



International Centre for Migration,
Health and Development

**PRACTICAL
GUIDELINES ON
PSYCHOSOCIAL HEALTH AND
WELLBEING: **HOST FAMILIES****



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Introduction

The war in Ukraine is forcing millions of people, including children, to leave their country and seek refuge far from their homes. They are all fleeing experiences that produce social and psychological wounds which, if not managed in a timely fashion, seriously affect their long-term health and well-being and reduce their capacity to look after themselves and their loved ones.

The response to the crisis has been overwhelming and has been made possible by the decision of governments to open their frontiers to refugees with or without visas. This, in turn, is being helped by the outpouring of support from thousands of volunteers, health and social workers and host families in these countries.

Because many of these volunteers, health and social workers and host families may have little experience dealing with situations of this kind, a series of PRACTICAL GUIDELINES has been produced by ICMHD to support them in their work. They build on a long body of experience dealing with the psychosocial impact of conflicts and natural disasters and the needs of the people caught up in them. This particular set of guidelines is designed for use by families that are hosting refugees and recognizes the uniquely important role played by host families, and the complexity of the challenges they may have to deal with. The guidelines are not meant to be prescriptive, but rather seek to provide ideas on how to respond to what are likely to be new circumstances, new questions and new demands on host families.

Refugees

The displacement of people within and from Ukraine, has disrupted families throughout the country. Men and young men have been requested to stay and defend their cities while millions of women, children and elderly people have been forced to flee and seek safety in neighboring countries and beyond, so

- of these millions of women, mothers with children, and elderly people
 - ✓ some will have travelled together with relatives
 - ✓ others will have travelled alone or with their children
 - ✓ others will have travelled alone or with elderly spouses
- while their experiences as refugees are likely to have been similar, the impact those experiences have had on them may take different forms according to their age and gender, who they left behind and who they were able to travel with
 - ✓ some will have left husbands and other close relatives behind
 - ✓ all of them will have left possessions and memories behind
 - ✓ some will see this as a temporary process and think of going back
 - ✓ others may feel they are never going to see their homeland and homes again
- in all cases, it can be assumed that they will have been profoundly marked by the events they have been through, witnessed, or heard
 - ✓ some will be more severely impacted than others
 - ✓ some may be able to speak about what happened and be able to seek help
 - ✓ others may be closed and unable to relate to what has happened
 - ✓ all of them are likely to need help of one kind or another

Host families

The arrival of refugees has been made possible by the many thousands of families that have opened their homes and been willing to take refugees in as guests, so

- most host families are probably:
 - ✓ not psychologists, social workers, doctors or nurses
 - ✓ not specialized in hosting refugees or caring for strangers
 - ✓ not familiar with what can be complex needs of refugees
- most host families will be taking in refugees for the first time, and
 - ✓ may have had little or no previous experience caring for refugees
 - ✓ may not have ever hosted people of another language and culture
- host families are likely to have a wide variety of homes, some of which
 - ✓ may be large enough to make hosting a refugee family physically easy
 - ✓ may be smaller and likely to place demands on family space
- some host families are likely to be economically better off than others, and
 - ✓ for some, taking in refugees may not be financially problematic
 - ✓ for others it may be demanding and place a new burden on family budgets
- in all cases, remember that what refugees need most of all is
 - ✓ to be respected and feel wanted
 - ✓ have a roof over their heads and be in an inviting environment
- refugees do not want to be or be seen as a burden, so take care to
 - ✓ avoid comments or gestures that might give the feeling they are a burden
 - ✓ be patient and warm, remembering what they have experienced and are going through

Language and non-verbal communication

Language can always be a problem, but it is often perceived as more of a problem than it needs to be, so

- remember many of the refugees are well educated and may speak a local language
- look for other refugees who do speak the local language and ask them to translate
- look for other people in the close-by community who speak Ukrainian
- remember that non-verbal communication can be very helpful, so
 - ✓ always smile and be patient
 - ✓ joke about not being able to speak Ukrainian with them
 - ✓ do not be embarrassed about using simple sign-language
 - ✓ do not be embarrassed about making mistakes, and to laugh with them
 - ✓ show warmth and do not be afraid to “cry” as well as laugh with them

