

BELONGING BEGINS AT HOME:

Housing, social inclusion and health and wellbeing for people from refugee and asylum seeking backgrounds



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The cover image is a section of a quilted piece completed as part of the Hope Workshop, a partnership between the Advocacy Project (<http://www.advocacynet.org>) and the Collateral Repair Project (<https://www.collateralrepairproject.org>) based in Jordan. Through the Hope Workshop people from refugee backgrounds from the Middle East used embroidery to describe their journey from war. We gratefully acknowledge permission to use this image.

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Report summary

This report is about the experiences of people from refugee and asylum seeking backgrounds living in South Australia for seven years or less in relation to housing, social inclusion and health and wellbeing. The 'Belonging begins at home' study found that many people had:

- Successfully navigated the complexities of the housing market to secure housing they were happy with
- Located themselves in neighbourhoods that provided them with what they required
- Forged connections within their communities of origin and also with others in Australia
- Made strong contributions through volunteering and community group involvement
- Had a sense of hope for the future

However for some there were:

- Significant barriers in securing housing
- Ongoing problems once they had found a house such as heating and cooling, housing condition and rental affordability
- Difficulties within neighbourhoods - in particular in relation to feeling safe and being close to social connections and services
- Experiences of discrimination in housing and elsewhere
- Social isolation
- Health and wellbeing being issues, particularly in relation to mental health

The study found links between people's experiences of their housing and neighbourhoods, as well as social inclusion, and their health and wellbeing.

After consultations with policy makers and practitioners key areas for consideration and recommendations were identified in relation to:

- Improving housing affordability
- Facilitating access to suitable housing and continued assistance in navigating the private rental market
- Providing more support for home ownership
- Promoting positive neighbourhood experiences
- Promoting social inclusion
- Supporting good health and wellbeing





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Main findings

HOUSING AND NEIGHBOURHOOD EXPERIENCES

Initial and current housing:

Almost everyone had only lived in South Australia since their arrival in Australia and over two thirds of people had lived in more than one house since arriving.

The majority of people were currently living in general private rental housing followed by housing rented through AnglicareSA, and the most common household type was living with a partner and children, in a 3 bedroom house. The most common household size was 4 people, with some comprising up to 13 people and 13% were living in a house with 3 or more people per bedroom. Over 85% had lived in their current house for 2 years or less.

The main type of housing that people had first lived in in Australia was provided by AnglicareSA as part of their settlement services on arrival, although a substantial proportion also moved straight into the private rental market.

Most people who were not living in their first house in Australia had left their initial house within 6 months. The main reasons for moving from this first house were the temporary nature of the housing, poor condition, and/or lack of space and safety.

Finding housing:

Finding a house was often considered challenging due to reasons such as difficulty getting to open inspections, understanding where suburbs were or which areas were good to live in, finding out what houses were available, a lack of rental history and references, discrimination, large family size, language barriers and cost.

Social networks were a key pathway to finding housing. Such networks included connections with community members and real estate agents. Support from service providers was also important, particularly when securing the first house.

Housing problems:

Over three quarters of people were experiencing at least one type of problem in their current housing. Key areas of concern identified were heating and cooling, house size and layout, house condition, maintenance, and rental costs. In relation to finding housing, key areas of concern were getting to open inspections, a lack of references or rental history and affordable housing not being available in the neighbourhoods people wanted to live in. Other issues highlighted included issues with family breakdown and changing household structure, and discrimination by agents.

Service providers noted that rental periods in Australia are often short, which creates additional problems in housing since it makes it more difficult to build social connections and to establish a sense of belonging.

Most people who had experienced housing problems required help in resolving them – with 36% needing “a lot” of help. Those who experienced more housing problems required greater assistance in dealing with them. Types of help included assistance with gaining reference letters, liaising with landlords, paying bills and gardening.



Housing satisfaction:

Over half of people were satisfied with their current house, while 21% were unhappy or very unhappy.

Key positive reasons for satisfaction were safety and condition as well as affordability and being in a safe neighbourhood close to services and social connections. Key negatives related to the size and layout of the house, cost and condition of the house. Experiencing housing problems led to people being less satisfied with their housing.

Some groups were identified as being more vulnerable to housing issues. These included people from asylum seeking backgrounds, large families (particularly those headed by a sole parent), single men and women, victims of family violence, and people living with a disability.

What is important in a neighbourhood:

Feeling safe and being close to social networks and services were the most important features of a neighbourhood.

Neighbourhood problems:

Over half of the participants reported at least one problem with their current neighbourhood. Issues with lack of proximity to friends, places of worship and school/childcare were the most common problems experienced with current neighbourhood. 64% of people had experienced a problem in a previous neighbourhood and these problems included proximity to friends and family and shops, and not feeling safe.

Neighbourhood satisfaction:

Most people were satisfied with their current neighbourhood. Good neighbours, safety and peace and quiet were key reasons for neighbourhood satisfaction. Service providers also highlighted the importance of proximity to community connections and safety in neighbourhood.

Neighbourhood and housing satisfaction were closely related but rates of satisfaction were higher for neighbourhood than for housing. Some people were prepared to live in housing they were not as happy with in order to live in the neighbourhood of their choice.

Future plans:

Approximately a third of people were intending to stay in their current house over the next 6-12 months. 40% of people were currently looking for other housing.

SOCIAL INCLUSION

Social activities and support:

Most people socialised at least once a week – through school, places of worship and community organisations as well as friends and family. The majority of people were happy with their social networks – including within their neighbourhood and with members of their own ethnic/cultural community, and the social support they received.

There were mixed views about neighbourhood connections with some moving to neighbourhoods to be close to existing social ties, some building new ties in their



neighbourhoods, and others noting that Australian neighbours tended to keep to themselves.

Many people had formed social connections through their religious affiliations and activities and those who were religious tended to socialise more than others (i.e. at least weekly), with people identifying as Christian having the highest proportion of regular socialisers.

Civic and community activities:

The majority of people participated in volunteer activities, with over a quarter volunteering at least once a week. The main types of volunteering were through schools, religious organisations and refugee service providers.

Over 80% of people were involved in community groups with more than 40% doing this at least once a week. Religious, community and sporting groups were the main ones that people participated in.

Discrimination and belonging:

Discrimination due to ethnicity, religion or skin colour was experienced by 22% of people and this was most commonly described in relation to aspects of physical appearance such as skin colour or wearing a headscarf and in response to identifying as Muslim. The most common situations where discrimination was encountered were on public transport, within neighbourhoods and in employment. Service providers also noted that discrimination was a problem for their clients.

Most people felt a sense of belonging in Australia. Refugees felt a greater sense of belonging than asylum seekers.

HEALTH AND WELLBEING

Health issues:

Overall there was evidence of mental and physical health issues, with mental health particularly compromised for some. Key issues impacting mental health related to social isolation, family separation, housing situation and past trauma and hardship. In addition, asylum seekers experienced considerable stress relating to the insecurity and restrictions of their visa. Service providers also noted that mental health was a concern for many people, and again particularly for asylum seekers.

Women and people from asylum seeking backgrounds had poorer mental health, and older people had worse physical health.

Housing and health:

People who were happy with their housing had better physical and mental health.

Over 80% of people thought that housing had an impact on their health and wellbeing to some extent, with around a quarter saying housing affected health a great deal. Problems securing housing and the physical, social and economic elements of housing were all seen as having an impact on health.

Those who said housing didn't affect their health largely felt other things - such as securing a permanent visa and family reunion - were more important for health.



Neighbourhood and health:

Being happy with the neighbourhood was associated with better mental and general health. Key features of neighbourhoods relevant to health related to safety, relationships with neighbours and proximity to services and amenities.

Social inclusion and health:

Feeling happy with social networks was associated with better mental and physical health and feeling happy with social support was associated with better mental health.

Experiencing discrimination was associated with worse mental health. Participants described feeling fearful, sad, ashamed, depressed and uncomfortable in response to experiencing acts of discrimination, with a number (especially women) limiting their activities especially after dark in order to avoid this.

Most people were hopeful about the future, despite the challenges that they faced, and were grateful to be living in Australia.



1 Introduction

Housing is a fundamental human right and plays a key role in resettlement for people with asylum seeker or refugee backgrounds, with positive housing experiences providing pathways to education, employment, and social inclusion.

There is a small body of research that has explored housing experiences and policy for people with asylum seeker or refugee backgrounds in Australia.^[1-7] This research has highlighted a range of issues facing people from refugee and asylum seeking background in relation to housing including the cost of rental accommodation, barriers to homeownership, limited access to social housing and the risks of homelessness – for example in one study nearly one in ten refugees were found to have experienced secondary homelessness.^[6]

Other key areas raised consistently in previous Australian research relate to housing quality, size of housing (particularly for large families and situations where extended families are living together), housing safety, the rental application process (e.g., obtaining references, obtaining enough points for ID checks, English proficiency, travel to open inspections and knowledge of suburbs), understanding rental processes and tenants' rights, lack of employment and income, experiences of discrimination in the housing market, family breakdown (leading to homelessness), language barriers, and challenges finding housing in appropriate locations. Asylum seekers in particular have been identified as facing additional barriers to securing and maintaining housing such as different service eligibility (e.g., ineligibility for social housing) and visa restrictions.

In addition to the importance of housing, research has also noted that the neighbourhood in which people live plays a role in relation to settlement outcomes for people from refugee and asylum seeking backgrounds.^[4, 6] Proximity to community members, services, work and education, as well as perceptions of neighbourhood safety have all been shown to be important. These factors also highlight the importance of social inclusion for outcomes for refugees and asylum seekers, with research showing that many people prefer to live close to their community networks, which are seen as offering the most amount of support.^[6]

Research indicates that many people from refugee and asylum seeking backgrounds face physical and mental health challenges.^[8, 9] While housing, neighbourhood and social inclusion have all been identified as important social determinants of health more generally the specific relevance of these factors for the health and wellbeing of people from refugee and asylum seeking background has not yet been comprehensively studied. This study aims to fill this gap by exploring the links between housing, neighbourhood, social inclusion and health and wellbeing for refugees and asylum seekers. It is hoped that the study findings will assist in promoting good housing experiences and social inclusion for positive health and wellbeing.

BACKGROUND AND CONTEXT

This research was conducted in South Australia, Australia, with people from refugee and asylum seeking backgrounds who had been in Australia for seven years or less. Data collection across the different methods took place from mid-2015 to mid-2017, and so participants had been in Australia from 2008 onwards.

In terms of general settlement services available during this time period, participants who arrived from 2011 onwards as refugees would have been eligible



for the Humanitarian Settlement Services (HSS) program, which began in 2011. This program is designed to provide general settlement support to refugees for their first six months (sometimes 12 months) in Australia, including help with transport to initial accommodation upon arrival, provision of initial accommodation (typically for a period of 6 months, although this is variable), assistance with finding longer term accommodation, property inductions, orientation to life in Australia and other case support. In addition, people facing exceptional circumstances may also have received complex case support, which provides more comprehensive support. At the completion of HSS, refugees were eligible for a variety of additional but less intensive services under the umbrella of the Settlement Grants Program (SGP), until five years in Australia.

Prior to 2011 (and beginning in 2005), people arriving as refugees were eligible for the Integrated Humanitarian Settlement Strategy (IHSS). Similarly to HSS, IHSS provided initial settlement support to new-arrivals under the humanitarian program for six months up to 12 months. Services included case co-ordination, accommodation services for the first four weeks, and short-term torture and trauma counselling.

People from asylum seeker backgrounds who arrived in Australia until 2015 were eligible for the Asylum Seeker Assistance Scheme (ASAS). Those who were considered particularly vulnerable were also eligible for the Community Assistance Support Scheme (CAS). In January 2015, both ASAS and CAS were replaced by the Status Resolution Support Services (SRSS). As is the case for the refugee services noted above, people eligible for ASAS or SRSS were able to access a variety of services depending on their needs, including financial support that equates to 89% of the lowest Centrelink payment (Newstart), and assistance with accommodation for approximately six weeks.

Some people are not eligible for any of these services such as those who are sponsored or those asylum seekers who are pre-SRSS or denied residency in Australia (ie have a 'double negative' determination).

REPORT OVERVIEW

In the first part of the report, we provide details concerning the project's methodology, including the participants and the research methods employed. Our findings then cover housing and neighbourhood experiences, social inclusion and health. Finally, we finish with a range of discussion points and recommendations stemming from our findings.

A note on terminology: In parts of this report for brevity we use the terms 'refugee' and 'asylum seeker'. We acknowledge that for many people these terms refer to only one part of their identity, and others no longer feel these terms refer to them once they have resettled in a country such as Australia.



2 Project details and methodology

PROJECT BACKGROUND

The project was funded by an Australian Research Council Linkage grant (LP130100782), and was conducted in partnership with AnglicareSA, the Australian Refugee Association, Baptist Care and Shelter SA. Together with the researchers, members from these organisations formed the project's Steering Committee.

In addition, the project was run with a Reference Group, who met several times each year to discuss the project's progress (see Appendix 1 for a list of members).



We also had a Working Group of people from refugee and asylum seeker backgrounds from Afghanistan, Bhutan, Burundi, Iran, Sierra Leone, South Sudan and Somalia. The researchers met with Working Group members regularly to discuss survey questions, translations, recruiting participants, and the final results.

AIMS AND OBJECTIVES

The major **aim** of the project was to develop an evidence base for policy makers and service providers to form innovative responses relating to housing, health and social inclusion amongst refugees and asylum seekers entering Australian society.

In order to do this, the project had **three main objectives**:

1. To document the housing settlement experiences of recently arrived asylum seekers and refugees, and examine the connections between these experiences and their social inclusion and health and wellbeing;



2. To investigate the policy, practice and community facilitators and barriers to positive housing experiences, social inclusion, and wellbeing outcomes;
3. To use the evidence to develop recommendations to facilitate access to positive housing outcomes for asylum seekers and refugees, in ways that promote social inclusion and health and wellbeing.

METHODOLOGY

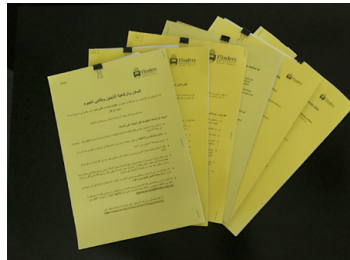
The study used a mixed-methods approach, including data collection with a range of participant groups. The study focused on the experiences of those who were currently living in South Australia, were over 18 years of age, and had been in Australia for 7 years or less.

The study used a variety of methods. Specifically:

1. **A survey** of 423 asylum seekers and people with refugee backgrounds
2. **Follow-up interviews** with 50 asylum seekers and people with refugee backgrounds
3. **PhotoVoice** exercises with 11 asylum seekers and people with refugee backgrounds
4. **Interviews with 15 service providers** working in areas of health and housing for asylum seekers and people with refugee backgrounds
5. **A digital storytelling process** working with asylum seekers and refugees to produce short digital films

These are outlined in more detail below.

Survey



A survey was developed for asylum seekers and refugees who had been in Australia for 7 years or less. Questions for the survey were developed with the research team, the research Steering Committee, the Reference Group and the Working Party members. The survey included demographic questions about the participants, housing and neighbourhood experiences, activities and social engagement, and health and wellbeing.

Once a draft of the final survey was completed, the English version was piloted with the assistance of the Australian Migrant Resource Centre and the project's Working Party. The final version of the survey was translated into Arabic, Dari, Farsi, Nepali and Swahili. These translated copies were then back-translated and piloted with assistance from the Working Group.

The researchers worked with a range of community organisations and service providers to recruit participants. Where people were interested, they were provided with the hardcopy of the survey and could then complete it in their own time. Once completed, participants could hand the survey back to the researchers in a sealed envelope, and were given a \$20 voucher. Participants also had the option of posting the survey back to the researchers. The survey was also placed on SurveyMonkey.



47% of the participants were male and 53% female. 41% were 18-29 years of age, 48% were 30-49, and 11% were 50 and over. The largest numbers of people came from the Middle East (N= 221), followed by those from Africa (N=137) and South East Asia (N=57). 72% were currently on permanent protection visas with the remainder on temporary or no visas.

15% had been in Australia 6 months or less, 25% for 7 months-up to 2 years, 45% for 2 years-up to 5 years, and 16% has been here for 5-7 years. 34% identified as Christian, 47% as Muslim, 12% as another religion and 8% reported no religion.

Only 13% were currently employed, just 29% were happy with their financial situation and 24% had experienced food security in the last year.

A detailed description of the survey participants is provided in Appendix 2.

Follow up interviews with asylum seekers and refugees

At the end of the survey we asked if people would like to participate in a follow up interview to further discuss their experiences of housing and health. We then interviewed 50 of those who had expressed an interest in participating. Interviews covered their housing, neighbourhood, social and health and wellbeing experiences in more detail. A total of 28 refugees and 22 asylum seekers participated in follow up interviews, as follows:

- Refugees:
 - 12 women and 16 men
 - 10 from Africa, 9 from Middle East and 9 from SE Asia
- Asylum seekers:
 - 10 women and 12 men
 - All from Middle East (7 from Afghanistan and 15 from Iran)

PhotoVoice

Eleven people also participated in a PhotoVoice activity. This involved participants taking photos related to housing and health and wellbeing. Participants were then invited to share their photographs at a later date with the researchers, and to discuss their images and why they took them. Eleven participants completed PhotoVoice exercises, as follows:

- 6 refugees
 - 3 men and 3 women
 - 1 from South East Asia, 2 from Africa and 3 from Afghanistan
- 5 asylum seekers
 - 3 men and 2 women
 - All from the Middle East

Interviews with service providers

Finally, we also conducted interviews with 15 service providers from a range of organisations in South Australia who work with refugees and asylum seekers. In these interviews the barriers and facilitators for successful housing and resettlement and links to health and wellbeing were discussed, as well as differences between the experiences of groups of refugees and asylum seekers, and differences in settlement experiences and health outcomes for people on different visa types. Areas of policy and practice which were being done well or



which could be improved in relation to settlement, particularly for housing and neighbourhood, were also discussed.

Digital storytelling

The researchers are also currently working with a small group of people from refugee and asylum seeking backgrounds to produce short digital films using photos, video and an audio script to document their housing and other settlement experiences.



Data analysis

Textual data (e.g., interview transcriptions and transcriptions of PhotoVoice discussions) were analysed using thematic analysis.^[10]

All quantitative data analysis was completed using IBM SPSS v23 statistical package. The term 'significance' is used in this report to refer to statistical significance, which determines whether a relationship between variables or difference in groups is not random. As such, the term does not mean the same as 'significance' when used more generally to refer to something being important.

Where we perform tests to see whether a relationship between two variables is statistically significant we use the 'p value'. If this value is less than .05 the relationship is considered to be significant. The analysis is cross sectional which means that it is possible that the relationships considered go both ways – that is while housing is associated with health this may be both that housing experiences have an impact on health and also health experiences have an impact on housing.

All names in the report are pseudonyms. When we use direct quotes from people from refugee and asylum seeking backgrounds we also include their current visa status (refugee/asylum seeker), continent (Africa, Middle East and South East Asia) and gender. We include this information to highlight potential differences between groups but acknowledge the limitations of these labels.



