Refugee Resettlement

Through the Lens of Occupational Therapy

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This project, submitted by Emily Lunden, has been approved and accepted in partial fulfillment of the requirements for the degree of Master of Occupational Therapy from the University of Puget Sound.

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Abstract

Displaced from their homeland and housed in camps around the world, refugees live in hope of resettlement into a place of stability and peace. Although resettlement offers stability, it also creates a condition of occupational deprivation as a refugee steps from their culture into another. Occupational therapy recognizes that engagement in meaningful activities is paramount to sustaining health and well-being, and assists individuals in overcoming hurdles which prevent them from engaging in those activities. This project was created to provide resources for caseworkers and volunteers at World Relief to assist in the process of integrating recently resettled refugees into the community. The resources provided were focused on home and health orientation, community orientation and school orientation. By supporting efficient integration, caseworkers and volunteers can encourage empowerment and support engagement in meaningful occupations to promote health and eliminate the harmful effects of occupational deprivation among refugees.

Context of Problem

The United Nations High Commissioner for Refugees (UNHCR) reports that at the end of 2009 there were 15.2 million refugees in the world, 79,900 of whom have been resettled in the United States (United Nations High Commissioner for Refugees [UNHCR], 2010). The UNHCR has established three varied solutions to aid and support refugees as a result of their displacement: repatriation to the country of origin, integration into country of asylum, or third party resettlement. The most common solution is third party resettlement which involves relocating the refugee to a new country where the culture and language are typically very different from that of the country of origin. The ultimate goal of resettlement is to provide a peaceful environment where refugees can reestablish their lives and become contributing members of society (UNHCR, 2011a).

Third party resettlement affords refugees the ability to plant roots in nonviolent soils that will support them and allow them to flourish; yet it is often a very terrifying and challenging process.

Refugees are often faced with learning a new language and a different culture, establishing new social networks, coping with loss of familial and emotional support, finding employment, and managing post-traumatic stress (Davies, 2009). The accumulation of many new and unknown factors that are often thought of as simple activities of daily living develops into an unhealthy lifestyle for many refugees. The mundane becomes monumental. It is no wonder then that recent studies have shown that both physical and mental illness among refugees are increasing, (Maximova & Krahn, 2010; World Health Organization [WHO], 2011) and yet little is being done to ameliorate the situation.

Humans are occupational beings who have an inherent need to participate in activities that are meaningful to them, and failure to do so results in an unhealthy and maladaptive lifestyle. One major factor that negatively impacts the health and well-being of many recently resettled refugees is occupational deprivation (Whiteford, 2000). A core belief of occupational therapy is that in order to maintain health and an ideal quality of life a person must be able to engage in meaningful occupations

(American Occupational Therapy Association [AOTA], 2008). Refugees who are deprived of the ability to engage in meaningful occupations are at risk to develop a maladaptive lifestyle.

Although there are a number of factors that impede the healthy resettlement of refugees, social support and connectedness have been shown to have beneficial impact on the overall health and well-being of recently resettled refugees (Burchett & Matheson, 2010; Simich, Beiser & Mawani, 2003).

Fostering an environment that supports social connectedness while simultaneously encouraging engagement in meaningful occupations promotes health and well-being among the refugee populations.

World Relief is an organization that supports the resettlement of refugees in the local Puget Sound area. An interview conducted in February 2010 with Tauryn Beeman, Volunteer Coordinator for World Relief, revealed a concern for the lack of support for refugees in survival strategy skills such as community connections, navigational skills, and English as Second Language (ESL) training (T. Beeman, personal communication, March 11,2011). While World Relief provides the basic necessities for establishing a new life in the United States, time and budget constraints limit them from providing the support they desire to give their clients. Through the assistance of volunteer support, World Relief attempts to offer a greater depth of support than just the bare necessities; however, Beeman fears that even their volunteer roles fall short in providing enough support for their clients. She believes that further training and guidance for their volunteers particularly in areas of home, community and cultural orientation would benefit their clients by giving them much needed social support. Supporting their social needs and encouraging engagement in meaningful occupations fosters health and well-being among the refugee populations served by World Relief.

Background

The Refugee Defined

The UNHCR was established through the Refugee Convention of 1951 to aid those who have been forced into refugee status. The Refugee Convention of 1951 also established the definition of a

refugee as an individual who fled his or her country due to fear of persecution and is unable to return to the country of origin as a result of unremitting fear of persecution. As of the beginning of 2010, UNHCR reported 10.4 million registered refugees under their care, while an additional 4.7 million are under the care and concern of United Nations Relief and Works Agency for Palestine Refugees (UNRWA), bringing the total to over 15 million refugees worldwide (United Nations High Commissioner for Refugees [UNHCR], 2010). The number of refugees has increased considerably since 2001, when the total number of refugees tallied only 12 million (UNHCR, 2002). This trend is not expected to decrease as countries around the world continue to remain politically unstable.

Refugees originate from many countries across the globe and exist in a variety of living conditions. In the most recent survey of refugees worldwide, the largest population was from Afghanistan numbering 2.9 million with the Iraqi population being the second largest at 1.8 million. Other major refugee populations are from East Africa (1.3 million), Central Africa (900,000), Europe (700,000), and Somalia (670,000) (UNHCR, 2010). The 2009 UNHCR Statistical Yearbook reported 30% of refugees lived in camps or refugee centers, 58% lived in more urban settings, and 12% were scattered among the local population in the country of asylum.

Finding a Solution to the Situation

The ultimate goal of UNHCR is to aid in the healing and life recovery for the refugee populations they serve. Three solutions have been created to help dissolve the issue of refugee status: voluntary repatriation to homeland country, integration into country of asylum, and third party resettlement.

