Literature review

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Background paper for *African Australians: A review of human rights and social inclusion issues*

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1   Introduction

Research into the issues, characteristics and needs of migrants and refugees from African countries settling in Australia are currently being undertaken by academic institutions, community organisations and federal, state and local governments. In particular, there has been a recent surge of both academic and community-based research undertaken by African Australians in an effort to provide greater voice to their communities.

An initial literature review was prepared in January 2009 by Ann Reiner from the Australian Human Rights Commission (Commission) prior to the organisation commencing its *African Australians Project: Human rights and social inclusion issues*.

The goal of the literature review was to summarise the current knowledge and research on issues particular to African Australian communities and to provide a context for the consultation methodologies and questions that the Commission would employ in the project.

The literature review, however, continued to expand as additional reference materials were identified during the community and stakeholder consultations, which were conducted by Myriad Consultants on behalf of the Commission.

Participants felt that it was critical that specific efforts were made to identify and include research and reports written by members of the African Australian community. It quickly became apparent that there is no shortage of such material, although sourcing it is not without challenge.[1]

As a result, the final literature review combines information and material sourced throughout the different project stages and community consultations.

2   Structure of review

The literature review is set out under the follow headings for clarity and ease of reading:

- Approach
- Important definitions
- Previously successful refugee assistance programs
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- Case management approach

3   Approach

This literature review attempts to summarise the large body of research on the situation of Africans migrating to and living in Australia. It also aims to highlight the point that viewing all Africans as part of a single 'African community' is erroneous. Instead 'African' should be used carefully as an overarching term that attempts to describe a conglomeration of communities from a continent nearly four times as large as Australia and comprised of 53 countries.

The literature review examines these communities based on the fact that the majority of, though certainly not all, Africans who have arrived in Australia in recent years have come as either refugees or through the special humanitarian migration program. However, once in Australia, they deserve to be treated as Australians. Unfortunately, as the research highlights, it is often the case that Africans continue to be treated by mainstream Australia as a homogenous community, once and always refugees, and not as active and contributing members of the Australian society.

The literature review also includes research and reports written by members of the African Australian community. As African researchers have identified, however, widespread silencing of African voices has resulted in such work being largely 'hidden' from the public domain until recently.[2]

3.1   Newly- arrived and established communities

The literature was examined with two distinct 'sets' of communities in mind. Firstly, the review considers the established African communities who have been living in Australia for some time. While acknowledging the great diversity among Africans, especially with respect to language, culture and religion, this document aims to highlight the current situation facing established communities of African descent.

Secondly, and in greater depth, the review looks at the situation facing new arrivals from Africa settling in Australia. It examines what services are available; whether they are appropriate and accessible; where gaps in services and assistance exist; and what monitoring and evaluation of these services is taking place to ensure that newly-arrived refugees and humanitarian migrants have the best possible foundation to build a successful life for themselves, their families and their communities.

The broad community of Africans in Australia today is dynamic, constantly changing and growing as new groups arrive from different countries, cultures and backgrounds. It is not possible to consider the situation facing those communities

which are long-settled in Australia without also examining how newly-arrived individuals and communities are faring, as well as the interactions between and among these groups.

The existing literature is examined with respect to the key themes of the Commission's *African Australians Project*

A common thread in the literature is that the prospects for individuals and communities, and their ability to settle and thrive in Australia, are greatly influenced by the issues they face on arrival and the support they receive. With this in mind, 'best practice' approaches are highlighted and gaps in evidenced-based programs are noted.

4   Important terms and definitions

4.1   Migrants, refugees and humanitarian entrants

Australia's Immigration Program has two components:

- **Migration Program**, for skilled and family migrants

- **Humanitarian Program**, for refugees and others in refugee-like situations.

The Humanitarian Program includes an 'offshore' component, for the resettlement of people overseas, and an 'onshore' component, for people already in Australia who seek Australia's protection.

While a significant proportion of individuals and families from Africa who have settled in Australia have a refugee background, being granted residency under the Australian Department of Immigration and Citizenship's (DIAC) Humanitarian Program, it is important to note that African migrants have also been coming to Australia for many years as skilled workers.

Following is a brief overview of Australia's Immigration Program.

Migration Program for skilled and family migrants

The Skill Stream of Australia's Migration Program includes over 60 skilled visa subclasses, each with their own characteristics and criteria for permanent residency in Australia. Most skilled visas require applicants to pass the General Skilled Migration points test. Applicants are then selected on a number of criteria, including their age, English language ability, qualifications, work experience, nominations or sponsorships and their nominated skilled occupation.[3]

The migration of people with qualifications and relevant work experience helps address specific skill shortages in Australia and builds the size and skill level of the country's labour force.

In 2008-09 a total of 114,777 places were granted under the Skill Stream program, which accounted for 67% of the total Migration Program. In March 2009 the

permanent skilled migration program planning level was cut by 14% – from 133,500 to 115,000 – in response to concerns about the global economic situation.

The planning level for the Skill Stream of the 2009-10 Migration Program has been set at 108,100, which is on par with the 108,540 places made available in 2007-08. It gives priority to applicants who are sponsored by employers and state and territory governments and who have skills in occupations on the Critical Skills List.

In the 12 years to 2007-08, over 1.3 million visas were granted under Australia's permanent migration program. During this period, the program has increasingly sought to encourage skilled migration to Australia. Today skilled migrants comprise the single largest group of permanent arrivals in the country. In 2007-08 the equivalent of just over two skilled visas were granted for every one family visa.

By participating in the Australian labour force, skilled migrants provide a substantial net contribution to Australia's economy on their arrival, which increases over time. Based on the 2006-07 migrant intake, estimates calculate this contribution at around $580.7 million in the first year, $955.6 million after ten years and $1.01 billion after 20 years.[4]

Characteristics of skilled migrants

The following points broadly represent the key characteristics of skilled migrants who have recently settled in Australia.[5] They are:

- mainly born in the United Kingdom, India, China and South Africa

- generally younger than the broader Australian population (between 1997-98 and 2007-08 57% of skilled arrivals. including dependents, were aged 29 years and under)

- often settling in Australia with their dependents, generally a spouse and/or children

- predominantly professionals, followed by technicians and trades workers.

Offshore resettlement component

The offshore resettlement component of Australia's Immigration Program includes two categories of permanent visa:

- **Refugee,** for people who are subject to persecution in their home country, who are typically outside their home country and in need of resettlement.

The term 'refugee' applies to "any person who has fled his/her country of origin due to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, and is unable or, owing to such fear, is unwilling to return to that country" (Article 1, 1951 Convention Relating to the Status of Refugees).

The majority of applicants considered under this category are identified and referred to Australia for resettlement by the United Nations High Commissioner for Refugees (UNHCHR).

The Refugee category includes the Refugee, In-country Special Humanitarian, Emergency Rescue and Woman at Risk subclasses.

- **Special Humanitarian Program (SHP),** for people outside their home country who are subject to substantial discrimination amounting to a gross violation of human rights in their home country.

A proposer – who is an Australian citizen, permanent resident or eligible New Zealand citizen, or an organisation that is based in Australia – must support applications for entry under the SHP.

Over the last five years, more than 32,900 people from Africa have been granted visas under Australia's Humanitarian Program.

Composition of the offshore resettlement program

The size and composition of Australia's resettlement program are influenced by a number of factors, including:

- an estimate of the number of people likely to be assessed as in need of protection in Australia, in accordance with international obligations under the Refugees Convention

- the UNHCR's assessments of the resettlement needs of refugees overseas

- the views of individuals and organisations in Australia conveyed during community consultations with the Minister for Immigration and Citizenship

- Australia's capacity to assist.

Australia will resettle 13,750 people under its Humanitarian Program in 2009-10, an increase of 250 places on 2008–09 planning levels. There will also be an increase of 750 places in the SHP to 7,750 places, with the refugee component set at 6,000.[6]

The main focus of the 2009-10 program will be the resettlement of refugees from the three key regions of Africa, Asia and the Middle East.

People arriving under these categories are offered special protections, services and assistance. The goal is to provide a safe and smooth transition to life in Australia, recognising that most, if not all, humanitarian migrants have been forced to flee their home countries because of war or civil strife, domestic violence, poverty or natural or man-made disasters.

4.2   Resettlement

> *... realistically speaking settlement is a lifelong process.*

Parliamentary Secretary for Multicultural Affairs and Settlement Services, Laurie Ferguson[7]

Refugees are not always able to return home in safety or to remain in the country where they first received asylum. There are situations where resettlement to a third country is the only safe and durable solution.[8]

Resettlement is the transfer of refugees, who have provisional protection, from the first country of asylum to another country where they can start a new life and find permanent protection. The UNHCR estimates that in 2010 alone, of approximately 10 million refugees worldwide, some 203,000 refugees will be in need of resettlement. In 2008 countries around the world offered to resettle some 65,000 refugees.

There is no agreed time limit by which resettlement should occur and no agreement on the extent to which refugees should be expected to assimilate – rather than integrate – with their host society. Some models of resettlement have a psychological and individual/family focus; others recognise that resettlement is a two-way process involving the policies and responses of the host community. Most models acknowledge the importance of supporting refugees to maintain their cultural identity, as well as to acculturate to the host society.

4.3   Integration

local integration: in the refugee context is a dynamic and multifaceted two-way process, which requires efforts by all parties concerned, including a preparedness on the part of refugees to adapt to the host society without having to forego their own cultural identity, and a corresponding readiness on the part of host communities and public institutions to welcome refugees and to meet the needs of a diverse population.

UNHCR Executive Committee Conclusion on Local Integration No.104

The UNHCR views integration as a two-way process but stresses that it is the host State that must take the lead role. It also notes that communication about expectations for integration is an important component. The organisation defines integration as having three key elements:

- a legal aspect

- an economic or self-reliance aspect

- a social and cultural aspect.

According to the UNHCR, the host State must support all three aspects to achieve successful integration. Some of the indicators it has developed to assess the success of efforts to integrate refugees include:

- the newcomer speaks one or more of the country's official languages

- the newcomer has found employment

- the newcomer has adapted to the culture of the host country

- the newcomer is participating in civic life.

The aim of a social inclusion strategy is to develop comprehensive policies to support an individual to become an integrated member of society.[9]

While 'integration' has connotations of assimilation, the term is used in this literature review to mean "the ability to participate fully in economic, social, cultural and political activities, without having to relinquish one's own distinct ethno cultural identity and culture. It is at the same time a process by which settling persons become part of the social, institutional and cultural fabric of a society."[10]

Integration into Australian life requires a balancing of family, cultural and national traditions with the realities of life in Australian cities and towns.[11] A recent research paper by Haileluel Gebre-Selassie, as part of a scholarship granted by the Winston Churchill Memorial Trust, explored and documented projects and programs that contribute to integration strategies for migrants and refugees in New Zealand, the United States, Canada, the United Kingdom, Germany and Israel.[12] The author suggests that government departments and non-government organisations tend to emphasise settlement services and give less priority to ongoing integration support:

> Better integration of refugees and migrants is critical to the long-term interests of both the host community and migrant communities. Australia is one of the world's leaders in allocating resources and effort to settlement services for migrants and refugees. However, the efficiency of the settlement program and the integration component of the settlement process require further improvement in order to achieve better outcomes.[13]

The study identifies that governments and host societies must demonstrate a high level of commitment to, and investment in, the integration of migrants and refugees, as the development of an inclusive and welcoming society is a key pre-requisite to the successful integration of migrants and refugees. Proactive government policies and programs are critical to better integration, it says.

5   Previously successful refugee assistance programs

> *DIAC assists refugees and humanitarian entrants with a range of settlement support services that are focused on building self-sufficiency, developing English language skills and facilitating connections with mainstream services to help them settle in Australia and become contributing members of the community as soon as possible.*
>
> > Minister for Immigration and Citizenship, Senator Chris Evans, July 2009

Settlement services are undoubtedly critical to the process of successfully integrating newly-arrived communities.[14] Australia's settlement services for refugees and migrants have evolved over the last 60 years from the provision of basic accommodation and assistance on arrival to more intensive support programs that aim to meet the specific needs of humanitarian entrants.[15]

While Australia's settlement services are advanced by world standards, there is broad agreement that improvements can and should be made.[16] Changing demographics in newly-arrived communities inevitably requires a thorough review of the planning and delivery of settlement services.

Impact of increased African intake

Given the changing profile of people entering Australia through the Humanitarian Program, government policies and programs should be flexible enough to adapt to the differing needs of each intake.

In 2006–07 Australia granted just over half of that year's allocation of offshore humanitarian visas to Africans, many of whom were resettled in areas where the numbers of African refugees had increased from nothing to several hundred in the space of only two or three years. Previously Australia's humanitarian intake was primarily from Europe and the Middle East.