3 Housing and neighbourhood

In this chapter we describe participants' experiences of a range of features of their housing and neighbourhood.

HOUSING

Number of houses in Australia

Over two thirds of participants (67%) had lived in more than one house since living in Australia. The median number of houses was 2 (mean 2.34, range 1-9). Not surprisingly the longer people had lived in Australia the more houses they had lived in. Those participants who had been in Australia for 2 or more years had moved an average of at least 2 ½ times. (Table 1).

Table 1: Mean number of houses by time in Australia

Time in Australia	Mean
6 months or less	1.54
7months- <2 years	1.77
2-<5 years	2.55
5-7 years	3.15

Everyone completing the survey was currently living in South Australia. Of those who had lived in more than one house, only 29 had first arrived in a different state.

Housing type

In the survey we asked people about the house that they were currently living in. For those who had lived in more than one house, we also asked about their experiences in their first house. In attempting to reduce burden on participants and to keep the survey succinct, we did not probe for other houses for those living in more than two dwellings since arrival in Australia.

The majority of participants (60%) were currently living in private rental accommodation with 18% living in housing provided through AnglicareSA, and a small number living in other forms of housing (Figure 1). We compared the current housing type between those who were currently living in their first house and those who were currently living in a subsequent house. More people currently in their first house were living in housing provided by AnglicareSA (36%) than those in subsequent housing (less than 10%). For those living in a subsequent house over two thirds were living in private rental housing. Over 40% of those in their first house were renting privately.

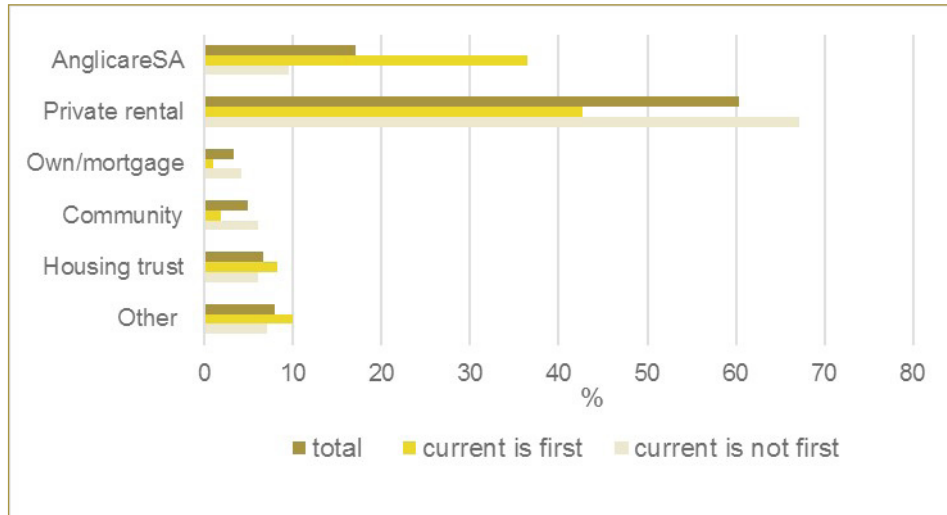
Over 2/3rds of people had lived in more than one house in Australia, with those here for over two years moving on average at least 2 and half times.

The vast majority of people had only lived in South Australia since arriving in Australia.



The majority of people were currently living in private rental housing, followed by housing provided by AnglicareSA.

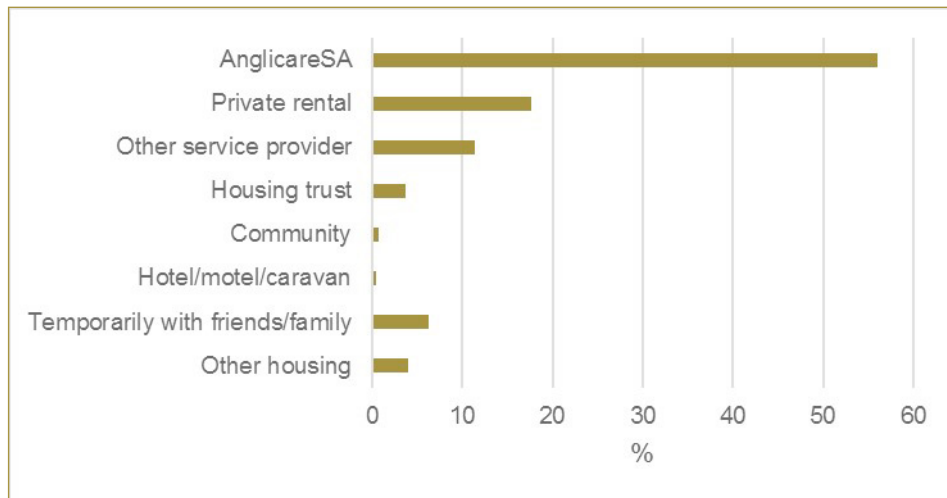
Figure 1: Current housing type



For those that had lived in more than one house in Australia we also asked what type of housing they were first housed in when they arrived. The majority had lived housing provided by AnglicareSA. Smaller numbers were housed in housing provided by another service provider (this included Red Cross, Life Without Barriers and Centacare), in private rental accommodation and in another housing situation (Figure 2).

For over half of those who had lived elsewhere, initial housing in Australia had been provided by AnglicareSA.

Figure 2: First housing type (if not current)

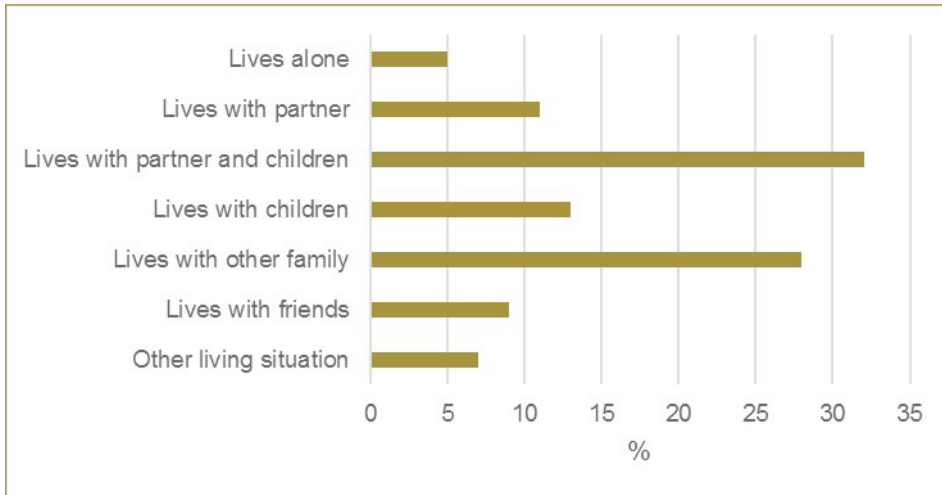


Household composition

The most common current household living situation was living with partner and children, followed by living with other family (Figure 3: note: multiple options could be selected). Only a very small number of people lived alone.

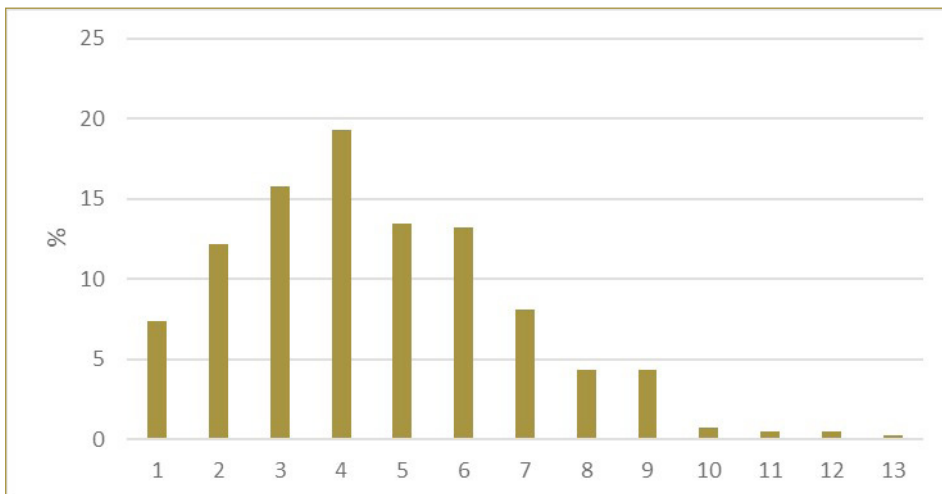


Figure 3: Current household type



The number of people living in the house ranged from 1-13 (mean = 4.55) (Figure 4).

Figure 4: Number of people in household



The most common household size was 4 people, with some having up to 13 people.

Reflecting traditional housing in Adelaide, the most common number of bedrooms in the house was 3 (Figure 5).

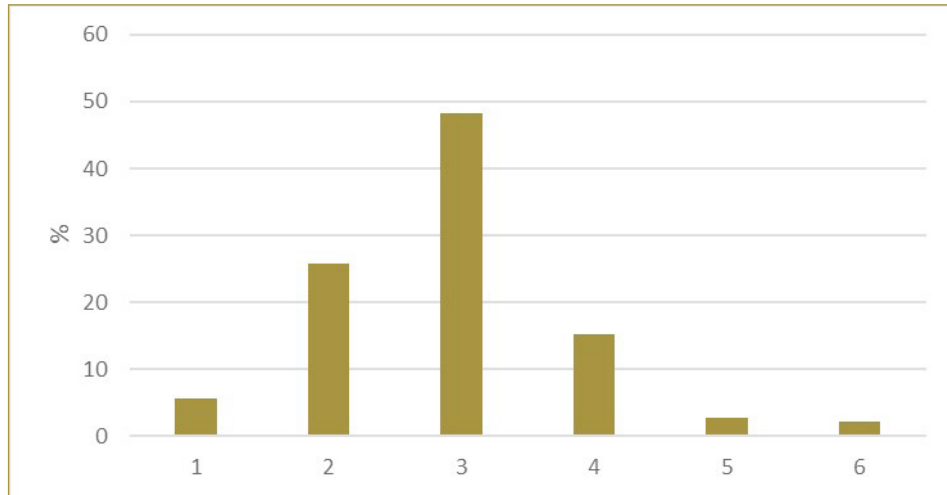


The most common household type was living with a partner and children and living in a 3 bedroom house.

13% lived in houses with 3 or more people per bedroom.

Most people had lived in their current house for 2 years or less.

Figure 5: Number of bedrooms in current house

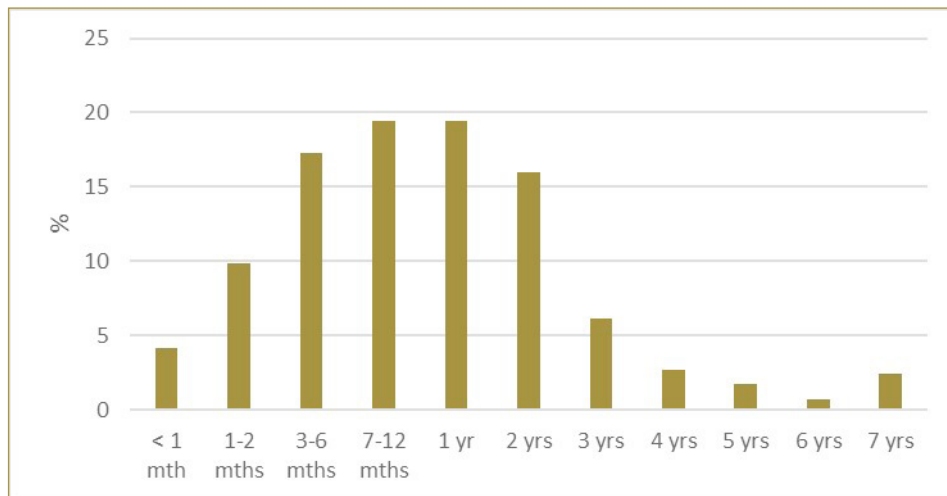


When examining the ratio of household size and number of bedrooms, 13% of participants lived in houses with 3 or more people per bedroom.

Time in housing

Most people had been living in their current house for 2 years or less with over 30% living there 6 months or less, and smaller numbers living there beyond 2 years (Figure 6).

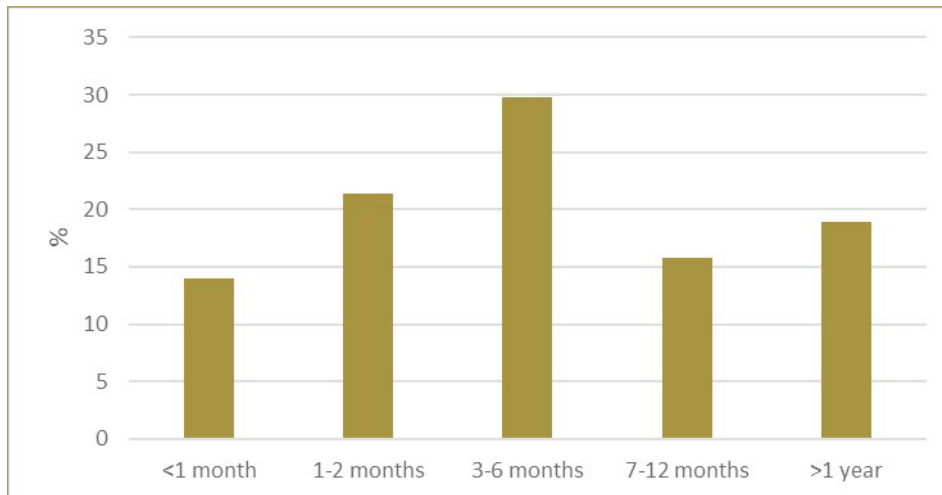
Figure 6: Time spent living in current house



We asked people how long they had stayed in their first house if they weren't currently living in it and the most common time period was 3-6 months (Figure 7), again likely reflecting the more recent model of settlement service supported housing where refugees are generally allocated housing for up to 6 months (in the case of asylum seekers this is 6 weeks). Smaller numbers stayed for longer than this.



Figure 7: Time spent living in first house (if not current)



Where people had lived in more than one house, most had left their first house within 6 months.

We asked people the reason for leaving their first house. Figure 8 shows that the key reasons for leaving were the temporary nature of the housing – again reflecting the settlement services model (although not everyone was housed through this programme). Other reasons reflected problems with poor condition of the house and issues with size, the housing being sold, or perceptions that the housing was unsafe. These types of problems with housing are discussed in more detail below. As we only asked about reasons for leaving people’s first house, we do not know about subsequent reasons for leaving if people had moved more than once.

Figure 8: Reasons for leaving first house (if not current)



The main reasons for moving from initial housing were the temporary nature of the housing, poor condition, and lack of space and safety.

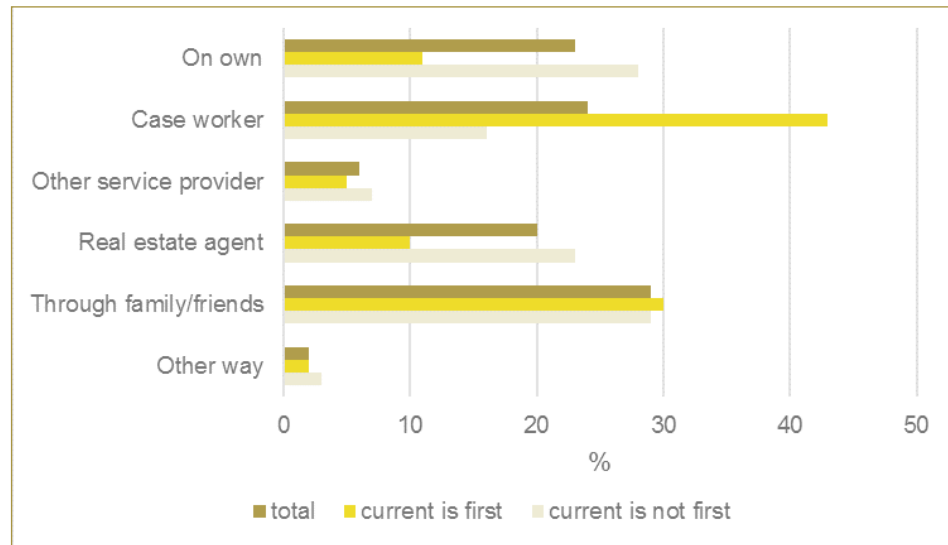
Note: The size of the words in the above figure represents the frequency of themes in the data

Finding housing

The most common way that people found their current house was through friends and family, followed by their case worker, on their own and through real estate agents (Figure 9). Those in their first house were more reliant on case workers to help them, most likely as part of settlement service provision. For subsequent housing more people found their current house on their own or through real estate agents.



Figure 9: How found current house



Barriers to finding housing included difficulty getting to open inspections, deciding what areas were good to live in, finding out what houses were available, a lack of rental history and references, discrimination, large family size, language barriers and cost.

In the interviews many people noted that it was hard to find appropriate housing. This was especially due to reasons such as:

- Difficulty getting to open inspections, particularly due to transport
- Not knowing suburbs in Adelaide and therefore where they would like to live
- Not knowing how to look for houses or how to find out where houses were available
- Lack of English language skills/illiterate in own language
- Not having a rental history or rental references
- Discrimination by landlords and agents
- Large family size
- The cost of housing
- Lack of social housing

Social networks were a key pathway to finding housing including connections with community members and real estate agents. Support from service providers was particularly important when securing the first house.

The language, the lack of rental reference. Just the system of finding an open inspection, getting yourself there, competing with all the other people who are there. Having the paperwork that you need to put in an application and everything that comes after it is what we constantly hear about
(Service provider).

In interviews, service providers also highlighted challenges finding a house for refugees and asylum seekers, including lack of references, discrimination, English language skills and lack of knowledge about where might be good to live within Adelaide.