Voluntary repatriation is the act of returning home to the country of origin. It involves cooperation on both the part of the country of origin and those supporting the return home in order to ensure the refugees safely and effectively reestablish life in their homelands (UNHCR, 2011d). Integration into the country of asylum requires commitment on behalf of the host country to grant the refugees nationality within their borders (UNHCR, 2011b). Third party resettlement is a process whereby refugees are

relocated to a neutral country where they are offered safety and protection (UNHCR, 2011d). Generally speaking the first two solutions are considered to be optimal due to the fact that there are limited cultural differences in the homeland or country of asylum, which would serve as hurdles for a refugee to overcome. However, due to the frequency of sustained unrest within the homeland and the commonly unstable economic landscape of the country of asylum, third party resettlement is often the most durable solution (UNHCR, 2011d).

Third party resettlement occurs when no other viable solution can be offered to resolve the refugee situation. It involves moving the refugees to another country and supporting them as they establish a new life in that country. Countries that participate in refugee resettlement offer both legal and physical protection to the refugees as well as provide them with opportunities to thrive in the new culture in which they find themselves (UNHCR, 2011d). Although there are over 15 million refugees in the world, less that 1% are involved in third party resettlement (UNHCR, 2011d). The cause for this discrepancy comes from the lack of countries willing to resettle refugees. Fewer than 20 countries participate in third party resettlement programs to host refugees. The United States resettles the greatest number of refugees with Canada and Australia close behind. The most recent statistics show that the United States has hosted over 60,000 refugees, Canada has hosted 10,800 and Australia has hosted close to 9,000 (United States Committee for Refugees and Immigrants, 2009). The most numerous populations to be resettled in 2010 have been the Nepali population (14,800), those from Thailand (11,400), and those from Malaysia (8,000) (UNHCR, 2011d).

Effects of Resettlement on Refugee Health and Well-being

Although third party resettlement offers a great deal of stability to the life of refugees, it also has an extreme impact on their lives. A number of studies have been conducted in order to better understand the impact that resettlement has on the health and well-being of refugees. Both physical and mental health are affected by resettlement. The World Health Organization reports that over half of

the world's refugee population experiences some degree of mental illness from post-traumatic stress disorder to depression (Brundtland, 2011). A study by Maximova and Krahn (2012) revealed a number of factors that contributed to the alteration in mental and physical health in refugees who resettled in Canada. Some of the factors included whether or not a refugee had lived in camp prior to resettling, prior college education, current employment, and amount of support received during resettlement. A decline in mental health was linked to prior exposure to life in a refugee camp, as well as prior professional employment. A decline in physical health was linked to economic hardship in post-resettlement situation, holding a degree from a university prior to resettlement, and length of time after resettlement (Maximova & Krahn, 2010).

The health and well-being of a resettled refugee often hinges upon life experience prior to resettlement. A recent longitudinal study of refugees who had been exposed to torture prior to resettlement, revealed that "long-lasting emotional distress is found in a large percentage of tortured refugees many years after exposure to torture," (Carlsson, Olsen, Mortensen & Kastrup, 2006, p. 730) and suggested that emotional distress could lead to chronic mental illness if not addressed properly and in a timely manner. This study also alluded to a number of post resettlement factors such as social relationships and a fulfilling livelihood, which impact the mental health and quality of life of refugees. Through eight in-depth interviews, Strijk, van Meijel, and Gamel (2011) uncovered a number of factors that influence the quality of life for refugees. Interviewees reported that psychological distress as a result of grief and loss of identity, control, culture, homes, friends, and family left them feeling despondent and gloomy. Loneliness was also a major factor impacting the quality of life for refugees. A common theme for the refugees interviewed was that they had lost their faith in the human race. This attitude prevented them from seeking new relationships within their new environment. Contributing to their feelings of loneliness was the feeling of being discriminated against within their new environments.

their culture or color. Yet another factor that influences the quality of lives among the refugees interviewed was the reported lack of purposeful activity. The refugees noted that there was little for them to do and expressed a desire to receive help in this area in order to have "a normal life" or "be like others" (Strijk et al., 2011, pg 52). Public transportation was another reported factor that impeded the quality of life for refugees. It was not simply the inability to navigate the public transportation system that left refugees feeling uncomfortable, but the experience of riding mass transit often sparked memories of traumatic events for refugees (Strijk et al., 2011).

Access to health care among resettled refugee populations also impacts their health. There are a number of barriers which prevent refugees from accessing necessary health care from transportation needs to inadequate translation during appointments (Morris, Popper, Rodwell, Brodine & Brouwer, 2009). The lack of access to health care, or even the lack of knowledge about health care resources, negatively impacts the quality of life in resettling refugees. Cultural differences among refugees and their country of resettlement are often at the root of health care issue. Causation, course, and consequence of various illnesses are often misunderstood by refugee populations (Palinkas et al., 2003). An example of this might be the belief that malaria is not the result of poor hygiene in the refugee camps, but an act of an unseen god as a result of misbehavior. This discrepancy in understanding prevents refugees from seeking medical assistance because they either don't believe it is necessary, or they think the Western perspective of illness will not align with their beliefs (Palinkas et al., 2003). Another reason refugees do not seek medical attention is due to the lack of understanding regarding the importance of preventative health care, and that seeking health care may be a violation of cultural norms for some refugee populations (Palinkas et al., 2003).

Social support also seems to have a great impact on refugee resettlement. In a longitudinal study by Lie (2002), social support was highlighted as one of the most important factors for successful resettlement as well as an indicator for resilience while living in pre-resettlement conditions. This

discovery was supported by a qualitative study which investigated the importance of social support for refugees during resettlement. This study was instigated by the phenomenon of recently resettled refugees relocating themselves shortly after enduring the life-transforming process of resettlement. The study revealed the motivating reason for self-directed relocation was the pursuit of social support from individuals of the same culture and background (Simich, Beiser & Mawani, 2003). This suggests that the desire for social support has a large impact on the lives of refugees, and can be a benefit to those who are struggling through the resettlement process.

