

Social or Unsocial? The Linkage Between Accommodation, Health and Well-Being Among Former Horn of Africa and Sudanese Refugees Living in Australia.

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Background

Since World War II Australia has settled over 600,000 refugees on a humanitarian basis. Within the last decade the largest source of humanitarian entrants to arrive in Australia has been the African continent¹ particularly from those countries engaged in prolonged civil wars and conflicts. Although still a minority group in Australia, refugees from the Horn of Africa and Sudan are a rapidly growing, diverse and 'visible' population. Department of Immigration and Citizenship's (DIAC) programs are designed to resettle and integrate refugees so that they become self-sufficient, independent members of Australian society contributing to its economy. The socio-economic components of DIAC's Integrated Humanitarian Settlement Strategy (IHSS) programs that assist refugees to adapt and adjust to the 'Australian way of life' are reflective of the underlying principles of the Articles of the Refugee Convention, UNHCR's 'Best Practices for Integration Program' handbook and DIAC's IHSS resettlement program: namely language proficiency, access to education, employment and health, appropriate accommodation and welfare facilities.² These programs have often treated refugees from the Horn of Africa and Sudan as one homogenous group³ even though they are diverse in their ethnicity, nationality, language and identity. Such inferences have presented challenges to DIAC's programs. Even whilst resettlement programs are 'evolving' to adjust to this diverse group, there is a perception that refugees from Africa have difficulty in resettling.⁴ Using the lived experiences of former refugees from the Horn of Africa and Sudan, this paper draws upon research, literature and DIAC's

¹ Department of Immigration and Citizenship (DIAC), "Western Australia: Settlement Trends and Needs of New Arrivals," (DIAC, Canberra: 2007), http://www.immi.gov.au/living-in-australia/delivering-assistance/government-programs/settlement-planning/pdf/trends_needs_wa.pdf (accessed 9 September, 2009).

² Surjeet Dhanji, "Welcome or Unwelcome? Integration Issues and the Resettlement of Former Refugees from the Horn of Africa and Sudan in Metropolitan Melbourne," *The Australasian Review of African Studies*, 30:2 (2009): 152-178.

³ Australian Human Rights Commission, *African Australians: A Report on Human Rights and Social Inclusion Issues*, Discussion paper prepared by Claire Moroney, 30 June 2009, www.humanrights.gov.au/africanaus (accessed 7 October 2009).

⁴ Australian Human Rights Commission, 1; Dhanji, 152.

programs to elicit the practical outcomes of resettlement programs upon social aspects of these former refugees.

Appropriate accommodation, health and welfare play a significant role in the overall well being of refugees. They also comprise the ‘social’ determinants of resettlement. These social needs – as per Maslow’s⁵ hierarchy of needs – have received lesser attention in Australian literature on refugees. Appropriate housing - the most basic need – plays a significant role in the general well being and overall health of refugees. ‘Well-being’ can be the motivating factor that results in timely resettlement in the host country. In examining the social aspects of resettlement through the lived experiences of former refugees, this paper separates the ‘socio’ from the ‘economic’ issues. Whilst it is not feasible to make a discrete segregation between the two owing to commonalities and overlaps, this separation has been employed solely as a tool to explore the links between housing affordability, neighbourhoods, family relationships and health outcomes. It allows for a greater in-depth understanding and focus, providing valuable insights on the issues, needs and concerns of former-refugees from the Horn of Africa and Sudan.

The Victorian government is cognisant of the fact that strong people/families foster strong communities. It is committed to programs that build upon human capital (health, knowledge and well being), social capital (strong communities) and physical capital (well-designed neighbourhoods with good facilities).⁶ However, the practical outcomes of refugee resettlement programs reveal that there is little linkage between human, social and physical capital. Using the narratives of participants of this research, the article firstly examines how former refugees access accommodation and the challenges they face. This is followed by their perceptions of their neighbourhoods, leading to encounters with isolation and experiences with depression. The various understandings and manifestations of ‘depression’ through the lived experiences of these former refugees throws light on the diverse

⁵ William Huitt, “Maslow’s Hierarchy of Needs,” *Educational Psychology Interactive* (2007), <http://www.edpsycinteractive.org/topics/regsys/maslow.html>, (accessed 24 February, 2010). Maslow’s hierarchy of needs: food, shelter, physiological needs, safety needs, needs of love, affection and belongingness, need for self-esteem and self-actualization.

⁶ Department of Community Development, Victoria, “A fairer Victoria: Strong people, strong communities,” Melbourne (2008): 6, [http://www.dpcd.vic.gov.au/Web14/dvc/rwpgslib.nsf/GraphicFiles/A+Fairer+Victoria+2008+Introduction/\\$file/A+Fairer+Victoria+2008+Introduction.pdf](http://www.dpcd.vic.gov.au/Web14/dvc/rwpgslib.nsf/GraphicFiles/A+Fairer+Victoria+2008+Introduction/$file/A+Fairer+Victoria+2008+Introduction.pdf) (accessed 29 March 2010).

understandings of refugee ‘depression’ within literature and resettlement programs. Finally, this article focuses on how communities deal with some of their problems whilst endeavouring to maintain social cohesion, identity and communication with mainstream society. Ultimately, this article aims to use the insights of lived experiences to show the interconnectedness between the social determinants in resettlement programs in order that the social needs of former refugees can be addressed by resettlement programs. It also adds to the growing body of literature on resettlement of African refugees in Australia.

Methodology

This research utilises the same cohort and interviews of earlier research by the author.⁷ It employs a qualitative approach based on structured and semi-structured face to face interviews with twelve former refugees from the Horn of Africa and Sudan.⁸ The interviews were conducted in metropolitan Melbourne where these former refugees are currently domiciled. Personal social contacts and community networks of these former refugees were used to snowball further participants – male and female – aged between 24-45 years of age who have been resettled in metropolitan Melbourne, Australia since 1990s. Throughout this research, identities and confidentiality have been protected through the use of pseudonyms. Ethnography and participant observation was also used as a methodology, whilst attending cultural community events and a meeting of elders. Although the sample size is small owing to financial and time constraints, it allowed for in-depth understanding allowing for a common thread of themes for future research.

Accommodation

Finding accommodation in a new country can be challenging. Housing is a basic human need and more so, for refugees from the Horn of Africa and Sudan who have lived for prolonged periods without adequate accommodation. An important part of the settlement process for newly arrived families is securing appropriate housing. Service providers assist with on-arrival short-term public housing. Thereafter, refugees have to find their own accommodation, relying on public and private rental markets for accommodation. Waxman⁹ maintains that suitable

⁷ Dhanji, 154.

⁸ See list of Participants Interviewed below.

⁹ Peter Waxman, “Service provision and needs of the newly arrived refugees in Sydney, Australia: A descriptive analysis,” *International Migration Review*, 32:3 (1998): 763 <http://search.ebscohost.com.ezp-lumni.unimelb.edu.au/login.aspx?direct=true&db=a2h&AN=1126153&site=ehost-live> (accessed 16 October 2008).

accommodation is the first step in reaching normalcy for refugees and migrants. Appropriate housing can accelerate adjustment and facilitate overall adaptation, and thus, plays an indispensable role¹⁰ in their lives.