People with refugee and asylum seeking backgrounds discussed a range of ways in which they were able to find housing. These included:

- Through family and friends
- Through members of their cultural community, for example shop owners
- By getting to know real estate agents as a result of attending multiple inspections
- Accessing support from service providers



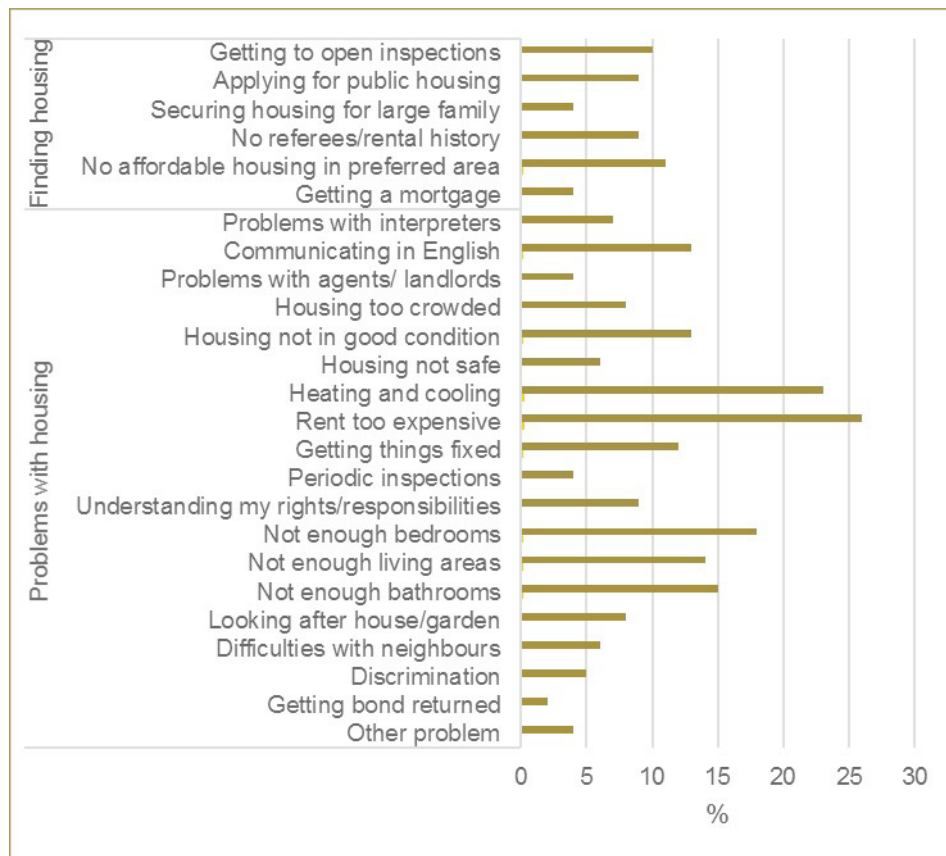
Housing problems

Problems experienced

We provided people with a list of potential problems with their current housing. Over three quarters (77%) of participants identified at least one problem with their current housing, with the total number of problems ranging from 0-20 (mean = 2.49). Given that most people were not living in their first house this suggests that some people continue to encounter housing problems in subsequent housing.

The most common problems that people identified with their current housing was the cost of rent, issues with heating and cooling, not enough bedrooms and bathrooms and living areas, and communicating in English (Figure 10). Problems in finding housing such as getting to open inspections, a lack of references or rental history and affordable housing not being available in the neighbourhoods they wanted to live were also noted, mirroring the issues outlined above. Problems communicating in English and with interpreters, and also discrimination, may also relate to securing housing.

Figure 10: Problems in current housing



We already highlighted some of the problems people raised in interviews in the previous section in relation to *finding* housing. Other housing issues in relation to current and previous housing noted in the interviews both with asylum seekers and refugees as well as service providers included:

- Cost, particularly for single people and asylum seekers
- Poor condition (highlighted in the photo by PhotoVoice participant 'Banou' below)

Over three quarters of people had experienced at least 1 type of problem in their current housing.

Key problems with housing were heating and cooling, size and layout, condition and cost.

Key problems in finding housing related to getting to open inspections, lack of references or rental history, and affordable housing not being available where they wanted to live.



Other issues highlighted included, problems with maintenance, family breakdown and changing household structure, and discrimination by agents.

- A lack of heating and cooling and the cost of running them even if they were available
- Lack of space or unsuitable layout - not enough bedrooms/small rooms/only one toilet)
- Lack of maintenance and responsibility for maintaining large backyards/gardens
- The temporary nature of the housing – needing to move on once their supported housing frame came to an end. This was particularly the case for asylum seekers who were generally only eligible for 6 weeks support
- Need for more ongoing resettlement service support
- Discrimination from property owners/property managers
- Rude and judgemental treatment by some government workers
- Domestic violence and family breakdown
- Changing household composition as well as language difficulties when English speaking household members move out or singles moving on/ leaving rentals owing money, etc.
- Rental periods in Australia are often short, which can make building social connections and a sense of belonging more difficult.

Affordability first, second and third
(Service Provider).

The outlook is pretty dire in terms of available private rental housing that is affordable so I think really that is their biggest challenge
(Service provider).

Those [new arrivals] that they come back to us, we can always see that there is a change that has happened. You know, the son who could speak English moved out or a family member that could help them out and that was - everything was based on the presence of that person. That person moves out or something happens, or the husband was the one that was ticking all the boxes and that person does not exist anymore or something happen to them and then those families always come back to us and they have issues
(Service Provider).





This is broken and when the raining come in there's liquid there
(Banou – refugee, Africa, female).

Assistance with problems

We asked people if they had required help in dealing with any of the housing problems identified. 36% of those who had experienced problems said they needed a lot of help, 27% a small amount of help and 36% said they didn't require help.

The most commonly mentioned sources of support were a variety of service providers and family and friends. Types of support included help with reference letters, liaising with landlords or real estate agents, help with bills, and help with gardening.

Not surprisingly it was people who had a greater number of problems who needed the most help with significant differences found. Those saying they needed no help had a mean number of 1.65 problems, those who said they needed a small amount having a mean of 3.30 problems and those saying they needed a lot having a mean of 3.70 problems.

Housing satisfaction

Participants were asked to rate their overall feelings about their housing using a smiley face scale ranging from very unhappy to very happy. 53% reported being happy with their house, 26% were neutral and 21% unhappy (Figure 11).

Figure 11: Satisfaction with current house



Most people who had experienced housing problems required help in dealing with them – with 36% needing a lot of help.

Types of help included reference letters, liaising with landlords, help with bills and help with gardening.

Those who experienced more housing problems required more assistance in dealing with them.

Over half of people were satisfied with their current house, with 21% unhappy or very unhappy.



We asked people the reason for their satisfaction rating for their current house (Figure 12). The reasons people gave revealed a range of positive features in particular safety and size of dwelling. Negative elements of their housing were very much linked to the housing problems that people identified, discussed above, with size, condition and cost particularly highlighted.



Participant survey where they had added tears to the most unhappy housing satisfaction face option that they had selected

Key positive reasons for satisfaction were safety and condition as well as affordability and being in a safe neighbourhood close to services and social connections.

Figure 12: Reasons for satisfaction rating for current house



■ negative ■ positive

Note: The size of the words in the above figure represents the frequency of themes in the data

Key negatives related to the size and layout of the house, cost and condition of the house.

In the interviews more people were satisfied with their current housing than unsatisfied. Factors contributing to people's positive satisfaction related to suitable layout (number of bedrooms, size of rooms) affordability, security and proximity to shops, their community, relatives and children's school. Other elements included that their current housing was more suitable and in better condition than previous housing, they had good housemates and a peaceful neighbourhood. Of those who were happy with their housing, there were a handful that indicated that while satisfied, their housing was expensive and difficult to afford. Those who were unsatisfied with their current housing noted poor condition, cost, unsuitable layout, lack of heating, no yard for children to play and overcrowded as the main reasons. While more people overall were satisfied with their current housing than unsatisfied, people from refugee backgrounds were considerably more satisfied than those from asylum seeking backgrounds.

In interviews people also talked about aspects of their housing that were quite specific to them. For example, Zafar, who shares a bedroom with two others, described how happy he was with his house, including that he has a bed for the first time in his life. Likewise, Nikta took photos of the small garden and pot plants around her house, describing this part of her housing as a place of sanctuary for her.





I have everything here and it's different from my lifestyle before in my country...

(Zafar – refugee, Middle East, male).



Picture of participant's small garden, a feature she really likes about her house

(Nikta – asylum seeker, Middle East, female).

We examined whether current housing satisfaction varied by a range of demographic variables potentially linked to it, comparing those who were happy with those who were neutral or unhappy (Table 2). Continent, visa type and financial satisfaction were significantly associated with housing satisfaction. Those from South East Asia were most satisfied with their housing, followed by those from Africa and then those from the Middle East. People on refugee visas were more satisfied with their housing than those without permanent protection visas. Those who were struggling financially were much more likely to be unsatisfied with their housing than those who were more satisfied with their financial situation. Gender, age and time in Australia were not significantly associated with satisfaction.

Those from the Middle East, asylum seekers and those in financial difficulty were the least satisfied with their housing.



Table 2: Current housing satisfaction by significant demographic variables

	Happy with housing	Not happy with housing
Continent		
<i>Middle east</i>	96 (44%)	120 (56%)
<i>Africa</i>	74 (56%)	59 (44%)
<i>SE Asia</i>	42 (74%)	15 (26%)
		p = .000
Visa type		
<i>Refugee</i>	167 (57%)	125 (43%)
<i>Asylum seeker</i>	46 (42%)	63 (58%)
		p=.007
Financial satisfaction		
<i>Happy</i>	90 (82%)	20 (18%)
<i>Not happy</i>	113 (42%)	159 (59%)
		p=<.000

Those who were living with friends were the least satisfied household type.

Experiencing housing problems led to people being less satisfied with their housing.

Asylum seekers, large families, single asylum seeking men, women both with and without children and people living with a disability were identified as being more vulnerable to housing issues.

We also looked at a range of housing specific variables and their association with housing satisfaction – housing type, time in housing, number of bedrooms, number in the household, whether it was ‘crowded’ or not (i.e. 3+ per bedroom) and number of houses in Australia - and found no significant differences.

In addition we looked at household composition — whether people were living alone, with partner, with children, with relatives, with friends and other. Only one type of household – living with friends was significantly associated with housing satisfaction – 24 (67%) of those living with friends were unsatisfied with housing compared with 12 (33%) who were satisfied.

We also looked at the extent to which experiencing housing problems was associated with housing satisfaction and found a significant association. Those who were happy with their housing had an average of 1.77 problems, whereas those who were unhappy with their housing had an average of 3.34 problems.

Our interviews and discussions with service providers highlighted that whilst it was felt that some people were able to navigate the system well over time, a number of groups of people were highlighted as being more vulnerable to housing issues:

- Asylum seekers where landlords do not want to offer them housing as they cannot sign on for 12 month leases and where their lower Centrelink income if they are not working makes housing less affordable
- Large families find accessing appropriate housing difficult due to a lack of larger housing stock in Adelaide and discrimination based on family size
- Single men, particularly asylum seekers, who are forced into unsuitable communal living arrangements because they cannot afford other housing on Centrelink benefit. Service providers noted that men with histories of torture and trauma were particularly vulnerable
- Single women (particularly those on 204 ‘Women at Risk’ visas) for whom issues of housing safety are particularly acute
- Victims of domestic violence, in particular women asylum seekers and those with poor English language skills. The women can also be victims of elder abuse



- People living with a disability due to difficulty in accessing appropriate housing

People that have come straight out of detention who are put into houses - ... they are put in houses in an area that I find unsafe. They don't know their way around. They're often put in a house with someone they don't know [...] single males [...] those are the - I think they are the most vulnerable
(Service Provider).

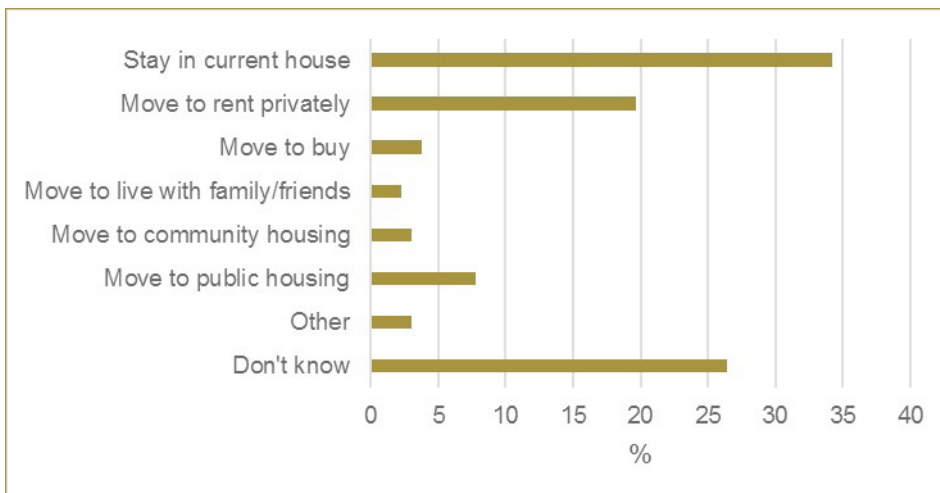
Landlords don't want the wear and tear of a really big family. Even in a four bedroom house they would balk at having ten people in a four bedroom house
(Service Provider).

In interviews with service providers and in reference group meetings the issue of people's expectations of housing in Australia and the impact this had on satisfaction with housing was discussed. Some felt that expectations were sometimes unrealistic, especially for those who came from more developed countries and/or from a high socioeconomic background. Others stressed that for some people from refugee and asylum seeker backgrounds their housing fell below minimum standards of housing and also that it was important to make space for people's expectations.

Future plans for housing

When asked what their plans were in the next 6-12 months for their housing only around a third were planning to stay in their current house. The remainder were planning on moving to other rental housing (20%) or other housing or didn't know (26%) (Figure 13). 170 (40%) people said they were currently looking for other housing.

Figure 13: Housing plans for next 6-12 months



Only around a third of people were intending on staying in their current house over the next 6-12 months and 40% of people were currently looking for other housing.



NEIGHBOURHOOD

Current neighbourhood

We asked people where they were currently living and found a broad array of suburbs (Figure 14) – with Dover Gardens, Blair Athol, Kilburn, Paralowie and Salisbury North the most common areas.

Figure 14: Suburb of current house



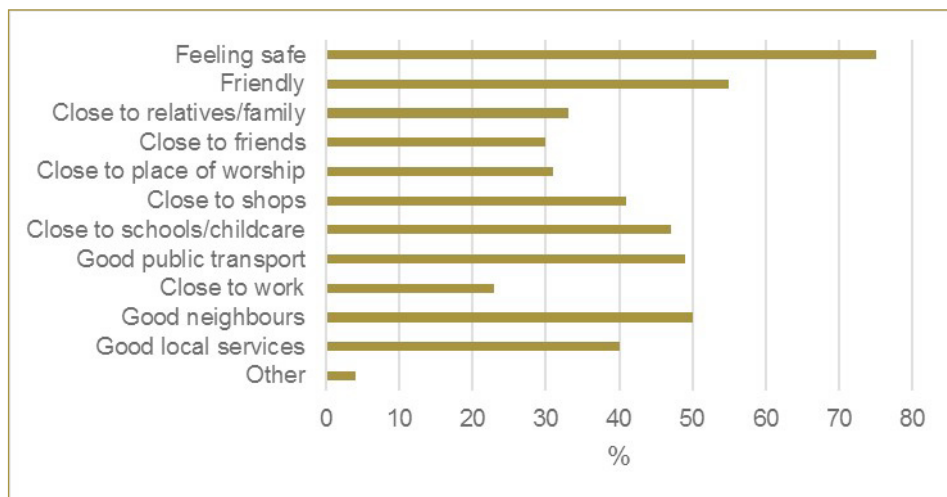
Note: The size of the words in the above figure represents the frequency of themes in the data

What is important in a neighbourhood?

We asked people what they felt was important in a neighbourhood (Figure 15). The most important features were feeling safe, a friendly area, and good neighbours. Other neighbourhood features highlighted were proximity to good amenities and to social connections.

Feeling safe, a friendly area and being close to social networks and amenities and services were the most important feature of a neighbourhood identified by people.

Figure 15: What is important in a neighbourhood



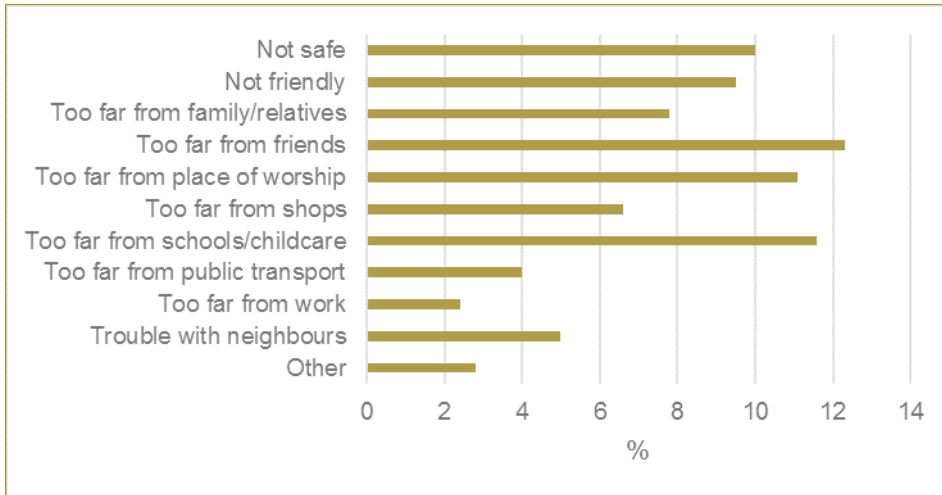
In interviews with people from refugee and asylum seeking backgrounds the main aspects discussed as important in a neighbourhood were similar – with safety, and being close to services or facilities such as schools, shops and places of worship highlighted.



Neighbourhood problems

We asked participants if they had had any of a list of problems in their current neighbourhood (Figure 16). Forty six percent said that they had had no problems. For those who did report problems, proximity to social networks, places of worship and schools or childcare were the key issues highlighted. Also indicated were issues with how friendly the neighbourhood was and neighbourhood safety.

Figure 16: Problems in current neighbourhood

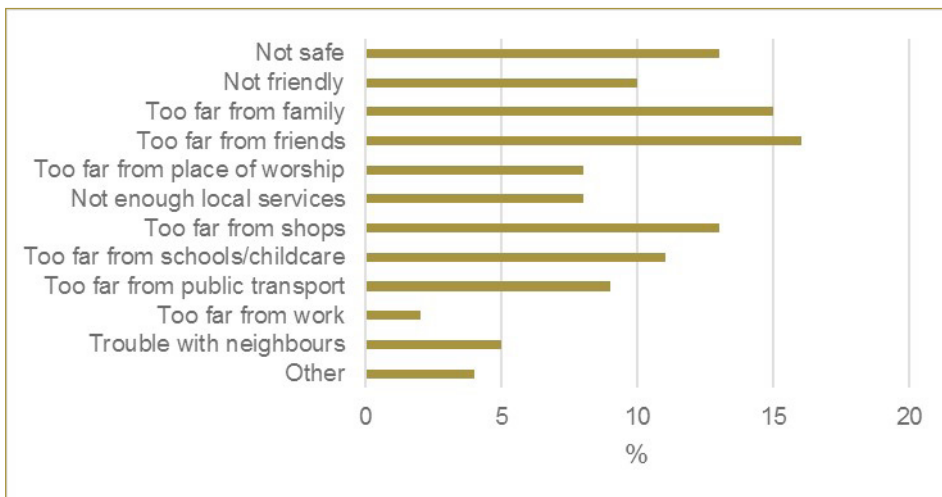


Over half of the participants reported at least one problem with their current neighbourhood.

Issues with proximity to friends, places of worship and school/childcare were the most common problems experienced with current neighbourhood.

For those who had lived in more than one house in Australia we asked if they had had problems in any neighbourhood here other than their current one – only 36% said that they had not had any problems (Figure 17). For the remainder, issues regarding proximity to social networks and amenities and safety and friendliness were again highlighted.