One of the greatest impacts of resettlement on the life of a refugee is occupational deprivation. Whiteford (2000) states that occupational deprivation "is a state in which a person or group of people are unable to do what is necessary and meaningful in their lives due to external restrictions" (p. 200). Refugees may spend years living in a camp where they have no control over their lives and are not allowed the option to make personal decisions. This many not be resolved immediately upon resettling, which further promotes unhealthy mental and physical status through occupational deprivation. A refugee may not be allowed to decide if and when he or she can work or how to occupy his or her time. A case study of one refugee from Kosovo suggests three issues that become apparent in the domain of occupational deprivation further shedding light on the concept (Whiteford, 2005). The first issue is that discrimination of various cultures and ethnicities is a prelude to occupational deprivation by preventing refugees from experiencing opportunities that can lead to fulfilling occupation over time. The second issue is that the act of resettlement and the trauma therein often present seemingly insurmountable hurdles which refugees struggle to overcome thus preventing them from engaging in meaningful occupation. The third issue is the context of community within resettlement, which presents as a support to the development of meaningful occupation and thus increased quality of life (Whiteford, 2005).

Refugee Support during Resettlement

The plight of the resettled refugees does not go unseen. There are 10 volunteer agencies in the United States devoted to supporting the healthy resettlement of refugees. These agencies provide services such as food, clothing, housing, employment resources, and English as a Second Language education to refugees to aid them during their first 90 days in the United States (UNHCR, 2011d). The responsibility of the agency is to help establish the refugees in their new culture and encourage them towards an adequate level of self-sufficiency by the end of the 90 days. Volunteer agencies are also required to provide both cultural and home orientation to the refugees within the first 30 days of arriving in the United States (T. Beeman, personal communication, March, 2011).

Eight of the 10 volunteer agencies in the United States are represented in the state of Washington, with a total of 11 different offices located across the state (UNHCR, 2011c). Eight of the 11 offices are in the Seattle area, which is the reason for the high number of refugees in the area. One of the largest agencies in the Seattle area to aid in refugee resettlement is World Relief. World Relief-Seattle has resettled over 28,000 refugees since it was established in 1979 (World Relief [WR], 2011).

Local Support during Resettlement

World Relief is mandated to serve the refugee population to the standard established by the UNHCR; however, their mission is to not only help refugees become self-sufficient but help them thrive in their new culture and lead long and fulfilling lives. To accomplish this mission, World Relief engages the help of volunteers to walk alongside their refugee clients as they learn how to survive in the United States. The volunteers at World Relief work with caseworkers to ensure that newly resettled refugees are able to overcome the hurdles that overwhelm them upon first arriving in the United States. The ultimate goal is to create a smooth transition from life as a refugee to life as a resident of the United States in order to promote engagement in meaningful occupations that will combat occupational deprivation.

World Relief has established a number of volunteer roles including Host Homes, Road Runners, and Cultural Companions. Host Homes open their doors to newly arriving refugees and invite them in for a warm meal and a place to call home for their first few days in America. One crucial role of the Host Home is to educate the refugee on how to live in a Western home, which includes teaching them how to utilize running water, electricity, and a variety of appliances. Road Runners accompany newly arrived refugees to any appointments they may need to attend and transport them to and from their appointments. Cultural Companions take a more long-term role as they commit to working alongside a refugee or refugee family and becoming social support for them as they become self-sufficient. A Cultural Companion becomes the friendly face in a sea of unfamiliar faces to which a refugee can turn to with any questions or clarifications (WR, 2011).

Cultural Companions are placed in a unique position to be very influential in the lives of the refugees with whom they interact. They have the opportunity to educate refugees in many different ways from home orientation and school regulations to bus transportation and societal norms. For instance, calling the school when a student is absent is not something that refugees will think is necessary because it was not something they were required to do in their home country or camp; however, in Western culture it is expected and there are consequences if the rules are not heeded. Often these things are overlooked or assumed as common knowledge; however, they are vital issues when learning how to thrive in a new culture. They are the building blocks to establishing a world without occupational deprivation. Cultural Companions would benefit from the perspective of an occupational therapist as they interact with the refugee population in order to gain a better understanding of their needs and the meaningful occupations which will support a healthy and productive life in the United States.

Purpose Statement

The purpose of this project was to provide resource kits for case workers and volunteers at World Relief to assist in the process of integrating recently resettled refugees into the community. By supporting efficient integration into the community, caseworkers and volunteers can encourage empowerment and counter the effects of occupational deprivation.

Description of Project

A resource kit was created to assist caseworkers and volunteer as they help refugees resettle into the American culture. The kit was divided into three topics: home and health orientation, community orientation, and school orientation. Each topic was organized into separate file folders, which are located within a portable file storage container. The home and health orientation kit contains resources for proper food handling and storage; time management strategies; checklists for home safety, health, and food preparation; education resources for feminine hygiene and blood pressure cuff introduction. The kit contains supporting demonstration items for home and health management such as examples of medication bottles, prescription bottles, common house cleaning supplies, fire and smoke detectors, Band-Aids, a blood pressure cuff and stethoscope, and feminine hygiene products.

The community orientation kit contains resources on places for economical shopping and accompanying maps from various apartments, information on the local public transportation system and bus ticket books, information on the local library including hours and application for a card, brochures and flyers for free community events, and maps of local parks and suggestions of what to do once at the park.