The sharp increase in the numbers of humanitarian entrants arriving from Africa raised serious questions about the appropriateness and adequacy of settlement services to these newly-arrived communities.

Refugee advocates and others expressed concern that Australia was not adequately prepared to cope with the special needs of African refugees, who commonly arrived with poor education, poor health, poor language skills and a history of brutalisation and trauma from years of civil wars and experiences in refugee camps.[17]

Settlement service agencies were also aware that newly-arrived humanitarian entrants from Africa were experiencing significant barriers to successful settlement.[18]

In 2007 the African Australian Think Tank hosted a national conference, *Walking together at same speed: A forum to dialogue ... a cultural journey,* which discussed the settlement needs of African families and single people from a diverse range of countries and backgrounds and their integration into Australia's broader multicultural society.[19]

The conference identified a number of challenges in the development and provision of settlement services, many of which are echoed in previous reports and research studies.

Key challenges in settlement services

The arrival of new African refugee communities presents very specific and unique issues that service providers and government agencies must attempt to address in order to support their successful settlement and integration.

Overall, the literature identifies the following key challenges in planning and delivering settlement services to newly-arrived African Australians.

- The recent large and rapid influx of African refugees did not allow programs, designed for small groups, to adjust quickly enough.

- The programs were not dynamic enough to adjust to the different needs of a new community, and that:

- o service providers did not anticipate the need to adjust program strategies for the different cultural backgrounds of participants

- o service providers did not understand the African context and cultures well enough to structure necessary adjustments.

A critical message that emerges is that Australia "cannot simply repeat methodologies that worked for the resettlement of European migrants in the 1950s to 1970s, or of Indo-Chinese in the 1970s and 1980s. African communities need new responses."[20]

Apart from their different cultural backgrounds, some refugees also carry experiences of personal trauma and many years of hardship in refugee camps.[21] "This case load often has larger families, with higher levels of poverty, lower levels of education and English proficiency and more serious physical and mental health issues compared to earlier cohorts."[22]

Another key challenge lies in the diverse backgrounds and needs of newly-arrived African Australians. Many different languages may be spoken by people from the one country, while culture, customs and education levels differ widely according to the country, region, ethnic group and social class from which a person comes.[23]

To avoid stereotyping and misconceptions, service providers must avoid the tendency to hold to a single idea of who is a 'refugee'.[24] A rigid understanding can mean that they see the individuals they assist as being firstly and only refugees, ignoring all other aspects of their cultural and personal identities.

Furthermore, designing programs and treating refugee communities based on the assumption that all refugees are alike does not allow services to take account of the differing needs and desires of people from different cultures or backgrounds. The reality is that often the only thing that refugees, as a group, have in common is the loss of home and country, coupled with the high likelihood of trauma and sudden cultural transitions.

There are also specific issues of concern for African refugees settling in regional areas of Australia, including isolation, poverty and vilification.[25]

Recent research has highlighted the lack of newly-arrived refugees in management positions in the settlement services sector. This deprives them of the opportunity to share practical experiences and ideas to better support other refugees and to gain skills in learning how to manage their community associations. In fact some migrant agencies which deliver services to newly-arrived communities do not even involve newly-arrived refugees on their management boards.[26]

Recent developments

It is evident that the knowledge and experience of service providers in dealing with the many and complex issues of African Australian clients has increased considerably in recent times. In addition, the Australian Government has made some progress in acknowledging the specific settlement difficulties faced by humanitarian entrants from Africa.

Many settlement agencies have actively responded to the needs of African humanitarian entrants and/or addressed service gaps identified by communities and advocates. Some have established new programs to meet the needs of African humanitarian clients, while others have identified existing specialist and mainstream programs that could be better utilised.[27]

The Australian Government has recently undertaken an extensive review of its settlement programs, which has resulted in improvements to service delivery through its Integrated Humanitarian Settlement Strategy and Settlement Grants Program. It has also responded to the need to provide more intensive and prolonged assistance to clients through the introduction of the Complex Case Support program.

However, there continues to be a need for both government and non-government agencies to improve data collection; to increase the cultural competency of staff; to review and adapt programs to meet the needs of a diverse client base; and to better coordinate services delivered to humanitarian entrants.

There is also a need to incorporate a 'strengths-based' approach in the design and delivery of services, which recognises and builds on the skills and experiences of the client, as opposed to a 'deficit' model, which treats the client as a victim and fails to recognise the vast range of skills they have amassed in order to survive and cope with many challenging life experiences.

In a recent Phd thesis[28], Hiruy suggests that current discourse on refugee resettlement in popular media, academia and among host communities "lacks veracity". The author argues that established resettlement planning practices are mainly based on "practical resettlement" and calls for a greater focus on the perspectives of settlers'. In the case of African refugees in Hobart, who were interviewed for the study, this means recognising the central importance of social, cultural and emotional factors in successful settlement and belonging.

Furthermore, it is important to note that "despite experiences of persecution, violence, forced migration, loss of family, home and cultural identity, many refugees from the HoA [Horn of Africa] are settling successfully and working not only for themselves, but to assist their communities both here and in Africa."[29]

6   Support services

Assistance to new arrivals can be delivered by generalist services and refugee or ethno-specific services. Services that cater specifically for African communities can have a cultural, social, political, economic or religious focus. They can also focus on different types of service provision, such as advocacy, referral, information, settlement or self- and community-development. To be effective, these services must address issues of client satisfaction and feedback on the quality and quantity of assistance available, as well as issues around access to services.

Generalist refugee support services do not always recognise the significant differences that exist among and between refugee communities (eg, socio-economic status, tribe, clan, religion, political view, language, culture and age) and the fact that they may only share in common their well-founded fear of persecution.[30] Many services also fail to properly recognise the centrality of family and gender division within African cultures.[31] This can lead to services not prioritising the opinion of

community leaders or family heads. In addition, generalist services often do not have the necessary expertise or knowledge to adequately address the needs of African or refugee communities. Services catering to these communities must be "intensive, holistic and flexible".[32]

Upon arrival in Australia refugees qualify for the following services:

- Initial Information Orientation and Assistance (IIOA), which includes reception and orientation, meeting immediate/emergency needs

- Accommodation Support (AS), which includes one month's accommodation and assistance to find permanent accommodation

- Housing Formation Support (HFS), which includes material goods to start a 'modern' home

- Early Health Assessment and Intervention (EHAI), which includes physical, psychological and psychosocial assessments.

There exists an entire sector of services available to refugees, however it is unclear to what extent these services being utilised by and benefitting new arrivals. Greater coordination between service providers and the various government agencies involved is needed to reduce the complexity of the system and make it more accessible for new arrivals. Furthermore, government services alone are not enough to provide the holistic support that most refugees require. They must be paired with community responses in order to properly address the myriad needs of individuals and communities.[33]

7 Common barriers to using services and understanding systems

7.1 Adjusting to a different way of life

African Australian communities with refugee backgrounds have reported that mainstream service providers are often not aware that daily life in Australia differs in significant ways from life in their home country. Furthermore, families do not have the extended network that they would normally rely on to help them understand and navigate their new environment.[34]

A number of general skills needed to go about daily life in this country, which many Australians would assume to be universal, are unfamiliar to many Africans, especially those from rural areas.

Service providers sometimes overlook the fact that migrants from different cultural backgrounds may not immediately know "which foods are healthy, which need to be stored in the fridge, how to clean Western-style homes, use household appliances, or cross the road in high traffic areas."[35]

In addition, the idea of making an appointment to access a service can be unfamiliar for some clients.[36]

7.2 Impacts of mismatched services offered and services accessed

In their first six months in Australia, refugees are offered a number of services under the Intensive Humanitarian Support Service (IHSS):

- **case coordination, information and referrals**, which includes a case coordination plan based on an initial needs assessment; information about, and referral to, other service providers and mainstream agencies; and help for proposers of SHP entrants to fulfil their role

- **on-arrival reception and assistance**, which includes meeting entrants on arrival; taking them to suitable accommodation; providing an initial orientation; and meeting any emergency needs for medical attention, clothing or footwear

- **accommodation services**, to help entrants find appropriate and affordable accommodation and provide them with basic household goods

- **short-term torture and trauma counselling services**, which includes an assessment of needs; a case plan and referral for counselling services; and information for other health care providers about associated health issues.

After an individual's eligibility for IHSS expires, humanitarian entrants can access less intensive specialist settlement services for a further four years through the Special Grants Program and the Community Service Scheme.[37]

However, services offered and services used do not always match up. The barriers that sub-Saharan African refugees face in accessing these services are related to their socio-economic status, help-seeking behaviours, social factors and a lack of trust in the confidentiality and respectfulness of services and service providers.[38] Not knowing where to go for services, as well as not understanding how to access services and the steps involved in making and keeping an appointment, can also impede their ability to access available services. Two thirds of refugees reported having unmet needs in the first six months after arrival[39] and the abrupt withdrawal of services after six months left many feeling "disoriented and vulnerable", with feelings of "great anxiety and fear" about how to proceed without formal support.[40]

Most refugees reported receiving little or no information on Australia before arrival.[41] Furthermore, service providers in Australia may not be aware of what information refugees are given before they arrive. If refugees are not offered or able to access services they have been led to believe are available to them, it can create significant frustration and a mistrust of service providers[42].

7.3 Information overload

Refugees have reported negative experiences when dealing with government service providers, often due to confusion around the roles of different agencies.[43]

Under the current system refugees are provided with six months of assistance, which does not provide enough time to absorb and understand all the information they need to effectively settle and integrate into the broader Australian community. The literature reviewed suggested that a one-off orientation format can adequately prepare refugees to participate in Australian society or respond effectively to their personal needs.

Too much information is offered to refugees immediately upon their arrival, which is not repeated or reinforced. As a result, individuals and communities are forced to come up with their own solutions to issues and experiences they have never faced before. Reinforcing and ongoing discussion of information is necessary to better support new arrivals. This information must be delivered in "manageable quantities and … more than once."[44]

7.4   Barriers in the health system

A lack of understanding of how Australia's health care service works, coupled with an inability to access health information, can lead to decreased care-seeking behaviour among new arrivals and an under-utilisation of health services.[45] For example, Australia's system of bulk billing for health care services is different than the 'pay upfront' model in Africa. Consequently, many refugees may avoid or postpone medical care and treatment because they do not have enough money on hand.[46]

Through consultations with migrant and refugee women in Tasmania, Valencia found that newly-arrived communities lack awareness on how to locate and access health care providers. They also don't understand Western health care philosophy and systems.[47]

In general, refugees do not receive sufficient orientation on how Australia's health care system operates, how it is set up and the specific services that are available to assist migrant and refugee communities.

7.5   Examples of cultural barriers in the health system

Cultural barriers can limit the ability of African Australians to access to health information, particularly in relation to sexual and reproductive health topics.[48] While Australian-born women may not feel awkward discussing intimate details around sexual and reproductive health issues with a male doctor (because they view him firstly as a doctor), a woman from a culture where discussion of such topics are taboo between men and women will be reluctant to discuss her concerns. As a result, the doctor may be left with a false impression that the female African patient has nothing to discuss regarding her sexual health.

Body size and body image is another area where cultural perceptions can impact on the effectiveness of health information. A series of focus groups were recently conducted with African Australians in Melbourne as part of a study on the apparent rapid weight gain and obesity risks observed among African migrant children.[49] It found that many in Sub-Saharan African communities took pride and satisfaction in the increasing levels of obesity among their children, seeing it as a 'job well done' and reflecting their view that obesity is not a disease. In addition, the focus groups also highlighted intergenerational conflict about body size ideals between parents

and their teenage children, with the latter preferring the model-like body sizes popular in Australia.[50]

The study concluded that further research is "required to examine the association between shifting preferences in body ideals and obesity among traditional communities, such as sub-Saharan African migrants. The understanding of how changes in body image perceptions may influence eating and exercise behaviours among sub-Saharan African migrants would assist in the development of obesity-related preventive interventional programs for this at-risk population."

8   Issues of law enforcement

8.1   Mistrust of government and authority, including police

The legal system is very complicated and many refugees might have never lived in a country where law and order is the norm. In those countries, human suffering, violence, oppression, autocracy, intolerance and violation of human rights are part of daily life. It may also mean refugees having to adjust their initial knowledge and expectations of the law. The barriers are huge and designing ways for a smooth transition has to be the ultimate goal of everyone, whether it be the government, the recipient, or service providers.

