

Finding a voice through ‘The Tree of Life’: A strength-based approach to mental health for refugee children and families in schools.

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Abstract

The Child and Family Refugee Service at the Tavistock Centre in London have run a series of 'Tree of Life' groups for both parents and children in schools. The groups were developed in response to a concern about the majority of psychological treatments which focus predominantly on vulnerability factors in refugee populations, and the effect that this can have on those they are attempting to help. Also, that these are modelled on western assumptions which do not adequately take account of culture. The Tree of Life groups have provided an alternative to traditional mental health services, which many refugee families find hard to access because of perceived stigma and lack of knowledge about what is on offer. The groups employed a strengths based narrative methodology, using the tree as a creative metaphor, which enabled parents and children to develop empowering stories about their lives which were rooted in their cultural and social histories. From this secure base, participants were able to develop shared, culturally congruent solutions to their problems. The groups have been found to benefit parents and children alike, as well as the school communities in which they have taken place.

'Talking about pride in our country and being a Moslem has made me realise how much this is a source of strength for me.'... 'Now we have gained strength for ourselves, we want to talk about our children.' (Mothers from Afghanistan attending a Tree of Life group)

These were the words of two Afghani mothers who had participated in one of the 'Tree of life' groups that the Tavistock Centre Child and Family Refugee Service have run for parents and children in schools in the London Borough of Camden. These groups were designed to offer an alternative to the more traditional mental health services available for children and families from refugee* communities, being strength based, accessible and non-stigmatising. Although refugee children and young people are widely recognised to have specific needs and circumstances which impact on their mental health, mental health services often describe them as 'hard to reach' because rates of referral and uptake are low, (German, 2008). The reasons for this are complex and relate to a combination of refugee communities viewing mental health services as stigmatising, or not possessing the knowledge about what is available and how to access services, health practitioners not having the skills to work effectively across cultures, and services not being tailored to the needs of a non-European clientele.

The Refugee Service was set up in recognition of the need for a service that was able to respond to the specific needs of refugee children and their families. In the London borough of Camden where the Service is based, education data shows that refugee children are amongst those with the lowest rates of attendance at school, poorest achievement at all stages of their school career and highest levels of exclusion (Camden Education Services data, 2011). Research shows that the effects of forced migration and traumatic experiences on children and young people has an impact on their emotional well-being and their ability to function (Burnett, 2001), which is borne out by the local authority education figures.

The Refugee Service has attempted to address the specific needs of these children and their families in a number of ways. In terms of workforce, the team has employed practitioners from refugee communities in order to bridge the gap between these communities and our mental health service, and offers staff training to associated services in order to increase cultural sensitivity and understanding. Clinical services are offered in accessible locations such as schools, community centres, children's centres and sports centres, which are familiar and non-stigmatising. The type of work the team does is varied so that in addition to direct work with families, there are narrative groups which develop pride in heritage ('Tree of Life' groups), workshops to facilitate understanding and knowledge of mental health services, and bespoke parenting programmes in community languages. All of this has involved close collaboration with people from local refugee communities in order to ensure the team is responding to local need and working in ways that do not alienate or colonise those we are attempting to help.

**Although we are describing our work with both refugee children and families as well as those at all stages of the asylum process, for the sake of brevity, we will use the term*

'refugee' to include anyone who has been forcibly displaced from their home, regardless of their legal status in the UK.

The work of the Refugee Service has developed in response to feedback about the challenges that refugee communities have in accessing mental health services, and reflects our attempts to make our expertise as accessible as possible. The service also reflects our ethical concerns about the potential to disempower and silence people to whom we are offering psychological interventions, particularly if they are coming from contexts in which they have experienced state oppression and human rights abuses. These concerns have led us towards appreciative and strength based approaches, which we have used both individually and with groups of children, young people and parents including 'Tree of Life' groups which are informed by narrative practice.