The school orientation kit includes resources for graduation, registration, applications for Student Technology Access Resource laptops, a map of the local schools, and a school calendar. Perhaps the most valuable resource included in the school orientation kit is information on the Refugee

Transition Center (RTC), including hours, contact information and maps from select apartments. The RTC was established to provide resources to refugee students and their families as they transition into the Kent School District. Much of the information needed for a smooth transition can be provided by the RTC and is therefore not included in the resettlement kit.

The resettlement kit includes a "Suggested Topics" booklet that provides a number of ideas for volunteers as they search for topics to address with their refugee families. The booklet also includes blank pages which volunteers are encouraged to fill out as they come up with their own suggested topics. The booklet is divided into the same topics mentioned earlier and includes matters such as "Locks and Key Management," "Cutting board customs," and how to cut down on screen time. The booklet also includes education on occupational deprivation, why it is a concern for resettling refugees, and how volunteers and caseworkers can promote sustainable and meaningful activities to combat the effects of occupational deprivation.

The kit also includes supporting items such as paperclips, highlighters, pens, and labeling tape. Suggestions for using such clerical materials are provided in the "Suggested Topics" booklet. For a complete list and images of items included in the kit, please refer to Appendix A and Appendix B.

Procedure

- An in depth needs assessment was first conducted with a focus group from World Relief. From this discussion it was determined that three resource kits should be provided with the following themes: home and health orientation, community orientation, and school orientation.
- Met with volunteers from World Relief to get their input on items that would be helpful to include in the kits. Three volunteers were interviewed during this time as well as the director of the Refugee Transition Center, an organization established to support refugee students as they transition into the local school system.

- An analysis of the information gathered during the focus group and subsequent interviews was
 then conducted to provide further detail as to what items should be placed in each kit.
- Items were then collected for each kit and paper resources were compiled and organized. (See Appendix A for list of kit contents. See Appendix B for images of kit contents.)
- The kit container, hanging folders, hanging pouches, and supplemental supplies were purchased and the kits were assembled. (See Appendix A for list of kit contents. See Appendix B for images of kit contents.)
- After approval from project chair was received, the resource kits were delivered to World Relief to use and critique. During the presentation of the resource kits, discussion occurred about small changes and adaptations that could be made immediately.
- A meeting with the director of the Refugee Transition Center was conducted to collect and discuss appropriate resources to include in the school resource kit.
- Minor adjustments were made to the home and health orientation and community orientation kit at the time that the school orientation kit was presented to World Relief.
- A brief survey was distributed to World Relief to evaluate the effectiveness of the project and to provide feedback on possible areas to consider for future improvement.

Outcome of Project

Prior to completion, a number of goals and objectives were established to guide the creation and implementation of this project. To evaluate the effectiveness of the resource kits, a brief questionnaire (See Appendix C) was provided to caseworkers and volunteers regarding acquired knowledge of occupational deprivation, understanding of the resource kit purpose and content and perceived value of the resource. The questionnaire was presented to three ESL teachers, one caseworker, one volunteer coordinator, and one other staff member during an in-house meeting. Due to

time constraints during the in-house meeting, the questionnaire was altered by the volunteer coordinator to maximize the amount of feedback given within the abbreviated timeframe. The modifications to the questionnaire did not hinder the evaluation of effectiveness as all goals and objectives were addresses by the World Relief staff. All staff members given the questionnaire participated in completing it and all feedback was consolidated onto one document. (See Appendix D for feedback on the modified questionnaire.) The following is a discussion of established goals and objectives.

Goal 1: Upon reading the brief occupational deprivation pamphlet included in each resource kit, caseworkers and volunteers at World Relief who assist with refugee resettlement will have greater understanding of the challenges that face refugees as they first begin their journey of resettlement.

This goal was altered due to the results of an in-depth needs assessment, which suggested the pamphlet on occupational deprivation be replaced with a brief description of occupational deprivation and how volunteers could help alleviate the negative effects. The brief description was included in the introduction of the "Suggested Topics" booklet for quick reference and easy access. Education on occupational deprivation was also provided as part of the in-service training. Based on the results of the questionnaire, the in-service education and adjustments to the pamphlet adequately addressed occupational deprivation and this goal, as modified, was met.

Objective 1: Having read this pamphlet, caseworkers and volunteers at World Relief will define three specific factors that prevent refugees from smoothly transitioning from life in a refugee camp to life in the United States.

Although no pamphlet was included in the resource kit, the information on occupational deprivation in the introduction to "Suggested Topics" and the in-service addressed this objective. As indicated by the results of the questionnaire, this modified objective was met. Participants listed things such as "change or loss of role identity," "loss of other occupations of favorite activities," and "not

knowing local networks, protocols, and/or resources" as some factors that prevent refugees from smoothly transitioning to life in the United States.

Objective 2: After reading this pamphlet, caseworkers and volunteers at World Relief will identify two factors that contribute to occupational deprivation among recently resettled refugees.

This objective was met with the same modifications as noted in previous objective. Participants successfully listed two factors that contribute to occupational deprivation in recently resettled refugees. Being unaware of local resources and lacking confidence to access the resources were listed as two possible factors that contribute to occupational deprivation among the refugee population.

Goal 2: Upon reviewing and learning how to use the resource kits, caseworkers and volunteers at World Relief who assist with refugee resettlement will be better prepared and educated on how to provide support and guidance to newly resettled refugees as they seek to establish a new and fulfilling life in the Seattle area.

This intent of this goal was to assess the education and preparation of caseworkers and volunteers as they aid in the resettlement of refugees. An evaluation of the outcome of the following objective suggests that this goal was met conditionally.

Objective 1: After becoming familiar with the resource kits, caseworkers and volunteers at World Relief will incorporate two strategies into their volunteer interactions which can alleviate common stresses associated with refugee resettlement and occupational deprivation.

