

COUNSELLING STRATEGIES TO EMPOWER REFUGEE FAMILIES OF CHILDREN WITH DISABILITIES IN NORTH WESTERN NIGERIA

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ABSTRACT

The study examined counselling strategies to empower refugee families of children with disabilities in North West Nigeria. The study adopted a descriptive survey design. Three research questions were posed to guide the study. The study population was 5, 600 Refugees with disabilities and a sample size of 280 refugees were used for the study. The instrument for data collection was structured questionnaire developed by the researchers titled: Strategies to Empower Refugee Families Questionnaire (SERFQ). The instrument was faced validated by three experts. The internal consistency of the instrument was ensured using Cronbach Alpha method which yielded reliability coefficient of 0.84. Mean and standard deviation were use to answered the research questions. A mean score of 2.50 was used as a decision rule. The findings of the study revealed the challenges faced by refugee families of children with disabilities include: lack of qualified trained teachers, lack of knowledge about the available services, poor information of governmental and non-governmental organizations about the rights of persons with disabilities etc. The findings of the study also revealed the strategies to improve refugee families of children with disabilities which include: to help refugees with essential services and healthcare, to allow refugees to become responsible for creating their own classrooms etc. Based on the findings, it was recommended that the federal government should improve on services delivery to better meet the needs of refugee's families, including the availability of quality education, staff training and to empowered refugees with disabilities in order to be able to claim their human rights.

Keywords: Children, Counselling strategies, Disabilities, Empower, Refugee families,

INTRODUCTION

Numerous refugee children with disabilities are entering classrooms for the first time after experiencing adversity and upset. They children may have experienced starvation, conflict, disarticulation, strained relocation and mistreatment. Individuals can also assume that special education needs were abandoned owing to the inadequate funds that were accessible to them. Whereas some of these children could have obvious disabilities, others could have social-emotional and other disabilities that are unknown. As special education panel organize to

embark on friendly and enlightening, each of these children could first need to empower the parents (Sadia & Karen, 2020).

However, education is a basic human right for all children. For refugee children in particular, education can protect them from exploitation and abuse, and empower them with the knowledge and skills needed to advance in life. The numbers of refugee children are sobering: of the record 68.5 million people forcibly displaced from their homes, 52 percent are under the age of 18. Of the 19.9 million registered refugees served by UNHCR worldwide, 7.4 million are of school age (United Nations High Commissioner for Refugees, 2016). Nevertheless, four million of these children do not attend school because of limited access and only 61 percent of children in refugee camps attend schools (UNHCR, 2016). For those who do attend, significant barriers exist in receiving quality education in a refugee camp, including overwhelmingly high numbers of children in each classroom, and lack of qualified teachers and teacher training (Pisani and Grech, 2015). The authors further opined that to meet children's with special needs, a prevailing strategy is to include them in conventional classrooms (Pisani and Grech, 2015). This move towards to dismantle barriers to education based on disabilities. In the United States, such move is shown to improve school enrolment and retention for children with special needs. However, inclusion can help to improve academic outcomes for children who do not have disabilities (UNHCR, 2011).

Conversely, in a refugee camp, serving the educational needs of children with disabilities is more complicated (Allison, 2011). That is why children in refugee camps commonly experience stigma and discrimination related to their disabilities understanding (Thomas, 2019). According to the author, these experiences then pose an additional barrier to accessing education and decrease their overall well-being. Meanwhile, in a study carried out by Khanlou, Haque, Sheehan and Jones (2015) opined that some refugee camp placed children in mainstream classrooms resulted low attendance and high dropout rates and unfortunately, there is little research that can guide to support the education of children with disabilities in the context of refugee camps nor is there an understanding of what inclusion means from within context perspective, versus outside understanding (Thomas, 2019). Interestingly, one area that is particularly vulnerable and needs could help in refugee camps.