Dr Melika Yassin Sheikh-Eldin[51]

Many refugees come from situations in their home country where the criminal justice system was the agent of mass violations of human rights, persecution and social control, rather than agencies in which they could entrust their safety. When they arrive in Australia they often carry with them traumatic experiences that can leave them paranoid and suspicious of government and authority.[52]

When a refugee is in contact with the police, they can experience feelings of fear and anxiety which stem from this general mistrust of authority. This can also serve as a disincentive to registering a complaint with the police; for instance, when something goes wrong or if the person is mistreated by law enforcement authorities. Refugees that have experienced mistreatment may decide not to make a complaint out of a fear that the retribution for lodging the complaint will be greater than the original mistreatment.[53]

This can place a significant burden on recent arrivals from Africa and compound other difficulties during settlement. Some of the consequences can include:

- shame and stress

- legal problems, which can create a barrier to effective settlement and to social inclusion in Australian and African communities

- potential for a criminal record or conviction, which has implications for future employment opportunities

- heightened potential for racial profiling by police

- high levels of debt, resulting in financial stress and possible bankruptcy.[54]

To effectively address these barriers, refugees must be informed about the role of law enforcement officers, what they can and cannot do to or for people, and what rights people have under Australia's legal system.[55] The literature highlights a number of recent programs that have been developed to build legal literacy among African Australians. For example, the Legal Education and Awareness Project (LEAP) held workshops for African young people and provided training sessions on youth justice issues and culturally appropriate service delivery to community workers, police officers and court staff, including magistrates and judges.[56] A key strength of the project was its specialised knowledge of justice issues for new and emerging communities and its capability in cultural awareness training.

Community policing can also develop strategies and provide reassurance to support newly arrived refugee communities, particularly around understanding their rights and responsibilities under Australian law.[57] This knowledge can have a profound influence on the successful settlement of individuals and families from newly-arrived refugee communities.

Police and other law enforcement authorities have a responsibility to provide effective, appropriate, sensitive and responsive services and they must work in partnership with refugee communities to foster trust and confidence.[58]

8.2 Perceptions and misconceptions of African young people

Media reports commonly portray Africa as though it is one country, overlooking the multitude of cultures, national groupings, religions and diversity among African people. In addition, many media images of Africans can are tainted by negativity, especially in regards to alleged criminal activity. In 2007 the reputation of African Australians was significantly tarnished by then Immigration Minister Kevin Andrews' comments about Sudanese-Australian migrants.

Young people from Africa comprise one of the largest groups coming to Australia under the Humanitarian Program. In 2005, 64% of humanitarian entrants were under the age of 25 and 31% were aged between 12 and 24. Young people from the Horn of Africa – including Ethiopia, Somalia, Eritrea and Sudan – account for a substantial number of entrants under the program. Indeed, young people from Sudan alone account for half of these young entrants to Victoria. Young people from these regions have generally come from situations of conflict and crisis, including civil wars and extreme poverty.[59]

As various sources note, these young people have experienced social integration problems since their arrival in Australia.[60] This includes problems of racism and anti-Muslim sentiment in the case of Somalis and Eritreans. They have also been forced to deal with community perceptions around criminality. Concerns have been raised from within their communities about issues of integration, acceptance and cultural harmony.

Media reports often portray African young people as "unruly, as if they were uncontrollable and looking for a fight" and that they should be dealt with harshly to protect "the best interests of Australian society and culture".[61] Indeed, "strong concern was expressed by the young people about the negative stereotypes

perpetuated by the media, which often depict them as gang members and/or a threat to the public. They expressed the belief that unless this changed, they shall continue to be victims."[62]

However, media coverage and analysis of incidents involving African young people are often contradictory. On one hand, they claim that the young people have broken with traditional African culture (commonly stereotyped as being disciplined and reverently respectful of order and authority) and in the process have become lost, angry and violent. On the other hand, they cite the 'traditional' African culture of violence to explain certain behaviours or actions.[63] There is a sense among African communities that media representations are biased towards a negative viewpoint.[64]

A research paper by Clemence Due analysed media coverage following the murder of teenager Liep Gony, who had come to Australia as a refugee from Sudan, and the subsequent restriction on the refugee intake from Africa announced by the former Immigration Minister Kevin Andrews. It supported the argument that mainstream media reports included a negative bias against African arrivals.[65]

In November 2009 the Australian Communications and Media Authority found that ATV Melbourne, GTV Melbourne and HSV Melbourne had each breached the *Commercial Television Code of Practice 2004*, which requires factual material to be presented accurately in news programming.[66]

The breaches occurred in segments of *Ten News at Five, National Nine News* and *Channel Seven News*, broadcast throughout Victoria on 3 October 2007, about incidents concerning Sudanese refugees in Melbourne's south-east. The segments included closed circuit television footage of a person being arrested who was not Sudanese.

In each case, the ACMA found that the licensee's verbal commentary, the footage broadcast and the omission of clarifying information on such an important element of the news story meant that the CCTV footage of violence attributed to Sudanese gangs was not presented accurately, as viewers would have inferred they were being shown visual evidence of Sudanese gang activity.

Channel Ten and Channel Nine were also found to have breached the requirement for news to be presented fairly and impartially. The ACMA considered that the segments aired by both broadcasters contained an unfair selection of material, was unfairly juxtaposed and created an unfair presentation, overall, of Sudanese people as being particularly prone to commit violence and crime.

9   Language barriers

The use of subsidised English language interpreters is available to people of all backgrounds based on a 'reasonable understanding' of English. However, this bar is placed too high and often someone who has reasonable English conversational skills may not be able to follow a fast-paced or technical conversation with a native English language speaker. A person's fluency in conversational English does not necessarily mean they can understand technical jargon (such as legal or medical terminology) and their ability to ask questions or clarify points they don't understand can be hampered by their confidence in dealing with professionals or authority figures.

Limited English language skills can also impair a person's ability to communicate those things they don't understand or to ask for further information where they need clarity.

Some service providers fail to appreciate these barriers around language or they are not able to devote sufficient time to ensure the client understands what is being said before moving on.[67] There needs to be greater understanding and openness among service providers that these barriers to mutual understanding exist. After all, "[a]sking questions, reading documents and signing contracts is very difficult when literacy is low."[68]

The issue of language – or, more specifically, jargon – is pervasive, especially when dealing with structured systems, such as government agencies, or authority figures. These interactions can be intimidating and, as a result, some refugees may be dissuaded from asking questions or requesting clarity.

Refugees who are assessed as not having 'functional' English skills are entitled to 510 hours of English language education. This is provided through the Adult Migrant English Program (AMEP) during their first five years in Australia.[69]

The refugee community has, however, raised a number of concerns around the AMEP, including:

- the length of waiting periods to enter classes

- the inadequate length of time provided in which to become fluent

- course levels being 'too high' or 'too low' – for the students in the class

- the lack of child care services available for parents taking classes

- mixed gender classes, which are problematic for members of Muslim communities[70].

There were also complaints about the highly structured format of the classes, which may be indicative of a lack of familiarity with formal modes of education and learning. It also highlights some frustration with the need to put so much effort into learning the language, which is understandable given the usual difficulties of participating in adult education and how much else is going on in a refugee's life during settlement.

Refugees who come from an English speaking background, such as those from East Africa, feel that English lessons may not be necessary for them. Many would prefer to transfer these free training hours to another program, such as a TAFE course, to gain employment-related skills.[71]

Lack of adequate English language skills is often cited as a major barrier to finding employment. However, it has also been shown that refugees with higher levels of English language skills fare worse on the job market than other groups of migrants.[72]

It is clear that English language skills and the provision of English language education are key factors in promoting social inclusion, well-being and development.[73] Knowledge of English can strengthen a refugee's sense of belonging, cultural understanding and socialisation.[74]

However, while English language ability is central to participation in employment and education and social integration with the wider Australian community, African languages continue to play an important role for communities. They help preserve strong ethnic, cultural and ethno-linguistic identity, as well maintain strong social and support networks within the refugee communities.[75]

A recent study explored attitudes, perceptions and the use of mother tongue among adolescent and young adult secondary school learners from the Sudanese community in regional south-east Queensland. It found the Sudanese community was strongly attached to its mother tongue, Dinka, however English is increasingly used in various public and private domains. The author noted that "African families maintain their multilingual practices in Australia, but children under the age of 14 are rapidly shifting to using English with their parents and their peers. This puts them at risk of losing their mother tongue."[76]

10   Interpreters

The use of interpreters can be subsidised in certain situations, based on a person's 'reasonable understanding' of English. However, this threshold appears to be applied in a somewhat ad hoc manner.

In addition, the choice of interpreter may not reflect an understanding of the delicacy of the situation. In some cases a family member or close friend is used to interpret, as an 'impartial' person may not be available. Given that refugee communities are small and most members are either known to each other or connected in some way, the person in need of interpretation may have concerns about confidentiality or be embarrassed to discuss certain issues with a family member present as the interpreter.[77]

The use of interpreting services is critical to enable some African refugees to access human services.[78] However, while free interpreter services are available to access some agencies providing settlement services, the policy excludes those agencies offering basic settlement requirements.[79]

Other concerns or barriers regarding the use of interpreters include:

- when an interpreter is used for phone calls, it can make nuanced and in-depth conversation difficult

- children or spouses are often required to be interpreters and a male family member may be needed to translate for obstetric appointments

- the costs can be very high and are only subsidised in certain instances

- services are not provided when they might be necessary, based on an ad hoc application of the 'reasonable understanding' standard

- access to appropriate interpreting support, especially for people from countries where many tribal languages and dialects are spoken

- social dynamics and cultural sensitivities may not be taken into consideration.

Overall, the literature suggests there is an urgent need to strengthen and integrate interpreter/support services, particularly in areas such as health and social support.[80]

11   Barriers to employment

The literature reveals that African refugee communities face very significant barriers in securing employment. Studies on discrimination in employment focus on three main categories:

- visible difference

- English language skills

- local experience, which includes a lack of recognition of overseas qualifications.

And yet, "support to assist them to find employment is arguably one of Australia's humanitarian responsibilities to refugees."[81]

11.1   *Visible Difference*

Visible difference takes into account a person's accent, skin colour, bodily or facial features, dress and attire, and cultural or religious difference.[82] The degree to which this difference is visible can determine the levels of prejudice that a person encounters, as well as on-going discrimination faced by their communities, even after-long term residency and otherwise successful social integration.[83] There are clear differences in unemployment levels between Australians and foreign-born migrants, especially those with visible differences.[84]

11.2   *English language skills and discrimination*

It is striking to compare employment-based discrimination between East African refugees, who are native English speakers, and refugees from the former Yugoslavia, who report poor English skills even after many years living in Australia. With other factors taken into consideration, the former Yugoslavian communities report higher levels of employment than East African communities, despite having lower English language skills.[85] However, African refugees "who conversed fluently … in English reported being told by potential employers that their accented English was a problem and a barrier to employment" – an issue felt "keenly" by refugees coming from countries where English was an official national language.[86]

11.3   *Lack of local experience and lack of recognition of overseas qualification*

A lack of local experience and a lack of recognition of overseas qualifications are additional barriers that African refugees face in securing employment.[87] Further, they can also become institutionalised excuses for employers to justify not hiring refugees. Several recent reports have asked why there is no reason shown as to why the Australian Government cannot certify overseas qualifications[88].

11.4   Discrimination in the workplace

Research suggests that discrimination in hiring and discrimination in the workplace is pervasive. Even though strong anti-discrimination laws exist across the country, fear of losing out on a job or being fired discourages African Australians from lodging complaints or seeking redress.[89] Employers may attempt to defend their discriminatory hiring practices by arguing that they are simply responding to the demands of the market or their client base, rather than seeing the benefits that a diverse workforce can offer the business.

"Service providers and employers stressed the need for those refugees to conform to the demands of the Australian job market, demands which include language and technical skills, but also revolve around 'cultural skills'".[90] These inherently discriminatory practices and attitudes are argued as being 'pragmatic business sense'. However, they have the effect that African Australians may not feel they have recourse to contest entrenched discrimination, including discrimination and harassment directed at them by others in the workplace. Refugees "in general, and people from Central, Western and Northern Africa in particular, appeared to be most frequently subjected to racist behaviours" and this unlawful behaviour can be treated by employers as merely "acceptable" workplace banter.[91]

In addition, members of these communities, particularly young people, feel that Job Network and other job placement agencies have been discriminatory in their approach to placing African refugees.[92] A common sentiment expressed by refugees is that they are penalised for failing to show up to appointments with placement agencies but the agents are not penalised for failing to secure employment for them.

12   Barriers that can affect employability

12.1   Experiences of trauma and its effects

A refugee's experience of trauma can be a significant barrier to employment. In fact, it may affect their employability over and above their visible difference. Studies have tended not to focus on the relationship between trauma and employability because it can be seen as perpetuating a view that refugees are 'damaged' and that, once someone has passed the 'acute' phase of trauma, they should not be defined by those past experiences.[93]

However, this idea presumes that trauma does not have a lasting influence on an individual's employment opportunities. For instance, if a refugee arrives in Australia during the acute phase of post-traumatic stress disorder, it may limit their prospects for finding and keeping a job at this time. However, when they are no longer in the acute phase and feel ready to enter the workforce – possibly months or even years later – the qualifications they hold may no longer be relevant or attractive to employers.