Dealing with another culture

Refugees come from another culture, so not only is their language likely to be different, but they may also have

- other ways of viewing the world
- other values about life and relationships
- other ideas about what is polite and not polite
- expectations that are different from those of host families
- if necessary, seek help from people who have previously worked with refugees
- make sure you are linked to organizations managing refugees from Ukraine
- never show exasperation or inability to manage (they have been through a lot)

Host families as “first responders”

The term “first responders” is typically used to refer to people who are first on the scene when crises happen. They offer primary treatment, advice and care. In doing so, they also put themselves “on the line” in order to help in a timely and effective manner. In many ways, host families are first responders and may

- hear first-hand about uprooting, injuries and deaths
 - ✓ “feel” the uprooting and scenes of injuries and deaths they hear about
 - ✓ want to empathize with their guests and what they have been through
- sometimes begin to take on the pain felt by refugees because they feel
 - ✓ it will help them to understand what refugees are thinking
 - ✓ it will help them to understand even unstated refugee needs

Sharing trauma

Vicarious trauma can occur when helpers get very close to the people they are helping, and begin to assume some of the experiences they have been through, so

- remember that a traumatized “helper” cannot help as well as an objective one
- try to maintain emotional “distance” in order to be a better helper, and
 - ✓ in the host family look out for each other
 - ✓ look out for signs of trauma in each other
 - ✓ talk about feelings and problems with each other
 - ✓ distinguish between real and perceived problems
 - ✓ look for solutions to both real and perceived problems with each other
 - ✓ make sure no single person in the family is assuming all the load

Local resources

In most communities where refugees are arriving, decisions may have already been taken about which local facilities, services and other resources can be called on, so

- remember you are not alone, so
 - ✓ familiarize yourself with what services are available locally
 - ✓ let it be known locally that you are hosting refugees
 - ✓ do not be afraid of asking for help and support from friends and neighbors
 - ✓ link up with other host families and organize frequent support chats
 - ✓ see if there is a hotline you can call if needed

Health and social services

Remember there are health and social services you can call upon, so

- let your GP know that you are hosting refugees and what ages they are
 - ✓ locate and “map” nearest hospital and ambulance services and numbers
 - ✓ locate and “map” local pediatricians and numbers
 - ✓ locate and “map” local obstetrics/gynecology specialists, and numbers
 - ✓ locate and “map” local mental health specialists and numbers
 - ✓ remember they can help you personally as well as your guest refugees

Helping refugees to keep in touch

One of the first things refugees will want and need to do is keep in touch with relatives; some of them may be still in Ukraine; others may have left and gone to other countries or cities. Being out of touch, or not knowing what has happened to relatives can be a major source of anxiety, so

- look for any reunification services that have been set up to look for lost relatives
 - ✓ help your refugee guests to get in touch with these services
 - ✓ always support and encourage refugees, saying that they will find relatives
- help refugees with communications
 - ✓ make sure they have a smart phone or can use yours
 - ✓ make sure they can use a smart phone, especially if they are elderly
 - ✓ make sure they have chargers and cables etc.

Physical health

People always take their medical histories with them, and in refugee situations any pre-existing medical problems can be easily exacerbated, while new ones are emerging. Take into account:

- their medical history, socioeconomic and demographic background so keep in mind:
 - ✓ their age (children, young adults, middle aged, elderly)
 - ✓ their gender (male, female, other)
 - ✓ marital status (single, married, divorced, separated, widowed)
 - ✓ how and with who they left Ukraine and who they left behind
- ask carefully (do not probe) about how refugee guests are feeling
 - ✓ ask if they had any health problems before the war, and if so what
 - ✓ ask if they were receiving treatment, and if so what treatment
 - ✓ ask if they interrupted taking medication, and whether they need to restart
 - ✓ ask if they have lost their medication and if so try to replenish it
 - ✓ ask if they would like to see a doctor, and if so try to arrange this
 - ✓ ask if they developed problems/injuries while fleeing from Ukraine
 - ✓ look out for any signs of physical injuries that may not be mentioned
 - ✓ look out for changes in their physical appearance, posture etc.