Refugees can arguably be regarded as some of the world's most underserved people. According to United Nations High Commissioner for Refugees (UNHCR, 2016) defined refugee as a person who has crossed an international border due to fear of persecution or conflict. UNHCR further posited that political, physical and social protection of refugees is generally entrusted to the United Nations High Commissioner for Refugees. However, this establishment is primarily to provide humanitarian assistance such as food, shelter, water, etc. and education to refugees. On the other hand, one of the major functions of the UNHCR coordinates office with any host country is to provide for the refugees in collaboration with the country. Although, in some countries, many resources are provided to refugee camps but not efficient enough to provide the much-needed services that the magnitude of people within a refugee camp could need (Osborne, 2017). Operationally, refugee is a person who has been forced to run away from their home country due to harassment because of their race, religion, nationality, political view or membership in a particular social group, The persecution a

refugee experiences may include harassment, threats, abduction or torture and the only way to care for the refugees families with disabilities is to counsel them.

The term counselling takes position when one individual accepts task for helping another to make a decision upon a course of act or to appreciate or adjust patterns of actions which distress, upset or influence social behaviour. Glenn (2015) defined counselling is a principled relationship characterised by the application of one or more psychological theories and a recognised set of communication skills, modified by experience, intuition and other interpersonal factors, to clients' intimate concerns, problems or aspirations. Its predominant ethos is one of facilitation rather than of advice-giving or coercion. According to Aldridge (2014) defined counselling as a general term for exploring emotional problems by talking them through with a trained counsellor or therapist. The author further explains that the term covers a considerable range of approaches. In its simplest form, this can be supportive and sympathetic listening in the form of weekly sessions over a small number of weeks. This sort of counselling is suited to people with fundamentally healthy personalities who need help in addressing a current crisis in their life or relationships. Similarly, Nelson-Jones (2007) opined that the ultimate outcome of counselling is determined as the ability to perform self-help. Operationally, counselling can be defined as a means of which the helper communicates worry and concern in the direction of an individual with predicament, and assist that person on personal development and fetches about adjustment through self-knowledge. On the other hand, counselling is concerned with bringing about a voluntary change in the client. To this end, the counsellor provides facilities to help achieve the desired change or to make the suitable choice. Importantly, the client alone is responsible for the decisions or the choices he makes, though the counsellor may assist in this process by his warmth and understanding relationship. However, to transform refugee's families with disabilities, there needs to address basic objectives and strategies to achieve successful refugees' families. However, the counselling practice is performed by different types of counsellors, including social workers, psychologists and other professionals with background in social sciences and special education.

In order to enhance the activities of the refugee's families with disabilities to be self-reliance, Vardakastanis, Tyradelly and Kallimani (2020) suggested some objectives to be achieved through the following activities: functioning of a hotline providing information and guidance about disability issues to organizations working with refugees and refugee seekers, but also information and support to refugees and refugee seekers with disabilities and/or chronic diseases as well as their families; conduct of individual meetings and provision of individualized support and guidance to refugees and asylum seekers with disabilities and/or chronic diseases and to their families and referrals to competent service providers; implementation of consultation meetings with refugees and asylum seekers with disabilities, chronic diseases and their families, with the aim to identify specific needs of this population and elaborate on possible solutions for better addressing these needs; implementation of peer counselling sessions for refugees and asylum seekers who are parents of children with disabilities and/or chronic diseases; and establishment and activation of an Advisory Committee consisting of refugees with disabilities and members of their families to address their challenges (Vardakastanis, Tyradelly & Kallimani, 2020).

National Confederation of Disabled People (2018) considered refugees families with disabilities as a priority to take initiatives in order to ensure that refuge seekers and refugees with disabilities and their families enjoy all human rights and fundamental freedoms. Moreover, the most significant challenges that hindered refugee's families' human rights fundamental freedom include: poor information of governmental and non-governmental organizations about the rights of persons with disabilities, lack of interpretation in public services, a lot of non-accessible structures and social stereotypes (Vardakastanis, Tyradelly & Kallimani, 2020). Other challenges which affected their human rights as suggested by Osborne (2017) also include: lack of qualified teachers, lack of education buildings, lack teaching and learning resources, and other tools needed in order to provide a proper education. As result, there are also children who have been out of school for years and former teachers who have been unable to teach and flee their country was as a results of lack of strategies to tackled their problems. Other challenges as postulated by Edvina and Hochgatterer (2020) ranged from inaccessibility of language courses; lack of accessible information, the absence of translation services; and a general lack of knowledge about rights and information about available services by some families (from refugees themselves and the service providers); lack of knowledge and/or experience working with families with children with disabilities who are also refugees; and lack of culturally adaptive service.