12.2   Level of skills

Employment outcomes for refugees (i.e. humanitarian entrants) are consistently worse than for all other groups of migrants in Australia. A 2007 study found that

unemployment rates for refugees stand at 71% six months after arrival and at 43% after 18 months, compared with eight per cent and zero per cent for business or independent migrants at the same intervals.[94] While skill levels of business and independent migrants are assessed prior to them entering Australia, this difference remains very stark. Refugees of all nationalities experience unemployment rates well above the national average.[95]

12.3   Unemployment and under-employment

The high level of unemployment and under-employment of African Australians cannot be only attributable to a lack of employment skills; the literature shows distinctly that discrimination comes into play. Furthermore, employers view migrants, regardless of their qualifications, as a pool of workers to fill undesirable jobs that other Australians are not prepared to take.[96] As a result, migrants are over-represented in low-skill and low-paid employment.[97] This is also due to the lack of recognition given to overseas qualifications, which is seen by many as indicative of systemic and institutionalised discrimination.[98]

12.4   Employability difference and the need for further research

Studies have not examined the difference in employability between skilled and unskilled refugees. Many have tended to skew their samples towards a better-educated and qualified potential workforce. While such samples do not provide 'generalisable' data, they do allow for studies that look at a sub-set of the population who are objectively employable and the effect of discrimination that is not connected to their skills.[99] It is also possible that unskilled refugees looking for work might be less likely to experience discrimination in recruitment when applying for low-skill jobs that are less desirable to the broader labour market. However, what is actually happening can only be known by undertaking an in-depth study of employment data and experiences.[100]

12.5   Interrelationship between unemployment, employment and well-being

Unemployment and poverty affect a person's capacity to access services, housing and food. An increase in income has been shown to improve a refugee's status on most of these indicators, as well as improve self-esteem and confidence.[101] Gaining employment can positively affect mental health and self-worth, as well as reduce financial burdens and the concomitant stress associated with money problems.[102] It is also a major factor in successfully integrating into Australian society.[103]

"Research indicates a complex relationship between employment and measures of well-being. Work is often regarded as the means by which to make a major contribution to society, as well as enhancing skills, social networks, and identity."[104] Continuing unemployment or under-employment can greatly affect a person's sense of well-being. Not only does it create financial stress that impacts all aspects of life, it can reinforce thoughts such as 'you are not good enough' and 'your contribution is not respected or appreciated'.

12.6   Gender differences in securing employment

Some studies have shown that African women find it easier than men to secure employment on arrival in Australia.[105] This may because women who seek employment tend to be, on average, more self-confident and/or more determined. African men will necessarily attempt to find work because of their role as financial caretaker and provider for their family. However, the women who look for work may do so out of grave necessity to be their family's sole wage earner and, consequently, this make them more determined. They may also be more discerning in the types of jobs they pursue – taking into account their relevant experience, what jobs are available and what work they are likely to secure – which leads to higher rates of success.

Barriers that women face when they seek to enter the workforce include childcare (both access and cost), English language skills, the need for prior local experience and a lack of recognition of overseas qualifications or experience. While African Australian women do often find work, they are commonly excluded from 'meaningful' employment, which can lead to grief, loss, depression and feelings of isolation.[106]

When African women experience problems in the workplace, they can find it difficult to challenge co-workers and management. They fear losing their job, making the situation worse or that it will affect their chances of getting another job.[107]

13   Education and young people

13.1   Schools as a foundation for young people

Schools provide a cultural touchstone for young refugees.[108] Through their interactions, both inside and outside the classroom, they learn how to deal with other young people, with authority and with rules and structure. It also provides a place to practice their English language skills. Participation in extra-curricular activities can help forge a young person's identity. How they are treated by their peers and teachers, if they are respected or talked down to, will all affect how they respond to their new society.[109]

As such, schools are a key location affecting the experiences of young refugees. As a large proportion of newly-arrived refugees are children and adolescents[110], school-based programming can have a huge impact on their personal situation and their settlement experience. A positive school/education experience will provide them with a stronger foundation as they reach adulthood. While this is true for young people generally, it is of particular importance for refugees. Furthermore, as refugee parents often rely on their children to help them navigate their new environment, especially when language barriers present problems, a successful integration experience for refugee young people can also help their parents and the wider refugee community.[111]

While positive experiences are vital to successful integration, negative experiences can undermine social integration. A report by the Foundation for Young Australians found that 70% of students experience racism, with schools the main setting for these experiences. The report suggests there is a need to develop better standards and protocols for dealing with racism and discrimination in schools. It also calls for

professional development and diversity training for all school staff, which should be implemented through national standards and as part of school funding requirements.[112]

13.2 Lack of understanding of complex refugee experiences

Studies involving young African refugees should look to build knowledge on the specific needs of this group and how to respond to them as both young people and refugees. As students, they highlighted the desire to 'make up for lost time' spent surviving as refugees. At the same time they also need to deal with past experiences before they can move forward.[113]

Refugee young people often grapple with traumatic pre-migration experiences, which can include growing up in an environment of war and violence, as well as protracted periods in refugee camps. Many have experienced displacement from one or more communities and homes, disrupted schooling and separation from close family and friends.[114] As young people, they do not have the skills to come to terms with the atrocities they have faced and the resulting trauma and loss. A positive self identity is a critical factor for young people to begin the recovery process from these experiences.[115]

Young refugees face a multitude of barriers as they try to assimilate into a school community that doesn't understand what they went through or offer services that are sensitive to their needs. Fitting in and understanding the Australian lifestyle is a constant struggle for most.[116]

13.3 Understanding differences in youth development in Australian and African contexts

The issues that refugee children and young people are forced to deal with can affect their normal rate of development and their future mental health. In addition, their adolescent development in Africa would likely have been different to that in the Australian context.

Youth-based programs that attempt to help young refugees get back on track to a 'normal' developmental path need to be aware of the meaning of adolescence in an African context.[117]

While Australia holds a more 'leisure oriented' understanding of adolescence, African young people are given greater family and financial responsibilities and become 'mature' members of society at a much earlier age.[118]

Youth-based programs and services must also engage with young people as a discrete community with unique needs, not simply as secondary beneficiaries of programs aimed at adults.[119]

13.4 Imbalance between socialisation and education needs with respect to age

Many refugee young people arrive in Australia without any formal or quality educational background or have experienced extended disruptions in their schooling.[120] As a result it is important to consider both the age-specific socialisation needs and the educational needs of the young person, as well as their need for extra education assistance.[121] For instance, an older teenager, with little or no formal education, should not be placed in a lower level class with significantly younger students. While it may be more appropriate for their educational needs, it is embarrassing to them and a blow to their social status and self-esteem. Conversely, reports from African refugee communities suggest that age-based – rather than assessment-based – classroom placement did not properly address their needs.[122]

Though there is no consensus among educators or refugee services providers on how best to tackle the issue of assisting young people as refugees and as students with education needs, it is clear that extra-curricular assistance is necessary.[123]

13.5 Adjusting to a formal education system and environment

As already noted, many refugee young people from Africa arrive with little or no formal educational experience.[124] Most will be unfamiliar with a formal classroom setting, be unaccustomed to basic school supplies and have difficulty sitting or concentrating for extended periods. This can reflect cultural differences towards education, as well as the effect of trauma on their attention span. Students are expected to simultaneously manage their settlement concerns and family dynamics, as well as learn and engage with information presented to them at school without having a proper understanding of the Australian educational system or its underlying philosophy.[125]

13.6 Parental concerns

While African refugee communities report high levels of access to schools and education services, one study indicated that parents held concerns about cultural sensitivity and a lack of African staff, especially in peer support or counselling positions.[126] This is important because children and young people feel safer and more comfortable when someone 'like them' is available for assistance and advice. A desire was also expressed for peer 'settlement counsellors' to be available in schools to provide support to students and help them with issues around trauma and resettlement.

Research with Somali young people in Melbourne found that young girls believe their parents' pushing them to get married at a young age is their biggest challenge to continuing with their studies and finding professional work in the future. Whether inside or outside school, most Somali students who participated in the study said they made friends with other Somali young people because of cultural and religious similarities and to please their parents.[127]

13.7 Support from educators

Teachers and school administrators can play an important role as mediators between refugees and the school community.[128]

For instance, acknowledging the presence and contribution of all students in the classroom can help a refugee young person realise that their ideas and experiences are as valid as those of other students and that they have a place in the classroom and the learning process.

It is also necessary to build understanding among teachers about their refugee students' pre-migration experiences and how this might affect their educational experience and achievement in Australia.[129]

13.8 Inadequate period of adjustment – example

Refugee children and young people in NSW are entitled to one year support in Intensive English Centres (IEC), after which they are expected to conform to standard curriculum requirements.[130] With no formal educational background, students need time to learn how to be a 'student' in an Australian setting, to understand the expectations in the classroom and how to follow directions for assignments. However, one year does not offer refugee young people the time and support they need to make progress with their studies and settle into a new environment.[131] Refugee young people also reported that having to learn English concurrently with other subjects compounded their academic struggles.[132]

13.9 Need for tailored programs to assist refugee students

Refugee education programs are subsumed within broader education policies or programs on social inclusion. This ignores the significantly different learning needs and socio-cultural adjustments for refugees, compared with other migrants or international students.[133] Many current educational programs are not set up to handle, or dynamic enough to absorb, the complex needs of refugee students.

13.10 Benefits of after-school programs

Positive self identity and self-esteem have been identified as important predictors of psycho-social well-being among adolescents.[134]

After-school sports, recreation and tutoring programs have been shown to foster improvement in refugee students' pride, self-worth, social responsibility, pro-social behaviour, cooperation, self-efficacy, self-concept and confidence on achieving goals.[135] . Even when the primary objective of after-school programs is to improve school performance, participation in these activities can also improve social inclusion, as refugee students become more confident in their ability to succeed in education and in life in Australia more broadly.

These programs engage young people, encourage social connections and friendship, improve self-esteem, promote healthy lifestyles, provide an opportunity to practice language in an informal environment and foster trust among participants.[136]

14 Social pressures on young people

There are great, if often opposing, pressures on refugee young people to both 'assimilate' and to 'stay true' to their own culture.[137] They often feel they must choose between the two options. In their terms the choice is either to fit in and 'be cool', which means abandoning some or all of their culture, or stay true to their community and family, risking loneliness and further alienation from their schoolmates. Refugee young people who are caught between two cultures need mentoring to help tem navigate these issues and challenges.[138] It raises an important question for policy-makers and service providers about the role they can play in helping bridge this divide.

"Often students have to deal with cumulative pressure from parents, teachers and peers, the pressure of the home environment, indigenous cultures, a foreign education system and Australian expectations."[139] Young people bear the burden of bridging the gap between the older generation and the broader Australian society.[140] However, the fact that they acculturate more quickly than their parents and other elders can lead to family tensions and conflict.[141]

Participation in sport and recreation has been shown to be a strong tool for successful settlement of refugee young people.[142] It offers great benefits in general, around health, well-being and social participation, and has the potential to positively influence nearly all aspects of a young person's life. However, refugee young people can reap further benefits, as participation in group activities with their Australian peers increases the potential for positive social inclusion. However, they need to be empowered to engage meaningfully in the community and encouraged to participate in extracurricular activities, such as the arts and sports.[143]

African young people need to be given opportunities to explore how they can embrace mainstream Australian culture and also continue to respect their African traditions. Fostering this sense of belonging to both cultures can help sustain cultural diversity by highlighting their uniqueness, while also becoming a part of the wider Australian community.

A recent study involving a group of African migrant young people used a specific methodology of cultural engagement called the 'Ujamaa Circle'. Through this process, the participants and facilitator examined the challenges to their cultural identities and alternative liberatory options. Growing up in a culturally alienating Eurocentric culture, they felt the need for an African cultural space where they could explore issues affecting them as African descendants. Racism and assimilation were of particular concern to them and they expressed the view that there should be an ongoing African cultural education program to facilitate cultural re-evaluation and continuity.[144]

15 Family and culture

15.1 Balancing culturally-sensitive services and information on Australian cultural norms

For people arriving from Africa, there can be a significant difference between family and gender roles and expectations in their home countries and those in Australia.

This is reflected in the roles of men, women and young people, who face a tension between maintaining their traditional African cultural practices while trying to meet the expectations of a new society. It can also create challenges for maintaining and enhancing relationships.

There is a need to ensure that services for African communities are culturally sensitive, while also teaching Australian cultural norms. What is, and is not, acceptable or legal is not necessarily obvious to newcomers. There is also a different cultural understanding of domestic violence, both around its definition and appropriate responses.

