowe <i>A Safe Start for Asylum Seekers and a Fair Future for Convention Refugees: Responding to New Zealand's Differential and Discriminatory Settlement Policies</i></p>
<p>Grace Wong <i>Reflections on health policy for refugees, asylum seekers, and undocumented migrants in Aotearoa from 2014 - 2022</i></p>



New Zealand policy response to the ongoing Ukraine refugee crisis

The war in Ukraine that Russia started on February 24, 2022 has led to the largest refugee crisis in Europe since WWII. According to the latest data from UNHCR, there were more than 9.8 million movements out of Ukraine from the start of the invasion; 3.7 million refugees from Ukraine have registered for temporary protection schemes; and over 6.3 million people remain internally displaced within Ukraine. Since the beginning of the war, many governments, mainly in Europe, as well as in Canada, the US and Australia have implemented a range of policy measures to accommodate these refugees and create national protection schemes. This research will present the critical analysis of the New Zealand government response, examining the policy measures being put in place and their initial outcomes. The study is using available secondary data and policy documents, as well as conversations with Ukrainian diaspora community leaders in New Zealand. The comparative analysis of the New Zealand government response with that of Australia will provide policy recommendations and possible measures for relevant government agencies, as well as for various ethnic communities that are interested in implementing some of these measures.

Submitted by: Oksana Opara

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The wider context: forced migration and other humanitarian migration issues in Aotearoa New Zealand

Three forced migration categories are at the core of New Zealand's humanitarian migration response: the annual UNHCR refugee resettlement quota (1500 places), the refugee family support category (600 places) and accepted asylum seekers aka convention refugees (approx 150 people per annum). However, refugee intakes are not the sole way that Aotearoa New Zealand fulfils our humanitarian duties around immigration.

Using a newly released second iteration of New Zealand Red Cross' Migration Scoping Report, this talk will elaborate on and introduce other humanitarian migration categories such as one-off non-refugee intakes, the forced return of 501s deported from Australia, the Samoan Quota and Pacific Access Category and other smaller categories. The talk would then touch on four emerging issues for the wellbeing of humanitarian migration groups, including refugees: modern slavery, climate migration, public perceptions on migrants, and how migrants fare in emergencies and disasters. Drawing from the Red Cross Red Crescent Movement's fundamental principles of humanity, the talk will seek to share the new outcomes from the Migration Scoping Report and will set the scene for policy discussions around a broader conception of forced migration.

Submitted by: Murdoch Stephens

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A Safe Start for Asylum Seekers and a Fair Future for Convention Refugees: Responding to New Zealand's Differential and Discriminatory Settlement Policies

Aotearoa New Zealand provides differential settlement support to refugees and asylum seekers, primarily determined by how they receive protection status. Representing a collaboration between the Asylum Seeker Support Trust and the Centre for Asia Pacific Refugee Studies, we present a report recently launched at Parliament that articulates these differences, drawing on document analysis related to settlement policies, qualitative interviews with asylum seekers and convention refugees, and quantitative insights from the Integrated Data Infrastructure. Within this report, we start from the premise that fairness requires providing equal access to support – regardless of how a refugee comes to Aotearoa New Zealand – and ensuring asylum seekers are supported appropriately during the refugee status determination process. In this presentation, we provide seven key recommendations that would help ensure a safe start for asylum seekers and a fair future for all refugees in Aotearoa New Zealand.

Submitted by: Bernard Sama¹ and Jay Marlowe²

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Reflections on health policy for refugees, asylum seekers, and undocumented migrants in Aotearoa from 2014 - 2022

The total number of migrants (including refugees and asylum seekers) from Asian and Middle Eastern, Latin American and African (MELAA) backgrounds is increasing in New Zealand. Policy for publicly funded health services should guide equitable service provision. While New Zealand ranked top in the Migration International Policy Index health policy index in 2014, and among the top five countries in 2019, there were significant gaps from local perspectives. High level health policy was not congruent with lower-level policy for MELAA and Asian migrants particularly. In this analysis, aggregation into overall migration categories masked a deficit in health policies for MELAA and Asian migrants, including those who were refugees, asylum seekers and undocumented migrants.

The current evolving health reforms focus on equity and Te Tiriti o Waitangi. In this presentation, different perspectives on improving the access and responsiveness of health services to refugees and asylum seekers are considered. The fit between these, and efforts to improve health policy and services, is discussed. There is a reflection on strategies to impact health services and the health reform process positively.

Submitted by: Grace Wong PhD, RN

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COVID-19 and Refugee Health and Wellbeing

WG607

Co-Chairs: Karwan Manguri & Meenal Rai

Linda Tran, Janine Paynter, Nadia Charania

*Exploring paediatric COVID-19 outcomes among migrant and
refugee children in New Zealand*

Sreeja Nair, Harshna Mistry

*Outreach Activities to support Covid-19 Vaccination with a focus on
Equity*

Nadia Charania

*Immunisation perceptions and experiences among refugee mothers
resettled in Aotearoa New Zealand*

Ghirmai Mhisghina, Charles Mpofu, Shaheena Banu

*Journeys of overseas-trained refugee and migrant doctors seeking
registration in New Zealand*



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Exploring paediatric COVID-19 outcomes among migrant and refugee children in New Zealand