This objective was not met due to the fact that caseworkers and/or volunteers have not yet utilized the resource kit. Scheduling conflicts between World Relief and volunteers have prevented the use of the resource kit. However, caseworkers were able to identify a minimum of two strategies from the resources kit they could incorporate into their interactions with refugees to facilitate resettlement. This suggests that with adequate time to use the kit, this objective could be satisfactorily met. In addition to identifying strategies to alleviate the effects of occupational deprivation, staff members also

provided a number of suggestions for further improvement. Suggestions include, but are not limited to: adding "Mr. Yuk" stickers to cleaning supplies, add tips for cleaning rugs versus solid surface flooring, and add Benadryl® to the medication kit with an explanation of allergy control. (See Appendix D for a complete list of suggestions.)

Objective 2: After becoming familiar with the resource kits, caseworkers and volunteers at World Relief will implement five strategies, which would facilitate home managements and/or community orientation among newly resettled refugees thus promoting an environment which would foster healthy adaptations to the new culture in which the refugee now exists.

Due to the time constraints mentioned previously, this goal was also not met. Similar to the prior objective, caseworkers were able to identify a minimum of five strategies from the resource kit that would facilitate home management or community orientation in order to promote healthy adaptations to a new culture. This indicates that given adequate time to utilize the resource kit, caseworkers and volunteers could be successful in meeting this objective. In addition to identifying strategies to foster healthy adaptations to a new culture, staff members provided suggestions for further improvement in community orientation. Suggestions include: Add local drug stores to shopping maps, add adjacent bus stops to local parks, and include instructions on how to add money to King Country ORCA transportation cards. (See Appendix D for a complete list of suggestions.)

Objective 3: After becoming familiar with the resource kits, caseworkers and volunteers at World Relief will describe five resources to provide newly resettled refugees as a means to promote self-sufficiency and integration into the local school system.

This goal was adequately met as indicated by responses from the questionnaire. Participants listed hours and location of RTC, location of kid's schools (maps), multi-lingual guides to apply for student laptops, review of school-year calendar, and requirements for graduation as some of the resources provided by the kit to promote self-sufficiency and integration into the local school system. In

addition to describing resources to promote self-sufficiency within the public school system, staff members identified suggestions for further improvement. Suggestions include: Add description of summer school course, add information regarding school expectations, and include information on parent-teacher conferences. (See Appendix D for a complete list of suggestions.)

Goal 3: After participating in the in-service, case workers and volunteers at World Relief who assist with refugee resettlement will have a clear understanding of how to properly use the resource kits to aid in the resettlement of refugees.

This goal addresses the effectiveness of the in-service education provided to support the skilled use of the resource kits. The outcome of the following objectives suggests that this goal was met.

Objective 1: After having participated in the in-service, volunteers and caseworkers will describe two specific uses for each resource kit provided by World Relief in order to help educate newly resettled refugees on health and home management, integration into local education system, or community orientation.

This goal was met as indicated by the results of the questionnaire. Participants were able to describe multiple uses for each resource kit in order to support refugee resettlement.

Objective 2: Upon participating in the in-service, caseworkers and volunteers at World Relief will name three different activities for each resource kit that would promote refugee understanding of the American culture.

This goal was met as indicated by the responses to the questionnaire. Participants listed safely storing food supplies, utilizing free community resources (parks, etc.), and proper documentation handling (what to file and what to keep with you) as three activities learned during the in-service to promote understanding of the American culture. In addition to listing activities to promote the understanding of American culture, staff members provided suggestions for future improvement.

Suggestions included: Adding a resource for communicating with an apartment landlord, and dividing

the kits into three separate containers for increasing frequency of use. (See Appendix D for a complete list of suggestions.)

Implications for Occupational Therapy

At the core of occupational therapy is the belief that humans are driven by an innate need to occupy their time with purposeful and meaningful activities (AOTA, 2008). This project supports that core belief by enabling newly resettled refugees to regain independence through facilitating engagement in everyday occupations. Through the turmoil of living life in a refugee camp and resettling to a foreign country where almost everything is new and different, resettled refugees often experience occupational deprivation. Upon resettlement, many refugees are challenged by the demands of the new role as a functioning member of society and are unable to engage in the activities they once found meaningful due to the stress or confusion they are experiencing.

The two major goals of this project were to educate resettlement staff at World Relief about the challenges that face refugees as they embark on a journey to create a new life in the United States, and to provide resources that will assist the staff in supporting the refugee's new and fulfilling lives.

Educating the staff on the effects of occupational deprivation and the challenges that face resettling refugees allows them to more efficiently lend support. Overall, this project will help support refugees as they once again engage in the meaningful activities that occupy their lives thereby improving their health, well-being and general quality of life.

Refugee resettlement could impact a practicing occupational therapist in a variety of ways.

Practicing occupational therapists should recognize that it may be the mundane activities of daily living that overwhelm the refugee populations thus formulating an ideal equation for occupational deprivation. Based upon the recognition of this concept, practicing occupational therapists should understand that resettled refugee populations are at risk for decreased mental and physical health due

to the stress and trauma of resettlement. Finally, practicing occupational therapists should recognize the need to promote occupational therapy in emerging areas of practice such as health and wellness prevention particularly among populations that are victims of social injustice.

Theoretical Model and Application of Framework-II

Ecology of Human Performance

The Ecology of Human Performance Model (EHP) describes the dynamic relationship between person, context, and task demands and gives rise to a more inclusive understanding of occupational performance. A fundamental construct of this model states that in order to fully understand occupational performance, the context of the person must be also considered (Dunn, Brown, & McGuigan, 1994). The person aspect of the model includes one's skills and abilities, experiences, and physiological components, and is embedded in the context, which includes the temporal, cultural, social and physical features of the environment. Consideration of the task demands is also imperative to the performance of an individual. Occupational performance is dependent on the symbiotic relationship of the person and their abilities and the environmental supports or barriers and task demands. As a result of this relationship, occupational performance can be enhanced by altering the person, context and environment, or task.