15.2   Effects of shifting male/female household roles

Changing gender roles can create challenges for newly-arrived families. There is often a shift in male and female household roles, which can impact on the family's prospects for successful settlement.[145]

Omar Farah, in his research on the needs of Horn of Africa men in Carlton, states: "For Horn of Africa Men, their traditional values that placed men as the head of the family giving them significant responsibility and control over their family and environment. Contrasting this, in Australia men find their role is challenged due to the changed status of women."[146]

This issue has begun to generate considerable research interest, particularly from African Australian academic men.[147] Juma Abuyi is currently undertaking research on best practice in service delivery to African men migrating to Australia to prevent family violence and the breakdown of family relationships. Specifically, the research will identify and critically analyse the current approaches that service providers use to resolve acculturation problems, family relationship issues and gender role conflicts experienced by Acholi men in Australia. It aims to inform policy development and service provision for these communities.[148]

African men feel they must have a job to be seen as a 'real man' who can provide for his family.[149] When the woman finds work and the man does not, there can be a shift in control of the family's financial resources. This will also influence domestic roles and duties, as the women will require more help at home if they are working full-time. Some men feel it is not their place to do domestic work and either do not help, and then become angry with the wife for not fulfilling her family duties, or they do help but resent the diminution of their status. These tensions were especially noted in Muslim communities.[150]

The payment of child support and other Centrelink allowances directly to the mother can further undermine the father's self-esteem and his position as the head of the household and financial provider.[151] The husband may develop an inferiority complex towards his wife due to changes in the position of authority.[152] Refugee men have also expressed frustration that their wife is unduly influenced by Australian women. Some research suggests that these internal family tensions can lead to incidences of domestic violence.[153]

It is also important to note that the woman might also not be happy with her changed role. African women tend to occupy the domestic sphere and men are the breadwinners. As such, she may feel her husband is neglecting his duties and failing

the family by not finding work. She may also resent being put in the position of having to work and thereby neglect her domestic responsibilities and care of her children.[154]

15.3 The role of schools in a child's upbringing in Australia and its effects on African families

The fact that Australian schools take an active role in a child's well-being can also be a factor in changing family dynamics. While expected among the Australian-born community, it is unfamiliar to members of the refugee community that schools should be concerned with, or attempt to influence, a child's home life and also have the authority to intervene.

If mainstream services are unaware of African cultural practices, there will be a clash over acceptable modes of disciplining children.[155] Some members of African communities feel Australian authorities should make concessions to the African tradition of physical discipline. Family matters, discipline or disputes, it is felt, should not be police matters but remain a family issue.[156]

Not being able to physically discipline their children can also contribute to a breakdown in family structure and respect for parents. For example, if a child knows that their father's ability to hit them is a sign of his authority, but that this is unacceptable in Australia, then the child may believe that their father has no authority over them here. Intergenerational conflict, and parents' dwindling authority over their children, can be the result of conflicting expectations between traditional African cultures and mainstream Australian culture.[157]

It is therefore important that child and family welfare service planners are well informed about how best to support refugee families using culturally competent family intervention and community development practices.[158]

16 Women's isolation

16.1 Changes to women's social environment and networks

In some African communities, culture and religion can influence decisions about where women can go and what they can do. Within certain spaces, women enjoy a significant level of freedom, mixing together with other women in their community and building strong social networks.

However in Australia, the situation is different. African women no longer have the same strong community links or an established social support network around them. They still operate within the same constrained spheres, but they now do so alone.[159]

A study with Somali women showed that the loss of social relationships as result of civil war and displacement contributed to their feelings of distress and sadness, which affected their everyday lives and overall well-being. This lack of social networks for African women in Australia restricts their access to social capital.[160]

The market place is an example of an important social space lost to African women after their arrival in Australia. The market represents both a social network and gathering space in most African communities. Sellers and buyers are all part of their

community and the act of going to the market is as much about relationships and social support as it is about purchasing goods.

Markets in Australia, however, are not social centres. Indeed, they can often be frightening and confusing, especially for the newcomer. For women who have not established a social network in Australia, or whose network is dispersed geographically, going to the market becomes a solitary activity.

Culturally-embedded gender roles underpin an unequal distribution of family responsibilities, which African women have identified as reasons for a lack of leisure time and barriers to their participation in sport and recreation activities.[161]

16.2   Impact of men's concerns on women's socialising

Some men in African communities are fearful of women in their family being exposed to the perceived licentiousness and immorality of Australian society[162]. They express concern about the effects of being exposed to a culture that allows social mixing between men and women, that allows women to wear revealing clothes, to be independent and outspoken, to be employed and generally to participate in 'men's activities'. Consequently, men may seek to place more restrictions on the movements of women in their family to prevent them from being unduly influenced by Australian social mores. This only adds to their sense of isolation, as they can be restricted from going out and making friends with other women, even among the refugee community.

16.3   Health consequences

Some African women can experience health consequences from leading a much more indoor life than they did in their home countries, where there were outdoor women's spaces where they could unveil. In Australia these spaces are mostly indoors. As a result, Muslim women who veil have fewer hours of exposure to sunlight, which can lead to Vitamin D deficiency.[163]

Health care, like going to the market, is another point of social connection in the lives of African women. Women would often pair a trip to the market with a trip to the health clinic, so they could take care of two errands rather than make the trip to town twice. This is another activity that has a different structure and meaning in Australia.

17   Issues for Muslim women

The Muslim population in Australia almost doubled between 1991 and 2006, growing from 0.9% to 1.7%. The increase was mainly due to immigration and partly attributable to a high birth rate.[164]

Female Muslim refugees belong to multiple groups of marginalisation, which can each exacerbate the other. These women must deal with the unique intersection of their experience of being a Muslim, a woman and a refugee.[165]

Not only are they dealing with past trauma and looking to find security in their new home, at times they can at times come 'under attack' from other parts of Australian society because of their religious identity. Female Muslim refugees may also

experience fundamental differences with mainstream Australian society that can inhibit their integration.

Some Muslim women may experience personal, psychological and cultural insecurity, which can be compounded by their social isolation from the broader Australian society and from members of their own communities, as they struggle with settlement and the lack of a support network to help them cope.

Many of the barriers they face as refugees are heightened by issues surrounding their religion. In their home countries, their faith had been what had connected them to society. However, they find now themselves in a society where their religion 'otherises' them even more.[166].

As a group, Muslim refugee women face four key issues that impact on their successful settlement in Australia:

- English language skills

- job/financial security

- gender/spousal influence

- security/fear.

Muslim women who came to Australia with some English language skills have reported the tremendous help it provided them in the settlement process. They found settlement to be more straightforward than those who did not know English, as they were better able to understand and navigate issues to do with employment, education and accessing services[167].

A lack of English language skills often leads to imposed isolation, forced dependency, unemployment and an inability to mix with others and form relationships. It can be a self-perpetuating barrier to settlement in Australia, where a person is unable to navigate Australian society and unable to make friends to help them. Fear leads the person to stay home, preventing them from mixing with others and making them less likely to learn or practice English.

Some Muslim women seek to increase their independence through employment. In doing so they can encounter multiple roadblocks, including racism and discrimination based on their religion, e.g. one woman who was surveyed had been told by her boss to not to pray in working hours and asked to wear less colourful 'veils' because "it distracts the customers"[168].

Many Muslim women expressed feeling greater isolation in Australia than in their home countries because their husbands sought to have greater control over them and their movements in an effort to 'protect' them in a non-Muslim country. Further compounded by having limited social networks, many Muslim women are unable to share their feelings and experiences with others going through the same experiences.

Members of Muslim refugee communities said they "did not feel secure that Australian authorities could guarantee their safety."[169] Reports of harassment and

discrimination against these communities are widespread[170], which often stems from negative attitudes within parts of mainstream Australian society towards people who follow the Muslim religion.

18   Women and violence

Nearly one in three Australian women experience physical violence over their lifetime and almost one in five women experience sexual violence.[171]

While there is no available data on the prevalence of family violence in newly-arrived communities, the issue is increasingly highlighted as requiring urgent attention, particularly among community leaders and service providers working with new and emerging communities.

In 2005 a major conference in NSW[172] discussing the settlement needs of refugee women identified family violence as a major concern and recommended that further research be undertaken to identify levels of understanding and awareness within new communities.

Although there is no data to show that the prevalence of family violence involving refugee women is greater than for other women, several researchers have indicated that refugee communities may be at greater risk than other groups. "Without knowing the relative weight of the various causal factors for gender based violence, it is nevertheless reasonable to assert that the risk factors would be high for refugee women."[173]

A Victorian Government report also found that women from culturally and linguistically diverse communities are more likely than 'mainstream' Australian women to be victims of violence and sexual assault. Furthermore, experiences of trauma or torture, including rape and sexual violence, are frequently reported in many newly emerging refugee communities.[174]

Research undertaken recently by the Victorian Immigrant Women's Domestic Violence Service[175] identified particular risk factors for refugee women including:

- isolation, cultural betrayal and language skills

- trauma and alienation

- gender roles and cultural change

- lack of appropriate information targeting refugee communities.

A NSW study suggests that the incidence of family violence in refugee communities may be higher due to what the authors refer to as 'cumulative risk factors':

> *Whilst domestic violence in the wider community results from several factors that interact to create the climate for abuse, in the case of refugee families there is an abnormal or extra-ordinary cumulation of risk factors which may result in a greater propensity for violence, understanding this cumulative risk enables us to locate the cause of refugee men's violence in*

> the interplay of psychological factors, cultural factors and the extreme socio political and socio economic situations they experience.[176]

It is important to note that the notion that some men in particular communities have a greater propensity for violence is highly contentious. While the literature broadly concurs that changes in identity or perceptions of self, combined with the psycho-social effects of war and persecution prior to arrival, impact considerably on the settlement experiences of refugee men, there is a great divergence of views about whether such factors could be said to be 'causal' of family violence.[177]

In consultations with African communities in Western Australia, participants wholeheartedly acknowledged that domestic violence is wrong, disrespectful and violates the rights of the abused.[178] However, actions or behaviour which African communities would consider as 'domestic violence' differed from what other Australians understand domestic violence to be. Further, even in understanding that domestic violence is wrong, it is still seen as a family matter – not a legal issue – that should be dealt with inside the family.

There are numerous reports to suggest that migrant and refugee women are either not aware of the support services available to them or do not view them as being culturally relevant or appropriate. "A major challenge in responding to domestic violence in the community is adopting strategies that are cognisant of the importance retaining community support for women who become alienated if they follow the dominant strategy of leaving their husbands or seeking help through the judicial system. Women reported that responses from the police were unsatisfactory and often culturally inappropriate."[179]

Research has also been conducted to explore family violence within the Eritrean and Somali communities in Melbourne's western region, in order to understand the key issues and identify how existing services could be improved.[180] Three groups were targeted, including Eritrean and Somali women and service providers (ethno-specific and mainstream). A literature review was undertaken, along with focus groups and semi-structured interviews. Key findings indicated that:

- the family violence service system meets needs around housing and food but may not meet other needs (for example, the crisis refuge system may require women to share facilities or to move away from their communities)

- ethno-specific workers deal with family violence issues in a culturally sensitive way but this may not provide the most appropriate response for women

- there is a lack of services for Eritrean and Somali men to assist them adapt to Australian society and laws, to access unemployment benefits or to deal with their own violence

- Eritrean and Somali communities prefer to deal with family violence within the family and community, rather than seeking outside assistance.

19 Housing

19.1 Challenges of the current situation

"Without appropriate and affordable housing, refugees will remain on the periphery of Australian society."[181] Finding housing that will satisfy the needs of refugees for safety, security, comfort and community is essential for their successful integration into Australian society. However, they face a number of barriers when seeking housing, including:

- cost

- discrimination

- culture

- lack of preferred or appropriate housing arrangements

- unfamiliarity with the Australian housing market.

Reports have documented that the current rental market is the most difficult for humanitarian migrants to find a place to live, with increased rental rates and decreased stock of affordable housing compounding what is already a challenging situation.[182] Indeed, "[r]ecent national research has identified refugees as a group which is vulnerable to being in housing crisis and to homelessness[183]."

Atem[184] discusses new research into the predicament facing African refugees as a result of a profound decline in housing affordability. The research seeks to explore the current and future housing needs of African refugees, exploring issues such as family size, transport, work, health, education, community integration and income. Most African refugees come from low socio-economic status backgrounds and many depend on social security payments. In many cases their ambitions for suitable housing are unlikely to be met. The research seeks to develop a sociological understanding of African housing issues to inform creative policy options for settlement planning.