Challenges facing refugees in accessing mental health services

There are a number of challenges for refugee communities which make access to mainstream CAMHS services particularly difficult, such as lack of knowledge about what services are available and what they provide. Refugees are often from countries where mental health services are virtually non-existent, and use of counselling or psychotherapy is not part of the cultural repertoire. Stigma associated with mental illness can be a very great barrier, and people often fear that knowledge that their child is using CAMHS services can be shaming and may damage the reputation of the whole family in the eyes of the community. A Somali colleague has described how in her homeland, people who are viewed as mentally unwell are at risk of being rejected, attacked, and literally driven out of their communities (Fatuma Farah, personal communication 24th Jan, 2012).

In addition, there may be language barriers which make it more difficult to find out about services, less likely that referrers will consider counselling appropriate (Fernando & Keating, 2009), and more difficult to develop trusting therapeutic relationships. Even where interpreters are used, this requires additional skills on the part of practitioners to make this effective.

Practitioners trained in the UK are equipped with models and theoretical ideas that have been developed for western communities, and will practice through a western lens which may not be appropriate for refugee communities.

Bracken, Giller and Summerfield (1995) argue that current concepts embedded in psychological responses to war and atrocity, are limited for a number of reasons. Firstly, the notion of individuality which is the underlying philosophy, has been derived from western culture but is not universal. Secondly, the assumption that all cultural groups will respond to traumatic experiences in the same way, and present symptoms and signs of distress that can be understood across different settings. In fact, the validity of commonly used diagnoses such as PTSD has not been established across different cultural groups (Kleinman, 1987) And thirdly, the idea that treatment approaches developed in the West are accepted as the best approaches to adopt even with non-western communities, and that 'healing in a world-wide context is a multi-faceted

phenomenon' (Bracken et al, 1995). They caution that if western models of therapy are applied universally, then this expertise may undermine local community structures which can in themselves be crucial in protecting people from the effects of trauma. In addition, these dominant discourses of western expert knowledge can silence the marginalised cultural discourses about how mental or emotional distress is understood, thereby undermining the very identity of the people this is attempting to assist.

The lack of knowledge and stigma about mental health services present in refugee communities, combined with the cultural inappropriateness of western models of mental health and the risk of colonisation of ideas about what is helpful, all conspire to make it extremely difficult for refugee communities to get the support they need from services.

Connected with this tendency for western mental health services to impose models of mental health care that do not fit, or that undermine refugee people's connection with their community and identity is the over emphasis on vulnerability of those we attempt to help.

Concerns about the potential to disempower people

Within the caring professions, refugees are invariably associated with trauma and loss and the literature on the effects, diagnosis, aetiology and socio-political contexts for refugee trauma is extensive (Ehnholt & Yule, 2006; Fazel, Wheeler & Danesh, 2005; Burnett, 2001; Papadopoulos, 2002). Mental health service models in Europe and the USA are geared towards measuring, categorising, explaining and treating mental health problems, and we have two widely used systems: ICD10 and DSM to facilitate this process. In Europe, our services are orientated to treating vulnerability, and we have developed extensive expertise in how to respond to this in our work with refugees.

However, although the enormous and multiple challenges inherent in the refugee experience are undeniable, being positioned as vulnerable can be a difficult label to live with, and hard move on from. Although our mental health services are designed to alleviate distress, we risk alienating and disempowering those who come to ask for help if we do not attend adequately to their strengths and the resources they have developed through the socio-political contexts in which they have lived. Equally, it is important to listen to and acknowledge the systemic abuses people have had to face and continue to experience, and how they have developed skills and valuable resources in the process of negotiating these.

The mainstream British media is full of negative stereotypes of refugees, and provide a poor choice of descriptions by which refugee children growing up here in Britain can develop their identities. 'Refugee' is now used as a term of abuse in school playgrounds. Newspaper headlines describing refugees as 'dole scroungers' or 'bogus asylum seekers' contribute to the perception of refugees as dishonest and a burden. Unfortunately, there are relatively few stories out in the public domain to counteract these descriptions.