In reviewing both international and local literature and conducting an audit of State housing in order to develop a set of best practices for housing outcomes – particularly public housing - the AHURI research project¹¹ and a Positioning Paper authored by Beer and Foley found relatively little research focussing directly on the housing of newly arrived refugees in Australia.¹² Dickman¹³ argued that in relation to the needs of the Somali refugees in Australia, there is a lack of available public housing ‘stock’ partly owing to the closure of migrant hostels and the decline in Commonwealth funding for public housing.¹⁴ Subsidized or public housing is in huge demand by former refugees because it helps ease financial outlays. On the other hand, it can also dampen upward job mobility associated with a rise in income. One of the participants - Siad - explained that as long as former refugees remain below a particular threshold of income earned for example, minimal or nominal income, they are eligible for public housing. Once this income threshold is crossed as a result of higher wages from employment, former refugees are no longer eligible for public housing and have to surrender it. As there is an acute shortage of public housing in metropolitan Melbourne, crossing the threshold of income is a disincentive: it inhibits upward employment mobility and upgrading of skills. Seen in this light, lack of access to appropriate and reasonable accommodation can be a debilitating factor in the resettlement and integration of former refugees.

¹⁰ Ayalew Mercia, “Black African Immigrants in Australia: An exploratory analysis of the impacts of race and class on their lived experiences and adaptation processes” (unpublished, University of Melbourne, 2005).

¹¹ Australian Housing and Urban Research Institute (AHURI), see <http://www.ahuri.edu.au> (accessed 18 November 2009).

¹² Andrew Beer and Paul Foley, “Housing need and provision for recently arrived refugees in Australia,” Australian Housing and Urban Research Institute, Southern Research Centre, April 2003, AHURI Positioning Paper No. 49, (1 April 2003): 1-43 http://www.ahuri.edu.au/publications/download/40048_pp (accessed 18 November 2009).

¹³ S. Dickman, “Searching for a new home: Housing needs of Somali refugees“, (Melbourne, Victorian Council of Social Service) (1995):8-9 cited in Foley and Beer (2003): 23-24.

¹⁴ Beer and Foley (2003): 26; Janet Taylor, “Refugees and Social Exclusion: What the literature says,” *Migration Action*, 26:2 (2004): 26.

Upon arrival, humanitarian entrants tend to stay with their sponsor and later in close proximity to their sponsors or friends owing to a 'need' for community. Under these circumstances, accommodation is often required within these proximities. Yet, housing is also closely tied up with employment, income, access to public amenities, and health services and these former refugees are often not in a position to exercise these options when searching for suitable accommodation. Of the participants interviewed, many lived in the residential areas that are already densely populated by earlier refugee arrivals, for example Footscray, West Heidelberg, Dandenong. This is partly owing to the 'need' for community – as Terefe and Abdullah describe below – and partly due to affordability.

People live where the sponsor lives. Where he lives, you copy everything from him. When they (a newcomer) find(s) one whoever (earlier arrival) is there, they just start living there and share accommodation. They don't have any other option because they don't have time for it. What they see is that you have to work straightaway and be close to the sponsor.

In Abdulla's case, his sponsor called upon a social worker to assist him when he arrived.

The social worker found us something in Caulfield. They had plenty of houses (private housing) at that time (1990). They give you some districts in which houses are available. We are given a choice. We find houses close to our friends.

Terefe's comments show one of the ways in which former refugees construct their social worlds and how information and knowledge is shared, passed on and replicated. In Abdulla's case, it points out how the locations of housing availability and the choice exercised by the former refugee. In both cases, there is an under-riding need to be close to the sponsor or friends. It also provides an understanding why latter refugee groups move into densely populated refugee suburbs. Another aspect to this is affordability of accommodation.

Affordability of accommodation is intricately tied up with employment, language proficiency and income – the 'economic' indicators of resettlement. Non-recognition of overseas qualifications and skills, lack of employment opportunities and discrimination are some of the barriers that former refugees face.¹⁵ Inability to overcome employment barriers

¹⁵ Dhanji, 170; Taylor, 30.

coupled with low levels of income¹⁶ necessarily means that these former refugees are likely to move to the fringes of the Melbourne suburbs for cheaper accommodation. Secondly, income has a direct impact on ability to acquire suitable housing. It ascertains the ability to raise bonds and/or utility deposits, rent/bond deposit and affordability. Third, inadequate language proficiency (requiring translation and interpreter services) coupled with 'employability' uncertainties influence lack of rental history, discrimination on grounds of race and/or gender, legal security of tenure and obtaining references for tenancy. In many ways, obtaining a 'housing reference' is as difficult and challenging as obtaining a 'work experience reference.' Crowning this broad spectrum of challenges is cultural inadequacy, hence the need to remain within the vicinity of community. Although this research was conducted in 2008, the AHURI Positioning Paper recognizes that these issues continue to affect former refugees from the Horn of Africa and Sudan even at the present time: "it is widely acknowledged that people of African backgrounds encounter significant difficulties accessing adequate and appropriate housing in Australia."¹⁷

The suburbs of metropolitan Melbourne where participants were interviewed are generally densely populated. Public housing has not been upgraded or maintained.¹⁸ Those living in small 'condemned' public housing often face overcrowding and/or infestations both of which are relevant health issues. Ahmed says:

... My small apartment was okay when I was alone but when the family arrived, the 2 bed-roomed apartment was small. Due to the shortage of waiting periods for public houses, you do not give up your apartment, otherwise you may not find something ... our African families are large.

Location and travel distances to services, utilities and infrastructure are a dynamic feature of resettlement and integration. Owing to the general lack of subsidized or public housing in Victoria, former refugees - with their large families - are forced to seek accommodation within the private sector, whilst they remain waitlisted on public housing lists. This results in a trade-off between high rental costs in the private housing market and

¹⁶ Dhanji, 170.

¹⁷ Australian Human Rights Commission, 14; Also see Beer and Foley (2003): 22-23

¹⁸ Melissa Fyfe, "Slum conditions in public housing exposed," *The Sunday Age*, 28 February 2010, <http://www.theage.com.au/victoria/slum-conditions-in-public-housing-exposed-20100227-pa91.html> (accessed 28 February 2010).

basic necessities such as food and clothing.¹⁹ The following case reveals the concerns at stake.

Mimea and her husband moved to Merton (from Footscray) in metropolitan Melbourne, where housing is a little cheaper and affordable. Mimea's vocational training studies requires that she walk or take a bus to the Merton train station followed by a two-hour long train journey each way, each day. Additionally, she would have to make another journey to her TAFE institution later in the day. Not being able to afford accommodation closer to her TAFE institution, she eventually opted to take up her job placement permanently, thus temporarily abandoning her studies. Mimea confessed that it was not huge money, but it helped cover rental income and essential necessities.

A number of pertinent concerns are highlighted in Mimea's case. First, that affordable private housing means moving out to the metropolitan suburbs. In turn, this necessitates longer travelling time for employment. In weighing the options, Mimea opted out of studying to balance her income outlays. Completion of education and the level of education attainment are significant factors in having good life outcomes, including good health. Ultimately, not having completed her studies, Mimea is likely to remain within the low-income earning job prospects. To meet her community and participate in community events, Mimea travels to Springvale over the weekend. Living out at Merton, juggling lowly paid employment, budget outlays, community and travel distances does not leave much time for Mimea to engage with mainstream society.