19.2 Changes to housing assistance

In 2000, housing assistance for refugees after arrival was decreased from 13 weeks to four weeks. This provides insufficient time for people to settle, look for employment and search for permanent housing. The change was intended to lessen the disruption for refugees, who were previously forced to relocate after having had 13 weeks to settle in and become comfortable in a community. However, the opposing view is that only providing accommodation assistance for four weeks places an unnecessary additional pressure on refugees to find their own housing so soon after arrival.[185]

Within that first month there are many other things to do, and finding housing, even under the best of circumstances, is time consuming and stressful. It can become nearly impossible for newly-arrived refugees to search for a job and a house at the

same time, especially when finding a house can involve significant transport needs and costs and simply compound their difficulties and confusion.[186]

19.3   Discrimination in the housing market

Refugee families also face pervasive discrimination in the housing market. It was perceived that real estate agents would lie to members of the refugee community about the availability of housing.[187]   Some real estate agents may be reluctant to rent to refugees because, for example, they believe that refugees don't know how to properly maintain a Western-style house or that they might cause damage they can't afford to fix.[188]

Having not had to find housing in this way before, many refugees are further challenged by having to deal with real estate agents who are not sensitive to their needs, are reluctant to rent to them and are discriminatory towards them.

A key addition to housing services would be "tenancy education materials using low literacy learning and teaching resources"[189] for refugees that would help address "their lack of understanding about the legal and contractual implications of rental agreements."[190]

19.4   Housing market does not meet needs of African communities

African families express an interest in accessing public housing, however the supply is limited and there are often long waiting periods.[191]   The current constrained rental market means that those families that cannot access public housing are stuck in a rental market that is not meeting their needs.

Lack of housing options means refugees can find themselves living in crowded, sub-standard and serially temporary accommodation, often referred to as 'secondary homelessness'.[192] This is a concern for newly-arrived individuals and families, as well as those who have been in Australia for an extended time. They are often unaware of their rights or the support services and other resources available to them.[193]   They might also be reluctant to access such services because of the social stigma of homelessness.[194]

Australian housing is not set up for African families, who often have many children and a desire for communal living.[195]   Further assistance is necessary for African families to locate appropriate housing options. The Migrant and Refugee Rental Housing Assistance project, servicing the southern and eastern regions of Melbourne, is currently looking to develop a casework model to help new arrivals find appropriate housing.[196]

19.5   Search for housing can compromise other important needs

Given that housing is such an immediate concern after arrival, many humanitarian entrants skip English classes and overlook other settlement needs in order to find a place to live and a job.[197]   The search for housing and employment overshadow other needs, such as medical care, possibly education and attempts to find and fit in to a community. These other activities – vital in their own right – are seen as dispensable, at least in the early days following arrival.

Having to find a place to live immediately after coming to Australia puts tremendous stress on a family. When refugees arrive, if they do not have a community on which they can rely for information and advice, they can be unsure about how the housing market works, where to live or what to look for in a house. Furthermore, refugees also need to consider if the location offers them access to settlement services, as well as proximity to other members of their community to reduce social isolation and increase opportunities for networking and support.[198]

19.6   Need for better education in the housing market

The literature clearly highlights the need to work with relevant service providers, including real estate agents, so they have an understanding of the needs of refugee communities. At the same time, there is also a need to provide education to refugee communities on their rights and responsibilities as renters in the Australian housing market.

Real estate agents have expressed interest in receiving such education or training. Organisations involved in a sector such as low-rent housing will inevitably have to deal with refugee communities. It is therefore in the business interests of these organisations to be aware of the needs of the community and the services available to them. For instance, if the renter is having problems maintaining the property, or experiencing trouble meeting rent deadlines, the real estate agent can offer a referral to an agency that can offer assistance. Good practice such as this can create a more congenial relationship between renter and landlord, as well as ensure that the property is well-maintained.[199]

20   Health issues

20.1   The culture link to health

How a person feels about their body and how they conceptualise disease and healing are all connected to their culture.[200] Therefore, medical care and services must take culture into account and look at the entirety of a person's well-being. Furthermore, social factors such as discrimination or social and geographical isolation can also have health consequences.[201]. Good health is necessary for full participation in society and full participation in society promotes good health.[202]

When addressing the health literacy of refugee communities, health promotion and medical services must take into account issues such as motivation to care for personal health, use of health information and appreciation of health promotion, rather than rely primarily on traditional notions of health literacy.[203]

For example, people who have arrived in Australia from rural West Africa are likely to look for traditional methods of health care rather than engaging the Western health system:

> *By the time they come to the Western service, they may believe their problem is an extremely dangerous one that has resisted the powers of all the other healers or methods they have accessed already. There may be shame or fear that has more to do with this perception than with the actual problem. They may be afraid of the setting; unlike with*

traditional methods, they might feel that they do not have choice. The sometimes magical qualities that Western treatments can have may also evoke fear about the possibility of equally powerful curses, as is the case for witchdoctors.[204]

In mental health care, it is vital to make a careful assessment of symptoms associated with trauma reactions or psychiatric conditions because these symptoms may also be attributed to metaphysical causes, such as witchcraft, spirit activity, curses or breaches of taboos.

20.2   Meeting the health needs of refugees

Refugee women commonly report lower levels of well-being and high levels of mental health concerns. They also do not see health care as a right or understand how the Australian health care system works.

"It is important to acknowledge that even though migrant and refugee women are often referred to as a homogenous group and have some commonalities; in general these are diverse groups of women who have different health requirements."[205] This is an important point given that many services – medical and otherwise – may have a migrant services mission or training and think that this will cover the needs of refugees as well.

Refugees have specialised medical and health needs, not the least of which are lower overall levels of physical and mental health. Services that do not understand or respond to these specific needs increase the barriers to refugees in utilising health care, as well as their ability to navigate the services they do attempt to access.

20.3   The need for health promotion for care providers and the refugee community

There is a need for health promotion (including health education) about the social and cultural aspects of Australia's health care system, both for care providers and for the refugee community. The system is geared towards the Australian-born population, with the assumption that patients enter with similar, basic levels of health knowledge. However, the initial health review and basic medical tests conducted with African refugees is often the first time they have been in a modern clinic or experienced formalised medical care. Care providers that do not appreciate this fact will necessarily miss opportunities to engage with their refugee patients.

A family-centred approach to health care offers an effective model with these communities because family members are likely to have similar health needs and such an approach also fits with the family and community-centred culture of African people.

20.4   Culture effect on dispensing medicine versus other health care

Another cultural issue that medical care providers should take into account is that "many migrant and refugee women perceive effective medical treatment as requiring

the dispensing of some medication. When a doctor prescribes dietary change, counselling, physiotherapy or other interventions without medication, women believe they are not being treated properly or taken seriously."[206]

Communication between the doctor and the refugee patient can also create barriers to effective health care. As most doctors do not expect disagreement from patients on a recommended course of treatment, they are unlikely to provide much explanation to the patient.

Similarly, a refugee patient is likely to feel unqualified to question a medical authority, such as a doctor, as it would be considered unacceptable in their culture. Further, if a refugee patient feels that they would not be taken seriously, they might assume that any questions they do pose would go unanswered.

Without understanding these cultural dynamics, the doctor is likely to assume that the patient did not ask any questions because they had no concerns about the course of treatment.

20.5   Need to address barriers to accessing health services

Regardless of the model used to deliver health services to African refugee communities, it is imperative to address the barriers that prevent people from accessing these services. The quality of the services and the cultural sensitivity and appropriateness of a health clinic's service and staff will not matter if no one is going to the clinic.[207]

The barriers for African Australians accessing health care are numerous, including culture, language, finances, lack of understanding of the system and the fact that the system does not understand the needs of refugee communities.[208] The size and complexity of the health care system makes it difficult for a refugee to navigate, especially if they do not have good English language skills.[209]

There is also a need for more formalised networks of health providers offering services to refugees in order to share ideas and best practice approaches.[210] Strengthening links between services and offering culturally appropriate models of care will contribute to the improvement of services, which will clearly benefit those patients to whom the services are offered.[211]

20.6   Limitations of pre-arrival health screening

A medical check-up has always been required as part of Australia's refugee application procedure. However, since 2005 there has been an additional requirement that refugees undertake a pre-departure health screening – or a 'fitness to fly' check – to determine if the person has any communicable diseases that would pose a public health risk to Australians.[212]

However, even with these pre-arrival screenings in their country of origin, many refugees arrive with undiagnosed diseases as overseas screening can often be 'sub-optimal'.[213] Furthermore, pre-arrival health screening does not assess social and mental health issues, which should be addressed as soon as possible to minimise the long-term effects of torture and trauma.[214]

The current pre-arrival health screening process represents a missed opportunity to identify the key health issues facing refugees. It could also potentially be used as a starting point for settlement assistance, including informing new arrivals of the health services available to them in Australia and the health services they may require upon arrival. Essentially, pre-arrival health screening could be the first point of breaking down barriers to service access.

20.7 Need for a comprehensive, compulsory medical exam upon arrival

The literature points to a definite need for a comprehensive and compulsory medical examination upon arrival for refugees, which would identify any health issues that might impede their adjustment to Australian life. It would also introduce them to the Australian health care system.

It is often assumed that pre-departure and post-arrival health care is formally managed by the relevant government agencies. However, in general, Australian states and territories have no routine post-arrival health checks. In addition, pre-departure screening is limited and may vary significantly depending on the country of origin. For instance, an assessment of vaccination status is not a requirement for entry to Australia.[215]

In the absence of a compulsory, post-arrival health check, a refugee may wait until they experience some sort of health issue before they access the medical health care system. This is an inappropriate introduction because:

- a refugee may have pre-existing health conditions they are unaware of, or conditions where treatment was not available in their home country, but is available in Australia

- a refugee's first health issue might be an emergency and it is unfair that they would have to navigate the system, starting with simply locating a medical facility/service, while trying to cope with this emergency

- the fear of the unknown might deter a refugee from seeking help, causing an initially small medical issue to worsen.

"The initial aim of a comprehensive medical assessment for refugees is to begin to address the complex health concerns and inadequate health care previously experienced by this group."[216] When granting someone refuge in a new country, the primary aim should be to provide a fresh start at a new life. The first step in this process is to make sure they are healthy and able to seek out and enjoy the opportunities available to them.

20.8 Learning how to access Australian health services

A major benefit of establishing a post-arrival medical assessment process is that new arrivals would learn where and how to access mainstream health services. For instance, if an emergency situation was to occur, new arrivals would understand what services were available to help them. Post-arrival assessment could also help inform new arrivals of other health services available to refugee communities including, for

example, preventive care and specialised care, as well as how to deal with any problems they might have with providers or the service in general.

There is a comprehensive range of health care services available to refugees, including Medicare, early health assessment and specialised torture and trauma services. However there is a great disparity between being *eligible* to access health care and being *able* to access health care. It is critical that these barriers are addressed so that refugees can be fully integrated into the Australian health care system.[217]

Most significantly, a post-arrival health assessment would allow refugees to become aware of, and deal with, immediate health concerns. This would ensure that they were not suffering undue health burdens that could affect their prospects for successful settlement. For instance, health problems may result in a newly-arrived refugee being too sick to work, having to look after a sick child or dealing with mental health issues – all of which might affect their employability.

20.9 Specific health concerns for African refugees

There are specific health concerns for refugee communities that are related to their African backgrounds. These include certain diseases and health conditions that exist in Africa that are not of concern in Australia, as well as the health consequences of conflict and living as a refugee.[218]

The increasingly indoor-oriented lifestyle of Africans in Australia, and specifically African women, contributes to less exposure to sunlight in their daily lives. This can lead to Vitamin D deficiency, which often presents asymptomatically. This deficiency has been found to be present in 40-80% of refugee patients and up to 100% in some sub-sets of the African refugee population. It is mostly prevalent in the elderly, women who veil, people with darker skin and children who spend a lot of time indoors.[219]

Vitamin D is important in calcium metabolism, bone growth, immune function, gene stability, muscle functions and brain development. Though commonly asymptomatic at its onset, Vitamin D deficiency can lead to rickets, leg bowing, seizures and bone and muscle dysfunction. Furthermore, the deficiency is linked to diabetes, schizophrenia, prostate cancer and Multiple Sclerosis. Infants of mothers who were deficient during pregnancy will be born deficient, leading to a failure to thrive and delayed walking.[220]

Other health concerns of African refugees are often related to a change in lifestyle and diet upon their settlement in Australia, such as increased rates of obesity, diabetes, hypertension and anaemia. Many of these are longer-term issues that have on-going effects for the broader African community in Australia. There are also concerns related to their experience in Africa (such as shistosomiasis or other intestinal parasites) or their experience as refugees (such as high rates of TB and other communicable diseases).