Foucault (1980) describes how the prevailing social discourses shape our relationships with each other and the rules that we make which govern social behaviour. If discourses concerning refugees are negative, then society becomes structured in ways that respond to this perception. This response may occur at different levels of influence, for example by refugee children being left out of games in the playground, or by the legal system making it increasingly difficult for children to claim asylum when they reach the age of eighteen. In addition, negative discourses permeate the perceptions that refugee children have of themselves, and where they view their position in the social order. As White & Epston (1990) describe, these dominant descriptions become internalised in a limiting story about one's life, which reduces opportunities for future action. Using a narrative model, therapists can help people uncover and develop stories that provide new possibilities for relationships and future actions (Morgan, 2000). Narrative therapists are interested in moving people away from 'thin descriptions' they may have of their lives, to 'richer' or 'thicker descriptions', thus enhancing future possibilities for how to go on.

In response to these ideas, we have tried to develop culturally congruent models that take a different position to those that focus entirely on trauma and loss, because we are concerned that these can contribute to thin descriptions about people. Our work with refugee families in schools is an attempt to develop alternative narratives, respect cultural differences, give voice to culturally bound ways of coping, and honouring the resilience and strength that so many refugees have built by living through multiple challenges. We appreciate the need to recognise how traumatic experiences can make people vulnerable, and acknowledge injustice in people's lives. However, if this is done alongside a process of identifying resilience and strength, as White (2004) describes, using 'double listening', people are less likely to be re-traumatised or put back into the position of victim. Narrative practice offers a way of doing this (White, 2004; Wade, 1997) and the Tree of Life is a narrative method that is well suited to working with groups of people who have traumatic life histories and who may be struggling to move on from this (Ncube, 2006).

How we developed this approach in the CAMHS Refugee Team.

Our first Tree of Life group began with a request from a primary school to offer parenting workshops to Afghani mothers. This had come via the Afghani link worker in the school who was concerned that a number of the Afghani mothers were struggling to manage their children's 'difficult behaviour'. It was decided that Gillian (the author) should be joined by Fatuma, the Somali Mental Health practitioner in the team, who had training in providing parenting programmes. She was also a refugee herself and shared a religion (Moslem) with the mothers. It was hoped that this would help keep the context of religion in the forefront of discussions, given that this was clearly central to the lives of the women. Also, that Fatuma could bring another perspective from her personal experience as a refugee that might enable different types of conversations to take place. As Hoffman (1990) described, we view the world through our own unique set of 'lenses', shaped by our specific experiences, and consequently are selective in what we attend to in our interactions with others and our environment. It was hoped that Fatuma's experiences of Islam and having become a refugee herself would attune her to those

aspects of the Afghani women's lives, and enhance the possibilities for listening to and talking about those influences in the group.

The group began with a meeting at the school which included nine mothers, the facilitators, an interpreter, and the Afghani link worker. The mothers came from all over Afghanistan so there were some ethnic differences between them, although they all spoke Pashto. This first meeting was to hear the mothers' concerns and talk with them about what they wanted. The link worker was essential for bringing people together, because she was someone who the mothers trusted and they would have been very unlikely to have come on their own. Our experience has taught us that when first meeting with refugee communities, it is important to do this in a place that is both local and familiar, particularly where people have not yet mastered English which makes navigation around unfamiliar places particularly difficult. These women had also needed to seek the permission of their husbands to attend and they said that being located in a school had made it a legitimate meeting.

When we met the mothers, conversation about managing challenging behaviour in their children rapidly turned to what it was like being in a foreign country away from family and home, with no support in looking after their children. As we enquired further about this, we began to hear the word 'tashwish' being used which we discovered was a Pashto word which broadly translates into what we might understand as depression. It became clear that the mothers were not ready for parenting workshops, but needed first to talk about their own experiences. We therefore began to map out the concept 'tashwish' to gain a clearer understanding of the role of this in these women's lives. We used narrative questioning, derived from the ideas of White & Epston (1990), to map the effects of tashwish on the women's lives, look at what gave this life, and talk about the ways the women can respond.

Most of the women had very limited understanding of speaking and reading English, and some of them had had very little education in Afghanistan because when the Taliban came to power in 1996, girls were forbidden from attending school. We therefore kept writing to a minimum and made sure it was copied in Pashto.