Of the cohort of participants interviewed, only one former refugee had managed to purchase a house. Former refugees have not had access to bridging loans or joint ownership ventures offered to previous refugees.²⁰ Without appropriate and affordable housing, refugees will remain on the periphery of Australian society²¹ unable to integrate fully. For former refugee women, housing has a vital role to play in eradicating their

¹⁹ S. Campbell, "Housing Needs of Humanitarian Settlers in Victoria," Melbourne: Ecumenical Housing, 1997): 29, cited in Beer and Foley (2003): 24.

²⁰ Nancy Viviani, "The abolition of the White Australia Policy: The immigration reform movement revisited," Brisbane: Centre for the Study of Australia-Asia Relations, (1992), cited in Celeste MacLeod, *Multi-Ethnic Australia: Its History and Future*, (Jefferson, N.C: McFarland, 2006): 134; Wilson Warwick, "Residential relocation and settlement adjustment of Vietnamese refugees in Sydney," *Australian Geographical Studies*, 28:2 (1990): 155-177 <http://dx.doi.org/10.1111/j.1467-8470.1990.tb00610.x> (accessed 20 March 2010).

²¹ Foley and Beer (2003): 24

experiences of poverty: “women who lack adequate secure housing ... are disproportionately represented in poverty figures”.²² For them, this could lead to further difficulties such as accessing health, education, security and work. When economic needs have been linked with social needs, resettlement of African refugees has been successful.²³ Thus, there is a need to identify the extent that barriers – including a lack of stock of public housing - prevent refugees from resettling and integrating easily both with mainstream Australians and within their own communities.

Neighbourhoods

Terefe and Abdulla’s earlier comments reveal an inclination of former refugees to live in close proximity to their sponsors, earlier arrivals and friends. On one level, this is a positive move because they can draw upon comfort and support. On another level, this can be unhealthy because it leads to enclaves of ethnic communities that remain disengaged with mainstream society. Interviews were conducted in metropolitan Melbourne in Footscray, Heidelberg West and Dandenong suburbs. Ethiopian men and women are amongst the Vietnamese and Chinese ‘visible’ migrants who alight at the overcrowded Footscray train station. The Footscray fresh fruit and vegetable market is run mainly by the earlier Chinese and Vietnamese migrants. Ethiopians entrepreneurs are seen in food outlets, artefact shops and ‘anjiira’ bakeries. The Dandenong train and Noble Park station stop are equally congested though here there is a smattering of Caucasians as well. Many ten score rush out at Noble Park station at the end of the day. Heidelberg West is not dissimilar in congestion or in ‘visibility’ of majority commuters. Most sidewalks and shop fronts have graffiti and are in a generally dilapidated state. There are no major upmarket shopping malls in these suburbs. These areas are prime examples of low socio income suburbs with high densities of migrant populations. Participants who live in these suburbs have mixed views about their neighbourhoods. Some feel happy, secure and accepted within their neighbourhoods.

Somali participants were interviewed in Heidelberg West: some at ‘The Mall’ shopping centre on Bell Street and others in the Olympic Village. The Somali have a community office at ‘The Mall’. Around mid-

²² Women’s Rights Action Network Australia (WRANA), “Resolving to change women’s experiences of poverty: recommendations to the CSW 2002,” (2002): 3, <http://home.vicnet.net.au/~wrana/advocacyfiles/csw%2002.pdf> (accessed 29 March 2010).

²³ Brotherhood of St. Lawrence, “Settlement of African Refugees Can Work,” 2007, <http://202.148.140.151/mediareleases.aspx?id=100> (accessed 11 June 2008).

morning, Somali men are seen walking to cafeterias with ethnic names. Here 'kawa' (traditional espresso) is served. The 'halal' pizzeria is doing a thriving business in take-aways by lunchtime. It also houses a small internet cafe within the main restaurant where patrons can check their emails or access the internet in Arabic. Friday lunchtimes sees elders of the different Somali clan sharing community news and issues. Next door, Somali manage the small kiosk-size businesses engaged in sale of international call cards, travel tickets, forex bureau and a driving school. In the vicinity, there are the usual amenities: Coles, blockbuster, pharmacies and a Greek shoe shop that caters to elderly and aged clientele.

As I was unfamiliar with the area, I took a taxi to Olympic Village. Learning of my expedition, the Greek taxi-driver offered that Heidelberg West was home to many migrant populations. Some moved away owing to the prevalence of drugs in the area. According to him, the Somali are not a problem as they do not drink or use drugs. Originally, the 1956 Olympic Village was designed to accommodate individual athletes competing in the Olympics, sharing accommodation in small, independent units or houses. This explains the size of the small units in the area. The somewhat upgraded Village is now primarily inhabited by former Somali refugees, with few Vietnamese and Caucasian Australians. Siad and Ahmed who live here purport to know 'everyone' on their street. They chat with their Italian, Greek and Caucasian Australian neighbours. If they meet in a coffee shop, they sit together and exchange pleasantries. However, things are different for Terefe who lives in Footscray. Though he is a young university graduate, he feels excluded:

You don't just jump and say 'hello'. Sometimes, you are a stranger, or a guest. You expect them (Australians) to say 'hello'. So if they don't say 'hello' that means they are not enthusiastic about you, they are not accepting you. They don't acknowledge you for whatever reason ... so you hold yourself back. Now myself, I don't say 'hello'.

Though, if I cook some food or something, I want to share it with them. That is how I grew up. But now I am also starting to work, act like here, I don't share.

Some members of these metropolitan neighbourhoods are more accepting of 'visible' former refugees than others. Abdullah and Zahida – husband and wife - are former Sudanese refugees who live in Dandenong. Her Sri Lankan neighbour chats with her on the rare occasion when she asks for a

handful of the rocket Zahida grows in her vegetable patch. Some neighbours are more accepting of refugees settling in the area as opposed to others. The South American neighbour across the road from Zahida became friends from the very day they moved into the area. On the other hand, the Caucasian Australian did not greet them until the time Abdullah paid his utility bill by mistake.

In Dandenong North, we lived in an old house. My neighbour always worked in his backyard. Even though I greeted him, he ignored me. The only way I got to know him – after 5 years – was because by mistake I paid his water bill which came to my box. The receipt went to him and he came to offer to pay, but I declined.

I said it is okay, we are neighbours. Only since then he has changed his attitude. It took me to pay his bill for him to recognise me! After 5 years, because this thing happened, he started talking to me and I went to his house.

The variety of participant's comments reveal some of the challenges former refugees meet in overcoming social exclusion within their neighbourhoods. Participants find huge differences between the African and Australian culture. They consider it strange that some of their neighbours do not want to know them. Participants understand and rationalise the attitude of the local residents in the suburbs where they are resettled to differences in cultures. They perceive the Australian culture to be more individualistic in contrast to their own culture where everyone knows everyone else and makes an effort to incorporate newcomers by welcoming them. Here the neighbourhood is strange: a fence divides their homes, and once you enter your home, it is 'private.' The world stays outside. The participants feel isolated and depressed if they have to stay inside their home without having someone to talk to. Although there is gradual integration within the neighbourhoods, ultimately such social exclusion can lead to health consequences on several fronts.