Figure 17: Problems in any neighbourhood in Australia (not current)



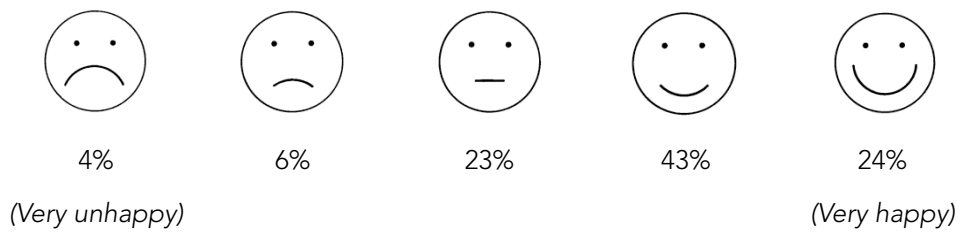
64% had experienced a problem in a previous neighbourhood and problems included proximity to friends and family and shops and not feeling safe.

Neighbourhood satisfaction

We asked people to rate their neighbourhood on the same smiley scale that we used for housing ranging from very unhappy to very happy (Figure 18).



Figure 18: Satisfaction with current neighbourhood



Over 2/3rds of people were satisfied with their neighbourhood

Over two thirds of people were happy with their current neighbourhood, and only 10% unhappy.

We asked people the reason for their satisfaction with their neighbourhood (Figure 19). As can be seen neighbours were the key element of satisfaction, alongside feelings of safety and quiet and peaceful neighbourhoods.

Figure 19: Reasons for neighbourhood satisfaction rating



■ negative ■ positive

Note: The size of the words in the above figure represents the frequency of themes in the data

Good neighbours, safety and peace and quiet were key reasons for neighbourhood satisfaction as well as proximity to community ties and services.

In interviews, participants also emphasised safety and peacefulness as key elements of neighbourhood satisfaction, together with the presence of friendly and respectful neighbours. Other elements were proximity to shops, public transport and school and proximity to their community, family and friends.

The suburb is not safe [...] people there, make some noise and some fight, but they are outside, not inside the house [...] inside is safe but outside is not. You can't walk at the night time (Kiana – asylum seeker background, Middle East, female).





I think in this area it's not a good road, not a good area. The apartment building next to us, dangerous people live there - not dangerous people, maybe they have problem, like a domestic, something like this. Always police comes, take, ambulance comes. I don't like it

(Armita – asylum seeker, Middle East, female).



The public transport is important for us and it's easy when you want to go to the city or even any other places because interchange has many more - give you many more choice and it's just one kilometre to interchange, like ten minutes walking

(Nikta – asylum seeker, Middle East, female).

Our interviews with service providers also reflected many of these issues. The importance of feeling safe in the neighbourhood was also highlighted as being crucial, especially so for those fleeing war and trauma and this was particularly so for women on 204 'Women at Risk' visas:

If [some Australians] see someone that is even different it's more likely that [they] will - it's not more likely but [they might] throw the rocks on people's windows, you know, scare them, and that has impacted the people's wellbeing, especially from these guys who have been in bloody war, who have just escaped the bombs and everything

(Service Provider).



Proximity to cultural community connections was also seen as being integral to the neighbourhood satisfaction of new arrivals.

It's all about location – location, location, location – because they want to be near their community and they need to be
(Service Provider).

Neighbourhood and housing satisfaction were strongly interconnected.

Satisfaction with neighbourhood and housing were strongly interconnected. As can be seen from Table 3, almost three quarters of people who were not satisfied with their neighbourhood were also not satisfied with their housing. Likewise 66% of those who were satisfied with their neighbourhood were also satisfied with their housing.

Table 3: Neighbourhood satisfaction by housing satisfaction

		Neighbourhood satisfaction	
		Satisfied	Not satisfied
Housing Satisfaction	Satisfied	179 (66%)	36 (27%)
	Not satisfied	94 (34%)	100 (74%)

The ratings for neighbourhood satisfaction were higher than housing satisfaction (Figure 11 vs Figure 18). In interviews some people said that they were prepared to compromise on housing suitability and quality in order to be in their preferred neighbourhood and this may partially account for this difference.

Rates of satisfaction were higher for neighbourhood than for housing.

We manage it [the housing problems] I mostly like it here because of the peace of mind I have here. Mainly we moved to this suburb because of the children's school. What mattered for me as well, to live in a suburb which is really good
(Piruz – asylum seeker, Middle East, male).



CASE STUDIES

Our findings indicate the complex array of individual, community and structural factors influencing people's housing and neighbourhood experiences as well as their health and wellbeing. Below we outline a number of case studies which illustrate these issues, all the names have been changed:

Atiqa

Atiqa, a 44 year old Afghani asylum seeker, is happy with her current housing. After community detention Atiqa moved into a house supplied by the Red Cross which she shares with her son who has a range of health issues. In particular, Atiqa feels safe in her 2 bedroom unit because it is fully fenced with lockable gates and is part of a small group of three units. Feeling safe is important to Atiqa not only because of her experiences of trauma associated with war, separation and resettlement but also because of two instances of aggression outside her home during which strangers shouted abuse at her and her son.

"The security is very good. Like we have fence, like the gate, we can lock it at night."

Being a single mother, Atiqa is also happy about the good level of support that she receives from service providers, particularly with maintenance of her unit. The unit's proximity to public transport, Afghani shops and other Afghani people allows Atiqa to feel supported and connected to her community.

Dahlia

Dahlia is an Iranian asylum seeker who lives with her husband in a 2 bedroom unit, which they rent privately. After leaving detention they chose to live in Adelaide where they had the option of staying with friends. Sharing a house with their friends, another couple, was not successful because of issues relating to lack of space, privacy and conflicting lifestyles.

Dahlia's unhappiness in her first house was the result of her strong need for privacy and space due to some of her experiences in detention (health issues and racism). Her profound grief about being separated from her family also increased her need for privacy and space.

"They were our friends but, you know, it has its own difficulty. Everyone has its own lifestyle and it was really difficult."

After 6 months, Dahlia and her husband found a unit of their own.

While she is very happy with her current housing, Dahlia does not feel safe in her neighbourhood because of her neighbours coming and going in the early hours of the morning and witnessing her other neighbours' domestic disputes. Although they would like to be in a more peaceful neighbourhood and in a house with more space and privacy as opposed to a group of flats, Dahlia and her husband have no plans to move—they cannot afford to.



Daina

Daina, a 39 year old mother of 7 from Africa and on a permanent protection visa has lived in her current housing for six and half years with her children and husband. She described a range of ongoing issues which have made her very unhappy in her housing. The family's current house is too small. Not only are there too few bedrooms but the size of the rooms is too small. The house has only one toilet and is in poor condition.

"It's old. The house is very old and when my child was still very little and crawling, one time the edges of the ceiling and the wall [were crumbling] and so I went to check and removed the child from there. Then the water in the tap keeps changing colour...from the normal colour to [that] colour so we don't know why, we don't know if it's because the taps have rusted or not."

Over the last six or so years the family has tried to find another house but have run into difficulties because of the lack of affordable housing with enough space for 9 people. Daina describes feeling embarrassed about the condition and layout of her house but is most concerned about her limited choices because of the size of her family. Recently, they have been told to look for another house because the owner plans to sell the house they are currently living in. The difficulties that Daina has experienced with trying to find housing in the past are causing enormous worry and stress.

Huda

Huda, a refugee from Afghanistan is in her early twenties and lives with her mother and her brother. They have lived in two houses in Australia – one in Marion and the second in Blair Athol. Huda's mother has a disability that impacts her walking, and their first house in Marion had two stories, with the only toilet located upstairs. Huda says "it is not good for my mum – because the toilet is upstairs and she can't get up and down there to go." She says her mother fell down the stairs once and so they were forced to find a new house, which they did without any help. Huda says they are happy in Blair Athol, although it is far from the social connections they formed when they first came to Australia and the rent is too expensive for them – there have been times when they couldn't afford to buy food. Huda says she wakes up at 2am worrying about her mother, their house and their financial situation and suffers from headaches and toothaches. When asked what could be done to help refugees in Australia with housing, she says:

"Older people, like my mum, they did lot of hard work in their home [country] and when they come to Australia... it is too hard. They give a very very small – two rooms – it is very hard to live there. We don't even have space to put a finger. That's why I want – if they give us like – like – not like Australia like give a house, but at least some bigger rooms. You know, brothers can't stay with sisters and is difficult for mother to be with son. So if 4 people then give 3 rooms. And



don't give upstairs to older people because they have a lot of problems with that. It is very hard."

Huda's story highlights the importance of considering factors such as gender and disability when finding housing for refugees in Australia. In particular, it raises issues associated with finding accommodation for people with disabilities which also takes into account cultural factors associated with gender as well as age.

Maarit

Maarit is an Iranian asylum seeker in her late thirties, married with two children. When Maarit and her family first came to Australia they were housed in a room in a motel, which Maarit liked. After that, however they had to find a house.

"It was really hard because we didn't know any English. Nothing understand about Australian culture, how we can find a house?"

Eventually another asylum seeker who had also been in the motel let the family know that the house next door to them in Kilburn was available for rent and the family moved there. Maarit said the house was dirty, dusty and expensive, and she felt unsafe due to parties and noise from her neighbours. As she got to know the Adelaide suburbs, Maarit decided she wanted to move to the East for schools for their children, and again found a house through their social connections – this time a cousin of a friend who had a house available for rent, which is where they currently live. Maarit was able to choose a good school for her children after recommendations from a principal at their first school. Maarit says that she feels safe and a sense of belonging in their new house as they have been able to get to know their neighbours after their landlord introduced them, and they attended events like the street Christmas party.

"If anything happen I can go to every house. I know I'm safe here."

Maarit's house has a garden with herbs that she can use, she feels connected to her neighbours and safe in her house. She said that while she faces other stresses – including the fact that she is on a temporary visa – living in a house she likes and feels safe in makes a positive difference to her wellbeing.

Aina

Aina is an Afghani asylum seeker, and a 28 year old mother of two who lives with her husband and children in a private rental. After coming out of detention, she was in supported housing for 6 weeks. Aina describes the process of looking for their own house as extremely stressful. Every one of their applications were ignored by the agents and landlords which they perceived as being related to their visa status. Aina and her family eventually found a small unit through the Afghani community; however, they are very unhappy with the size and condition of the unit. They want to find a more suitable house but are scared that they will face the same kind of discrimination as they did the first time.



Jishna

Jishna is a 19 year old refugee from South East Asia who lives with his parents and siblings in a 3 bedroom private rental house. Jishna is grateful for the practical support that his family received from AnglicareSA when they first arrived in Australia. The family only stayed in the AnglicareSA housing for 2 months because they needed more space to accommodate their large family. Their caseworker helped to find their current housing which the family are very happy with- mostly because the house has more bedrooms than the first house.

"We are very happy because we are - very happy because we have bed to sleep."

Jishna also describes the family's current neighbourhood which is closer to their Nepalese community and family. Having only been in Australia for 1 year, being part of a supportive neighbourhood also provides a sense of reassurance to Jishna.

"We have neighbours, really good neighbours, who help each other when we are in trouble."

Zafar

Zafar is a 29 year old Afghani refugee who has been in Australia for one year. He and his family have experienced hardship, conflict and trauma both in Iran and Afghanistan and sought refuge in a camp in Pakistan where they lived for 5 years. After being granted a protection visa by the Australian government the family- Zafar, his sister, two brothers and mother- resettled in Adelaide. Zafar's uncle had already been in Australia for 4 years and spoke English well and had a good understanding of the rental system. He was therefore able to help his family find rental accommodation to move to once their allocated time in temporary AnglicareSA housing expired. Both families eventually decided to relocate together as a way of supporting each other and making the cost of living more affordable. Zafar shares a room with his brothers and cousins, describing his home with pride and gratitude:

"This is my first time in my whole of my life that I live in a house like this with furniture. Like I never had house with furniture. Maybe it's crazy, maybe it's funny, but we were in a different lifestyle. Also this is our lunch table, dinner table and we have a small TV because no-one interested in TV. I told you maybe it's funny but when I was a child - not just child, teenager - I just saw this picture in the movies and I never could imagine that I'm going to have - I'm going to live in a house like this [...] Yeah I never had bed. We used to sleep on the floor."

Zafar has plans to improve his English, find work and eventually a house of his own- but not for a few years because his mother has asked that the family stay together for the time being. Zafar feels well supported by his family and has developed a strong connection with his friends from Rotary, where he volunteers and also through his English classes. He very much desired the opportunity to make stronger connections with 'Aussies'; so far he has found



it difficult to find common ground. Despite feelings of loneliness, Zafar has a strong sense of optimism and gratitude for the financial and practical support that he and his family have received.

These case studies demonstrate a number of key factors associated with successful housing outcomes for people with refugee and asylum seeking backgrounds found in our research. In particular, these include housing which makes people feel safe and secure, which was expressed as important by Atiqa, Dahlia, Jishna and Maarit, and being able to afford appropriate accommodation, as highlighted in the cases of Daina, Maarit and Huda. Ensuring that housing is appropriate to the specific needs of families or individuals is also a key element of successful housing, as seen in the cases of Zafar and Huda, particularly in circumstances where people have physical and/or mental health needs. Housing in a supportive neighbourhood, or living near supportive neighbours, was also noted as important by Jishna and Maarit. Finally, the case of Aina highlights the fact that successful housing outcomes are hampered by experiences of discrimination, with positive housing journeys often characterised by social support as seen in the cases of Maarit, Atiqa and Jishna.





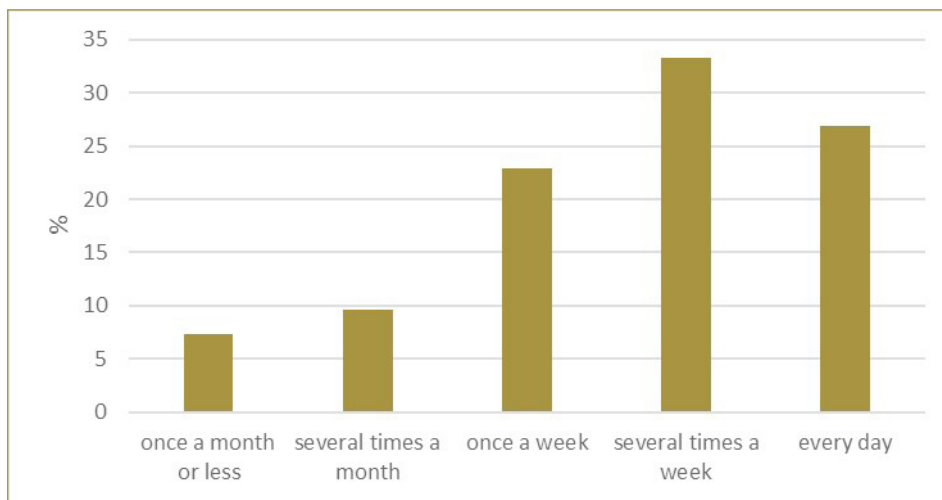
4 Social Inclusion

In this chapter we describe the participants' social activities, support and civic involvement, experiences of discrimination and overall sense of belonging.

SOCIAL ACTIVITIES

We asked people how they socialised and how often. Overall, participants indicated that they socialised often – over 80% socialised at least once a week. However, 16% of participants socialised several times a month or less, which included 7% of people who only socialised once a month or less (Figure 20). This suggests that at least some participants are quite socially isolated, though various levels of socialising may be experienced differently.

Figure 20: Regularity of socialising



Most people socialised at least once a week – through school, places of worship, community organisations and with friends and family.

The types of socialising people did related to school/TAFE, family and friends (in general or from their community and church and other religious communities) (Figure 21).

Figure 21: Types of socialising



Note: The size of the words in the above figure represents the frequency of themes in the data



More of those who were religious socialised at least weekly than those who were not, with people identifying as Christian having the highest proportion of regular socialisers.

There were no significant differences in whether or not people socialised at least once a week by age, gender, continent, visa status or time in Australia.

In the interviews some people said that it was hard to build connections with people in Australia. Those who were religious said they formed the majority of their social connections through attendance at a church or mosque or other place of worship. Other key ways to build connections were sport, community organisations and through children's schools.

I went there for learning English. They know me very well because I was there every day in the morning to afternoon. Take boys to their school, go to English lesson. Everything I can speak now I learn just in [community group]. After that pick them up, back home. It was every day for one year I was in [community group]. After that I make a good friend there. [Name], she is one of their teachers, she used to come to my house every Tuesday. We had -- we were close to each other (Sarina – asylum seeker, Middle East, female).

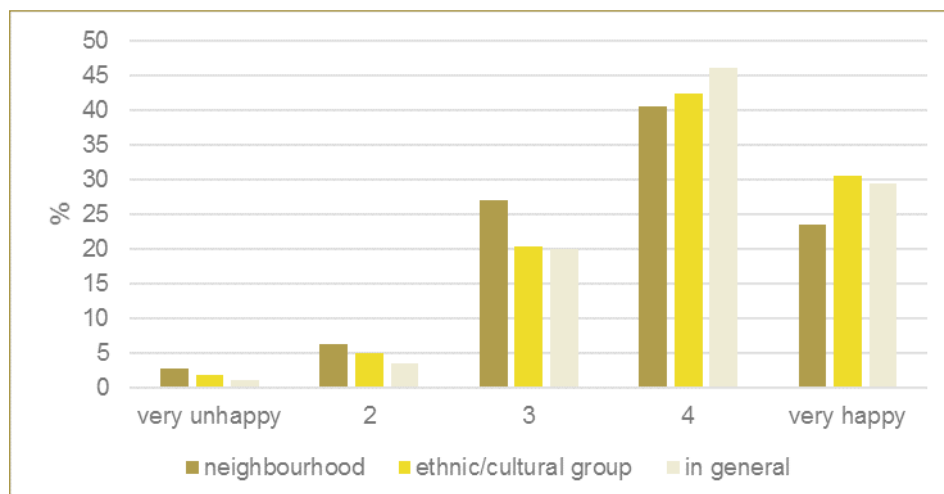
Given these findings we also compared socialising by religion and found that people who were religious socialised more often – with 91% of those identifying as Christian, 80% of those identifying as Muslim and 81% of those practising other religions socialising at least once a week. 28% of those practising no religion socialised less than once a week.

SOCIAL CONNECTIONS

In the survey, we explored participants' happiness with social connections according to three main domains:

- Happiness with social connections to people in the same neighbourhood
- Happiness with social connections to people from the same ethnic/cultural background
- Happiness with social connections to people in general.



Figure 22: Happiness with social connections

Overall people were generally happy with their social connections, though small numbers were more isolated and people were less happy with social connections within their neighbourhoods than those with ethnic/cultural group and in general (Figure 22).