What we learnt was that *tashwish* had a dramatic and unhelpful influence over the lives of all the women in the group. They talked about how it made them impatient with their children, invited them into arguments with their husbands, adversely affected their health through loss of appetite, headaches and increased blood pressure, isolated them from potential friends, and made it difficult for them to hold onto hope. They recognised that *tashwish* had been invited into their lives through loss of their own parents and homeland, loneliness, and worry about the safety of family back in Afghanistan. They talked about some of what helped them, including talking to close friends, praying and crying.



The map that was created during the discussion with the mothers about the effects of *tashwish* on their lives.

The women said they had found this conversation helpful and wanted to talk more, so we agreed to meet again over five weeks and decided to use the ‘Tree of Life’ to facilitate this process.

The ‘Tree of Life’ model was developed by Nczelo Ncube in East Africa, in collaboration with David Denborough at the Dulwich Centre, Australia. It uses the tree as a creative metaphor to invite children and young people to talk about their lives in ways that invite pride and hope, and creates a safe place from which to then talk about the hazards they face. People are invited to map out their lives on the template of a tree that they have drawn, tracing their cultural and social histories in the roots through features of their current lives on the ground, their strengths and abilities in the main trunk of the tree, and up to their hopes and dreams for their futures in the branches. Through a process of narrative questioning, people are invited to build rich descriptions of their lives, identifying their resources and skills, the social history of how these developed, and how these can lead them towards a desired future.

Having built up these rich descriptions, people then share their trees with each other, giving words of encouragement, and talking together about how to face ongoing challenges and respond in ways that are congruent with their cultural values. Ncube (2006), and Ncube & Denborough (2008) provide detailed descriptions of how this approach works in practice.

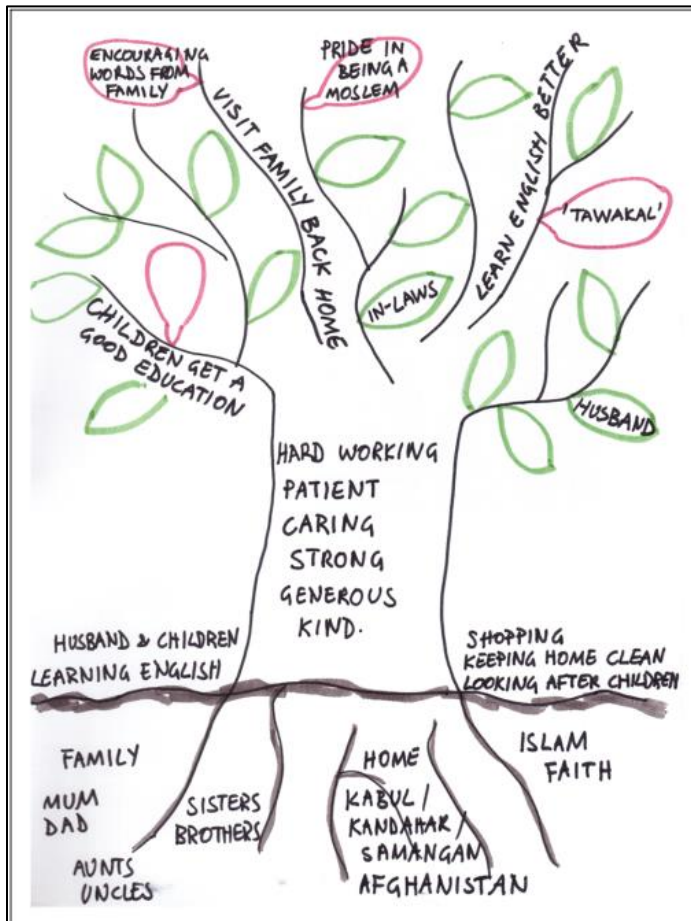
This approach was particularly appropriate to the communities we were offering services to, for a number of reasons:

- As it is a visual method where information can be conveyed through imagery, it can be helpful where English is not a first language and verbal communication is limited.
- The process involves each person producing a personal document that can be shared with others which helps to take the work beyond the immediate group. White (1990) writes about the importance of witnessing (others hearing about our preferred versions of our lives) as a way of consolidating and supporting change.
- The approach fits with a storytelling tradition which is an important component of the heritage of many of the refugee communities that we work with.
- The Tree of Life grounds people in their communities, past and present, and invites them to recognise and draw on potential support within their social networks. For refugees in particular who have often experienced the traumatic loss of these important relationships, this can be a very powerful process.
- Even when people are displaced and so much is lost from their lives, the Tree of Life is a way of helping them connect with past hopes and resources that can continue to sustain them in their daily life.
- Finally, the methodology creates a context from which traumatic responses can be understood so that people do not experience these as a sign of weakness and a point of shame. As Rutter (1996) cautions, people become refugees because of political factors and the political dimension should not be forgotten when working psychologically with them.

Using the Tree of Life with the Afghani mothers

Initially, the mothers found it difficult to begin to map out their own trees. However, with the help of the interpreter and by working in pairs, they all drew their own trees and either wrote or drew symbols that summed up their roots, their hopes and dreams for their futures and the resources that they had developed in their lives, including their own abilities and their relationships with others. It was noticeable how the different trees embodied similar themes, such with religion, place and family in all the roots, and abilities of patience, strength, being hard-working and caring in the trunks of their trees. Similarly, their hopes and dreams were about their children getting a good education,

them learning English, and being able to visit family back home. The tree below is an amalgamation of their individual responses.



The Tree of Life, an amalgamation of the individual trees that the mothers created, showing the themes that they talked about.

For the women, the process of drawing their trees appeared to be important for promoting trust and a spirit of collaboration in the group. However, as they neared completion of their trees, they became anxious to start talking about their difficulties and share ideas about how to cope. Some of them said they had particular concerns they wanted to discuss. We therefore decided to interview each woman in turn about their concerns and how these related to what they had put on their tree. One of the facilitators positioned themselves with the women to be interviewed next to her tree, and the rest of the group listened as ‘outsider witnesses’ (White, 2007). Although this is not usually part of the Tree of Life process, it is another way of acknowledging people’s lives within the narrative tradition. As we were working through an interpreter, it was useful to create a more structured conversation in order to ensure all the different voices were heard.

White (2007) describes how outsider witnesses offer people the opportunity to tell the stories of their lives in front of an audience who are invited to listen with non-judgemental ears, and to hear how others connect with and are influenced by their story. In this way, a context is created in which people can receive acknowledgement for the stories that they wish to tell about themselves and also create a community of shared experiences and mutual influence.