The COVID-19 pandemic resulted in large disruptions to the New Zealand healthcare system. These disruptions may have exacerbated pre-existing health inequities amongst migrant and refugee children, compared to NZ-born children. Previous studies have highlighted that foreign-born migrant children have lower age-appropriate vaccination rates when compared to their NZ-born counterparts. To this end, this study looks to explore whether these inequities extend to COVID-19 vaccination rates amongst children between ages 5 to 11. We use individual-level administrative data from Statistic NZ's Integrated Data Structure (IDI) to compare COVID-19 vaccinations for three cohorts of children: (i) migrant-born children, (ii) children of migrant parents and (iii) NZ-born children of non-migrant parents. NZ-born children of migrant parents had the highest COVID-19 vaccination rates, followed by migrant-born children and NZ-born children of non-migrant parents. Our model controls for a range of factors including: ethnicity, gender, age, deprivation, PHO region and parents' vaccination status, where the strongest contributor to explaining differences in vaccination outcomes were parents' vaccination status.

Submitted by: Linda Tran

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Outreach Activities to support Covid 19 Vaccination with a focus on Equity

The Northern Regional Health Coordination Centre (NRHCC) is a collaborative entity operating across the Northern region. It was established in 2019 in response to the Measles outbreak in Auckland. The purpose of the NRHCC is to work at a regional level to address key issues and create consistency of approach and messaging across the region. The NRHCC was activated again in 2020 in response to the COVID-19 pandemic. It essentially operated as an emergency response team to work strategically across the region (Auckland and Northland) to establish testing centres, manage borders, establish MIQ services, Vaccination centres, outreach services and many other associated services. The benefit of a central entity of this kind is the ability to create a single entity for decision making, strategizing, communicating and establishing. This approach means we can achieve regional consistency around messaging to the public and to staff, consistency in operating models and consistency in governance and monitoring.

Equitable access to vaccines may need different models of distribution and community engagement. Solutions including outreach programmes have proved successful in improving access and delivering vaccines to previously hard to reach and therefore vulnerable in Aotearoa. NRHCC (Northern Region Health Coordination Centre) in collaboration with Ministry of Health, community organisations, PHO's and various providers (serving Māori, Pacific, migrant/refugee and other communities) have developed strategies and implemented them to successfully rollout the COVID-19 vaccination programme to hard-to-reach populations.

From Local Vaccination centres situated within target population communities with a community feel, to various other outreach modalities like mobile clinics, vaccination events at churches, fairs, marketplaces, street activations etc. These events also had an option for drive in and drive through models to keep whanau protected within their bubbles. Such varied and numerous opportunities significantly contributed to achieving the goal of ensuring 90% of the population was vaccinated by the end of April 2022.

Besides various popup clinics that were setup in Māori and Pacific community areas, a few were also organised at local community centres in collaboration with agencies serving Auckland's Refugee and Immigrant Community such as RASNZ. These models were not only limited to the Covid vaccines but

our outreach team supported many Community clinics across diverse subgroups of Asian and MELAA communities, Fijian Indian, Tamil Community, mosque and temple visits, as well as community events such as African Day, sports and arts events. Much of the work was around ensuring key information was accessible for these communities i.e. translations of collateral, regular communications to community leaders, targeted media campaigns including use of social media and supporting community providers to deliver culturally and linguistically appropriate services.

Submitted by: Sreeja Nair

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Immunisation perceptions and experiences among refugee mothers resettled in Aotearoa New Zealand

Children of refugee backgrounds are particularly at risk of vaccine-preventable diseases due to under-immunisation. This qualitative interpretive description study involving focus groups with refugee mothers (N=45) resettled in Aotearoa New Zealand (NZ) explored their perceptions of childhood vaccines and experiences of immunisation services. Data were analysed following the phases of Braun and Clarke's reflexive thematic analysis. Refugee mothers displayed confidence and trust in vaccines, health providers and the NZ health system. Mothers discussed how their health experiences in their origin countries and information sharing with their transnational networks influenced their vaccine perceptions and behaviours. Many mothers noted insufficient information provided about vaccines and post-vaccine management. Mothers highlighted the importance of relationships with health providers as who vaccinated their children and how it was administered was paramount to positive immunisation experiences. Key recommendations are to improve education for providers and access to qualified interpreters and develop consumer resources that are culturally and linguistically appropriate.

Submitted by: Nadia Charania

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Journeys of overseas-trained refugee and migrant doctors seeking registration in New Zealand

The New Zealand Migrant Doctors Society (NZMDS) aims to bridge the gaps, for the health and wellbeing of refugee and migrant communities in New Zealand through advocating for refugee and migrant friendly policies of medical registration in New Zealand.

This advocacy group argues that several unregistered doctors are in financial constraints and remain jobless, neglected and are in a state of despair while in mid-2022 the government announced policies of recruiting from overseas. This group presents examples of hurdles including navigating the qualifying exam preparation time while doing part time jobs and taking care of essential needs of their families. Examples such as limited study time during the day leading to late night study sessions and poor sleep patterns. These factors lead to stress and burn out while doing menial jobs leads to feelings of being undervalued and unwelcome in a new country of settlement. The cycle of financial strain is never ending, while judgement from community leaves these doctors neglected. Even though several team members, have passed the qualifying exams they are jobless. We want to overcome these barriers.

NZMDS has progressed as a study group, and we conduct free training for AMC exams, cultural competencies and health coaching. Our passion is to serve in NZ healthcare system, we call for more inclusive bridging courses policies instead of the “pick-winner bridging policies that do not factor-in special refugee circumstances.

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