We then averaged across the types of networks and compared people's satisfaction by age, gender continent and visa, and also religion given the types of activities people were reporting, as well as time in Australia as it may take time to build these social connections. We found no difference by age, gender or time in Australia but visa, continent and religion were significantly different. Specifically:

- More refugees (82%) were happy with their social networks than asylum seekers (68%)
- People from South East Asia were the most satisfied with their networks (98% happy), followed by those from Africa (77%), with people from the Middle East the least satisfied (73%)
- Over half of those with no religion were unhappy with their social ties, while over 75% of those reporting each of the other religion types were happy with theirs.

In the interviews there were mixed views concerning happiness with neighbourhood connections. Some participants noted that they had moved to new neighbourhoods specifically to be closer to friends and family. There were also a variety of views concerning happiness with people from own ethnic/cultural community and Australia more generally. People from South-East Asia and Africa, in particular, desired the opportunity to establish neighbourhood connections and were surprised by the extent to which their Australian neighbours 'kept to themselves.'

People from the Middle East were more likely to say that they were socially isolated and were particularly keen to form connections with people from Australia, despite some examples of discrimination. Some respondents were reluctant to establish relationships with people from their countries of origin because of cultural/historical tensions. This was also noted by a number of service providers. People from South-East Asia talked about feeling they were part of a larger community.

Religion was the mostly commonly mentioned way to form social connections and socialise in Australia

Most people were happy with their social networks - including within their neighbourhood and with members of their own ethnic/cultural community, though some people were particularly keen to establish connections with people from Australia.

There were mixed views about neighbourhood connections with some moving to neighbourhoods to be close to social ties, some building new ties in their neighbourhood, and others noting that Australian neighbours tended to keep to themselves.

Many people had formed social connections through their religious affiliations and activities.

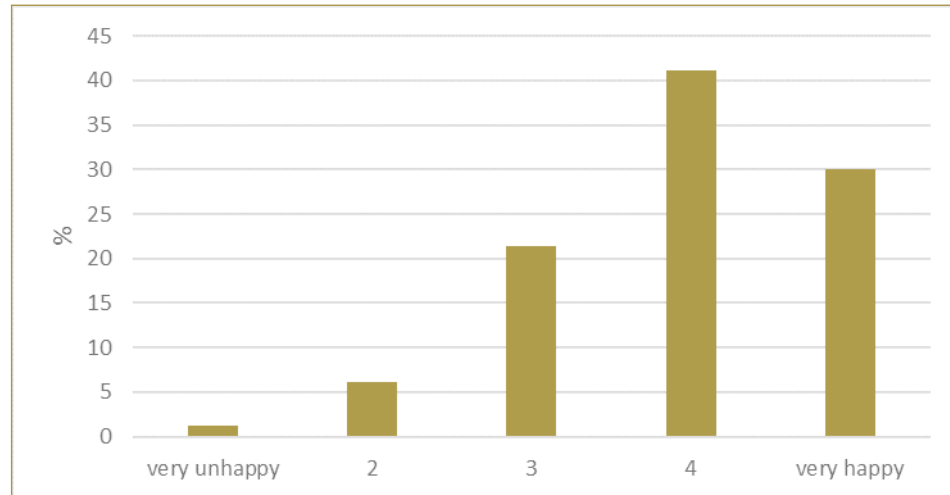


SOCIAL SUPPORT

We asked people the extent to which they were happy with the help and support they received from the people that they knew (Figure 23). Overall people were happy with over 71% being happy or very happy, and only 7% being unhappy or very unhappy.

The majority of people were happy with the support they received.

Figure 23: Happiness with support



We again compared satisfaction with support (happy versus not happy) by age, gender, visa, continent, religion and time in Australia. There were no age or gender differences or differences by time in Australia but there were differences by visa, continent and religion:

- Less asylum seekers (63%) were happy with their social support than refugees (75%)
- Less people from the Middle East (66%) were happy compared with 72% from Africa and 89% from South East Asia
- Only 53% of those with no religion were happy with their social support, compared with 74% of those practising Christianity, 67% of those practising Islam and 89% of those practising other religions.

In the interviews people expressed happiness with the support they received from community networks and groups. For some people, and particularly asylums seekers, there were issues with access to formal supports, and a perception that formal supports were not available to them.

Asylum seekers, those from the Middle East and those with no religion were the least happy with the support their received.

No, I'm not [happy]. I don't feel that because when I go to take the help and support from any community, like you mentioned [service] or others like that, even immigration centre, they reject to help us. They say 'no, you are bridging visa... We don't have any rules to help you

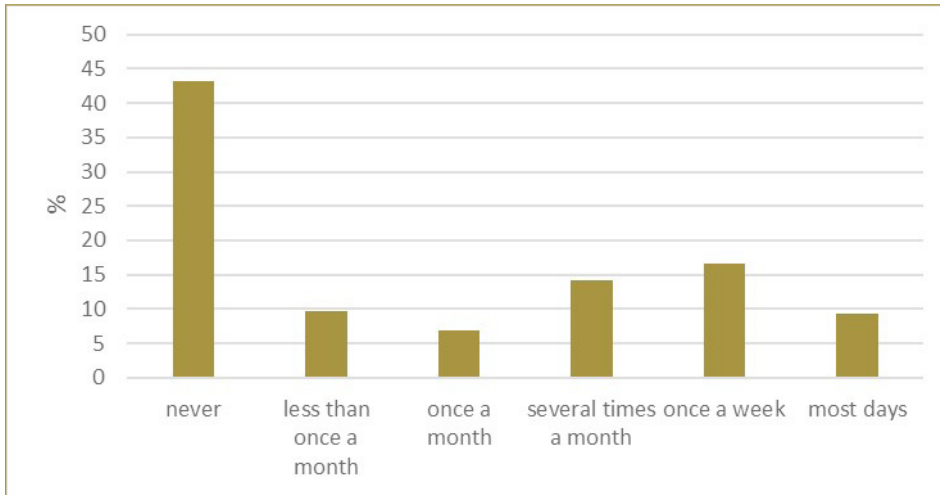
(Najme – asylum seeker, Middle East, female).

CIVIC INVOLVEMENT

Over half of the participants contributed to unpaid voluntary activities in Australia (Figure 24). This work was again closely linked to religious communities but also to their children's school, and a range of service providers (Figure 25).



Figure 24: Regularity of volunteering



The majority of people volunteered, with over a quarter volunteering at least once a week.

Figure 25: Types of volunteering

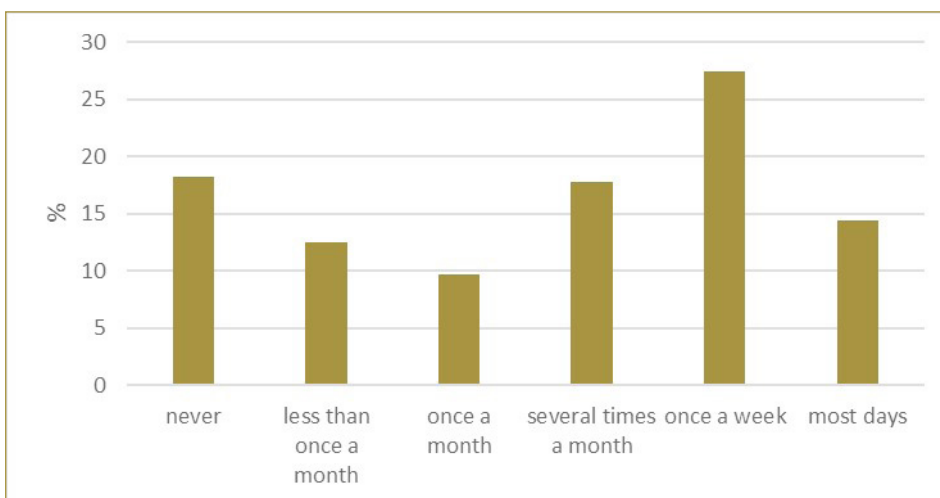


The main types of volunteering were through schools, religious communities and refugee service providers.

Note: The size of the words in the above figure represents the frequency of themes in the data

Over 80% of people were also involved in community groups – again these heavily involved religious organisation activities and also sporting clubs and English lessons (Figure 26 and Figure 27).

Figure 26: Regularity of community group participation



Over 80% of people were involved in community groups.



Religious, community and sporting groups were the main groups people participated in.

Figure 27: Community group participation



Note: The size of the words in the above figure represents the frequency of themes in the data

DISCRIMINATION

Discrimination due to ethnicity, religion or skin colour was experienced by 22% of people

We asked people whether they had experienced discrimination or been treated unfairly in Australia because of their skin colour, ethnic origin or religion. 91 (22%) said they had been discriminated against. 55 (14%) said they had been discriminated against within the last year and 38 (9%) more than a year ago – with 2 people experiencing discrimination both within the last 12 months as well as longer ago.

We asked people in what sort of situations they had experienced discrimination (Figure 28). The main areas this had occurred were in public transport and neighbourhood and also in employment.

Figure 28: Settings of discrimination

The most common situations were on public transport, within neighbourhoods and in employment.

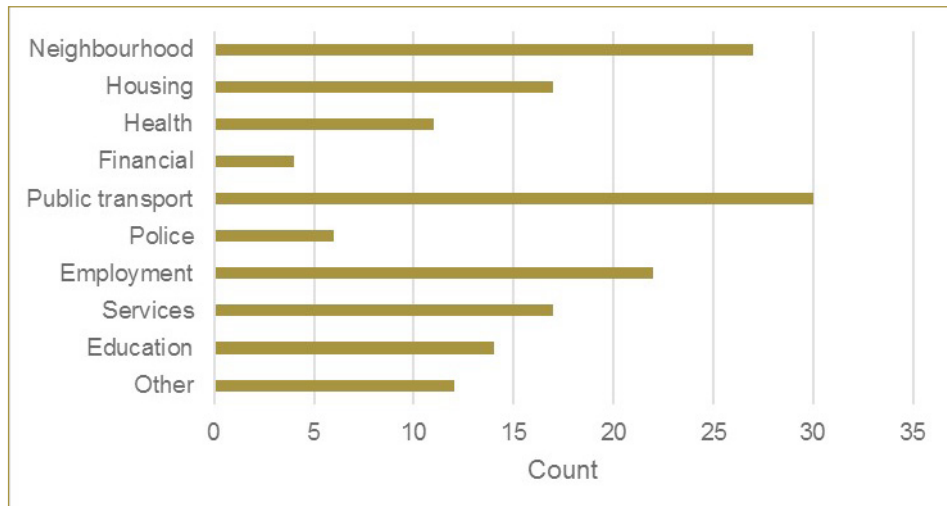


Figure 29: Discrimination incidents



The most commonly described incidents were in relation to aspects of physical appearance (ie. skin colour, headscarf) and in response to identifying as Muslim.

Note: The size of the words in the above figure represents the frequency of themes in the data

We asked survey participants to tell us more about their experiences which we have represented in Figure 29. Incidents included being treated rudely, verbally abused, physically assaulted, and denied services. Some people indicated that they preferred not to describe their experiences – most likely because of being upset by these incidents.

In the interviews various experiences of discrimination were highlighted by asylum seekers and refugees. Most commonly in relation to their physical appearance (ie. skin colour, head scarf) and in response to identifying as Muslim, respondents described being physically assaulted, spoken to rudely, abused, stared at and treated with fear and suspicion. These acts of discrimination took place in their own neighbourhoods and also on the street. The large majority of these respondents were Middle Eastern asylum seekers. Experiences of discrimination were also felt in the context of finding housing. The prevalence of these sorts of experiences of discrimination from rental agents, property managers and landlords were supported by a number of the service provider interviewees, who also highlighted that discrimination was a barrier to housing.

We've got families that have put in 40, 50 applications – but 'they're not trying hard enough. No, not trying hard enough' – and they've been rejected on every occasion and it's really your large families and then you put large families and dark coloured skin together
(Service provider).



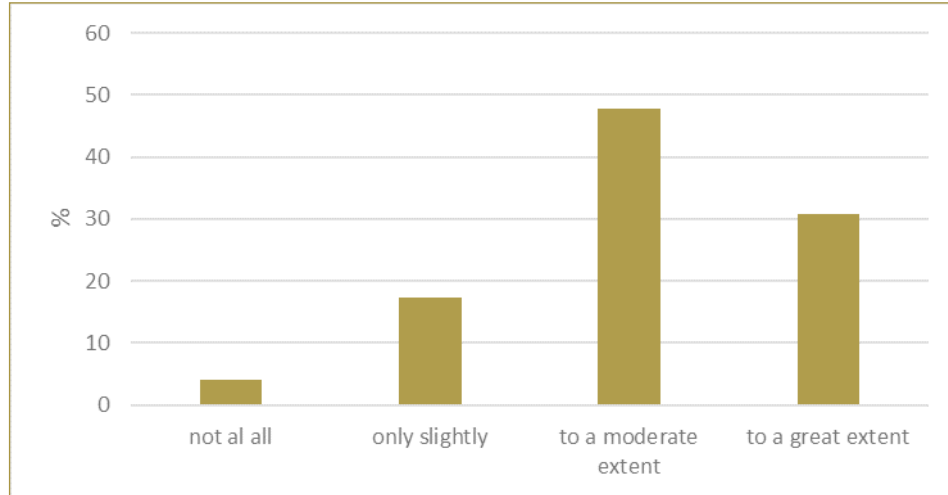
Most people felt a sense of belonging in Australia.

Refugees felt a greater sense of belonging than asylum seekers.

BELONGING

Overall the majority of people felt a sense of belonging in Australia to a moderate or great extent (Figure 30). Only 16 people reported feeling like they did not belong at all.

Figure 30: Sense of belonging in Australia



In the interviews refugees expressed a stronger sense of belonging in Australia through their own communities. Asylum seekers were still finding their way to belonging given the precarious nature of their visas. A sense of belonging took time.



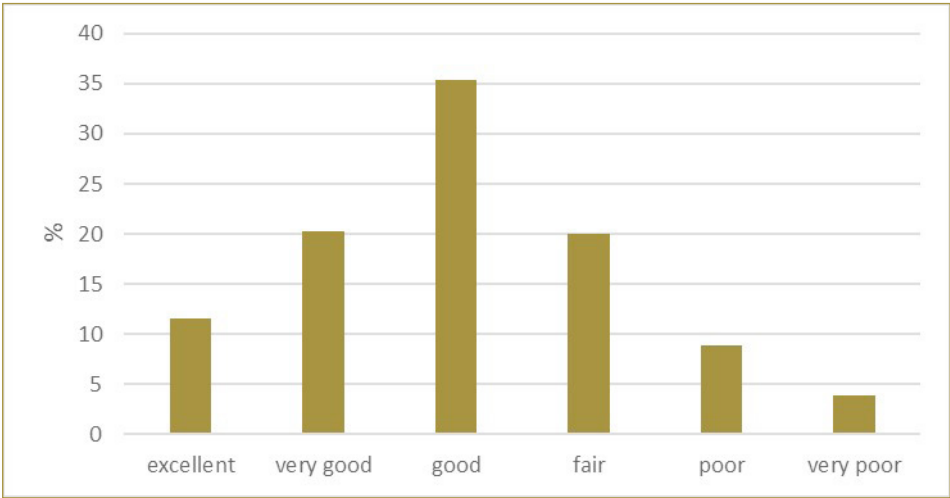
5 Health and wellbeing

In this chapter we report on findings in relation to the impact that physical, economic and social/emotional aspects of housing and neighbourhood, as well as social inclusion, have on the health and wellbeing of refugees and asylum seekers.

HEALTH STATUS

We asked people to rate their overall health over the last month on a scale from excellent to very poor – this question has been shown to be strongly linked to mortality and morbidity. As can be seen from Figure 31, 67% rated their health as good or above, and 33% worse than this.

Figure 31: Overall health rating



We included the SF-8 health scale in the survey, which is a self-report health scale that enables the calculation of a mental health score and a physical health score ranging from 0-100 where higher scores indicate better health. The SF-8 is scored for 50 to be the average so scores lower than this indicate lower than average mental and physical health (Table 4).

Table 4: Mental and physical health summary scores

	Minimum	Maximum	Mean
Mental health	12.68	69.51	42.67
Physical health	18.32	66.30	46.20

Overall there was evidence of mental and physical health issues, with mental health particularly compromised for some.

We asked some other health questions:

- **67% of people had visited a doctor or other health professional** in the last 12 months in Australia
- **16% of people had a disability, injury or health condition** that has lasted or is likely to last 12 months or more.



We compared mental and physical health scores by age, gender, continent and visa status (Table 5). The significant differences were:

- Women had worse mental health than men
- People aged 50 and over had significantly worse physical health than the other age groups
- People from asylum seeking backgrounds had worse mental health than those from refugee backgrounds.

Women and asylum seekers had poorer mental health, and older people had worse physical health.

Table 5: Mental and physical health by demographics

Gender		Mean
Mental health p=.036	Male	43.79
	Female	41.61
Physical health p=.080	Male	47.29
	Female	45.66
Age		Mean
Mental health p=.358	18-29	43.58
	30-49	42.04
	50+	42.32
Physical health p=.002	18-29	47.59
	30-49	46.00
	50+	41.92
Continent		Mean
Mental health p=.107	Middle East	41.67
	Africa	43.86
	South East Asia	43.88
Physical health p=.208	Middle East	46.55
	Africa	45.03
	South East Asia	47.30
Visa		Mean
Mental health p=.001	Refugee	43.76
	Asylum seeker	39.87
Physical health p=.579	Refugee	46.10
	Asylum seeker	46.69

Key issues impacting mental health related to housing, employment, social isolation, family separation, and discrimination as well as past trauma and hardship, and for asylum seekers their visa status.

In the interviews with asylum seekers and refugees overall, people said their mental health was worse than their physical health. Interviews with service providers also highlighted that mental health was generally considered to be more problematic than physical health, particularly in relation to torture and trauma and for asylum seekers.

In relation to mental health, people said they were:

- Lonely
- Worried about family who weren't in Australia
- Worried about housing



- Finding it difficult to secure employment
- Still suffering from previous experiences of trauma and hardship
- Asylum seekers were worried about their visa and felt as though they were in 'limbo'
- Some service providers commented that after the first several months (the 'honeymoon' period) mental health issues can become more prominent

In relation to physical health, people most commonly reported:

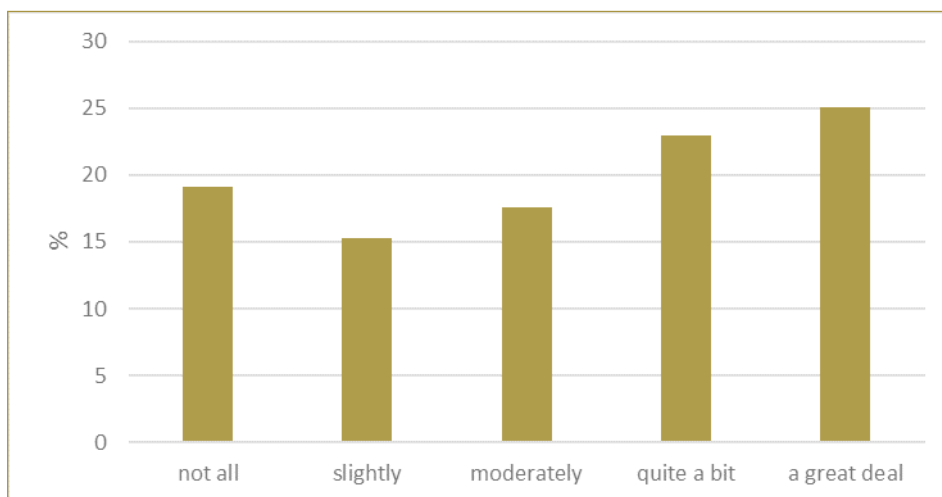
- Chronic pain
- Sleep disturbances

HOUSING, NEIGHBOURHOOD AND HEALTH

Housing and health

We asked people how much they thought their housing had an impact on their health. There was a spread of views about whether it did (Figure 32).