Moreover, King, Esses and Solomon (2013) stated that the absence of accessible government and service information and lack of knowledge about available support and benefits are some of the biggest challenges for immigrant families, including refugees. Moreso, lack of culturally adaptive service is another challenge, not only stressed by King, Esses and Solomon (2013), but also by other authors (Brassart, Prévost, Bétrisey, Lemieux and Desmarais, 2017; Khanlou, Haque, Sheehan, and Jones, 2015) who have explored service providers' perspectives on barriers and facilitators to providing care for immigrant families with children with disabilities. Broadly speaking, the challenges described by these authors stem primarily from: language barriers, discrepancies in conceptualizations of disability between service providers and immigrant caregivers, lack in providing culturally sensitive support; and absence of trusting relationships.

Interestingly, in a studied carried out by Filippo (2019) opined three strategic objectives of Refugee Education 2030, which include to promote equitable and sustainable inclusion in national education systems for refugees, asylum seekers, returnees, stateless and internally displaced persons; to foster safe, enabling environments that support learning for all students, regardless of legal status, gender or disability; and to enable learners to use their education toward sustainable futures. The author further posited that the objectives are also ways of achieving or improving the education for families with disabilities through the strategic approaches of partnership, collaborative learning, capacity development; innovation, evidence and growth are described fully in the body of this strategy. Other strategies as posited by Alpaydin (2017) include: helping refugees gain easier access to education, my guidebook will effectively, by enabling refugees to become independent education seekers, by allowing refugees to become responsible for creating their own classrooms, by helping refugees to seek help from the government or Non-Government Organizations to set-up a structure, get materials and staff the schools, by proving refugees with daily meals, trained

professionals and instructional materials for teacher materials, help relieve tensions between refugees, helping refugees with essential services and healthcare and by providing a place where children can positively and safely occupied for the day. Importantly, research by Arfa, Solvang, Berg and Jahnsen (2020) similar offered strategies to improving service to better meet the needs of refugees, including offering education and training for staff in order to provide culturally sensitive care, overcoming the language barrier by using interpreters, Guidance counsellors, providing more information about the system and improving the links between healthcare services and community services.

Similarly, Pezerović and Babić (2015) carried a studied the importance of counselling support for refugee children, outline some of the counselling intervention strategies to improve refugee families with disabilities, which include: to assist the refugees families with educational activities and language acquisition; to provide the refugees families with intensive psychosocial support; to facilitate the refugees children's to recover from traumatic events; to assists the refugees children in reducing the perception of powerlessness, emotional instability and regressive behaviour; to enhancing the quality of life of the refugees families with new surroundings; to offers refugees families compassionate care in contrast to the perception of abandonment and helplessness; to encourages refugees families to engage in social activities with peers. Other strategies as posited by Eldhose (2014) is the ability of the counsellor applied positive regard to makes refugees to feel welcomed and valued as individuals, the ability to understand what the refugees experiences, and to communicate this kind of feeling, and to helps the refugees to communicate easily and creating mutual trust. Similarly, Pumariega, Rothe and Pumariega (2005), suggest the role of the counsellors toward families with disabilities is to explain to the children symptoms of trauma which represent the usual reaction to extreme stress and to inform the children of different possible responses to traumatic events; to establish the link between different physical and psychological effects of torture and trauma on a person, to identify the main issues distressing the child, and to help the children build self-confidence so as to overcome difficulties and regain the sense of control over their emotions (Choi, 2010). As psychological disorders may be stigmatised in many cultures, it is advisable to avoid the use of expressions such as »therapy« or »counselling« when working with children, and instead, focus on strengthening the contact and instilling the sense of safety, not only with the therapist but equally with the pe-ople close to the child (Callier and Podesva ,2015). As people exhibit different responses to tra-uma, the counsellor will act in correspondence and adjust the intervention to the reaction of the client. If the traumatic event triggered anxiety, depression, loss of hope or control, accordingly, the treatment strategy will focus on satisfying the basic needs, such as education, health care, accommodation and social services. In addition, the counsellor could assist the person in identifying the causes of anxiety, provide information on typical responses to trauma, and share advice on relaxation techniques. However, if the trauma has weakened or cut the connection with parents, family, community, religion or culture, the counsellor will focus on group therapy so as to reduce social isolation and assist the child in overcoming the challenges of the refugee experience. When the traumatic response of refugee children suggests the dismantling of positive perceptions on humanity, such as dignity and trust among people, the counsellor