This model helped define the direction of this project by regarding refugee resettlement in the Seattle area due to its solid approach to personal abilities, task demands, and context and the resulting impact on occupational performance. The model allows for adjustments in either personal abilities, environmental contexts, or task demands in order to create an equation that efficiently and effectively supports occupational performance. There is a discrepancy between the refugees' abilities and the task demands that are required of them when first resettling which results in unsteady occupational performance. For instance, a refugee is expected to launder their clothes on a regular basis, but until

moving to the United States they had never been exposed to a conventional washing machine. There is a recognizable gap in the person's abilities and the tasks demands which must be understood before the environment and context can be considered. Enhancing the contextual supports and teaching skills through this resource for transitioning into a new life in the United States allows refugees to engage in a wider range of meaningful and purposeful activities, resulting in greater fulfillment in life.

Application to Framework-II

Occupational therapy recognizes that engagement in meaningful activities is paramount to sustaining the health and well-being of an individual. The domain of occupational therapy practice includes many occupations, or "everyday activities" (AOTA, 2008) that support health and well-being. The wide array of areas of occupations contains, but is not limited to: self-care, play and leisure, rest, work, and social participation (AOTA, 2008). The ultimate goal of occupational therapy is to assist individuals in overcoming the hurdles which prevent them from engaging in the meaningful activities that occupy their day, leading to greater fulfillment in life.

The Framework-II recognizes the need for individuals to participate in occupations relating to many areas of life including school, work and play (AOTA, 2008). The Framework-II calls attention to the concept of occupational justice, which calls to light external factors that may prevent an individual from engaging in meaningful occupations (AOTA, 2008).

This project addressed occupational justice by supporting engagement in home and community occupations through resources for school-based activities, health maintenance, and community orientation. Other areas of the domain that were addressed through this project are general activities of daily living, play and leisure, and education. Three resources kits were provided, each having a target area of occupation. One resource kit focused on supporting refugee engagement in primary and secondary educational occupations. This resource kit also supports child rearing, an instrumental activity of daily living described in the Framework-II. Another resource kit was directed towards engagement in

social interactions through community orientation. The last resource kit focused on health maintenance through home cleaning, personal hygiene, proper food handling, and exercise.

Values, beliefs, and spirituality are client factors that were considered for this project. The varied cultures of the refugee populations served make it hard to define specific values, beliefs and spiritual principals, but the important concept to note is that through resettlement these client factors are often affected. The value of life itself has a different meaning for the refugee populations who have been exposed to severe traumatic experiences in which family member have been killed before their eyes, or friends have been beaten by camp officials for no apparent reason. Their beliefs are also shaken to the core. For many of the refugee populations, the belief that they are powerless to control their own lives has been instilled in them from a young age, but now they are expected to take responsibility for their lives in a foreign country.

Activity demands is another area of the Framework-II that was addressed in this project. It was important to be aware of what demands were required for the completion of many daily activities, and recognition of whether or not the person completing the task had the skills to match the demands. It was valuable to note the social demands, required actions and performance skills, sequence and timing, and object demands of each task. Knowing the demands of the task made it easier to note the discrepancies to focus on in order for optimal performance to be achieved.

Communication and social skills are performance skills outlined in the Framework-II that were also important for this project. The variety of cultures involved in this project creates a unique challenge of understanding communication behaviors and learning when to correct the behaviors or let them be. In some societies gesturing or eye contact can be offensive; however, lack of eye contact or certain gesturing can be considered rude. This is one example illustrating the significance of understanding the performance skills of the diverse refugee populations.

Performance patterns are also affected by resettlement and were acknowledged in this project.

Rituals and routines can be a very important part of maintaining some semblance of normalcy or familiarity for some resettled refugees.

There are a number of contexts and environments from the Framework-II that applied to this project. One of the more prominent contexts was that of culture. The very nature of resettlement ushers an individual of one culture into a society of another culture—one that is often vastly different from the culture of origin. All aspects of contexts and environments were considered for this project, including: personal, temporal, virtual, physical, and social. The resource kits aimed to address the many interwoven pieces of task demands, context, performance patterns, communication and social skills, and activities of daily living to create a product that would support a more fulfilling life in newly resettled refugees by helping refugees become self-sustaining in the new context in which they now exist.

Limitations

A number of limitations became evident during the creation of this project. The most intriguing limitation arose from the absence of project limits. The in-depth needs assessment quickly revealed a myriad of potential resources to include in the resettlement kit; however, time considerations prevented the inclusion of all identified resources. Due to the complexity of assimilation into a new culture the options for resources became limitless. Although this could be perceived as a positive aspect of the project, it became a limitation. It became crucial to narrow down the list of potential resources and set project limits. This was challenging due to the fact that hierarchy among potential resources was unclear and often based upon the personal opinion of a volunteer or caseworker. The solution to this unique problem was to question whether or not a specific resource was vital for refugee safety or crucial

for becoming self-sufficient. Resources that were not necessary were removed from the list and included as time permitted.