Figure 32: Extent to which housing affects health and wellbeing



Over 80% of people thought that housing had an impact on their health and wellbeing to some extent.

We asked people why they thought this. Many people made general comments that good housing was important for health and wellbeing. Others highlighted particular elements of housing that had an impact on health and wellbeing:

- Feeling safe in the housing itself as well as the neighbourhood where it was located was important
- Housing in a good neighbourhood made them feel more relaxed
- A clean house in good condition made people feel happy
- Living in housing in poor condition was upsetting
- The cost of rent was stressful
- Rental insecurity caused worry
- No heating and cooling affected mood and exacerbated back and joint pain
- Living in overcrowded conditions was difficult
- Finding housing is stressful

Those who said housing didn't affect their health largely felt other things were more important for health.

People highlighted the amount of time they spent in the home as important to the impact it had on their health and wellbeing. With few of our participants employed this was particularly noteworthy.



The main reason people thought housing didn't have a large impact on health and wellbeing was that other elements in their lives, such as concern about visa status, securing employment and family reunion, were seen as more important.

We looked at the relationship between housing satisfaction and health indicators. Housing satisfaction was significantly associated with both mental and physical health - those who were unhappy with their housing had worse mental and physical health than those who were happy (Table 6).

People who were happy with their housing had better physical and mental health.

Table 6: Housing satisfaction and mental and physical health

		Mental health	Physical health
Housing satisfaction	<i>Unhappy</i>	41.06	45.20
	<i>Happy</i>	44.07	47.20
		P=.003	P=.034

Interviews about housing and health

In interviews overall, people said that their housing did impact upon their health, particularly mental health and highlighted physical, social and economic elements of their housing as well as difficulties in securing housing in the first place. Asylum seekers in particular felt that housing impacted their health, especially in relation to having spent time in detention and their temporary visa status.

Problems securing housing and physical, social and economic elements of housing were all seen as having an impact on health.

Securing housing

People talked about the stress and worry associated with the process of finding secure and appropriate housing. They said that finding housing was stressful when they didn't have rental references or know the names of suburbs. People from asylum seeking backgrounds in particular reported that searching for a house had a negative impact on their health – this may relate to the much shorter duration of settlement services supported housing that they are eligible for.

Especially if you don't feel like you can find a house. It is very stressful [...] it took me two years to find a house because I don't have much experience in Australia. The agent doesn't like that I don't have much experience. So that makes it hard. I think now I am OK because it is three years later and I have lived in three houses and I have a good background and am tidy and pay the rent on time but at first it was really hard. It made it bad for my health – I worried about it

(Eli – asylum seeker, Middle East, female).

If you want to talk about how does this [finding appropriate housing] affect their mental health, wellbeing, and their physical wellbeing, well, they come here distraught. The anxiety has increased. The nightmares have increased. You get those heart palpitations again and all of that. Headaches, inability to function. It's making them even more sick than what they have been during that whole war torn process

(Service Provider).



The process of leaving supported accommodation at the end of the settlement services for refugees or asylum seekers was also seen as stressful.

One lady from Housing every two week come here and visit me and she told me 'you should find a house because this is emergency house'. I said 'no, I can't because I have my son and I don't know how to find a house' [...] I just worry about him if I have to move from this house because that's hard
(Iman – asylum seeker, Middle East, male).

Physical elements of housing

Physical elements of housing such as poor condition, cold and damp, poor light, not enough living areas and bedrooms and bathrooms and the absence of functioning heating and cooling were identified by people as having an impact on health and wellbeing. Single males and large families in particular reported that space and layout impacted their health.

Housing does affect how you - you know, your health because the old house, it was dark, it was small. I was feeling really depressed - not the kids, me myself, I was feeling really depressed - but not this house. It's bigger, it's better; I'm happier
(Tahira – asylum seeker, Middle East, female).

Sometimes, yes, because some house very [mouldy], make bad for breathe or something, chest [...] now, inside my house very cold than outside [...] but I cannot say very bad because we are refugee here and we cannot explain
(Sajah – asylum seeker, Middle East, male).

When your house is small and you are sharing your bedroom and there is no place for you to get out and be alone and give time for yourself, at that time when you want to come out of that down situation and you don't have that place to be, or place to go, and yeah it has really affected me
(Asmita – refugee, SE Asia, female).

Social aspects of housing

A home is not just a physical dwelling. Feeling like they had a 'home', housing security and feelings of safety were the key social elements people linked to health and wellbeing in the interviews.



For those renting, feeling insecure about their tenancy had an impact on their mental health, particularly as it made them uncertain about the future.

I am worried about being displaced. It causes your mental and physical health to be endangered

(Yousef – asylum seeker, Middle East, male).

Safe housing was seen as very important to mental health.

Everybody needs accommodation to feel safe in, which is very important. If you had a place then you've got peace of mind and that helps to reduce your anxiety

(Jaleh – refugee, Middle East, female).

For some, living in share house situations could be very stressful, especially for those who had suffered torture and trauma. For example, service providers noted that lack of privacy and excess noise often exacerbated trauma.

Economic aspects of housing

The cost of housing was identified as a key aspect of housing that was detrimental to health and wellbeing.

The house is very expensive, this disturbs me a lot

(Dinanga – refugee, Africa, female).

The rent is very high and the money that I get from Centrelink is not enough and this causes stress in me

(Taraneh – refugee, Middle East, female).

For some people housing was not seen as relevant to health because there were other aspects of their lives that were seen as having a greater impact – for example securing a visa or reuniting with a family member still in danger. Others talked about how housing difficulties compounded these other problems.

This housing is another problem for us...to like think about it, to have stress about it. I don't know, maybe can't sleep about that as we are thinking a lot, so as government don't give us the visa, they don't let us to do work, they don't let us do study. They don't let us do most of the things so at least give us a good house. I don't know, maybe decrease one of our worries, not like increase it

(Nafisa – asylum seeker, Middle East, female).

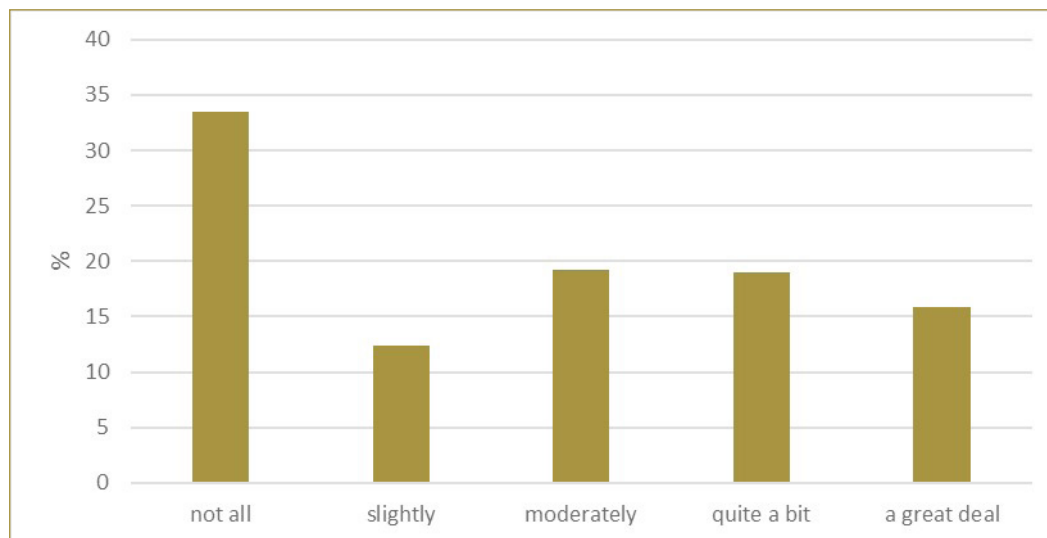
Neighbourhood and health

We also asked people how much they thought their neighbourhood had an impact on their health. There was again a mix of views (Figure 33) but less people felt neighbourhood had an impact on health than they felt housing did. This may be



due to the higher satisfaction we found with current neighbourhood compared to current housing.

Figure 33: Extent to which neighbourhood affects health and wellbeing



We asked survey participants why they answered in this way and the main reasons were:

- That a sense of safety gives peace of mind
- Relationships with neighbours gives a sense of connection or not
- Anti-social behaviour from neighbours is stressful and frightening
- Distance to facilities such as schools, shops and other services affects wellbeing
- A quiet area reduces worry, too much noise is stressful

We compared the mental and physical health scores of those who were happy with their neighbourhood with those who were not and found a significantly lower mental health score for those who were unhappy, but no difference in physical health score (Table 7).

Being happy with the neighbourhood was associated with better mental health.

Table 7: Neighbourhood satisfaction and mental and physical health

		Mental health	Physical health
Housing satisfaction	<i>Unhappy</i>	40.67	45.61
	<i>Happy</i>	43.65	46.62
		P=.006	P=.305

Reflecting the survey respondents, in the interviews people said that neighbourhoods which were seen as safe, quiet and peaceful had a positive impact on health. Specific elements of neighbourhood which were seen as impacting health were:

- Relationships with neighbours
- Feeling safe in a neighbourhood, and avoiding proximity to crime or violence
- Closeness to services which people needed – such as schools, places of worship and public transport



Key features of neighbourhoods relevant to health related to safety, relationships with neighbours and proximity to services and amenities.

Also the safety – you know – to feel safe. With the break ins. This is not good. I want to feel safe. It [neighbourhood] impacts the mental – mental health. It is very important. It is an area that makes a big difference to you
(Edris – refugee, Middle East, male).

SOCIAL INCLUSION AND HEALTH AND WELLBEING

We examined whether the social inclusion variables were related to health and wellbeing.

Regularity of socialising was not significantly associated with mental or physical health. However, satisfaction with social networks was significantly associated with both physical and mental health (Table 8).

Feeling happy with social support and social networks was associated with better mental health.

Table 8: Social network satisfaction by mental and physical health

		Mental health	Physical health
Social networks	<i>Happy</i>	45.14	46.27
	<i>Not happy</i>	39.44	43.51
		P=.000	P=.036

Mental health was significantly associated with feeling happy with social support and almost statistically significant for physical health (i.e. p value just over .05) (Table 9).

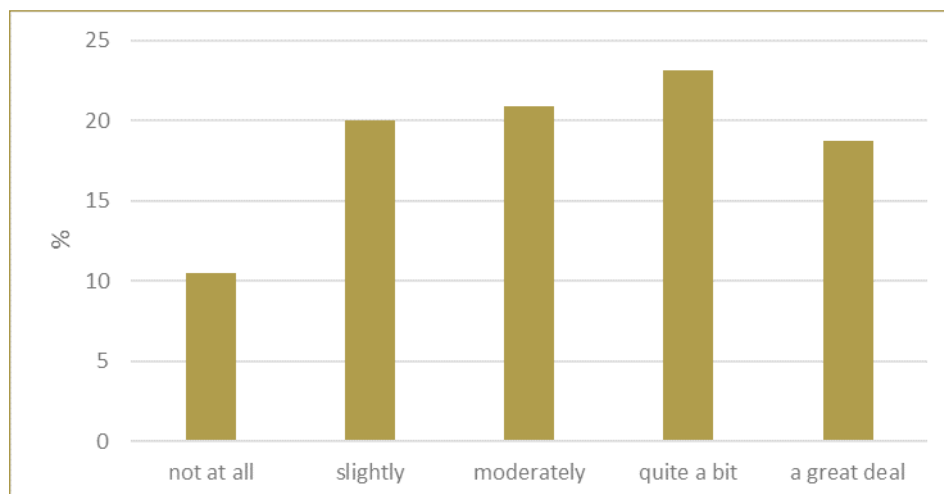
Feeling happy with social networks was associated with better physical health.

Table 9: Social support by mental and physical health

		Mental health	Physical health
Social support	<i>Happy</i>	44.02	46.80
	<i>Not happy</i>	39.59	44.79
		P=.000	P=.054

We asked those people who had experienced discrimination whether they felt like it had affected their health and wellbeing. There was quite a spread of views about this (Figure 34).



Figure 34: Extent discrimination affects health and wellbeing

Most people thought that experiencing discrimination was bad for health and wellbeing and it was associated with worse mental health.

When we looked at mental health and physical health by whether people had experienced discrimination we found that mental health scores for those experiencing discrimination (mean=38.84) were significantly lower than those who had not (mean=43.70). The difference in scores for physical health was not statistically significant.

In the interviews respondents variously described feeling fearful, sad, ashamed, depressed and uncomfortable in response to experiencing acts of discrimination. In a number of instances, acts of verbal discrimination directed at individuals in their own neighbourhoods had the effect of limiting their social interactions after dark. Of significance, however, was the assertion from several respondents that they choose not to allow experiences of discrimination to have a negative impact on their mental health and wellbeing. Most often these individuals noted the presence of discrimination in all parts of the world and they felt that despite their experiences, Australia was generally a friendly country.

Participants described feeling fearful, sad, ashamed, depressed and uncomfortable in response to discrimination, with a number (especially women) limiting their activities in order to avoid this.

It's part of life...not everyone is going to love you, not everyone is going to hate you but some people can hate you but some other people can love you. All of that is part of life (Naeva – refugee, Africa, female).

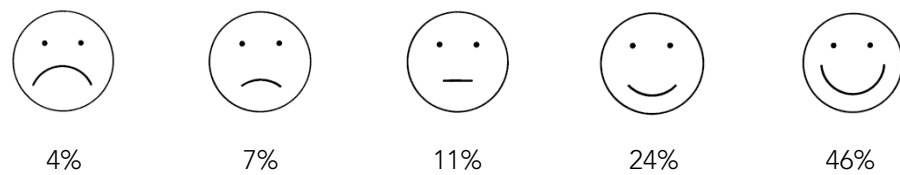
Even in very bad situation I never let myself to think negatively, so if someone does it to me I say 'it's only one guy' but on the opposite side I have lots of Australian friends that [are] really loving, so I never let them to influence me to have a different thought or different view of Australia, never at all (Farhad – refugee, Middle East, male).

HOPE AND GRATITUDE

We asked people whether they felt hopeful about the future. Despite the challenges many of the participants described they were also generally hopeful about the future (Figure 35).



Figure 35: Feelings of hope for the future



When asked if they had any further comments about their life in Australia, despite reiterating some of the challenges especially the impact of visa insecurity for those without an ongoing visa and difficulties securing employment, there was much positivity about Australia and a gratitude for being able to settle here.

I love Australia and respect to all Aussies and hope to be a citizen and be more useful for my new country
(Ehsan – asylum seeker, Middle East, male).

Despite all the financial problems and my visa condition in Australia, I like Australia and Australian people. I'm hopeful on the future
(Tavi – asylum seeker, Middle East, male).

I am very happy in Australia, because I am safe, have a right to go everywhere, free to say, participate in any political religious, social gathering. I am very happy
(Bworo – refugee, Africa, male).

Australia is the most beautiful and best country in the world
(Saman – refugee, Middle East, male).

Most people were hopeful about the future, despite the challenges that they faced, and grateful to be living in Australia.

Service providers noted the gratitude and hope exhibited by the new arrivals they came across. This was seen as one of the key factors which can contribute to successful resettlement:

Another facilitator is to consider, again, the desire, the hopes that people have of building a new life, a new safe and peaceful life, because despite all of what we - all of these frustrations...here that is not only frustrations [are realities], things happening. People are still very hopeful to be able to find a sense of belonging
(Service Provider).



6 Considerations & recommendations

We discussed our research findings with our research partners, our project reference group and also presented the material at the Refugee Housing Network.

The following recommendations and areas for further consideration emerged from these discussions and previous research in the literature about what supports successful outcomes for refugees and asylum seekers in terms of their housing, social inclusion and health and wellbeing experiences.

HOUSING

Housing affordability

Affordable housing, especially affordable rent, was a key issue raised in the research and reflects previous research in this area. The lack of affordable housing in South Australia (and Australia more broadly) has been highlighted in a number of recent reports and tools including the National Rental Affordability Index^[11] and the Anglicare's Housing Affordability snapshot^[12] – both of which found almost no properties surveyed nationally were affordable for someone in any of the categories receiving a government benefit. A lack of affordable housing makes securing housing for people from refugee and asylum seeker backgrounds particularly difficult given the barriers many face in gaining employment. In addition, refugee and asylum seeker accommodation providers have a cap on the costs available for housing based on tenants' incomes, which limits the quality and suitability of housing that providers can offer.

Our research indicated that many participants were experiencing financial difficulties, including in relation to paying for their housing. Only 13% of people were currently working and across the sample less than 1 in 3 felt happy with their financial situation. More than 1 in 5 (and over half of asylum seekers) reported that there was a time in the last year where they did not have enough to food to eat and couldn't afford to buy any more. Difficulties with housing affordability were particularly acute for asylum seekers who can only receive 89% of Centrelink NewStart benefit, have restricted work opportunities due to their visa conditions and length (or in some cases are prohibited from working) and are also not always eligible for other concessions such as transport or health).

Considerations/Recommendations

- The National Rental Affordability Index indicates that NewStart Allowance and Rent Assistance (and Living Allowance and Rental Assistance Allowance for asylum seekers) relief are insufficient to enable access to suitable housing. Increasing these would assist refugees and asylum seekers on low incomes to be able to access appropriate housing.
- Housing SA bond and rent assistance is critical to new arrivals and needs to continue to be available. Any change in eligibility requirements to lower the maximum income threshold may exclude large families due to potentially larger Centrelink payments and this would be regressive policy measure. It is also important that these schemes take into consideration the breakdown of co-tenancies and increase the flexibility of repayment options.^[5]
- The public housing sector has been shrinking in South Australia but the need for more community and public housing for some refugee and



asylum seeker groups was highlighted in our study (not just for housing affordability but also for greater security of tenure). Consideration should also be given to the way that refugee status may be incorporated into the priority system for social housing, and housing allocations should consider safety issues in particular in relation to gender, disability and composition of the family.