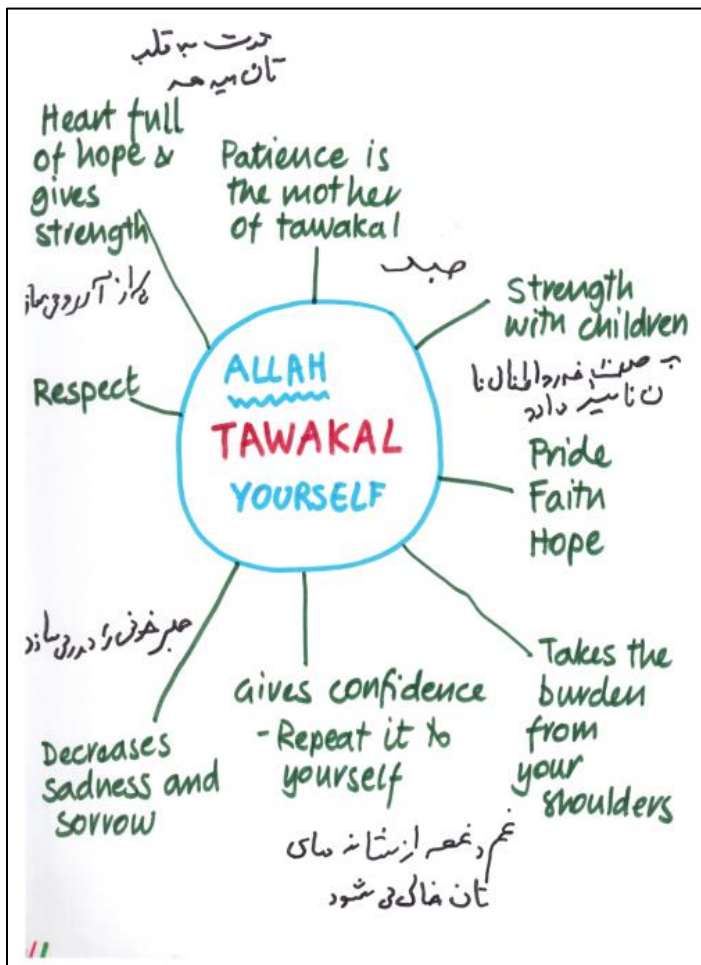
In the group, each woman was invited in turn to take the position of sharing her personal stories. One of the facilitators talked with her about her struggles, in the context of what she had put in the roots of her tree, and her responses which connected to words written in the trunk of the tree. The story of one woman, Gulnar (not her real name), illustrates this. Gulnar talked about how she had been married into a large family in Afghanistan in which she was treated as a servant, having to wake before dawn every day to light the fires and prepare food for the family, and not resting until the day was over and the last person had gone to bed. Gulnar struggled with the fact that she was no longer bound by this drudgery and yet she desperately missed her family and homeland and longed for the community that she had lost. She was invited to talk about what resources she had drawn on to manage during this difficult time in Afghanistan, and to trace back the development of these resources, describing people and experiences that had contributed to their development. A story of strength and resistance developed which Gulnar believed had its roots in her relationship with her own mother, who had smuggled her daughters into a neighbour's house each day while the Taliban were in power, where a secret school for girls was being run. Her mother had risked reprisals from the Taliban in order to give her daughters the precious chance of an education, but her resilience and determination had made this possible.

The rest of the group who had been listening quietly then had an 'outsider witness' conversation, prompted by questions from one of the facilitators. These are structured conversations which involve an acknowledgement of the story that has been told, and what this says about the values that person lives by. Those witnessing talk about what they have been drawn to or how they have been touched by what they have heard, and which of their own experiences have resonated with this. Finally, they talk about ways that their lives will have been changed by the conversation.

While Gulnar listened, the rest of the group talked about how they had been moved by her account. They began to tell their own stories of suffering and how Gulnar had helped them to realise how they themselves had resisted being put down or disqualified by the actions of others. They talked about how these realisations shaped their ideas about what they wanted to give their own children and how it might influence their parenting in the future. One woman said that hearing the story of Gulnar's mother made her determined to work even harder to learn English so that she would be able to give her own children the support she wanted with their education. Another said that hearing about how Gulnar had endured years of hardship gave her the strength to go on with her life in Britain and hold onto hope.

Following this, other women in the group wanted to take the position of interviewer and the process was repeated until all 8 of the women had been able to tell their own stories. During this time, the concept of 'tawakal' emerged as a strategy for managing adversity and for combating tashwish. As the women began to talk about this, they became very animated and we decided to map it in the way we had done with tashwish at our first meeting. It seemed that there was no obvious translation, but tashwish was connected to faith (Islamic), and the women described how 'patience was the mother of tawakal'. They talked about how tawakal gave them pride, hope, respect, confidence, and the strength to support their children. When asked what helped them to hold onto tawakal, they talked about reminding themselves of who they were, their cultural heritage and their community.

By sharing their trees of life, the mothers had found a life giving connection with their faith and community contained in this concept of tawakal, and they talked of repeating this word, like a mantra, when they needed to be reminded of hope. As facilitators, we felt honoured to have shared this important moment with them.



Map that was created during the discussion about the empowering effects of *tawakal* in the lives of the mothers.

At the last meeting of the group, certificates were prepared for every woman, which included a paragraph recognising their particular skills and abilities, acknowledgment of how these abilities have contributed to the lives of others, and naming of their hopes and dreams for the future. This was in the spirit of the narrative tradition, where the process of re-telling the helpful and desired stories about people's lives embeds these in the person's identity and the relationships that surround them, so that they are more able to act into these positive contexts in the future (White, 1990).