could also direct the treatment efforts towards creating opportunities for expression of the children's outlook on the future, to the promotion of human rights, and to group activities which promote interaction, reduce isolation and increase self-confidence, as well as the integration of the past, present and the future through art, story-telling and dramatic expression. If, however, the traumatic response of the refugee children implies guilt or shame, the treatment will aim at facilitation of their emotional expression, reflection on the appropriateness of the expressed emotions, encouragement for sharing and revisiting their experiences, as well as the acknowledgement that society has infringed upon human rights and that this ought to be remedied (Refugee Health Service, 2004). Conventionally, the expected positive impact of counselling, as well as other forms of structured support for the wellbeing of refugees families with disabilities, consists in alleviating and processing the traumatic experience, strengthening the children's social networks, closer integration of the children in the local community and the school system, support towards a more successful adjustment to life in a new environment, as well as in the prevention of psychological disorders. Therefore, the study put in question form: What are the strategies to empower refugee families of children with disabilities in North Western Nigeria. Also, what are the counselling intervention strategies to improve refugee families with disabilities?

Purpose of the Study

The general purpose of the study is to investigate strategies to empower refugee families of children with disabilities in North Western Nigeria. Specifically, the study sought to:

1. ascertain challenges faced by refugee families of children with disabilities.
2. determine strategies to improve refugee families of children with disabilities.
3. ascertain counselling intervention strategies to improve refugee families with disabilities.

Research Questions

The following research questions guided the study.

1. What are the challenges faced by refugee families of children with disabilities?
2. What are the strategies to improve refugee families of children with disabilities?
3. What are the counselling intervention strategies to improve refugee families with disabilities?

MATERIAL AND METHODS

The study adopted a descriptive survey design. Two research questions were posed to guide the study. The study population was 5, 600 Refugees with disabilities and a sample size of 280 refugees were used for the study. The instrument for data collection was structured questionnaire developed by the researchers titled: Strategies to Empower Refugee Families Questionnaire (SERFQ). The instrument was faced validated by three experts, one from the Department of Psychology, Aminu Kano College of Islamic and Legal Studies, Kano state, one from the School of Continuing Education, Bayero University, Kano State, Nigeria, and one from the Department of Special Education Unit, Department of Educational Foundations, Faculty of Education, University of Nigeria, Nsukka. The internal consistency of the instrument was ensured using Cronbach Alpha method which yielded reliability coefficient of

0.84. Mean and standard deviation were use to answered the research questions. A mean score of 2.50 was used as a decision rule.

RESULTS

Research Question One: What are the challenges faced by refugee families of children with disabilities?

Table 1: Mean Rating and Standard Deviation on challenges faced by refugee families of children with disabilities

S/N	Items Statement - Challenges	Mean	SD	Decision
1	Poor information of governmental and non-governmental organizations about the rights of persons with disabilities	2.99	0.42	Accepted
2	Lack of interpretation in public services	2.88	0.43	Accepted
3	Lack of qualified trained teachers	2.77	0.43	Accepted
4	Lack of infrastructural facilities	2.87	0.43	Accepted
5	Lack of teaching and learning resources	2.66	0.44	Accepted
6	Inaccessibility of language courses;	2.91	0.42	Accepted
7	Lack of accessible information	2.69	0.44	Accepted
8	Lack of knowledge about the available services	2.59	0.44	Accepted
9	Lack of experience working with families with children with disabilities	3.00	0.42	Accepted
10	Lack of culturally sensitive support	2.62	0.44	Accepted
Aggregate Mean Score		2.80	0.43	Accepted

Table 1 above shows the challenges faced by refugee families of children with disabilities which include poor information of governmental and non-governmental organizations about the rights of persons with disabilities; lack of interpretation in public services; lack of qualified trained teachers, lack of infrastructural facilities; lack teaching and learning resources; inaccessibility of language courses; lack of accessible information, absence of translation services; and lack of knowledge about the available services by some families, with a criterion mean score above 2.50. It is agreed by the respondents with an aggregate mean score of 2.80 and a standard deviation of 0.43 respectively. Therefore the items 1 – 10 have been agreed generally as the challenges faced by refugee families of children with disabilities.