Health

Health is defined as "complete physical, mental and social well-being, not mere absence of disease or infirmity."²⁴ Many former refugees have spent decades in refugee camps and neighbouring countries whilst waiting for UNHCR to consider their relocation. Whilst in refugee camps or in

²⁴ World Health Organisation, FAQs, www.who.int/suggestions/gaq/en/index.html cited in Australian Human Rights Commission, 13.

neighbouring countries, refugees have minimal access to health facilities. They suffer from illnesses, malnutrition or starvation; have witnessed loss of loved ones, been separated from their families and have experienced torture, trauma, violence and sexual violence²⁵ before arriving in Australia. Nevertheless, despite these factors, these former refugees have demonstrated resilience and a strong spirit of survival. Participants praised the health services of Australia, which they considered to be of a high standard.

We come from countries where health facilities are poor or not affordable or do not exist even. We are grateful to have access to medical facilities here in Australia. Health facilities are first class.

Nevertheless, despite pre-arrival physical health-checks, Tiong et al²⁶ found that Africans require a comprehensive health assessment upon arrival. In their study, they found a number of undiagnosed and untreated common identifiable non-communicable diseases: inadequate vaccinations, nutritional deficiencies (Vitamin D and iron), gastrointestinal infections, schistosomiasis, latent tuberculosis and dental disease; musculoskeletal, psychological and social problems. Sirrah who worked with the Victoria Torture and Trauma Health Centre shares some of her own insights:

Refugees need to understand the health system ... they need to know **why** they need a general check-up ... not for the slip of prescription they are used to... but for maintenance of health. The sooner the better.

Field research reveals shifting understandings of 'depression' as a health issue. Within literature too, there are divergent viewpoints on the impact of trauma and violence and its resultant impact on refugee health. For them, the degree of enthusiasm within the initial phases of resettlement tends to decline as constraints to leading a normal life become difficult to overcome. Participants explain that they have conflicting priorities. At first they were excited that Australia offered a new lifestyle, the ability to build a new home and freedom from the constraints of refugee camps or neighbouring countries. Later, as barriers to employment, low level incomes and discrimination become ordinary daily struggles, nostalgia

²⁵ Australian Human Rights Commission, 12.

²⁶ Albert C D Tiong, Mahomed S Patel, Joanne Gardiner, Rowena Ryan, Karen S Linton, Kate A Walker, John Scopel and Beverley-Ann Biggs, "Health Issues in Newly Arrived African Refugees Attending General Practice Clinics in Melbourne," *The Medical Journal of Australia* 185: 11/12 (2006): 602, http://www.mja.com.au/public/issues/185_11_041206/tio10360_fm.html (accessed 14 March 2010).

and loss of lifestyles in countries of origin and feelings of guilt for those left behind soon lean towards sadness.

On health issues relating to sadness and depression, Halima, Ghada and Ardelsham explain that they do suffer from 'depression'. The following comments reveal that their 'depression' can be viewed and understood in terms of their new evolving roles as waged labour contrary to their role back home as mothers and carers.

We are in a different country. We send remittances back home for them (family); we are not sitting here even when back home we don't do anything. So we feel isolated because the main community cannot accept us. When they talk to you, they shout tasks at us ... so we feel depressed...

Literature reviewed shows a common pattern of emotion from enthusiasm to feelings of distress dominated by sadness, emptiness, loneliness and bewilderment.²⁷ However, the medical understanding of the range of emotions ultimately leading to 'depression' is broad. There is debate whether all refugees who are exposed to conflict, political violence and threats to personal safety are "left with indelible marks on their mental health and well being."²⁸ Marlowe argues that studies associating past experiences of trauma with forced migration have been contested and "cannot be taken as *a priori assumptions*."²⁹ Instead these studies should be taken as a stepping stone for further investigation. The Canadian Task Force³⁰ notes that literature has focused 'overwhelmingly' on the mental health aspects of refugees rather than on their physical health needs. Taylor³¹ and Narchal³² stress that moving from one culture to another, combined with pre- and post-migration factors including inability to be in control of their lives, inevitably has a cause for stress. Taylor maintains that having newly gained their freedom, there is most likely to be an

²⁷ Canadian Task Force, "After the door has been opened: Mental health issues affecting immigrants," Health and Welfare Canada, (Ottawa, 1988):25; Taylor, (2004):12, 16-31; Renu Narchal, "Loneliness narratives: A Somali experience," (Baulkham Hills Holroyd Parramatta Migrant Resource Centre, 2006):7, http://www.africanoz.com/af_study/somaliexperience.pdf (accessed 7 July 2008); Farida Tilbury, "I feel I am a bird without wings: Discourses of sadness and loss among East Africans in Western Australia," *Identities*, 14:4 (2007): 437.

²⁸ Jay Marlowe, "Conceptualising Refugee Resettlement in Contested Landscapes," *The Australasian Review of African Studies*, 30:2 (2009):128.

²⁹ Marlowe, 132.

³⁰ Canadian Task Force, i, 16.

³¹ Taylor, 21.

³² Narchal, 7.

element of fear in seeking assistance: being labelled as ‘crazy’ knowing that Australia does not accept disabled or disadvantaged refugees³³.

‘Depression’ as it affects former refugees is thus difficult to define. It ranges on the depression continuum from sadness to mental illness. Today, in lay terminology, ‘sadness’ and ‘depression’ are used interchangeably to express emotion and a state of being. However, ‘depression’ in the West is generally linked to mental illness.³⁴ The emotional symptoms - frustration, uncertainty, hopelessness, shame and embarrassment, loneliness, disempowerment, shock, anger, loss of control, betrayal and physical symptoms such as sleeplessness and stomach problems - do have some overlap within Western understanding of ‘depression’. However, in communicating such emotions without cultural references may well lead refugees to being treated for ‘depression’ as a mental illness: somehow pre-arrival and post-migration emotions and cultural aspects of depression may get lost in translation.

Migration is, after all, a major life event and such emotions are not unlikely outcomes. Former refugees from the Horn of Africa and Sudan have shown resilience in surviving harsh environments. Such emotional and physical symptoms of ‘lived experiences’ – as explained in the case of East Africans in Western Australia³⁵ - must take into consideration the

³³ Helen Watchirs, Alasdair Roy, Mary Durkin, “Submission to the Committee’s Inquiry into the Migration Treatment of Disability” (letter to Joint Standing Committee on Migration) House of Representatives, 30 October 2009. <http://www.aph.gov.au/house/committee/mig/disability/subs/sub076.pdf> (accessed 23 March 2010); Nic Barnard, “Ready, willing and able: The migration rules applying to people with disabilities are under review,” Parliament of Australia, *About the House: News and features from Australia’s House of Representatives*, Newsletter No. 39: December 2009, http://aph.gov.au/house/house_news/magazine/39/39_ready.htm (accessed 27 March 2010); Carol Nader, “Legally blind social worker denied permanent visa,” *The Age*, Friday March 19, 2010, <http://www.theage.com.au/national/legally-blind-social-worker-denied-permanent-visa-20100318qid2.html?skin=text-only> (accessed 19 March 2010); all refugees who receive UNHCR acceptance for resettlement in a third country must undergo medical checkups prior to resettlement. Medical checkups are carried out by IOM in Kenya or Egypt for refugees from the Horn of Africa, for and in conjunction with Australian Overseas Offices.

³⁴ Tilbury, 435.