- Paid work was highlighted as a potential pathway to affording more suitable housing. Only a small proportion of our research participants were in paid work and those who were employed were generally in positions below their educational and work experience levels in their home country. Suggested ways to facilitate access to paid work included grants for businesses/employment strategies such as the Ignite Small Business start up to encourage the type of entrepreneurial enterprises highlighted by Hugo.^[13] Also opportunities to volunteer to get employment experience in Australia, and facilitating ways to have qualifications recognised in Australia would assist in this.
- The National Rental Affordability Scheme (NRAS) was highlighted as a potentially important scheme – and similar schemes may offer the development of a greater supply of affordable housing more generally. However the feedback about NRAS was that there has been very little success by service providers in applying on behalf of their clients. Such schemes should consider the selection criteria in light of the particular difficulties many refugees and asylum seekers have in securing affordable housing and the strengths that many people from refugee and asylum seeking backgrounds bring to their tenancies.^[7]
- Single person households are particularly vulnerable to housing affordability issues. Rooming houses have the potential to provide low cost housing to single people from refugee and asylum seeker backgrounds. However, there are risks with for-profit rooming houses as recently highlighted by Shelter SA in their audit of the sector.^[14] Models such as Common Ground housing in Adelaide which provides housing alongside a range of support services, and Unity Housing Company's The Terraces model of rooming houses have the potential to provide housing to refugees and asylum seekers on very low incomes. Women only rooming houses may be more appropriate for single female refugee and asylum seeker tenants, for whom safety is a significant concern. Community networks such as Circle of Hope groups could have an accommodation focus or schemes such as Enough Room in Sydney which match asylum seekers with people who are able to house people in their own homes may be of potential value but would require considerations of safety and other issues.
- Asylum seekers should be eligible for 100% of appropriate welfare benefits. Asylum seekers who have had their claims denied twice ('double negatives') who cannot work and cannot access Centrelink benefits are in extreme financial hardship. These individuals require the reinstatement of welfare entitlements as well as the right to work, or they face a high risk of homelessness. Any other additional relevant entitlements should be available to all regardless of visa status.
- Strategies to encourage home ownership are discussed below.

Securing and maintaining appropriate housing

The research indicated that even if housing was 'affordable' there were still issues in securing and maintaining appropriate housing for some people, mirroring some



of the previous research in the area. These issues are particularly significant for people from refugee and asylum seeking backgrounds given the myriad of other resettlement factors they are also grappling with such as finding employment and building social connections, and the trauma that many have experienced prior to resettlement in Australia, where for example, safety is a particularly key concern.

There were a range of barriers to **securing** housing, such as how to know where housing is available, getting to open inspections, lack of rental history or references, discrimination in the housing market, understanding tenant rights and responsibilities and difficulties with language.

There were also the issues of finding **appropriate** housing in terms of having enough bedrooms, bathrooms and living areas (which was difficult particularly for large families), finding housing in reasonable condition and providing a sense of safety. Moreover, housing stock in Australia is generally not well set up for larger families or those with cultural and social practices such as men and women socialising in different spaces (e.g. it is typically 3 bedrooms with one living space), and refugees and asylum seekers are sometimes relegated to the worst housing^[7]. Access to appropriate heating and cooling was also an important issue, though even when this is available the costs associated with running appliances can be prohibitive. Housing problems led to people being less satisfied with housing.

Most people had moved at least once and over 40% were currently looking to move. Some people had moved multiple times (up to 9 times for some people). People continued to have housing problems beyond their first house. Even households that were well settled into housing reported finding difficulties in moving when household conditions changed (e.g. if English speaking children move out, or in the case of single people sharing houses who may or may not be on original leases). Housing insecurity and needing to move regularly were important issues that led to stress and disrupted social and community networks.

Some groups were particularly vulnerable to housing issues. For example large families can find securing housing difficult due to a lack of appropriate housing stock or discrimination in the housing market. Financial difficulty was associated with poorer housing experiences, particularly for asylum seekers, who also face further barriers in securing housing such as potentially being unable to sign a lease for 12 months due to the duration of their visa and that many services are not funded to help them. Single men and women can also find securing affordable housing particularly difficult, in particular for single women for whom safety is usually paramount. Those living with non-family members were the least happy household type, and there was evidence of difficulties for people living in share housing situations particularly for those who had experienced trauma. Living with friends could also reflect a form of secondary homelessness. Service providers also reported a sometimes ad-hoc approach to housing people with disabilities and stressed the need to make sure housing was appropriate for the mobility and other needs of people with disabilities.

Reference group members and service providers discussed the difficulties of some groups having potentially unrealistic expectations of housing. However, the research also highlighted that some people were living in unsuitable accommodation (e.g. housing without any facilities for heating or cooling, housing which was mouldy or damp, and housing without adequate security). Moreover, it is important to note that even if housing was affordable if it was below expectations this could be a negative experience for tenants.

Interviews and case studies highlighted a range of areas that lead to more successful housing outcomes for people with refugee or asylum seeking



backgrounds. These included social supports to find appropriate housing, finding housing which made people feel safe and secure, and being able to afford appropriate housing. Supportive neighbours also led to greater housing satisfaction and feelings of security. Finally, the case of the Bhutanese community in South Australia was frequently raised by service providers as an example of successful housing outcomes, with HomeStart supporting over 100 Bhutanese families to purchase housing in the state. Service providers noted that this was often because of close community supports, whereby many people would be named on a loan, allowing entry into the housing market.

Considerations/Recommendations

Supporting tenants

- Some refugees and asylum seekers in particular need longer to develop 'skills' in navigating the housing market than the generally 6 weeks (asylum seekers) or 6 months (refugees) they are eligible for. AnglicareSA has acknowledged this in providing extended timeframes for large refugee families and complex cases. However, over longer periods of time people may become more settled in their house and neighbourhood and find the transition to new housing even more unsettling and difficult so they need to be well prepared for this eventual move.
- Case workers or tenancy officers were important in securing the next house at the end of the supported housing and this role needs to be continued. Some individuals and families need access to ongoing support after this more intensive support (even beyond 18 months). Services such as the Australian Refugee Association's accommodation assistance which is provided after the HSS period and up to 5 years post-settlement, is crucial for this, as research indicates that the risk of homelessness can continue after the first year.
- For some new arrivals practical matters such as getting to open inspections can be prohibitive in terms of navigating public transport systems to attend multiple houses in short succession, in particular single women with children, and those with psychological trauma. Practical assistance such as transport is needed to help house particularly vulnerable new arrivals. This requires funding and service provider and volunteer capacity.
- Many organisations are not funded to work with asylum seekers but this group is one of the most vulnerable. More funding to assist asylum seekers would be money well spent given that many will eventually settle in Australia and providing the best start to their time here will maximise the chance of successful settlement.
- Assistance from community organisations and community networks (such as Circle of Friends) and service providers in securing and maintaining successful tenancies was appreciated and should be continued and financially supported where possible. This support included providing reference letters (on arrival many people do not know anyone let alone having multiple people to provide references for them), gardening assistance and help with bills.
- Social networks were an important pathway into housing. Looking into ways to facilitate the flow of information through communities would assist this. Community members play an important role in maintaining tenancies but these networks should not be over-relied upon where government services have an obligation to provide assistance.



- There is a need for advocates to assist refugees and asylum seekers in securing housing and maintaining their tenancies, including in understanding rights and responsibilities. These roles could be fulfilled by service providers, community leaders/members and volunteers, depending on resources and cultural considerations.
- Refugees and asylum seekers should be included in conversations about how to best secure and maintain tenancies – they have crucial expertise in what would best support successful housing outcomes for people from their communities.^[5]
- Housing large families is increasingly difficult. The trend in housing has been to smaller houses and yards and houses with smaller rooms which make it more difficult for large families to secure housing that enables the sharing of rooms by siblings. Strategies to house large families in the long term are essential.
- Placing new arrivals in housing appropriate for their circumstances (near public transport and shops if without a car, no stairs if issues with mobility, located near community) is likely to support more positive housing outcomes
- Education of refugees and asylum seekers about navigating the housing system in Australia and their tenant rights and responsibilities is important, particularly in relation to legal issues such as those related to signing a lease or maintaining property. Again, case workers play a central role in this regard, as do broader community support organisations.
- Given the language difficulties experienced by many asylum seekers and refugees and the impact of this on their housing experiences (and other areas of their lives), the provision of information to tenants in a range of ways that are mindful of literacy and language issues is crucial. This includes information about tenant rights and responsibilities to ensure that people are able to understand and fulfil their obligations and to know their rights in order to avoid exploitation and also to understanding the import of features such as the Property Inspection Checklist.
- There is a need to work with the Department of Immigration and Border Protection to help prepare people for the standard of housing that can be realistically afforded in Australia but also to ensure that minimum standards are met. However, there is still the need to make space for expectations – new arrivals are entitled to houses that are in good condition.

Working with the real estate sector

- Building relationships with real estate agents and property managers was identified as very important. Some agents and managers provide great support in helping to house refugees and asylum seekers. The Real Estate Institute of South Australia and the Landlords Association could encourage this amongst their members, and service providers could further facilitate these relationships, which a number already do. Potential accreditation for agents/managers who are skilled in working with refugees may be one way to make this an attractive professional development goal.
- Working with landlords and real estate agents and property managers around equal opportunity legislation and the requirements to not discriminate in housing is also important.
- Given the long duration many larger families identified it took to secure housing, agents and landlords should be encouraged to give longer notice for larger families to vacate housing to give sufficient time to find alternative housing.^[7]



- Access to free interpreting for real estate agents was suggested. There was previously a pilot program for this but this has not continued. Feedback from agents was apparently that it was too time consuming. Further investigation should be undertaken to examine the barriers to its use and the potential to reinstate this resource.
- It was highlighted by service providers that some landlords are themselves new arrivals and that accessing properties held by these landlords would be a useful avenue to pursue.
- It was suggested that for some landlords and agents, receiving Centrelink payments may be a barrier to being able to secure housing due to a perception of such potential tenants potentially not being able to reliably pay rent. Highlighting to property managers and landlords that Centrelink benefits can in fact be a more reliable source of rental payments than paid work may assist in reducing this barrier.

Other

- The competitive tendering process for services for asylum seekers and refugees was identified as unproductive and works against cooperation and collaboration between services/agencies. An intersectoral collaborative approach to housing and other services is important to guard against service gaps for individuals and also so as to provide one cohesive message to new arrivals and prevent a doubling up of services. In addition a collective voice carries more weight in terms of the message reaching policy makers.
- Trauma informed training and education should be promoted for workers from mainstream services, real estate agents and landlords. This would assist them to work with refugees and asylum seekers with greater understanding of the impact that torture and trauma can have on housing and settlement experiences (such as the vital importance of feeling safe in neighbourhoods, concerns about inspections as an invasion, and difficulties in understanding and remembering some information).
- A greater number of Private Rental Liaison Officers is needed to help new arrivals navigate our complex and competitive rental system.
- The creation of a tenant union was suggested, to assist people to understand their rights and responsibilities as a tenant. Tenant Unions provide free and confidential advice, assistance and advocacy for tenants of private and public residential properties. Unlike other states where they are funded through interest earned on bonds, South Australia does not currently have one. Such a union might assist people from refugee and asylum seeking backgrounds to access housing that responds to their needs.
- Housing standards are usually informed by building and construction considerations. These standards need to consider the health impacts of housing elements and to incorporate these into minimum standards, and this makes a important contribution to addressing health and wellbeing issues.

Assistance into home ownership

A small number of people had been able to purchase their own home and those who owned their own home were the most satisfied with their housing. The affordability issues highlighted previously are acknowledged, as is the time it can take new arrivals to understand the Australian housing market. However, for some groups assistance into home ownership is an important aspiration.



Considerations/Recommendations

- In South Australia Homestart offers a range of ways to support low-income people into homeownership including low-interest loans to eligible people. They regularly run seminars for refugees and asylum seekers about purchasing homes in Australia. This is an important service and needs to be continued.
- Other organisations could also be supported in providing seminars and assistance for people considering purchasing their own home. Some organisations do this already – e.g. the Australian Migrant Resource Centre, the Australian Refugee Association and Lutheran Community Care – and support for these programs should continue. Many people in our research felt that home ownership was out of reach for them, and seminars may assist with planning and preparation for the longer term.
- The Bhutanese community were identified as a cultural group who had been particularly successful in attaining home ownership and further examining the reasons for this success would be a useful way to develop strategies to encourage home ownership. One potential successful model is for families and friends to pool resources to help families into the housing market, with a roll on effect for others in the community.

NEIGHBOURHOOD

In general people were satisfied with their neighbourhood – more so than their housing - suggesting that they may have prioritised the neighbourhood of their choice over the actual dwelling within it.

A key concern was a sense of safety in the neighbourhood – this is important for everyone but particularly important for refugees and asylum seekers, many of whom have experienced challenges to their sense of safety, and most especially for women such as those on 204 (Women at Risk) visas.

Good neighbours were also highlighted as relevant to neighbourhood satisfaction –this was important in terms of not having disturbances or violence that affected a sense of safety but also in the way that good neighbouring relations contributed to a sense of community and belonging. For some people neighbourhoods in Australia were not seen as providing the same sense of connection as within their country of origin.

Proximity to services, particularly schools, and social networks were also highlighted as important in neighbourhood selection.

Considerations/Recommendations

- Careful consideration should be made in placing refugees and asylum seekers in neighbourhoods, balancing affordability issues with a concern for safety as well as proximity to important social networks and services. Particular care should be taken with more vulnerable individuals such as those with a disability or women on at risk visas. The impact of trauma on perceptions of safety needs careful consideration – past negative experiences may severely impact how a person feels in any given neighbourhood in ways which may not be immediately clear to service providers or real estate agents.
- Service providers should continue working with police on issues of safety and informing refugees and asylum seekers of their rights to report issues to the police.



- There is the need for enhanced community development approaches by local government to support neighbourhood connections which would assist in building social connections between neighbours as well as assisting residents to access mediators when disputes arise.
- More research on what makes people feel unsafe and safe and where this is most acute would further contribute to strategies to promote perceptions of safety.

SOCIAL INCLUSION

In our study most people socialised regularly, were engaged with community groups and volunteering, and were happy with their social support. Religious communities were in particular a key way to form social connections and so not being part of a broader religious community could make people more socially isolated if people can't access other forms of support. Some groups, including those from the Middle East and asylum seekers were more socially disconnected.

Over 1 in 5 people reported experiencing discrimination due to ethnicity, religion or skin colour. The most common situations were on public transport, within neighbourhoods and in employment. Most people felt a sense of belonging in Australia – but asylum seekers felt this less so than refugees.

The need to support the social inclusion of refugees and asylum seekers is an important goal – highlighted in the South Australian government's Access and Inclusion Guidelines, and also the social inclusion strategies of local councils.

Considerations/Recommendations

- Given the isolation of some groups, particularly those without religious ties, continued efforts to support informal community networks is necessary. Initiatives such as those that are facilitated at the Hope's Café and Welcome Centre with shared food and social interaction, and mentoring programs like the Fuse mentoring friendship program run by Baptist Care SA, are very important. Schools also play an important role here and could be supported in assisting connections as could sporting groups that are already working with youth from refugee and asylum seeking backgrounds.
- Community education in schools- primary and secondary - and community groups provided by someone with lived experience would assist in challenging the negative political/media discourse by highlighting asylum seekers and refugees as contributors rather than recipients to Australian society. Service providers noted that the use of the word 'illegal' when describing asylum seekers was very damaging and has no legal basis.
- As noted above efforts by local government to build community within their locales would assist in reducing discrimination and in building cohesion.
- Landlords and property managers, where appropriate, could assist neighbouring relationships by facilitating an introduction with neighbours when signing new tenants.^[7]
- Settlement services should work with the legal sector to assist refugees and asylum seekers to address discrimination and exploitation.^[5]
- Access to language assistance such as English classes as well as to be able to communicate in languages of origin facilitates social connections. Extending full eligibility for English language classes, in particular for asylum seekers, would assist in this.



- Full social inclusion also requires access to other social and economic resources such as education and employment. There are a current a range of limitations to access to these that need to be addressed particularly for asylum seekers some of whom have restrictions on their work rights and where they must pay international student fees to access tertiary education.

HEALTH AND WELLBEING

Overall there was evidence of mental and physical health issues amongst the participants, with mental health particularly compromised for some. This reflects other research revealing higher rates of mental health issues amongst refugees and asylum seekers than the general population.^[8,15] The annual burden of mental health disorders in Australia has been estimated to be \$20 billion.^[16] Given this, addressing the mental health needs of refugees and asylum seekers is an economic imperative, as well as offering the significant individual and community benefits of doing so.

Housing was highlighted by service providers as a key settlement and health issue – a place where people laid down their roots and started their new life in Australia. In our research housing and neighbourhood satisfaction were associated with better health indicators. Likewise problems securing housing and physical, social and economic elements of housing were all seen as having an impact on health. Not getting housing right during the initial stages of resettlement can be a costly exercise for health providers to pick up the pieces from.

Likewise indicators of social inclusion such as feeling happy with social networks and social support were linked to better health. Discrimination was experienced by more than 1 in 5 people and impacted negatively on health and wellbeing.

In addition to the influence of aspects of housing, neighbourhood and social inclusion on health and wellbeing, other important issues were highlighted such as employment, family separation, uncertainty about visa status, and past trauma and hardship. These issues were described as having significant impacts on mental health and wellbeing, mostly in relation to anxiety, stress and feelings of depression. Asylum seekers were particularly anxious about their visa situation.

Despite the myriad of challenges that many asylum seekers and refugees faced the large majority were still hopeful about the future – this indicates considerable resilience.

The recommendations outlined above in relation to housing, neighbourhood and social inclusion all have the potential to be beneficial for health and wellbeing, given the links that we found between these elements. Broader issues affecting refugee and asylum seeker health and wellbeing are multiple and complex, however we outline below some issues for consideration more generally in relation to health and wellbeing that emerged as part of the research.

Considerations/Recommendations

- There is a continued need for specialist health services for refugees and asylum seekers such as the Migrant Health Service (MHS) and the Survivors of Torture and Trauma Assistance and Rehabilitation Service (STTARS) to support health, and mental health in particular. Ongoing and increased funding to these services, given the potential economic consequences to the health system if the health needs of refugees and asylum seekers are not met, is a cost effective investment in health.
- It is recommended that Primary Health Networks (PHNs) consider refugees and asylum seeker needs in their population health planning and



commissioning of services. The Adelaide PHN has commenced such a focus and it is recommended that this be continued and expanded.

- There is currently a lack of an equity framework to guide health services for refugees and asylum seekers in South Australia or a statewide refugee health action plan (as there are in other states). This is required to ensure the health needs of asylum seekers and refugees are met.
- The research indicated that visa related issues had a significant impact on health and wellbeing, in particular in relation to mental health. Throughout the analysis we found that asylum seekers experienced more housing, neighbourhood and social inclusion issues and that the temporary nature of their visa, and restrictions associated with it, was damaging for their wellbeing. Granting permanent protection visas to these individuals would make a considerable positive impact on their health and wellbeing.
- A social determinants of health approach to health and wellbeing is important for people from refugee and asylum seeking backgrounds – where housing, neighbourhood and social inclusion are part of a complex array of settlement factors that interact to affect health. Organisations providing settlement services and community organisations already acknowledge the important impact of various resettlement factors on health in the work they do with refugee and asylum seekers. Continued and expanded partnerships between settlement and health services would further assist in this, and should be resourced accordingly.