- COVID-19 and refugees
 - ✓ ask if they have been vaccinated and if so, how many times
 - ✓ ask if they or a family member ever had COVID-19 and when
 - ✓ arrange COVID-19 testing and vaccination where appropriate
 - ✓ provide masks and promote their regular use in crowded places
 - ✓ promote and explain need for frequent hand washing
- remember to be polite and discreet when asking about health and personal issues
 - ✓ health can be a very personal matter
 - ✓ respect the privacy and confidentiality of health matters

Psychosocial health and wellbeing

Forced uprooting and displacement are inevitably traumatic events, and refugee guests are likely to have been affected by what they have been through, seen or heard about, so

- be alert to signs of problems, and look out for things such as
 - ✓ frequent crying
 - ✓ irritability
 - ✓ social withdrawal and retreat
 - ✓ anxiety and paranoia
 - ✓ constant rubbing parts of the body
 - ✓ lack of interest in dressing or not being able to dress
 - ✓ not caring about or being unable to maintain basic hygiene
 - ✓ looking vaguely into space and not answering questions
 - ✓ over-use of analgesics, smoking and alcohol consumption
- do not hesitate to ask for professional help or refer refugees to your GP
 - ✓ in case you feel there is a problem that you cannot talk about with guests
 - ✓ do not take on the role of a psychologist if you do not have training
 - ✓ remember to be warm and supportive
- **depression** is a very common problem in refugee situations, and it can also be serious in terms of what it does to the ability of people to look after themselves and take decisions, so look out for signs of:
 - ✓ loss of interest in everything, including eating and drinking
 - ✓ inability to smile and be able to take pleasure in things
 - ✓ loss of appetite over a long period and loss of weight
 - ✓ loss of energy and not wanting to get up and do anything
 - ✓ loss of energy and not taking care of personal hygiene
 - ✓ poor sleep or too much sleep
 - ✓ chronic fatigue
 - ✓ irritability and lack of concentration
 - ✓ chronic anxiety
 - ✓ loss of self-esteem and thoughts of worthlessness
 - ✓ thoughts or mention of self-harm and suicide
- **anxiety** is another common problem among refugees and it too, has a capacity to become severe and debilitating, so look out for signs of:
 - ✓ being constantly nervous and tense
 - ✓ not being able to engage with others
 - ✓ constantly saying/believing that things are going to get worse
 - ✓ occasional panic and breathing rapidly (hyperventilating)
 - ✓ inappropriate sweating, even when immobile
 - ✓ difficult-to-explain trembling and not being able to control trembling
 - ✓ difficulty concentrating, even on simple tasks and topics
 - ✓ avoiding people and withdrawing from social situations

- **anger and fear** are common reactions to war and refugee flight, but can become chronic and exaggerated if not responded to quickly, so look out for signs of:
 - ✓ unusual anger and/or fear
 - ✓ signs or mention of violence towards others
 - ✓ signs of self-harm or talk of self-harm
 - ✓ mention of suicide
- professional help or referral of refugees to your GP may be required, but
 - ✓ discuss with refugee guests if they agree to see your GP
 - ✓ discuss with mental health professionals
 - ✓ try to take decisions jointly with refugees and health professionals
 - ✓ keep cultural and linguistic differences in mind
 - ✓ always listen, be warm and understanding
 - ✓ do not take on the role of a psychologist if you do not have training

Avoiding painful subjects

It will be impossible for refugees not to remember, and in many cases, they will want to talk about what happened to them, who and what they lost, and what they saw or heard. This can be important for them, and helpers should try to be understanding and patient listeners.