Research Question Two: What are the strategies to improve refugee families of children with disabilities?

Table 2: Mean Rating and Standard Deviation on strategies to improve refugee families of children with disabilities.

S/N	Items Statement – Strategies	MEAN	SD	Decision
11	To promote equitable and sustainable inclusion in	2.99	0.42	Accepted

	national education systems for refugees			
12	To foster safe, enabling environments that support learning for all children	2.98	0.42	Accepted
13	To enable children use their education toward sustainable futures,	2.76	0.43	Accepted
14	To help refugees gain easier access to education,	2.94	0.42	Accepted
15	To provide enabling refugees to become independent education seekers	2.66	0.44	Accepted
16	To allow refugees to become responsible for creating their own classrooms	2.66	0.44	Accepted
17	To help refugees to seek help from the government or Non-governmental Organizations	2.55	0.45	Accepted
18	To provide refugees with learning materials and staff	2.77	0.43	Accepted
19	To provide refugees with daily meals,	2.72	0.44	Accepted
20	To trained professionals and instructional materials for teacher materials,	2.61	0.44	Accepted
21	To help relieve tensions between refugees,	2.75	0.43	Accepted
22	To help refugees with essential services and healthcare	2.99	0.42	Accepted
23	To provide a place where children can safely occupied for the day.	2.73	0.43	Accepted
Aggregate Mean Score		2.78	0.43	Accepted

Data from table 2 above shows the strategies to improve refugee families of children with disabilities which rated above the criterion mean of 2.50. It was agreed by the respondents with an aggregate mean score of 2.78 and a standard deviation of 0.43 correspondingly. The items 11 – 23 as collected by the researcher was agreed to serve as the strategies to improve refugee families of children with disabilities, which include to promote equitable and sustainable inclusion in national education systems for refugees, to foster safe, enabling environments that support learning for all children, to enable children use their education toward sustainable futures, and to help refugees gain easier access to education.

Research Question Three: What are the counselling intervention strategies to improve refugee families with disabilities?

Table 3: Mean Rating and Standard Deviation on counselling intervention strategies to improve refugee families with disabilities?

S/N	Items Statement - Challenges	Mean	SD	Decision
24	To provide the refugees families with intensive psychosocial support	3.00	0.42	Accepted
25	To help the refugees families to recover from traumatic events.	2.89	0.42	Accepted
26	To assists the refugee’s children in reducing the perception of powerlessness, emotional instability and regressive	2.66	0.44	Accepted

	behaviour			
27	To enhance the quality of life of the refugees families with new surroundings	2.87	0.43	Accepted
28	To offers refugees families’ compassionate care in contrast to the perception of abandonment and helplessness	2.97	0.42	Accepted
29	To encourages refugee’s families to engage in social activities with peers	2.65	0.44	Accepted
30	To assist the refugees families to identify the causes of anxiety	2.78	0.43	Accepted
31	To provide information responses to trauma behaviour and share advice on relaxation techniques	2.66	0.44	Accepted
32	To help refugees families build self-confidence to overcome difficulties and regain the sense of control over their emotions	2.77	0.43	Accepted
Aggregate Mean Score		2.81	0.43	Accepted

Data from table 3 above shows the counselling intervention strategies to improve refugee families with disabilities which rated above the criterion mean of 2.50. It was agreed by the respondents with an aggregate mean score of 2.81 and a standard deviation of 0.43 correspondingly. The items 24 – 32 as collected by the researcher was agreed to serve as the counselling intervention strategies to improve refugee families with disabilities, which include; to provide the refugees families with intensive psychosocial support, to help the refugees families to recover from traumatic events, to assists the refugee’s children in reducing the perception of powerlessness, emotional instability and regressive behaviour, to enhance the quality of life of the refugees families with new surroundings, and to offers refugees families’ compassionate care in contrast to the perception of abandonment and helplessness.