Furthermore, African refugees may experience high rates of ongoing mental health concerns due to experiences of torture and trauma.[221] Food shortages in many places in Africa, and prolonged food insecurity resulting from conflict, has led to high

levels of malnutrition among refuge populations, which can have lasting effects that medical services must consider and address.[222]

TB rates, similar to rates in Africa, remain high among the refugee population. One study found that only one in three refugees was screened for TB. Of those screened, 25% were found to be positive, making TB the second most common health issue for this group after Vitamin D deficiency.[223]

Refugees often face difficulties in accessing diagnostic facilities for TB. Given the relatively low rates in Australia, diagnostic facilities are not widespread and the usual method of diagnosis – the Mantoux screening – requires multiple visits, which is often logistically and financially out of reach of the refugee population.[224]

Primary health care doctors participating in a Melbourne-based study discussed selectively referring refugee patients for TB testing based on where the person lived, knowing that only those residing close to the testing site would follow through.[225] However, this course of action, while seen as pragmatic by the doctor, takes personal choice away from refugees and deprives them of the right to make their own decisions about their health and care.

There is a need to increase immunisation levels in the African refugee population as a whole. Much of the older population has been shown to be immune to most vaccine-preventable diseases, most likely from childhood exposure. However, "[w]ithout improving the vaccination status of refugees, there is a risk of outbreaks of disease such as measles. Children are especially at risk, with low immunity and close contract [sic] through schools. Vaccinating this population should be considered a priority area."[226]

Many of the health problems identified in African refugee communities reflect the effects of entrenched poverty in their home country, as well as the results of torture and trauma. Health assessments upon arrival in Australia must go beyond simple lab tests. A more thorough examination must be mandated by government to ensure that their health issues are identified and addressed early on.

20.10 *Shortcomings of the Australian health care system (especially GPs) to manage complex refugee health concerns*

Australian health care providers, especially general practitioners (GPs), are often unfamiliar with and untrained to handle many of the conditions with which refugees present.[227] Health facilities and health personnel are not equipped to handle their myriad and complex health concerns. Furthermore, they can assume a level of understanding of health issues and the health care system that refugees should not be expected to know. Indeed they may not consider that when they treat a refugee it might be the person's very first encounter with a formalised health care system.

Refugee populations in Australia receive primary health care almost exclusively from GPs and have little knowledge of other alternative or specialised health services. Many GPs have little, if any, training in tropical medicine or cross-cultural competency, have limited knowledge of the cultural and conceptual issues affecting their interactions with refugees, and little understanding of the health issues unique to refugee communities.[228]

It is critical that GPs receive adequate training in these areas, as they are usually a refugee's first point of contact with the health system. While GPs might not be qualified to handle management of some diseases, they should be trained in proper identification of potential issues and know where to refer patients for follow-up care.

Refugee families are often referred to, or assigned, a GP upon arrival. However, because they receive little other orientation to the health care system, they are unaware of how to switch to another health care provider or how to access specialist care if necessary. Refugees often feel 'locked in' to a particular GP and do not know how to investigate other options if they are uncomfortable with the care they are receiving.[229] As a result, when problems arise, they may decide not to seek out care.

More broadly, provision of health care services must be holistic and acknowledge that employment, housing, family circumstances and education all influence a person's overall health and well-being. Health cannot be considered in isolation from other settlement needs.[230]

20.11 A lack of patient follow-up and its consequences

Patient follow-up is a major barrier to continuity and quality of care for new arrivals. The change in housing assistance from 13 weeks to four weeks has severely affected the ability of doctors to locate and follow-up with patients.[231] For instance, medical examinations and test results often come back after the patient has moved out of public housing and, if they do not return to the health care facility for a follow-up appointment, then the facility is unable to trace them. Furthermore, the patient may have difficulty getting to the health facility if they have moved to a different part of the city. They may not understand the public transport system or may not be able to afford the fare.

Transportation, and the ability to reach services, is a significant barrier to accessing health care[232]. Health services, in general, must address issues of follow-up. In this situation a case worker would be able to serve as a point of contact between patient and provider. Primary care doctors have advocated for refugee health nurses and case workers.[233] In addition, it has been suggested that refugee patients should be able to take their medical records with them so that, if they do need to change doctors, opportunities for care are not missed and tests or immunisations are not repeated[234].

21   Diet

There is a need to develop a food and nutrition education program for newly-arrived refugees. Their diet has often changed significantly because of differences in access to food and food security, changes in food supply, patterns of purchase, changes in familial responsibility for food preparation, and changes in social networks – all of which can influence food habits and physical activity.

Coming into a Western culture, the diets of refugee communities tend to towards a pattern of higher fat and lower fibre intake, coupled with lower physical activity.[235] Any approach to promoting healthy and balanced diets with refugee families must take into account small details, such as when a person goes to a major supermarket and whether they recognise all the products they see, especially pre-packaged foods.

Food, as a key component of culture and shared experience, can also serve as an important means for refugee communities to learn about and interact with Australian culture.[236]

21.1   A case study example

Migrants from developing countries have been shown to quickly develop higher rates of obesity than others in the host nation. Renzaho et al. has examined the link between acculturation and obesity risks among African migrant children in Australia.[237]   Dividing the children into four categories – traditional (African), assimilated (Australian), integrated (both) and marginalised (neither) – they were assessed on their Body Mass Index (BMI); leisure and physical activity; sedentary behaviour; and food quality and energy.

The study found that children in the 'traditional' group had more positive outcomes in terms of physical health and activity than the other three categories. These children had lower BMI, spent less time in sedentary activities and had a less energy-dense diet. However, 'integrated' children engaged in nearly one hour more of physical activity per day, which could be attributable to greater participation in school-based sports activity and a sign of integration into mainstream school culture. The 'less traditional' that African migrant children became; the more likely they were to develop eating and sedentary habits that lead to obesity.

Not surprisingly, the same holds true for adults. As refugees become more acculturated to the local diet, they are more prone to diseases of affluence, including stroke and heart disease.[238]

22   Trauma and mental health

Post-conflict trauma is a characteristic of African refugee communities, with a significant number having experienced torture, rape, family separation or loss and community breakdown. Around 70% of humanitarian entrants have faced physical or psychological violations and 25% have experienced torture or trauma, both of which can have long-term and trans-generational repercussions.[239]

Refugees consistently display higher levels of mental stress, post-traumatic stress disorder (PTSD), anxiety, depression, grief and psychosomatic issues, which stem from pre-migration, conflict-related trauma and post-migration stressors.[240]   The conditions are often continual and cumulative, with physical and psychological distress increasing based on the length and intensity of the trauma.

Personal safety, interpersonal relationships, a sense of justice, identity and greater vulnerability to life stressors are all compounded by moving to a new environment and a different culture in Australia. Unfortunately, when traumatised refugees display a negative – but normal – reaction to the stress of settlement, it can make their communities appear 'unstable', reinforcing a poor perception of them by the broader society. This can make their settlement experience more difficult, which simply adds to their feelings of stress. Issues that intensify feelings of anxiety and depression all make the process of integration more challenging.[241]

Refugees face the same relocation stressors as voluntary migrants. However, these are exacerbated by the burden of having to come to terms with the reasons they were forced to flee their home country.[242] The mental strain of dealing with what they have experienced can have a profound impact on their prospects for successful social inclusion.

22.1 The experience of PTSD

One of the barriers to accessing mental health services in response to issues arising from PTSD is a lack of agreement among refugees that they are, in fact, experiencing PTSD. While memories of experiences of conflict in their home country are stressful and can cause anxiety, the individuals clearly understand its origin.

Former soldiers (who are also refugees) will often express that they knowingly entered a conflict and accept the psychological consequences that come from this as 'par for the course'. They are willing to cope with the trauma because, for them, the potential for victory was more compelling. The resulting stress they feel, and the PTSD they experience, are the "burden [they] carry as part of [their] choices to fight in the war."[243]

It is an interesting and powerful statement: that what they experienced as former soldiers, and the repercussions they have endured, was worth it or, at least, necessary. In this way of thinking, the trauma these former soldiers grapple with is therefore not a 'problem' to be addressed in the way that a Western mental health specialist might perceive it.

However, what this viewpoint does not address is the experience of a great many people – probably the majority – who were not willing fighters but, regardless, were swept up in the terrors of conflict in their home countries.

22.2 Accessing treatment for torture and trauma

Torture and trauma experiences can vary greatly. They can include effects of imprisonment, physical and psychological problems from torture, rape and life as a child soldier, as well as the stress of life in refugee camps. However, "[a]ccessing treatment is exceptionally difficult because the concept of counselling is unfamiliar to most Africans, and cultural norms may discourage the disclosure of such problems."[244]

Above and beyond issues of physical access, such as not knowing how or where to find services, or even knowing that such services exist, African Australians can experience tremendous barriers in simply admitting the need for such services.

Even from a Western perspective where, in general, mental health issues are understood and the value of counselling is broadly accepted, admitting the need for and using these services can be problematic. Western culture still considers the need for such services shameful, even in the wake of stress or a traumatic event. These sentiments can be compounded further when a person comes from a culture that is not necessarily familiar with the concept of addressing mental health issues through counselling services.

22.3   The culture effect

Refugees are a diverse group, representing many countries, languages, cultures and religions. The ability of a refugee to cope with and come to terms with past and current trauma is largely dictated by their culture, experience and personality.[245] Depression is culturally construed; what might be considered out of the norm and lead to depression in one culture may be considered normal in another and dealt with as part of everyday life.[246] This raises a crucial question: if a refugee is depressed according to Western measures but does not *feel* depressed, how does the mental health community best serve them?[247]

In African cultures, a person's emotional state is not necessarily seen as connected to their mental state. As a result, it is felt that traumatic events do not have the same level of mental health impacts as they would on a person from a Western culture.[248]

Despite these views, cultural differences should not become a barrier to effective mental health treatment for those who require them.[249]

22.4   Mental health issues

It is not necessarily the stress of previous trauma that a refugee may identify as the most significant factor affecting their mental health. Instead, it might be their migrant status, the stress of having to settle into and acclimatise to life in Australia, unemployment or under-employment or the potential loss of status within their family or community.[250]

Other factors affecting the mental health and well-being of refugees include: the loss of family and cultural support; economic pressures; low socio-economic status or a drop in socio-economic status following migration (status inconsistency); culture shock or culture conflict; language problems; prejudice and discrimination; isolation; traumatic experiences or prolonged stress before or during immigration; value differences concerning gender and intergenerational relations; and language and cultural barriers to mental health service, including stigma about mental illness and lack of knowledge about services.[251]

Social isolation often leaves refugees at a loss for how to respond to stressful situations in the absence of their normal coping mechanisms. In the oral tradition of African countries, there is constant discussion about everything, which occupies and stimulates the mind. Social networks serve as a sounding board for such discussion. However, upon arrival in Australia, that social network is suddenly gone. In its absence the "mind turns to monologue."[252]

Mental health issues are exacerbated by a person's social and geographical isolation.[253]. Perceived social support from one's own community plays a significant role in positive mental health outcomes.[254] Interventions that help to restore social order, improve social support networks and focus on appreciation of traditional systems might have a greater impact on improved mental health than an individual, Western and 'medicalised' approach to mental health.[255].

22.5   Substance misuse

The risk of substance abuse is heightened when people move to a new and different environment and, at the same time, are dealing with past experiences of torture and trauma. These scenarios have been studied through the lens of the Acculturative Stress model of substance abuse, which analyses the effects of moving to a country with more permissive attitudes towards drinking than the home country.[256] When the act of using substances loses its taboo, when social support networks are limited and in the absence of any other coping mechanism, people will increasingly use, and then misuse, alcohol.[257]

The particular risk factors leading to substance misuse in refugee communities are highly amenable to prevention, yet those services that do exist for this group generally target treatment.[258] This should be rectified, starting with programs that promote the importance, and encourage the appeal, of dealing with mental health issues.

23   Impact on communities, families and social support networks

"One of the most significant causes of distress reported by African refugees is family disintegration and the loss of traditional social supports and conflict resolution mechanisms."[259] Regardless of the cause of their stress, the loss of their support network compounds the challenges facing refugees and impacts on their ability to adjust and thrive in their new community.

In the African context, extended family and community networks become part of their identity as a people.[260] However, refugees often face a situation where these vital networks have been destroyed, in a process that often began with war and displacement in their home countries. This was exacerbated during their time in refuge, with extended families, communities, friendship circles or social networks not always placed together.

The stress of adjusting to life in Australia, and moving from a collectivist society to one with a stronger focus on the individual and the nuclear family, can increase incidences of domestic violence and substance abuse, which can have equally devastating effects on family cohesion.[261] "Pressures associated with resettlement, new family dynamics and extended family commitments can also place strains on intergenerational relationships."[262]

It is important to note that African refugees in Australia come from different countries, tribes and languages, as well as having different educational and socio-economic backgrounds.[263] Even when a community of people from the same country is gathered together, there is no guarantee that they will know each other or share a cultural or linguistic background. They may also be from communities that would not associate in their home country. Indeed, they might even be members of groups that were antagonistic, or possibly enemies, in a conflict back in that country.