However,

- too much “recalling” and re-living traumatic events can be bad for refugees
- it can also be disturbing or detrimental for the helpers who must listen
- try not to ask direct questions about what happened to the refugees
- try to estimate when too much discussion about the past is too much
- if a refugee is too focused of the past, try to talk about positive aspects of the present

Providing hope

Refugees have been through a terrible process and experienced situations that may have made them lose hope in the future, so

- try to talk about the future in positive ways
 - ✓ depending on the age of the person, discuss education and work possibilities
 - ✓ talk about any good news there might be
 - ✓ talk about eventually being re-unified with relatives
- involve them in family meals and any festivities and parties
 - ✓ show them that they are seen as equal and welcome
- take them for walks in the town or in the country
 - ✓ take them to parks and open spaces
- take them shopping for groceries etc.
 - ✓ let them participate with you
- introduce them to your friends even if they cannot converse
 - ✓ make them feel wanted by a larger group
 - ✓ let them see themselves as equals with your friends

Making them feel useful

One of the things that refugees often feel is that they have somehow “failed” and are no longer useful to society. This can be psychologically debilitating and it is important to fight it, so

- let them help with housekeeping if they say they would like to volunteer
 - ✓ suggest household chores they can help with, if they want to
 - ✓ always thank them for helping
 - ✓ talk to them about life in the host country
 - ✓ tell them how good it is to have them and how helpful they are being
 - ✓ give them space to show what they can do
 - ✓ recognize that you as the host are benefitting from knowing / being with them

Sharing space

Space is important for all members of a family, and personal space must be respected whenever possible. It is also important for refugees and to the extent possible, must also be respected by them, so

- establish space boundaries in a nice way (whose space is whose)
- ensure refugees have a bedroom that is private
- if possible, give them a private, well-stocked bathroom
- if this is impossible, establish times when different people have access to bathroom facilities
- refugees may want to spend time alone, but look out for signs of withdrawal
- bedrooms are likely to provide the private space that is needed
- encourage refugees to use household “public” space such as sitting areas if you can

Eating together

Sharing food and eating at the same table can be one of the most important daily acts of welcome and integration. It will help refugees enormously and can be an icebreaker for conversation, even when language is otherwise a barrier, so

- establish mealtimes and explain that guests are expected to join the family
- talk about food customs, likes and dislikes, cultural foods and festivities
- encourage refugees to help with cooking, if they like to cook
- encourage them to prepare Ukrainian dishes, if they say they want to do so
- ask them to come with you to buy ingredients
- try to discourage, but do not deny, refugees eating alone or at different times

Dealing with crises

Hosting refugees is not always easy. Their experiences may result in special coping techniques or a lack of coping techniques, and some crises may be brought on suddenly and inexplicably, so

- be ready for these and do not express shock if and when they happen
- many memories, news reports, or PTSD may bring these on
- always be willing to talk sympathetically and warmly about crises
- do not let refugee crises become host family crises
- also avoid host family crises becoming refugees’ crises
- allow refugees to go to their rooms to reflect alone or cry if they need to
 - ✓ but be there to help, listen and support where possible

Managing guilt

Survivor guilt is common in all wars and natural disasters and refers to the tendency for survivors to feel guilty because they have survived while others have not. It can be a very erosive feeling that prevents people looking forward and enjoying life. Refugees are no exception to this, especially if they have left sons and daughters behind, so look out for

- people who speak a lot about others who died, or were lost
- people who constantly refer to why they survived and not others
- if you feel you want to talk with them about it, you may
 - ✓ talk about the randomness of death, injury and loss in wars
 - ✓ explain that “being spared” is also an equally random event
 - ✓ explain they still have a lot to contribute to family, friends and themselves

Helping refugees and hosts to seek specialized counselling

Host families are not expected to be psychologists, and there may be times when the behavior of refugees calls for specialized help, so

- be aware of what counselling options exist in your locality
- if you feel that your guests are in need of help
 - ✓ discuss with them, through a translator, if necessary, what they think
 - ✓ explain that help is available and will have no bearing on their staying
 - ✓ help them to go for counselling
- if you feel you or any of your family members need counselling
 - ✓ do not hesitate to seek help

Women will have special needs

Women refugees may have special needs associated linked to their biology as well as what they have been through, so