The women did not want to invite others to witness the ceremony we created where these were awarded and read out, because they felt that what they had shared was too personal, but they took obvious pride in sharing their achievements with each other. As this last meeting coincided with New Year in Afghanistan, one woman brought a special Afghani dish, and they all shared stories of how they liked to celebrate this. The ceremony where the certificates were read out and awarded was an important opportunity for the women to receive recognition from the rest of the group for their achievements. When Gulnar was given her certificate, she announced she was going to frame it and give it to her husband.

It was not possible to carry out a written evaluation of the group, because of language and levels of literacy, but the women were asked for verbal feedback about how they had experienced the group, which were recorded verbatim. In response to the question '*What did you like about the group*', the answers were:

'This group has helped because I now know I am not alone.'

'The other women have given me so much.'

'Talking about pride in our country and being a Moslem has made me realise how much this is a source of strength for me.'

'The women have reminded me how important it is to remember *tawakal* when life is feeling difficult.'

'The group has helped me with *tashwish* [depression]. I have more patience now, I shout at my children less and I don't get cross about noise now.'

'I have found myself'

We then asked '*What would you change about the group if it was to be more useful. What could be added?*', and the responses were:

'Nothing, we liked it the way it was'

'If our husbands had allowed all of us to attend' (One woman was unable to attend beyond the first meeting because her husband had not permitted it.)

‘Now we have gained strength for ourselves, we want to talk about our children.’

At the end of the last group, the women asked if we could come back again to talk about strategies for helping them manage difficult behaviour in their children. Having had the space to think about themselves, they were ready to talk about their children. We therefore returned for a further two meetings which focussed on helping them develop positive strategies for managing behaviour in their children that they found difficult, and encouraging their children to behave respectfully towards them. It was noticeable how supportive they were of each other during these meetings, offering ideas, encouragement and childcare when needed.

Following this group with Afghani mothers, the Refugee team went on to deliver a number of Tree of Life workshops in secondary schools with Congolese, Afghani, Arabic-speaking and Horn of Africa refugee children. As there were higher levels of literacy amongst the children than for the mothers in the first group we ran, we were able to collect more structured outcome measures (using a pre- and post- goal based measure). These consistently showed that the groups facilitated children to develop pride in their cultural heritage, develop their self-confidence, offer support to each other, and create shared responses to daily problems and stresses. These children and young people raised a number of difficulties that they were facing in their daily lives related to their refugee experience including: having to learn a new language and new cultural rules, loss of status, poverty, racism, bullying, and uncertainty about their futures. By starting with conversations about strength and resilience, the children were able to talk in ways that did not activate shame, and we as facilitators noticed that discussion about difficulties flowed relatively easily.

At the last meetings where certificates were awarded, teachers, friends and families were all invited to witness the achievements of the children and see the trees that they had created. Where possible, we arranged for the head teacher to lead the awards ceremony which gave the children’s achievements added weight. The presence of people from the children’s networks was important in helping to widen the scope of the positive and desired stories. For example, where teachers heard that children, who they might usually view as disruptive in class, had ‘working hard and doing well at school’ as part of their aspirations, it could encourage them to respond differently to the child in future. Similarly, it may invite the child to behave differently. Where teacher feedback was sought, there were reports of improved behaviour following the groups (Unpublished Report on Congolese Boys group, Kumar, 2011).

Discussion

The Tree of Life groups highlighted to us the importance of taking services out of the clinic to places that people are familiar and comfortable with, and which do not carry the stigma of mental health settings. Basing ourselves in a school meant that it was easy for parents to attend a first meeting to find out what we had to offer. This was also helpful for the children’s groups in that parents viewed them as educational projects rather than

being associated with mental health. We never had the experience of a parent refusing permission for their child to attend.