³⁵ Peter Hancock, “Recent African refugees to Australia: Analysis of current refugee services, a Case Study from Western Australia,” *International Journal of Psychological Studies*, 1: 2 (2009): 10, <http://www.ccsenet.org/journal/index.php/ijps/article/viewFile/3837/3775> (accessed 10 January 2010).

outcomes of migration rather than mental illness. Sirrah throws light on what trauma means to African refugees:

When they arrive, they have nightmares ... they are lonely and depressed, have language difficulties, they are not sleeping, they have headaches, they are not concentrating. You have to make cultural references. You break it down. What does trauma mean? It is grief; you want to cry now for the orphans, the loss of life, possessions. They have dealt with death, had to beg for food, lived in a harsh environment.

She is of the view that refugees and practitioners alike, tiptoe around what is the illness and then catch it when it is in extreme conditions. What is required is early intervention. According to her, cases of refugees are being referred by a general practitioner as late as twelve months after arrival. This means that *depression* 'is caught at the end, when it is in extreme condition.

According to Tilbury, the biomedical definition of 'depression' as a mental illness universalises the medical emotional state, individualises the emotional state and rationalises the individual solution to the problem through medication and/or counselling. By viewing refugee problems from a cultural aspect, service providers can develop perspectives that allow them to view the "illness to 'things we see and things we don't see'"³⁶. Tenneta elaborates on this. As a volunteer with the Ethiopian community and a health worker, she compares the Ethiopian experiences of 'depression' with those of Australian experiences. Normally, traditional medicine is used to overcome a lot of the day-to-day ailments in Ethiopia. Depression amongst Ethiopians in Melbourne certainly exists, especially for those members of the community who are isolated during the week. Such isolation is not always understood by service providers who view this need '*as a superficial excuse for socialising, as a luxury to see friends.*' The health programs encourage women to come to the Family Relationship Program where meditation is used to overcome such ailments.

Meditation does not work for Africans, it is set up from the Australian side ... is good for Australians. For us it does not understand our culture.

³⁶ F.J. Harris and J.Q. Nyagua, "West African Refugee Health in Rural Australia: Complex Cultural Factors That influence Mental Health," *The International Electronic Journal of Rural and Remote Health Research Education Practice and Policy*, (2008): 7, http://www.rrh.org.au/publishedarticles/article_print_884.pdf; and <http://www.rrh.org.au>, (accessed 8 July 2008).

In essence the health program has neglected to recognise the cultural situatedness and social embeddedness³⁷ of isolation in this context. The bio-medical approach has focussed disproportionately on trauma whilst ignoring agency and resilience. In combating the absence of family reunion, a women's refugee group – through the assistance of a partnership program with an ethnic organisation and community volunteers – set up a roster to support a new mother.

After giving birth, you are at home; your friends bring food for 40 days. The social networks are strong; women distribute the work amongst themselves. They make a roster who will cook on what day for the new mother. Even though our families are not here, the community realizes this and supports us. Because of this, women do not go through the post-natal depression, not here, not in Sudan. They are very happy to sacrifice their sleep for the newborn. For Australian women, it is a problem: they have less(er) support from the resident family or friends.

These comments from Tennetta clearly indicate that former refugees are capable of finding culture-based solutions to their needs. Seen in this light, they are 'active' participants who are both achievers and consumers rather than 'passive' refugees perceived as *endurers* and victims.³⁸ Such culturally defined initiatives and priorities can provide employment opportunities, stability within the home and more importantly stability in health. Comments by Abdullah reveal the dichotomy between 'active' and 'passive' consumers. The perception is -

that refugees don't want to work ... the attitude ... is that you need help ... here to fill an opportunity hole ... in contrast to the reality there is a bad need for refugees to work ... go back to normal ... all we need is a chance.

Masking of normal feelings of former refugees and treating them within the Western understanding of 'depression', with individualised solutions may well serve to justify arguments against resettlement and integration potential of refugees from the Horn of Africa and Sudan. Chimdi and

³⁷ Tilbury illustrates that this "collapses mental, emotional and biological loci of dysphoric states as opposed to recognising depression's cultural situatedness, social embeddedness, recognising the structural and social causes of despair while ignoring the social." Tilbury, 444.

³⁸ Val Colic Peisker and Farida Tilbury, "Active and Passive resettlement: The influence of support services and refugees' own resources on resettlement style," *International Migration*, 41:5 (2003): 67, <http://web.ebscohost.com.ezp-alumni.unimelb.edu.au/ehost/pdf?vid=1&hid=8&sid=bb2239c7-9501-4671-be31> (accessed 9 January 2010).

Hamid consider the Oromo a healthy people because they eat more traditional foods: the produce of the land especially ‘yak’ which they can obtain here. Back home, the Oromo were not depressed because they were always engaged.

If you are always engaged, your mind is doing some processing, doing something, hoping/helping something, their religion is involved as well, spirituality, this is why they don’t have depression, because they have a hope. They live as a community.

According to Terefe, the Oromo in Melbourne were not open about ‘depression’ in their earlier phase of resettlement because it could be perceived as a sign of weakness. Many of the problems relating to ‘depression’ are associated with the change of culture and absence of the extended family. Hamid elucidates:

Not having family, friends and kin are part of the social support that the community is missing. The distress is more about loneliness and the need to be with the extended family than depression.

Family reunification and health impacts

Australia, like Canada and New Zealand, has established the ‘Women at Risk’ humanitarian visa and resettlement programs for single women and single mothers. Family separation is a cause of enormous distress amongst participants, particularly single women. The narrow interpretation of ‘family’ within the Western construct by DIAC means that many former refugees cannot be united with their extended families. Despite the fact that the family reunion visa forms part of the annual quota for refugees that Australia accepts, it is not on the priority list of the Government. This is a cause for both emotional anguish and economic hardships. There is strong evidence that successful settlement of “people with refugee backgrounds can be significantly facilitated by the presence of family members.”³⁹ Psychosocial support provided by the family is an important source of well-being and averting emotional disorder.⁴⁰ The support of family members is invaluable in the resettlement process as African lives are largely based on kinships and networks of relationships

³⁹ Refugee Council of Australia (RCOA), “Family reunion and Australia’s refugee and humanitarian program: A Discussion Paper,” <http://www.refugeecouncil.org.au/docs/resources/reports/family.pdf> (accessed 30 March 2010): 1.

⁴⁰ Canadian Task Force, Chapter 2: 15-22.

woven by descent and marriage.⁴¹ This vast social structure includes all kinship elders and extends to aunts and uncles who are also treated as parents, and cousins as brothers and sisters. The significance of these interconnected relationships can be seen in terms of the social responsibilities in instances when parents or relatives die, and when cousins for example, become part of the nuclear family. Unlike the Western concept of the nuclear family, people from Africa see their 'nuclear' families as an integral and functional part of their extended families.⁴²

Problems emanate partly from an absence of the extended family presence and partly owing to differences in cultural values. Terefe elaborates:

A lot of problems come from overseas. Because one, there is a family problem, someone has died, at a community level 400 people have been massacred or people have been arrested. A lot of things come from there which affect us. Here we are really; really grateful that even we have this life. Though, whatever happens there, also affects us here.

The role of the extended families in mental health is not difficult to understand. A primary cause of sadness, demonstrated by a study of Somali women refugees in Melbourne,⁴³ shows that family reunification is of great significance: loneliness, depression, lack of feeling of 'belongingness' compounded by new hardships of resettlement, extending to lack of childcare (enmeshed within the traditional family network), ability to access language and/or orientation classes, jointly have implications upon their mental health. Many long-term decisions are deferred pending family reunion, and it is harder to focus on the present, whilst the mind is engaged on the absence of extended family and worries about their security.