Additionally, a limitation of the project has become evident with regards to utilizing the resource kit. Currently the kit is housed at World Relief's office in Kent, WA; however, many volunteers visit refugee families on the weekends and would not have access to the kit during that time. A number of solutions have been suggested to ameliorate this limitation. It has been suggested that volunteers check out the kit for three days at a time allowing them to pick the kit up at their convenience as well as visit the refugee family on the weekends. Having the resource kit checked out for a number of consecutive days also creates a problem in the event that more than one volunteer is interested in using it. It has been suggested that a resource kit is created for each of the six apartment complexes that commonly house newly resettled refugees. This would decrease the overall size of each kit and increase the number of kits available to use at any given time. Another possible solution for this limitation is to divide the kit into three separate containers in order to promote and increase in usability. Having three separate containers would allow multiple volunteers or caseworkers access to each resource kit individually. Therefore, if a caseworker wanted to educate a refugee family on school orientation, for example, the remaining two resource kits would be available for others to utilize.

Another possible limitation concerns the depletion of kit items not intended for distribution. World Relief was concerned about volunteers donating the supporting items (such as the Lysol cleaner or fire detector) included in the kit as demonstration tools; however, items have been labeled with "Do not distribute. For demonstration only." in order to preserve the kit contents.

Recommendations for Sustainability

The resource kit contains items that are intended for distribution, for example the map of shopping locations and library information, as well as items for demonstration only, such as the fire

alarm and the cleaning supplies. Maintaining the resources intended for distribution requires copying or printing maps, calendars, food preparation cards, checklists or event schedules. All distributable resources have been labeled with "Do not distribute last copy" and it is the intent that if there is only one remaining copy of a resource, the volunteer would replenish the resources utilizing the photocopier at World Relief. The volunteer coordinator and the intern coordinator at World Relief have suggested that replenishing the resources could be included in the task demands of the intern position. This would also be a viable solution to maintaining the distributable resources. The contents of the kit are clearly labeled and a list of contents has been provided should more than one kit need to be made. The maps and paper resources that were created for the kit have been supplied to World Relief as digital media to promote easy access to reprinting or editing of materials.

The resource kit provided to World Relief was intended to be a flexible project allowing volunteers and caseworkers to add and subtract resources as needed. This flexibility provides the opportunity for including the most useful resources for refugee resettlement and therefore resources that are most likely to be used. A valuable resource becomes a sustainable resource based upon it value alone. It thus lies in the hands of those that use the kit to increase and maintain the resources within the kit. As refugee populations change over time, the demands of resettlement also change and those involved on the front lines of resettlement will be the most informed on how the resource kit should be altered to promote utilization. The responses from the initial feedback questionnaire alluded to the fact that World Relief has already begun to take ownership of the resource kits. They have demonstrated the value of the resource kit by suggesting ways in which they would like to tailor it better to suit their needs.

The resource kit has been designed in such a way that promotes easy access to all the kit contents. A product that is easy to use is a product that will be used with greater frequency. The kit is located in a prominent location in the World Relief office to promote frequent usage. It has been

suggested that the kit should be introduced to new volunteers during initial orientation to increase awareness and usage.

Recommendations for Feasibility

The most apparent constraint of feasibility was the overall cost of the resource kit. After calculating a cost estimate it was clear that alternative solutions would need to be uncovered to increase feasibility for future resource kits or expansion upon the current kit. Supporting items such as cleaning supplies and hygiene products could be purchased at a dollar store to reduce costs. The lamination expense of the food storage cards could be eliminated by using the in-house laminator at World Relief. The original resource kit included laminated maps; however, it was determined that lamination of the maps was unnecessary and plastic sheet protectors would be a more economical solution to protecting the maps during use. Implementing these changes could potentially reduce the cost by over half of the original cost and increase project feasibility.

Throughout the implementation of this project, volunteers and caseworkers will have an opportunity to support refugees in many ways, which will allow them to return to meaningful activities and promote healthy living.

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Appendix A

Resource Kit Contents

- Community Orientation Kit
 - Shopping Maps
 - Public Transportation (Route maps & 2 ticket books)
 - Local Events brochures
 - Library Information
 - Park Maps
- o Home & Health Orientation Kit
 - Food Preparation Resources
 - Checklists
 - Time Management resource (with Calendars)
 - Instructions on using blood pressure cuff
 - Information on feminine hygiene products
- School Orientation
 - Information on the Refugee Transition Center (RTC)
 - Hours
 - Maps from apartments to RTC
 - Business cards of current director
 - Graduation information
 - Registration information
 - Applications for Student Technology Access Resource laptops (in 6 languages)
 - Map of schools in Kent district
 - 2012-2013 School calendars

o Hygiene (Feminine and otherwise) Pouch
- Tampons
- Pads
- Pantiliners
- Menstrual relief medication
- Lice Shampoo
Medication Pouch
- Ibuprofen
- Aspirin
- Tylenol
- DayQuil (capsules)
- Night-time Cold & Flu Relief
- Pepto-Bismol
- Imodium
- Empty prescription bottle
○ Suggested Topics Booklet
o Fire Alarm
o Blood Pressure Cuff and Stethoscope
○ Lysol Cleaner
o Comet Cleaner
○ Sponge
O Non-latex rubber gloves
o Band-Aids
○ Labeling Tape
o Magnets

- o Binder Clips
- o Paper Clips
- o 3 Pens
- \circ 3 Wet Erase Markers
- o 2 Highlighters

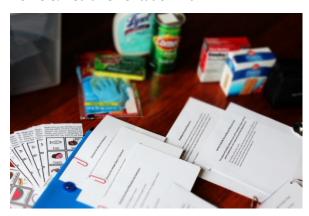
Appendix B **Resource Kit Photographs** – All photographs by author