Conclusion

While our study includes only a subgroup of people resettling over the period we covered, our research partners, project reference group and members of the Refugee Housing Network all noted that the findings resonated with the broader experiences of the people from refugee and asylum seeking backgrounds that they work with.

This research has highlighted a range of challenges that many asylum seekers and refugees face in their efforts to secure and maintain housing, make their place in neighbourhoods as well as the extent of their social inclusion. It has also illustrated the ways that these factors have important consequences for health and wellbeing. Supporting successful housing, neighbourhood and social inclusion experiences for asylum seekers and refugees are important public health investments for some of our newest and most vulnerable residents.





References

1. Forrest, J., Hermes, K., Johnston, R., & Poulsen, M. The Housing Resettlement Experience of Refugee Immigrants to Australia. *Journal of Refugee Studies*, 2012. **26**(2): p. 187-206.
2. Carter, T., & Osborne, J. Housing and Neighbourhood Challenges of Refugee Resettlement in Declining Inner City Neighbourhoods: A Winnipeg Case Study. *Journal of Immigrant and Refugee Studies*, 2009. **7**(3): p. 308-327
3. Refugee Council of Australia, *Housing issues for refugees and asylum seekers in Australia: A literature review*. Refugee Council of Australia. 2013.
4. Beer, A., & Foley, P. *AHURI final report: Housing need and provision for recently arrived refugees in Australia*. 2003, Australian Housing and Urban Research Institute.
5. Settlement Council of Australia, *Addressing barriers to adequate housing, Discussion Paper*. 2012.
6. Flatau, P., Colic-Peisker, V., Bauskis, A., Maginn, P., & Buergelt, P., *AHURI final report: Refugees, housing, and neighbourhoods in Australia*. 2014, Australian Housing and Urban Research Institute.
7. Loehr, N., *At Home in the Market: Risk, Acculturation and Sector Integration in the Private Rental Tenancies of Humanitarian Migrants*. 2016, PhD thesis, Flinders University.
8. Fazel, M., J. Wheeler, and J. Danesh, Prevalence of serious mental disorder in 7000 refugees resettled in western countries: a systematic review. *The Lancet*, 2005. 365(9467): p. 1309-1314.
9. Hadgkiss, E.J. and A.M.N. Renzaho, The physical health status, service utilisation and barriers to accessing care for asylum seekers residing in the community: a systematic review of the literature. *Australian Health Review*, 2014. **38**(2): p. 142-159.
10. Braun, V. and V. Clark, Using Thematic Analysis in Psychology. *Qualitative Research in Psychology* 2006. **3**(2): p. 77-101.
11. National Shelter, SGS Economics and Planning, and Community Sector Banking, *National Rental Affordability Index*, 2017.
12. Anglicare Australia, *Rental Affordability Snapshot 2017*, Anglicare.
13. Hugo, G., The economic contribution of humanitarian settlers in Australia. *International Migration Review*, 2014. **52**(2): p. 31-52.
14. Shelter SA, *The End of the Road*. 2017, Shelter SA: Adelaide.
15. Shawyer, F., et al., A cross-sectional survey of the mental health needs of refugees and asylum seekers attending a refugee health clinic: a study protocol for using research to inform local service delivery. *BMC Psychiatry*, 2014. **14**(1): p. 356.
16. Australian Bureau of Statistics. *Feature Article 2: Mental Health*. 2010; Available from: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/1301.0Chapter11082009%E2%80%93310>.





APPENDIX 1:

Project Reference Group

1. **Steering Committee Members:**
 - a. **The Australian Refugee Association:** Dusko Cuckovic;
Kirsten Bickendorf
 - b. **AnglicareSA:** Mary Awata
 - c. **Baptist Care SA:** Bryan Hughes
 - d. **Shelter SA:** Alice Clark
2. **Migrant Health Service:** Jan Williams
3. **The Red Cross:** Michael Schultz
4. **Migrant Resource Centre of South Australia:** Eugenia Tsoulis and
Michelle Dieu
5. **STTARS:** Robyn Smythe and Ana Maria Holas
6. **Multicultural SA:** Marisa La Falce and Rebecca Dowd
7. **Welcome to Australia:** Carole Strong
8. **Marion Council:** Felicity Lewis
9. **Home Start:** Ynys Onsman (since moved position)
10. **African Communities Council:** Lillian Mwanri
11. **Housing SA:** Roman Kowalczyk & Danielle Bament
12. **The Real Estate Institute of South Australia:** Kate Southcott
13. **Lutheran Community Care:** Helen Lockwood
14. **Mercy House of Welcome:** Meredyth Taylor and Emma Yengi

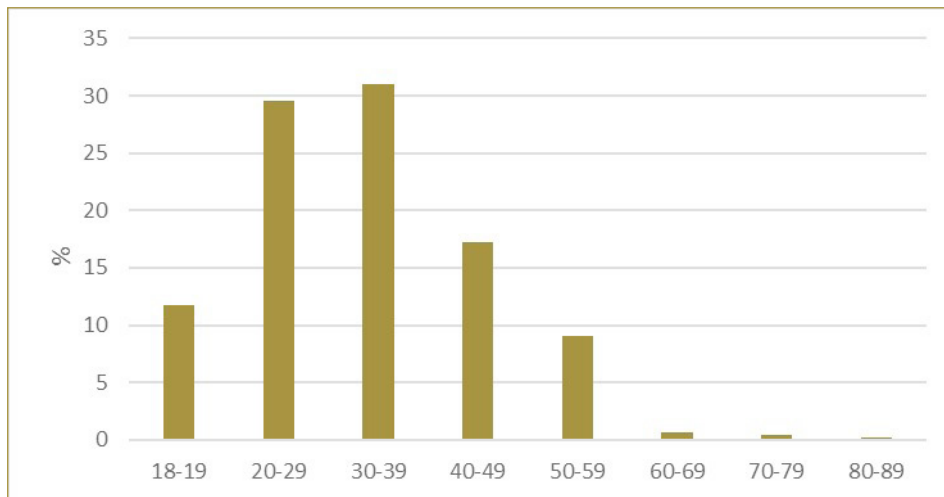




APPENDIX 2: Survey participants

188 (47%) of the participants were male and 215 (53%) were female (unknown for 20 people).

Figure 36: Age



Most of the participants were aged under 40, with smaller numbers in the older categories (Figure 36).

The largest numbers of people came from the Middle East (N= 221), followed by those from Africa (N=137) and South East Asia (N=57). The largest numbers of participants came from Afghanistan and Iran, and there were an array of different countries from Africa (Table 10).

The majority of people had arrived in Australia with a permanent visa (Figure 37)

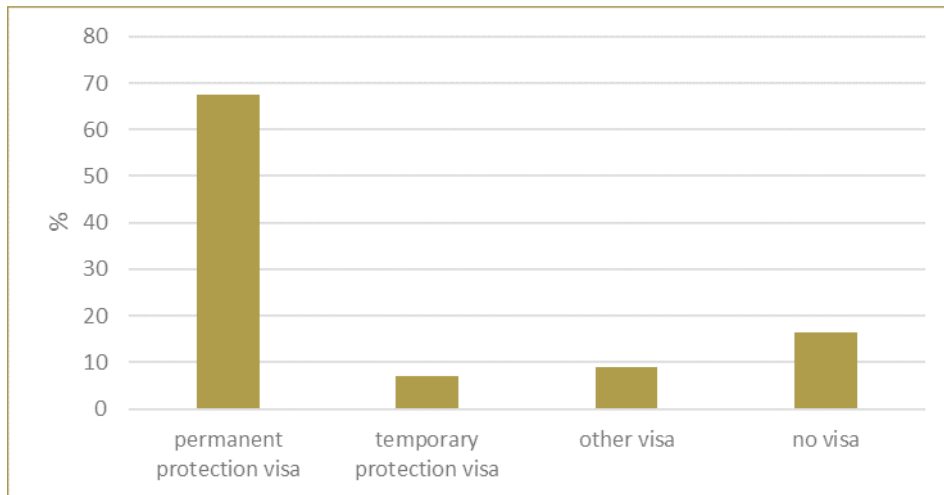
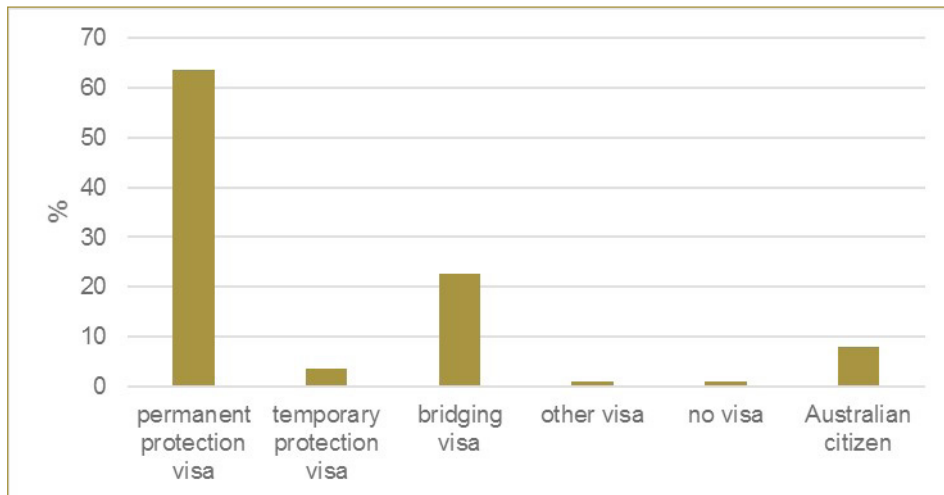
A small proportion of people were current Australia citizens but the largest group were on a permanent protection visa (Figure 38). Others were on temporary protection visas, bridging visas or other visa and a small number had no visa. Across these categories 72% had permanent protection and 28% did not. In subsequent analysis we refer to these groups as refugees and asylum seekers though the small number of temporary protection visa holders (N=15) were grouped with asylum seekers given the temporary nature of their visas (3 years or less).



Table 10: Country of birth

Country of birth	Frequency	Percent
Afghanistan	87	20.8
Bhutan	18	4.3
Burundi	19	4.5
Democratic Republic of Congo	13	3.1
Eritrea	6	1.4
Ethiopia	33	7.7
Ghana	1	.2
Iran	116	27.8
Iraq	5	1.2
Kenya	6	1.4
Kurdistan	1	.2
Kuwait	1	.2
Liberia	4	1.0
Myanmar/Burma	13	3.1
Nepal	15	3.6
Pan-country ethnic group from Africa	9	2.2
Pakistan	9	2.2
Philippines	1	.2
Rwanda	2	.5
Saudi Arabia	1	.2
Sierra Leone	15	3.6
Somalia	5	1.0
South Africa	2	.5
Sri Lanka	4	1.0
Sudan/South Sudan/North Sudan	17	4.1
Syria	10	2.4
Tanzania	3	.7
Vietnam	2	.5
Yemen	1	.2
Total	418	100.0
Missing	5	
Total	423	

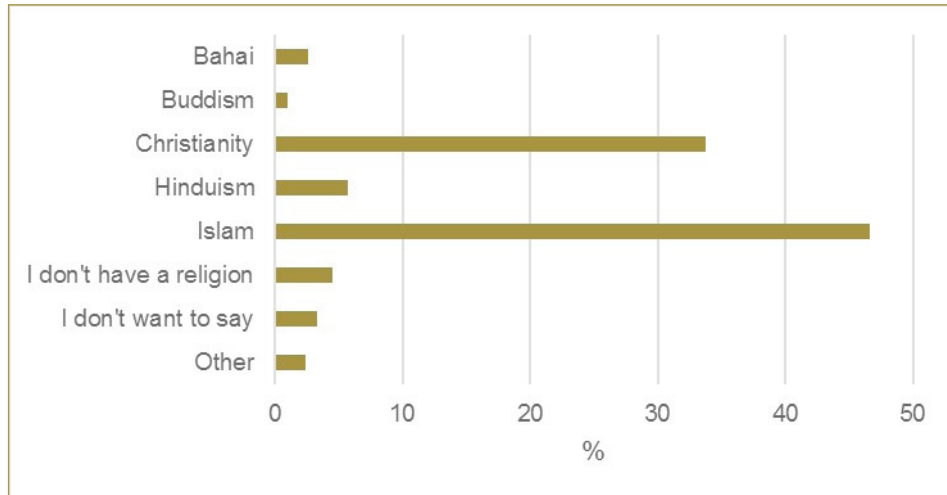


Figure 37: Visa on arrival**Figure 38: Current visa**

We asked people about their religion – the largest numbers cited Islam and Christianity (Figure 39).

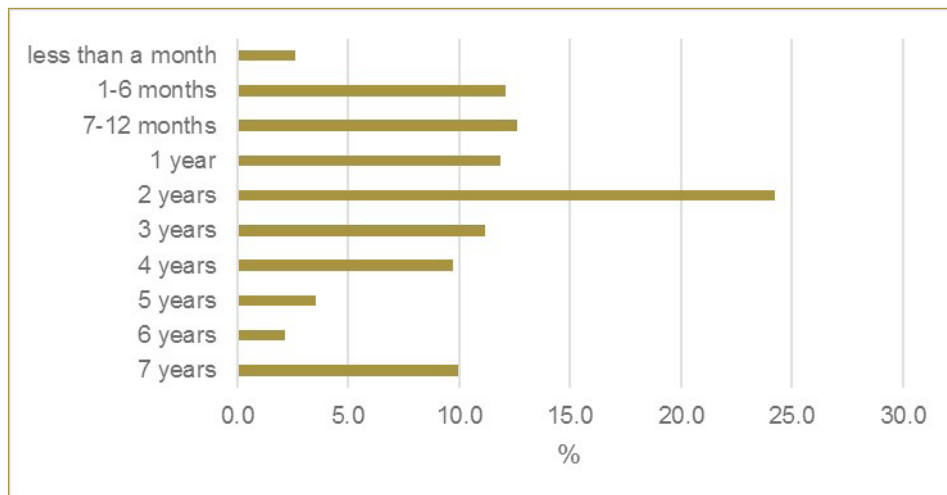


Figure 39: Religion



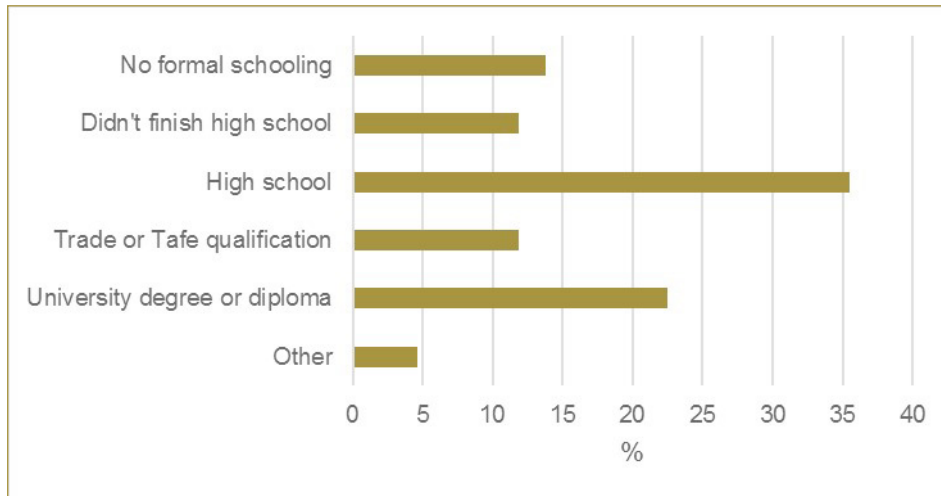
15% of people had been in Australia for less than 6 months including 11 people who had been here for less than a month, 25% for 6 months to 2 years, a further 45% from 2 years to up to 5 and 16% for 5-7 years (Figure 40).

Figure 40: Time in Australia



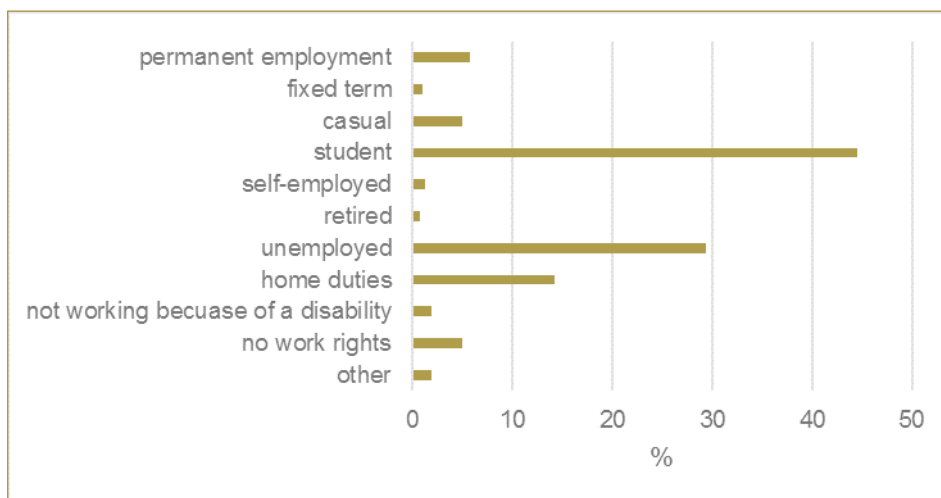
14% had had no formal schooling, 50% had had up to high school, and 36% had a post school qualification (Figure 41).

Figure 41: Highest level of education



We asked people their current employment status (Figure 42), where they could answer more than one category. As can be seen the largest group were students, followed by those identifying as unemployed. A small proportion said that they did not have work rights. Only 13% were currently employed in permanent, fixed term, casual work or were self-employed.

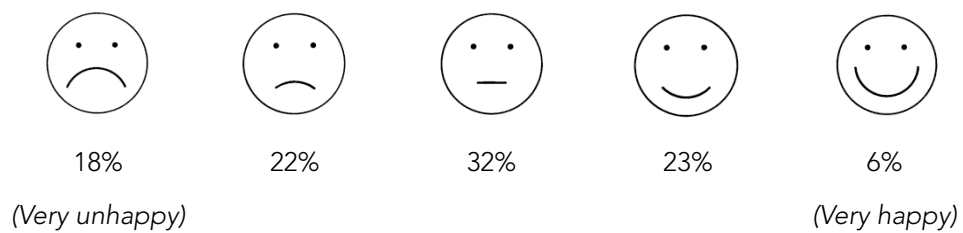
Figure 42: Employment status



Asking people's income is notoriously problematic and generally leads to high levels of missing data and this was likely to be even more difficult with this group. Instead we asked people about their level of financial satisfaction - this has been used successfully in the past to accurately reflect people's financial situation (Figure 43). As can be seen only 29% were currently happy with their financial situation.



Figure 43: Financial satisfaction



To also gauge the level of financial precariousness we asked people if there had been any time in the last 12 months in Australia that you, or members of your household, ran out of food and couldn't afford to buy more – 100 people (24%) said yes. In the case of asylum seekers this was 53%.