⁴¹ Trevor Batrouney, *Selected African communities in Melbourne: Their characteristics and settlement needs*, (Canberra: Australian Government Publishing Service, 1991):10; Mercia.

⁴² Batrouney, 10; Mercia; Refugee Council of Australia, 1; David Cox, Brian Cooper and Moses Adepoju, *Understanding Australian Settlement Services*, (Canberra, Department of Immigration and Ethnic Affairs: Australian Government Press Services, 1991).

⁴³ Celia McMichael, "Sadness, displacement, resettlement: Somali refugee women in Melbourne," in *Asylum Seekers and Refugees in Australia: Issues of Mental Health and Wellbeing*, Diane Barnes (ed.), (Sydney: Transcultural Mental Health Centre, 2003): 135-147.

Absence of family reunification amongst participants relegates former refugee women to the domestic sphere, unable to access opportunities or integrate with their own or mainstream Australian community. Abdullah incurred enormous economic hardship in paying for his mother and mother-in-law to visit at different periods during their resettlement to take care of the children and the home whilst he maintained a job to support the family while Zahida pursued her re-education. The cost of separation for Abdullah means he cannot make any savings, nor put down a deposit for a house. The fear for the safety of separated members of the family remains a daily concern.⁴⁴ The narrow definition of ‘family’ – nucleus family - places prohibitive costs upon former refugees – as in the case of Abdullah – and also creates stress and trauma. Ultimately, in the long-term, health implications could undermine the government’s economic rationalisation.⁴⁵

Coming largely from patriarchal societies, single refugee women have had to overcome enormous challenges of literacy and adapting as breadwinners. On the one hand, these resilient former refugees welcome new roles, challenges and the space to be self-supportive that Australia offers them. On the other hand, hampered by the absence of supportive families, they continue to remain vulnerable. Longer periods of separation in itself can also have unintended consequences of misunderstandings and domestic violence. Within the group of participants interviewed, former refugee women are now working as teachers, doctors, health carers and community workers. The change in gender roles have had some negative impacts resulting in family conflicts, family separation and/or divorce and custody issues, also leading to ‘depression’.

Chimdi and Hamid think that ‘depression’ comes following the ‘misuse’ and ‘abuse’ of the new rights that women have acquired in Australia. In

⁴⁴ Yuko Narushima, an immigration correspondent writes: “the refusal rate for refugees wishing to sponsor family to join them sits at 90 per cent and is set to grow as more places are filled by applicants who ask for humanitarian visas once they arrive.” DIAC has not processed family reunion visas since 2002, hence refugee families footing travel costs for extended family. Yuko Narushima, “Family reunion numbers cut by visa ‘trade-off,’” *The Age*, (Thursday 1 April 2010): <http://www.theage.com.au/national/family-reunion-numbers-cut-by-visa-tradeoff-20100331-revw.html?skin=text-only> (accessed 6 April 2010).

⁴⁵ Taylor (2004): 26. Under the Howard government, IHSS programs outsourced service provision through a competitive tendering. Although the Rudd government has injected more funding, programs continue to be outsourced as opposed to DIAC handling them directly, resulting in a time-lag between funding and delivery of service.

the gap of spousal separation pending family reunion, refugee women learn and understand their rights and when family reunion finally does take place, it creates tensions between the spouses. Such changes impact on the health of the Oromo men:

So what they do is, they (women) practice this new right ... but the new right did not come with the responsibility. In a marital dispute, they have the right ... so they call the police and the social worker and the case drags. What happens to the husband? He is worried, already he thinks he is safe, they know about the experience of the (police?) prison back home, they don't know about this prison. They just start worrying, they feel fear they may lose their wife, and their children. So they just start changing. Who is the head of the family; nobody knows who has the responsibility.

Coming from traditionally patriarchal societies, unemployment, discrimination, failure at self-sufficiency, alienation and isolation from home, and children adopting western cultures, are just some of the causes of 'depression' amongst former refugee men that lead to tension and/or violence within the family unit. Additionally, former refugees also have to cope with separation from family and community, practical and personal needs, failure at self-sufficiency through suitable employment and deal with negative public attitudes. These issues "are powerful predictors of emotional distress among migrants".⁴⁶ Work problems range from professionals having to take on menial jobs, competing with a highly skilled labour force, becoming a burden on others and in some instances, a burden on the spouse.⁴⁷

Understanding 'depression' amongst the Somali within a cultural understanding gives further insights. They understand 'depression' along cultural lines. Ahmed used the cultural terminology of '*buufis*' which in Western terminology, broadly translates as the '*craziness*'⁴⁸ that vacillates between the aspirations and anticipation of resettlement on the one hand and the life in limbo in the refugee camps: the '*being here*' and '*the longing to be there*'. Apparent examples of '*buufis*' sufferers are the current Somali taxi-drivers who used to be former pilots and doctors.

⁴⁶ Canadian Task Force, i, 16.

⁴⁷ Dhanji, 167.

⁴⁸ Cindy Horst, "Buufis amongst Somalis in Dadaab: The Transnational and Historical Logics Behind Resettlement Dreams," *Journal of Refugee Studies*, 19:2 (2006):143-157, <http://jrs.oxfordjournals.org/cgi/content/abstract/19/2/143> (accessed 4 April 2008).

Reduced to taxi-driving, there is a sense of failure: a loss of status, self-esteem and income. Such emotions are explained culturally in the notion of 'buufis', the trauma of resettling. Somali women too suffer from 'buufis' due to their isolation and separation from other members of their families. Ahmed points to the need for support mentoring programs for this form of 'depression'.

Ahmed, a health worker and also a former refugee, affirms Sirrah's symptoms and diagnosis but feels that the trauma is related more to isolation, lack of family reunion and the changed gender roles.

You see here when people come for treatment, they are isolated. We then create an environment to integrate people through education and jobs. Particularly the Somali... They have suffered trauma, they are without support. They are in denial and depressed. Before they were independent breadwinners... We call them John Howard's children.⁴⁹ We must feed them.

Although DIAC's resettlement programs divulge a well-planned effort in providing services to refugees, Majka has argued that "despite the usually conscientious and often well-planned efforts of generalist forces (non-governmental and public), the bulk of the work in the early and long-term socioadjustment stages fell on the shoulders of the Melbourne area's African community organizations."⁵⁰

Community organisations and general welfare

In a number of cases, ethnic organisations are willing to go the extra mile in providing after hour services. Tennetta explains how she ends up driving many miles to provide support to isolated women refugees. Many community workers receive no remuneration for their efforts. For instance, Somali elders provide services out of a desire to find new meaning to their own lives and improve community cohesion in Australia. Majka stated that "[t]hese grassroots institutions were able to reach out to vulnerable subpopulations when public and private authorities presumed that a shortage of demand indicated a degree of self-

⁴⁹ Ahmed's comment attributes isolation and associated depression to the previous Prime Minister John Howard, since family reunion was not a priority for the Liberal government's immigration program. Family reunion continues to remain on the backburner of immigration policies.