- remember that most women have been separated from spouses
 - ✓ help them remain in phone contact with spouses and other relatives
 - ✓ help them to work with and through family location centers
 - ✓ try to find time to chat with them if they want to talk about this
- remember that women will have special hygiene needs
 - ✓ make sure women have the personal hygiene materials they need
 - ✓ host women should talk to refugee women about female needs
 - ✓ provide women with extra space and privacy if possible
- remember that some women may have been more traumatized than others
 - ✓ trauma can disrupt a regular ovulation and menstruation
 - ✓ talk to them about this if you feel it relevant and if they wish
 - ✓ do not hesitate to refer to local GP or OB/GYN specialist if necessary
- remember that women who have been abused may not talk about it, but may want help
 - ✓ do not pry, but let women “feel” they can talk about any incidents
 - ✓ look out for physical/psychological complaints that may suggest assault
 - ✓ wherever necessary or asked for, do not hesitate to refer to medical staff

Women with babies and young infants

Women with babies will have special needs that must be accommodated, as

- some may be breastfeeding, which is ideal for both baby and mother
 - ✓ always encourage and support breastfeeding
 - ✓ try to provide privacy if the mother asks for it
 - ✓ make sure the mother is eating and drinking well
 - ✓ make sure the mother is as free of stress as possible
 - ✓ if necessary, try to put mother in touch with local breastfeeding groups
- some may be feeding babies with formula (breastmilk substitutes)
 - ✓ make sure they have sufficient quantities of formula
 - ✓ make sure they understand instructions and are preparing formulas properly
 - ✓ make sure feeding bottles and teats are washed thoroughly after each use

Children and special needs

Depending on their age and gender, some refugee children may have special needs, so

- infants and young children may need
 - ✓ to be with and near the mother, so this calls for space
 - ✓ to be able to sleep with mother if they wish
 - ✓ otherwise, cots to sleep in
 - ✓ young children may cry a lot, so try to provide private space if possible
 - ✓ space to crawl around
 - ✓ frequent changes of clothing
 - ✓ special foods
- young children, aged between 3-5 years
 - ✓ may be ready for local kindergarten or early child schools
 - ✓ should have received appropriate vaccination, so do discuss this
 - ✓ will benefit from structure and ritual, organized feeding and play time
- school-age children, aged between 5-13 years
 - ✓ should be enrolled in local schools if possible
 - ✓ should be put in special catch-up classes if available
 - ✓ should be invited to physical activities and games with local children
 - ✓ if possible, should have access to educational toys and space
 - ✓ will benefit from songs and music and nice stories
 - ✓ may need to be professionally counselled if presenting signs of
 - not eating well
 - not sleeping well
 - having nightmares
 - irritability and frequent crying
 - withdrawal
- school-aged and older children, aged 13-18 years
 - ✓ should be enrolled in local schools as soon as possible
 - ✓ should be provided catch-up language classes where possible
 - ✓ be engaged in physical activities/games with local children
 - ✓ be counselled if presenting signs of trauma/withdrawal
 - not eating well
 - not sleeping well or sleeping too much
 - having nightmares
 - not engaging with other students
 - avoiding social situations
 - crying easily and often
 - forgetting how to dress themselves

- teenagers and adolescents
 - ✓ have special needs linked to their growth and changing personality
 - ✓ should be offered COVID-19 vaccination if not already vaccinated
 - ✓ should be enrolled in local schools as soon as possible
 - ✓ provided catch-up help if needed and agreed by them
 - ✓ helped with any obvious problems linked to growth changes
 - ✓ counselled if presenting signs of trauma/withdrawal
 - ✓ ideally have access to chat groups for teenagers
 - ✓ need to be encouraged to think about careers
 - ✓ counselled on reproductive health and safe sex if they wish

Mothers

- remember that mothers need support and encouragement, so
 - ✓ always try to be “with them” and recognize their needs

Conclusion

- recognize that what you, as host families, are doing, is very important for refugees who might be living in a camp or without a safe place to sleep
- recognize that it will not always be easy, and there may be difficulties along the way
- recognize, and enjoy, what you and your family are also gaining from this relationship

These Practical Guidelines were prepared by ICMHD under direction of Dr Manuel Carballo. Members of ICMHD include Dr Monir Islam, Dr Paolo Hartmann, Dr Raul Gagliardi, Dr Michel Lavollay, Dr Gangyan Gong, Miss Madita Schulte. External technical support to the work of ICMHD on the Ukraine crisis was provided by Mrs Dominique Larsimont and Mrs Holly Clark. Cover page: Ina Gudumac.