DISCUSSION

The findings of the study in research question one, revealed the challenges faced by refugee families of children with disabilities which include poor information of governmental and non-governmental organizations about the rights of persons with disabilities; lack of interpretation in public services; lack of qualified trained teachers, lack of infrastructural facilities; lack teaching and learning resources; inaccessibility of language courses; lack of accessible information, absence of translation services; and lack of knowledge about the available services by some families. The findings of the study are consonant with the findings of Vardakastanis, Tyradelly and Kallimani (2020) who posited that the most significant challenges that hindered refugees families with disabilities in their fundamental human rights freedom include poor information of governmental and non-governmental organizations about the rights of persons with disabilities, and lack of interpretation in public services, a lot of non-accessible structures and social stereotypes. The findings of the study is also in line with the findings of Osborne (2017) who opined challenges which affected refugees families with disabilities include: lack of qualified teachers, lack of education buildings, lack teaching and learning resources, and other tools needed in order to provide a proper education.

The findings of the study revealed the strategies to improve refugee families of children with disabilities which include promoting equitable and sustainable inclusion in national education systems for refugees, to foster safe, enabling environments that support learning for all children, to enable children use their education toward sustainable futures, and to help refugees gain easier access to education. The findings is in line with the finding of Filippo (2019) who postulated three strategic objectives of Refugee Education 2030, which include to promote equitable and sustainable inclusion in national education systems for refugees, asylum seekers, returnees, stateless and internally displaced persons; to foster safe, enabling environments that support learning for all students, regardless of legal status, gender or disability; and to enable learners to use their education toward sustainable futures. The findings is also in line with the findings of Arfa, Solvang, Berg and Jahnsen (2020) who offered strategies to improving service to better meet the needs of refugees, which include offering education and training for staff in order to provide culturally sensitive care, overcoming the language barrier by using interpreters, providing more information about the system and improving the links between healthcare services and community services.

The finding of the study revealed counselling intervention strategies to improve refugee families with disabilities which include: to provide the refugees families with intensive psychosocial support, to help the refugees families to recover from traumatic events, to assist the refugee's children in reducing the perception of powerlessness, emotional instability and regressive behaviour, to enhance the quality of life of the refugees families with new surroundings, and to offers refugees families' compassionate care in contrast to the perception of abandonment and helplessness. The findings of the study is in consonant with the finding of Pezerović and Babić (2015) who opined outline counselling intervention strategies to improve refugee families with disabilities, such as to assist the refugees families with educational activities and language acquisition; to provide the refugees families with intensive psychosocial support; to facilitate the refugees children's to recover from traumatic events; to assist the refugees children in reducing the perception of powerlessness, emotional instability and regressive behaviour; to enhancing the quality of life of the refugees families with new surroundings; and to offers refugees families compassionate care in contrast to the perception of abandonment and helplessness.

CONCLUSION

To conclude the study, the study demonstrates that for refugees' families with disabilities to be successful and empower in the society plot a route and enabling environments that support learning for all children, also required strategies structure to overcome the major challenges. The most prominent of these are: inaccessibility of language courses; lack of accessible information, lack of knowledge about the rights information, lack of information about available services by some families; lack of experience working with families with children with disabilities who are also refugees; and lack of culturally adaptive service. Service providers, in the study, clearly have lack of experience working with families with children with disabilities who are also refugees. This shows that there is still problem of organizations not indulgent on how to work with these particular families. Until this is improved, the

parents' guides would continue to play an extremely significant role. It can be concluded that schools can play an important role in opinionated the inclusion of refugee children and their families because of their accessibility, but that more research is necessary in order to assess the effectiveness of supports that can minimize challenges towards learning and promoting their inclusion in school.

RECOMMENDATIONS

Based on the findings of the study, the following recommendations were made:

1. Referral and support should enable persons with disabilities to develop coping mechanisms and improve their ability to become self-reliant.
2. Refugee seekers with disabilities should be empowered in order to be able to claim their fundamental human rights.
3. Ensure reasonable accommodations for children with disabilities, and that schools are physically accessible including at building entrances, classrooms and toilets.
4. Federal government should provide information about the system and improve the links between healthcare services and community services for refugee's families with disabilities.
5. Federal government should improve on services delivery to better meet the needs of the refugee's families, including the availability of quality education and training for staff in order to provide culturally sensitive care and to overcome the language barrier.

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Conflict of Interest Statement

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