Our relationship with the Afghani parent link worker also played a crucial part in getting mothers to the group, because she was someone they trusted and she was able to address some of their concerns before their first meeting with us. Where there is a gulf between our western ideas about mental health and those of the refugee communities we serve, trusted community leaders and link workers provide a crucial bridge. With all the groups we ran, the community link workers not only helped explain to children and parents what we were trying to do, but also helped us understand how we could best engage people and tailor each group to the particular community we were serving.

The responses from all those who took part in the Tree of Life groups highlighted how people experienced them as not only positive and reinforcing of their identity and their resources, but also transforming of aspects of their lives. The example of Gulnar in the Afghani mothers group showed how the process of sharing aspects of each person that was then related to community attributes enabled the women to develop empowering stories for all of them to draw on. The women were able to understand their feelings of sadness or loneliness (*tashwish*) in the context of what they had to deal with here in the UK and through listening to each other, recognised that their individual responses were normal rather than a sign of personal weakness or failure. The process of describing the cultural and social contexts of the women's lives through the construction of their trees was crucial to understanding the nature of their struggles, and opened up space for discussions about religion and the place of women in Afghani culture. It was this process of inviting the women to view their lives in context that helped them move from a position of self-blame to one of shared struggle, which was empowering and connected them as a group, reinforcing their sense of community. One of the women in the group began to talk about how she wanted to start speaking more in public about the rights of Afghani women, and take courage to fight for what she believed she was right. This is illustrative of what Friere (2000) terms '*conscientization*' which he describes as the development of critical consciousness of, and action upon, reality. The women were beginning to develop a critical view of their situation and were moved to act in response to this, whilst at the same time embracing and living aspects of their Afghani culture that were important to their identity.

As the Afghani mothers chose not to invite other people to their last meeting, we had to leave them to 'spread the news' of their achievements. However, when we ran the children's groups, parents, friends and teachers were invited to witness the awards ceremony and see the children's work. This had the benefit of not only reinforcing and embedding the children's preferred views of themselves, but also increasing the understanding of school staff about their refugee students. These children, who can easily become seen as a problem because of challenging behaviour or underperformance, had the opportunity to tell more positive stories about their lives and what they have to offer.

The groups also brought parents into contact with the school community in positive ways rather than in response to difficulties. However, more could have been made of this as not all parents attended the presentation ceremonies for their children, and not all teachers the children invited were able to be present. In future, there are plans to start inviting children to showcase their work at parents evenings, or sharing it in a school assembly. It might also be helpful to involve all school staff in understanding refugee mental health needs and the rationale behind the projects and for parents from refugee communities to be actively involved to help aid understanding and develop stronger community links.

Similarly, for the mothers group, we could have found more creative ways of involving the fathers, either by being more active in supporting the women to share their achievements with their husbands, or by offering fathers the opportunity to do something similar but in a context that they are comfortable with. We had invited the Afghani fathers to meet with us at a similar time to our first meeting with the mothers, but only one father had attended.

In conclusion, the Tree of Life groups have provided one way of accessing children and parents from refugee communities who might not otherwise use CAMHS services because of stigma and lack of understanding or knowledge about what is being provided. The groups have offered a way of integrating cultural understandings and norms into the therapeutic work so that participants do not become alienated by European or American models of expertise, but instead are helped in finding their own ways forward that fit with their heritage in a British context.

The Afghani mothers needed time to talk about the contexts of their lives and how their current circumstances make it difficult for them to feel they are being good parents. By having the opportunity to re-connect with empowering stories about their cultural heritage and how they continue to draw strength from this, they were far more ready to address their struggles with their children and to develop ways of managing and supporting them more effectively.

The groups have had an impact on the whole school environment by giving schools the opportunity to hear positive stories about their refugee students, and the children a chance to tell their stories in ways that invite pride and hope. Those who have participated have described how the groups helped them gain greater self-confidence and pride in their heritage, and facilitated shared understandings about how to manage difficulties in their daily lives.

More could be done to expand the scope of this work so that school staff and other (non-refugee) students might have greater opportunity to learn from their refugee peers and tap the potential of what these children and young people have to offer. Also, to develop the potential for refugee parents to access and contribute to school communities in positive and empowering ways.

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