⁵⁰ Lorraine Majka, "Working with vulnerable but meritorious: The non-governmental and public sectors and African Refugees in Melbourne," *Journal of Sociology*, 37:4 (2001): 392-393.

help which rendered external intervention unnecessary.”⁵¹ Ethno-specific associations also play important roles in advocacy, lobbying and education activities. Rather than employing a ‘one size fits all’ program, they have “struggled to defend holistic community development model of rehabilitation services,”⁵² providing a wide array of services. In doing so, a host of social development takes place through community initiatives, community programs, culture maintenance, resettlement goals, assistance and relief for both the newly arrived and former longer-term Horn of Africa and Sudanese refugee residents. The participants interviewed hold their community as a source of support and collective identity. Belonging to and maintaining a status within the community is important to them. They meet at churches and mosques for their religious functions, or to celebrate joyful social events.

The influence of African refugees on Melbourne’s ethnic character and landscape is evident from the African restaurants, cafes, bands and community radio programs that are flourishing in the city. Former refugees have typically responded to a lack of employment by venturing into the niche market for African goods. They have set up businesses in Dandenong, Heidelberg West and Footscray to cater for their special needs, tastes and preferences: family-run grocery shops, African tourist paraphernalia, travel agencies, cyber cafes and driving schools. In reference to obtaining traditional food, clothes and artefacts in Australia, Zahida says, “For culture, everything we want, we get here. There is no such thing that we get in Africa that we cannot get here.” Horn of Africa journalists are contributing to community newspapers. Soubhi Iskander, editor of *The Flame*,⁵³ is a former Sudanese refugee who contested the Blacktown council election in 2008 (but was unsuccessful). African-Australian websites⁵⁴ host news and information on soccer tournaments, music bands, arts and exhibitions. Radio broadcasts run hourly slots on the Australian vernacular radio services. Cultural events are organised so that former refugee communities can socialise. For instance, the Oromoia meet quarterly each year for a barbeque at different venues to ‘catch up’

⁵¹ Majka, 393.

⁵² Majka, 395.

⁵³ Graham Mathews, “Sudanese refugees to contest council elections,” *Green Left Online* (2008) <http://www.greenleft.org.au/2008/763/39377> (accessed 15 August 2008); also see *The Flame* (webhosted by *Green Left Weekly*), <http://www.greenleft.org.au> (accessed 15 June 2008).

⁵⁴ African-Australian, “African Studies Online Resource,” 2008 http://www.africanoz.com.au/af_study/af_study.html (accessed 27 March 2008).

on each other's lives in Melbourne, and to share food and culture with their 'Australian friends.'

Abdullah lost two relatives to ethnic violence in Sudan. He held a prayer gathering at the Noble Park Clubhouse. Many Sudanese travelled from great distances within metropolitan Melbourne to participate and condole with Abdullah and his family. At this gathering, groups of men took turns to offer prayers for the rite of passage led by the Muslim priest. Others took charge of the barbeque. The women, dressed in traditional colourful flowing robes, sat in the inner courtyard where they prepared salads and tea and exchanged news from 'home' amongst other things. Whilst taking tea, women participants shared their experiences of resettlement since their arrival. Many of them were working either full time or part-time. Their primary concern – apart from the security of their families in Africa – in respect of resettlement in metropolitan Melbourne was associated with juggling employment, child-care, distance and transport and education of their offspring.

Similarly, the baptism of a baby boy at the Orthodox Church in Maribyrnong, the Ethiopian community gathered to participate in the Sunday service and enjoy the blessing of the newborn. A small group of Caucasians friends were also present. Here the community discussed the growing need of a new church hall that could be converted into a school during the school holidays. After the discussion, the priest, dressed in his religious regalia, mingled with Ethiopians dressed in their cultural white garb. Volunteers ran the community kitchen, serving the elderly first. Tennetta, an invaluable member of the community, answered many queries about Centre-link at this gathering.

Horn of Africa communities use such forums to sensitize the broader Australian community so that their everyday interactions are more positive. The Horn of Africa Community Network (HACN) was formed to promote unity amongst more than 20,000 refugees who have settled in Melbourne since the 1990s.⁵⁵ HACN – an umbrella body – made up of activists, professionals, community leaders and elders - took the initiative to bridge the gap between the refugees from the region and the service providers. The network represents peoples of different ages, different religions (Islam, Christianity and other beliefs), different genders,

⁵⁵ Centacare Catholic Family Services, "Horn of Africa Community Network," Opening Address at Communities in Control Conference, (2005): 2, http://www.ourcommunity.com.au/files/cic/horn_of_africa2005.pdf (accessed 6 June 2008).

ethnicity and different languages and backgrounds working closely with the legal systems, universities, Victorian Police, Centrelink and other service providers. HACN plays a direct role in voicing concerns and alleviating resettlement problems amongst African refugees and promoting cultural activities. It is at such community events, that many African communities find an opportunity to address their concerns and their needs, both present and for the future. Often, it is also a good time to get hold of community elders.

Understanding Cultural Adaptation Through Adolescents' Eyes

The traditional roles of the former refugees elders in Australia, have evolved somewhat. Elders meet regularly to discuss pertinent community issues, such as intergenerational conflict within families. Informants compare the complexity of the parenting problem with that of the Australian way of parenting. They feel that their cultural values are under threat, and fast eroding in Australia. Participants experienced intergenerational conflicts within their families and articulated the differences in parenting. They found the Australian style of parenting practices a little daunting. Badawi says:

Everyone who is older, an aunt, uncle, grandma from either side (maternal or paternal), even a community elder can reprimand children on behaviour and cultural values. Anyone of them can tell the kids to stop doing something that is not good. Here in Australia, your kids are your kids, not the kids of the community. No one can tell them off: only the immediate members of the family.

Even within the educational system, participants believe that the behaviour of students does not reflect respect for a teacher.⁵⁶ Usually parents seek assistance from a teacher to discipline a child in Africa. In Australia, they become frustrated when the teacher will not interfere on the domestic front. Ahmed says that single mothers - particularly - do not know how to deal with peer pressure and the influence of the foreign culture. Where traditionally children and youngsters looked their eyes out of respect when speaking to elders, in Australia they are learning to stare back. Sirrah says some of them have even stopped speaking to their parents, which is another problem. In the absence of role models and peers within the extended family, fear of loss of cultural identity causes anxiety as Ghada's comments illustrate:

⁵⁶ Getnet Bitew, Peter Ferguson and Mary Dixon, "Ethiopian-Australian Students' experience of secondary schooling in the Australian Education System in the State of Victoria," *The Australasian Review of African Studies*, 29: 1&2 (2008): 78.

She (mother) wants the school [to] stand with her, not against her. In Ethiopia, the school would take care of it. Here, the kids have more rights. This creates problems in the family, especially for single mothers. Parents want the school to stand with the single mothers, not against me (them).

In dealing with their children, participants say that Australian legislation vis-a-vis privacy and confidentiality of information 'undermines' them. Medical professionals will not divulge information to a parent without the teenager's consent. When there is disagreement in the family, children can call the social worker.

There [are] a lot of issues with the youngsters. Because the Government has our role, we are not responsible for them ... even as our kids. In the long term, even their responsibility to look after their parents is gone in this new culture.

In the ensuing barrage of a heated exchange, the mother disciplines her teenage child in the traditional way: giving her a smack. Back in Africa, it is not uncommon in former refugee cultures' to discipline a child in this manner. However, in Australia, the teenager calls the social worker because the teenager is aware of Australian laws relating to child-abuse. Parents are thus afraid to discipline children for fear of authorities becoming involved. According to Ahmed, there is a perception that children have developed behavioural problems because parents cannot discipline them in the traditional way.