Total Resource Kit





Home & Health Orientation Kit





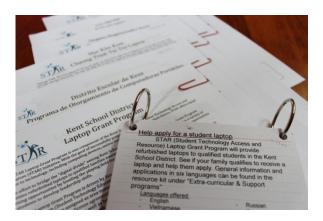
Community Orientation Kit





School Resource Kit





Suggested Topics Booklet



Appendix C

Resource Kit Questionnaire

- 1.) From information provided by the in-service or with the "Suggested Topics" booklet, can you identify three factors that may prevent refugees from smoothly transitioning to life in the United States?
- 2.) Can you define occupational deprivation?
- 3.) Can you identify two factors that may contribute to occupational deprivation?
- 4.) Can you identify two strategies from the resource kit to incorporate into interactions with refugee families which may alleviate effects of occupational deprivation?
- 5.) Can you list five strategies from the resource kit to facilitate home management or community orientation thus promoting healthy adaptation to a new culture?
- 6.) Can you list five resources from the kit which would promote self-sufficiency and integration into the local school system for recently resettled refugees?
- 7.) After having participated in the in-service, can you list two specific uses for each resource kit in order to help educate newly resettled refugees on health and home management, integration into local education system, or community orientation?
- 8.) After having participated in the in-service, can you name three different activities for each resource kit that would promote refugee understanding of the American culture?

Appendix D

Verbatim Responses to Modified Resource Kit Questionnaire

The following is a record of the responses to the questionnaire as received from World Relief.

- 1.) From information provided by the in-service or with the "Suggested Topics" booklet, can you identify three factors that may prevent refugees from smoothly transitioning to life in the United States?
 - -Disabled Clients not aware of rights and resources in new surroundings/country.
 - -Difficulty picking up on unspoken expectations (workplace etc.) and signals (social) in new setting; adjustment from one set of assumed, but undefined, norms to another.
 - Extra energy to accomplish "daily tasks of living" especially in new household set-up & environment (kitchen, bathroom, climate, cost of resources, etc.)
 - -Perhaps effected by occupational deprivations, or limits, from their past.
- 2.) Can you define occupational deprivation?
 - "Daily tasks turned around". Disconnected from previous roles and familiar surroundings.
 - Excess energy needed to provide for welfare and safety of household.
- 3.) Can you identify two factors that may contribute to occupational deprivation?
 - Not having confidence/knowledge to access resources.
 - Not knowing local resources available.

- 4.) Can you identify two strategies from the resource kit to incorporate into interactions with refugee families which may alleviate effects of occupational deprivation?
 - -Incorporate example *Prescription Pill Bottle* into new 2-month "Health" Orientation session (led by caseworker Chelsey).
 - Utilize *Fridge Picture List* in ESL classroom lessons, grocery trips and in-home visits by Interns or other volunteers. <u>Add</u>: Freezer pictures and storage duration.
 - -Companion Volunteers could utilize "home checklists", Idea cards and cleaning supplies most readily. Add: "Mr.Yuck" stickers to cleaning supplies, and something more effective for Mold management; Dollar store purchases preferred. Perhaps "Bon Ami" or something gentler then "comet" cleanser.
 - -To *Idea Cards*, <u>Add:</u> Doors & Windows locked, allowing only some visitors; Window screens & kid safety (falls); Don't cover Heater or Vent or sprinkler; Electrical Appliance safety (not near water); Rug cleaning (don't use water like dirt floor).
 - -To *MED Kit*, <u>Add:</u> Benadryl & brief explanation of allergies; basic multi-lingual flyers of cold/flu prevention and kid health including kid teeth care.
- 5.) Can you list five strategies from the resource kit to facilitate home management or community orientation thus promoting healthy adaptation to a new culture?
 - -See #4
 - Maps for local parks, Add: Bus stops!!
 - Maps for stores, also Add: Walgreens/Bartells & Dollar Store
 - -Walgreens Map, Replace with Fred Meyer & Target (maybe Dollar store too).
 - -Idea Cards: <u>Add</u> instructions on "how to add money" to ORCA cards (down at Kent station, etc)!
 - Add: Maps for East Hill/ Summerset apartments. Stone Creek?

- -<u>Suggestion:</u> Pocket Size (laminated?) *apartment location cards*, with general address and bus stops clients could keep on them when navigating maybe show bus driver or others if lost.
- 6.) Can you list five resources from the kit which would promote self-sufficiency and integration into the local school system for recently resettled refugees?
 - <u>Add:</u> EXPECTATIONS SHEET: explaining student rules and parent roles; translated, and/or with pictures? Note: Tukwila school district has good handbook w/pictures. Include Parent/Teacher conference info.
 - -For Volunteers <u>Add:</u> (from Claire) what IS covered in school orientation with parents, and how much translated?
 - School Location Map, improve: readability quality?
 - *Kids Health section* good; perhaps Add cold/flu and healthy growth flyers here (multi-lingual from www.refugees.org web-site); when & how to call in sick, along with sample/simple "what to say".. for use with Companions and in ESL classes.
 - -Add: Summer school description and enrollment info.
 - Early Childhood Literacy, <u>Add:</u> KCLS (Library) resources on "Family Literacy" along with kids story hours, etc.
- 7.) After having participated in the in-service, can you list two specific uses for each resource kit in order to help educate newly resettled refugees on health and home management, integration into local education system, or community orientation?
 - Yep!
 - <u>Idea:</u> Have caseworkers (or Admin volunteers) put apartment based local community parks & shopping maps, as well as school resource map & RTC info in clients' "Accordion File" before giving it to clients. *Anything else?*

- 8.) After having participated in the in-service, can you name three different activities for each resource kit that would promote refugee understanding of the American culture?
 - For sure!
 - <u>Suggestion:</u> Add available "Home-Safety" Booklets and/or shorter "how to ask your landlord" multi-lingual booklets to each kit.
 - -<u>Idea:</u> Separate Kits into 3 separate containers (Home Health & Cleaning, Community

 Orientation and School Resources). For more frequent use and protection against loss.