24 Clearly articulated desire for community cohesion and support

24.1 Peer support networks

Much of the literature highlights that members of the refugee community require a more comprehensive social support system, often articulated as a desire for a 'peer support network', to discuss their shared experiences.

With new arrivals spending much of their energy to address basic and immediate concerns – securing employment and housing, learning English and the like – there is often little time left to help other refugees and foster a strong and cohesive community. Members of the refugee community have expressed disappointment that the African norms of shared living and reciprocity have eroded in resettlement, even though their cultures lend themselves to neighbourliness and reciprocity.[264]

In their new society, refugees work to create a new concept of 'home' – where they and their families feel safe, where their rights are respected, and opportunities to achieve and contribute to society are open to everyone.[265]

24.2 A community of support

The literature indicates a strong desire among refugees to create a broad community of support and establish an identity that celebrates both their individual cultures and the shared experience of being a refugee. While refugee services may have a specific goal – such as providing medical, housing or employment support – they must also seek to help refugees rebuild trust, a sense of identity and self esteem, establish social networks and foster hope and a sense of purpose.[266] Services must necessarily be geared towards encouraging this sense of community, which will also make their own services more valuable to clients. There is an overall need for representation, participation, accessibility and equality of outcome.[267]

Many Africans can feel disconnected, dislocated and alienated from Australian society when they arrive. It can be difficult for them to adapt to mainstream Australian values and norms. Even when they display a keen desire to learn about Australian society and culture, there are often few opportunities to do so. Support is needed to help them successfully integrate into the broader Australian community.[268]

"Because this is slow work with a particularly damaged community, it is important to be realistic about the measurement of success and sustainability."[269] Social workers, or indeed anyone working with refugee communities, need to facilitate "interactions that break down social isolation and allow sharing of information, resources and the transfer of knowledge and skills."[270] Once these spaces – both literal and figurative – are created then networks can grow and thrive.

While there are similarities among Africans, there are also significant differences. Diversity among Africans has not always been recognised. In fact, Africans have often been identified as a single community. However, there are many communities that have come from different countries on the African continent. As a result, African communities cannot always communicate with other African communities because

they might not have a common language. Reasons such as these can explain, in part, why much work is required to create social support groups.

24.3   Youth peer mentoring

The literature highlights youth peer mentoring as a particular priority to help young refugees deal with the dual impacts of childhood or adolescence and their relocation to Australia.[271]   Young refugees, more than others, are in need of a system to help them understand and navigate their new surroundings.   Youth peer mentoring groups could help young refugees to understand that they are not the only ones going through this experience and that they do not need to do it alone. As an example, a school in Western Sydney put on a monthly lunch for African students.[272]   In addition to the peer support discussions, police officers and housing officials were brought in to provide information on public services. These sessions helped students understand the role that these people can play in their lives and the assistance that is available to them.

25   Social inclusion and associated discrimination

25.1   No agreed definition of social inclusion

There appears to be a significant gap in current policy debates in Australia on social inclusion in terms of understanding how cultural and linguistic diversity can affect social inclusion or social exclusion. Experiences of migration can have a significant impact on whether particular communities and individuals feel socially included or excluded. The impact of government policy, particularly immigration and refugee policy, may also affect whether people from different cultural and linguistic communities feel included or excluded. For instance, research undertaken through the Scanlon Foundation has found that one in two people from non-English speaking backgrounds are likely to be subject to discrimination during their lifetime. [273]

There is no agreed definition of social inclusion. "Most current definitions dwell on intangibles, such as shared values, sense of belonging, attachment to the group, willingness to participate and to share outcomes."[274]   Nevertheless, the Australian Government has sought to develop a vision around social inclusion and has identified a number of priority areas in which to focus its work on this agenda.[275]

The Australian Government's vision of a socially inclusive society is one in which "all Australians feel valued and have the opportunity to participate fully in the life of our society."

Achieving this vision means that all Australians will have the resources, opportunities and capability to:

- learn by participating in education and training

- work by participating in employment, in voluntary work and in family and caring

- engage by connecting with people and using their local community's resources

- have a voice so that they can influence decisions that affect them.

A social inclusion framework therefore requires the need to explore opportunities and barriers to successful and meaningful participation in society. As a nation, the Australian-born population see themselves as a highly 'cohesive' society and most would place themselves at or near the top in terms of a sense of belonging and worth.[276]

25.2 Social inclusion in practice

One downside to the widely-held view that Australia is a cohesive society is that government assistance to 'special groups' can be seen as a benefit to some at the expense of the national good.[277] Assistance to special groups is seen as prioritising the few, rather than promoting a sense that 'we're all in it together'.

Recent world events have tempered a desire to embrace other cultures and further promote multiculturalism. It has also coincided with the shifting face – both literally and figuratively – of humanitarian entrants to Australia.[278]

"Recent evidence includes a Sydney academic publicly warning against accepting black African refugees since they are less intelligent, violent, and crime prone."[279] Such inflammatory statements, coming from socially prominent figures, can only serve to further stall the social inclusion process for refugees.

The Department of Immigration and Multicultural and Indigenous Affairs (now known as the Department of Immigration and Citizenship, DIaC) initiated a policy of dispersing new arrivals across the country and outside urban centres.[280] A goal of the policy was to limit the extent to which refugee groups would gather together and create residential communities. This can either be viewed as a positive attempt to prevent 'ethnic ghettos' that might increase social exclusion or as an effort to break refugee community ties in a move towards assimilation (rather than social inclusion of difference.)

What the policy failed to do was appreciate the difficulties inherent in the refugee situation and the settlement process and the benefits of meshing with, but not merging into, Australian society. Nor did the policy acknowledge the importance of peer support within refugee communities and the fact that geographical isolation only compounds their social isolation. Furthermore, refugee communities settled outside major metropolitan areas often face a lack of accessible services, employment and housing options, English language training courses and appropriate interpreters.[281]

Starting in 2006, DIAC has made efforts to deal with these concerns through a series of pilot projects which aimed to provide systematic and planned settlement of refugee communities in regional areas. In particular, the projects have targeted areas where previously there had been no effort to assess community capacity for successful settlement with respect to services, housing, health facilities, employment and the like.[282] This was a government response to both the concerns of a previously haphazard approach to settlement, as well as an effort to capitalise on the perceived benefits of settling refugees in rural areas, particularly those refugees from rural areas in their home countries who have skill sets suited to the needs of regional areas. The pilot programs – in Shepparton (2006, Congolese refugees), Mount Gambier (2007, Burmese refugees) and Ballarat (2007, Togolese refugees) –

evaluated the success of settlement when advanced planning was undertaken to ensure "commitment from all levels of government, availability of appropriate services (both mainstream and specialist), appropriate employment opportunities, and a welcoming environment".[283] The three programs met with varying degrees of success, directly linked to the varying degrees of preparation and planning that preceded the arrival of refugees and, importantly, attempts to educate the community and service providers about the specific cultural background of the refugee community.[284]

25.3 Finding a balance between challenges to inclusion and benefits of inclusion

There is a need to create new systems that allow refugee communities to foster a positive self-concept. Being in a new social and cultural environment can lead to feelings of powerlessness, which can be a predictor of poor social inclusion. Communities must be empowered to support each other and embrace their own community, while at the same time using their mutual support to allow social inclusion to prosper. In striving for successful social inclusion, issues must be dealt with on a multi-dimensional plane. None of the issues facing refugee communities exist in isolation.[285]

Vulnerabilities faced by African communities that hinder their inclusion with mainstream Australian society can include limited English; low educational attainment; unrecognised skills, including lack of recognition of overseas qualifications as well as Australian culture not valuing skills that are highly regarded in African cultures; few community resources for mutual support; and insufficient treatment available for torture and trauma or other mental health issues. "Effective intervention and support in the early settlement phase enhances the opportunities for long term integration and participation in the community."[286]

"Refugees arrive in Australia with limited resources, such as money, language skills, qualifications or family networks, and are amongst the most disadvantaged and poorest in the Australian community."[287] While this statement is true, such a focus runs the risk of victimising the refugee population and creating a mindset whereby they will always be 'the refugee'. "One stops being a refugee when they can become active participants in all aspects of community life by contributing to the social, cultural and political capital in their community and also by benefiting from others' contributions."[288] This definition emphasises the requirement on refugees to actively contribute to their new society. However, it is also necessary to ensure that opportunities for participation are open to them, which is the complementary responsibility of Australian society. Once those opportunities are available to refugees, they have a responsibility to take advantage of them and contribute to their new society. The literature shows that, in refugee communities, closer identification with dominant Australian attitudes tends to occur with increased length of residence.[289]

Culture shock, coupled with experiences of discrimination and exclusion, can lead to difficulties adapting and integrating. Some of these difficulties are attributable to a lack of understanding of mainstream Australian values and norms.[290] This can be a self-perpetuating process, as fear of negative attitudes and interactions with other Australians often holds refugees back from engaging with the broader community.

There is a common misperception in the Australian-born community, reinforced by media misrepresentations, that all Africans belong to a single discrete community, rather than being a collection of people from many different countries who are culturally, linguistically and religiously unique.[291] "The media has proven inaccurate and capricious in its coverage of the African-Australian communities, vacillating between inflammatory reports that unjustly collectively punish whole African communities, and heart-warming stories of human interest. This distorts reality and creates barriers between communities."[292]

25.4   High levels of life satisfaction

Despite the many difficulties and barriers facing refugee communities, they still tend to report high levels of life satisfaction in Australia.[293] A recent study of the Sudanese community in Murray Bridge, South Australia, found they enjoy 100% employment and are well-integrated into the community. "This is a result of the great work of the local community in supporting new migrants. The community aims to attract new settlers like these, and to retain them."[294]

As a group, refugees are a resilient population. Given their common experiences of discrimination in everyday life and in employment, it might be expected that they would feel that life in their adopted homeland is less than satisfactory, that they are alienated and disconnected from mainstream society, that they are not made to feel welcome or valued, that they cannot reach their potential in terms of work opportunities and are relatively poorer off than the rest of the population. However, a study by Fozdar and Torezani found that while refugee's reported a lower level of life satisfaction than other groups, it was not as low as might be expected.[295]

25.5   Need for mutual cultural education

Misinformation surrounding African refugees and other humanitarian entrants features prominently and periodically in both the media and public debate. This has implications in terms of ongoing community and bipartisan political support for Australia's refugee and humanitarian program.[296]

Understanding cultural differences and two-way cultural education are key elements in fostering greater social cohesion and inclusion.[297] Many settlement problems stem from a lack of understanding on both sides. Migrant communities are often not adequately informed about what they should expect of Australian culture.

Following a 2009 review of settlement services, which highlighted issues around cultural orientation, the Australian Government has developed a comprehensive national orientation curriculum framework covering a range of topics, from health care and nutrition to family life in Australia.[298]

On the other side, the Australian community has not been well-informed about the cultural differences among Africans, or the differences between African refugees and previous waves of non-African refugees. "There is an urgent need for there to be training and education for all those involved in any way with African-Australian communities, in particular the media, educational institutions/schools, the police, and all those involved in any way in the justice system. They need to learn about the huge variety of African-Australian communities and cultures; the realities and

traumas of African-Australian backgrounds; the realities and difficulties of the refugee and migration experience; and the difficulties and genuine issues facing the communities in regards to integration."[299]

Understanding African culture and the communal approach to life could also help lessen the tension between African people and service providers and law enforcement agencies.[300]

Of particular concern is the lack of consistent and wide-spread information to convey positive messages about the contribution of refugees to Australia. In Victoria, refugees have cited educational campaigns that highlight their value, skills and contributions as a key component in improving their overall experience.[301]

26   Case management approach

Literature from all disciplines has mentioned the need for a case management approach to better support newly-arrived refugees. The 2007-2008 Federal Budget recognised the need for complex case support services to provide intensive case management for humanitarian entrants with a history of extreme torture, trauma or crisis. This was in part a response to a perceived failure of the Integrated Humanitarian Settlement Strategy and Settlement Grants Program to fully meet the needs of these individuals.[302]

Under this new approach, a designated case worker would be responsible for guiding a refugee or refugee family through their first year of settlement in Australia. They would be the family's point of contact and their means of liaising with service providers, especially in the early days after arrival. The case worker would also be the family's source of information on all services available to them.

Having one specific person to provide information and assistance when navigating settlement services, government agencies, health providers and so on would provide refugees with a strong sense of being supported during the settlement process.

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