Centrelink will take care of the child for a short period of time. During the time, she is away from her mother, she gets pregnant. Very soon, she is alone and needs the support of the family. Now, what should the family do?

Such inter-generational conflicts – as revealed by Ghada's comments - are not any different from those of other Australian youth. However, participants sense that such problems are being interpreted or perceived by the mainstream society as conflict of integration. The youth are caught between two worlds: the Australian culture and the culture of their parents. They negotiate Australian culture in their daily lives and yet do not want to be ostracized by their family. Adapting to harmonise the two identities - into perhaps a hybrid identity – also causes stress in the family. Nevertheless, participants are appreciative and cognizant of the fact that their children are culture brokers and interpreters as they understand how things work in Australia better than their parents. It is not uncommon to see a group of former refugee women travelling on public

transport accompanied by their children: children can be seen negotiating public transport by buying train fares, announcing stations left to destination, ascertaining when to disembark, and sometimes translating instructions or questions for their mothers.

Sirrah believes this intergenerational confusion creates deeper problems. What is required is professional help in communication: mothers cannot share the burden alone, she says. There is a need for trained personnel within organisations to communicate the information in a non-judgemental, culturally appropriate manner. Despite these negative intergenerational outcomes, former refugee communities have shown initiative in overcoming barriers in the education of their children. The community recognizes that young people who do not complete schooling or the equivalent of vocational education are at higher risks of poorer life outcomes. They try to inculcate these aspirations of higher education, better and well paid employment opportunities and a higher standard of living with the community's help.⁵⁷ Coming from prolonged stays at refugee camps, former refugees and their children have had an interrupted education. Apart from language proficiency, the Somali community found that their children had problems coping with school work and were lagging behind.

Education is revered in Africa as it is perceived to be the gateway out of poverty. Former refugee communities in Australia see education opening up opportunities for their children, which they did not have. Their expectations and aspirations for their children are therefore high. Ahmed - who worked as a teacher-assistant in his early years as a refugee in Heidelberg West - enlightens the problems former refugee parents have in assisting their children with homework. Whilst some former refugee parents can assist their children with some subjects, many of them are not familiar with the Australian education curriculum. The 'Homework' program in partnership with Mission Australia and African Pathways⁵⁸ was launched to bridge this gap of communication and at the same time, provide Somali children assistance with homework. More than 150 kids attend the after-hour homework classes.

⁵⁷ Bitew, Ferguson and Dixon, 85.

⁵⁸ Mission Australia, "Mission Australia launches African Pathways Program in Darebin and Banyule," 2006, <http://www.missionaustralia.com.au/news/media-releases/145-mission-australia-african-pathways-program>; Mission Australia, "Partnerships in Action," June 2007, http://www.missionaustralia.com.au/document-downloads/doc_details/33-partnerships-in-action-june-2007, (accessed 15 June 2008).

We ran the program through 10 volunteer teachers from within the Somali culture. \$10 per month per child covers the transport cost for volunteers. We teach language, culture Islamic, and how to integrate into the mainstream peacefully and (in a) friendly manner. The program has been successful.

Parents, who once used to enjoy the collective social responsibility through the extended family system, now face the challenge of individual responsibility in Australia. The Homework Program arose out the community's recognition of difficulties single mothers face in raising children in a new country. He comments on the community's needs:

The women they have a double burden. They are illiterate; they cannot learn the language because they have to help their children. Supervisors at school won't talk to parents, especially mums. The mums felt there was a gap, they were not welcome.

When they do come, they want to ask many questions about children but cannot communicate. Therefore they get angry. The teacher thinks that these mums are arrogant and wild. But really they did (sic) not know that it is support that they wanted. You know in Islam, even women going out alone is taboo, so there is also that ... when going to school for their children.

The success of the Homework Program shows that former refugees are capable of taking active steps to overcome barriers and find culturally based solutions to their problems. The partnership of the Somali Community with Mission Australia is a prime example of how co-operation between community organisations, individuals and mainstream organisations can provide valuable insights into cultural customs and practices. These can in turn facilitate wider co-ethnic links, seamless integration into mainstream Australian society and infuse overall well-being.

Conclusion

Settling into a new country is seldom easy and there are many challenges in building a new life. This is even more so for former refugees from the Horn of Africa and Sudan who have lived for decades in refugee camps and neighbouring countries but have shown resilience for survival. The Department of Immigration And Citizenship's Integrated Humanitarian Settlement Strategy programs have found resettling this unique cohort challenging. Focussing upon the social determinants – accommodation, neighbourhood, health, welfare and community – this article has found that less attention has been paid to the inter-connectedness between these social determinants in both literature and the practical outcomes of

resettlement programs. Narratives of participants of this research show that good housing and good health contribute to well-being. Lack of proper housing is a social problem linked to problems of poor access to community links and public services. Further, though DIAC recognises that strong families' foster stronger communities that in turn encourage economic and social participation, the reality is that it is far from fulfilling family reunion as a priority. Separated families in turn impose financial constraints, inability to access accommodation commensurate with their needs in areas where they can access utilities and community networks. Ultimately, such barriers delay the ability to access opportunities to bridge social friendships confidently with the larger Australian society leading to isolation.

Social exclusion and isolation can easily compound into 'depression' and mental health issues particularly for single women refugees. Debate into the understanding of 'depression' from a Western perspective within literature rather than cultural embeddedness, has given rise to differing interpretations of what 'depression' means to these former refugees. Participants of this study highlighted a range of understandings of 'depression': from pre-arrival, post-arrival, migration, resettlement, and absence of family reunification, cultural understanding of mental health and the associated stigma. *Buufis* sums up some of these unintentional health outcomes that can alleviate the gap of cultural sensitivity and understanding within resettlement programs. These social issues need further exploration within a cultural context. Ethnic organisations engaged as intermediaries and partners in service provision provide a useful channel of communication and understanding. Service providers and policy makers need to acknowledge the related issues of accommodation, family reunification and their health outcomes and the role ethno-specific associations can help provide through collaborative initiatives.

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List of Participants Interviewed

Name (pseudonyms)	Professions (Australian Qualifications)	Nationality (determined by country of origin)	Place of Interview
Terefe	Teacher	Ethiopian	<i>Footscray</i>
Tennetta	Mother, Social Worker	Ethiopian	<i>Footscray</i>
Chimdi	Phd Student	Ethiopian	<i>Footscray</i>
Hamid	Business	Ethiopian	<i>Footscray</i>
Sirrah	Volunteer/Researcher/Translator	Sudanese	<i>Footscray</i>
Abdullah	Security	Sudanese	<i>Dandenong</i>
Zahida	Doctor	Sudanese	<i>Dandenong</i>
Hamida	Child-Care	Sudanese	<i>Dandenong</i>
Ghada	(newly arrived) n/a	Sudanese	
Ardelsham	Nurse	Sudanese	<i>Dandenong – group meeting</i>
Bidawi	Housewife	Sudanese	
Ahmed	Health Care	Somali	<i>Heidelberg West</i>
Siad	Darebin Council Community Collaboration	Somali	<i>Heidelberg West</i>
Jillo	Unemployed	Somali	<i>Heidelberg West</i>
Somali Group of Elders	Semi-Retired Professionals/ Business	Somali	<i>Heidelberg West</i>
<i>Mimea</i>	<i>Caretaker</i>	<i>Somali</i>	<i>South Yarra</i>